

[7/13/16]

[SAG]

Sponsor: CM Pelosa

Proposed No.: 2016-0281

1 **AMENDMENT TO PROPOSED ORDINANCE 2016-0281, VERSION 1**

2 Delete Attachment A, Best Starts for Kids Implementation Plan dated June 1, 2016, and
3 insert Attachment A, Best Starts for Kids Implementation Plan, Updated July 13, 2016.

4 Engross any adopted amendments to Attachment A, Best Starts for Kids Implementation
5 plan, Updated July 13, 2016, and delete the line numbers.

6 **EFFECT:**

7 **Would make the following changes to the transmitted implementation plan:**

- 8 **1. Adds language directing that as need determinations are made for focused**
- 9 **strategies and programs, consideration will be given to communities and**
- 10 **populations experiencing rapidly increasing rates in the challenges facing**
- 11 **children and families;**
- 12 **2. Adds language directing that thought be given to distance an individual must**
- 13 **travel for services, particularly when few transportation options are**
- 14 **available, in considering availability of opportunities across the diversity of**
- 15 **the geographies in the County and proposes consideration of enhancing**
- 16 **equity through transportation subsidization options;**

- 17 **3. Makes formatting and language changes to the reporting section in order to**
18 **clarify between formal, annual reporting requirements and less formal,**
19 **periodic briefings and outlines what should be included in these reports,**
20 **including adding clarity around content and timing if Annual Reports are**
21 **combined with FYHP Initiative Annual Reports when these become eligible**
22 **for combined reporting;**
- 23 **4. Inserts section on BSK Evaluation and Performance Measurement Plan from**
24 **information available elsewhere in the Implementation Plan including due**
25 **date and brief description to add clarity and context for Annual Reports**
26 **section;**
- 27 **5. Makes the connection between the BSK Evaluation and Performance**
28 **Measurement Plan and the Annual Reports more explicit;**
- 29 **6. Clarifies transmittal requirement and directs that the Clerk distribute**
30 **required reports to members of the Regional Policy Committee, or its**
31 **successor; and**
- 32 **7. Adds the requirement that Annual Reports (including first annual report)**
33 **and the BSK Evaluation and Performance Measurement Plan be developed**
34 **in consultation with and reviewed by the Children and Youth Advisory**
35 **Board prior to transmittal.**

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King County

Best Starts for Kids Implementation Plan

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

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EXECUTIVE SUMMARY

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<p>This section of the implementation plan addresses:</p>	<ul style="list-style-type: none"> • Vision for <i>Best Starts for Kids</i> • 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
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9 **VISION FOR *BEST STARTS FOR KIDS***

10

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

14 The *Best Starts for Kids* Levy is rooted in the fundamental belief – from within King County government,
 15 and across King County’s richly diverse communities – that our county is a region of considerable
 16 opportunity, and that we all benefit when each and every County child, youth and young adult is
 17 supported to achieve his/her fullest potential. Lives of health, prosperity and purpose must be within
 18 reach for every King County resident. With *Best Starts for Kids*, we will work to assure that neither zip
 19 code, nor family income, constrain our young people from pursuing lives of promise and possibility.

20
 21 BSK investments will be driven by the abundance of research which identifies key windows of human
 22 development – prenatal through early childhood, and again in adolescence – in which we can maximize
 23 strong and healthy starts in children’s early years, as well as sustained gains and successful transitions
 24 for youth and young adults.

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

28 BSK intends to forge a new way of partnering to support the well-being of children, families and
 29 communities. Through the engagement of a Children and Youth Advisory Board (CYAB) that was
 30 appointed by the King County Executive and confirmed by the King County Council, the County will
 31 assure that BSK responds to community-prioritized needs, and addresses those needs through funding
 32 approaches that are community-based and community-driven.

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

- 37 • **Equity and Social Justice.** King County intentionally applies the principle of “fair and just” in all we
38 do, to assure equitable opportunities for all people and communities. Ultimately, our Equity and
39 Social Justice Strategic Plan¹ will provide a platform for accurately defining the disparities that
40 currently exist in our community and identifying the most promising solutions toward advancing
41 social, economic and racial equity.
42
- 43 • **Health and Human Services Transformation.** The Health and Human Services Transformation Plan
44 defines an accountable, integrated system of health, human services, and community-based
45 prevention for King County. Our vision is that by 2020, the people of King County will experience
46 significant gains in health and well-being because our community worked collectively to make the
47 shift from a costly, crisis-oriented response to health and social problems, to one that focuses on
48 prevention, embraces recovery and eliminates disparities by providing access to services that people
49 need to realize their full potential.
50

51 As part of the County’s commitment to these two policies, in April 2015, County Executive Dow
52 Constantine transmitted an ordinance to the King County Council proposing that a property tax levy to
53 fund *Best Starts for Kids* be placed on the November 2015 ballot. In July 2015, Council approved an
54 ordinance to send the BSK Levy to the voters for the purpose of funding prevention and early
55 intervention strategies to improve the health and well-being of children, youth and their communities.
56 The BSK Levy was approved by King County voters in November 2015.
57

58 BSK RESULTS

59 All the work of *Best Starts for Kids* will drive toward the following results, which we envision for all of
60 King County’s children, youth and young adults.
61

BSK RESULTS
<ul style="list-style-type: none"> • Babies are born healthy and establish a strong foundation for lifelong health and well-being.
<ul style="list-style-type: none"> • King County is a place where everyone has equitable opportunities to progress through childhood safe and healthy, building academic and life skills to be thriving members of their communities.
<ul style="list-style-type: none"> • 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.

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66 EXPECTED REVENUE AND FUNDING ALLOCATIONS

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68 It is expected that the BSK Levy will generate just over \$400 million over the next six years, at a cost to
69 the average King County property owner of approximately \$56 per year:
70

Expected Revenue (in millions)	
2016	\$59.5
2017	\$62.3
2018	\$65.1
2019	\$68.0
2020	\$71.1
2021	\$74.2
2016-2021 TOTAL:	\$400.1

71
72
73 BSK revenue will support the County and its community partners to achieve the BSK results (above) for
74 all King County children, youth, families and communities. The *Best Starts for Kids* Levy ordinance²
75 mandates the following funding allocation for the total levy, excepting \$19 million in initial collections
76 for a youth and family homelessness prevention initiative and amounts for costs attributable to the
77 election:
78

BSK FUNDING ALLOCATIONS
<ul style="list-style-type: none"> • Invest Early. Fifty percent 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.
<ul style="list-style-type: none"> • 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 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.
<ul style="list-style-type: none"> • 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 sustain and expand 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 a child's success. It also supports local communities in building their own capacity to creative positive change.
<ul style="list-style-type: none"> • 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 <i>Best Starts for Kids</i> 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.

80 The table below shows how the allocations described on the previous page tie, at a high level, to the
 81 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)	\$184,977,000	50%
Sustain the Gain (5-24 Years)	\$129,483,000	35%
Communities of Opportunity	\$36,996,000	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>	\$18,498,000	5%
SUBTOTAL:	\$369,954,000	100%
Levy Reserves (60 days of expenditures)		\$11,000,000
TOTAL USE OF LEVY PROCEEDS:		\$400,071,000

82

83 **STRATEGY AREAS, FUNDING LEVELS AND PROGRAMMATIC APPROACHES**

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

88 **Invest Early**

89 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 childcare (in home and in centers, licensed and unlicensed)

90 The chart below provides an overview of funding levels and programmatic approaches that support the
 91 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	\$1,560,000	Innovation Fund for programs driven by specific community interests/needs
\$497,000	\$9,230,000	Home-Based Services, including investments such as: <ul style="list-style-type: none"> • Home visiting • Community-based programs and innovative approaches
\$95,000	\$2,360,000	Community-Based Parenting Supports, including investments such as: <ul style="list-style-type: none"> • Prenatal and breastfeeding support • Injury prevention • Oral health • Healthy vision • Immunization education • Environmental health, including lead, toxins and asthma Parent/Peer Supports, including investments such as: <ul style="list-style-type: none"> • Play & Learn Groups • Community-based groups based on community interest and need
\$0	\$600,000	Information for Parents/Caregivers on Healthy Development, including investments such as: <ul style="list-style-type: none"> • Expanding access to VROOM • Other research-based brain development initiatives
\$93,000	\$2,230,000	Child Care Health Consultation, including investments such as: <ul style="list-style-type: none"> • 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
\$795,000	\$7,310,000	Direct Services and System Building to Assure Healthy Development, including investments such as: <ul style="list-style-type: none"> • Developmental screenings for all very young children • Early intervention services • System building for infant/early childhood mental health
\$126,000	\$1,440,000	Workforce Development, including investments such as: <ul style="list-style-type: none"> • Training and information for medical providers, child care and home-based services on multiple topics that promote healthy early childhood development
\$3,481,000	\$9,590,000	Investment in Public Health’s Maternal/Child Health Services

\$449,000	\$1,490,000	Help Me Grow Framework-Caregiver Referral System
Invest Early (Prenatal – 5 Years) Totals:		
\$5,886,000	\$35,818,200	Total over the life of the levy (2016-2021): \$184,977,000 (50% of total expenditures, excepting year-one set-asides)

92

93 Sustain the Gain

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

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

95

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

98

Sustain the Gain (5 - 24 Years)		
Funding levels		Programmatic approaches
2016	2017-2021 average	
\$1,121,000	\$11,400,000	Build Resiliency of Youth and Reduce Risky Behaviors, including investments such as: <ul style="list-style-type: none"> • Trauma-informed schools and organizations • Restorative justice practices • Healthy relationships and domestic violence prevention for youth • Quality out-of-school time programs • Youth leadership and engagement opportunities
\$219,000	\$2,950,000	Help Youth Stay Connected to Families and Communities, including investments such as: <ul style="list-style-type: none"> • Mentoring • Family engagement and support
\$385,000	\$5,220,000	Meet the Health and Behavior Needs of Youth, including investments such as: <ul style="list-style-type: none"> • Positive identity development • School-based health centers • Healthy and safe environments

		<ul style="list-style-type: none"> Screening and early intervention for mental health and substance abuse
\$100,000	\$1,480,000	Helping Young Adults Who Have Had Challenges Successfully Transition into Adulthood, including investments such as: <ul style="list-style-type: none"> Supporting youth to stay in-school Supporting Opportunity Youth to re-engage
\$500,000	\$4,380,000	Stop the School to Prison Pipeline, including investments such as: <ul style="list-style-type: none"> Prevention/Intervention/Reentry Youth and Young Adult Employment Theft 3 and Mall Safety Pilot Project
Sustain the Gain (5-24 Years) Totals:		
\$2,325,000	\$25,431,600	Total over the life of the levy (2016-2021): \$129,483,000 (35% of total expenditures, excepting year-one set-asides)

99

100 **Communities of Opportunity**

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

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

102

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

Communities of Opportunity		
Funding levels		Programmatic approaches
2016	2017-2021 average	
\$489,000	\$7,300,000	Geographic or cultural community-based investments: <ul style="list-style-type: none"> In current sites To expand geographic or cultural communities participating with COO To implement common strategies and system level solutions for all COO partners
		Investments in Community Organizations and Intermediaries to Work on Institutional, System and Policy Change

105

		Learning Community Investments <ul style="list-style-type: none"> • Infrastructure that will unite work in common
Communities of Opportunity Totals: Total over the life of the levy (2016-2021): \$36,996,000 (10% of total expenditures, excepting year-one set-asides)		

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107 **HEADLINE INDICATORS**

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

113

114 Headline indicators are about an entire population, (for example, young adults in King County) and are
 115 impacted by factors outside of BSK investments. Through a Results Based Accountability framework³, we
 116 have defined how BSK will contribute to improving headline indicators. These headline indicators will be
 117 measured and reported annually as part of the Annual Report discussed in Section VIII, Evaluation and
 118 Performance Measurement Framework.

119

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

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

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HEADLINE INDICATORS – Sustain the Gain (5 – 24 Years)
<ul style="list-style-type: none"> • 3rd graders who are meeting reading standards
<ul style="list-style-type: none"> • 4th graders who are meeting math standards
<ul style="list-style-type: none"> • Youth who are using illegal substances
<ul style="list-style-type: none"> • Youth who are flourishing and resilient, as described by curiosity, resilience and self-regulation
<ul style="list-style-type: none"> • Youth and young adults who are in excellent or very good health

123

<ul style="list-style-type: none"> Youth who graduate from high school on time
<ul style="list-style-type: none"> Youth and young adults who are either in school or working
<ul style="list-style-type: none"> High school graduates who earn a college degree or career credential

124

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

125

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

130

131 The intermediate, performance-based measures will be those for which BSK is accountable, and which
 132 measure the performance (for example: How much is delivered? How well? Is anyone better off?) of BSK
 133 strategies. Performance measures are about individuals who are directly served by programs. As we
 134 move further into implementation and planning, we will develop performance indicators and measures
 135 that will allow County leadership, staff and partners to track outcomes and desired results over a multi-
 136 year period. These will be measured and reported at least annually, as part of the Annual Reports
 137 discussed in Section VIII, Evaluation and Performance Measurement Framework, and, in many cases,
 138 more frequently, such as during periodic offered or requested progress report briefings to the King
 139 County Council or the Regional Policy Committee, or its successor.

140

141 **IMPLEMENTATION DRIVERS**

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143 BSK will be implemented in King County in the context of several other public and private initiatives
 144 focused on improving outcomes, promoting equity and social justice, and reducing disproportionality
 145 across our communities. We will look to partner wherever possible to assure well-aligned, well-informed
 146 and non-duplicative programs and services. We will also assure that BSK leverages other funding and

147 expertise to maximize the impact of public and private investments in healthy outcomes for children,
148 youth, families and communities in King County.

149
150 Throughout this plan, we detail the key factors that will drive and inform the implementation of *Best*
151 *Starts for Kids*. They are: **data and outcomes, science and research, and community priorities and**
152 **partnerships.**

153

BSK IMPLEMENTATION – Guided by Data and Outcomes

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

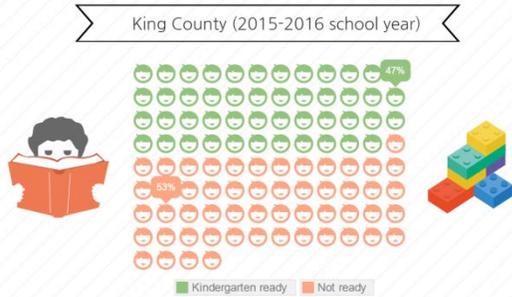
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160 BSK implementation will be informed by data – both qualitative and quantitative – to assure that we
161 move the needle to improve health and well-being. In determining the headline indicators and
162 developing the implementation plan, we have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

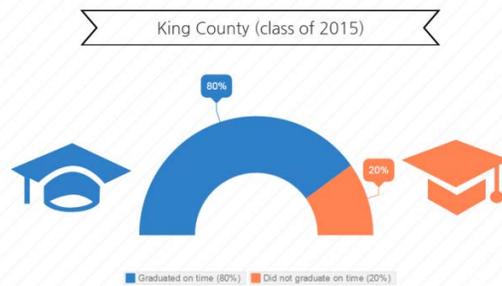
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167 The infographics below show the current state in our County for two of the indicators: kindergarten
168 readiness and on-time high school graduation. Infographics detailing all of the BSK results for Invest
169 Early and Sustain the Gain are included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

Less than half of King County children were ready for kindergarten



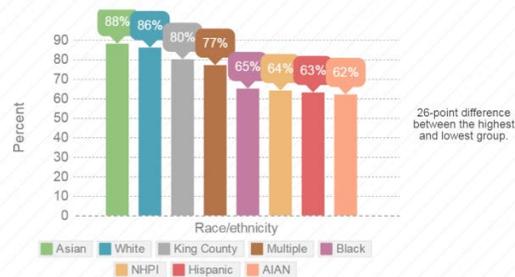
8 out of 10 students graduated on time from high school in 2015



By race/ethnicity (2015-2016 school year)



By race/ethnicity (class of 2015)



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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

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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

192 staff also reviewed and consulted with jurisdictions and organizations from around the United States
 193 and the world, and mined the research regarding best and promising practices.
 194

BSK Implementation – Led by Community Priorities and Delivered through Partnerships

195
 196 *Best Starts for Kids* is a strengths-based approach, which will maximize the assets and knowledge of our
 197 richly diverse County and its many communities and cultures. In developing BSK strategies and this
 198 implementation plan, King County turned directly to communities and partners across our region for
 199 input and guidance. These conversations provided critical input to assure that the plan reflects County
 200 residents’ needs and expectations. The implementation plan is also based on the extensive community
 201 work done in preparation of the Youth Action Plan and *Best Starts for Kids* prior to adoption. A
 202 discussion of BSK’s approach to community priorities and partnerships is in Section IV.
 203

204 As we move into the implementation stage of BSK, community partnerships and community voice will
 205 continue to be essential. One asset for assuring that BSK implementation reflects community priorities is
 206 the Children and Youth Advisory Board (CYAB). The BSK ordinance directed the creation of an oversight
 207 and advisory board to provide recommendations and monitoring on the distribution of levy proceeds
 208 related to children and youth ages 0-24.⁴ The ordinance stated that the oversight and advisory plan be
 209 consistent with the recommendations contained in the County’s Youth Action Plan (YAP), and that the
 210 oversight and advisory board comprise a wide array of King County residents and stakeholders with
 211 geographically and culturally diverse perspectives. In December 2015, Executive Constantine appointed
 212 35 experts, researchers and community leaders to the CYAB (see the full roster in Appendix 3). King
 213 County Council approved the members in February 2016 (see information about the Council’s
 214 action [here](#)). The CYAB carries dual responsibilities tied to the Best Starts for Kids Levy and the Youth
 215 Action Plan.
 216

217 Communities of Opportunity, and its governance group, is also a key partner in assuring that all of *Best*
 218 *Starts for Kids* is informed by, and responsive to, the needs and priorities of County residents across our
 219 region.
 220

221 **PROCUREMENT**

222
 223 A large majority of *Best Starts for Kids* funding will be competitively bid in outcome-focused contracts to
 224 community-based organizations. This will help address inequities across the region, and assure that as
 225 BSK strategies are implemented, they are appropriate for all cultural and ethnic groups. Full discussion
 226 of procurement is in Section IV.
 227

228 **FISCAL MANAGEMENT**

229
 230 Programmatic and fiscal audits of participating agencies will include a site visit to each provider at least
 231 once every two years. The site visits will examine both fiscal and programmatic aspects of program
 232 implementation. The fiscal component of each site visit will include, but not be limited to, providers’
 233 internal controls and the analysis of audited financial statements. The programmatic component will
 234 include, but not be limited to, achievement of contracted outcomes and client data quality. In addition,

235 as part of annual audits conducted by the State Auditor’s Office, the State has the authority to select
236 specific pass-through entities for review.

237
238 The Department of Community and Human Services (DCHS) will administer all of the *Best Starts for Kids*
239 funds within its department budget, under the oversight of the Chief Financial Officer. DCHS will
240 coordinate with Public Health Seattle & King County (PHSKC) regarding contracts or grants for which it
241 may be advantageous that PHSKC be the administrator.

242

243 EVALUATION

244

245 To quantify and document the results of BSK investments, the BSK evaluation will show data over time
246 and progress toward equity for specified indicators, analyzed by age, race/ethnicity, geography and
247 socioeconomic status. Qualitative approaches to complement limitations of quantitative data will also
248 be included. The BSK data team will develop an evaluation plan by July 2017, which will specify
249 performance measures and qualitative methods, after the specific portfolio of investments are
250 procured. The framework for evaluation and performance measurement is in Section VIII.

251

252 JUNIOR TAXING DISTRICT PRORATIONING

253

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

257

258 **BSK YOUTH AND FAMILY HOMELESSNESS PREVENTION INITIATIVE**

259
260 The BSK Levy includes \$19 million for a Youth and Family Homelessness Prevention Initiative that is
261 intended to prevent and divert children and youth and their families from becoming homeless.
262 Ordinance 18088, directed the King County Executive to submit to King County Council for review and
263 approval, an implementation plan relating to the Youth and Family Homelessness Prevention Initiative
264 by March 1, 2016. The plan was reviewed and amended by Council, and passed on May 9, 2016.

265
266 The Youth and Family Homelessness Prevention Initiative is based on a highly successful pilot program
267 implemented by the Washington State Coalition Against Domestic Violence and funded by the Bill &
268 Melinda Gates Foundation and the Medina Foundation.

269
270 There is no further discussion of the Youth and Family Homelessness Prevention Initiative in this
271 implementation plan.

272 **NEXT STEPS**

273
274 With the implementation plan complete, we will continue our work to finalize BSK’s procurement
275 approach, and sequence and prioritize our approach. This will take time. Over the next 12 months, the
276 County will engage in a rigorous and collaborative process to build out BSK implementation and
277 evaluation.

278
279 This prioritization process for implementation will be **guided by data and outcomes, grounded in**
280 **science and research, and led by community priorities and partnerships.** Key considerations will also
281 include opportunities for leveraging other funds, and assuring that Best Starts for Kids integrates other
282 County priorities including the Equity and Social Justice Initiative, the Youth Action Plan and the Juvenile
283 Justice Equity Steering Committee.

284
285

Section I
THE BEST STARTS FOR KIDS LEVY – HISTORY, VALUES AND APPROACH

286

This section of the implementation plan addresses:	<ul style="list-style-type: none"> The Policy Basis for BSK Shaping the BSK Levy
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287

288 **POLICY BASIS FOR BSK**

289

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

301

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

313

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

318

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

321

322

323

324

King County Executive, Dow Constantine
 November 4, 2015

325 Equity and Social Justice (ESJ)

326 In King County, we recognize that our economy and quality of life depend on the ability of everyone to
 327 contribute. The County is committed to removing barriers that limit the ability of some to fulfill their
 328 potential. It is troubling that race, income and neighborhood are major predictors of whether we
 329 graduate from high school, become incarcerated, how healthy we are, and even how long we will live.
 330 King County is committed to implementing our equity and social justice agenda, and to work toward
 331 fairness and opportunity for all. *Best Starts for Kids* is reflective of the County's commitment to Equity
 332 and Social Justice and the work the County is undertaking to impact lives and change inequities by
 333 focusing on institutional policies, practices and systems. *Best Starts for Kids* provides an opportunity to
 334 assure that this systems change includes broader systems work beyond that which is internal to the
 335 County, including investing in communities and grassroots efforts, and focusing on the principles of ESJ
 336 in its many forms.

337 Health and Human Services Transformation

338
 339 *Best Starts for Kids* is rooted in the County's work to transform the approach to health and human
 340 services. In 2012, the King County Council requested the development of a Health and Human Services
 341 Transformation plan, which would be responsive to our equity and social justice focus and the policy
 342 goals of achieving a better experience of health and human services for individuals, better outcomes for
 343 the population, and lowered or controlled costs. To inform the principles, strategies, and initial action
 344 steps that would result in a better performing system, the County Executive convened a thirty-member
 345 panel, which included representatives from human services, health care delivery, prevention, public
 346 health, philanthropy, labor and local government. The final Health and Human Services Transformation
 347 Plan was approved by King County Council in 2013, and charts a five-year course to a better performing
 348 health and human service system for the residents and communities of King County.

349
 350 The premise of the Transformation Plan was foundational in the development of *Best Starts for Kids*. The
 351 Transformation Plan seeks to improve health and well-being and create conditions that allow residents
 352 of King County to achieve their full potential through a focus on prevention. At the **individual/family**
 353 **level**, the plan outlined strategies designed to improve access to person-centered, integrated, culturally
 354 competent services when, where, and how people need them. At the **community level**, the plan called
 355 for improvement of community conditions and features, because health and well-being are deeply
 356 influenced by where people live, work, learn, and play⁵.

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

364

365

366 The Youth Action Plan

367

368 King County Council approved legislation in 2014 calling for the development of a Youth Action Plan
 369 (YAP) to set priorities for serving the County’s young people, from infants through young adults. The YAP
 370 was developed by a task force representing a broad range of organizations with expertise and
 371 experience relevant to infants, children and youth, and reflecting King County’s geographic, racial and
 372 ethnic diversity. The YAP was completed in April 2015 and will inform the County’s annual investments
 373 in services and programs across the full continuum of children and youth.⁶

374

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

380

- 381 • Social Justice and Equity
- 382 • Strengthen and Stabilize Families, and Children, Youth and Young Adults
- 383 • Stop the School to Prison Pipeline
- 384 • Bust Siloes/We’re Better Together
- 385 • Get Smart About Data
- 386 • Invest Early, Invest Often, Invest in Outcomes
- 387 • Accountability
- 388 • Youth Bill of Rights
- 389 • Evaluation

390

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

393

394 SHAPING THE BSK LEVY

395

396 The *Best Starts for Kids* ordinance proposed by Executive Constantine, supported by a majority of the
 397 King County Council and approved by County voters was the result of thousands of hours of consultation
 398 with researchers and experts, and extensive engagement with community partners. Following approval
 399 of *Best Starts for Kids* by the voters in November 2015, a cross-agency BSK leadership team within King
 400 County government – including staff from PHSKC, DCHS, and the County Executive’s office – began the
 401 next steps of the process that would lead to the development of this implementation plan.

402

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

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

- 412
- 413 • **Children and Youth Advisory Board (CYAB).** The CYAB has advised on the Prenatal – 5 Years, and 5 –
- 414 24 Years strategies of the implementation plan. The CYAB’s work going forward will include
- 415 partnering with the County to ensure that children and youth investments through *Best Starts for*
- 416 *Kids* are consistent with the requirements of the levy, while ensuring expenditures of funds is
- 417 transparent to the public. The list of board members is in Appendix 3.
- 418
- 419 • **Juvenile Justice Equity Steering Committee (JJESC).** The work of BSK will be aligned with, and
- 420 informed by, the Juvenile Justice Equity Steering Committee (JJESC). The JJESC is a group of King
- 421 County leaders charged with recommending solutions to end racial disparity in the regional juvenile
- 422 justice system. It is the largest and most diverse group King County has ever assembled to act on
- 423 juvenile justice issues. The committee will engage those most impacted by the juvenile justice
- 424 system as members examine school, police, court and detention policies. Parents, youth, mental-
- 425 health and grassroots leaders are included among the JJESC membership. They are teaming up with
- 426 the heads of school districts, law enforcement agencies and courts from across the County. The
- 427 panel includes youth who have experienced juvenile detention themselves, youth mentors, a foster
- 428 parent and community-based advocates fighting to dismantle the school-to-prison pipeline by
- 429 increasing effective alternatives to school suspensions and youth detention. The committee is
- 430 charged with developing action plans designed to reduce the over-representation of youth of color
- 431 in our juvenile justice system. The list of committee members is in Appendix 5.
- 432
- 433 • **Data Team.** The data team has been responsible for generating baseline data to inform the BSK
- 434 Levy, analyzing community conversations for themes to inform strategy development, using a
- 435 systematic and participatory process to identify the indicators that will help quantify BSK results,
- 436 and developing a framework for evaluating BSK investments. The data team is a multi-disciplinary
- 437 group comprising masters- and doctorate-level epidemiologists, social research scientists,
- 438 demographers and evaluators from Public Health-Seattle & King County, King County Department of
- 439 Community and Human Services and King County Performance, Strategy and Budget Office. They are
- 440 nationally known for their data analyses and evaluation expertise of large-scale community
- 441 initiatives and have a strong record of using participatory approaches in designing and implementing
- 442 evaluations. Together, they bring requisite quantitative and qualitative expertise including use of
- 443 population and program data and systematic analysis of qualitative data.
- 444
- 445 • **Science and Research Panel.** The BSK Science and Research panel serves a consulting role to inform
- 446 the County staff and the CYAB. This ad hoc group of science and practice experts provided review
- 447 and recommendation on BSK strategies, related to both Prenatal – 5 Years and 5 – 24 Years. The
- 448 guidance of the Science and Research Panel ensures that BSK is pursuing approaches that are
- 449 aligned with research and scientific evidence. The Science and Research Panel will also provide input
- 450 on BSK’s data and evaluation needs. The list of panel members is in Appendix 4.
- 451
- 452 • **Community Conversations.** Multiple rounds of community conversations have been conducted
- 453 throughout the County as the levy first took shape, and again in spring 2016 to assure that County
- 454 staff were successfully capturing community input. Section IV provides a full discussion of how
- 455 community priorities and partnerships are driving BSK implementation.
- 456
- 457

Section II

BSK IMPLEMENTATION – GUIDED BY DATA AND FOCUSED ON OUTCOMES

458

<p>This section of the implementation plan addresses:</p>	<ul style="list-style-type: none"> • Our Children, Youth, Families and Communities – <i>What the Data Are Telling Us</i> • Headline Indicators to Guide the Work
---	--

459

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

462

463 BSK implementation will be informed by data – both qualitative and quantitative – that helps King
 464 County and its community partners to maximize our communities’ strengths and assets, and address
 465 community-identified gaps and needs. The imperative to focus on data and outcomes was articulated in
 466 the BSK ordinance,⁷ detailed explicitly in the Youth Action Plan⁸, and emphasized repeatedly in
 467 community conversations.

468

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

475

476 Of note:

477

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

487

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

492

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

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

501

502 HEADLINE INDICATORS TO GUIDE THE WORK

503

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

505

506 • **Babies are born healthy and establish a strong foundation for lifelong health and well-being.**

507

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

511

512 • **Communities offer safe, welcoming and healthy environments that help improve outcomes
513 for all of King County's children and families, regardless of where they live.**

514

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

517

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

520

521 • Best Starts for Kids: ordinance, April 2015 BSK Report to King County Council, community
522 conversation themes

523

524 • King County Youth Action Plan

525

526 • Community Center for Education Results /Roadmap Indicators

527

528 • Washington State Essentials for Childhood

529

530 • Youth Development Executives of King County

531

532 • U.S. Health Resources and Services Administration (HRSA)/Maternal Child Health Bureau's
533 National Outcome Measures

534

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

537

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

539

540 • **Whether or not the measure is a population-level measure.** Is it about a population (for
541 example children in King County) or only about individuals directly served by programs?

542

543 • **The availability of reliable data.** Is high quality data available on a timely basis? Reliable by
544 geography? By race/ethnicity? By socioeconomic status?

545

546 • **How easily the indicator can be understood and effectively communicated.** Is this measure
547 easy to understand? Is it compelling? Do people care about this measure?

548

549

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

HEADLINE INDICATORS – Invest Early (Prenatal – 5 Years)	
•	Babies with healthy birth outcomes as measured by infant mortality and pre-term birth rates
•	Households receiving investigations for reported child abuse or neglect
•	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

542

HEADLINE INDICATORS – Sustain the Gain (5 – 24 Years)	
•	3 rd graders who are meeting reading standards
•	4 th graders who are meeting math standards
•	Youth who are using illegal substances
•	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

543

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
•	Involuntary displacement of local residents
•	Life expectancy
•	Physical activity levels among youth and adults

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

548
549 In addition to these headline indicators, there are additional secondary indicators that the data team
550 will consider tracking, which include relevant indicators for which there is reliable data. The data team
551 also specified indicators for data development, defined as relevant and compelling indicators for which
552 data is currently unavailable, but important to invest in. *Flourishing and resilient* indicators are examples
553 of indicators that need to be developed. The County will invest in getting those data via the new BSK
554 Health Survey. Section VIII of this implementation plan discusses BSK's Evaluation and Performance
555 Measurement Framework.

556
557 A full explanation of the technical definitions for the headline indicators, and a list of example
558 secondary, supporting indicators are included in Appendix 1.

559
560
561
562
563

Section III
BSK IMPLEMENTATION – GROUNDED IN SCIENCE AND RESEARCH

564

<p>This section of the implementation plan addresses:</p>	<ul style="list-style-type: none"> • 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
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565

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570

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.

571

572

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575

576

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.

577

THE IMPORTANCE OF EARLY CHILDHOOD

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581

582

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

583

584

585

586

587

588

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 school⁹.

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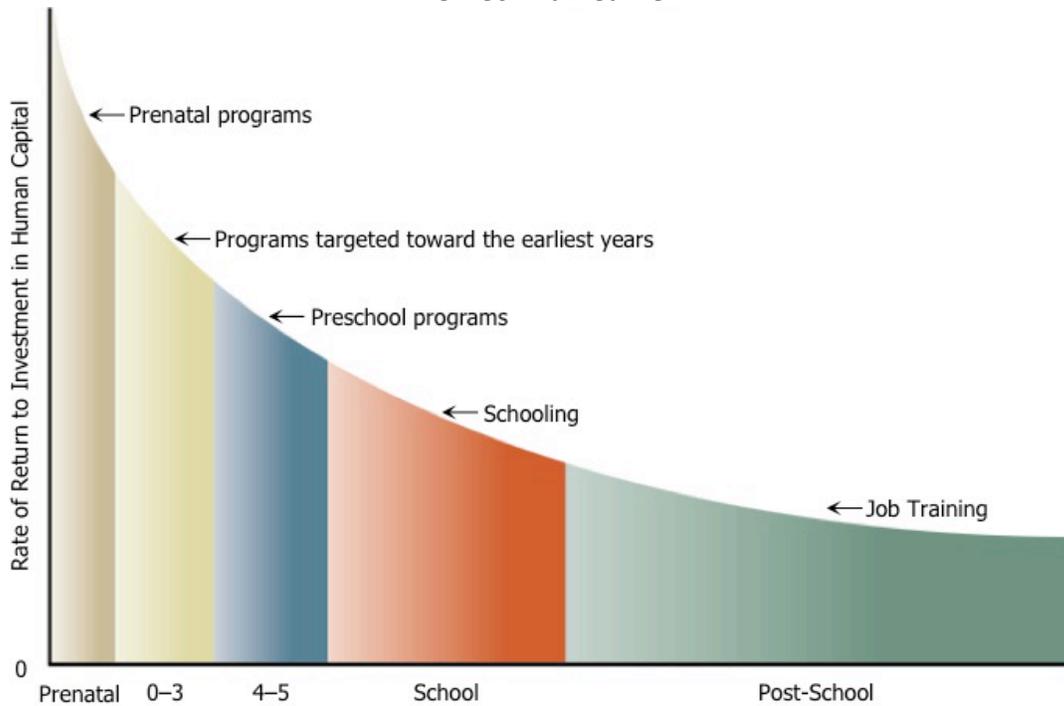
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594

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)

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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.”¹⁰

602
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608

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; every baby needs an adult who can assess his/her needs and respond appropriately.

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613

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.^{11, 12}

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619

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.¹³

620
621
622

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

623 childhood brain development, through the work of Dr. Patricia Kuhl, Dr. Andy Meltzoff, and other
 624 scientists at I-LABS who have demonstrated through multiple studies how the brain grows through the
 625 baby's touch, talk, sight and sound. In fact, the first 2000 days of life is when brain development is most
 626 substantial.

627
 628 BSK, through its investments in Prenatal – 5 years, will help counter the impacts of stressors – such as
 629 poverty – in early childhood by supporting children's health and wellness, strengthening parent-child
 630 bonds through home visiting, and supporting the fabric of communities across our County, often the
 631 most viable and relevant resources for children, youth and families.

632

633 **ADOLESCENT BRAIN DEVELOPMENT**

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

639

640 Brain science for adolescents and young adults is still emerging and is not yet at the level of early brain
 641 research. Our growing understanding is captured in I-LABS' statement about this evolving field: "During
 642 adolescence the brain quite literally prunes and sculpts its neural architecture and yet we know almost
 643 nothing about how this sculpting process works or about the role of experience and nurturing in
 644 optimizing outcomes. I-LABS' studies of learning and the brain have the potential to illuminate some of
 645 the changes they undergo during this period."¹⁴

646

647 Although the research is nascent, key dynamics of the adolescent brain are becoming increasingly better
 648 understood: "Adolescents are particularly vulnerable to stress, have a particular sensitivity to emotional
 649 stimuli, and have limited tools to deal with emotions as systems that regulate are still maturing. Many of
 650 the behaviors of adolescence (risk taking, impulsivity, peer focus, mental health and substance use
 651 vulnerability) are a reflection of the major neurological remodeling happening in their brains. ...Risk
 652 taking peaks during adolescence because activation of an early-maturing socioemotional-incentive
 653 processing system amplifies adolescents' affinity for exciting, pleasurable, and novel activities at a time
 654 when a still immature [cognitive](#) control system is not yet strong enough to consistently restrain
 655 potentially hazardous impulses."¹⁵

656

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

658

659 The adverse effects of poverty, malnutrition and discrimination are multigenerational. Mothers who
 660 themselves were premature or low birthweight infants are at far higher risk of adverse birth outcomes
 661 for their own children. Also, a woman's diet in early life has more impact on her own baby's birth weight
 662 than the food she eats as an adult¹⁶. While no intervention can reverse all the effects of deprivation in a
 663 prior generation, protecting infants and young children from adverse experience during their preschool
 664 years can reap major dividends.

665

666 The science and research base is robust regarding the impact of adverse childhood experiences (ACEs)
 667 on the ability of children and youth (and adults) to learn and function. ACEs have been proven to have
 668 long-term impacts on health and well-being.¹⁷ The impact of adversity/ACEs is increasingly a focus in
 669 schools and communities as systems at all levels strive to provide supportive environments for healthy

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

672
 673 A study¹⁸ of over 2000 elementary public school students in Spokane, Washington, found a statistically
 674 significant relationship between ACEs “score” and academic and health problems:
 675

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

676
 677 Dr. Jack Shonkoff¹⁹ provides this explanation of the impact of adversity, stress and trauma on children
 678 and youth: “Learning how to cope with adversity is an important part of healthy child development.
 679 When we are threatened, our bodies prepare us to respond by increasing our heart rate, blood
 680 pressure, and stress hormones, such as cortisol. When a young child’s stress response systems are
 681 activated within an [environment of supportive relationships](#) with adults, these physiological effects are
 682 buffered and brought back down to baseline. The result is the development of healthy stress response
 683 systems. However, if the stress response is extreme and long-lasting, and buffering relationships are
 684 unavailable to the child, the result can be damaged, weakened systems and [brain architecture](#), with
 685 lifelong repercussions.”
 686

687 When toxic stress response occurs continually, or is triggered by multiple sources, it can have a
 688 cumulative toll on an individual’s physical and mental health—for a lifetime. The more adverse
 689 experiences in childhood, the greater the likelihood of developmental delays and later health problems,
 690 including heart disease, diabetes, substance abuse and depression. Research also indicates
 691 that [supportive, responsive relationships](#) with caring adults as early in life as possible can prevent or
 692 reverse the damaging effects of toxic stress response.²⁰

693 **BUILDING RESILIENCE AND STRENGTHENING PROTECTIVE FACTORS**

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

701 Protective factors are those strengths and supports that help youth and families get through negative
 702 exposure or life experiences without negative consequences. Research studies support the common-
 703 sense notion that when protective factors are well-established in a family, the likelihood of child abuse
 704

705 and neglect diminishes. The Center for the Study of Social Policy has articulated five key protective
706 factors; these factors are foundational to the Strengthening Families Approach:

- 707
- 708 • Parental resilience
 - 709 • Social connections
 - 710 • Concrete support in times of need
 - 711 • Knowledge of parenting and child development
 - 712 • Social and emotional competence of children

713 These protective factors are also promotive factors that build family strengths and a family environment
714 that promotes optimal child and youth development.²¹

715

716 Resilience is the result of a combination of protective factors.²² The single most common factor for
717 children who develop resilience is at least one stable and committed relationship with a supportive
718 parent, caregiver, or other adult. These relationships provide the personalized responsiveness,
719 scaffolding, and protection that buffer children from developmental disruption. They also build key
720 capacities—such as the ability to plan, monitor, and regulate behavior—that enable children to respond
721 adaptively to adversity and thrive. This combination of [supportive relationships](#), adaptive skill-building,
722 and positive experiences is the foundation of resilience.²³

723

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

- 729
- 730 • Facilitating supportive adult-child relationships
 - 731 • Building a sense of self-efficacy and perceived control
 - 732 • Providing opportunities to strengthen adaptive skills and self-regulatory capacities
 - 733 • Mobilizing sources of faith, hope, and cultural traditions²⁴

734

735 The capabilities that underlie resilience can be strengthened at any age. The brain and other biological
736 systems are most adaptable early in life. Yet while their development lays the foundation for a wide
737 range of resilient behaviors, it is never too late to build resilience. Age-appropriate, health-promoting
738 activities can significantly improve the odds that an individual will recover from stress-inducing
739 experiences. For example, regular physical exercise, stress-reduction practices, and programs that
740 actively build executive function and self-regulation skills can improve the abilities of children and adults
741 to cope with, adapt to, and even prevent adversity in their lives.²⁵

742

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

746

Section IV
**BSK IMPLEMENTATION - LED BY COMMUNITY PRIORITIES
 AND DELIVERED THROUGH PARTNERSHIPS**

747

<p>This section of the implementation plan addresses:</p>	<ul style="list-style-type: none"> • Consultation with King County Residents and Community Partners • What We’ve Learned from Communities – Themes Driving the Implementation Plan • Partnering with Communities on Procurement
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750 **CONSULTATION WITH KING COUNTY RESIDENTS AND COMMUNITY PARTNERS**

751

752 In order to develop responsive and relevant investment strategies for *Best Starts for Kids*, King County
 753 has turned to residents and community partners across our region for input and guidance. Between July
 754 and December 2015, the County and our community partners convened six large community gatherings,
 755 and multiple community conversations across the County, focus groups and interviews – allowing King
 756 County to hear from and engage with over 1,000 community residents. Our goal was to provoke
 757 discussion and solicit advice specific to investments in children and youth, shaped around these
 758 questions²⁶:

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

764

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

769

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

776

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

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

781

782 **WHAT WE’VE LEARNED FROM COMMUNITIES – THEMES DRIVING THE**
 783 **IMPLEMENTATION PLAN**

784

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

790

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, which are based in communities.

791

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/presence of services but distances needed to travel to get to services.

792

793

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 well-being 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.

794

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.

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PARTNERING WITH COMMUNITIES ON PROCUREMENT

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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 opportunity that continue to plague our region.

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808

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

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“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.”

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Ordinance 18088, July 22, 2015

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Between now and the end of 2016, the County will work with the Children and Youth Advisory Board and other community stakeholders to continue to develop 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.

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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

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

837
838 The work of building a strong process for procurement and sequencing of implementation that meets
839 the needs of communities will occur concurrently with King County Council’s deliberations and final
840 approval on this BSK implementation plan. We expect to have completed the first round of RFP
841 processes and to make initial investments in early 2017.

842
843 We will work with other key partners to ensure alignment on our efforts, and to leverage funds
844 wherever possible.

845
846 The values below, which were informed by the CYAB, will apply across all investments:
847

- 848 • Programs and services will be provided primarily by community-based organizations, which serve
849 one, or many, of the unique communities across King County. This will help assure that BSK’s
850 investments in promotion, prevention and early intervention programs and services are available to
851 cultural and ethnic groups.
- 852 • We will make decisions that challenge the status quo of current processes, and that push equity as a
853 driver.
- 854 • We will intentionally support connections across systems, and build upon the considerable assets
855 we currently have within King County, across mainstream systems and community-based
856 approaches.
- 857 • We will assure that opportunities are available across the diversity of geographies in our County.
- 858 • We will make decisions carefully, thinking through unintended consequences and ensuring that
859 decisions do not widen disparities.
- 860 • We will systematically use equity tools to support sound decision-making.
- 861 • We will reduce barriers, and assure that the procurement process is accessible to all.
- 862 • We will invest sufficiently to ensure that contractors are able to pay livable wages.
- 863 • Our outreach and processes will be inclusive, and will prioritize those who have been left out or
864 underserved.

865
866 With regards to assuring that opportunities are available across the diversity of geographies in our
867 County, thought will be given to the nuance that access includes—not just the number or presence of
868 services in a particular region, but the distance an individual may need to travel to access services and
869 the means of transportation available to that individual. Consequently, in thinking through ways to
870 address this issue, implementation staff will consider how equity might be enhanced for applicable
871 programs and strategies through transportation subsidization options as an alternative to program
872 siting-based solutions.

873
874 To assure an effective and collaborative approach to procurement and contracting, BSK will apply the
875 principles of implementation science. Implementation Science is defined by the [National](#)
876 [Implementation Research Network](#) (NIRN) as “The study of factors that influence the full and effective
877 use of innovations in practice. The goal is not to answer factual questions about what is, but rather to
878 determine what is required.”

879

880 The field of implementation science supports the notion that certain elements must be present in order
881 to achieve strong outcomes. Implementation requires intentionality, support and the ability to be
882 reflective in order to make changes that meet the need of individual communities. In BSK, King County
883 will apply the principles and frameworks of implementation science systemically to ensure strong
884 outcomes in communities as a result of BSK investments. Additional information on implementation
885 science is included in Appendix 7.
886
887

Section V
PRENATAL – 5 YEARS, APPROACHES AND INVESTMENTS

888

This section of the implementation plan addresses:	<ul style="list-style-type: none"> • Overview of Prenatal to 5 Years Result, Strategies and Indicators • Investments and Approaches for Prenatal – 5 Years • The BSK <i>Help Me Grow</i> Framework for King County • Programs and Services for Prenatal – 5 Years
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889

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

891

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

896

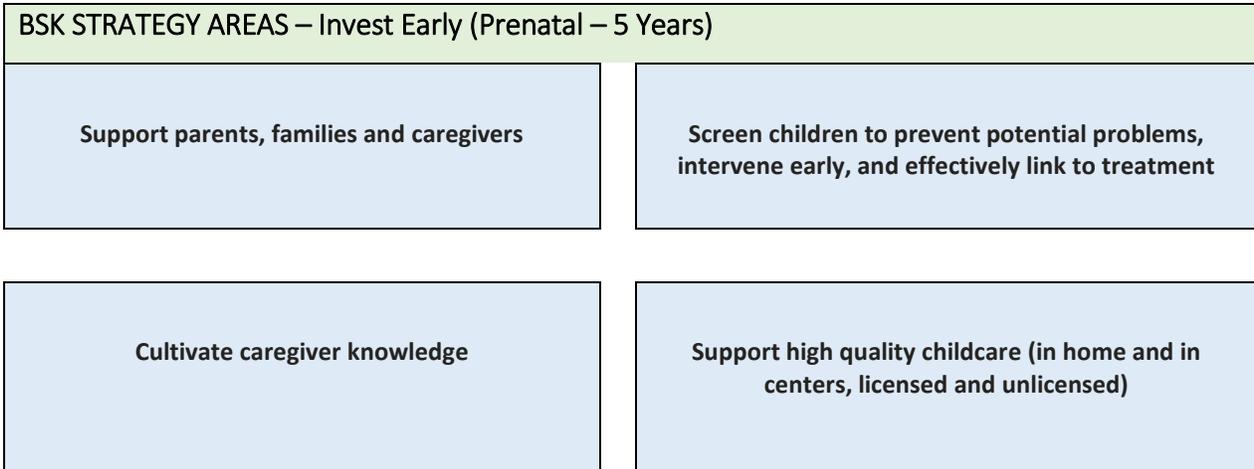
Babies are born healthy and establish a strong foundation for lifelong health and well-being.

897

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

899

900



901

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

903

- 904 • Babies with healthy birth outcomes as measured by infant mortality and pre-term births
- 905 • Households receiving investigations for reported child abuse or neglect
- 906 • Children who are flourishing and resilient related to levels of curiosity, resilience, attachment and contentedness
- 907
- 908 • Children who are kindergarten ready across the domains of social/emotional, physical, language, cognitive, literacy and mathematics
- 909

910

911 INVESTMENTS AND APPROACHES FOR PRENATAL – 5 YEARS

912

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

922

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

925

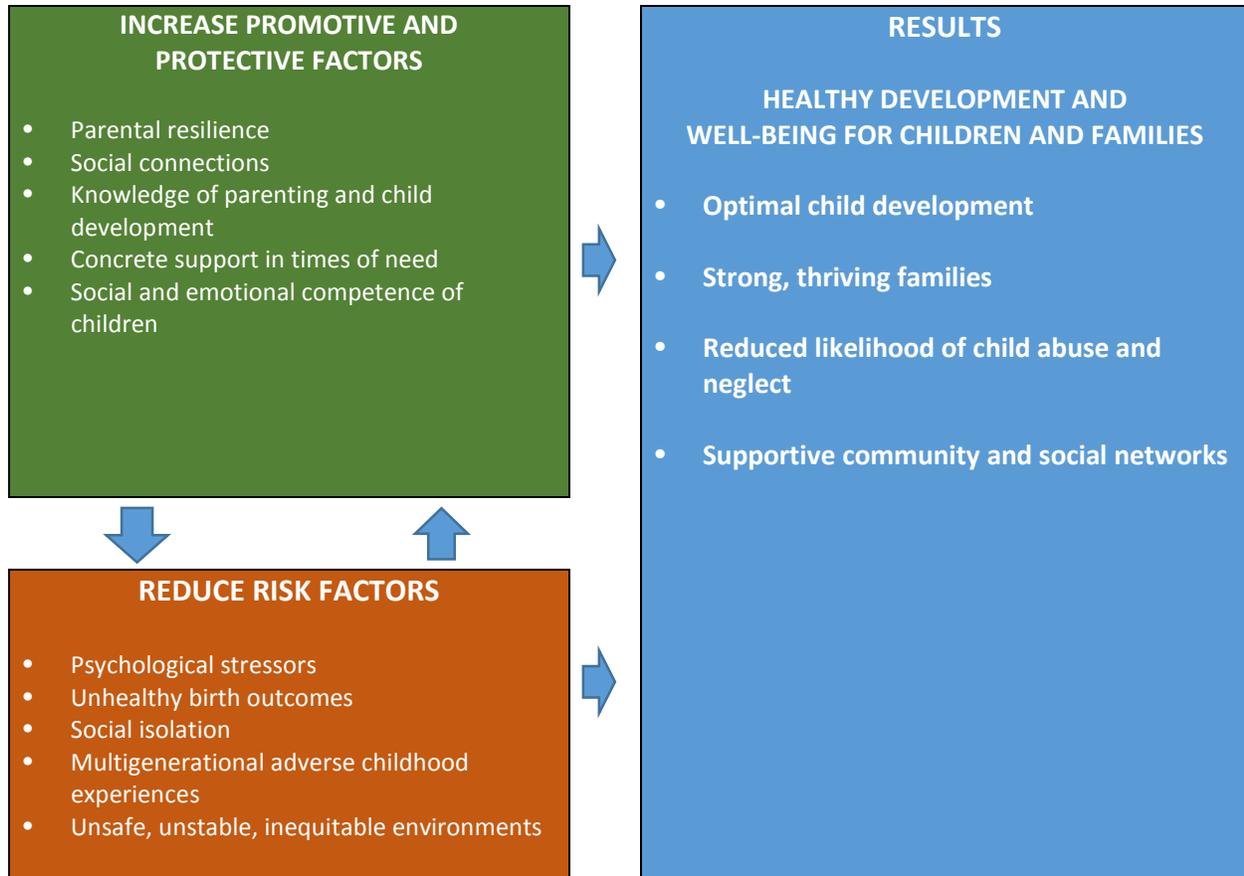
- 926 • Attention to disproportionality and multiculturalism is critical, and will be integral to how we focus
927 investments.
- 928 • We will encourage innovative programs, built on the experiences of community partners and the
929 needs and priorities of community residents.
- 930 • Investments in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

937

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

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945



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947

948 **THE BSK HELP ME GROW FRAMEWORK FOR KING COUNTY**

949

950 One of the fundamental messages we have received from communities regarding services for Prenatal –
 951 5 Years is the importance of getting families the information they need, and coordinating all available
 952 services, so the right service is obtained at the right time, in the right way.

953

954 As part of *Best Starts for Kids*, King County will build the BSK Help Me Grow framework across the
 955 County. The BSK Help Me Grow framework will be informed by the national Help Me Grow²⁷ model that
 956 aligns systems, including child health care, early care and education, and family support. Help Me Grow
 957 is an evidence-based, family-centered framework for prevention and early intervention efforts. In
 958 Washington, Help Me Grow is being implemented by Washington State’s Essentials for Childhood
 959 initiative, and as part of Washington’s efforts to increase developmental screenings, as outlined in the
 960 state’s Early Learning Plan.

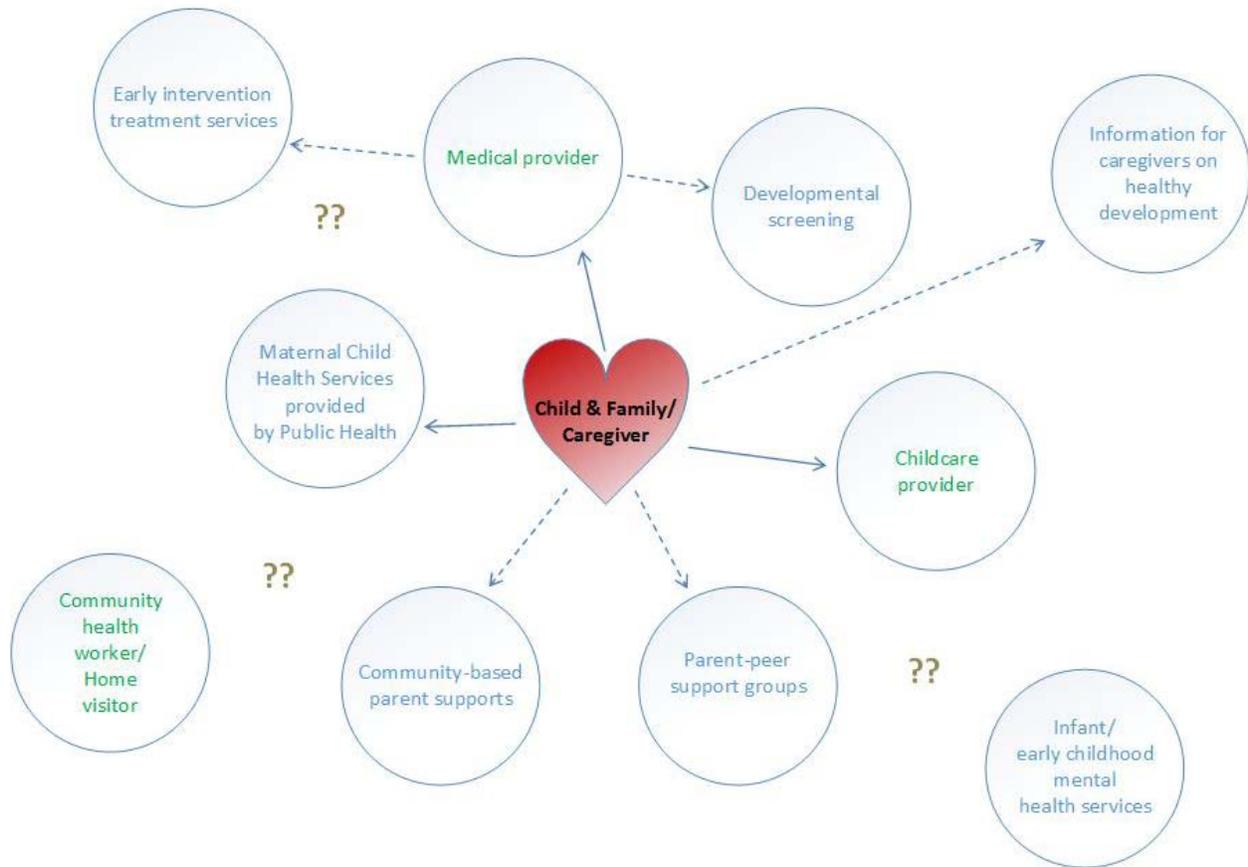
961

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

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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 childcare 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.



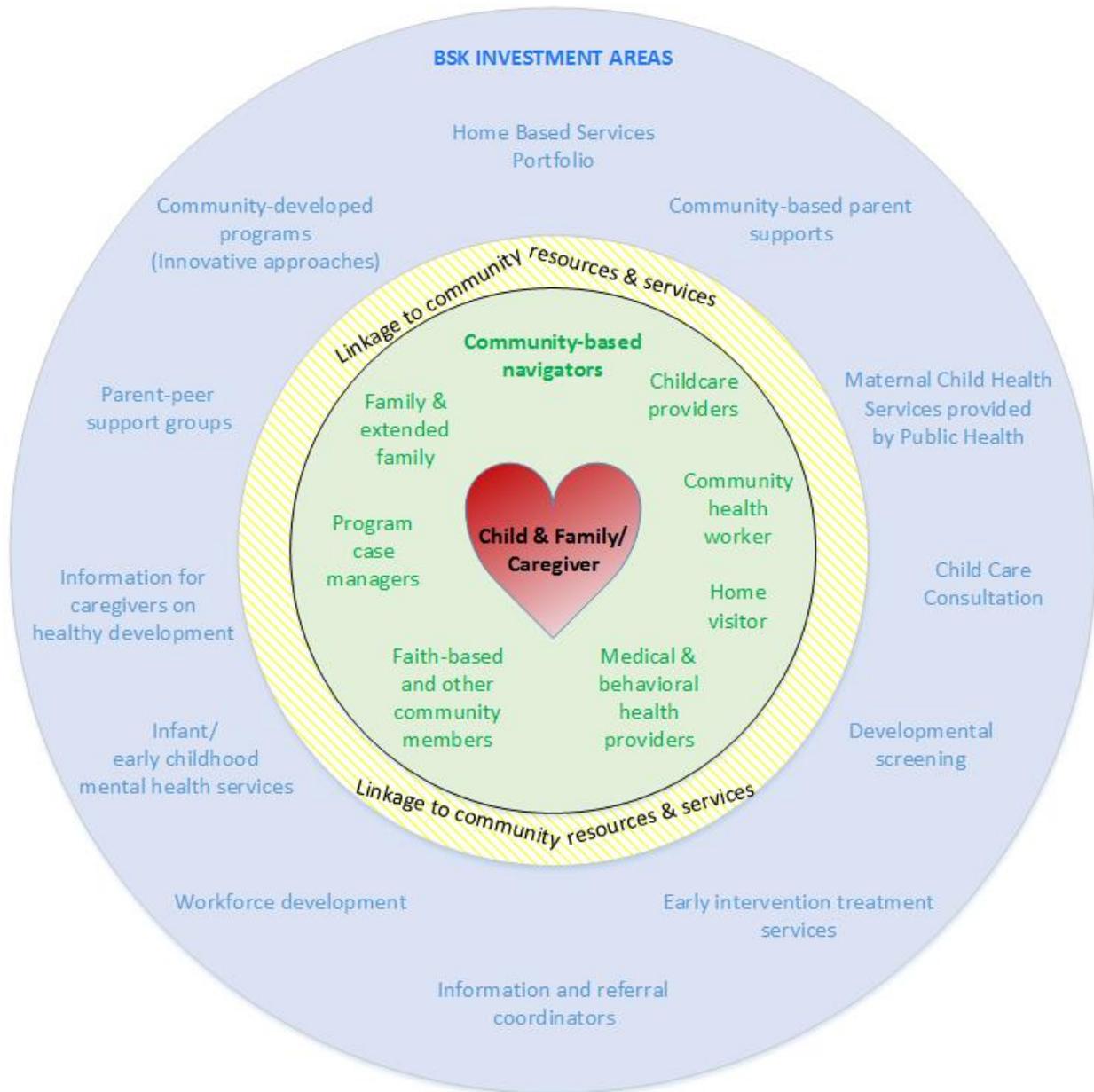
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The power of implementing the BSK Help Me Grow framework for Prenatal – 5 Years rests in the potential for deepening and broadening multi-directional communication and strong community and system linkages, and increasing access, for all King County 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.

992 The BSK Help Me Grow framework comprises five interconnected components²⁸:

- 993 • **Healthy Children.** A strong network of agencies and community organizations that provide early
994 childhood services to assure that children begin school healthy and ready to learn.
995
- 996 • **Strong Families and Caregivers.** A variety of supports for families that enhance resilience and
997 well-being, such as connecting families to resources that support parents' knowledge, and
998 providing opportunities for peer mentoring or access to community health workers.
999
- 1000 • **Strong Early Childhood Professionals.** Outreach and engagement with early learning providers
1001 to build knowledge of infant mental health, reflective practices, early brain development, and
1002 key health messages to ensure that providers have information to support families.
1003
- 1004 • **Strong Referral Network.** Responsive services and care coordination that assure universal
1005 screenings for early identification of developmental delays and a strong connection to the
1006 health care system, through an interconnected referral network for all families.
1007
- 1008 • **Advocacy and Communication.** Promotion, communication and strong advocacy to drive policy
1009 decisions that support access and support for services that impact the health and well-being of
1010 children during their most critical years of development.
1011

1012 The graphic below illustrates what we expect will be the future state for children and families as we
1013 work toward improving access and system efficiencies through BSK's Help Me Grow framework.
1014 Children and families are at the center, surrounded by immediate providers, and able to connect with
1015 additional resources and services. From the surrounding circle looking in toward the child and family,
1016 there are strong community and system linkages and multi-directional communication to assure that
1017 families experience a cohesive safety net of supports.
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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, who will be based in community organizations. Navigators will work one-on-one with children and families to help connect them with resources and services. 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. Navigators will be community health workers or trusted community messengers. The Navigators will also work closely with the providers who interact everyday with children and their families – including medical and behavioral health providers, childcare providers, community health workers or home visitors, and child welfare – to ensure there is sharing of information and coordination around children’s and families’ needs.

1032 One of the unique opportunities posed by BSK is to partner deeply with diverse communities across the
 1033 County which have knowledge, trust and history with children, youth and families. The purpose behind
 1034 the BSK Help Me Grow framework is to weave together services within and across communities,
 1035 assuring that there is **no wrong door** for families needing referrals and access. The process of building
 1036 out the BSK *Help Me Grow* framework will take time, and will be an inclusive process with our
 1037 community partners.

1038
 1039 Over the coming months, King County will work with community-based partners, medical providers and
 1040 state-level Help Me Grow colleagues to further conceptualize the BSK Help Me Grow framework and
 1041 collectively tackle initial steps toward full implementation. At a high level, we expect to achieve the
 1042 following in the first few years:

Initial Implementation of BSK Help Me Grow Framework	
Year one	<ul style="list-style-type: none"> • Work with community partners to deeply understand current barriers limiting access to services and resources • 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 • 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 • 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 • 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 • 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
Year two	<ul style="list-style-type: none"> • 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 • Take lessons learned from year one to inform a competitive RFP for a lead organization responsible for interconnections and management of database resources
Year three	<ul style="list-style-type: none"> • Implement an evaluation to understand how well the new framework is working for providers and families/caregivers

1043
 1044 Currently the primary focus of the BSK Help Me Grow framework is on Prenatal – 5 Years, and
 1045 developing a strong system of multi-directional communication and access to services that assures no

1046 wrong door for families. We know that developing this well will take time. As we focus in the first few
1047 years on building and strengthening the framework for early childhood, we will concurrently be
1048 considering the best way to extend reach into programs and services for older children, youth and young
1049 adults. Just as with young children, parents, caregivers and youth/young adults themselves need help in
1050 knowing how to find the right resources among the many that exist throughout King County. Outreach
1051 and resources need to be available and accessible to all parents, caregivers and kids throughout the
1052 County regardless of their age, language, culture or neighborhood.

1053
1054 The programs and services to be funded by *Best Starts for Kids*, and which are described in detail below,
1055 will be core to the BSK Help Me Grow framework to achieve coordination and efficiency, and ease for
1056 parents/caregivers.

1057
1058

1059 PROGRAMS AND SERVICES FOR PRENATAL – 5 YEARS

1060

1061 The following section provides more detail on Prenatal – 5 Years programs and services which will be
1062 funded through *Best Starts for Kids*, and a **rationale** and **approach** for each. These programs and
1063 services will be primarily provided by community-based organizations. Over the next few years, King
1064 County will work with all the partners providing these services to assure that they are interconnected
1065 within the BSK Help Me Grow framework.

1066

2016: \$350,000

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

Innovation Fund, for programs driven by community interest/need

1067

1068 **Rationale for investment.** King County is committed to maximizing the opportunity presented through
1069 *Best Starts for Kids* to support innovative programs across the region. These may be programs that lack a
1070 robust research base, but which are based in science, that address the needs and priorities within
1071 communities, and which those communities believe will be effective in meeting BSK results.
1072 Communities know their needs, and what works well. However, communities wishing to provide
1073 innovative and community-driven programs for young children and their families can be constrained
1074 from accessing resources, due to narrowly-defined funding parameters.

1075

1076 **Proposed approach.** Over the next few months, as part of our next steps in planning procurement, we
1077 will work with the CYAB and other community stakeholders to develop a protocol for dissemination of
1078 these more flexible funds. We will conduct outreach, with the assistance of community partners, to
1079 engage programs that have not been previously funded, and to encourage their innovations.
1080 Communities will articulate how they will achieve the outcomes they intend, and King County will use
1081 this opportunity to support additional innovative programs, and to learn more about what works in
1082 communities across our region.

1083

1084

2016: \$497,000

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

Home-based Services, including investments such as:

- Home visiting
- Community-based programs

1085

1086

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 success²⁹. Home visiting programs work to foster positive parent-child interactions that last throughout life. Home visiting is a proven strategy that improves health and well-being 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.

1095

1096

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.

1101

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.

1107

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.

1113

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.³⁰ 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.

1120

Longer-term, and more intensive home visiting, such as those programs describe 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

1126 organizations to expand home visiting that will be bid through a competitive procurement process.
 1127 Funding will be flexible across multiple home visiting programs to respond to varied needs across
 1128 communities. BSK will fund a portfolio of both evidence-based and community-based models, including,
 1129 but not limited to:

1130
 1131 • **Nurse Family Partnership.** Public Health – Seattle & King County currently provides 700 home
 1132 visiting slots within King County using the Nurse Family Partnership home visiting model, using
 1133 both state and City of Seattle funding through the Families and Education Levy. NFP serves first-
 1134 time mothers who are enrolled prior to their third trimester. Using BSK funds, King County will
 1135 expand NFP into communities not currently receiving NFP services, throughout King County. We
 1136 will continue to partner with the City of Seattle and the statewide system to align our collective
 1137 work. King County will expand by two nurses and two social workers, as well as maintain funding
 1138 levels noted in 2014.

1139
 1140 • **Parent-Child Home Program (PCHP).** PCHP is another research-based model, which provides
 1141 two years of twice-weekly home visits to families with children between 16 months and four
 1142 years. Matching language, and culture between families and home visitors is a hallmark of PCHP,
 1143 which prioritizes families who are challenged by poverty, isolation, limited educational
 1144 opportunities, language and literacy barriers, and other obstacles to healthy development and
 1145 educational success. United Way of King County has been funding over 1,000 slots for the past
 1146 five years, and has achieved excellent outcomes. King County will help maintain and expand
 1147 these services while partnering with United Way of King County to leverage dollars to meet the
 1148 demand.

1149
 1150 • **Evidence-Based Home Visiting.** King County will also invest BSK funds to implement other
 1151 evidence-based home visiting programs³¹ in communities that are not currently receiving
 1152 services. There is an unmet need for home visiting among families who may not be eligible for
 1153 Nurse Family Partnership or Parent-Child Home Program and still need services. Potential
 1154 models may include: Parents as Teachers, Family Spirit, and Triple P.

1155
 1156 • **Community-Based Best Practices.** In addition, King County will expand current home visiting
 1157 programs, which, while not evidence-based models, are still based on research, have a strong
 1158 theoretical bases in science, promote prevention and early intervention, and deliver strong
 1159 outcomes for children and families. These programs are often embedded within the
 1160 communities they serve and maximize the opportunity for direct cultural matches between
 1161 home visitors and new parents. Such programs offer important opportunities for innovation.

1162
 1163 Potentially these could include the Community-Based Doula model, which connects pregnant
 1164 women with other women in their own communities who are specially trained to provide
 1165 support during the critical months of pregnancy, at the time of birth, and into the early months
 1166 of parenting.

1167

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 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

1168

1169 **Community-Based Parent Supports**

1170 **Rationale for the investment.** Across King County, families have different needs and are connected
 1171 within communities in a variety of ways. Providing families with key messages regarding health, safety,
 1172 brain development and social/emotional well-being increases the likelihood that all children and young
 1173 families have the very best start. In addition to focusing on the health and well-being of very young
 1174 children, we must also focus on the health and well-being of their parents and families.

1175 The health and well-being of parents, prenatally and in the early stages of their children’s lives are
 1176 critical factors contributing to healthy child development, healthy families and healthy communities.
 1177 Prenatal supports to promote healthy pregnancies, such as a focus on nutrition, avoiding substance use,
 1178 and managing physical and emotional health must be extended across King County to improve the rates
 1179 of healthy birth outcomes in all communities, with a focus on those where healthy birth outcomes are
 1180 disproportionately low. *Best Starts for Kids* provides the opportunity for strengthening community
 1181 supports for expectant and new parents, and addressing critical issues that can greatly improve the
 1182 likelihood of healthy births. These include assisting parents to develop strong networks of social
 1183 supports, and providing information and services that encourage avoiding substance use in pregnancy
 1184 and parenting.³²

1185
 1186 In 2013, 24,910 infants were born to King County residents, of which 37 percent were Medicaid-funded.
 1187 Yearly, an average of 2,290 infants were born preterm in King County, for a rate of 9.3 percent.
 1188 American Indian/Alaska Native infants were 81 percent more likely to be preterm than white non-
 1189 Hispanic infants, who had the lowest rates in King County. Black and Native Hawaiian/Pacific Islander
 1190 infants had preterm birth rates about 50 percent higher than white non-Hispanic infants. Poor maternal
 1191 and infant outcomes were common, including low birth weight, preterm birth, Cesarean delivery, lack of
 1192 adequate prenatal care, maternal obesity, hypertension or diabetes, maternal depressive symptoms,
 1193 lack of social support, and sleep sharing.³³

1194
 1195 **Proposed approach.** In King County, only 72 percent of all mothers access early and adequate prenatal
 1196 care, and the percentage is even lower for women of color. Through Navigators, the BSK Help Me Grow
 1197 framework will enable systems and connections within communities to increase access to prenatal care
 1198 and provide linkages to critical services, such as housing, mental health treatment and chemical
 1199 dependency treatment, which will improve birth outcomes for high risk and underserved communities.

1200 BSK funding will support mothers to access prenatal care by working with community-based
 1201 professionals, who are trusted allies in building connections to the health care system. Potential linkages
 1202 could include prenatal classes, birth doulas, peer breastfeeding counselors, services for maternal
 1203 depression. and peer support groups. This approach includes programs and services that help women
 1204 initiate and sustain breastfeeding through an infant’s first year of life, and increase the proportion of
 1205 infants who are breastfed exclusively through age six months.

1206 Through BSK, new parents and families will be able to access information on key factors influencing their
 1207 young children’s healthy development including information on **immunizations³⁴**, **oral health³⁵**, and
 1208 **healthy vision**. BSK will also support communities in prevention and interventions to address **injury**
 1209 **prevention³⁶**, **asthma³⁷** and concerns over the potential of **lead³⁸** and other **toxins** in home
 1210 environments.

1211
 1212 The BSK Help Me Grow framework will facilitate and maximize these community connections through
 1213 organizations that have the capacity to partner with parents. BSK partner organizations will assure that
 1214 pregnant and newly parenting individuals have the information, knowledge, skills and resources they
 1215 need, and are able to access effective prenatal and well-child health care and provide healthy, nurturing
 1216 and safe home environments.

1217

1218 Parent/Peer Supports

1219 **Rationale for investment.** Parent/peer supports will offer families/caregivers access to healthy and
 1220 affirming communities and peers, promoting the health and well-being of all families and young
 1221 children. Parent/peer supports can scaffold families and caregivers across communities – including
 1222 immigrant and refugee families, LGBTQ families, families with disabilities, and families with foster
 1223 children – as they seek encouragement and assistance when their children are experiencing behavioral
 1224 health issues or developmental delays or disabilities.

1225
 1226 Parent/peer supports provide community-based ways to decrease isolation, increase connection to
 1227 community, and improve access to geographically-obtainable supports. In communities across King
 1228 County, parent/peer support groups are building networks of resources, social supports, and community
 1229 among parents and caregivers who share common bonds in caring for young children. BSK funding to
 1230 expand these services has been repeatedly identified as a priority in community conversations.

1231

1232 **Proposed approach.** BSK will support communities in providing parent/peer support groups that meet
 1233 community-identified needs. This approach supports parents, families and caregivers by working to
 1234 decrease the incidence of challenging situations through preventive education and support, and
 1235 expanding effective peer support groups for parents and caregivers. BSK intends to focus parent/peer
 1236 support groups to meet the needs of unserved and underserved communities and individuals in King
 1237 County, through culturally-specific, culturally-relevant, and linguistically-appropriate approaches.

1238

1239 BSK will build off the strengths of existing programs (such as community-based Play & Learns described
 1240 below) and will provide opportunities for innovative new programming, services or supports. This will
 1241 ensure continuity of support through the preschool years and the transition to kindergarten. These
 1242 investments will be based on family support principles of building on the strengths, knowledge,
 1243 resources, culture, and capacity of families and communities as best practices that promote the optimal
 1244 development of children. BSK will support communities to embed the principles of family support to
 1245 ensure:

1246

- 1247 • Prevention-based services become a key approach to building and sustaining healthy communities
- 1248 • Programs strengthen their capacity to work cross-culturally in their local communities
- 1249 • Programs focus on building community capacity to support all parents, especially those facing
- 1250 challenges in raising their young children by utilizing and developing the existing strengths of
- 1251 individuals, families and communities

1252
 1253 Play and Learn (P&L) groups are one example of a potential BSK investment approach to further
 1254 parent/peer supports. P&L groups provide opportunities for parents to come together with their young
 1255 children to learn from a facilitator and each other about ways to support healthy development.
 1256 Facilitators for P&L groups are community-members, which assures that Play and Learns are accessible
 1257 to parents/caregivers across language, ethnicity and culture and which provides an opportunity for
 1258 multi-generational programming in communities. P&L groups provide information, referral, and
 1259 educational events and groups for parents, caregivers and their children 0-5.

1260
 1261 In King County, families benefit from the research-based model of [Kaleidoscope Play & Learns](#). At
 1262 Kaleidoscope groups, children have fun participating in activities and being around their peers, while
 1263 parents, grandparents, aunts, uncles, older siblings and other family members learn about activities to
 1264 maximize learning and development, the skills children need to be ready for kindergarten, and
 1265 community programs and services that are available to families. In 2013 Kaleidoscope Play & Learn was
 1266 designated a Promising Practice by the Evidence Based Practice Institute of the University of
 1267 Washington. Play & Learns provide an excellent opportunity for exploring the activities and resources
 1268 available through VROOM, discussed below.

1269
 1270 Implementation of this strategy area will occur through competitively bid contracts for expansion of
 1271 parent/peer supports. All contracts will be outcomes-based, to allow for innovative approaches of
 1272 supporting parents, driven by community priorities and needs.

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

1274
 1275 **Rationale for investment.** Parents are their children’s first, and most important, teachers. Because
 1276 experiences in early childhood lay the foundation for later success, the relationships, environments, and
 1277 supports that children experience have a profound impact on their development. Critical neurological
 1278 and biological systems grow most rapidly in the earliest years.³⁹ Extensive research over the last few
 1279 decades has confirmed that when parents understand how their children develop and have support and
 1280 encouragement in their role as parents, they are more responsive, sensitive, and skillful, and their
 1281 children demonstrate better outcomes in the short and long term.

1282
 1283 Advances in understanding of early childhood are continuing to shape the opportunities to promote
 1284 optimal development for young children and support for parents/caregivers. One exciting opportunity is
 1285 the development of [VROOM](#), an initiative conceived and funded by the Bezos Family Foundation to
 1286 provide parent and caregivers with the information and tools they need to help build their children’s

1287 healthy brains. VROOM was developed by a group of scientists, community leaders and trusted brands,
1288 with input from community organizations and families.

1289
1290 New science, made accessible through VROOM materials and a wealth of other resources, serves to
1291 engage parents more fully in maximizing the critical development period of infancy and early childhood.
1292 Children’s first years are when they develop the foundation for all future learning. Every time we
1293 connect with them, half a million neurons fire at once, as young brains take in all that they see and
1294 hear.⁴⁰

1295
1296 **Proposed approach.** Working with community partners, BSK will help communities to share VROOM
1297 materials through parent/peer support groups and other community gatherings, and explore other
1298 venues for sharing VROOM’s messages. Through tools, activities and a smartphone app, VROOM helps
1299 parents/caregivers turn shared moments into brain building moments. Meal time, bath time, visits to
1300 the grocery store or play times with families and friends, all provide opportunities to nurture children's
1301 growing minds. BSK will also help support translation of VROOM resources in other languages, to help
1302 spread the information about these important early years, and support parents in the many ways they
1303 engage with their very young children.

1304 With funding from the Bezos Family Foundation, King County has begun the work of sharing VROOM
1305 practices and materials in community settings. BSK will help community partners extend the reach of
1306 VROOM and other research and resources that will strengthen families and support the role of
1307 parent/caregivers in building protective factors that strengthen their children, their families and their
1308 communities.

1309 BSK investments will allow parents across communities and cultures to connect with information and
1310 social supports to scaffold their children’s healthy development, and to feel successful and satisfied in
1311 their roles as parents. Community partners will provide relevant and accessible information for parents
1312 and families across a range of topics including health and safety, stages of development, the importance
1313 of play and the vital importance of oral language and language development beginning at birth. Funds to
1314 support the dissemination of information for caregivers will be contracted to community-based
1315 organizations.

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

1316
1317
1318 **Rationale for investment.** Child care health consultation (CCHC) promotes the health and development
1319 of children, families and child care staff to ensure healthy and safe child care environments⁴¹. Through
1320 CCHC, licensed child care settings are able to access the expertise and support of a multidisciplinary
1321 team of nurses and community health workers – all focused on promoting and supporting healthy, safe
1322 and developmentally appropriate environments for young children. The practice of integrating CCHC
1323 into child care settings is recommended by the American Academy of Pediatrics to ensure that complex
1324 health concerns such as determining safe sleep policies, developing care plans for children with chronic

1325 medical conditions, or responding to infectious disease outbreaks, are informed by health care
1326 professionals.⁴² The approach has a solid research base.

1327
1328 CCHC does not act as a primary care provider, but offers critical services to licensed child care and
1329 families by sharing health and development expertise, strategies to ensure injury prevention,
1330 assessments of child health needs, and community resources. CCHC assists families in care coordination
1331 with their medical homes. As King County builds out the BSK Help Me Grow framework, the connections
1332 facilitated by child care health consultation will be essential in strengthening the system of supports for
1333 families.

1334
1335 By investing BSK funds to expand CCHC, King County will be able to reach additional providers, including
1336 cultural- or ethnic-specific licensed child care homes that are vital resources in communities, but which
1337 may not be sufficiently connected to systems and supports to assure frequent and responsive child care
1338 health consultation. CCHC is an essential service across all child care settings, but is of particular
1339 importance to licensed centers and homes serving children birth to age three. These years provide
1340 critical opportunities for assuring healthy development, and/or identifying concerns early.

1341
1342 In addition to assuring increased access in under-served communities, investing in CCHC could target
1343 supports to licensed homes and centers that are participating in Early Achievers⁴³, the state's quality
1344 rating and improvement system. Licensed homes and centers that are preparing to be rated, could be
1345 bolstered in their efforts toward improved quality through the support of child care health consultation.

1346
1347 Beyond the need for increased services onsite in licensed centers and homes, providing more health and
1348 safety consultations to communities, families and unlicensed providers such as Family/Friend/Neighbor
1349 care, would further health promotion messages and disseminate information on healthy development.

1350
1351 **Proposed approach.** BSK will expand consultation and technical assistance for child care providers to
1352 ensure that licensed providers in King County have access to the tools and support they need to provide
1353 effective early preventive care for all children, including those with delays or disabilities, or
1354 social/emotional and/or behavioral health challenges. The primary vehicle for this will be through
1355 expanding the quantity and capability of child care consultants available to partner with licensed
1356 providers who need additional support.

1357
1358 Child care consultation will ensure that King County child care providers are knowledgeable and capable
1359 of providing positive, healthy and safe environments for all young children to learn, play and grow. BSK
1360 funds will support on-demand training onsite for licensed providers, across a range of topics. These may
1361 include child development, nutrition, communicable disease prevention, safe and healthy environments,
1362 injury prevention, physical activity, and child behavior management. Equity and social justice, anti-bias
1363 and trauma-informed care will provide the framework for all training.

1364
1365 Training will be supported by community health workers with community-based knowledge, and Public
1366 Health staff with expertise in areas that support best practices in child care settings. Through nurses and
1367 community health workers, Public Health's CCHC team provides interdisciplinary and specialized
1368 consultation and technical assistance in licensed child care to improve outcomes for the health and well-
1369 being of children. All services are provided with a trauma-informed lens, incorporating evidence around
1370 adverse childhood experiences (ACEs), neuroscience and resilience. Core services include:

1371

- 1372 • Technical assistance and consultation to childcare programs to improve health and safety practices
- 1373 • Education and coaching for child care providers to increase understanding of normal and atypical
- 1374 growth and development; encouraging early, appropriate referrals to community resources when
- 1375 needed
- 1376 • Classroom observations to identify children at risk of adverse health and behavioral concerns, and
- 1377 technical assistance to childcare programs on health screenings
- 1378 • Technical assistance and coaching on nutritional and physical activity in the childcare setting
- 1379 • Collaboration with King County’s Birth to Three Early Intervention program to support supportive
- 1380 child care accommodations for identified children.

1381
 1382 BSK funds will also support group trainings in communities, which would be available to families, and
 1383 family/friend/neighbor caregivers. These trainings would provide opportunities for parents and families,
 1384 and those who support them and care for children in many settings, to access critical information on
 1385 healthy child care environments.

1386
 1387 Over the next six months, we will work with our partners to strengthen the mechanism for delivering
 1388 CCHC and reaching additional licensed homes and centers in communities across the County. We will
 1389 also work with partners to identify opportunities for larger group trainings on health promotion and
 1390 best practices in child care environments to engage families and communities in supporting children’s
 1391 healthy development regardless of child care setting.

1392
 1393

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

1394
 1395 **Developmental Screenings for All Very Young Children**

1396
 1397 **Rationale for investment.** Developmental screenings are a foundational element of health care for
 1398 young children from birth through five years. Early identification and access to services ensures that
 1399 intervention is provided when the child’s developing brain is most capable of change. As brain
 1400 architecture emerges in very young children it establishes either a sturdy or fragile foundation for all the
 1401 capabilities and behaviors that follow⁴⁴. When screenings indicate developmental concerns, appropriate
 1402 high quality early intervention programs can reduce the likelihood that children will experience
 1403 prolonged or permanent health and learning delays, and reduce the incidence of future problems in
 1404 their learning, behavior, and health. Intervention is more effective and less costly when it is provided
 1405 earlier in life.

1406
 1407 **Proposed approach.** King County will partner with communities to identify infants and toddlers in need
 1408 of services as early as possible. Bright Futures – a framework developed by the American Academy of
 1409 Pediatrics – sets the standard for developmental screening to guide medical providers, child care
 1410 providers, communities and families toward best practices⁴⁵.

1411

1412 BSK funds will support training for additional child care providers, home visitors and medical providers
 1413 on the importance of developmental screenings and the tools available, and assure that all King County
 1414 children have access to developmental screenings. Equally important will be the ability to connect
 1415 families with resources and services to respond to children’s needs as identified through developmental
 1416 screenings. This capacity will be systemically improved and strengthened as the BSK Help Me Grow
 1417 framework is built out in the County, improving the connections across resources and assuring greater
 1418 supports and access for families through the assistance of Community Navigators.

1419

1420 Early Intervention Treatment Services

1421

1422 **Rationale for investment.** We know that more children are in need of early intervention services than
 1423 are currently being served. Eligible infants and toddlers and their families are entitled to individualized,
 1424 quality early intervention services in accordance with the federal [Individuals with Disabilities Education](#)
 1425 [Act \(IDEA\), Part C](#). (These services are also known as ESIT: Early Support for Infants and Toddlers.) In
 1426 2015, King County’s IDEA Part C early intervention system served 3,909 children which represents
 1427 approximately five percent of the general population of children ages birth to three. However, research
 1428 indicates that as many as 13 percent of birth to three-year-olds have delays that would make them
 1429 eligible for services.⁴⁶

1430

1431 Early intervention services are designed to enable young children to be active, independent and
 1432 successful in a variety of settings—in their homes, in child care, in preschool programs and in their
 1433 communities.

1434

1435 **Proposed approach.** Developmental screenings supported by BSK will result in an increase in children
 1436 accessing the early intervention services they need. BSK funds will be used to support additional early
 1437 intervention capacity. Any child under the age of 36 months, who has a 25 percent delay or shows a 1.5
 1438 standard deviation below his or her age in one or more of the following developmental areas is eligible
 1439 for support through early intervention:

1440

- 1441 • Cognitive development
- 1442 • Physical development, including vision, hearing, and fine and gross motor skills
- 1443 • Communication development
- 1444 • Social and emotional development
- 1445 • Adaptive development

1446

1447 Early intervention is provided through a network of providers, funded by King County and Washington
 1448 state. The County will leverage other funds, including Medicaid, wherever possible to support this
 1449 expansion in services. ESIT helps families build knowledge and skills to meet the developmental and
 1450 health needs of their young children birth to three years old with special needs, as well as the needs of
 1451 the family.

1452

1453 Anyone who has a concern about a child’s development may make a referral. This includes parents,
 1454 guardians, foster parents and family members. Professionals such as pediatricians, other physicians,
 1455 social workers, nurses, child care providers or others who have contact with a child can also make a
 1456 referral for Birth-to-Three services. Over time, the BSK Help Me Grow framework will enhance families’
 1457 access to the ESIT services their children may need. These services include, but are not limited to:

1458

- 1459 • Audiology
- 1460 • Family resource coordination
- 1461 • Health services
- 1462 • Nutrition and feeding services
- 1463 • Occupational therapy
- 1464 • Physical therapy
- 1465 • Psychological services
- 1466 • Speech-language therapy
- 1467 • Family counseling and education

1468
1469

1470 **System Building for Infant/Early Childhood Mental Health**

1471

1472 **Rationale for investment.** Early childhood mental health focuses on healthy social and emotional
 1473 development of children from birth to age five. This is a growing field of research and practice devoted
 1474 to promoting behavioral health and social and emotional development for very young children. The field
 1475 is committed to promotion and prevention. Treatment, if needed, is provided for children in the context
 1476 of their families.

1477

1478 An estimated nine to fourteen percent of children birth to five years experience behavioral or emotional
 1479 problems, including depression and anxiety. These behavioral health issues negatively impact children’s
 1480 early learning, social interactions and overall child and family well-being⁴⁷. Early intervention in social
 1481 and emotional struggles and behavioral health is part of an upstream prevention for suicide risk,
 1482 interpersonal violence and other problems in adolescence. Across our County, there is a significant
 1483 shortage of well-trained professionals with expertise to serve young children with emotional/behavioral
 1484 challenges and their families.

1485

1486 **Proposed approach.** BSK funds will support increasing capacity to meet the need for behavioral health
 1487 services in early childhood. Through BSK, King County will work with community partners and providers
 1488 over the course of the next year to develop a comprehensive Infant and Early Childhood Mental Health
 1489 system. As a newly emerging service system, the development of a strategic plan is an essential first
 1490 step. Key elements will include:

- 1491 • Building community awareness of early indicators of emotional/behavioral concerns in young
 1492 children and introducing screening opportunities
- 1493 • Implementing policy and practice changes to inform the preparation and support of the early
 1494 childhood workforce. Workforce development initiatives within child development, early education,
 1495 special education and early intervention, and behavioral health need to incorporate infant and early
 1496 childhood mental health content
- 1497 • Shaping a system of support for early learning providers and parents, to support healthy social and
 1498 emotional development in children birth to age five, including access to reflective consultation⁴⁸
- 1499 • Developing a cadre of mental health professionals able to identify issues and concerns which require
 1500 consultation, and support communities of practice
- 1501 • Defining system supports to assure effective referrals and access, and mechanisms for
 1502 reimbursement

1503

1504 A key element of building capacity will be the use of BSK funds to support providers, and those working
1505 in early intervention and treatment services and in childcare and home visiting, through the Washington
1506 Association of Infant Mental Health (WA-AIMH) endorsement process. Endorsement by WA-AIMH
1507 verifies that an applicant has attained a level of education as specified, participated in specialized in-
1508 service trainings, worked with guidance from mentors or supervisors, honed skills in reflective
1509 consultation, and acquired knowledge to promote the delivery of high quality, culturally sensitive,
1510 relationship-focused services to infants, toddlers and preschoolers, parents, and caregivers. When
1511 bolstered by the tools and support from providers trained in early childhood mental health, children’s
1512 school readiness and positive social emotional development can be greatly strengthened, reducing the
1513 likelihood that more expensive services such as special education or mental health hospitalization will
1514 be needed later on.⁴⁹

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

1515
1516 **Rationale for investment.** Across King County, individuals in many contexts are working with young
1517 children and families. In some cases – as is often true with family/friend/neighbor care and licensed
1518 child care homes – these individuals may be working in isolation without access to supports and
1519 information. In others, multiple responsibilities may make it difficult to access information, training and
1520 resources to improve the quality of interactions with young children.

1521
1522 The issue of workforce development in early childhood is receiving significant attention in our state, and
1523 across the nation, particularly following the release of the National Academies workforce report in
1524 2015.⁵⁰

1525
1526 **Proposed approach.** BSK will invest funds throughout our region to build the knowledge base within and
1527 across communities on key topics relevant to healthy early childhood development. These investments
1528 will support child care providers, home visitors, community navigators, medical providers and others
1529 who serve as resources to children and families.

1530
1531 One example is training medical providers on Reach Out and Read, a program based in medical practices
1532 in which doctors give young children new books and inspire families to read together, starting when
1533 children are babies. Reach Out and Read facilitates medical providers’ participation by providing
1534 professional development that enables providers to make literacy promotion a standard part of well-
1535 child care, and provides technical assistance to assure clinics can deliver services to families with fidelity
1536 to the proven model. When families participate, parents are up to four times more likely to read to their
1537 children, and children perform up to six months ahead of their peers on language tests.⁵¹

1538
1539 Through investments in workforce development, we expect to address multiple content areas including
1540 adverse childhood experiences, resilience, trauma-informed care, brain development and early
1541 childhood behavioral health. BSK will contract with educational providers and community-based
1542 organizations to ensure that training is provided in innovative ways, to support all providers, including

1543 those furthest from formal system supports. This could include approaches such as coaching, and other
1544 proven strategies for increasing the quality of early learning environments.

1545
1546 These workforce development opportunities will prioritize equity as a key element in training. Over the
1547 next six months, we will work with community partners to develop this approach.

1548
1549
2016: \$3,481,000
2017-2021 average:
\$9,590,000

Investment in Public Health’s Maternal/Child Health Services

1550
1551 **Rationale for investment.** The *Best Starts for Kids* ordinance allocated a minimum of \$42.8 million over
1552 the life of the levy to Public Health—Seattle & King County’s Maternal/Child Health (MCH) services. In
1553 2014, the shortfall of funding for PHSKC reached a critical point, threatening the loss of MCH services.
1554 BSK’s investment in these services will help to bring their service levels back up to 2014 levels. By
1555 investing in this work, King County will be able to ensure the services PHSKC provides to women,
1556 children and families continue to be available to the community throughout the life of the levy.

1557
1558 **Proposed approach.** This portfolio of programs includes proven prevention and early intervention
1559 programs for mothers and families, such as Nurse Family Partnership (NFP); Maternal Support Services
1560 (MSS); Women, Infants and Children (WIC) supplemental nutrition program; Family Planning; Health
1561 Educators; and Kids Plus—a program that focuses on improving healthcare and housing for children and
1562 their families experiencing homelessness. Many of these services have historically been provided
1563 through the Public Health Centers.

1564 Through the relationships with young children and their families, MCH services are positioned to help
1565 families access the other resources and supports, which will be funded through BSK by facilitating
1566 referrals through the BSK Help Me Grow framework.

1567
1568 BSK’s investment in MCH services is projected to be about \$51.4 million over the life of levy. The amount
1569 of funding over the minimum required by the BSK ordinance covers the cost of the Kids Plus program
1570 which was approved for inclusion in BSK as part of the 2015 supplemental budget ordinance, as well as
1571 infrastructure needs for continuing to provide the MCH portfolio of programs to our community’s
1572 women, children and families.

1573
1574

Section VI
5 – 24 YEARS, APPROACHES AND INVESTMENTS

1575

This section of the implementation plan addresses:	<ul style="list-style-type: none"> • Overview of 5 – 24 Years Results, Strategies and Indicators • Programs and Services for 5 - 24 Years
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1576

1577

OVERVIEW OF 5 - 24 YEARS RESULTS, STRATEGIES AND INDICATORS

1578

1579

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:

1580

1581

1582

1583

1584

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

1585

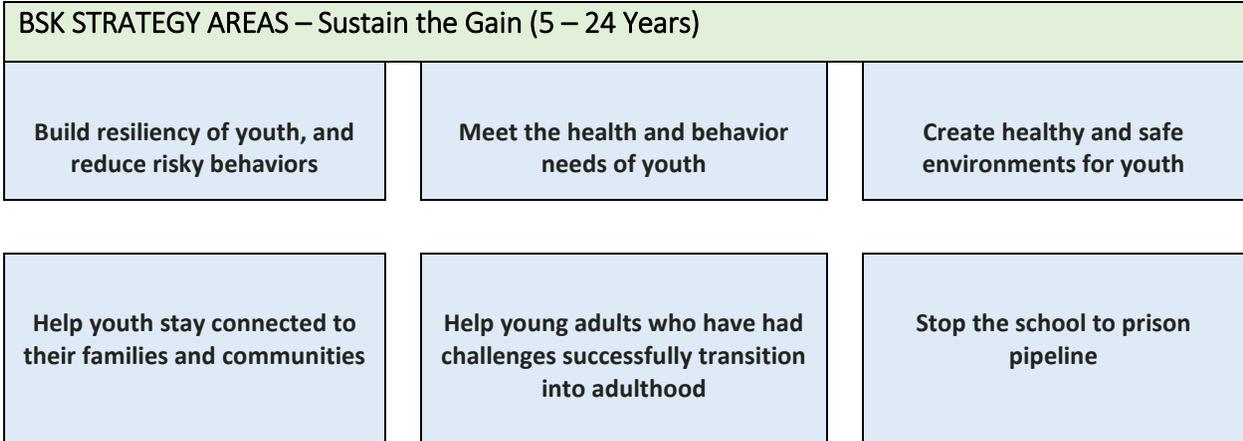
1586

1587

1588

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

1589



1590

1591

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

1592

1593

- 3rd graders who are meeting reading standards
- 4th graders who are meeting math standards
- Youth who are using illegal substances
- 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

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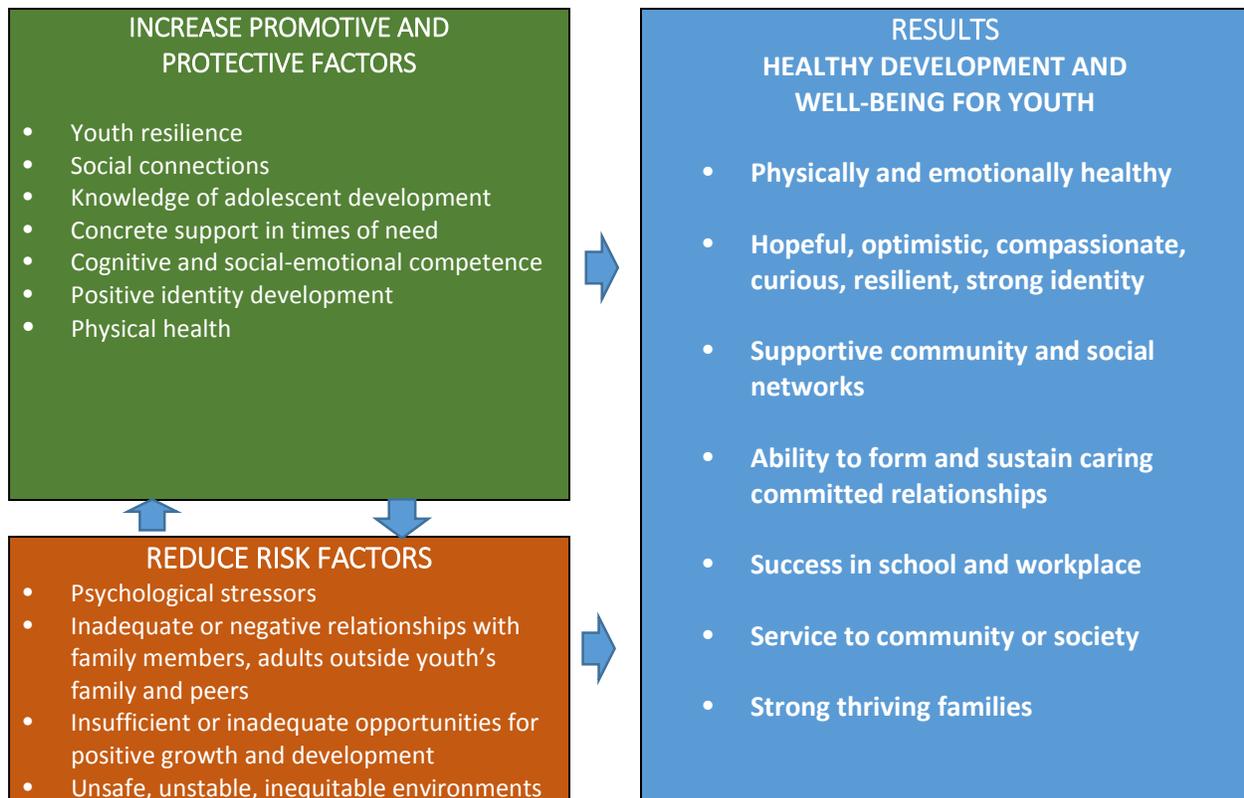
1600

1601 **INVESTMENTS AND APPROACHES FOR 5 – 24 YEARS**

1602
 1603 The BSK investments and approaches discussed below will assure that *Best Starts for Kids* – through
 1604 partnerships with community-based organizations – will be successful in achieving our stated result for
 1605 children and youth. As we learn from initial investments, and build both our qualitative and quantitative
 1606 understanding of the impact of BSK across King County communities, we expect that investments and
 1607 approaches will be refined. Any refinements over time will be made in consultation with community-
 1608 based partners, and with the guidance of the Children and Youth Advisory Board. As with our
 1609 investments in Prenatal – 5 Years, we will approach investments in 5 – 24 Years with these guiding
 1610 principles at the center of our work:

- 1611
- 1612 • Attention to disproportionality and multiculturalism is critical, and will be integral to how we focus
 - 1613 investments.
 - 1614 • We will attend to the structural and systemic reasons why some children and families are not
 - 1615 currently achieving desired outcomes, and will work with others to change underlying systemic and
 - 1616 structural inequities.
 - 1617 • We will encourage innovative programs, built on the experiences of community partners and the
 - 1618 needs and priorities of community residents.
 - 1619 • We will build upon resilience and protective factors in children, youth and families across our
 - 1620 County.
 - 1621 • We will emphasize promotion of positive development, relationships and community in addition to
 - 1622 preventing negative outcomes and providing *early* interventions.

1623
 1624 This overarching framework is adapted from the Center for the Study of Social Policy:
 1625



1626 The following section provides more detail on 5 - 24 Years programs and services which will be funded
1627 through *Best Starts for Kids*. These programs and services will be primarily provided by community-
1628 based organizations.
1629

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

2016: \$1,121,000

2017-2021
average:
\$11,410,000

1630
1631
1632 **Trauma-informed schools and organizations**

1633
1634 **Rationale for the investment.** The decades of strong evidence around the impact of ACEs and trauma on
1635 adults’ health and well-being, along with the emerging research around impacts on children, point to a
1636 need to invest in the development of effective ways to build resilience of youth, thus buffering the
1637 effects of individual and community ACEs. Schools and community organizations are key institutions
1638 influencing youth development, health, and achievement. Investing in restorative, trauma-informed
1639 practices within the school environments, and extending to other organizations where our youth are
1640 served, is an emerging best practice in mitigating the effects of ACEs in our communities.

1641
1642 King County will develop a trauma-informed model based on key concepts from existing initiatives,
1643 which have demonstrated good results: the Oakland School District model of restorative justice⁵²,
1644 trauma sensitive schools model⁵³, and training and consultation in trauma-informed practices models
1645 such as Collaborative Learning for Educational Achievement and Resilience (CLEAR)⁵⁴.

1646
1647 The CLEAR model was developed by Washington State University over several years, in partnership with
1648 Spokane Public Schools, and is currently being piloted in Seattle Public Schools in collaboration with
1649 Public Health - Seattle & King County. The CLEAR model is designed to partner with educational systems
1650 to create and sustain trauma-informed practice models through staff development, consultation and
1651 support.

1652
1653 Trauma-informed approaches emphasize that once schools understand the educational impacts of
1654 trauma, they can become safe, supportive environments where students make the positive connections
1655 with adults and peers, learn to self-regulate to optimize their ability to learn and engage in school, and
1656 build confidence to succeed in school and in life.

1657
1658 **Proposed approach.** The King County trauma-informed practice model incorporates restorative justice
1659 and trauma-informed practices school-wide, along with Positive Behavioral Intervention and Supports
1660 (PBIS) and/or other social/emotional curricula which impact school climate. BSK will partner with
1661 organizations and schools to further trauma-informed practices as a means of supporting children and
1662 youth whose traumatic experiences – be they few or many – may compromise their progress toward a

1663 successful future. Informed by the work in Oakland and elsewhere, components of the King County
 1664 model are:

- 1665
- 1666 • A focus on the whole child and ensuring that children and youth are understood and have their
 1667 needs met, socially, emotionally and academically.
- 1668 • Deep partnerships among families, schools and organizational partners, such as behavioral health
 1669 providers, school-based health centers, and community-based or parent-led organizations.
- 1670 • Strong infrastructure in schools and organizations to support culturally-positive, equitable, just and
 1671 affirming climates for children and youth.
- 1672 • Common language and training for teachers, staff, students, parents and community, particularly
 1673 related to the prevalence of individual and culturally/racially based trauma in the lives of children
 1674 and youth, and its impact on relationships, learning, and behavior.
- 1675 • Improved school and organizational climates, emphasizing that a *trauma-informed* school is one that
 1676 embeds a philosophy and set of values into all programs and practices with the goal of creating
 1677 safety, consistency and predictability for students and staff. In addition to offering alternatives to
 1678 traditional punitive discipline practices, the model supports positive youth development (including
 1679 social/emotional learning) and promotes positive school climate through universal educational
 1680 practices, school culture/policies and trauma-informed identification coordination and response for
 1681 students needing additional supports.
- 1682 • Capitalizing on the enormous potential students have for resilience and positive change.
 1683 Systematically invest and include youth, continue to train youth as leaders, and facilitate and
 1684 encourage youth voice as an essential component of influencing and developing policy and program
 1685 decisions.

1686

1687 BSK expects to pursue a multi-year work plan to implement the model in three cohorts. Cohort one
 1688 schools/organizations will be those that are currently ready to pilot efforts aligned with the King County
 1689 model’s core principles and strategies, and/or schools requesting technical assistance in assessing
 1690 readiness for a future whole school intervention. Requests for cohorts two and three will be released in
 1691 subsequent years. We expect that we will partner with approximately 12 schools and/or organizations
 1692 each year. In most instances, funds would support partnerships of a minimum of two entities – school
 1693 and community organization – and often more.

1694

1695 **Restorative Justice Practices**

1696

1697 **Rationale for investment.** Restorative justice practices completely shift from justice as harming to
 1698 justice as healing; from retributive justice to restorative justice.⁵⁵ Though contemporary restorative
 1699 justice practices began in just the last few decades, the effectiveness of these practices in reducing
 1700 violence, incarceration, recidivism, and suspensions and expulsions in schools is increasingly being
 1701 documented. Restorative justice practices are recognized as a model in the U.S. Department of Justice’s
 1702 Office of Juvenile Justice and Delinquency Prevention’s Model Programs Guide.

1703

1704 Currently our criminal justice system asks these three questions: What law was broken? Who broke it?
 1705 What punishment is warranted? Restorative justice practices ask an entirely different set of questions:
 1706 Who was harmed? What are the needs and responsibilities of all affected? How do all affected parties
 1707 together address needs and repair harm?

1708

1709 Restorative justice practices are rooted in indigenous cultures in which justice is experienced as
 1710 reparative, inclusive and balanced. It emphasizes: repairing harm, inviting all affected to dialogue
 1711 together to figure out how to do so, and giving equal attention to community safety, victim’s needs, and
 1712 offender accountability and growth.⁵⁶ Restorative justice has diverse applications. It may be applied to
 1713 address conflict in families, schools, communities, workplace and the justice system.
 1714

1715 **Proposed approach.** Integrating restorative justice practices will be elemental to multiple strategy areas
 1716 funded through *Best Starts for Kids*. At a minimum, understanding and applying restorative justice
 1717 practices will be part of the programs and services provided for children, youth and young adults
 1718 through trauma-informed schools and organizations, supporting Opportunity Youth to re-engage, and
 1719 programs and services designed to stop the school to prison pipeline. Over the next six months as
 1720 County staff come together with community partners, the Juvenile Justice Steering Committee, and the
 1721 Children and Youth Advisory Board to develop the procurement process, we will emphasize the critical
 1722 nature of imbuing all of our work with a mindset that is informed by restorative justice practices. In
 1723 addition, specific practices (for example, peace circles) will be funded with attention to how restorative
 1724 justice practices can be utilized in settings with our youngest children, as well as older children, youth
 1725 and young adults.
 1726

1727 Healthy Relationships and Domestic Violence Prevention for Youth

1728
 1729 **Rationale for investment.** The strongest predictors of unhealthy relationship choices and sexual
 1730 violence are violence and unhealthy relationships in the home; the next is community norms⁵⁷. There
 1731 are many other proven or potential predictors that influence individuals’ abilities to form healthy
 1732 relationships; these include trauma and mental health. We know from adolescent brain science that this
 1733 is a critical time for shaping lifelong norms for relationships.
 1734

1735 During adolescence, young people learn how to form safe and healthy relationships with friends,
 1736 parents, teachers, and romantic partners. Both boys and girls often try on different identities and roles
 1737 during this time, and relationships contribute to their development. Peers, in particular, play a big role in
 1738 identity formation, but relationships with caring adults – including parents, mentors or coaches – are
 1739 also important for adolescent development. Often, the parent-adolescent relationship is the one
 1740 relationship that informs how a young person handles other relationships. Unfortunately, adolescents
 1741 sometimes develop unhealthy relationships, and experience or exhibit bullying or dating violence.⁵⁸
 1742

1743 According to the Centers for Disease Control and Prevention, one in 10 adolescents reported being hit or
 1744 physically hurt on purpose by a boyfriend or girlfriend at least once in the previous year. Over time,
 1745 controlling and demanding behavior may become increasingly violent and that violence can have
 1746 negative effects on physical and mental health throughout life (including lower self-esteem, eating
 1747 disorders, and suicidal thoughts).^{59 60 61}
 1748

1749 Lesbian, gay, bisexual, transgendered and queer (LGBTQ) youth may face unique challenges in building
 1750 healthy relationships. Among adolescents ages 18 to 19, just under eight percent of females and just
 1751 under three percent of males identify as homosexual or bisexual.⁶² LGBTQ adolescents are happy and
 1752 thrive during their teenage years. However, as a group they are more likely than their heterosexual
 1753 peers to experience difficulties: LGBTQ adolescents are at increased risk for suicide attempts, being
 1754 homeless, alcohol use, and risky sex.^{63 64}
 1755

1756 Bullying is also a serious problem for children and youth, but it can be prevented or stopped when those
 1757 involved know how to address it. Many adolescents have experienced bullying, whether they were
 1758 bullied, bullied someone else, or saw someone being bullied. Although definitions vary, bullying usually
 1759 involves an imbalance of power, an intent to hurt and repetition of the behavior. Adolescents who bully
 1760 use their power to control or harm, and those being bullied sometimes feel powerless to defend
 1761 themselves.⁶⁵

1762
 1763 **Proposed Approach.** Helping youth and young adults build and maintain healthy relationships will be a
 1764 focus integrated across all of BSK's investments in 5 – 24 Years. The approaches will vary, depending on
 1765 the age of children and youth served. Approaches that are effective for older elementary children differ
 1766 considerably from those focused on youth in high school. Because family relationships are so central and
 1767 so powerful in the lives of young people, BSK-funded programs will prioritize opportunities for
 1768 strengthening families across multiple venues and interactions. Approaches will be responsive to the
 1769 diversity of families and communities in King County including racial, cultural, LGBTQ and disability
 1770 communities.

1771
 1772 BSK will partner with community organizations and engage youth directly to develop an approach for
 1773 helping youth build the skills to support healthy relationships across many settings in their lives. The
 1774 focus of this approach will be on helping youth identify what healthy relationships look like, and also
 1775 develop skills for how to address violence when they encounter it in their relationships, or the
 1776 relationships of family members or peers.

1777
 1778 One potential approach is the [Family Acceptance Project](#) which works to decrease risk and promote
 1779 well-being for LGBTQ children and youth and to strengthen families, by informing family intervention
 1780 strategies and research-based practice information in primary care, mental health, family services,
 1781 schools, child welfare, juvenile justice and homeless services to build healthy futures for LGBTQ children
 1782 and adolescents in the context of their families, cultures and faith communities.

1783
 1784 Another potential approach is bystander training. The [Green Dot etc.](#) strategy is one bystander training
 1785 approach to violence prevention that capitalizes on the power of peer and cultural influences. Informed
 1786 by social change theory, the model identifies all community members as potential bystanders, and seeks
 1787 to engage them, through awareness, education, and skills-practice, in proactive behaviors that establish
 1788 intolerance of violence as the norm, as well as reactive interventions in high-risk situations – resulting in
 1789 the ultimate reduction of violence. Specifically, the program targets influential and respected individuals
 1790 from across community subgroups. The goal is for these groups to engage in a basic education program
 1791 that will equip them to integrate moments of prevention within existing relationships and daily
 1792 activities. By doing so, new norms will be introduced and those within their sphere of influence will be
 1793 significantly influenced to move from passive agreement that violence is wrong to active intervention.

1794 1795 Quality Out of School Time

1796
 1797 **Rationale.** Children and youth spend only 20 percent of their waking hours in school. How they spend
 1798 the remaining 80 percent of their time has a significant impact on their success and well-being⁶⁶. Over a
 1799 decade of research and evaluation shows that high-quality afterschool and youth development
 1800 programs (which includes summer programs) are directly linked to youth achievement of positive
 1801 social/emotional, health, and academic gains. Quality out-of-school-time programs provide children and
 1802 youth with access to a range of activities from educational enrichment to cultural and social
 1803 development activities, recreation, physical activity and health promotion, visual and performing arts,

1804 tutoring and homework services, and leadership skills. They serve a critical role in fostering healthy
 1805 communities and providing young people with a safe space keeping them off the streets during the peak
 1806 hours for juvenile crime.⁶⁷

1807
 1808 What happens in quality out-of-school-time programs looks and feels different than the school day, and
 1809 enhances in-school learning by supporting the holistic needs of children and youth. Expanded Learning
 1810 Opportunities (ELOs) in particular have emerged as a subset of the out-of-school-time field with a
 1811 specific focus on improving academic outcomes for low-income youth and children and youth of color.
 1812 These programs use data to inform program practice and measure progress. Core to the ELO model is
 1813 engagement with communities, families and schools to align in-school and out-of-school learning with a
 1814 shared goal of enhancing learning and improving academic outcomes.⁶⁸

1815
 1816 Investments in quality out-of-school time have the potential to counter the significant impact of *summer*
 1817 *learning loss*. Every year, children and youth forget between one-three months of what they learned in
 1818 school the previous year.⁶⁹ Two-thirds of the achievement gap between lower-/middle-income and
 1819 higher-income youth entering 9th grade can be attributed to summer learning loss.⁷⁰ The benefits and
 1820 social returns of investing in summer learning are compelling and contribute to a decrease in student
 1821 dropouts, higher grades and academic performance, and higher graduation and college enrollment
 1822 rates.⁷¹

1823
 1824 Research from Dr. Joseph A. Durlack (Loyola University, Chicago) and Dr. Roger Weissberg (University of
 1825 Illinois, Chicago) also speaks to the effectiveness of quality out-of-school-time programs in enhancing
 1826 young people’s personal and social skills. Drs. Durlack and Weissberg reviewed 68 studies of afterschool
 1827 programs that had the specific goal of fostering personal and social development, and that were
 1828 compared to non-participating control youth. Through their review, they were able to identify four
 1829 evidence-based practices, which form the acronym SAFE. In brief, their review identified whether
 1830 program staff:

- 1831
- 1832 • Used a sequenced step-by-step training approach (S)
 - 1833 • Emphasized active forms of learning by having youth practice new skills (A)
 - 1834 • Focused specific time and attention on skill development (F)
 - 1835 • Were explicit in defining the skills they were attempting to promote (E)

1836
 1837 Each of these practices has a strong research base in many skill training studies of youth. The afterschool
 1838 programs that followed all four recommended practices were called SAFE programs (N = 41) and those
 1839 that did not were called Other Programs (N = 27). The findings were clear: SAFE programs were
 1840 associated with significant improvements in self-perceptions, school bonding and positive social
 1841 behaviors; significant reductions in conduct problems and drug use; and significant increases in
 1842 achievement test scores, grades and school attendance. The group of Other Programs failed to yield
 1843 significant improvements on any of these outcomes.⁷²

1844
 1845 **Approach.** BSK will partner with organizations across our community which provide or support
 1846 afterschool and summer programs and will invest in quality out-of-school-time programs to support King
 1847 County’s children and youth.

1848
 1849 Stakeholders for out-of-school time include a multitude of large organizations and small community-
 1850 based resources. School’s Out Washington – which is based in Seattle and serves all of Washington state
 1851 – serves as the intermediary for out-of-school-time programs in King County, tailoring professional

1852 development and systemic supports to further the quality of afterschool and summer programs for all
1853 children and youth.

1854 Supported by funding from the Raikes Foundation, the C.S. Mott Foundation and other organizations,
1855 School's Out Washington led a process to develop Washington's first quality standards for out-of-school
1856 time programs. Over many months they gathered input from a broad group of stakeholders, conducted
1857 focus groups and cross-walked their ideas against current research. In the spring of 2014, the
1858 Washington State *Quality Standards for Afterschool and Youth Development Programs* were finalized
1859 and shared with the state's out-of-school time field. BSK will partner in this work to assure that high
1860 quality out-of-school-time is available for children and youth in King County.

1861 **Youth Leadership and Engagement Opportunities**

1862
1863 **Rationale.** Research demonstrates that youth with more developmental assets, such as positive family
1864 communication, caring school climate and sense of purpose, have reduced morbidity and better health
1865 outcomes⁷³. In addition, key protective factors, such as connectedness to parents and family,
1866 connectedness to school, and optimism, promote healthy youth behaviors and outcomes⁷⁴ while
1867 diminishing the likelihood of negative health and social outcomes. A dual strategy of risk reduction and
1868 promotion of protective factors through an intentional positive youth development approach holds the
1869 greatest promise as a public health strategy to improve outcomes for youth.⁷⁵

1870
1871 **Approach.** BSK will work with our community partners over the next six months to develop
1872 opportunities for youth leadership that will benefit youth, as well as their families and communities.
1873 Community feedback has identified interest in using this approach to pursue multigenerational
1874 programs, with youth in the lead. Furthering youth leadership directly ties to recommendations from
1875 the Youth Action Plan which call for more opportunities for youth leadership and community
1876 engagement. We expect that those opportunities will be effective in engaging youth who might not see
1877 themselves as leaders, including youth from refugee and immigrant communities, LGBTQ youth, youth
1878 of color, foster youth, developmentally delayed and disabled youth, and justice-involved youth.
1879 Approaches may include development of a Leadership Tomorrow type program, designed for/by youth,
1880 as well as deliberate identification of opportunities for youth to serve their communities through local
1881 and regional boards and commissions.

1882
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

1883
1884 **Mentoring**

1885
1886 **Rationale.** Expanding mentoring opportunities and programs is one method of building resilient youth.
1887 Mentoring can help support youth as they go through challenging life transitions, including dealing with
1888 stressful changes at home or transitioning to adulthood. The supportive, healthy relationships formed
1889 between mentors and mentees are both immediate and long-term and contribute to a host of benefits.
1890 Evaluations of youth mentoring programs have provided evidence that high-quality, enduring

1891 relationships can lead to a range of positive outcomes for the young people involved⁷⁶. Likewise,
 1892 researchers have deciphered some of the conditions under which youth mentoring is most effective, as
 1893 well as the types of volunteers, young people and activities that are associated with positive
 1894 developmental outcomes. Successful mentoring programs are known to contribute to increases in
 1895 resilience and protective factors for youth, and reductions in negative behaviors, including truancy and
 1896 substance use.

1897
 1898 **Approach.** As BSK further develops its approach to mentoring investments, we will work closely with
 1899 community-based organizations and current mentoring providers, looking particularly for those
 1900 programs that maximize the importance of mentoring relationships with peers, intergenerational
 1901 mentoring, and mentoring as a vehicle for building strong cultural and ethnic identity. This includes
 1902 assuring that there are programs connecting elders with LGBTQ youth and youth with disabilities.

1903
 1904 Mentors and peer advocates can be assets in helping young people who have experienced challenges to
 1905 successfully transition into adulthood. Mentoring provides opportunities for intergenerational
 1906 approaches and matching peers from within communities. However, some mentoring programs pair
 1907 students with a mentor for only one year, often until they secure a job or complete a GED. BSK will
 1908 pursue opportunities for innovative programming that goes beyond one year of support while young
 1909 people pursue college coursework or advanced training, maintain employment and/or secure stable
 1910 housing.

1911
 1912 BSK will identify agencies to support ongoing mentoring programs through a competitive RFP.

1913 Mentoring programs will vary across communities as they account for geographic, cultural and other
 1914 needs of the youth for which they are intended. BSK will support community based organizations that
 1915 pursue best practices for mentoring based on the latest research including but not limited to:

- 1916
- 1917 • Recruiting appropriate mentors and mentees and ensuring clear expectations
 - 1918 • Providing initial and support, training and supervision for mentors
 - 1919 • Offering ongoing consultation and training to mentors that extends post-match

1920
 1921 During summer 2016, King County will partner with community-based organizations and members of
 1922 the Children and Youth Advisory Board (CYAB) to develop a more comprehensive list of criteria of best
 1923 practice and funding priorities. We will also explore multigenerational mentoring, as an opportunity to
 1924 partner with agencies serving elders.

1925

1926 Family Engagement and Support

1927

1928 Equity and social justice is central to understanding what families need to be engaged and supported.
 1929 King County will work in partnership with communities and families to understand their needs and co-
 1930 design family engagement strategies that work to support families in authentic ways. When making
 1931 decisions regarding family engagement, programming needs to encompass multicultural approaches.
 1932 BSK will look to our community partners – including children, youth and families – to shape investments
 1933 in communities to support families' involvement in school and community activities. We will look to
 1934 partner on ways to support families' roles and relationships with their children and youth. This approach
 1935 will be developed in partnership with the CYAB and community stakeholders and, most importantly,
 1936 families.

1937

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

2016: \$385,000

2017-2021 average: \$5,220,000

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

1938
1939

1940 **Positive Identity Development**

1941
1942
1943
1944
1945
1946
1947
1948

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.

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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 optimism⁷⁷. Youth must work to integrate aspects of their identities as they move from home to community to school; successful integration of their full identity 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 adjustment⁷⁸. 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 children⁷⁹.

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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 ethnicity, culture, sexual orientation, disability, race and gender. 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.

1964
1965

School-based Health Centers

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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.

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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.

1977 School-Based Health Centers (SBHCs) have been shown to decrease health inequities. Studies have
 1978 shown that SBHCs have helped to decrease absences by 50 percent among students who had three or
 1979 more absences in a three-week period. Studies have also shown that school-based services are
 1980 particularly effective for youth. Adolescents are 21 times more likely to make a mental health visit to a
 1981 school-based provider than to a community site⁸⁰. The increased availability of mental health and
 1982 substance abuse prevention and early intervention services in schools reduces the stigma of seeking
 1983 mental health and substance abuse care and increases accessibility of that care.

1984
 1985 School-Based Health Centers are operated by community health agencies and are staffed with
 1986 coordinators, nurse practitioners and mental health counselors that ideally reflect the diverse ethnic,
 1987 language and cultural backgrounds of the students and families, including LGBTQ families. Typical
 1988 services include preventive health care, immunizations, and counseling for depression, trauma and
 1989 stress. PHSKC has successfully launched and supported the growth of SBHCs and currently supports 31
 1990 clinics in King County with technical assistance, program quality, and professional development to
 1991 ensure high quality service.

1992
 1993 **Approach.** BSK funds may allow for the expansion of up to five additional SBHCs in low income areas
 1994 during the life of the levy. Schools that demonstrate readiness to build strong partnerships are willing to
 1995 participate in learning collaboratives, and which represent geographic diversity will be selected through
 1996 a competitive RFP process. This will be a phased approach with a specific focus on communities with
 1997 higher needs, as determined by current access to adolescent care and school demographics.

1998
 1999 This will include an expansion of existing sites where current funding and/or models do not fully meet
 2000 community need, and which demonstrate the capacity to expand their services.

- 2001
 2002 • Phase One (Years one and two): King County will provide capacity-building for partnership building,
 2003 community of practice, and an investment in infrastructure and capital for one additional site.
 2004 Funding will be available to expand sites where funding and/or community need are not currently
 2005 met.
 2006 • Phase Two (Years two and three): Funding will be maintained while increasing capacity building
 2007 work which may yield up to five additional SBHC sites. Capacity building will support partnership
 2008 building, community of practice and investment in infrastructure and capital.
 2009 • Phase Three (Years three through six): Funding will be maintained while continuing to support
 2010 ongoing capacity building. Capacity building will include support for utilizing data for decision
 2011 making to support quality improvements and support ongoing sustainability.

2012
 2013 Quality replication will require partnership and relationship building. Interested community partners
 2014 such as school districts and health providers will need to assess needs and prepare for future capital and
 2015 operational funding provided by BSK, as well as locally leveraged funds. Building capacity and readiness
 2016 toward implementation and sustainability ensures positive lasting outcomes and sustainable practice in
 2017 the school and community.

2018
 2019 King County will support the work to get new sites ready to replicate and provide the support needed to
 2020 prepare for expansion. The County will convene a community of practice, and support a standard of care
 2021 through the use of data, to improve practices and outcomes for students.

2022

2023 Community involvement will be key to ensuring that new centers meet the needs of specific
 2024 communities, which will differ across geography, ethnicity and culture, and which will serve the diversity
 2025 of children and youth in our public schools.

2026
 2027 **Healthy and Safe Environments**

2028
 2029 **Rationale for investment.** A focus on healthy and safe environments will provide another opportunity
 2030 for youth leadership development, while enhancing protective factors and building assets among youth,
 2031 families and communities. This strategy will bring together the 5 – 24 Years work with the community-
 2032 specific focus of Communities of Opportunity through community-driven opportunities to collectively
 2033 create healthy and safe environments across King County.

2034
 2035 **Proposed approach.** BSK will invest in community partners that will identify opportunities for innovative
 2036 approaches across many potential investment areas. Priority will be given to projects aiming to improve
 2037 health outcomes and those that include youth in planning and implementation. Investment areas may
 2038 include:

- 2039
- 2040 • **Access to healthy and affordable food.** Affordability is among the greatest barriers to healthy eating
 2041 in low-income communities. In partnership with the King County Department of Natural Resources
 2042 and Parks, Public Health – Seattle & King County, and the King County Executive’s Office, an action
 2043 plan for King County healthy food access was created in 2014. Strategies through BSK will focus on
 2044 increasing access for vulnerable populations, emphasizing health equity. Improving nutrition
 2045 environments in schools, after school programs and child care, increasing access to direct market
 2046 outlets including farmers’ markets, farm stands and mobile markets, and increasing the amount of
 2047 fruits and vegetables available in food banks, food pantries and emergency meal programs are all
 2048 potential approaches.
 - 2049
 - 2050 • **High quality physical activity.** Regular physical activity provides multiple health benefits and
 2051 reduces risk factors for a range of chronic diseases. Creation of, or enhancing access to, programs
 2052 and places for physical activity can support youth, young adults and families to integrate activity
 2053 more easily into their everyday schedules. Approaches may include implementing or maintaining
 2054 high quality best/promising practice in physical education and activity programs in schools and after
 2055 school programs. Bicycling and bike safety, walking, school buses and safe routes to schools, and
 2056 maximizing availability of community sites to increase evening access to physical activities are
 2057 additional potential strategies.
 - 2058
 - 2059 • **Environments that limit exposure to dangerous products and substances.** Programs aimed toward
 2060 school-age children present an opportunity to address risky behavior that could lead to future drug
 2061 and alcohol use and substance dependence. Children are more likely to use drugs and alcohol during
 2062 transition periods, such as going from elementary to middle school. Approaches may include: youth-
 2063 led efforts to reduce access to tobacco, marijuana and alcohol in their communities; school district
 2064 efforts to create systems that restrict use of marijuana, tobacco, alcohol or other drugs through
 2065 non-suspension enforcement; and youth-led campaigns to reduce youth use of products that are
 2066 targeted toward specific groups (products could include: menthol, hookah/shisha, e-cigarettes,
 2067 flavored cigars, marijuana, alcohol).
 - 2068

- 2069 • **Physically safe and health promoting environments.** Changes in the environments where we live,
2070 work and play have the ability to impact broad groups of residents and address a wide range of risks
2071 and health promoting factors. Impacts at the community level can provide for permanent and
2072 sustainable environmental changes that support a healthy lifestyle. Approaches may include:
2073 programs that train and employ youth and young adults to be visible school and/or community
2074 stewards of safety and healthy activity, and programs that foster social support networks in a
2075 prevention approach in community settings.
2076

2077 Screening and Early Intervention for Mental Health and Substance Abuse

2078
2079 **Rationale.** Mental health problems affect 20 percent of the population. About half of individuals who
2080 struggle with mental health issues demonstrate signs and symptoms by the time they are 14 years old,
2081 yet few youth have access to help. Schools are in the prime position to be first responders and early
2082 interveners. Earlier identification and intervention create better prospects for living healthy, functioning
2083 lives.
2084

2085 Of those King County students in 10th grade who participated in the 2014 Washington State Healthy
2086 Youth Survey, results revealed the variety of issues that challenge our youth. At some time in their lives:
2087 31 percent of youth felt depressed, 61.5 percent had tried alcohol, and 14 percent did not feel safe at
2088 school.⁸¹
2089

2090 Mental health and substance abuse problems in children and youth interfere with their ability to learn,
2091 succeed in school, and progress along a normal developmental course. A 2001 U.S. Surgeon General
2092 report stated that mental health is critical to a child’s learning and general health, and is as important as
2093 immunizations. Approximately 21 percent of children between the ages nine and 17 have diagnosable
2094 emotional or behavior disorders, but less than a third of these children receive help.⁸² This group of
2095 children has an increased risk for dropping out of school and not becoming fully contributing members
2096 of adult society.⁸³ Their difficulties often are not recognized as mental health and/or substance abuse
2097 related. They get left behind educationally and socially and can be labeled as difficult, which leads to
2098 further isolation from accurate problem identification and professional assistance.
2099

2100 Substance abuse is frequently linked to untreated mental illnesses. Forty-three percent of children who
2101 use mental health services also have a substance abuse disorder.⁸⁴ There is an increased risk for co-
2102 occurring disorders with students who smoke, drink or use other illicit drugs; substance abuse is
2103 associated with depression, anxiety disorder, attention deficit hyperactivity disorder, conduct disorder,
2104 and eating disorders.⁸⁵ Children with mental health disorders, particularly depression, are at a higher
2105 risk for suicide; an estimated 90 percent of children who commit suicide have a mental health
2106 disorder.⁸⁶
2107
2108

2109 **Proposed approach.** *Best Starts for Kids* will partner with schools and community-based providers to
 2110 implement evidence-based programs to support adolescents' mental health. Investments could include
 2111 programs such as:

2112

- 2113 • **Screening, Brief Intervention and Referral to Treatment (SBIRT)** is an evidence-based practice
 2114 based on motivational interviewing techniques used to identify and reduce anxiety and
 2115 depression and prevent problematic use, abuse, and dependence on alcohol and illicit drugs.
 2116 The SBIRT model was cited by an Institute of Medicine recommendation that called for
 2117 community-based screening for health risk behaviors, including substance use⁸⁷. Screening for
 2118 depression has been recommend by the U.S. Preventive Services Task Force for ages 12 through
 2119 18. The school-based SBIRT, while originally developed for a healthcare setting, has been
 2120 adapted and piloted in King County schools and is a comprehensive public health approach for
 2121 addressing selected behavioral health concerns, including anxiety and depression. The goal of
 2122 King County will be to expand SBIRT services to all 19 school districts to have a presence in all
 2123 middle and high schools in partnership with schools. SBIRT has strong research indicating results
 2124 with adults and is beginning to show significant promise with youth. The goal is to ensure all
 2125 youth in King County have an opportunity to have behavioral health concerns addressed.

2126

- 2127 • **Early Detection and Intervention for the Prevention of Psychosis [EDIPP]** is an evidence-based
 2128 program designed to delay or prevent the onset of an acute psychotic disorder in adolescents
 2129 and young adults ages 12 -25. Although psychosis affects a small percentage of the population,
 2130 the consequences of not catching it before the first psychotic break are devastating for the
 2131 individual and his/her family. Using a family-aided assertive community treatment model, the
 2132 team provides proactive engagement, supports and treatment. Program components include:
 2133 ○ Training and educating a broad base of community members who interact regularly with
 2134 young people and may be in a position to identify and refer young people showing early
 2135 signs of risk for psychosis to further assessment and then to treatment, if indicated.
 2136 Community members to be trained include school employees, social workers, doctors,
 2137 nurses, students, parents, clergy, after-school program staff and law enforcement
 2138 personnel.
 2139 ○ The assessment is conducted by a multidisciplinary clinical team to determine the youth's
 2140 risk for psychosis and functioning level.
 2141 ○ If treatment is indicated, it is provided by the specialized multidisciplinary team that
 2142 includes a psychiatrist or nurse practitioner, nurse, occupational therapist, licensed clinical
 2143 counselors, and a supported education and employment specialist, to deliver the
 2144 interventions.
 2145 ○ In addition to assessment, the clinical program includes multifamily group therapy,
 2146 supported employment and education and medication as needed.

2147
 2148 King County will pilot EDIPP to study its effectiveness.
 2149

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

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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 Youth⁸⁸ 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-engage⁸⁹. African American, Hispanic and American Indian youth are over-represented among Opportunity Youth.⁹⁰

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.

- **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 in danger 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.

2191
2192 BSK will work with community partners to expand comprehensive programs available to in-school
2193 youth in King County, focusing on communities and school districts where there is greatest need.
2194

- 2195 • **Supporting Opportunity Youth to re-engage.** Opportunity Youth face challenges and risk factors at
2196 dramatically higher rates than in-school youth. These include homelessness, disabling conditions,
2197 criminal histories and substance abuse.⁹¹ In addressing the needs of Opportunity Youth, there is
2198 significant work now underway in our region to leverage state basic education funding to pay for re-
2199 engagement services. There has been a major expansion in re-engagement programming over the
2200 past three years, and a strong need exists to improve and coordinate the supply of programs.
2201

2202 We have an opportunity with BSK to invest in key components that will leverage and support much
2203 of the work now underway by building out a regional team of employment specialists/staff working
2204 with all the re-engagement sites (currently 13 locations) and coordinating efforts on employer
2205 engagement that are already happening in the County through the efforts of the Raikes Foundation,
2206 Community Center for Education Results, and others. We will work with these partners and others
2207 over the next six months to develop a strategic approach for expanding services to Opportunity
2208 Youth.
2209
2210

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

2211
2212 **Rationale for Investment.** All of *Best Starts for Kids* – from Prenatal to 24 Years – contributes toward
2213 stopping the school to prison pipeline. We believe that we can, and we must, partner effectively with
2214 communities to support children, youth and families in ways that strengthen protective factors and
2215 scaffold systems of supports that are accessible, relevant and culturally-appropriate. However, while we
2216 are working to address systemic issues and create change through investments further upstream, there
2217 are children and youth today who need to be supported differently.
2218

2219 Too many of our young people have missed out on childhoods where protective factors were prevalent
2220 and the potential for lives of health and well-being were assured. Many low-income youth who are
2221 involved, or at high risk of involvement, with the criminal justice system, gangs, homelessness,
2222 substance abuse and other dangers have routinely been exposed to multiple risk factors and very few of
2223 the protective factors that other youth experience. These include caring supportive adults, safe
2224 neighborhoods, strong senses of self and culture, and living situations free of violence, illness and abuse.
2225

2226 In 2015, there were 1,579 court case filings for young people in King County. Of those, 55 percent were
2227 identified as black young people, and 79 percent were identified as young people of color. The BSK levy
2228 ordinance requires that the BSK implementation plan “shall, to the maximum extent possible, take into
2229 consideration the county's youth action plan, adopted by Motion 14378, and any recommendations of
2230 the county's Juvenile justice steering committee to address juvenile justice disproportionality that was
2231 formed in 2015 that are adopted into policy.”

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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 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.

- **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 circles⁹², 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, including adolescent girls, victims of sex trafficking, African American, Latino, Native American Indian 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, in particular, grow up without observing the men 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

2279 American young men – are severely disenfranchised. They are not counted in traditional
2280 unemployment rate calculations because they’ve never been engaged in the job market.

2281
2282 BSK seeks to assist our most disenfranchised youth to realize their true potential, by providing a
2283 means for them to acclimate into the culture of employment, and to provide them the supports
2284 they need to be successful. An employment program for youth and young adults would focus on
2285 employment as a rite of passage, and prepare them to be successful through comprehensive job
2286 preparation and sufficient supports to ensure job placement and job retention.

2287
2288 Employment for youth would be full time during the summer and part-time during the school year
2289 to encourage students’ participation in school-based activities and sports, and to support their
2290 continued academics. Employment for young adults would be full time, focused on building the
2291 work history and skills necessary to get a job, and aiming toward the long-term opportunities and
2292 self-determination that come through sustained employment.

2293
2294 • **Theft 3 and Mall Safety Pilot Project.** King County’s Juvenile Justice system is racially
2295 disproportionate. Although referrals for charges in the system declined from 2013 to 2014, referrals
2296 for Black youth went up. Out of 1251 cases referred for filing for black youth in 2014, 27 percent of
2297 them were for theft 3 (i.e. shoplifting). Black children are disproportionately charged with theft 3
2298 and it is critically important that we prevent the entry of these children into the criminal justice
2299 system. Tukwila Police Department has been the source of 350 misdemeanor theft cases, which is
2300 one of the highest in King County. Westfield Mall (Southcenter), in Tukwila, is the source of many of
2301 these and other referrals.⁹³

2302
2303 *Best Starts for Kids*, in collaboration with the Juvenile Justice Equity Steering Committee, will pilot a
2304 program to lower the number of juvenile referrals for charges coming from Westfield Mall by
2305 stationing community-based service providers at the mall. Police officers can divert shoplifting and
2306 other low-level cases to the providers. Officers can also pro-actively seek providers’ intervention
2307 where law enforcement identifies a risk of violence or aggression. Providers will be able to de-
2308 escalate situations and, where children and youth are unable to resolve their differences, help them
2309 disperse. The pilot will also include an evaluation component which will compare recidivism rates
2310 for shoplifters who are diverted by law enforcement and for those who are charged.

2311
2312 The idea of locating community-based providers in malls draws on a strategy that has proven
2313 effective in schools. The current approach to low-level theft—arrest and prosecution—is not
2314 evidence-based. Research demonstrates that juvenile justice system involvement can increase
2315 recidivism and further system involvement. Job training and mentorship will do less harm to the
2316 child, will likely lead to lower recidivism, and will save money. The pilot is based partially on the Law
2317 Enforcement Assisted Diversion program, an evidence-based program that has been piloted in
2318 Seattle-King County for adult drug offenders. The Westfield Mall pilot is based on the central
2319 premise of that program—immediate services for individuals accused of wrongdoing. Because the
2320 crimes at issue here do not involve felony drug use, this project envisions fewer resources devoted
2321 to monitoring program participation and instead seeks to channel all resources to services, including
2322 mentoring, employment assistance, academic supports and case management.

2323
2324

2325 The project presents an opportunity to immediately address critical issues for high risk youth:
2326

- 2327 • Prevent deeper penetration into the juvenile justice system by offering an immediate
2328 connection to a mentor and to job training.
- 2329 • Prevent re-offense by providing relationships and skills that will lead to more pro-social
2330 behavior. The pilot attempts to take a strengths-based approach to children and youth who are
2331 accused of stealing to help them develop the skills that would allow them to avoid doing so
2332 again.
- 2333 • Develop shared vision, outcomes, measures and principles of practice by collaborating with
2334 community organizations.

2335
2336 This recommendation for the Theft 3 and Mall Safety Pilot Project was formally approved by the Juvenile
2337 Justice Steering Committee and referred to *Best Starts for Kids* as a project under the strategy area of
2338 Stopping the School to Prison Pipeline.
2339

**Section VII
COMMUNITIES OF OPPORTUNITY**

2340

<p>This section of the implementation plan addresses:</p>	<ul style="list-style-type: none"> • Working Toward Equity Through Communities of Opportunity • The Communities of Opportunity Approach • Results • COO Theory of Change: Three Interlocking Elements • COO Paradigm • COO as Part of Best Starts for Kids Levy • COO/BSK Investment Strategies • Balancing COO/BSK Investment Strategies • Management of COO/BSK Funds
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2343 WORKING TOWARD EQUITY THROUGH COMMUNITIES OF OPPORTUNITY

2344

2345 Significant numbers of people in the County are being left behind as demographics shift, and the region
 2346 now experiences some of the greatest inequities among large US metropolitan areas. For example, life
 2347 expectancy ranges from 74 years in the lowest 10 percent of census tracts to 87 years in the highest 10
 2348 percent of census tracts; frequent mental distress ranges from 14 percent to four percent; and income
 2349 below 200 percent of poverty ranges from 54 percent to six percent. In addition to these inequities,
 2350 sharp increases in housing costs in the Seattle metropolitan area continue to put many communities and
 2351 long-time residents at risk for displacement.

2352

2353 Lack of opportunities, instability and displacement of children, youth and families reduce their chances
 2354 of having healthy and prosperous lives. The environment where a child, youth or young adult is raised is
 2355 a strong contributor to their ability to thrive and reach their full potential.

2356

2357 Low-income people and people of color have borne a disproportionate share of the burden of under-
 2358 invested neighborhoods in the last 20 years. As the diversity of our region’s population grows, full
 2359 inclusion is necessary to achieve shared prosperity. Meaningful inclusion must address the needs and
 2360 harness the assets, talents and potential of rapidly growing diverse populations/communities so that
 2361 they are full partners in building our region’s future.

2362

2363 Investing in strategies that address inequities in communities and systems is preventive work and will
 2364 start us on a path that leads to an increase in opportunities and ability to thrive, and a reduction in
 2365 costly crisis services. When opportunities are available for all people to reach their full potential, the
 2366 entire population of King County will benefit. These are the major tenets of King County’s Health and
 2367 Human Services Transformation.

2368

2369 THE COMMUNITIES OF OPPORTUNITY APPROACH

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2371 Communities of Opportunity (COO) was launched by King County and the Seattle Foundation in 2014 to
2372 address the inequities in health, social, racial, housing, and economic outcomes that exist across the
2373 region so that communities with the most to gain can thrive, on the evidence that gains made in those
2374 communities will benefit the economic and social engine of the entire region. COO focuses on both
2375 solutions that are geographic and cultural community-based and those which address policy and system
2376 change, because equitable policies are a critical component in building sustainable, healthy communities
2377 across the county.

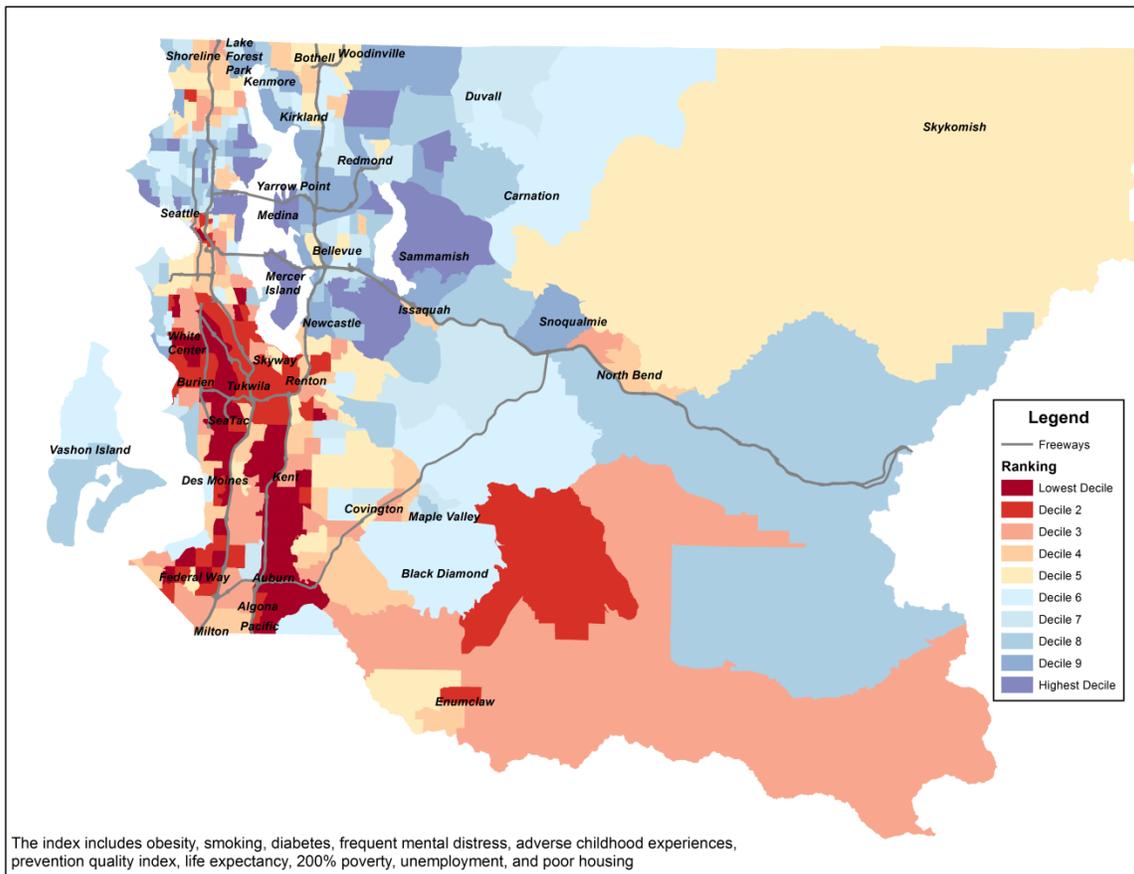
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2379 Equity and social justice underlie the vision and the approach for Communities of Opportunity. COO is
2380 one actionable response to the health and social disparities which are increasing in our region. While
2381 average measures of quality of life, social, and health factors in King County are among the highest in
2382 the country, these averages mask stark differences by place, income and race.

2383

2384

Index of Health & Well-Being Measures in King County



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2387

2388 A central tenet of COO is that place and policies matter. “It starts with the metropolitan areas, the
2389 regional economies that cut across city and suburban lines and drive the national economy. Place
2390 intersects with core policy issues central to the long-term health and stability of metropolitan areas and
2391 to the economic success of individuals and families - things like housing, transportation, economic and
2392 workforce development, and the provision of education, health, and other basic services.” (Kneebone
2393 and Berube, *Confronting Suburban Poverty in America*).

2394
2395 Another tenet of COO is that community partners have a vitally important role in shaping and owning
2396 solutions. Given that top down and disconnected efforts of the past have not reaped the hoped-for
2397 results, *the COO approach is to adopt a new paradigm where community voice and leadership are highly*
2398 *valued and central to the work, where co-design with community is standard practice and where*
2399 *connections are strengthened across sectors and the content areas of health, housing, economic*
2400 *prosperity, and community connection.*

2401
2402 **RESULTS**

2403
2404 Communities of Opportunity is one of the key ways that BSK will achieve community outcomes, which,
2405 as defined in the BSK ordinance, include decreasing disparities in health and well-being among different
2406 areas within King County, and improving quality of life in the communities with the most to gain. COO
2407 will help BSK achieve all of its results, but particularly:

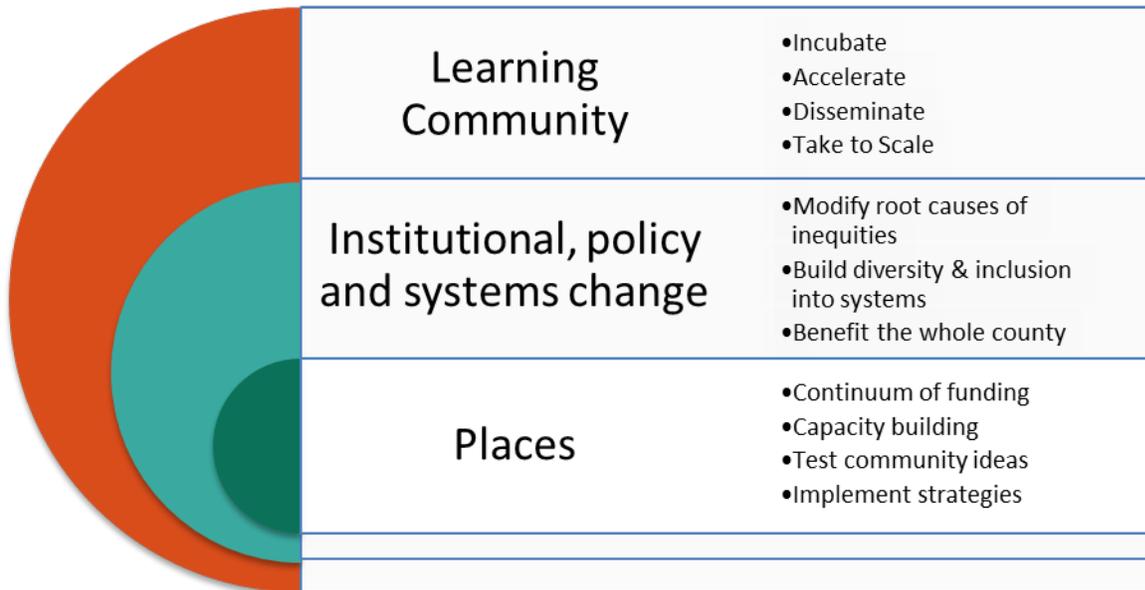
2408
2409 ***Communities offer safe, welcoming, and healthy environments that help improve outcomes for all of***
2410 ***King County’s children and families, regardless of where they live or of their race/ethnicity.***

2411
2412 The following four results areas are specific to the COO work:

- 2413
2414
- 2415 • All people thrive economically.
 - 2416 • All people are connected to community and have a voice.
 - 2417 • All people have quality, affordable housing.
 - 2418 • All people are healthy.

2419

2420 COO THEORY OF CHANGE: THREE INTERLOCKING ELEMENTS



2421
2422
2423

2424 **PLACE.** COO’s theory of change is responsive to the unacceptable patterns of inequitable health and
2425 well-being outcomes across our region. The COO core map, which ranks an index of ten population level
2426 health and well-being measures across the County, guides our work. Through COO, we intend to close
2427 the gap in equity outcomes so that all King County residents, regardless of where they live, and
2428 regardless of their race, will thrive in place and live long lives at optimal health.

2429
2430 **POLICY.** To make sustainable positive change over time, the COO theory of change is that both place-
2431 based work and investments, and institutional, system and policy (ISP) change work and investments,
2432 must occur simultaneously with shared accountability for results across partners. If they do not, ISP
2433 barriers will allow place-based inequities to continue.

2434
2435 **LEARNING COMMUNITY.** The third component of COO is a learning community or community of shared
2436 practice. The learning community will create greater momentum for change at the regional level with
2437 multiple partners, increasing the scale and impact on places, cultural communities and the relevant
2438 institutions and systems.

2439
2440 **COO PARADIGM**

2441
2442 COO leaders, partners and staff acknowledge that working on poverty and equity issues is not new,
2443 however, the way that COO is approaching the work (the “how” of the work) is what is new and
2444 transformative. A central tenet of COO is to align community-driven solutions that emerge through a co-
2445 design process with County, cities, private and philanthropic efforts through the following elements:
2446

- 2447 • **Cross Sector Leadership and Partnership.** Cross sector in COO means:
 - 2448
 - 2449 ○ Different types of institutions and community organizations working together, such as
 - 2450 government departments, philanthropy, intermediary organizations, community-based non-
 - 2451 profit and grassroots organizations, community members and private business leaders
 - 2452 ○ Subject matter and context experts from institutions, organizations and communities work
 - 2453 across the content areas, including housing, health, economic development, workforce
 - 2454 development, capital investment, community development, built environment, early learning,
 - 2455 and community-based leadership
 - 2456 ○ COO is built on these cross-sector partnerships lending their experience and expertise to
 - 2457 achievement of common results, and will continue to expand the reach of this work in the
 - 2458 region in the coming years
 - 2459
- 2460 • **Collective Impact.** Collective impact is a data-driven process for addressing complex societal issues
 - 2461 in order to move a cross-sector partnership to make bold and substantial positive change. In COO,
 - 2462 collective impact is operationalized by the cross-sector partners working together to share:
 - 2463
 - 2464 ○ A common vision for change
 - 2465 ○ A shared agenda for collecting data and for measuring common results consistently
 - 2466 ○ A commitment to hold each other accountable, engage in open communication to build trust,
 - 2467 and engage in mutually reinforcing activities
 - 2468 ○ Agreement to ensure community voice is heard and integrated into the work
 - 2469 ○ Agreement to provide adequate backbone support for the work at the initiative and community
 - 2470 levels
 - 2471
- 2472 • **Co-design.** Co-design means that institutions/funders administering a program work side by side
 - 2473 with leaders and people in the communities that are most impacted. Co-design is structured to
 - 2474 promote community ownership of solutions that emerge from the process, recognizing that direct
 - 2475 stakeholders' interests are integral to the design process. Examples of the co-design work in COO
 - 2476 include:
 - 2477
 - 2478 ○ Inclusion of well-informed representatives of communities directly affected by inequities in the
 - 2479 design committee and the governance table
 - 2480 ○ Use of co-design in constructing the COO Results Based Accountability framework with the
 - 2481 community-owned tables at the place-based sites, and with the COO governance table
 - 2482 ○ Community member involvement in the governance table to ensure community voice, culturally
 - 2483 competency and ongoing communication with affected populations
 - 2484 ○ Creation of more user-friendly and less burdensome application processes for community-based
 - 2485 organizations
 - 2486 ○ Transparency in all processes and in reporting progress
 - 2487

- 2488 • **Innovation Culture.** COO fosters an innovation culture through working relationships and
 2489 partnerships. In an innovation culture, members:
 2490
 - 2491 ○ Are open to new information, ideas and ways of defining complex problems.
 - 2492 ○ Are open to developing multiple interpretations of the source of complex problems and multiple
 2493 ways to solve complex problems.
 - 2494 ○ Treat identified solutions as hypotheses, test ideas designed to achieve those solutions, and
 2495 compare their results with the hypotheses.
 - 2496 ○ Recognize that there may be failures that occur in an innovation culture and, if there are no
 2497 failures, the partnership is not pushing hard enough to learn.
 - 2498 ○ Seek to continuously improve and are not satisfied until they achieve the ultimate shared goal.
 2499
- 2500
- 2501 • **Funding Alignment.** COO works to align community-driven solutions that emerge from place-based
 2502 efforts with broader County, cities’ and philanthropic priorities and initiatives in a strategic regional
 2503 approach to correcting inequitable outcomes. The innovation culture within COO is producing new
 2504 ideas and models for bringing leveraged financing and other resources to bear in support of COO
 2505 strategies and indicators. This includes examining current funding streams across sectors for more
 2506 alignment with common equity outcome goals.
 2507
- 2508 • **Results Based Accountability.** Results Based Accountability (RBA) is a methodology and set of
 2509 tools⁹⁴ for planning and taking action through which collective impact partnerships can measurably
 2510 improve the lives of children, youth, families, adults and the community as a whole. COO has used
 2511 RBA to work collectively with the place-based sites and the governance table to create a results
 2512 based accountability framework for COO with headline indicator measures, strategy areas designed
 2513 to “turn the curve” toward greater equity in health and well-being outcomes, and emerging
 2514 strategies. The COO Results Based Accountability framework is found in Appendix 8.
 2515
- 2516 • **Equity Focus.** Communities of Opportunity focuses on improving health and well-being outcomes in
 2517 the 35 percent of the County with the most to gain, thereby improving the conditions of our region
 2518 as a whole. The initial goal of COO is to see a seven percent improvement in health and well-being
 2519 outcomes over ten years in the COO place-based sites. The seven percent improvement will be
 2520 measured from current baseline indicator measures. The intent is to start in select places and build
 2521 momentum to begin to close the gap in health and well-being outcomes for all communities with
 2522 much to gain. Strategies and evaluation processes regarding displacement will be used to try to
 2523 avoid a scenario where health and well-being outcomes improve primarily due to displacement of
 2524 lower-income people and communities of color.
 2525
- 2526 • **Best Practices.** While there is a growing national body of evidence beginning to emerge regarding
 2527 the type of cross-sector partnership work that COO is doing at the intersections of numerous fields,
 2528 and addressing complex social and system issues, we are also a testing ground at local and national
 2529 levels. For this reason, COO was chosen as one of eight sites nationally to participate in the Living
 2530 Cities Integration Initiative. This is also why COO was recently awarded the Housing and Urban
 2531 Development Secretary’s Award for Private/Public Sector Innovation on behalf of the Seattle
 2532 Foundation and King County. We expect COO will be at the forefront of local and national learning
 2533 about cross-sector partnerships and deep work with communities and populations most affected by
 2534 inequities.

2535 COMMUNITIES OF OPPORTUNITY AS PART OF *BEST STARTS FOR KIDS* LEVY

2536

2537 In 2015, Executive Constantine and King County Council identified Communities of Opportunity as an
 2538 element of the *Best Starts for Kids (BSK)* Levy. As part of BSK, COO will equip the County to address
 2539 community conditions that restrict opportunities for children, youth and families, including quality
 2540 affordable housing, healthy food access, community voice and connection, built environment, and
 2541 economic prosperity.

2542

2543 The BSK levy ordinance allocates 10 percent of levy proceeds (approximately \$6.5 million/year) in
 2544 support of COO investments. When Levy funds are coordinated and leveraged with additional private
 2545 resources pledged to COO, the total amount of annual funding is approximately \$8 million, although
 2546 that may vary in a given year. Through COO, the BSK Levy will assure there is adequate infrastructure
 2547 and staffing to support continued partnerships and learning within and between communities that lift
 2548 up community-driven solutions to address community-identified goals.

2549

2550 As with all of the investments supported through BSK funding, Communities of Opportunity provides
 2551 opportunities for action on two driving principles in King County: Equity and Social Justice, and Health
 2552 and Human Services Transformation.

2553

2554 COO/BSK INVESTMENT STRATEGIES

2555

2556 Geographic or Cultural Community-Based Implementation Plan Investments

2557

- 2558 • **Ongoing Investments in Current Sites.** Three initial place-based sites were chosen through a COO
 2559 competitive process in March 2015: Rainier Valley, SeaTac/Tukwila and White Center. Annual
 2560 allocations will continue to be made through an RFP application process to support the
 2561 implementation plans for priority strategies of these three sites. These sites have received a
 2562 commitment of backbone resources for five years as the first community-owned or community-
 2563 based partnerships to work in the COO model.
- 2564
- 2565 • **Competitive Investments to Expand Geographic or Cultural Communities Participating with COO.**
 2566 Investments include:
 - 2567 a) *Formative stage community leadership and collective impact partnerships.* The COO learning
 2568 community infrastructure will be a vehicle for awarding funding through an RFP process to build
 2569 the capacity of community-led collective impact partnerships in a formative stage of
 2570 development that are not one of the three initial place-based COO sites. Funds are intended to
 2571 grow the capacity of such formative community partnership tables for future strategy
 2572 implementation. Technical support for formative partnerships may also be provided, including
 2573 learning/mentoring from COO staff, existing place based sites, intermediaries, and policy/system
 2574 change grantees.
 - 2575
 - 2576 b) *Well-formulated community partnerships with developed strategies.* The COO learning
 2577 community infrastructure will also be a vehicle for awarding funding through an RFP process to
 2578 support well-developed community-owned collective impact partnerships that are
 2579 geographically or culturally-based, and are not one of the three initial place-based COO sites.
 2580 Such partnerships may apply for gap or leverage funding to implement well-developed
 2581 strategies that were created with community partners and other partners working together in a

2582 cross-sector collaboration towards shared outcomes that are aligned with the COO results
 2583 framework.

2584
 2585 Partnerships applying for place-based funding must be in census tracts/block groups within the
 2586 35 percent of the County with the most disparate health and well-being outcomes. Tracts/block
 2587 groups with significant disparities compared to the larger sub-region in which they are located
 2588 will be eligible, i.e. an area with significant disparities in health and well-being outcomes within
 2589 a larger sub-region that has otherwise strong health and well-being outcomes, including rural
 2590 pockets of poverty. In the case of a community-owned, culturally-based community partnership,
 2591 the cultural base represented must be experiencing significantly disparate health and well-being
 2592 outcomes within the 35 percent areas in King County.

- 2593
 2594 • **Investments to implement common strategies and system level solutions for all COO partners.**
 2595 Funding in this category will be direct funder investments in system-level funding innovations that
 2596 are derived through cross-sector partnership work with the COO community partners and other
 2597 sector partners. These investments may address the history of underinvestment in communities
 2598 that are the focus of COO, such as community development resources, or may be investments that
 2599 build diversity, equity and inclusion into the institutions, systems, business models and policies that
 2600 shape our communities, environment, planning, and growth. Investments may include funding to
 2601 intermediaries to implement common strategies serving COO community-based grantees.
 2602 Investments will reflect the values of COO pursuant to this implementation plan and will further the
 2603 COO results based accountability framework results regarding housing, health, economic prosperity
 2604 and community connection.

2605
 2606 From the initial three place-based testing sites, COO is learning that the variation between communities
 2607 as to readiness to implement strategies and readiness to move specific strategies forward varies
 2608 significantly. Therefore, the COO implementation plan does not continue to lock up funds for a few
 2609 select communities, but also does not spread funds thinly across the entire county – funds will be
 2610 focused on eligible community partnerships, either geographically or culturally-based, that fall into the
 2611 bottom 35 percent of census tracts for health and well-being outcomes in the County. Funds will be
 2612 awarded competitively and in substantial enough amounts to make a difference. Place- and community-
 2613 based solutions and system solutions will move together through a robust learning community to erase
 2614 place and race-based inequities over time.

2615
 2616 **Investments in Community Organizations and Intermediaries to Work on Institutional, System and**
 2617 **Policy Change**

2618
 2619 COO will continue to have an RFP process for organizations of various sizes that will engage in work to
 2620 build diversity, equity and inclusion into the institutions, systems, business models and policies that
 2621 shape our communities, environment, planning and growth, and to affect changes that will help to
 2622 reverse inequities. Grantees in this category will work under the COO Results Framework, toward the
 2623 same indicators of progress and common results as the place-based sites. These grantees will also be
 2624 asked to partner or collaborate with geographic and/or cultural communities where there is overlap on
 2625 issues being addressed and their respective talents can be leveraged. These investments will only be
 2626 made for projects appropriate for public funding.

2627
 2628

2629 **Learning Community Investments**

2630

2631 A learning community or community of practice will be a major element of COO to enable a movement
 2632 of a broader regional community of shared interests working towards shared results. The Learning
 2633 Community will be designed to foster a regional innovation culture that can take equity-based work to
 2634 greater scale. The learning community vision is to:

2635

- 2636 • Share valuable tools and learnings through stronger regional relationships with other partnerships,
 2637 initiatives and communities doing similar work
- 2638 • Support organizations and community-based partnerships in the County desiring to begin such work
 2639 or to sustain such work towards more equitable local outcomes
- 2640 • Build a cohesive regional learning culture that sets bold collective goals for results, builds
 2641 momentum for increased public and private support of equity strategies and solutions at the
 2642 community and institutional/system levels to address such results, and makes measurable progress
 2643 in eliminating disparities in health and well-being indicators over time.

2644

2645 In addition to geographically and culturally-based competitive investments (detailed above), the COO
 2646 learning community investments will focus on regional learning and “community of practice”
 2647 infrastructure in order to support participant strategies that contribute to reaching shared results
 2648 pursuant to the COO Results Framework.

2649

- 2650 • **Investment in Infrastructure that Will Unite Work in Common.** A regional learning community,
 2651 consisting of physical forums to convene participants and interim technical assistance and staff
 2652 support, will unite grantees, projects and initiatives in the region doing similar work to address
 2653 inequitable disparities in health and well-being outcomes, including:

2654

- 2655 ○ COO geographic and culturally-based community grantees
- 2656 ○ COO grantees and others working on system and policy change projects
- 2657 ○ Institutions, intermediary organizations and others willing to align with COO equity goals
- 2658 ○ Community and culturally-based community organizations desiring to begin working in a
 2659 collective impact table with partners
- 2660 ○ Local government departments and programs engaged in relevant cross-sector work
- 2661 ○ Other projects and initiatives working toward similar goals and outcomes that are funded or
 2662 partially funded by other sources.

2663

2664 The learning community will highlight opportunities to build community leadership and cross-
 2665 community connections through a robust regional platform that will: 1) develop substantive linkages
 2666 in the cross-cutting areas of health, housing, community connections and economic prosperity; 2)
 2667 allow participants to work, teach and learn together in an innovation culture with partner
 2668 “communities of practice”; 3) provide training and sharing of measurement and evaluation tools,
 2669 including data, results based accountability framework, indicators and performance measures; 4)
 2670 provide other “design lab” forums for making a meaningful change in equitable outcomes for the
 2671 residents of King County.

2672

2673

2674

2675 **BALANCING COO/BSK INVESTMENT STRATEGIES**

2676

2677 A COO Governance Group will also serve as the COO Best Starts for Kids Levy Advisory Board (see the
2678 Communities of Opportunity history in Appendix 9 for more information regarding governance). The
2679 duties of the COO-BSK Levy Advisory Board will be to review and make advisory recommendations to
2680 the Executive concerning the use of levy proceeds for the COO element of the BSK Levy, consistent with
2681 the council-adopted COO section of the BSK Levy Implementation Plan.

2682

2683 Every year the COO Governance Group/BSK Levy Advisory Board will review and analyze the private
2684 philanthropic funds available for the year, the COO-BSK funds available for the year, and the status and
2685 progress of the activities in each of the investment strategies. This review and analysis will be used to
2686 inform recommendations regarding the percentages of the COO/BSK Levy funds that will be allocated to
2687 each of the investment areas above, other than the percent for staffing and evaluation.

2688

2689 This will be an important role for the COO/BSK Levy Advisory Board because of the uniqueness of COO
2690 as a public-private venture. The COO Governance Group will simultaneously be making decisions
2691 regarding significant annual allocations of private philanthropic funds in the COO investment areas, and
2692 will need to be able to balance the best use of private funds, which typically have fewer restrictions,
2693 with the construct of public funds, which have some restrictions and yet also offer public contracting
2694 expertise that may be needed for projects such as housing, community development, and built
2695 environment.

2696

2697 **MANAGEMENT OF COO/BSK FUNDS**

2698

2699 The Department of Community and Human Services (DCHS) will administer all of the COO-BSK Levy
2700 funds within its department budget, under the oversight of the Chief Financial Officer. DCHS will
2701 coordinate with Public Health Seattle & King County (PHSKC) regarding COO-BSK Levy-funded contracts
2702 or grants for which it may be advantageous that PHSKC be the administrator.

2703

2704 **Competitive Funding Processes for Investment Strategies**

2705

2706 DCHS will work in collaboration with PHSKC and the Seattle Foundation, as well as with the COO-BSK
2707 Levy Advisory Board, to plan for a regular cycle of competitive funding processes to award COO-BSK levy
2708 funds through RFPs, or a similar award process, such as Letters of Interest in funding opportunities.

2709

2710 A review team will be appointed for COO-BSK Levy competitive award processes, with appointments
2711 made by the founding partners – King County DCHS and PHSKC, and the Seattle Foundation –
2712 considering recommendations by the COO-BSK Levy Advisory Board, and based upon the context and/or
2713 content expertise required for a particular funding process. Review processes may include a simple pre-
2714 application process through which potential respondents can learn more about the funding process and
2715 receive technical assistance. Processes may also include conducting interviews with the highest-ranked
2716 community applications, along with the review of their written application materials.

2717

2718 As discussed in the previous section regarding the need for real-time balancing of COO investment
2719 strategies, the combination of resources invested in COO beyond the BSK levy investments, the learning
2720 and innovation culture nature of COO in which adaptation and responsiveness to community needs is
2721 vital, and the ability for COO to catalyze other public and private resources and funding innovations

2722 means that COO will need more flexibility than traditional funding programs of the County. Flexibility
 2723 will allow COO to provide a continuum of funding approaches that meet the real time needs of
 2724 interested communities, to meet community partnerships where they are starting from, and to support
 2725 them in making progress.

2726
 2727 The following general criteria guide COO competitive funding processes:
 2728

2729 • **Criteria for Geographically or Culturally-Based Community Partnership Funding Awards.** Such
 2730 funding proposals will be rated based upon application criteria, including:

2731
 2732 ○ To be eligible, communities must be geographic areas or representative of cultures within the
 2733 bottom 35 percent of census tracts experiencing significant social, health and well-being
 2734 inequities as highlighted in the COO map. Proposals must present projects at a manageable
 2735 scale so that strategies address meaningful and achievable outcomes, in communities with clear
 2736 boundaries, impacting all residents of the geographic or cultural community affected by
 2737 inequities.

2738 ○ Applicant organizations or their partners must have expertise in the relevant issue(s) identified
 2739 in the proposal, and their organizational mission must be strongly aligned. The lead organization
 2740 must have a strong connection with the identified community and residents and articulate why
 2741 they are best positioned to guide a collective impact process for the benefit of the community.
 2742 Lead applicants must have a history of aligning with partners on common goals.

2743 ○ Lead organizations must propose catalytic approaches in their communities. They must identify
 2744 one or two initial partners that have some resources and strengths to bring to the table to work
 2745 toward shared goals for preventing and reducing inequities related to health, housing and/or
 2746 economic opportunity in the identified community. All potential partners do not need to be
 2747 identified. Applicants must show how COO resources could help with the alignment of existing
 2748 work in the community and allow more coordinated work to be planned and developed going
 2749 forward. Applicants must articulate how participation in COO could catalyze community energy
 2750 and leverage additional resources that will contribute to achievement of more equitable
 2751 outcomes for the community.

2752 ○ Applicants must have a history of collaboration with partners on similar efforts. Applicants must
 2753 explain how core constituencies may be mobilized to work on aligned goals that affect health,
 2754 housing and economic opportunity, or engaged in identifying strategies and goals. Applicants
 2755 must describe approach to develop a common agenda and coordinate mutually reinforcing
 2756 activities in the community.

2757 ○ Applicants must explain the community ownership driving the project, and how the lead
 2758 organization and current partners reflect the community’s demographics. Applicants must
 2759 identify how residents most affected by inequities within the identified community will have
 2760 voice, will inform, and will ultimately lead the work.

2761 ○ Applicants must be willing to use the COO Results Based Accountability framework, and be
 2762 aligned with it in their work plan.

2763
 2764 • **Eligible Uses of Geographically or Culturally-Based Community Partnership Funding includes the**
 2765 **following:**

2766
 2767 ○ Convening a cross-sector collaborative group on a regular basis to develop and work on a shared
 2768 agenda, including staffing, meeting space, food, travel and stipends

- 2769 ○ Community engagement activities, including meetings, focus groups, surveys and other such
- 2770 activities that support the “backbone” of the collective impact partnership
- 2771 ○ Shared measurement systems and data assistance; mapping assets and strengths
- 2772 ○ Communication needs with community participants and other interested parties
- 2773 ○ Collective impact and co-design work
- 2774 ○ Subcontracts to partners or consultants for activities above
- 2775
- 2776 ● **Geographically or Culturally-Based Community Partnership Funding may not be used for:**
- 2777 ○ Direct services or project work
- 2778 ○ Lobbying activities
- 2779
- 2780 ● **Eligible Uses of Geographically or Culturally-Based Community Partnership Implementation Plan**
- 2781 **Funding include the following:**
- 2782
- 2783 ○ Community/Neighborhood Design Plans
- 2784 ○ Research and Design
- 2785 ○ Collective impact institutional, system and policy work in a geographic place
- 2786 ○ Small Capital grants at or below \$200,000
- 2787 ○ Large Capital leverage or gap funding for projects over \$200,000
- 2788 ○ Projects that test or expand a preventive intervention or another intervention that addresses
- 2789 the community’s strategies as outlined in the adopted results based accountability framework
- 2790
- 2791 ● **Criteria for Grant Award Processes for Organizations Working to Reduce Institutional, System and**
- 2792 **Policy Barriers to Equity in Opportunities.** These funding proposals will be rated based upon
- 2793 application criteria, including:
- 2794
- 2795 ○ Applications must focus on the challenges of, and opportunities for, removing barriers in
- 2796 communities experiencing significant social, racial and/or economic inequities. The strongest
- 2797 applications will identify strategies at the intersections of health, housing, economic opportunity
- 2798 and/or community connections, and drive toward improvement of more than one headline
- 2799 indicator of the COO Results Based Accountability framework.
- 2800 ○ Applicants must be willing to use the COO Results Based Accountability framework, and be
- 2801 aligned with it in their work plan.
- 2802 ○ Applicants must articulate how the proposed strategy(ies) will result in specific institutional,
- 2803 system or policy changes that reduce barriers to equity in opportunities for places and
- 2804 populations most affected by inequitable outcomes, and contribute to positive change in
- 2805 specific indicators of health and well-being. Proposals that possess the potential to reach larger
- 2806 geographic areas of the County and/or larger numbers of people/places, will receive priority
- 2807 consideration.
- 2808 ○ Community engagement and leadership must figure prominently, and strategies must be
- 2809 informed by or led by people affected by the issue described. Applicants must have
- 2810 policies/plans that support recruitment for jobs in the applying organizations and/or related to
- 2811 the work of the application from communities affected by the issue that is the subject of the
- 2812 proposal.
- 2813 ○ Applicants must: (1) demonstrate experience in the particular issue area identified in the
- 2814 proposal or has lined up a partnership that together demonstrates such experience; (2) track the
- 2815 results of the strategy work and have the ability to modify practices based on lessons learned;
- 2816 (3) have the capacity to carry out the proposed strategy.

- 2817 ○ Applicants must align with other partners on common goals that are the focus of the proposal,
2818 or established partnerships working toward such shared goals, including cross-sector and
2819 multiple issue efforts.
- 2820 ○ Organizations that either have 501(c)(3) status or are fiscally sponsored by a 501(c)(3)
2821 organization; 501(c)(4) activities are not eligible for funding.
- 2822
- 2823 ● **Eligible Uses of Institutional, System and Policy Barrier Funding include:**
- 2824
- 2825 ○ General operating funds to complete the work proposed
- 2826
- 2827 ● **Institutional, System and Policy Barrier Funding may not be used for:**
- 2828
- 2829 ○ Direct services
- 2830 ○ Lobbying activities
- 2831
- 2832 ● **Strategic System Level Investments.** These investments will be formally proposed to the COO-BSK
2833 Advisory Board through a Direct System Investment Plan. Such plans will be formulated by the COO
2834 founders, working in co-design with geographically or culturally-based community partners and
2835 other strategic partners that have a role to play in advancing innovations in systems and institutions,
2836 including financing systems. Direct System Investment Plans must be aligned with all COO values
2837 and tenets as contained in this implementation plan, and must be aligned with the COO results
2838 based accountability framework. Direct System Investment Plans will be presented to and reviewed
2839 by the COO Governance Group/COO-BSK Levy Advisory Board, for recommendation to the
2840 Executive.

2841

2842 **Communities of Opportunity Communication with King County Council**

2843

2844 A proposed ordinance regarding the Communities of Opportunity (COO)-BSK Levy Advisory Board, which
2845 responds to Ordinance 18220, will be transmitted to Council simultaneously with the transmittal of the
2846 BSK Levy Implementation Plan. Under Ordinance 18220 and the proposed legislation, Council and the
2847 Executive each have one direct appointment on the COO-BSK Levy Advisory Board. In addition to direct
2848 Council representation at the COO governance/advisory board table, COO will provide Council with a
2849 biennial report, leading up to the biennial budget process, on the progress of COO funding rounds,
2850 coordination with partners, and evaluation pursuant to COO process goals and the COO results based
2851 accountability framework measures.

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2856

**SECTION VIII
EVALUATION AND PERFORMANCE MEASUREMENT FRAMEWORK**

2857

This section of the implementation plan addresses:	<ul style="list-style-type: none"> • Overview • Methods • Reporting and Dissemination Products • Evaluation Expertise and Capacity
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2858

2859 **OVERVIEW**

2860

2861 This evaluation framework presents the overarching principles, framing questions and approaches that
 2862 will guide the evaluation and performance measurement of *Best Starts for Kids*. As BSK strategies are
 2863 refined and programs are selected over the remainder of 2016, the evaluation framework will be more
 2864 fully developed, particularly with respect to program-level performance metrics and targets. The more
 2865 detailed BSK Evaluation and Performance Measurement Plan will be completed by July 2017 and
 2866 transmitted to King County Council, with updates as needed thereafter. These updates will be provided
 2867 as part of the BSK Annual Reports.

2868

2869 The primary purpose of evaluation and performance measurement will be to inform strategic learning
 2870 and accountability.⁹⁵ **Strategic learning** refers to both the need for real-time data to inform ongoing
 2871 work and to understand which strategies are effective and why. **Accountability** refers to both the need
 2872 to hold entities responsible for the activities they were given funding to do and to determine if a
 2873 credible case can be made that the work contributed to BSK results. This is different from evaluations
 2874 designed to prove definitive causality, which may be planned for a subset of strategies.

2875

2016: \$863,000

2017-2021
average:
\$3,270,000

Evaluation, including investments such as:

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

2876

2877 Just over \$17 million over the life of the BSK levy will support evaluation, data collection and improving
 2878 the delivery of services for children and youth. This includes activities to increase capacity of
 2879 community-based organizations to make data-informed decisions, and conduct evaluation and
 2880 performance measurement.

2881

2882 **Evaluation Principles**

2883

2884 The evaluation will be carried out within these allocated resources, and will use guiding principles drawn
 2885 from the [American Evaluation Association](#):

- 2886 • **Systematic inquiry.** Conduct systematic, data-based inquiries.
- 2887 • **Integrity.** Display honesty and integrity in the evaluation process.

- 2888 • **Respect for people.** Respect the security, dignity, time, capacity, and interests of respondents and
- 2889 stakeholders.
- 2890 • **Cultural competence.** Recognize and respond to culturally different values and perspectives in order
- 2891 to produce work that is honest, accurate, respectful and valid.

2892

2893 **BSK Results and Related Evaluation Framework**

2894

2895 Evaluation and performance measurement will allow all BSK stakeholders to understand how/if levy

2896 investments are achieving the three BSK results:

2897

- 2898 • **Babies are born healthy and establish a strong foundation for lifelong health and well-being.**
 - 2899 • **King County is a place where everyone has equitable opportunities to progress through childhood**
 - 2900 **safe and healthy, building academic and life skills to be thriving members of their community.**
 - 2901 • **Communities offer safe, welcoming, and healthy environments that help improve outcomes for all**
 - 2902 **of King County’s children and families, regardless of where they live.**
- 2903

2904 For the evaluation, it is important to consider how populations differ across BSK’s multilevel

2905 implementation. The BSK model assumes that the combined investments will contribute to geographic

2906 population-level results, *understanding that many additional factors will also influence population*

2907 *results*. While investments will be made in multiple programs and systems, some may naturally group

2908 together into strategy areas. Individuals, or in some cases, geographic populations served by strategy

2909 areas, are expected to benefit. At the program level, the beneficiaries are expected to be individuals,

2910 defined as those directly served by or exposed to the program or strategy.

2911

2912 **METHODS**

2913

2914 The evaluation will draw from both qualitative and quantitative methods. As appropriate, the evaluation

2915 may include case study, longitudinal cohort, cross-sectional, pre-post, and/or quasi-experimental

2916 designs. Using a participatory approach⁹⁶, the data and evaluation team will work closely with BSK

2917 leadership, staff, and an evaluation advisory group, which will comprise stakeholders such as the

2918 Children Youth Advisory Board, Science and Research Panel, and BSK partners and stakeholders, to

2919 optimize performance monitoring and evaluation. For example:

2920

- 2921 • Prioritize evaluation questions within allocated resources
 - 2922 • Develop logic models, indicators, performance measures and/or data collection protocols
 - 2923 • Review findings
 - 2924 • Develop dissemination materials.
- 2925

2926 **Sample Evaluation Questions**

2927

2928 The BSK evaluation is conceptualized to answer process and impact questions at three levels. Examples

2929 of questions include:

2930

- 2931 • At the **population level**, what was the combined impact of BSK investments on population-level
- 2932 indicators of health and well-being? Did BSK contribute toward equity at the population level? What
- 2933 improvements in services, systems, social and physical environments did BSK investments

- 2934 contribute to? Looking across the BSK portfolio, what were lessons learned about barriers and
 2935 contributors to success?
- 2936 • Similarly, for each **strategy area** of investment, what improvements in health and well-being were
 2937 experienced by relevant populations or individuals served within a strategy area? What
 2938 improvements were made in relevant services, systems, and environments?
 - 2939 • At the **program level**, what improvements in health and well-being did individuals⁹⁷ experience?
 2940 What improvements were made in how well and how many clients were served?

2941

2942 **Population-Level Evaluation**

2943

2944 Using a serial cross-sectional design, the population-level analyses will compare population-level
 2945 indicators over time, and by demographic characteristics such as age, gender, race, place and income.
 2946 Measures will use data from population-based surveys and sources including, but not limited to:

- 2947
- 2948 • Washington State Department of Health (birth and death records)
- 2949 • Office of the Superintendent of Public Instruction
- 2950 • Washington State Department of Social and Health Services, Children’s Administration
- 2951 • Washington State Healthy Youth Survey, (a biennial survey of grades 6, 8, 10, and 12)
- 2952 • Behavioral Risk Factor Surveillance System (BRFSS), (a yearly survey of adults age 18 and older)
- 2953 • BSK Health Survey (a new survey funded by BSK)

2954

2955 To track indicators among a population-based sample of King County children ages six months to 12
 2956 years, King County will implement a new BSK Health Survey this fall and repeat it every two
 2957 years. Although there are strong existing data sources for children around the time of birth, and in
 2958 middle and high school, there are no existing population-level data sources for children in-between
 2959 those ages: toddlers, preschoolers, and elementary-aged children. Very little is known about their health
 2960 status, risk factors, resiliency, family/community supports or childcare arrangements. These are the very
 2961 things that BSK is working to strengthen.

2962

2963 The new BSK Health Survey will fill this data gap and provide information to inform activities and track
 2964 population-level indicators among these children. Questions will be answered by a knowledgeable adult
 2965 in the household. Questions will cover the areas of demographics, overall health, child and family
 2966 resiliency, breastfeeding, use of preventive health care services, experience with health care providers,
 2967 child development, physical activity and obesity, childcare arrangements, and family and community
 2968 supports.

2969

2970 **Population Indicators and Performance Measures**

2971

2972 BSK will *contribute* to improving population indicators (for example, on-time high school graduation).
 2973 BSK is *accountable* for performance (e.g. how much, how well, is anyone better off) of BSK strategies.
 2974 **Population indicators** are about a population (for example, young adults in King County). **Performance**
 2975 **measures** are about individuals who are directly served by the program.

2976

2977 A full description of the indicators is included in Section II of this implementation plan. A full explanation
 2978 of the technical definitions for the headline indicators, and a list of example secondary, supporting
 2979 indicators are included in Appendix 1.

2980

2981 **Strategy Area and Program-Level Evaluation**

2982

2983 Following the population-level approach, each strategy area will compare population-level indicators
 2984 identified for each group. Strategy areas may also include evaluations to learn what impact was
 2985 experienced by individuals. Qualitative evaluation methods will be used to provide complementary
 2986 information to help gain in-depth understanding of impacts and results on specific communities where
 2987 reliable statistical estimates are not available because of small sample size.

2988

2989 All programs will have performance metrics to track progress toward implementation milestones:

2990

- *How much was done?* Such as people served or, staff trained.

2991

- *How well was it done?* Such as improved access, timeliness or appropriateness of service.

2992

- *Is anyone better off?* Such as improved health and well-being.

2993

2994 These metrics will inform continuous quality improvement efforts throughout the life of the BSK Levy.

2995

2996 Performance measures will be determined in the development of RFP's or specific project level funding
 2997 approaches. Performance measures and feasible data collection methods will be identified and
 2998 developed for each program and incorporated into contracts. Performance measures, including targets
 2999 and measures incorporated within contracts, will be reviewed on a pre-determined (such as annual)
 3000 basis over the life of the levy.

3001

3002 **Measuring Policy, Systems and Environmental Change**

3003

3004 We will consider a process evaluation to detail policy and system impacts, and lessons learned, about
 3005 implementation of overall strategies. The process evaluation will describe the broader context in which
 3006 BSK occurs. Where feasible, we may estimate the reach and magnitude of each policy, system or
 3007 environmental change to describe the estimated impact at community and county levels.

3008

3009 Evaluation of the cumulative effect of multiple BSK interventions will be challenging. We may investigate
 3010 the degree to which BSK interventions are coordinated and mutually reinforcing, producing an effect
 3011 beyond the impact of each strategy. The evaluation may include interviews of key informants about the
 3012 degree to which other BSK interventions positively impacted their work to capture synergies, and their
 3013 impressions of changes at the community level.

3014

3015 **Candidates for More Extensive Evaluation**

3016

3017 There is a continuum of evaluation strategies that range from simply verifying that something
 3018 happened, to comparing intervention results with a statistically valid control group to ascertain
 3019 causality⁹⁸. BSK will deploy a number of programs that already have an existing evidence basis. To the
 3020 extent this can be done, the evaluation can be simplified. As the causal connection between the
 3021 program and expected results has already been demonstrated, the evaluation can use contract or
 3022 performance monitoring to focus on measuring the quantity of BSK funded services and their results.

3023

3024 BSK will also implement strategies based on emerging best-practices. This may include situations where
 3025 a proven program/best practice must be substantially modified in order to be tailored to specific
 3026 populations served by BSK. In these cases, a program can be designed that incorporates elements and
 3027 practices that are found in similar proven programs. Evaluation of these programs will emphasize

3028 ongoing monitoring and early feedback so that any necessary changes can take place in a timely
 3029 manner. Short-term results will be identified that demonstrate that the longer-term desired outcomes
 3030 are likely to be reached. This supplemental, formative type of evaluation will help ensure that the
 3031 program is functioning as intended.

3032
 3033 BSK may also invest in innovative strategies, which may call for more rigorous evaluation to show causal
 3034 effect as well as lessons learned. Examples of rigorous evaluation may include case control or quasi-
 3035 experimental designs that include resource intensive data collection. The data and evaluation team will
 3036 work with the evaluation advisory group to develop and apply a set of criteria for identifying candidate
 3037 projects that are high priority for rigorous evaluation. Considerations may include:

- 3038
- 3039 • Potential for having a big reach related to health equity
- 3040 • Implementation in new settings or with new populations
- 3041 • Likelihood of seeing immediate change in indicators of well-being or healthy environments
- 3042 • Filling a gap in the evidence base
- 3043 • Having sustainable sources of data to be able track change over time

3044 **Engagement with Key Stakeholders**

3045
 3046 The data and evaluation team will work closely with BSK leadership, staff and an evaluation advisory
 3047 group, which will comprise stakeholders such as the Children Youth Advisory Board, Science and
 3048 Research Panel, and BSK partners and stakeholders. The data and evaluation team will meet monthly
 3049 with BSK implementation leads to review evaluation progress. The team will also provide updates to
 3050 stakeholders, including the Children and Youth Advisory Board, the Science and Research Panel,
 3051 community partners, Council, and the public. As opportunities arise, the data and evaluation team will
 3052 partner with external evaluators to seek additional resources or expand capacity for evaluation. The
 3053 data and evaluation team will also explore opportunities for sharing data with community partners.

3054 **Evaluation Timelines**

3055
 3056
 3057 BSK strategies and programs will begin at different times and reach their respective conclusions on
 3058 different schedules. Data may be readily available or may require system upgrades before it is
 3059 accessible. Evaluation timelines will accommodate these considerations:

- 3060
- 3061 • When the program will start, or when BSK funds become effective
- 3062 • Time needed until each indicator can be measured
- 3063 • Point at which a sufficient number of individuals have reached the outcome to generate a
 3064 statistically reliable result
- 3065 • When indicator data will be available
- 3066 • When baseline data will be available, if needed
- 3067 • Time needed for data collection, analyses and interpretation of qualitative data
- 3068 • Contractual requirements for reporting process and results data.

3069 **REPORTING AND DISSEMINATION PRODUCTS**

3070
 3071
 3072 The following reports and products will be provided:
 3073

3074 **First Annual Report to Council.** No later than one year after the effective date of the ordinance
 3075 approving this implementation plan, the Executive will transmit the first annual report describing
 3076 the programs funded and outcomes for the children, youth, families and young adults served. This
 3077 report shall be developed in consultation with and reviewed by the Children and Youth Advisory
 3078 Board before transmittal.
 3079

3080 The first report to council can include, but is not required to include, information on the Youth and
 3081 Family Homelessness Prevention Initiative. If information on this initiative is provided, that
 3082 information will not substitute for the required stand-alone report on program outcomes to council
 3083 on that initiative due to be transmitted by June 1, 2018, as outlined in the Youth and Family
 3084 Homelessness Prevention Initiative Implementation Plan.
 3085

3086 • **BSK Evaluation and Performance Measurement Plan.** The Best Starts for Kids Evaluation and
 3087 Performance Measurement Plan will be completed and transmitted no later than July 1, 2017. That
 3088 plan will specify performance measures and qualitative methods, after the specific portfolio of
 3089 investments are procured. Updates to this plan will be reported as part of the Annual Reports. The
 3090 BSK Evaluation and Performance Measurement Plan shall be developed in consultation with and
 3091 reviewed by the Children and Youth Advisory Board before transmittal.
 3092

3093 • **Annual Performance Evaluation Reports (Annual Reports).** Annual Performance Evaluation Reports
 3094 will be transmitted with the first report using data from calendar year 2017 no later than July 1,
 3095 2018. These reports will provide data on the performance of levy-funded activities, including
 3096 progress toward meeting overall levy goals and strategies, headline indicator measurements,
 3097 performance metrics, lessons learned, and strategies for continuous improvement. Annual Reports
 3098 shall be developed in consultation with and reviewed by the Children and Youth Advisory Board
 3099 before transmittal.
 3100

3101 These reports shall be transmitted by July 1 of each year through the life of the levy. If a decision is
 3102 made to report on the Youth and Family Homelessness Prevention Initiative within the BSK
 3103 Implementation Plan Annual Reports starting with the YFHP Initiative report due by June 1, 2019,
 3104 when that initiative no longer requires a stand-alone report, reports on that initiative must comply
 3105 with the requirements outlined in the Youth and Family Homelessness Prevention Initiative
 3106 Implementation Plan including, but not limited to:

- 3107 ○ An evaluation on the first 1.5 years of the Youth and Family Homelessness Prevention
 3108 Initiative must be transmitted as part of the annual report due by June 1, 2019;
- 3109 ○ Annual reports on the Youth and Family Homelessness Prevention Initiative must report on
 3110 program outcomes; and
- 3111 ○ Annual reports on the Youth and Family Homelessness Prevention Initiative must include
 3112 information and analysis of the strategies being implemented and the effectiveness of those
 3113 strategies aimed at ensuring that at-risk populations, including families and youth of color,
 3114 immigrant and refugee families and youth, LGBTQ youth, and victims of domestic violence,
 3115 commercial exploitation and human trafficking, have access to providers who are trained
 3116 and competent in meeting the unique needs of these at-risk populations.
 3117

3118 If a decision is made to report on all of the BSK Initiatives together starting with the summer of
 3119 2019, Annual Reports will be transmitted no later than June 1 of each year to correspond with the
 3120 reporting requirement of the initiative requiring the earlier report, the YFHP Initiative.
 3121

- 3122 • **Progress Briefings.** Executive staff will be prepared to provide mid-term progress briefings to
3123 interested committees during the first two years of the levy and continuously, as needed. Progress
3124 briefings will detail how funds are being allocated, the status of strategy and program
3125 implementation, design or policy changes, and challenges. The briefings will be meant to inform and
3126 support programs and will point to any needs for mid-course strategy or program modifications.
3127

3128 Any report required by this section shall be filed in the form of a paper original and an electronic copy
3129 with the Clerk of the Council, who shall retain the original and provide an electronic copy to all
3130 Councilmembers and all members and alternate members of the Regional Policy Committee, or its
3131 successor.
3132

3133 The following additional information dissemination methods are anticipated for levy-funded activities:
3134

- 3135 • **Dashboards.** Evaluation staff will develop dashboards that reflect key indicators of population
3136 results that communicate results quickly and visually. These dashboards will be web-based and
3137 accessible to stakeholders and the community. We will disaggregate indicators by race, ethnicity and
3138 other key demographic characteristics. The dashboards for BSK investments, including a dashboard
3139 specific to Communities of Opportunity, are included in Appendices 10 and 11.
3140

- 3141 • **Other Products.** The data and evaluation team will work with the communications team and
3142 community partners to identify meaningful products for stakeholders, such as success stories.
3143 Success stories may describe the strategy, stakeholders' roles, reach, impact, critical incidents, key
3144 decision points, and lessons learned. Ad hoc products such as infographs and technical assistance
3145 related to data or evaluation findings for stakeholder presentations will also be considered.
3146
3147

3148 **EVALUATION EXPERIENCE AND CAPACITY**

3149

3150 The data and evaluation team is a multidisciplinary group that includes masters- and doctorate-level
3151 epidemiologists, social research scientists, demographers and staff from Public Health-Seattle & King
3152 County, King County Department of Community and Human Services and King County Performance,
3153 Strategy and Budget Office. They are nationally known for their data analyses and evaluation expertise
3154 of large-scale community initiatives and have a strong record of using participatory approaches in
3155 designing and implementing evaluations. Together, they bring requisite quantitative and qualitative
3156 expertise including use of population and program data and systematic analysis of qualitative data.
3157
3158

**SECTION IX
JUNIOR TAXING DISTRICT LEVY PRORATIONING**

3159

This section of the implementation plan addresses:	<ul style="list-style-type: none"> • Background • <i>Best Starts for Kids</i> Ordinance • Prorating Impact of Best Starts for Kids Levy
--	--

3160

3161 **BACKGROUND**

3162

3163 Many jurisdictions in Washington state are authorized to levy property taxes, which require residents of
 3164 that jurisdiction to pay taxes based on the assessed value (AV) of their property. Each taxing district is
 3165 authorized to levy a property tax under a specific section of the Revised Code of Washington (RCW) that
 3166 provides authorization and provides a limit on the rate that the type of jurisdiction may charge. In
 3167 addition to these jurisdiction-specific authorizations, there are two RCWs that are relevant to this
 3168 section of the implementation plan:

3169

- 3170 1. *RCW 84.52.043 Limitations upon regular property tax levies.* This RCW states that the aggregate
 3171 level of junior taxing districts⁹⁹ and senior taxing districts, other than the state, may not exceed
 3172 \$5.90 per thousand dollars of AV.
- 3173 2. *RCW 84.52.010 Taxes levied or voted in specific amounts – Effect of constitutional and statutory*
 3174 *limitations.* This RCW outlines a methodology for reducing the tax rate of taxing districts when the
 3175 aggregate rate for jurisdictions (other than the state) is higher than the \$5.90 limit required by RCW
 3176 84.52.043. The effect of this RCW is *prorating* (reduction) of junior taxing districts’ rates until the
 3177 aggregate level falls below the \$5.90 limit.

3178

3179 Property tax levy prorating occurs because taxing districts, have the individual taxing authority to
 3180 levy rates that, when combined, add to more than the aggregate property tax limit of \$5.90 per
 3181 thousand dollars of AV. When a senior taxing district, such as King County, levies a new or increased
 3182 property tax, it can result in more junior taxing districts having their levies prorated to a lower rate,
 3183 and therefore receiving less revenue.

3184

3185 The hierarchy of taxing districts defined in RCW 84.52.010 creates a distinct order of operations for
 3186 which jurisdictions have their rates prorated when aggregate levels go above the \$5.90 limit. This
 3187 methodology is used by the Department of Assessments to certify levy rates that meet legal
 3188 requirements each year.

3189

3190 **BEST STARTS FOR KIDS ORDINANCE**

3191

3192 King County Ordinance 18088 identifies that BSK levy revenue can be used for eligible services provided
 3193 by junior taxing districts, to the extent the district is prorated, in two circumstances:

3194

- 3195 1. Ordinance 18088, Section 5, subsection C.4.c, states that “an amount equal to the lost revenues to
 3196 the metropolitan park districts resulting from prorating as mandated by RCW 84.052.010, up to

3197 one million dollars, shall be provided to those metropolitan park districts if authorized by the county
 3198 council by ordinance” for services that are eligible expenditures.

3199 2. Ordinance 18088, Section 5, subsection C.4.d states that eligible expenditures “provided by fire
 3200 districts in an amount equal to the lost revenues to the fire districts in King County resulting from
 3201 prorationing, as mandated by RCW 84.52.010, for those services, to the extent the prorationing was
 3202 caused solely by this levy and if authorized by the county council by ordinance”.

3203
 3204 Therefore, each year after the King County Department of Assessments certifies levy rates, the County
 3205 will calculate the extent to which metropolitan park districts and fire districts are prorated due to the
 3206 BSK Levy. Eligible services for BSK funding include services that improve health and well-being outcomes
 3207 of children and youth, as well as the families and the communities in which they live.
 3208

3209 **PRORATIONING IMPACT OF BEST STARTS FOR KIDS LEVY**

3210
 3211 **Known Impacts of Prorationing for 2016**

3212
 3213 For 2016, the BSK Levy has caused prorationing for two metropolitan park districts and no fire districts:
 3214

- 3215 • Si View Metropolitan Park District: Levy rate was prorationed, with a 2016 revenue impact of
 3216 \$316,421.
- 3217 • Fall City Metropolitan Park District: Levy rate was prorationed, with a 2016 revenue impact of
 3218 \$114,558.

3219
 3220 *Si View Metropolitan Park District*

3221
 3222 King County staff worked directly with the Si View Metropolitan Park District to communicate the impact
 3223 of prorationing on their district in 2016 and to gather ideas for eligible services that BSK could fund. The
 3224 result was that the District submitted a plan for eligible services totaling their 2016 prorationed amount:
 3225

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

3226
3227 The County will contract with Si View Metropolitan Park District for the 2016 amounts for these services.
3228 Contracts will be administered through DCHS like all other BSK contracts.

3229
3230 *Fall City Metropolitan Park District*

3231 Although Fall City Metropolitan Park District had its revenue reduced by \$114,558 in 2016 due to
3232 prorating, the District does not currently provide any programs or services that fit the eligibility
3233 parameters for BSK funding as outlined in Ordinance 18088. The County will continue to work with Fall
3234 City Metropolitan Park District each year to communicate its revenue loss due to prorating and
3235 discuss if there are any eligible services that can be funded, up to the total amount the district is
3236 prorated over the life of the levy, regardless of when services begin.

3237
3238 **Planning for Future Prorating Impacts**

3239
3240 In coordination with the King County Office of Performance, Strategy and Budget; Office of Economic
3241 and Financial Analysis; and King County Council Staff, the County has modeled estimated prorating by
3242 taxing district over the life of the BSK levy. Actual impacts will not be known until levy rates are certified
3243 by Assessments each year.

3244
3245 The *Best Starts for Kids* Implementation Plan takes into account the estimated future years of
3246 prorating in its financial assumptions:

- 3247
- 3248 • For metropolitan parks districts, estimated prorating totals about \$850,000 over the life of the
3249 levy, which is about \$150,000 less than the cap of \$1,000,000 identified in Ordinance 18088. King
3250 County will work with metropolitan parks districts impacted by prorating on an ongoing basis to
3251 identify programs that fit within the BSK strategies to receive this funding, as needed.
3252 The BSK financial plan reserves \$1,000,000 over the life of the levy for eligible parks district services
3253 to ensure it can meet the intention of Ordinance 18088.
 - 3254
 - 3255 • For fire districts, no prorating impacts are estimated. If changing economic conditions result in
3256 prorating of these districts, the County will, in a process similar to that with parks districts, reach
3257 out to impacted districts to identify eligible services and determine the level of BSK funding that
3258 would be appropriate. The BSK financial plan reserves \$270,000 for potential fire district
3259 expenditures.

3260

Section X ENDNOTES

- ¹ <http://www.kingcounty.gov/elected/executive/equity-social-justice/strategic-plan.aspx>
- ² King County Ordinance 18088, July 22, 2015. 292-304
- ³ 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.
- ⁴ KING COUNTY Signature Report, July 22, 2015, Ordinance 18088. Section 5.C.1., 2. and 4
- ⁵ Communities of Opportunities (COO), discussed in Section VII, was developed in 2013 as a result of this King County commitment.
- ⁶ <http://www.kingcounty.gov/council/issues/YouthActionPlan.aspx>
- ⁷ King County Ordinance 18088, July 22, 2015. 183-185
- ⁸ 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.”
- ⁹ <http://heckmanequation.org/content/resource/investing-our-children-great-returns>
- ¹⁰ <http://heckmanequation.org/content/white-house-summit-early-education>
- ¹¹ Hart B, Risley TR. *Meaningful differences in the everyday experience of young American children*, 1995
- ¹² Annie E. Casey Foundation, 2012; Lesnick J, Goerge RM, Smithgall C, Gwynne J. Chicago: Chapin Hall at the University of Chicago, 2010
- ¹³ Shonkoff, J.P. (2009). Mobilizing Science to Revitalize Early Childhood Policy. *Issues in Science and Technology*, 26 (1).
- ¹⁴ <http://ilabs.washington.edu/i-labs-faq>
- ¹⁵ 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.
- ¹⁶ Dr. Christopher Kuzawa, <http://www.ipr.northwestern.edu/faculty-experts/fellows/kuzawa.html>
- ¹⁷ Centers for Disease Control and Prevention (CDC) Anda and Brown (2010); Felitti (2002)
- ¹⁸ Blodgett C., Harrington R., Research Brief: *Adverse Childhood Experience and Developmental Risk in Elementary School Children*.
- ¹⁹ Director, Center on the Developing Child, Harvard University
- ²⁰ Dr. Jack Shonkoff, Director, Center on the Developing Child, Harvard University.
<http://developingchild.harvard.edu/science/key-concepts/toxic-stress/>
- ²¹ Center for the Study of Social Policy, Strengthening Families – A Protective Factors Framework
- ²² Developmental Service Group, 2015. Administration for Children, Youth and Families
- ²³ Dr. Jack Shonkoff, Director, Center on the Developing Child, Harvard University.
<http://developingchild.harvard.edu/science/key-concepts/toxic-stress/>
- ²⁴ *ibid*
- ²⁵ *ibid*
- ²⁶ Conversations also addressed other community needs and processes, including the upcoming MIDD renewal, and the recently completed Youth Action Plan.
- ²⁷ 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/>

²⁸ 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.

²⁹ Heckman, James J. and Stefano Mosso. "The Economics of Human Development and Social Mobility." Annual Review of Economics 6.1 (2014): 689-733.

³⁰ 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/>

³¹ As defined by the Federal Maternal Infant Child Home Visiting (MIECHV) program in the Health and Human Services Department.

³² 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.

³³ "Health of mothers and infants by race/ethnicity. August 2015. Public Health-Seattle & King County; Assessment, Policy Development & Evaluation Unit."

³⁴ 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).

³⁵ 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.

³⁶ 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.

³⁷ 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.

³⁸ 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.

³⁹ <http://www.childtrends.org/wp-content/uploads/2013/10/2013-42AllianceBirthto8.pdf>

⁴⁰ <http://www.joinvroom.org/science-and-facts>

⁴¹ Crowley, A.A. 2001. Child care health consultation: An ecological model. J Society Pediatric Nursing 6:170-81.

⁴² <http://www.healthychildcare.org/WorkWithHP.html>

⁴³ <http://www.del.wa.gov/care/qris/>

⁴⁴ Shonkoff, J.P. (2009). Mobilizing Science to Revitalize Early Childhood Policy. Issues in Science and Technology, 26 (1)

⁴⁵ 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.

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- ⁴⁶ 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
- ⁴⁷ 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>
- ⁴⁸ 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).
⁴⁹ <http://www.wa-aimh.org/about-infant-mental-health/>
- ⁵⁰ 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.
- ⁵¹ <http://www.reachoutandreadwa.org/>
- ⁵² Restorative Justice in Oakland Schools, 2014
<http://www.ousd.org/cms/lib07/CA01001176/Centricity/Domain/134/OUSD-RJ%20Report%20revised%20Final.pdf>
- ⁵³ <http://traumasensitiveschools.org/trauma-and-learning/the-solution-trauma-sensitive-schools/>
- ⁵⁴ <http://ext100.wsu.edu/clear/about/>
- ⁵⁵ <http://rjoyoakland.org/restorative-justice/>
- ⁵⁶ ibid
- ⁵⁷ Dr. Leslie Walker, Chief, Division of Adolescent Medicine, Children’s Hospital
- ⁵⁸ <http://www.hhs.gov/ash/oah/adolescent-health-topics/healthy-relationships/home.html>
- ⁵⁹ Banyard, V.L., & Cross, C. (2008). Consequences of teen dating violence: Understanding intervening variables in ecological context. *Violence Against Women*, 14(9), 998–1013.
- ⁶⁰ 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.
- ⁶¹ 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>.
- ⁶² 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>.
- ⁶³ 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>.
- ⁶⁴ 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.
- ⁶⁵ <http://www.hhs.gov/ash/oah/adolescent-health-topics/healthy-relationships/home.html>
- ⁶⁶ Making the Case: A 2008 Fact Sheet on Children and Youth in Out-of-School Time, Wellesley Centers for Women at Wellesley College, 2008; Outcomes Linked to High Quality

⁷¹ 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

⁷² 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

⁷³ Pittman K. What's health got to do with it? Health and youth development: connecting the dots. *Forum Focus*. 2005;3(2):1-4.

⁷⁴ 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

⁷⁵ 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.

⁷⁶ <http://www.mentoring.org/program-resources/the-center-for-evidence-based-mentoring/>

⁷⁷ Roberts et.al. (1999)

⁷⁸ Phinney (2001)

⁷⁹ Olneck (1995) as cited in Phinney (2001) p. 503

⁸⁰ *The Journal of Adolescent Health*. June 2003 Juszczak L, Melinkovich P, Kaplan D

⁸¹ 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.

⁸² *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

⁸³ 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

⁸⁴ 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

⁸⁵ *Malignant Neglect: Substance Abuse and America's Schools*, National Center on Addiction and Substance Abuse, Columbia University, September 2001

⁸⁶ U.S. Department of Health and Human Services, *Mental Health: A Report to the Surgeon General*, 1999

⁸⁷ <http://www.integration.samhsa.gov/clinical-practice/SBIRT>

⁸⁸ Opportunity Youth are defined as young people ages 16-24 who are not in school and not employed.

⁸⁹ <https://www.dshs.wa.gov/sites/default/files/SESA/rda/documents/research-11-222.pdf>

⁹⁰ <http://www.roadmapproject.org/wp-content/uploads/2013/09/OY-infographic-final.pdf>

⁹¹ ibid

⁹² 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.

⁹³ King County Department of Public Defense

⁹⁴ 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

⁹⁵ These concepts are discussed fully in <http://www.hfrp.org/evaluation/publications-resources/a-user-s-guide-to->

⁹⁹ 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.

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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 Accountability¹. 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 (is 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"> 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
<ul style="list-style-type: none"> Households receiving investigations for reported 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
<ul style="list-style-type: none"> 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: a. This child is affectionate and tender with you b. This child bounces back quickly when things do not go his or her way c. This child shows interest and curiosity in learning new things d. This child smiles and laughs a lot. This indicator contains multiple dimensions of physical health, mental and emotional health, caring, empathy and resilience.
<ul style="list-style-type: none"> 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

HEADLINE INDICATORS – Sustain the Gain (5 – 24 Years)
<ul style="list-style-type: none"> 3rd graders who meet reading standard Data Source: Office of the Superintendent of Public Instruction Percent of 3rd graders who are at or above reading standards as assessed by the Smarter Balanced Assessment (administration beginning in the 2014-2015 school year)
<ul style="list-style-type: none"> 4th graders who meet math standard Data Source: Office of the Superintendent of Public Instruction Percent of 4th graders who are at or above math standards as assessed by the Smarter Balanced Assessment (administration beginning in the 2014-2015 school year)
<ul style="list-style-type: none"> Youth using illegal substances 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.
<ul style="list-style-type: none"> Youth who are flourishing and resilient, as described by curiosity and discovery about learning, resilience, and self-regulation Data Source: New Best Starts for Kids Health Survey Percent of elementary-aged children who met these areas: a. This child shows interest and curiosity in learning new things b. This child works to finish tasks he or she starts c. This child stays calm and in control when faced with a challenge. This indicator contains multiple dimensions of physical health, mental and emotional health, caring, empathy, and resilience.
<ul style="list-style-type: none"> Youth and young adults who are in excellent or very good health 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) Percent who report excellent or very good health status (ages 5-12, 18-24 years). Percent of middle and high school students who report a high quality of life based on the composite of 1. I feel I am getting along with my parents or guardians (0=not true at all,....10 = completely true) 2. I look forward to the future (0=not true at all,....10 = completely true) 3. I feel good about myself (0=not true at all,....10 = completely true) 4. I am satisfied with the way my life is now (0=not true at all,....10 = completely true) 5. I feel alone in my life (0=not true at all,....10 = completely true).
<ul style="list-style-type: none"> Youth who graduate from high school on-time Data Source: Office of the Superintendent of Public Instruction Percent of entering 9th graders who graduate from high school within four years
<ul style="list-style-type: none"> Youth and young adults in school or working Data Source: US Census Bureau, American Community Survey

Percent of youth and young adults ages 16-24 who are in school or working
<ul style="list-style-type: none"> High school graduates who earn a college degree or career credential <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 school graduation</p>

HEADLINE INDICATORS – Communities of Opportunity
<ul style="list-style-type: none"> Households earning a living wage that is above 200% of poverty <p>Data Source: US Census Bureau, American Community Survey</p> <p>Percent of people living in households with an income at or above 200% of the poverty level.</p>
<ul style="list-style-type: none"> Youth and young adults who are either in school or working <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"> Youth who have an adult to turn to for help <p>Data Source: Washington State Healthy Youth Survey</p> <p>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"> Adults engaged in civic activities <p>Data source: Communities Count</p> <p>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"> Renters paying less than 50 percent of their income for housing <p>Data Source: US Census Bureau, American Community Survey</p> <p>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"> Involuntary displacement of local residents <p>Data development needed</p>
<ul style="list-style-type: none"> Life expectancy <p>Data Source: Washington State Department of Health</p> <p>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"> Physical activity among youth and adults <p>Data Source: Washington State Healthy Youth Survey (grades 8, 10, 12), Washington State Behavioral Risk Factor Surveillance System (ages 18+)</p> <p>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>

EXAMPLE 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 changes, this list of indicators may change.

EXAMPLE SECONDARY INDICATORS – Invest Early (Prenatal – 5 Years)

- Early and adequate prenatal care
- Adverse childhood experiences
- Parental substance use
- Family violence
- Homelessness
- Parental connection and social support.

EXAMPLE SECONDARY INDICATORS – Sustain the Gain (5 – 24 Years)

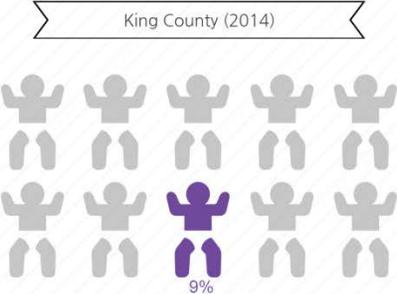
- School attendance
- School suspensions and expulsions
- Self-reported grades in school
- Youth have an adult to turn to for help
- Employment and earnings
- Enrollment in post-secondary education
- Connections to community and school
- Healthy weight
- Suicide
- Family violence
- Psychiatric hospitalizations
- Homelessness.

EXAMPLE SECONDARY INDICATORS – Communities of Opportunity

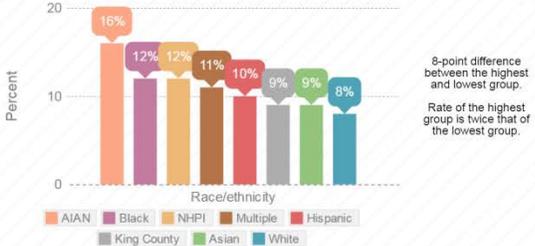
- Healthy blood pressure
- Students not homeless
- Employment
- Adults participating in workforce
- Adults with access to medical care and health insurance
- Food secure families
- Physical activity
- Registered to vote
- Connected to community.

¹ 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.

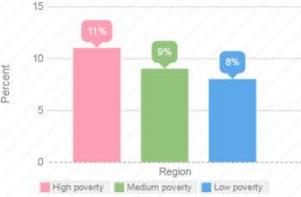
1 in 10 babies in King County were born preterm



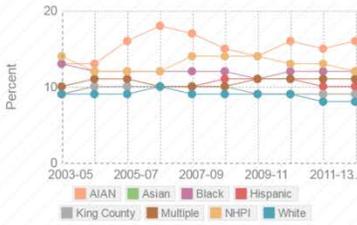
By race/ethnicity (2012-14 average)



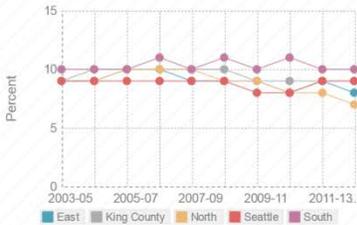
By neighborhood poverty level (2012-14 average)



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



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

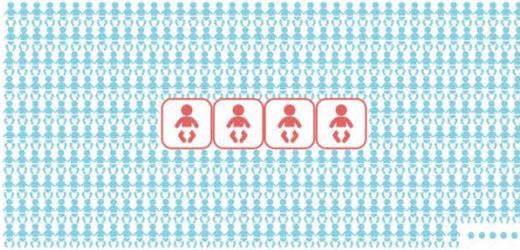


Definition: Gestational age less than 37 weeks
 Data source: Birth Certificate Data, Washington State Department of Health, Center for Health Statistics
 05/20/16



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

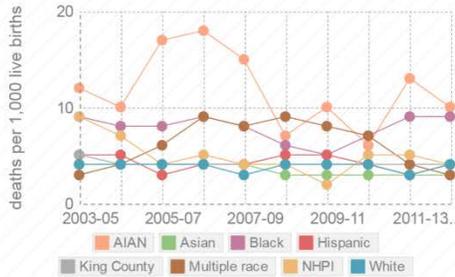
King County (2012-2014 average)



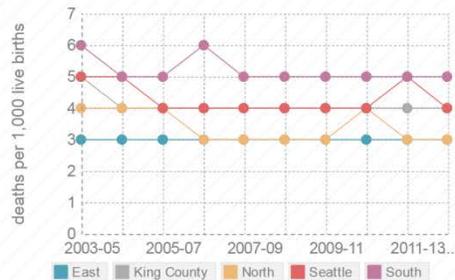
By race/ethnicity (2014)



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



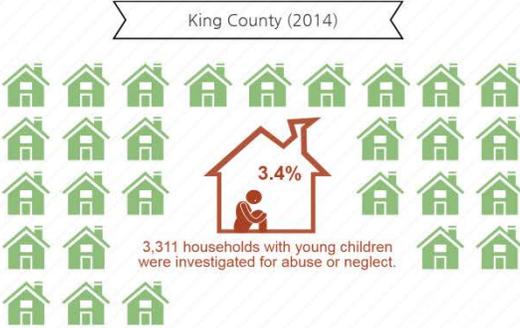
Trend by region (2003-2014, 3-year rolling averages)



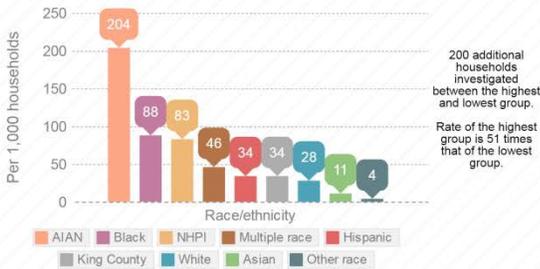
Definition: number of deaths in first year of life (per 1,000 live births)
Data source: Linked Birth-Death Certificate Data, Washington State Department of Health, Center for Health Statistics 05/2016



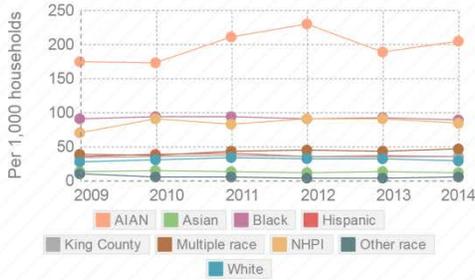
1 in 29 households with young children were investigated for abuse or neglect



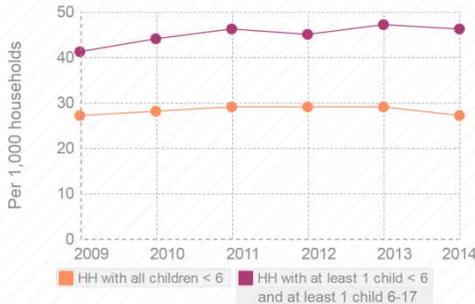
By race/ethnicity (2014)



Trend by race/ethnicity (2009-2014)

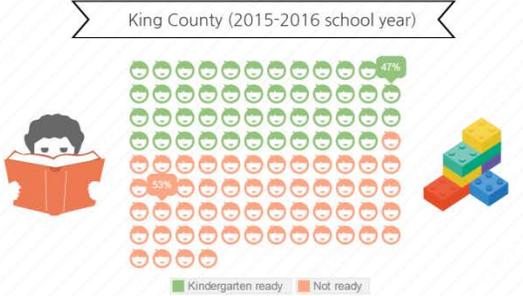


Trend by age of children (2009-2014)

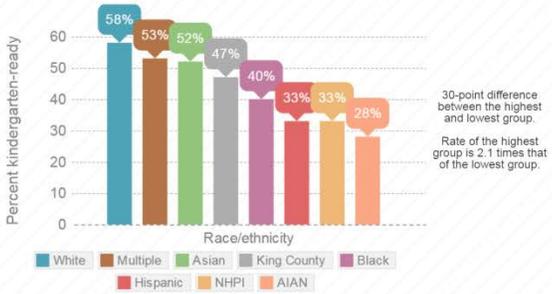


Definition: Number of households with one or more investigations or assessments (i.e., screened in reports) per 1,000 households with a child <6 years old.
Data source: Partners for Our Children
05/2016

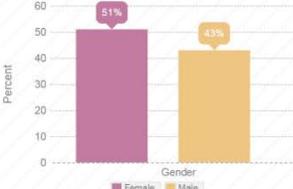
Less than half of King County children were ready for kindergarten



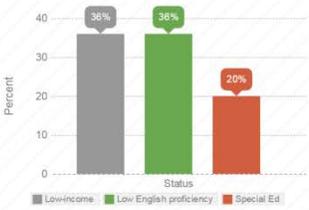
By race/ethnicity (2015-2016 school year)



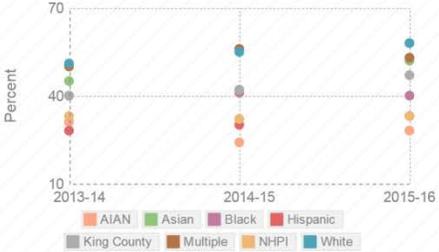
By gender (2015-2016 school year)



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)

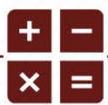
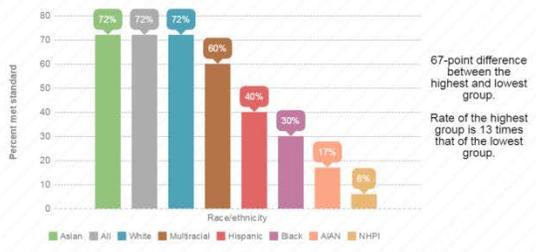


of female students in third grade met reading standard



of male students in third grade met reading standard

Third grade reading performance by race/ethnicity

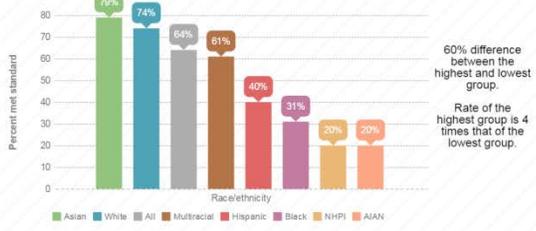


of female students in fourth grade met math standard



of male students in fourth grade met math standard

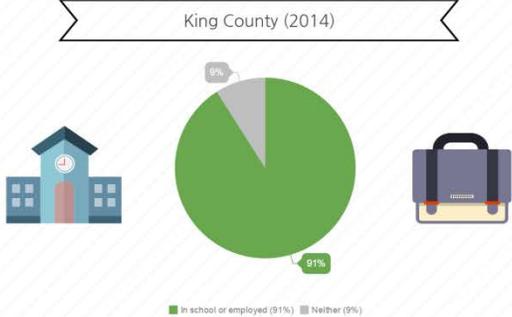
Fourth grade math performance by race/ethnicity



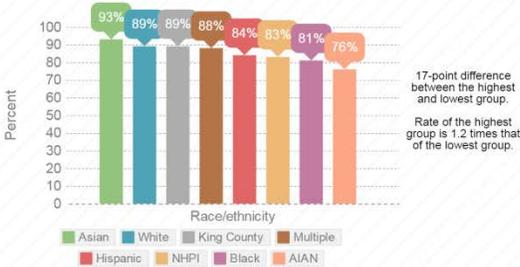
Definitions:
 Percent of 4th grade students meeting or above 4th grade math level
 Percent of 3rd grade students meeting or above 3rd grade reading level
 Data source: Charter Balanced Assessment (CBA), Office of the Superintendent of Public Instruction



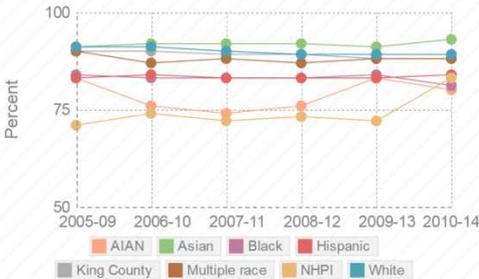
9 out of 10 King County young adults were enrolled in school or working



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)

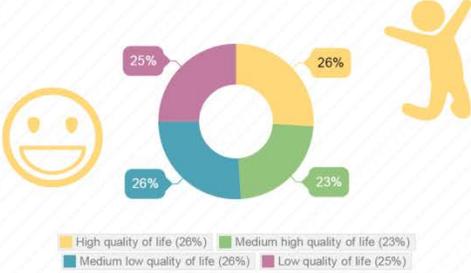


Definition: Youth and young adults between the ages of 16-24 who are in school or working
 Data source: PUMS, American Community Survey, U.S. Census Bureau 05/2016

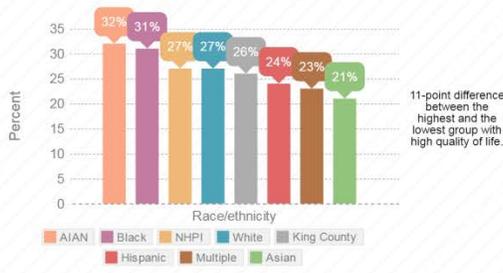


1 in 4 youth report a high quality of life

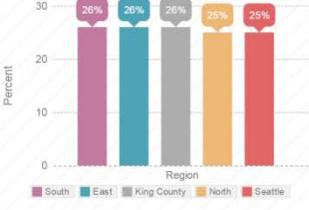
King County (2014)



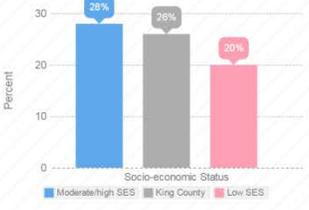
By race/ethnicity (2014)



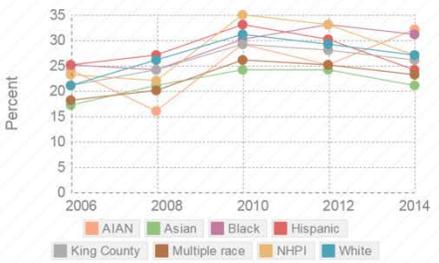
By region (2014)



By socio-economic status (2014)



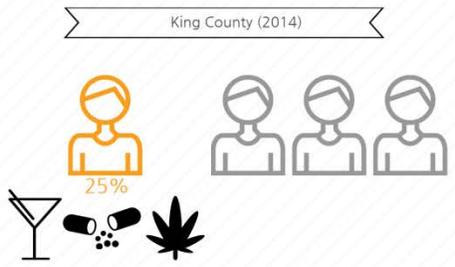
Trend by race/ethnicity (2006-2014)



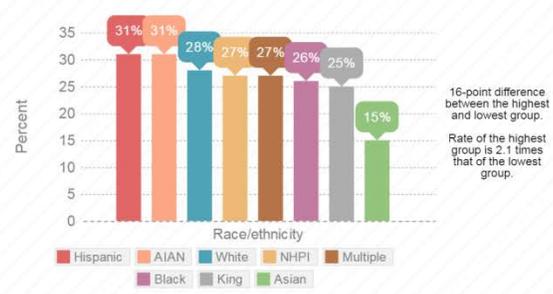
Definition: Youth Quality of Life is a scaled average score based on 5 items asking about satisfaction with aspects of life
 Data source: Healthy Youth Survey 05/2016



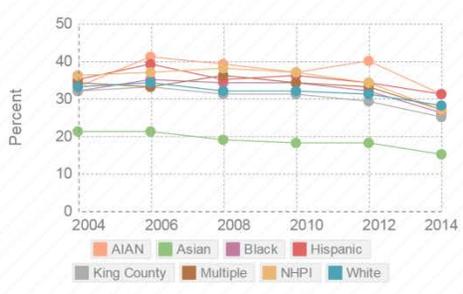
1 in 4 school-aged children used illicit substance in King County



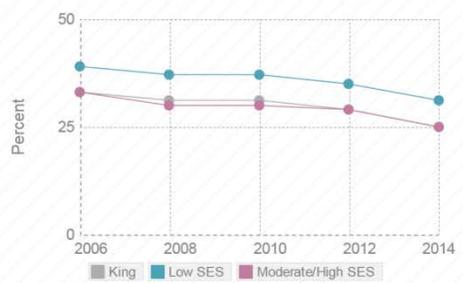
By race/ethnicity (2014)



Trend by race/ethnicity (2004-2014)



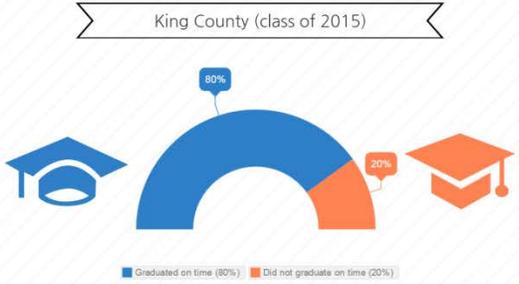
Trend by Socioeconomic status (2006-2014)



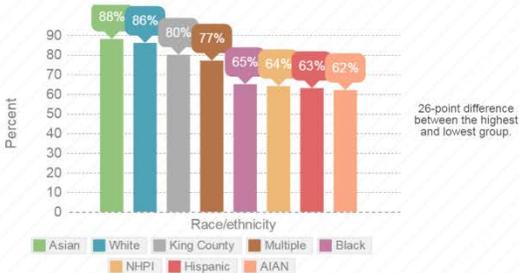
Definition: Self-reported use of alcohol, marijuana, painkiller, or any illicit drug in the past 30 days among 8th, 10th, and 12th grade students
Data source: Healthy Youth Survey, 2004-2014 05/2016



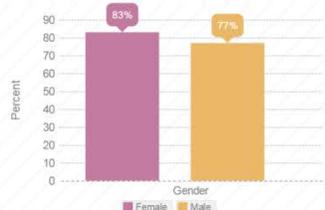
8 out of 10 students graduated on time from high school in 2015



By race/ethnicity (class of 2015)



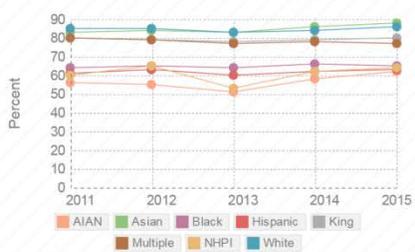
By gender (class of 2015)



By status (class of 2015)



Trend by race/ethnicity (2011-2015)

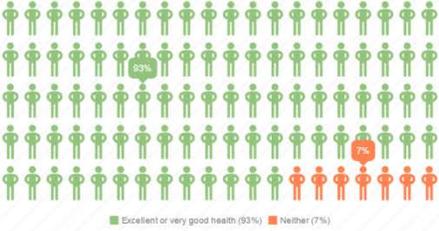


Definition: Completed high school within 4 years after starting 9th grade
 Data source: Office of the Superintendent of Public Instruction 05/2016

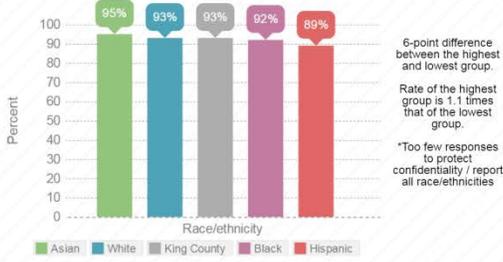


More than 9 out 10 young adults are in excellent or very good health

King County (2010-2014 average)



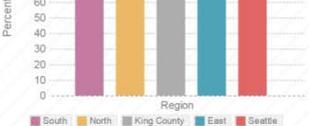
By race/ethnicity (2010-2014 average)



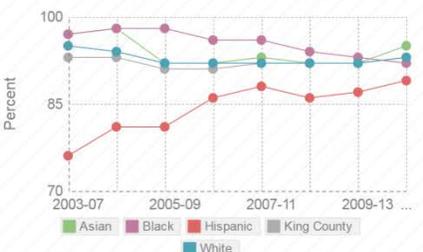
By income (2010-2014 average)



By region (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 healthcare 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 healthcare 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	RAYS Youth Collaborative	RAYS 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 will continue 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.

Communities of Opportunity Results Based Accountability Framework, Indicator Measures and Strategy Areas What do we want our results to be over time? How do we measure progress?		
Result One - All People Thrive Economically Regardless of Place or Race		Headline Population Indicators (data disaggregated by race & place for all indicator measures in this table) What measures are indicators of success toward achievement of our result over time? 1) % earning a living wage – above 200% of poverty 2) % youth & young adults connected to school or work
Strategy Areas – What will we do to help turn the curve toward greater equity in health & well-being indicators for this result?	Types of Specific Strategies Emerging	Additional Indicator Measures
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"> • Food innovation districts and food business incubators that reflect the incredible diversity and talents of community • Business innovation hubs and incubators, including cooperatively owned businesses • Work with partners to increase conditions for success of business hubs, districts and incubators • Supports for local existing businesses • Increase opportunities for community businesses to contract with institutions • Attract anchor employer(s) to communities who will support “thrive in place” community benefits 	<ul style="list-style-type: none"> • % employed • % participating in workforce and workforce system activities • % graduates with certifications and/or post-secondary degrees • % youth graduate high school • Increase in ownership interests/wealth by existing community members

	desired, and will hire locally, including physical/behavioral health entities <ul style="list-style-type: none"> • Achieve more local hires by local businesses • Increase training, job preparedness, certification and employment opportunities for youth, young adults and other adults • Increase supports for family success partners, early learning connectors, high school graduates and graduates with degrees, certificates, permits and/ or licenses 	
Result Two - All People are Connected to Community Regardless of Place or Race		Headline Population Indicators 1) % youth who have an adult to turn to for help 2) % engaged in civic activities
Strategy Areas – What will we do to help turn the curve toward greater equity in health & well-being indicators for this result?	Types of Strategies Emerging	Additional Indicator Measures
1) Preserve community-based cultural anchors 2) Strong community leadership and civic engagement	<ul style="list-style-type: none"> • Community owned space to strengthen multi-cultural and community-based organizations • Community leadership development, especially youth & young adult leadership, community-based youth mentors, corner greeters and other community-based programs to increase youth safety and resilience • 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. • Encourage and grow civic participation in community and regional issues, including volunteering, advocacy, voting, community-based data collection, 	<ul style="list-style-type: none"> • % adults with social and emotional support • % voter registration • % reduction incarceration, especially youth and young adults
3) Well-designed, safe, sustainable & resilient built environment with useful community space		

	etc. <ul style="list-style-type: none"> Encourage and grow other forms of community collaboration and cohesion such as food advocates, walking groups, etc. 	
Result Three - All People Have Quality Affordable Housing Regardless of Place or Race		Headline Population Indicators 1) % paying less than 50% of their income for housing 2) Reduction of involuntary displacement of local residents
Strategy Areas - What will we do to help turn the curve toward greater equity in health & well-being indicators for this result?	Types of Strategies	Additional Indicator Measures
1) Preservation of affordable and moderately priced housing and support of housing stability; anti-displacement	<ul style="list-style-type: none"> 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 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 Support organizing structures for community leadership and cohesion regarding housing, including tenant councils, neighborhood planning processes, community benefit agreements, etc. Support rental housing quality inspection programs that can effect real improvement in the health and quality of rental housing stock; ownership housing repair programs and strategies, including free tool 	<ul style="list-style-type: none"> % people who are asthma free % quality homes
2) New mixed-income and affordable housing, mixed-use housing and community benefits		
3) Increase healthy housing		

	libraries <ul style="list-style-type: none"> • Foreclosure prevention and home ownership 	
Result Four - All People are Healthy Regardless of Place or Race		Headline Population Indicators
		1) Increase life expectancy 2) % physically active
Strategy Areas - What will we do to help turn the curve toward greater equity in health & well-being indicators for this result?	Types of Strategies	Additional Indicator Measures
1) Increase youth & young adult wellness and resilience	<ul style="list-style-type: none"> • Pro-active youth and young adult wellness and violence prevention • 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 • Community-based physical activity programs and clubs, including walking groups, bicycle clubs, etc. • Community-designed safe physical activity plans and amenities are created in built environment 	<ul style="list-style-type: none"> • % food secure • % diabetes free • % consumption of fruits and vegetables daily • % reduction in incidents of violence • % reduction youth/young adult arrests
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, System 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 Ninos, 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 a 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 well-being outcomes and levels of opportunity across the King County region. This capacity will now be supported through BSK.

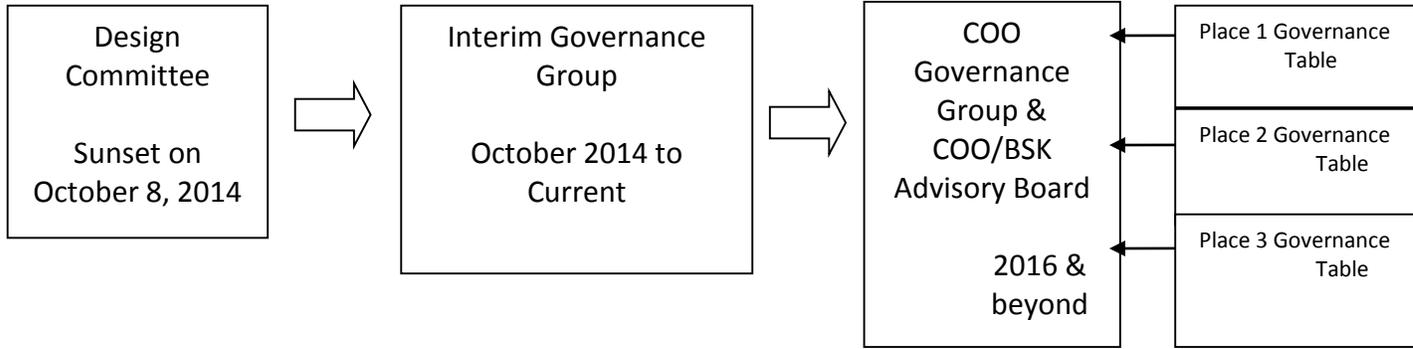
COO Founders, Design Committee and Interim Governance

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.

A sub-committee of the Interim Governance Group (IGG) called the Transition Committee shall be convened in 2016 to recommend a roster of members that will constitute the successor COO Governance Group and BSK Levy Advisory Board. The Transition Committee will make its recommendations to the full IGG in time for the IGG to accept a membership roster by the end of the year 2016. The Transition Committee will solicit information from current IGG members regarding their interest in ending their term of service with the IGG, or in continuing their service on the permanent COO Governance Group. In addition, the Committee will collect recommendations from the IGG for potential new members of the COO Governance Group, and will also review *Letter(s) of Interest to Serve on the COO Governance Group* received via the King County website, if any are received. The Committee will use a *COO Results and Sectors Matrix Tool* to aid them in recommending a proposed final roster of the new COO Governance Group that is a robust cross-sector governance table reflecting the diversity in the County. The IGG will take action to accept a final roster of the COO Governance Group/COO-BSK Levy Advisory Board pursuant to Ordinance #18220 and the requisite response 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: • Infant mortality • Pre-term birth	<table border="1" style="display: none;"> <caption>Baseline Data for Prenatal to 5 years</caption> <thead> <tr><th>Group</th><th>Percentage</th></tr> </thead> <tbody> <tr><td>King</td><td>47%</td></tr> <tr><td>White</td><td>58%</td></tr> <tr><td>Asian</td><td>52%</td></tr> <tr><td>Black</td><td>40%</td></tr> <tr><td>Hispanic</td><td>33%</td></tr> <tr><td>NHPI</td><td>33%</td></tr> <tr><td>AIAN</td><td>28%</td></tr> <tr><td>Low-income</td><td>36%</td></tr> </tbody> </table>	Group	Percentage	King	47%	White	58%	Asian	52%	Black	40%	Hispanic	33%	NHPI	33%	AIAN	28%	Low-income	36%	<p><i>Examples of funding approaches:</i></p> <ul style="list-style-type: none"> Support for Parents, Families & Caregivers(2 Gen Approach): Expand home visiting to both evidence-based and promising practices 	<p><i>For each funded approach we will identify performance measures that address:</i></p> <ul style="list-style-type: none"> How much did we do? How well did we do it? Is anyone better off? 		
		Group		Percentage																					
		King		47%																					
		White		58%																					
Asian		52%																							
Black	40%																								
Hispanic	33%																								
NHPI	33%																								
AIAN	28%																								
Low-income	36%																								
Kindergarten ready																									
Child abuse/neglect																									
Flourishing & resilient																									
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	<table border="1" style="display: none;"> <caption>Baseline Data for 5 to 24 years</caption> <thead> <tr><th>Group</th><th>Percentage</th></tr> </thead> <tbody> <tr><td>King</td><td>81%</td></tr> <tr><td>Asian</td><td>87%</td></tr> <tr><td>White</td><td>86%</td></tr> <tr><td>Black</td><td>71%</td></tr> <tr><td>Hispanic</td><td>66%</td></tr> <tr><td>NHPI</td><td>60%</td></tr> <tr><td>AIAN</td><td>59%</td></tr> <tr><td>Homeless</td><td>47%</td></tr> <tr><td>Low-income</td><td>69%</td></tr> </tbody> </table>	Group	Percentage	King	81%	Asian	87%	White	86%	Black	71%	Hispanic	66%	NHPI	60%	AIAN	59%	Homeless	47%	Low-income	69%	<p><i>Examples of funding approaches:</i></p> <ul style="list-style-type: none"> Meeting the health and behavior needs of youth. Expand school based health centers (SHBCs) across the county and expand types of services provided in current SBHCs Build resiliency of youth, help youth reduce risky-behaviors, and help youth stay connected to their families and communities. Establish trauma-informed schools 	<p><i>For each funded approach we will identify performance measures that address:</i></p> <ul style="list-style-type: none"> How much did we do? How well did we do it? Is anyone better off?
		Group		Percentage																					
		King		81%																					
		Asian		87%																					
		White		86%																					
		Black		71%																					
		Hispanic		66%																					
		NHPI		60%																					
AIAN		59%																							
Homeless	47%																								
Low-income	69%																								
Math at 4 th 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																									

*For each indicator we plan to include detailed data on disparities by race/ethnicity, income.

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	Life expectancy Youth and adult physical activity (youth data shown here)	<table border="1"> <caption>Physical Activity by Race/Ethnicity</caption> <tr><th>Race/Ethnicity</th><th>Percentage</th></tr> <tr><td>King</td><td>22%</td></tr> <tr><td>AIAN</td><td>29%</td></tr> <tr><td>NHPI</td><td>26%</td></tr> <tr><td>Black</td><td>25%</td></tr> <tr><td>Other</td><td>25%</td></tr> <tr><td>Multiracial</td><td>24%</td></tr> <tr><td>White</td><td>23%</td></tr> <tr><td>Hispanic</td><td>18%</td></tr> <tr><td>Asian</td><td>16%</td></tr> </table>	Race/Ethnicity	Percentage	King	22%	AIAN	29%	NHPI	26%	Black	25%	Other	25%	Multiracial	24%	White	23%	Hispanic	18%	Asian	16%	Examples of approaches: <ul style="list-style-type: none"> Increase physical activity in communities: Create community-designed spaces (like parks and sidewalks) through plans (like neighborhood, zoning, land-use, and transportation) that feature safety (like sidewalks, lighting)
Race/Ethnicity	Percentage																							
King	22%																							
AIAN	29%																							
NHPI	26%																							
Black	25%																							
Other	25%																							
Multiracial	24%																							
White	23%																							
Hispanic	18%																							
Asian	16%																							
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	Households paying more than 50% of income for housing Involuntary displacement of local residents	<table border="1"> <caption>Households Paying >50% of Income for Housing by Race/Ethnicity</caption> <tr><th>Race/Ethnicity</th><th>Percentage</th></tr> <tr><td>King</td><td>25%</td></tr> <tr><td>Black</td><td>33%</td></tr> <tr><td>Hispanic</td><td>30%</td></tr> <tr><td>Multiracial</td><td>30%</td></tr> <tr><td>AIAN</td><td>28%</td></tr> <tr><td>White</td><td>24%</td></tr> <tr><td>Asian</td><td>24%</td></tr> <tr><td>NHPI</td><td>10%</td></tr> </table>	Race/Ethnicity	Percentage	King	25%	Black	33%	Hispanic	30%	Multiracial	30%	AIAN	28%	White	24%	Asian	24%	NHPI	10%	Examples of approaches: <ul style="list-style-type: none"> Preserve affordable and quality housing and support housing stability: Support policies, strategies, system-level solutions and projects that preserve existing affordable and moderately priced housing, including cooperatively owned multi-family housing 	For each funded approach we will identify performance measures that address: <ul style="list-style-type: none"> How much did we do? How well did we do it? Is anyone better off? 	
Race/Ethnicity	Percentage																							
King	25%																							
Black	33%																							
Hispanic	30%																							
Multiracial	30%																							
AIAN	28%																							
White	24%																							
Asian	24%																							
NHPI	10%																							

*For each indicator we plan to include detailed data on disparities by race/ethnicity, place, and income.

5/20/16 – DRAFT

Dashboard: Communities of Opportunity Part 2

	Results	Population indicators	Baseline	Strategy informed by info & research on causes/solutions	Performance measures																			
Economic Opportunity	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 thrive economically	<p>Earn a living wage, as measured by being above 200% of poverty</p> <p>Youth and young adults who are either in school or working</p>	<table border="1"> <caption>Baseline Data for Economic Opportunity</caption> <thead> <tr> <th>Race/Ethnicity</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>King</td><td>76%</td></tr> <tr><td>White</td><td>80%</td></tr> <tr><td>Asian</td><td>75%</td></tr> <tr><td>Multiracial</td><td>66%</td></tr> <tr><td>AIAN</td><td>52%</td></tr> <tr><td>NHPI</td><td>51%</td></tr> <tr><td>Hispanic</td><td>50%</td></tr> <tr><td>Black</td><td>49%</td></tr> </tbody> </table>	Race/Ethnicity	Percentage	King	76%	White	80%	Asian	75%	Multiracial	66%	AIAN	52%	NHPI	51%	Hispanic	50%	Black	49%	<p><i>Examples of funding approaches:</i></p> <ul style="list-style-type: none"> Local hire and workforce development: Attract anchor employers to communities who will hire locally, including physical/behavioral health care providers 	<p><i>For each funded approach we will identify performance measures that address:</i></p> <ul style="list-style-type: none"> How much did we do? How well did we do it? Is anyone better off? 	
Race/Ethnicity	Percentage																							
King	76%																							
White	80%																							
Asian	75%																							
Multiracial	66%																							
AIAN	52%																							
NHPI	51%																							
Hispanic	50%																							
Black	49%																							
Connection to Community	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 feel like they are part of a community	<p>Youth have an adult to turn to for help</p> <p>Adults engaged in civic activities</p>	<table border="1"> <caption>Baseline Data for Connection to Community</caption> <thead> <tr> <th>Race/Ethnicity</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>King</td><td>72%</td></tr> <tr><td>White</td><td>79%</td></tr> <tr><td>Multiracial</td><td>68%</td></tr> <tr><td>AIAN</td><td>68%</td></tr> <tr><td>Other</td><td>66%</td></tr> <tr><td>NHPI</td><td>65%</td></tr> <tr><td>Asian</td><td>64%</td></tr> <tr><td>Black</td><td>63%</td></tr> <tr><td>Hispanic</td><td>61%</td></tr> </tbody> </table>	Race/Ethnicity	Percentage	King	72%	White	79%	Multiracial	68%	AIAN	68%	Other	66%	NHPI	65%	Asian	64%	Black	63%	Hispanic	61%	<p><i>Examples of funding approaches:</i></p> <ul style="list-style-type: none"> Strong community leadership and civic engagement: Community leadership development, especially youth/young adult leadership development, community-based youth mentors, corner greeters and other community-based programs to increase youth safety and resilience
Race/Ethnicity	Percentage																							
King	72%																							
White	79%																							
Multiracial	68%																							
AIAN	68%																							
Other	66%																							
NHPI	65%																							
Asian	64%																							
Black	63%																							
Hispanic	61%																							

*For each indicator we plan to include detailed data on disparities by race/ethnicity, place, and income.



King County

Best Starts for Kids Implementation Plan

REDLINE

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

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EXECUTIVE SUMMARY

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<p>This section of the implementation plan addresses:</p>	<ul style="list-style-type: none"> • Vision for <i>Best Starts for Kids</i> • 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
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9 **VISION FOR *BEST STARTS FOR KIDS***

10

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

14 The *Best Starts for Kids* Levy is rooted in the fundamental belief – from within King County government,
 15 and across King County’s richly diverse communities – that our county is a region of considerable
 16 opportunity, and that we all benefit when each and every County child, youth and young adult is
 17 supported to achieve his/her fullest potential. Lives of health, prosperity and purpose must be within
 18 reach for every King County resident. With *Best Starts for Kids*, we will work to assure that neither zip
 19 code, nor family income, constrain our young people from pursuing lives of promise and possibility.

20
 21 BSK investments will be driven by the abundance of research which identifies key windows of human
 22 development – prenatal through early childhood, and again in adolescence – in which we can maximize
 23 strong and healthy starts in children’s early years, as well as sustained gains and successful transitions
 24 for youth and young adults.

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

28 BSK intends to forge a new way of partnering to support the well-being of children, families and
 29 communities. Through the engagement of a Children and Youth Advisory Board (CYAB) that was
 30 appointed by the King County Executive and confirmed by the King County Council, the County will
 31 assure that BSK responds to community-prioritized needs, and addresses those needs through funding
 32 approaches that are community-based and community-driven.

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

- 37 • **Equity and Social Justice.** King County intentionally applies the principle of “fair and just” in all we
38 do, to assure equitable opportunities for all people and communities. Ultimately, our Equity and
39 Social Justice Strategic Plan¹ will provide a platform for accurately defining the disparities that
40 currently exist in our community and identifying the most promising solutions toward advancing
41 social, economic and racial equity.
42
- 43 • **Health and Human Services Transformation.** The Health and Human Services Transformation Plan
44 defines an accountable, integrated system of health, human services, and community-based
45 prevention for King County. Our vision is that by 2020, the people of King County will experience
46 significant gains in health and well-being because our community worked collectively to make the
47 shift from a costly, crisis-oriented response to health and social problems, to one that focuses on
48 prevention, embraces recovery and eliminates disparities by providing access to services that people
49 need to realize their full potential.
50

51 As part of the County’s commitment to these two policies, in April 2015, County Executive Dow
52 Constantine transmitted an ordinance to the King County Council proposing that a property tax levy to
53 fund *Best Starts for Kids* be placed on the November 2015 ballot. In July 2015, Council approved an
54 ordinance to send the BSK Levy to the voters for the purpose of funding prevention and early
55 intervention strategies to improve the health and well-being of children, youth and their communities.
56 The BSK Levy was approved by King County voters in November 2015.
57

58 BSK RESULTS

59 All the work of *Best Starts for Kids* will drive toward the following results, which we envision for all of
60 King County’s children, youth and young adults.
61

BSK RESULTS

- **Babies are born healthy and establish a strong foundation for lifelong health and well-being.**
- **King County is a place where everyone has equitable opportunities to progress through childhood safe and healthy, 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.**

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66 EXPECTED REVENUE AND FUNDING ALLOCATIONS

67
68 It is expected that the BSK Levy will generate just over \$400 million over the next six years, at a cost to
69 the average King County property owner of approximately \$56 per year:
70

Expected Revenue (in millions)	
2016	\$59.5
2017	\$62.3
2018	\$65.1
2019	\$68.0
2020	\$71.1
2021	\$74.2
2016-2021 TOTAL:	\$400.1

71
72
73 BSK revenue will support the County and its community partners to achieve the BSK results (above) for
74 all King County children, youth, families and communities. The *Best Starts for Kids* Levy ordinance²
75 mandates the following funding allocation for the total levy, excepting \$19 million in initial collections
76 for a youth and family homelessness prevention initiative and amounts for costs attributable to the
77 election:
78

BSK FUNDING ALLOCATIONS

- **Invest Early. Fifty percent** 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.
- **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 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 sustain and expand 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 a child's success. 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.

79

80 The table below shows how the allocations described on the previous page tie, at a high level, to the
 81 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)	\$184,977,000	50%
Sustain the Gain (5-24 Years)	\$129,483,000	35%
Communities of Opportunity	\$36,996,000	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>	\$18,498,000	5%
SUBTOTAL:	\$369,954,000	100%
Levy Reserves (60 days of expenditures)	\$11,000,000	
TOTAL USE OF LEVY PROCEEDS:		\$400,071,000

82

83 **STRATEGY AREAS, FUNDING LEVELS AND PROGRAMMATIC APPROACHES**

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

88 **Invest Early**

89 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 childcare (in home and in centers, licensed and unlicensed)

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

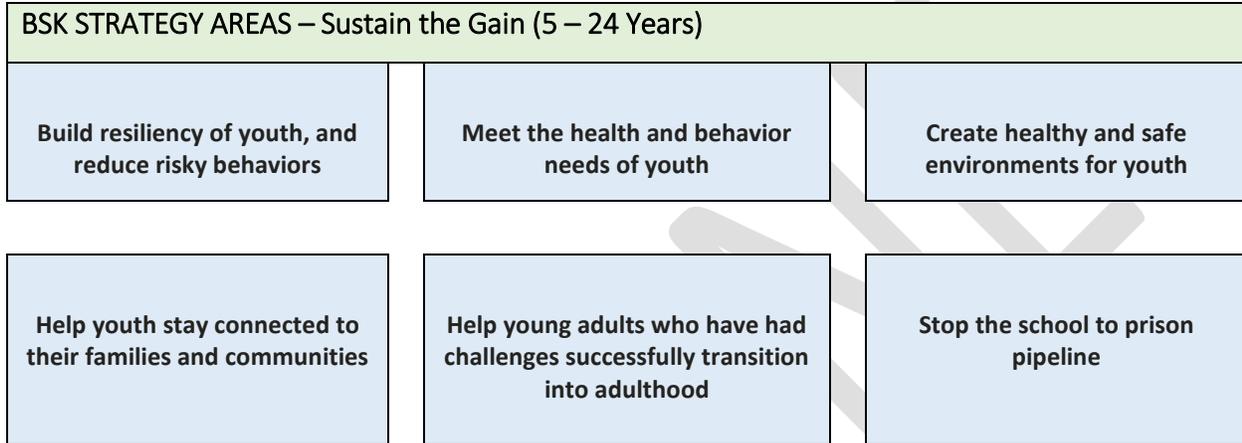
Invest Early (Prenatal – 5 Years)		
Estimated funding levels		Programmatic approaches
2016	2017-2021 average	
\$350,000	\$1,560,000	Innovation Fund for programs driven by specific community interests/needs
\$497,000	\$9,230,000	Home-Based Services, including investments such as: <ul style="list-style-type: none"> • Home visiting • Community-based programs and innovative approaches
\$95,000	\$2,360,000	Community-Based Parenting Supports, including investments such as: <ul style="list-style-type: none"> • Prenatal and breastfeeding support • Injury prevention • Oral health • Healthy vision • Immunization education • Environmental health, including lead, toxins and asthma Parent/Peer Supports, including investments such as: <ul style="list-style-type: none"> • Play & Learn Groups • Community-based groups based on community interest and need
\$0	\$600,000	Information for Parents/Caregivers on Healthy Development, including investments such as: <ul style="list-style-type: none"> • Expanding access to VROOM • Other research-based brain development initiatives
\$93,000	\$2,230,000	Child Care Health Consultation, including investments such as: <ul style="list-style-type: none"> • 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
\$795,000	\$7,310,000	Direct Services and System Building to Assure Healthy Development, including investments such as: <ul style="list-style-type: none"> • Developmental screenings for all very young children • Early intervention services • System building for infant/early childhood mental health
\$126,000	\$1,440,000	Workforce Development, including investments such as: <ul style="list-style-type: none"> • Training and information for medical providers, child care and home-based services on multiple topics that promote healthy early childhood development
\$3,481,000	\$9,590,000	Investment in Public Health’s Maternal/Child Health Services

\$449,000	\$1,490,000	Help Me Grow Framework-Caregiver Referral System
Invest Early (Prenatal – 5 Years) Totals:		
\$5,886,000	\$35,818,200	Total over the life of the levy (2016-2021): \$184,977,000 (50% of total expenditures, excepting year-one set-asides)

92

93 Sustain the Gain

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



95

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

98

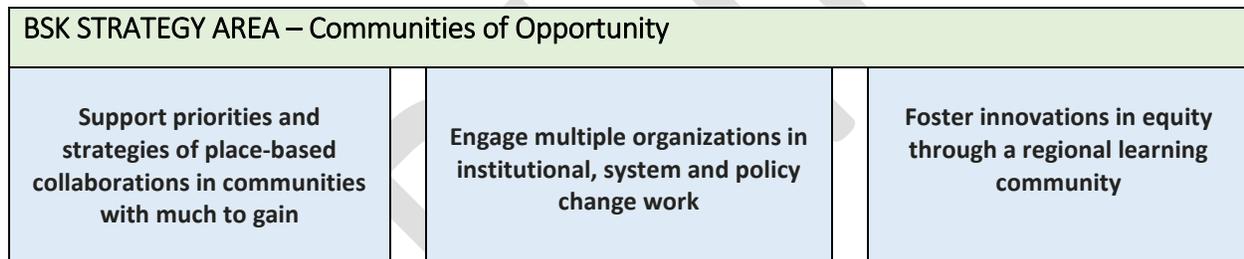
Sustain the Gain (5 - 24 Years)		
Funding levels		Programmatic approaches
2016	2017-2021 average	
\$1,121,000	\$11,400,000	Build Resiliency of Youth and Reduce Risky Behaviors, including investments such as: <ul style="list-style-type: none"> • Trauma-informed schools and organizations • Restorative justice practices • Healthy relationships and domestic violence prevention for youth • Quality out-of-school time programs • Youth leadership and engagement opportunities
\$219,000	\$2,950,000	Help Youth Stay Connected to Families and Communities, including investments such as: <ul style="list-style-type: none"> • Mentoring • Family engagement and support
\$385,000	\$5,220,000	Meet the Health and Behavior Needs of Youth, including investments such as: <ul style="list-style-type: none"> • Positive identity development • School-based health centers • Healthy and safe environments

		<ul style="list-style-type: none"> Screening and early intervention for mental health and substance abuse
\$100,000	\$1,480,000	Helping Young Adults Who Have Had Challenges Successfully Transition into Adulthood, including investments such as: <ul style="list-style-type: none"> Supporting youth to stay in-school Supporting Opportunity Youth to re-engage
\$500,000	\$4,380,000	Stop the School to Prison Pipeline, including investments such as: <ul style="list-style-type: none"> Prevention/Intervention/Reentry Youth and Young Adult Employment Theft 3 and Mall Safety Pilot Project
Sustain the Gain (5-24 Years) Totals:		
\$2,325,000	\$25,431,600	Total over the life of the levy (2016-2021): \$129,483,000 (35% of total expenditures, excepting year-one set-asides)

99

100 **Communities of Opportunity**

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



102

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

Communities of Opportunity		
Funding levels		Programmatic approaches
2016	2017-2021 average	
\$489,000	\$7,300,000	Geographic or cultural community-based investments: <ul style="list-style-type: none"> In current sites To expand geographic or cultural communities participating with COO To implement common strategies and system level solutions for all COO partners
		Investments in Community Organizations and Intermediaries to Work on Institutional, System and Policy Change

105

		Learning Community Investments <ul style="list-style-type: none"> • Infrastructure that will unite work in common
Communities of Opportunity Totals: Total over the life of the levy (2016-2021): \$36,996,000 (10% of total expenditures, excepting year-one set-asides)		

106

107 **HEADLINE INDICATORS**

108

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

113

114 Headline indicators are about an entire population, (for example, young adults in King County) and are
 115 impacted by factors outside of BSK investments. Through a Results Based Accountability framework³, we
 116 have defined how BSK will contribute to improving headline indicators. These headline indicators will be
 117 measured and reported annually [as part of the Annual Report discussed in Section VIII, Evaluation and](#)
 118 [Performance Measurement Framework.](#)

119

120

121

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

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

124

HEADLINE INDICATORS – Sustain the Gain (5 – 24 Years)
<ul style="list-style-type: none"> • 3rd graders who are meeting reading standards
<ul style="list-style-type: none"> • 4th graders who are meeting math standards
<ul style="list-style-type: none"> • Youth who are using illegal substances
<ul style="list-style-type: none"> • 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

125

REDLINE

<ul style="list-style-type: none"> • Youth who graduate from high school on time
<ul style="list-style-type: none"> • Youth and young adults who are either in school or working
<ul style="list-style-type: none"> • High school graduates who earn a college degree or career credential

126

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

127

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

132
 133 The intermediate, performance-based measures will be those for which BSK is accountable, and which
 134 measure the performance (for example: How much is delivered? How well? Is anyone better off?) of BSK
 135 strategies. Performance measures are about individuals who are directly served by programs. As we
 136 move further into implementation and planning, we will develop performance indicators and measures
 137 that will allow County leadership, staff and partners to track outcomes and desired results over a multi-
 138 year period. These will be measured and reported at least annually, [as part of the Annual Reports](#)
 139 [discussed in Section VIII, Evaluation and Performance Measurement Framework](#), and, in many cases,
 140 more frequently, [such as during periodic offered or requested progress report briefings to the King](#)
 141 [County Council or the Regional Policy Committee, or its successor.](#)

142
 143
 144

145 **IMPLEMENTATION DRIVERS**

146
 147 BSK will be implemented in King County in the context of several other public and private initiatives
 148 focused on improving outcomes, promoting equity and social justice, and reducing disproportionality
 149 across our communities. We will look to partner wherever possible to assure well-aligned, well-informed

150 and non-duplicative programs and services. We will also assure that BSK leverages other funding and
151 expertise to maximize the impact of public and private investments in healthy outcomes for children,
152 youth, families and communities in King County.

153
154 Throughout this plan, we detail the key factors that will drive and inform the implementation of *Best*
155 *Starts for Kids*. They are: **data and outcomes, science and research, and community priorities and**
156 **partnerships.**

157

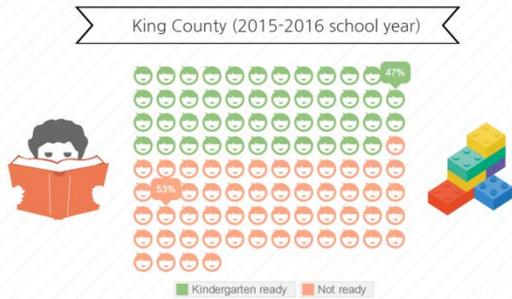
BSK IMPLEMENTATION – Guided by Data and Outcomes

158
159 *Best Starts for Kids* will support all King County residents and regions to achieve their full potential by
160 balancing and aligning King County’s other crucial investments addressing crises and chronic problems,
161 with the BSK approach, which is focused on promotion, prevention and early intervention, leading to
162 health, prosperity and equity across our County.

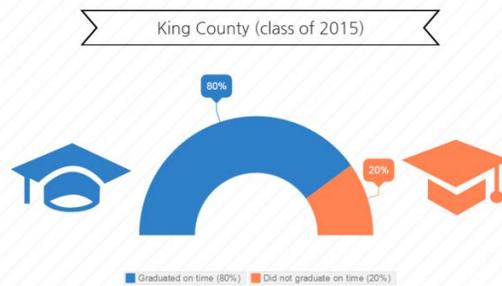
163
164 BSK implementation will be informed by data – both qualitative and quantitative – to assure that we
165 move the needle to improve health and well-being. In determining the headline indicators and
166 developing the implementation plan, we have been guided by data that illustrate the unacceptable
167 current state of health and well-being for many of our children and youth, and the significant disparities
168 experienced by our children and youth of color. Section IV highlights themes that emerged from
169 analyses of community conversations, youth focus groups, and related documents.

170
171 The infographics below show the current state in our County for two of the indicators: kindergarten
172 readiness and on-time high school graduation. Infographics detailing all of the BSK results for Invest
173 Early and Sustain the Gain are included in Appendix 2.

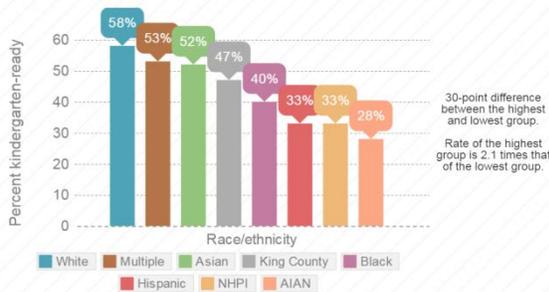
Less than half of King County children were ready for kindergarten



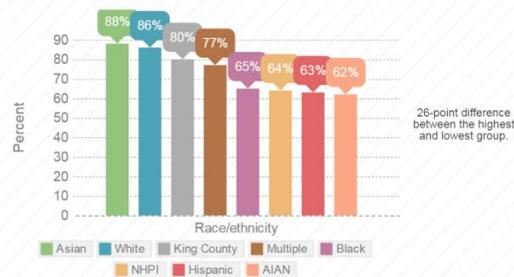
8 out of 10 students graduated on time from high school in 2015



By race/ethnicity (2015-2016 school year)



By race/ethnicity (class of 2015)



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179

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

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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

196 staff also reviewed and consulted with jurisdictions and organizations from around the United States
 197 and the world, and mined the research regarding best and promising practices.
 198

BSK Implementation – Led by Community Priorities and Delivered through Partnerships

199
 200 *Best Starts for Kids* is a strengths-based approach, which will maximize the assets and knowledge of our
 201 richly diverse County and its many communities and cultures. In developing BSK strategies and this
 202 implementation plan, King County turned directly to communities and partners across our region for
 203 input and guidance. These conversations provided critical input to assure that the plan reflects County
 204 residents' needs and expectations. The implementation plan is also based on the extensive community
 205 work done in preparation of the Youth Action Plan and *Best Starts for Kids* prior to adoption. A
 206 discussion of BSK's approach to community priorities and partnerships is in Section IV.
 207

208 As we move into the implementation stage of BSK, community partnerships and community voice will
 209 continue to be essential. One asset for assuring that BSK implementation reflects community priorities is
 210 the Children and Youth Advisory Board (CYAB). The BSK ordinance directed the creation of an oversight
 211 and advisory board to provide recommendations and monitoring on the distribution of levy proceeds
 212 related to children and youth ages 0-24.⁴ The ordinance stated that the oversight and advisory plan be
 213 consistent with the recommendations contained in the County's Youth Action Plan (YAP), and that the
 214 oversight and advisory board comprise a wide array of King County residents and stakeholders with
 215 geographically and culturally diverse perspectives. In December 2015, Executive Constantine appointed
 216 35 experts, researchers and community leaders to the CYAB (see the full roster in Appendix 3). King
 217 County Council approved the members in February 2016 (see information about the Council's
 218 action [here](#)). The CYAB carries dual responsibilities tied to the Best Starts for Kids Levy and the Youth
 219 Action Plan.
 220

221 Communities of Opportunity, and its governance group, is also a key partner in assuring that all of *Best*
 222 *Starts for Kids* is informed by, and responsive to, the needs and priorities of County residents across our
 223 region.
 224

225 PROCUREMENT

226
 227 A large majority of *Best Starts for Kids* funding will be competitively bid in outcome-focused contracts to
 228 community-based organizations. This will help address inequities across the region, and assure that as
 229 BSK strategies are implemented, they are appropriate for all cultural and ethnic groups. Full discussion
 230 of procurement is in Section IV.
 231

232 FISCAL MANAGEMENT

233
 234 Programmatic and fiscal audits of participating agencies will include a site visit to each provider at least
 235 once every two years. The site visits will examine both fiscal and programmatic aspects of program
 236 implementation. The fiscal component of each site visit will include, but not be limited to, providers'
 237 internal controls and the analysis of audited financial statements. The programmatic component will
 238 include, but not be limited to, achievement of contracted outcomes and client data quality. In addition,

239 as part of annual audits conducted by the State Auditor’s Office, the State has the authority to select
240 specific pass-through entities for review.

241
242 The Department of Community and Human Services (DCHS) will administer all of the *Best Starts for Kids*
243 funds within its department budget, under the oversight of the Chief Financial Officer. DCHS will
244 coordinate with Public Health Seattle & King County (PHSKC) regarding contracts or grants for which it
245 may be advantageous that PHSKC be the administrator.

246

247 EVALUATION

248

249 To quantify and document the results of BSK investments, the BSK evaluation will show data over time
250 and progress toward equity for specified indicators, analyzed by age, race/ethnicity, geography and
251 socioeconomic status. Qualitative approaches to complement limitations of quantitative data will also
252 be included. The BSK data team will develop an evaluation plan by July 2017, which will specify
253 performance measures and qualitative methods, after the specific portfolio of investments are
254 procured. The framework for evaluation and performance measurement is in Section VIII.

255

256 JUNIOR TAXING DISTRICT PRORATIONING

257

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

261

262 **BSK YOUTH AND FAMILY HOMELESSNESS PREVENTION INITIATIVE**

263
264 The BSK Levy includes \$19 million for a Youth and Family Homelessness Prevention Initiative that is
265 intended to prevent and divert children and youth and their families from becoming homeless.
266 Ordinance 18088, directed the King County Executive to submit to King County Council for review and
267 approval, an implementation plan relating to the Youth and Family Homelessness Prevention Initiative
268 by March 1, 2016. The plan was reviewed and amended by Council, and passed on May 9, 2016.

269
270 The Youth and Family Homelessness Prevention Initiative is based on a highly successful pilot program
271 implemented by the Washington State Coalition Against Domestic Violence and funded by the Bill &
272 Melinda Gates Foundation and the Medina Foundation.

273
274 There is no further discussion of the Youth and Family Homelessness Prevention Initiative in this
275 implementation plan.

276 **NEXT STEPS**

277
278 With the implementation plan complete, we will continue our work to finalize BSK’s procurement
279 approach, and sequence and prioritize our approach. This will take time. Over the next 12 months, the
280 County will engage in a rigorous and collaborative process to build out BSK implementation and
281 evaluation.

282
283 This prioritization process for implementation will be **guided by data and outcomes, grounded in**
284 **science and research, and led by community priorities and partnerships.** Key considerations will also
285 include opportunities for leveraging other funds, and assuring that Best Starts for Kids integrates other
286 County priorities including the Equity and Social Justice Initiative, the Youth Action Plan and the Juvenile
287 Justice Equity Steering Committee.

288
289

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

290

This section of the implementation plan addresses:	<ul style="list-style-type: none"> The Policy Basis for BSK Shaping the BSK Levy
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292

POLICY BASIS FOR BSK

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Through *Best Starts for Kids*, King County will assure that every child in our region is able to achieve his or her 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.

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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](#).

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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

329 Equity and Social Justice (ESJ)

330 In King County, we recognize that our economy and quality of life depend on the ability of everyone to
331 contribute. The County is committed to removing barriers that limit the ability of some to fulfill their
332 potential. It is troubling that race, income and neighborhood are major predictors of whether we
333 graduate from high school, become incarcerated, how healthy we are, and even how long we will live.
334 King County is committed to implementing our equity and social justice agenda, and to work toward
335 fairness and opportunity for all. *Best Starts for Kids* is reflective of the County's commitment to Equity
336 and Social Justice and the work the County is undertaking to impact lives and change inequities by
337 focusing on institutional policies, practices and systems. *Best Starts for Kids* provides an opportunity to
338 assure that this systems change includes broader systems work beyond that which is internal to the
339 County, including investing in communities and grassroots efforts, and focusing on the principles of ESJ
340 in its many forms.

341 Health and Human Services Transformation

342
343 *Best Starts for Kids* is rooted in the County's work to transform the approach to health and human
344 services. In 2012, the King County Council requested the development of a Health and Human Services
345 Transformation plan, which would be responsive to our equity and social justice focus and the policy
346 goals of achieving a better experience of health and human services for individuals, better outcomes for
347 the population, and lowered or controlled costs. To inform the principles, strategies, and initial action
348 steps that would result in a better performing system, the County Executive convened a thirty-member
349 panel, which included representatives from human services, health care delivery, prevention, public
350 health, philanthropy, labor and local government. The final Health and Human Services Transformation
351 Plan was approved by King County Council in 2013, and charts a five-year course to a better performing
352 health and human service system for the residents and communities of King County.

353
354 The premise of the Transformation Plan was foundational in the development of *Best Starts for Kids*. The
355 Transformation Plan seeks to improve health and well-being and create conditions that allow residents
356 of King County to achieve their full potential through a focus on prevention. At the **individual/family**
357 **level**, the plan outlined strategies designed to improve access to person-centered, integrated, culturally
358 competent services when, where, and how people need them. At the **community level**, the plan called
359 for improvement of community conditions and features, because health and well-being are deeply
360 influenced by where people live, work, learn, and play⁵.

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

368
369

370 The Youth Action Plan

371

372 King County Council approved legislation in 2014 calling for the development of a Youth Action Plan
 373 (YAP) to set priorities for serving the County’s young people, from infants through young adults. The YAP
 374 was developed by a task force representing a broad range of organizations with expertise and
 375 experience relevant to infants, children and youth, and reflecting King County’s geographic, racial and
 376 ethnic diversity. The YAP was completed in April 2015 and will inform the County’s annual investments
 377 in services and programs across the full continuum of children and youth.⁶

378

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

384

- 385 • Social Justice and Equity
- 386 • Strengthen and Stabilize Families, and Children, Youth and Young Adults
- 387 • Stop the School to Prison Pipeline
- 388 • Bust Siloes/We’re Better Together
- 389 • Get Smart About Data
- 390 • Invest Early, Invest Often, Invest in Outcomes
- 391 • Accountability
- 392 • Youth Bill of Rights
- 393 • Evaluation

394

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

397

398 SHAPING THE BSK LEVY

399

400 The *Best Starts for Kids* ordinance proposed by Executive Constantine, supported by a majority of the
 401 King County Council and approved by County voters was the result of thousands of hours of consultation
 402 with researchers and experts, and extensive engagement with community partners. Following approval
 403 of *Best Starts for Kids* by the voters in November 2015, a cross-agency BSK leadership team within King
 404 County government – including staff from PHSKC, DCHS, and the County Executive’s office – began the
 405 next steps of the process that would lead to the development of this implementation plan.

406

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

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

- 416
- 417 • **Children and Youth Advisory Board (CYAB).** The CYAB has advised on the Prenatal – 5 Years, and 5 –
- 418 24 Years strategies of the implementation plan. The CYAB’s work going forward will include
- 419 partnering with the County to ensure that children and youth investments through *Best Starts for*
- 420 *Kids* are consistent with the requirements of the levy, while ensuring expenditures of funds is
- 421 transparent to the public. The list of board members is in Appendix 3.
- 422
- 423 • **Juvenile Justice Equity Steering Committee (JJESC).** The work of BSK will be aligned with, and
- 424 informed by, the Juvenile Justice Equity Steering Committee (JJESC). The JJESC is a group of King
- 425 County leaders charged with recommending solutions to end racial disparity in the regional juvenile
- 426 justice system. It is the largest and most diverse group King County has ever assembled to act on
- 427 juvenile justice issues. The committee will engage those most impacted by the juvenile justice
- 428 system as members examine school, police, court and detention policies. Parents, youth, mental-
- 429 health and grassroots leaders are included among the JJESC membership. They are teaming up with
- 430 the heads of school districts, law enforcement agencies and courts from across the County. The
- 431 panel includes youth who have experienced juvenile detention themselves, youth mentors, a foster
- 432 parent and community-based advocates fighting to dismantle the school-to-prison pipeline by
- 433 increasing effective alternatives to school suspensions and youth detention. The committee is
- 434 charged with developing action plans designed to reduce the over-representation of youth of color
- 435 in our juvenile justice system. The list of committee members is in Appendix 5.
- 436
- 437 • **Data Team.** The data team has been responsible for generating baseline data to inform the BSK
- 438 Levy, analyzing community conversations for themes to inform strategy development, using a
- 439 systematic and participatory process to identify the indicators that will help quantify BSK results,
- 440 and developing a framework for evaluating BSK investments. The data team is a multi-disciplinary
- 441 group comprising masters- and doctorate-level epidemiologists, social research scientists,
- 442 demographers and evaluators from Public Health-Seattle & King County, King County Department of
- 443 Community and Human Services and King County Performance, Strategy and Budget Office. They are
- 444 nationally known for their data analyses and evaluation expertise of large-scale community
- 445 initiatives and have a strong record of using participatory approaches in designing and implementing
- 446 evaluations. Together, they bring requisite quantitative and qualitative expertise including use of
- 447 population and program data and systematic analysis of qualitative data.
- 448
- 449 • **Science and Research Panel.** The BSK Science and Research panel serves a consulting role to inform
- 450 the County staff and the CYAB. This ad hoc group of science and practice experts provided review
- 451 and recommendation on BSK strategies, related to both Prenatal – 5 Years and 5 – 24 Years. The
- 452 guidance of the Science and Research Panel ensures that BSK is pursuing approaches that are
- 453 aligned with research and scientific evidence. The Science and Research Panel will also provide input
- 454 on BSK’s data and evaluation needs. The list of panel members is in Appendix 4.
- 455
- 456 • **Community Conversations.** Multiple rounds of community conversations have been conducted
- 457 throughout the County as the levy first took shape, and again in spring 2016 to assure that County
- 458 staff were successfully capturing community input. Section IV provides a full discussion of how
- 459 community priorities and partnerships are driving BSK implementation.
- 460
- 461

Section II
BSK IMPLEMENTATION – GUIDED BY DATA AND FOCUSED ON OUTCOMES

462

This section of the implementation plan addresses:	<ul style="list-style-type: none"> • Our Children, Youth, Families and Communities – <i>What the Data Are Telling Us</i> • Headline Indicators to Guide the Work
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464

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

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467

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,⁷ detailed explicitly in the Youth Action Plan⁸, and emphasized repeatedly in community conversations.

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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.

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Of note:

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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.

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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

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

505

506 HEADLINE INDICATORS TO GUIDE THE WORK

507

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

509

510 • **Babies are born healthy and establish a strong foundation for lifelong health and well-being.**

511

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

515

516 • **Communities offer safe, welcoming and healthy environments that help improve outcomes
517 for all of King County's children and families, regardless of where they live.**

518

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

521

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

524

525 • Best Starts for Kids: ordinance, April 2015 BSK Report to King County Council, community
526 conversation themes

527

528 • King County Youth Action Plan

529

530 • Community Center for Education Results /Roadmap Indicators

531

532 • Washington State Essentials for Childhood

533

534 • Youth Development Executives of King County

535

536 • U.S. Health Resources and Services Administration (HRSA)/Maternal Child Health Bureau's
537 National Outcome Measures

538

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

541

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

543

544 • **Whether or not the measure is a population-level measure.** Is it about a population (for
545 example children in King County) or only about individuals directly served by programs?

546

547 • **The availability of reliable data.** Is high quality data available on a timely basis? Reliable by
548 geography? By race/ethnicity? By socioeconomic status?

549

550 • **How easily the indicator can be understood and effectively communicated.** Is this measure
551 easy to understand? Is it compelling? Do people care about this measure?

552

553

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

HEADLINE INDICATORS – Invest Early (Prenatal – 5 Years)	
•	Babies with healthy birth outcomes as measured by infant mortality and pre-term birth rates
•	Households receiving investigations for reported child abuse or neglect
•	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

546

HEADLINE INDICATORS – Sustain the Gain (5 – 24 Years)	
•	3 rd graders who are meeting reading standards
•	4 th graders who are meeting math standards
•	Youth who are using illegal substances
•	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

547

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
•	Involuntary displacement of local residents
•	Life expectancy
•	Physical activity levels among youth and adults

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

552
553 In addition to these headline indicators, there are additional secondary indicators that the data team
554 will consider tracking, which include relevant indicators for which there is reliable data. The data team
555 also specified indicators for data development, defined as relevant and compelling indicators for which
556 data is currently unavailable, but important to invest in. *Flourishing and resilient* indicators are examples
557 of indicators that need to be developed. The County will invest in getting those data via the new BSK
558 Health Survey. Section VIII of this implementation plan discusses BSK's Evaluation and Performance
559 Measurement Framework.

560
561 A full explanation of the technical definitions for the headline indicators, and a list of example
562 secondary, supporting indicators are included in Appendix 1.

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PRELIMINARY

Section III
BSK IMPLEMENTATION – GROUNDED IN SCIENCE AND RESEARCH

568

<p>This section of the implementation plan addresses:</p>	<ul style="list-style-type: none"> • 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
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569

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

574

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

580

581 **THE IMPORTANCE OF EARLY CHILDHOOD**

582

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

586

587 The research of Dr. James Heckman, Nobel Laureate in Economics from the University of Chicago, is
 588 perhaps the most widely disseminated and understood. Dr. Heckman maintains that the base of skills
 589 necessary to be ready to learn in school and be successful as an adult—such as self-esteem, motivation,
 590 coordination, prioritization, management of incoming information, attention and distraction control are
 591 developed by age five, before children enter elementary school⁹.

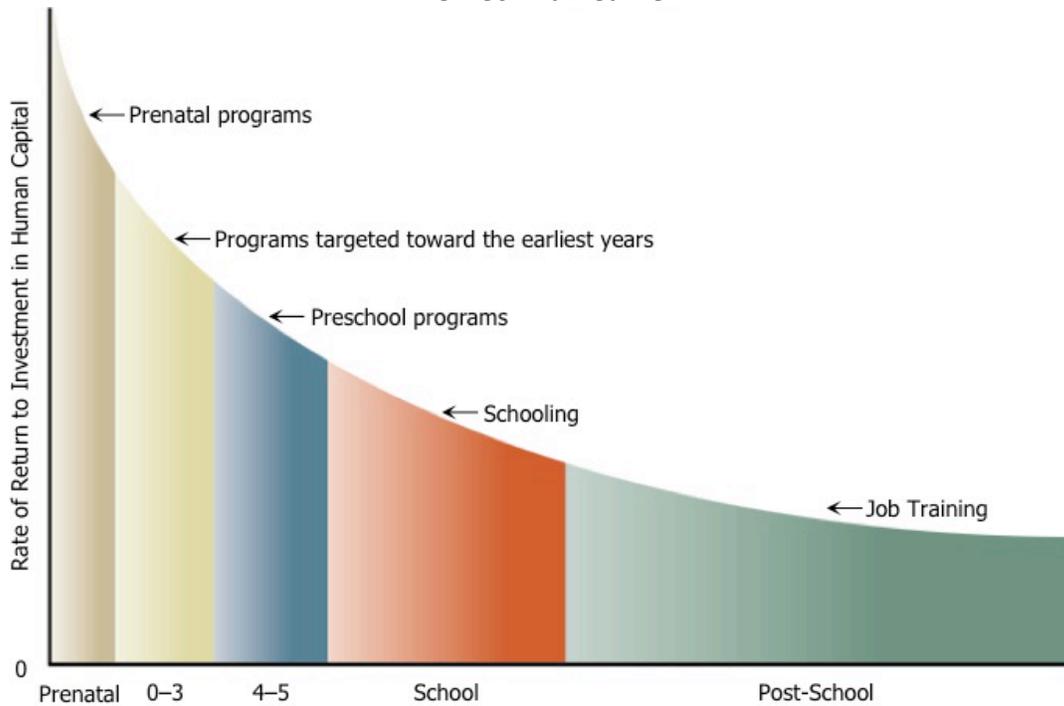
592

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

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The Heckman Curve



Source: Heckman (2008)

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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.”¹⁰

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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; every baby needs an adult who can assess his/her needs and respond appropriately.

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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.^{11, 12}

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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.¹³

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626

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

627 childhood brain development, through the work of Dr. Patricia Kuhl, Dr. Andy Meltzoff, and other
 628 scientists at I-LABS who have demonstrated through multiple studies how the brain grows through the
 629 baby's touch, talk, sight and sound. In fact, the first 2000 days of life is when brain development is most
 630 substantial.

631
 632 BSK, through its investments in Prenatal – 5 years, will help counter the impacts of stressors – such as
 633 poverty – in early childhood by supporting children's health and wellness, strengthening parent-child
 634 bonds through home visiting, and supporting the fabric of communities across our County, often the
 635 most viable and relevant resources for children, youth and families.

636

637 ADOLESCENT BRAIN DEVELOPMENT

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

643

644 Brain science for adolescents and young adults is still emerging and is not yet at the level of early brain
 645 research. Our growing understanding is captured in I-LABS' statement about this evolving field: "During
 646 adolescence the brain quite literally prunes and sculpts its neural architecture and yet we know almost
 647 nothing about how this sculpting process works or about the role of experience and nurturing in
 648 optimizing outcomes. I-LABS' studies of learning and the brain have the potential to illuminate some of
 649 the changes they undergo during this period."¹⁴

650

651 Although the research is nascent, key dynamics of the adolescent brain are becoming increasingly better
 652 understood: "Adolescents are particularly vulnerable to stress, have a particular sensitivity to emotional
 653 stimuli, and have limited tools to deal with emotions as systems that regulate are still maturing. Many of
 654 the behaviors of adolescence (risk taking, impulsivity, peer focus, mental health and substance use
 655 vulnerability) are a reflection of the major neurological remodeling happening in their brains. ...Risk
 656 taking peaks during adolescence because activation of an early-maturing socioemotional-incentive
 657 processing system amplifies adolescents' affinity for exciting, pleasurable, and novel activities at a time
 658 when a still immature [cognitive](#) control system is not yet strong enough to consistently restrain
 659 potentially hazardous impulses."¹⁵

660

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

662

663 The adverse effects of poverty, malnutrition and discrimination are multigenerational. Mothers who
 664 themselves were premature or low birthweight infants are at far higher risk of adverse birth outcomes
 665 for their own children. Also, a woman's diet in early life has more impact on her own baby's birth weight
 666 than the food she eats as an adult¹⁶. While no intervention can reverse all the effects of deprivation in a
 667 prior generation, protecting infants and young children from adverse experience during their preschool
 668 years can reap major dividends.

669

670 The science and research base is robust regarding the impact of adverse childhood experiences (ACEs)
 671 on the ability of children and youth (and adults) to learn and function. ACEs have been proven to have
 672 long-term impacts on health and well-being.¹⁷ The impact of adversity/ACEs is increasingly a focus in
 673 schools and communities as systems at all levels strive to provide supportive environments for healthy

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

676
 677 A study¹⁸ of over 2000 elementary public school students in Spokane, Washington, found a statistically
 678 significant relationship between ACEs “score” and academic and health problems:
 679

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

680
 681 Dr. Jack Shonkoff¹⁹ provides this explanation of the impact of adversity, stress and trauma on children
 682 and youth: “Learning how to cope with adversity is an important part of healthy child development.
 683 When we are threatened, our bodies prepare us to respond by increasing our heart rate, blood
 684 pressure, and stress hormones, such as cortisol. When a young child’s stress response systems are
 685 activated within an [environment of supportive relationships](#) with adults, these physiological effects are
 686 buffered and brought back down to baseline. The result is the development of healthy stress response
 687 systems. However, if the stress response is extreme and long-lasting, and buffering relationships are
 688 unavailable to the child, the result can be damaged, weakened systems and [brain architecture](#), with
 689 lifelong repercussions.”

690
 691 When toxic stress response occurs continually, or is triggered by multiple sources, it can have a
 692 cumulative toll on an individual’s physical and mental health—for a lifetime. The more adverse
 693 experiences in childhood, the greater the likelihood of developmental delays and later health problems,
 694 including heart disease, diabetes, substance abuse and depression. Research also indicates
 695 that [supportive, responsive relationships](#) with caring adults as early in life as possible can prevent or
 696 reverse the damaging effects of toxic stress response.²⁰

697 **BUILDING RESILIENCE AND STRENGTHENING PROTECTIVE FACTORS**

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

705 Protective factors are those strengths and supports that help youth and families get through negative
 706 exposure or life experiences without negative consequences. Research studies support the common-
 707 sense notion that when protective factors are well-established in a family, the likelihood of child abuse
 708

709 and neglect diminishes. The Center for the Study of Social Policy has articulated five key protective
710 factors; these factors are foundational to the Strengthening Families Approach:

- 711
- 712 • Parental resilience
 - 713 • Social connections
 - 714 • Concrete support in times of need
 - 715 • Knowledge of parenting and child development
 - 716 • Social and emotional competence of children

717 These protective factors are also promotive factors that build family strengths and a family environment
718 that promotes optimal child and youth development.²¹

719

720 Resilience is the result of a combination of protective factors.²² The single most common factor for
721 children who develop resilience is at least one stable and committed relationship with a supportive
722 parent, caregiver, or other adult. These relationships provide the personalized responsiveness,
723 scaffolding, and protection that buffer children from developmental disruption. They also build key
724 capacities—such as the ability to plan, monitor, and regulate behavior—that enable children to respond
725 adaptively to adversity and thrive. This combination of [supportive relationships](#), adaptive skill-building,
726 and positive experiences is the foundation of resilience.²³

727

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

- 733
- 734 • Facilitating supportive adult-child relationships
 - 735 • Building a sense of self-efficacy and perceived control
 - 736 • Providing opportunities to strengthen adaptive skills and self-regulatory capacities
 - 737 • Mobilizing sources of faith, hope, and cultural traditions²⁴

738

739 The capabilities that underlie resilience can be strengthened at any age. The brain and other biological
740 systems are most adaptable early in life. Yet while their development lays the foundation for a wide
741 range of resilient behaviors, it is never too late to build resilience. Age-appropriate, health-promoting
742 activities can significantly improve the odds that an individual will recover from stress-inducing
743 experiences. For example, regular physical exercise, stress-reduction practices, and programs that
744 actively build executive function and self-regulation skills can improve the abilities of children and adults
745 to cope with, adapt to, and even prevent adversity in their lives.²⁵

746

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

750

Section IV
**BSK IMPLEMENTATION - LED BY COMMUNITY PRIORITIES
 AND DELIVERED THROUGH PARTNERSHIPS**

751

This section of the implementation plan addresses:	<ul style="list-style-type: none"> • Consultation with King County Residents and Community Partners • What We’ve Learned from Communities – Themes Driving the Implementation Plan • Partnering with Communities on Procurement
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CONSULTATION WITH KING COUNTY RESIDENTS AND COMMUNITY PARTNERS

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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 questions²⁶:

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- 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?

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At larger community gatherings we used the Community Café model. 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.

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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:

781

782

- 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?

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

785

786 WHAT WE'VE LEARNED FROM COMMUNITIES – THEMES DRIVING THE 787 IMPLEMENTATION PLAN

788

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

794

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, which are based in communities.

795

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/presence of services but distances needed to travel to get to services.

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797

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 well-being 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.

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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.

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PARTNERING WITH COMMUNITIES ON PROCUREMENT

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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 opportunity that continue to plague our region.

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

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“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

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Between now and the end of 2016, the County will work with the Children and Youth Advisory Board and other community stakeholders to continue to develop 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.

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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:

- Programs and services will be provided primarily by community-based organizations, which 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 a driver.
- 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 livable wages.
- Our outreach and processes will be inclusive, and will prioritize those who have been left out or underserved.

[With regards 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.](#)

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.”

885
886 The field of implementation science supports the notion that certain elements must be present in order
887 to achieve strong outcomes. Implementation requires intentionality, support and the ability to be
888 reflective in order to make changes that meet the need of individual communities. In BSK, King County
889 will apply the principles and frameworks of implementation science systemically to ensure strong
890 outcomes in communities as a result of BSK investments. Additional information on implementation
891 science is included in Appendix 7.
892
893

REDLINE

Section V
PRENATAL – 5 YEARS, APPROACHES AND INVESTMENTS

894

<p>This section of the implementation plan addresses:</p>	<ul style="list-style-type: none"> • Overview of Prenatal to 5 Years Result, Strategies and Indicators • Investments and Approaches for Prenatal – 5 Years • The BSK <i>Help Me Grow</i> Framework for King County • Programs and Services for Prenatal – 5 Years
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OVERVIEW OF PRENATAL TO 5 YEARS RESULT, STRATEGIES, AND INDICATORS

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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:

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Babies are born healthy and establish a strong foundation for lifelong health and well-being.

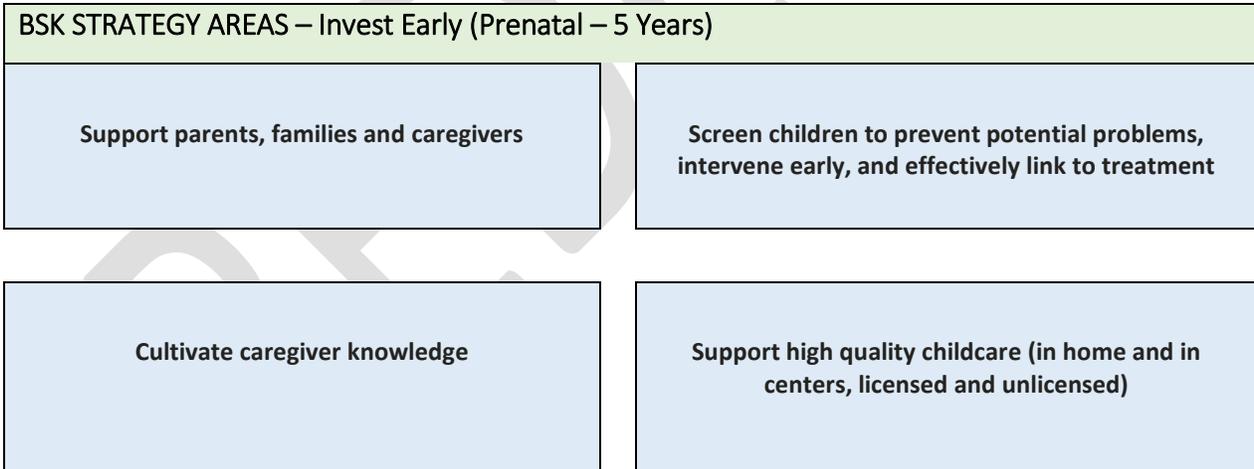
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Four overarching **strategies** define the Prenatal – 5 Years work:

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

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- Babies with healthy birth outcomes as measured by infant mortality and pre-term births
- Households receiving investigations for reported child abuse or neglect
- 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

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917 INVESTMENTS AND APPROACHES FOR PRENATAL – 5 YEARS

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

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

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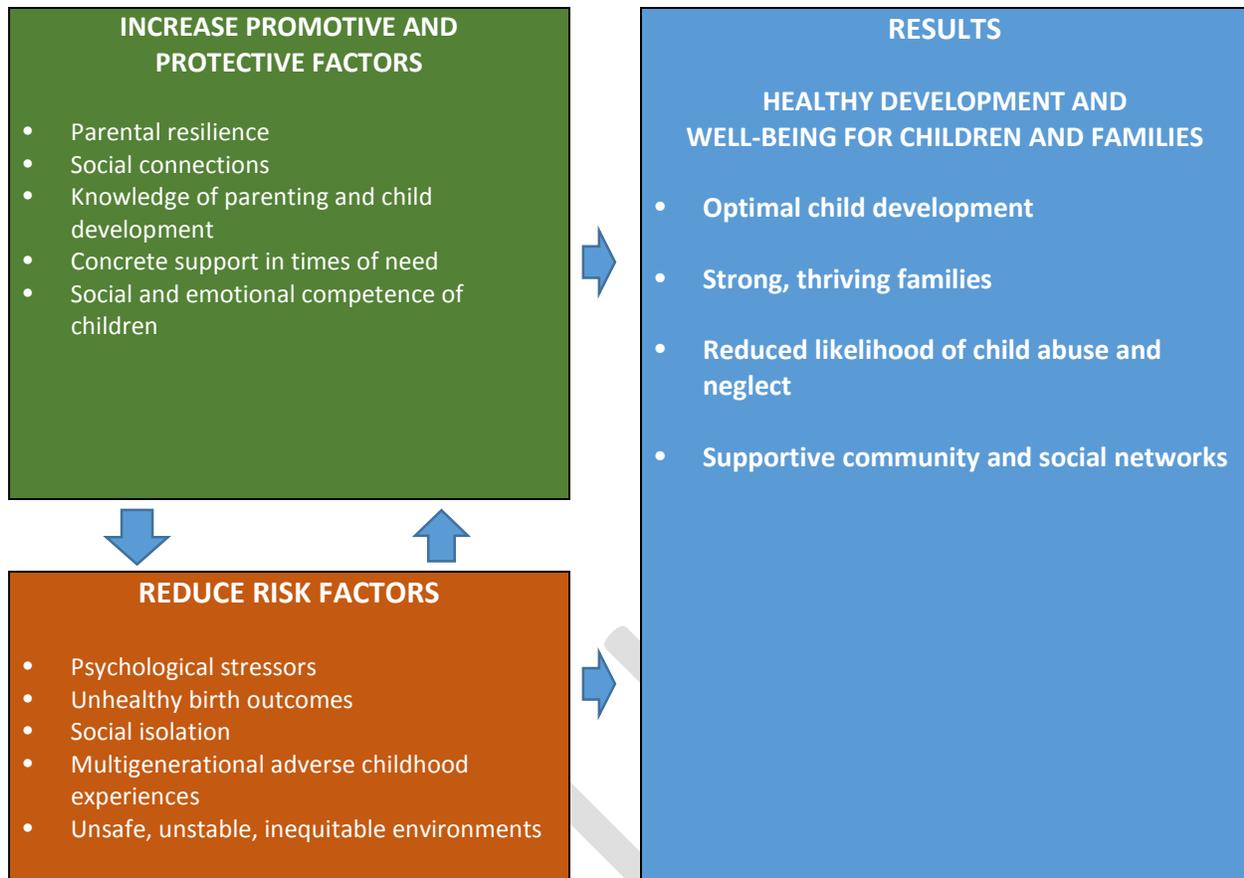
- 932 • Attention to disproportionality and multiculturalism is critical, and will be integral to how we focus
933 investments.
- 934 • We will encourage innovative programs, built on the experiences of community partners and the
935 needs and priorities of community residents.
- 936 • Investments in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

943

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

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THE BSK HELP ME GROW FRAMEWORK FOR KING COUNTY

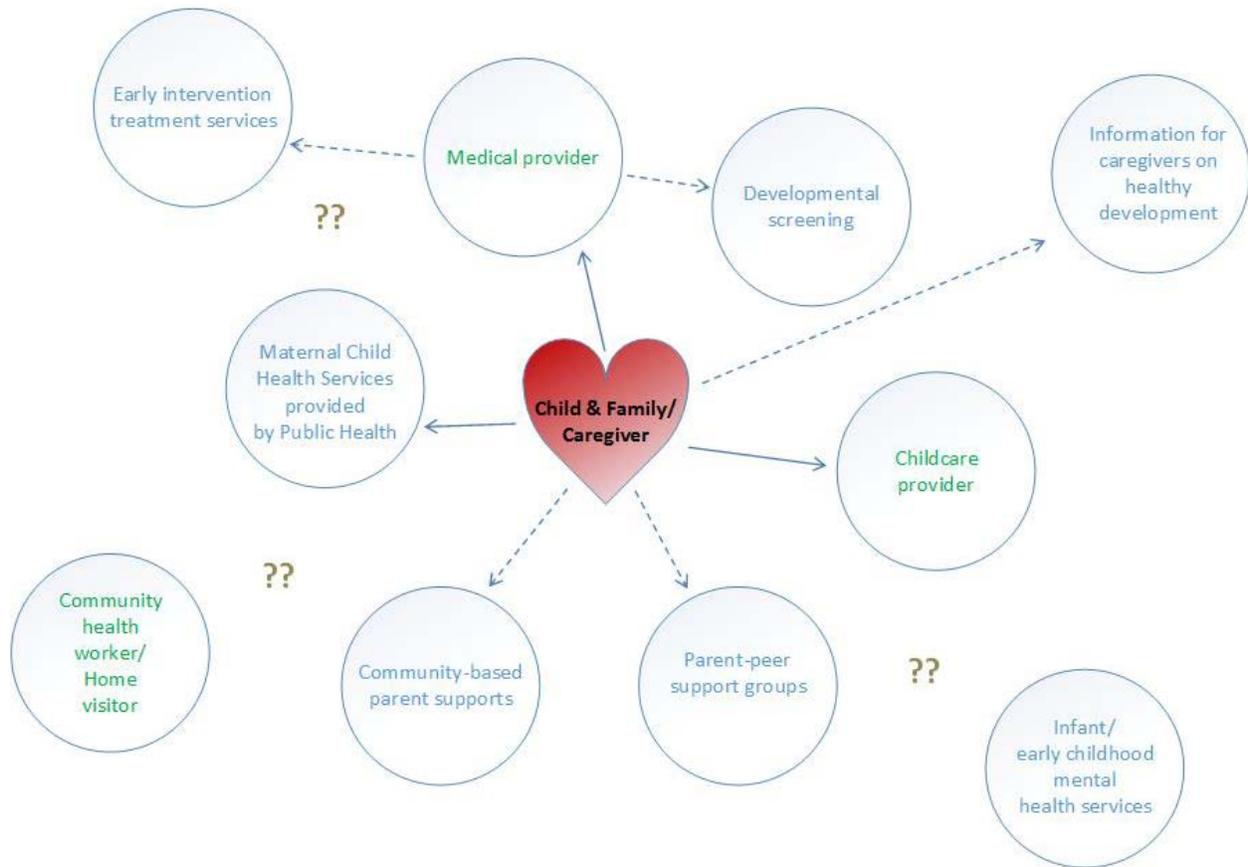
One of the fundamental messages we have received from communities regarding services for Prenatal – 5 Years is the importance of getting families the information they need, and coordinating all available services, so the right service is obtained at the right time, in the right way.

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 Grow²⁷ 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.

975
 976 Currently, families are often unsure of the resources available in their communities, or how to access
 977 them. Providers who work with the child and family—whether it be medical providers or childcare
 978 providers—may also be unsure of where to send a family when they know they have a need, and they
 979 may also be unaware what services a family has received. Although there are exemplary services being
 980 provided across the County – by Public Health and in community-based organizations – there is not
 981 enough connection and coordination among the providers, services and organizations working with
 982 children and families. There is also a lack of local, culturally-relevant services to meet the needs of all
 983 children and families in our region.

984
 985 From the perspective of a family, we would illustrate the current system this way: services are available,
 986 but the best way to access them may be unclear, or may not be possible without assistance from
 987 someone knowledgeable about the services, and connected within a community. In addition, service
 988 providers may lack the time and resources to connect, and be unable to reach all families.
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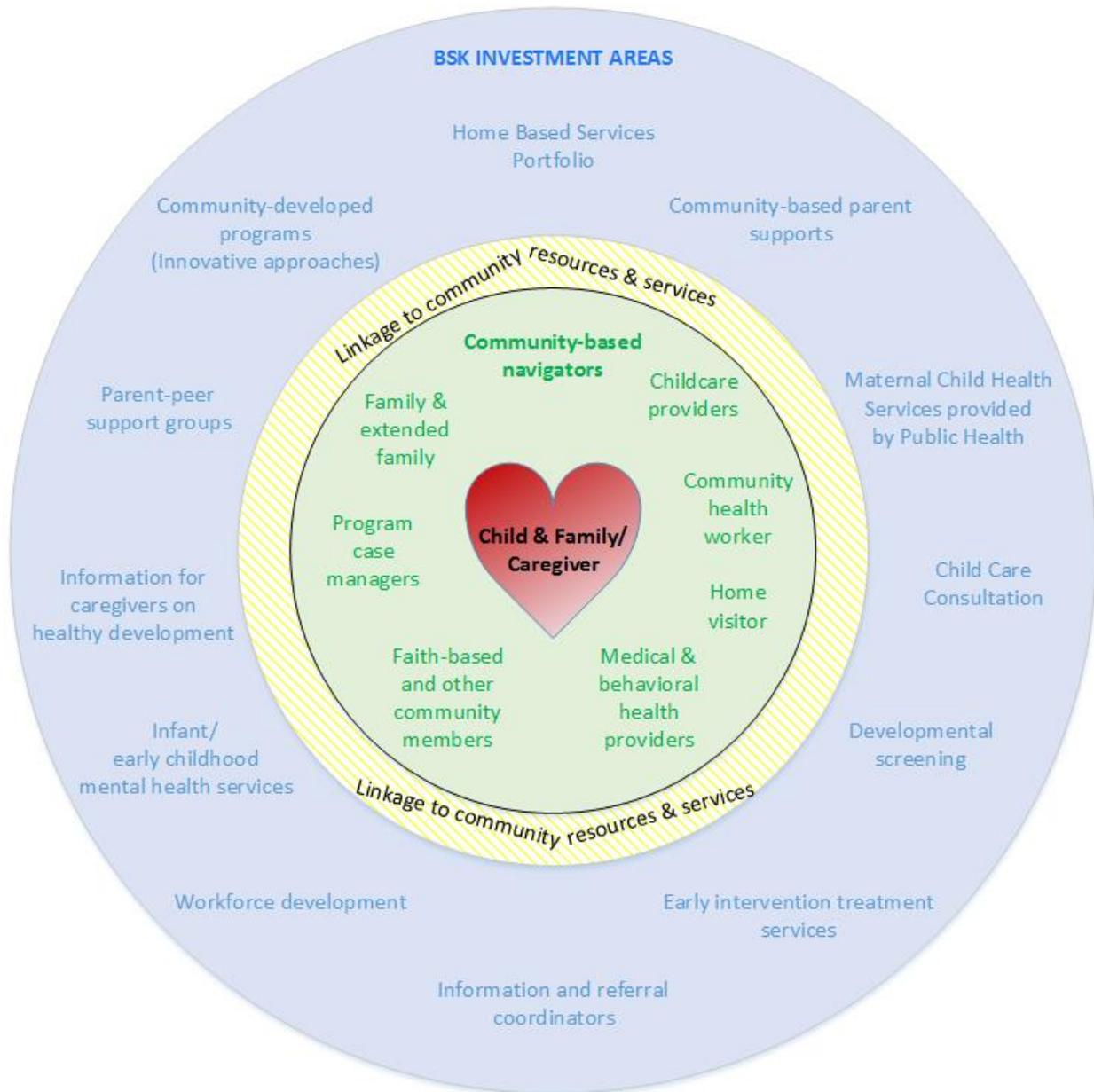


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 991
 992 The power of implementing the BSK Help Me Grow framework for Prenatal – 5 Years rests in the
 993 potential for deepening and broadening multi-directional communication and strong community and
 994 system linkages, and increasing access, for all King County children and families. Formalizing BSK Help
 995 Me Grow as the organizing framework for Prenatal – 5 Years will position BSK investments for maximum
 996 impact, and assure efficiencies and effectiveness in the use of public funds.
 997

998 The BSK Help Me Grow framework comprises five interconnected components²⁸:

- 999 • **Healthy Children.** A strong network of agencies and community organizations that provide early
1000 childhood services to assure that children begin school healthy and ready to learn.
1001
- 1002 • **Strong Families and Caregivers.** A variety of supports for families that enhance resilience and
1003 well-being, such as connecting families to resources that support parents' knowledge, and
1004 providing opportunities for peer mentoring or access to community health workers.
1005
- 1006 • **Strong Early Childhood Professionals.** Outreach and engagement with early learning providers
1007 to build knowledge of infant mental health, reflective practices, early brain development, and
1008 key health messages to ensure that providers have information to support families.
1009
- 1010 • **Strong Referral Network.** Responsive services and care coordination that assure universal
1011 screenings for early identification of developmental delays and a strong connection to the
1012 health care system, through an interconnected referral network for all families.
1013
- 1014 • **Advocacy and Communication.** Promotion, communication and strong advocacy to drive policy
1015 decisions that support access and support for services that impact the health and well-being of
1016 children during their most critical years of development.
1017

1018 The graphic below illustrates what we expect will be the future state for children and families as we
1019 work toward improving access and system efficiencies through BSK's Help Me Grow framework.
1020 Children and families are at the center, surrounded by immediate providers, and able to connect with
1021 additional resources and services. From the surrounding circle looking in toward the child and family,
1022 there are strong community and system linkages and multi-directional communication to assure that
1023 families experience a cohesive safety net of supports.
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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, who will be based in community organizations. Navigators will work one-on-one with children and families to help connect them with resources and services. 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. Navigators will be community health workers or trusted community messengers. The Navigators will also work closely with the providers who interact everyday with children and their families – including medical and behavioral health providers, childcare providers, community health workers or home visitors, and child welfare – to ensure there is sharing of information and coordination around children’s and families’ needs.

1038 One of the unique opportunities posed by BSK is to partner deeply with diverse communities across the
 1039 County which have knowledge, trust and history with children, youth and families. The purpose behind
 1040 the BSK Help Me Grow framework is to weave together services within and across communities,
 1041 assuring that there is **no wrong door** for families needing referrals and access. The process of building
 1042 out the BSK *Help Me Grow* framework will take time, and will be an inclusive process with our
 1043 community partners.

1044
 1045 Over the coming months, King County will work with community-based partners, medical providers and
 1046 state-level Help Me Grow colleagues to further conceptualize the BSK Help Me Grow framework and
 1047 collectively tackle initial steps toward full implementation. At a high level, we expect to achieve the
 1048 following in the first few years:

Initial Implementation of BSK Help Me Grow Framework	
Year one	<ul style="list-style-type: none"> • Work with community partners to deeply understand current barriers limiting access to services and resources • 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 • 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 • 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 • 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 • 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
Year two	<ul style="list-style-type: none"> • 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 • Take lessons learned from year one to inform a competitive RFP for a lead organization responsible for interconnections and management of database resources
Year three	<ul style="list-style-type: none"> • Implement an evaluation to understand how well the new framework is working for providers and families/caregivers

1049
 1050 Currently the primary focus of the BSK Help Me Grow framework is on Prenatal – 5 Years, and
 1051 developing a strong system of multi-directional communication and access to services that assures no

1052 wrong door for families. We know that developing this well will take time. As we focus in the first few
1053 years on building and strengthening the framework for early childhood, we will concurrently be
1054 considering the best way to extend reach into programs and services for older children, youth and young
1055 adults. Just as with young children, parents, caregivers and youth/young adults themselves need help in
1056 knowing how to find the right resources among the many that exist throughout King County. Outreach
1057 and resources need to be available and accessible to all parents, caregivers and kids throughout the
1058 County regardless of their age, language, culture or neighborhood.

1059
1060 The programs and services to be funded by *Best Starts for Kids*, and which are described in detail below,
1061 will be core to the BSK Help Me Grow framework to achieve coordination and efficiency, and ease for
1062 parents/caregivers.

1063
1064
1065 **PROGRAMS AND SERVICES FOR PRENATAL – 5 YEARS**

1066
1067 The following section provides more detail on Prenatal – 5 Years programs and services which will be
1068 funded through *Best Starts for Kids*, and a **rationale** and **approach** for each. These programs and
1069 services will be primarily provided by community-based organizations. Over the next few years, King
1070 County will work with all the partners providing these services to assure that they are interconnected
1071 within the BSK Help Me Grow framework.

1072
2016: \$350,000

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

Innovation Fund, for programs driven by community interest/need

1073
1074 **Rationale for investment.** King County is committed to maximizing the opportunity presented through
1075 *Best Starts for Kids* to support innovative programs across the region. These may be programs that lack a
1076 robust research base, but which are based in science, that address the needs and priorities within
1077 communities, and which those communities believe will be effective in meeting BSK results.
1078 Communities know their needs, and what works well. However, communities wishing to provide
1079 innovative and community-driven programs for young children and their families can be constrained
1080 from accessing resources, due to narrowly-defined funding parameters.

1081
1082 **Proposed approach.** Over the next few months, as part of our next steps in planning procurement, we
1083 will work with the CYAB and other community stakeholders to develop a protocol for dissemination of
1084 these more flexible funds. We will conduct outreach, with the assistance of community partners, to
1085 engage programs that have not been previously funded, and to encourage their innovations.
1086 Communities will articulate how they will achieve the outcomes they intend, and King County will use
1087 this opportunity to support additional innovative programs, and to learn more about what works in
1088 communities across our region.

1090

2016: \$497,000

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

Home-based Services, including investments such as:

- Home visiting
- Community-based programs

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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 success²⁹. Home visiting programs work to foster positive parent-child interactions that last throughout life. Home visiting is a proven strategy that improves health and well-being 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.

1101

1102

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.

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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.

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1114

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.

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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.³⁰ 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.

1126

1127

Longer-term, and more intensive home visiting, such as those programs describe 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

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1132 organizations to expand home visiting that will be bid through a competitive procurement process.
 1133 Funding will be flexible across multiple home visiting programs to respond to varied needs across
 1134 communities. BSK will fund a portfolio of both evidence-based and community-based models, including,
 1135 but not limited to:

- 1136
- 1137 • **Nurse Family Partnership.** Public Health – Seattle & King County currently provides 700 home
 1138 visiting slots within King County using the Nurse Family Partnership home visiting model, using
 1139 both state and City of Seattle funding through the Families and Education Levy. NFP serves first-
 1140 time mothers who are enrolled prior to their third trimester. Using BSK funds, King County will
 1141 expand NFP into communities not currently receiving NFP services, throughout King County. We
 1142 will continue to partner with the City of Seattle and the statewide system to align our collective
 1143 work. King County will expand by two nurses and two social workers, as well as maintain funding
 1144 levels noted in 2014.
 - 1145
 - 1146 • **Parent-Child Home Program (PCHP).** PCHP is another research-based model, which provides
 1147 two years of twice-weekly home visits to families with children between 16 months and four
 1148 years. Matching language, and culture between families and home visitors is a hallmark of PCHP,
 1149 which prioritizes families who are challenged by poverty, isolation, limited educational
 1150 opportunities, language and literacy barriers, and other obstacles to healthy development and
 1151 educational success. United Way of King County has been funding over 1,000 slots for the past
 1152 five years, and has achieved excellent outcomes. King County will help maintain and expand
 1153 these services while partnering with United Way of King County to leverage dollars to meet the
 1154 demand.
 - 1155
 - 1156 • **Evidence-Based Home Visiting.** King County will also invest BSK funds to implement other
 1157 evidence-based home visiting programs³¹ in communities that are not currently receiving
 1158 services. There is an unmet need for home visiting among families who may not be eligible for
 1159 Nurse Family Partnership or Parent-Child Home Program and still need services. Potential
 1160 models may include: Parents as Teachers, Family Spirit, and Triple P.
 - 1161
 - 1162 • **Community-Based Best Practices.** In addition, King County will expand current home visiting
 1163 programs, which, while not evidence-based models, are still based on research, have a strong
 1164 theoretical bases in science, promote prevention and early intervention, and deliver strong
 1165 outcomes for children and families. These programs are often embedded within the
 1166 communities they serve and maximize the opportunity for direct cultural matches between
 1167 home visitors and new parents. Such programs offer important opportunities for innovation.
 - 1168
- 1169 Potentially these could include the Community-Based Doula model, which connects pregnant
 1170 women with other women in their own communities who are specially trained to provide
 1171 support during the critical months of pregnancy, at the time of birth, and into the early months
 1172 of parenting.
- 1173

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 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

1174

1175 **Community-Based Parent Supports**

1176 **Rationale for the investment.** Across King County, families have different needs and are connected
 1177 within communities in a variety of ways. Providing families with key messages regarding health, safety,
 1178 brain development and social/emotional well-being increases the likelihood that all children and young
 1179 families have the very best start. In addition to focusing on the health and well-being of very young
 1180 children, we must also focus on the health and well-being of their parents and families.

1181 The health and well-being of parents, prenatally and in the early stages of their children’s lives are
 1182 critical factors contributing to healthy child development, healthy families and healthy communities.
 1183 Prenatal supports to promote healthy pregnancies, such as a focus on nutrition, avoiding substance use,
 1184 and managing physical and emotional health must be extended across King County to improve the rates
 1185 of healthy birth outcomes in all communities, with a focus on those where healthy birth outcomes are
 1186 disproportionately low. *Best Starts for Kids* provides the opportunity for strengthening community
 1187 supports for expectant and new parents, and addressing critical issues that can greatly improve the
 1188 likelihood of healthy births. These include assisting parents to develop strong networks of social
 1189 supports, and providing information and services that encourage avoiding substance use in pregnancy
 1190 and parenting.³²

1191
 1192 In 2013, 24,910 infants were born to King County residents, of which 37 percent were Medicaid-funded.
 1193 Yearly, an average of 2,290 infants were born preterm in King County, for a rate of 9.3 percent.
 1194 American Indian/Alaska Native infants were 81 percent more likely to be preterm than white non-
 1195 Hispanic infants, who had the lowest rates in King County. Black and Native Hawaiian/Pacific Islander
 1196 infants had preterm birth rates about 50 percent higher than white non-Hispanic infants. Poor maternal
 1197 and infant outcomes were common, including low birth weight, preterm birth, Cesarean delivery, lack of
 1198 adequate prenatal care, maternal obesity, hypertension or diabetes, maternal depressive symptoms,
 1199 lack of social support, and sleep sharing.³³

1200
 1201 **Proposed approach.** In King County, only 72 percent of all mothers access early and adequate prenatal
 1202 care, and the percentage is even lower for women of color. Through Navigators, the BSK Help Me Grow
 1203 framework will enable systems and connections within communities to increase access to prenatal care
 1204 and provide linkages to critical services, such as housing, mental health treatment and chemical
 1205 dependency treatment, which will improve birth outcomes for high risk and underserved communities.

1206 BSK funding will support mothers to access prenatal care by working with community-based
 1207 professionals, who are trusted allies in building connections to the health care system. Potential linkages
 1208 could include prenatal classes, birth doulas, peer breastfeeding counselors, services for maternal
 1209 depression. and peer support groups. This approach includes programs and services that help women
 1210 initiate and sustain breastfeeding through an infant's first year of life, and increase the proportion of
 1211 infants who are breastfed exclusively through age six months.

1212 Through BSK, new parents and families will be able to access information on key factors influencing their
 1213 young children's healthy development including information on **immunizations³⁴**, **oral health³⁵**, and
 1214 **healthy vision**. BSK will also support communities in prevention and interventions to address **injury**
 1215 **prevention³⁶**, **asthma³⁷** and concerns over the potential of **lead³⁸** and other **toxins** in home
 1216 environments.

1217
 1218 The BSK Help Me Grow framework will facilitate and maximize these community connections through
 1219 organizations that have the capacity to partner with parents. BSK partner organizations will assure that
 1220 pregnant and newly parenting individuals have the information, knowledge, skills and resources they
 1221 need, and are able to access effective prenatal and well-child health care and provide healthy, nurturing
 1222 and safe home environments.

1223 1224 Parent/Peer Supports

1225 **Rationale for investment.** Parent/peer supports will offer families/caregivers access to healthy and
 1226 affirming communities and peers, promoting the health and well-being of all families and young
 1227 children. Parent/peer supports can scaffold families and caregivers across communities – including
 1228 immigrant and refugee families, LGBTQ families, families with disabilities, and families with foster
 1229 children – as they seek encouragement and assistance when their children are experiencing behavioral
 1230 health issues or developmental delays or disabilities.

1231
 1232 Parent/peer supports provide community-based ways to decrease isolation, increase connection to
 1233 community, and improve access to geographically-obtainable supports. In communities across King
 1234 County, parent/peer support groups are building networks of resources, social supports, and community
 1235 among parents and caregivers who share common bonds in caring for young children. BSK funding to
 1236 expand these services has been repeatedly identified as a priority in community conversations.

1237
 1238 **Proposed approach.** BSK will support communities in providing parent/peer support groups that meet
 1239 community-identified needs. This approach supports parents, families and caregivers by working to
 1240 decrease the incidence of challenging situations through preventive education and support, and
 1241 expanding effective peer support groups for parents and caregivers. BSK intends to focus parent/peer
 1242 support groups to meet the needs of unserved and underserved communities and individuals in King
 1243 County, through culturally-specific, culturally-relevant, and linguistically-appropriate approaches.

1244
 1245 BSK will build off the strengths of existing programs (such as community-based Play & Learns described
 1246 below) and will provide opportunities for innovative new programming, services or supports. This will
 1247 ensure continuity of support through the preschool years and the transition to kindergarten. These
 1248 investments will be based on family support principles of building on the strengths, knowledge,
 1249 resources, culture, and capacity of families and communities as best practices that promote the optimal
 1250 development of children. BSK will support communities to embed the principles of family support to
 1251 ensure:

1252

- 1253 • Prevention-based services become a key approach to building and sustaining healthy communities
- 1254 • Programs strengthen their capacity to work cross-culturally in their local communities
- 1255 • Programs focus on building community capacity to support all parents, especially those facing
- 1256 challenges in raising their young children by utilizing and developing the existing strengths of
- 1257 individuals, families and communities

1258
 1259 Play and Learn (P&L) groups are one example of a potential BSK investment approach to further
 1260 parent/peer supports. P&L groups provide opportunities for parents to come together with their young
 1261 children to learn from a facilitator and each other about ways to support healthy development.
 1262 Facilitators for P&L groups are community-members, which assures that Play and Learns are accessible
 1263 to parents/caregivers across language, ethnicity and culture and which provides an opportunity for
 1264 multi-generational programming in communities. P&L groups provide information, referral, and
 1265 educational events and groups for parents, caregivers and their children 0-5.

1266
 1267 In King County, families benefit from the research-based model of [Kaleidoscope Play & Learns](#). At
 1268 Kaleidoscope groups, children have fun participating in activities and being around their peers, while
 1269 parents, grandparents, aunts, uncles, older siblings and other family members learn about activities to
 1270 maximize learning and development, the skills children need to be ready for kindergarten, and
 1271 community programs and services that are available to families. In 2013 Kaleidoscope Play & Learn was
 1272 designated a Promising Practice by the Evidence Based Practice Institute of the University of
 1273 Washington. Play & Learns provide an excellent opportunity for exploring the activities and resources
 1274 available through VROOM, discussed below.

1275
 1276 Implementation of this strategy area will occur through competitively bid contracts for expansion of
 1277 parent/peer supports. All contracts will be outcomes-based, to allow for innovative approaches of
 1278 supporting parents, driven by community priorities and needs.

1279
 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

1280
 1281 **Rationale for investment.** Parents are their children’s first, and most important, teachers. Because
 1282 experiences in early childhood lay the foundation for later success, the relationships, environments, and
 1283 supports that children experience have a profound impact on their development. Critical neurological
 1284 and biological systems grow most rapidly in the earliest years.³⁹ Extensive research over the last few
 1285 decades has confirmed that when parents understand how their children develop and have support and
 1286 encouragement in their role as parents, they are more responsive, sensitive, and skillful, and their
 1287 children demonstrate better outcomes in the short and long term.

1288
 1289 Advances in understanding of early childhood are continuing to shape the opportunities to promote
 1290 optimal development for young children and support for parents/caregivers. One exciting opportunity is
 1291 the development of [VROOM](#), an initiative conceived and funded by the Bezos Family Foundation to
 1292 provide parent and caregivers with the information and tools they need to help build their children’s

1293 healthy brains. VROOM was developed by a group of scientists, community leaders and trusted brands,
1294 with input from community organizations and families.

1295
1296 New science, made accessible through VROOM materials and a wealth of other resources, serves to
1297 engage parents more fully in maximizing the critical development period of infancy and early childhood.
1298 Children’s first years are when they develop the foundation for all future learning. Every time we
1299 connect with them, half a million neurons fire at once, as young brains take in all that they see and
1300 hear.⁴⁰

1301
1302 **Proposed approach.** Working with community partners, BSK will help communities to share VROOM
1303 materials through parent/peer support groups and other community gatherings, and explore other
1304 venues for sharing VROOM’s messages. Through tools, activities and a smartphone app, VROOM helps
1305 parents/caregivers turn shared moments into brain building moments. Meal time, bath time, visits to
1306 the grocery store or play times with families and friends, all provide opportunities to nurture children's
1307 growing minds. BSK will also help support translation of VROOM resources in other languages, to help
1308 spread the information about these important early years, and support parents in the many ways they
1309 engage with their very young children.

1310 With funding from the Bezos Family Foundation, King County has begun the work of sharing VROOM
1311 practices and materials in community settings. BSK will help community partners extend the reach of
1312 VROOM and other research and resources that will strengthen families and support the role of
1313 parent/caregivers in building protective factors that strengthen their children, their families and their
1314 communities.

1315 BSK investments will allow parents across communities and cultures to connect with information and
1316 social supports to scaffold their children’s healthy development, and to feel successful and satisfied in
1317 their roles as parents. Community partners will provide relevant and accessible information for parents
1318 and families across a range of topics including health and safety, stages of development, the importance
1319 of play and the vital importance of oral language and language development beginning at birth. Funds to
1320 support the dissemination of information for caregivers will be contracted to community-based
1321 organizations.

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

1322
1323
1324 **Rationale for investment.** Child care health consultation (CCHC) promotes the health and development
1325 of children, families and child care staff to ensure healthy and safe child care environments⁴¹. Through
1326 CCHC, licensed child care settings are able to access the expertise and support of a multidisciplinary
1327 team of nurses and community health workers – all focused on promoting and supporting healthy, safe
1328 and developmentally appropriate environments for young children. The practice of integrating CCHC
1329 into child care settings is recommended by the American Academy of Pediatrics to ensure that complex
1330 health concerns such as determining safe sleep policies, developing care plans for children with chronic

1331 medical conditions, or responding to infectious disease outbreaks, are informed by health care
1332 professionals.⁴² The approach has a solid research base.

1333
1334 CCHC does not act as a primary care provider, but offers critical services to licensed child care and
1335 families by sharing health and development expertise, strategies to ensure injury prevention,
1336 assessments of child health needs, and community resources. CCHC assists families in care coordination
1337 with their medical homes. As King County builds out the BSK Help Me Grow framework, the connections
1338 facilitated by child care health consultation will be essential in strengthening the system of supports for
1339 families.

1340
1341 By investing BSK funds to expand CCHC, King County will be able to reach additional providers, including
1342 cultural- or ethnic-specific licensed child care homes that are vital resources in communities, but which
1343 may not be sufficiently connected to systems and supports to assure frequent and responsive child care
1344 health consultation. CCHC is an essential service across all child care settings, but is of particular
1345 importance to licensed centers and homes serving children birth to age three. These years provide
1346 critical opportunities for assuring healthy development, and/or identifying concerns early.

1347
1348 In addition to assuring increased access in under-served communities, investing in CCHC could target
1349 supports to licensed homes and centers that are participating in Early Achievers⁴³, the state's quality
1350 rating and improvement system. Licensed homes and centers that are preparing to be rated, could be
1351 bolstered in their efforts toward improved quality through the support of child care health consultation.

1352
1353 Beyond the need for increased services onsite in licensed centers and homes, providing more health and
1354 safety consultations to communities, families and unlicensed providers such as Family/Friend/Neighbor
1355 care, would further health promotion messages and disseminate information on healthy development.

1356
1357 **Proposed approach.** BSK will expand consultation and technical assistance for child care providers to
1358 ensure that licensed providers in King County have access to the tools and support they need to provide
1359 effective early preventive care for all children, including those with delays or disabilities, or
1360 social/emotional and/or behavioral health challenges. The primary vehicle for this will be through
1361 expanding the quantity and capability of child care consultants available to partner with licensed
1362 providers who need additional support.

1363
1364 Child care consultation will ensure that King County child care providers are knowledgeable and capable
1365 of providing positive, healthy and safe environments for all young children to learn, play and grow. BSK
1366 funds will support on-demand training onsite for licensed providers, across a range of topics. These may
1367 include child development, nutrition, communicable disease prevention, safe and healthy environments,
1368 injury prevention, physical activity, and child behavior management. Equity and social justice, anti-bias
1369 and trauma-informed care will provide the framework for all training.

1370
1371 Training will be supported by community health workers with community-based knowledge, and Public
1372 Health staff with expertise in areas that support best practices in child care settings. Through nurses and
1373 community health workers, Public Health's CCHC team provides interdisciplinary and specialized
1374 consultation and technical assistance in licensed child care to improve outcomes for the health and well-
1375 being of children. All services are provided with a trauma-informed lens, incorporating evidence around
1376 adverse childhood experiences (ACEs), neuroscience and resilience. Core services include:

1377

- 1378 • Technical assistance and consultation to childcare programs to improve health and safety practices
- 1379 • Education and coaching for child care providers to increase understanding of normal and atypical
- 1380 growth and development; encouraging early, appropriate referrals to community resources when
- 1381 needed
- 1382 • Classroom observations to identify children at risk of adverse health and behavioral concerns, and
- 1383 technical assistance to childcare programs on health screenings
- 1384 • Technical assistance and coaching on nutritional and physical activity in the childcare setting
- 1385 • Collaboration with King County’s Birth to Three Early Intervention program to support supportive
- 1386 child care accommodations for identified children.

1387
 1388 BSK funds will also support group trainings in communities, which would be available to families, and
 1389 family/friend/neighbor caregivers. These trainings would provide opportunities for parents and families,
 1390 and those who support them and care for children in many settings, to access critical information on
 1391 healthy child care environments.

1392
 1393 Over the next six months, we will work with our partners to strengthen the mechanism for delivering
 1394 CCHC and reaching additional licensed homes and centers in communities across the County. We will
 1395 also work with partners to identify opportunities for larger group trainings on health promotion and
 1396 best practices in child care environments to engage families and communities in supporting children’s
 1397 healthy development regardless of child care setting.

1398
 1399

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

2016: \$795,000

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

1400
 1401 **Developmental Screenings for All Very Young Children**

1402
 1403 **Rationale for investment.** Developmental screenings are a foundational element of health care for
 1404 young children from birth through five years. Early identification and access to services ensures that
 1405 intervention is provided when the child’s developing brain is most capable of change. As brain
 1406 architecture emerges in very young children it establishes either a sturdy or fragile foundation for all the
 1407 capabilities and behaviors that follow⁴⁴. When screenings indicate developmental concerns, appropriate
 1408 high quality early intervention programs can reduce the likelihood that children will experience
 1409 prolonged or permanent health and learning delays, and reduce the incidence of future problems in
 1410 their learning, behavior, and health. Intervention is more effective and less costly when it is provided
 1411 earlier in life.

1412
 1413 **Proposed approach.** King County will partner with communities to identify infants and toddlers in need
 1414 of services as early as possible. Bright Futures – a framework developed by the American Academy of
 1415 Pediatrics – sets the standard for developmental screening to guide medical providers, child care
 1416 providers, communities and families toward best practices⁴⁵.

1417

1418 BSK funds will support training for additional child care providers, home visitors and medical providers
 1419 on the importance of developmental screenings and the tools available, and assure that all King County
 1420 children have access to developmental screenings. Equally important will be the ability to connect
 1421 families with resources and services to respond to children's needs as identified through developmental
 1422 screenings. This capacity will be systemically improved and strengthened as the BSK Help Me Grow
 1423 framework is built out in the County, improving the connections across resources and assuring greater
 1424 supports and access for families through the assistance of Community Navigators.

1425

1426 Early Intervention Treatment Services

1427

1428 **Rationale for investment.** We know that more children are in need of early intervention services than
 1429 are currently being served. Eligible infants and toddlers and their families are entitled to individualized,
 1430 quality early intervention services in accordance with the federal [Individuals with Disabilities Education](#)
 1431 [Act \(IDEA\), Part C](#). (These services are also known as ESIT: Early Support for Infants and Toddlers.) In
 1432 2015, King County's IDEA Part C early intervention system served 3,909 children which represents
 1433 approximately five percent of the general population of children ages birth to three. However, research
 1434 indicates that as many as 13 percent of birth to three-year-olds have delays that would make them
 1435 eligible for services.⁴⁶

1436

1437 Early intervention services are designed to enable young children to be active, independent and
 1438 successful in a variety of settings—in their homes, in child care, in preschool programs and in their
 1439 communities.

1440

1441 **Proposed approach.** Developmental screenings supported by BSK will result in an increase in children
 1442 accessing the early intervention services they need. BSK funds will be used to support additional early
 1443 intervention capacity. Any child under the age of 36 months, who has a 25 percent delay or shows a 1.5
 1444 standard deviation below his or her age in one or more of the following developmental areas is eligible
 1445 for support through early intervention:

1446

- 1447 • Cognitive development
- 1448 • Physical development, including vision, hearing, and fine and gross motor skills
- 1449 • Communication development
- 1450 • Social and emotional development
- 1451 • Adaptive development

1452

1453 Early intervention is provided through a network of providers, funded by King County and Washington
 1454 state. The County will leverage other funds, including Medicaid, wherever possible to support this
 1455 expansion in services. ESIT helps families build knowledge and skills to meet the developmental and
 1456 health needs of their young children birth to three years old with special needs, as well as the needs of
 1457 the family.

1458

1459 Anyone who has a concern about a child's development may make a referral. This includes parents,
 1460 guardians, foster parents and family members. Professionals such as pediatricians, other physicians,
 1461 social workers, nurses, child care providers or others who have contact with a child can also make a
 1462 referral for Birth-to-Three services. Over time, the BSK Help Me Grow framework will enhance families'
 1463 access to the ESIT services their children may need. These services include, but are not limited to:

1464

- 1465 • Audiology
- 1466 • Family resource coordination
- 1467 • Health services
- 1468 • Nutrition and feeding services
- 1469 • Occupational therapy
- 1470 • Physical therapy
- 1471 • Psychological services
- 1472 • Speech-language therapy
- 1473 • Family counseling and education

1474
1475

1476 **System Building for Infant/Early Childhood Mental Health**

1477

1478 **Rationale for investment.** Early childhood mental health focuses on healthy social and emotional
 1479 development of children from birth to age five. This is a growing field of research and practice devoted
 1480 to promoting behavioral health and social and emotional development for very young children. The field
 1481 is committed to promotion and prevention. Treatment, if needed, is provided for children in the context
 1482 of their families.

1483

1484 An estimated nine to fourteen percent of children birth to five years experience behavioral or emotional
 1485 problems, including depression and anxiety. These behavioral health issues negatively impact children’s
 1486 early learning, social interactions and overall child and family well-being⁴⁷. Early intervention in social
 1487 and emotional struggles and behavioral health is part of an upstream prevention for suicide risk,
 1488 interpersonal violence and other problems in adolescence. Across our County, there is a significant
 1489 shortage of well-trained professionals with expertise to serve young children with emotional/behavioral
 1490 challenges and their families.

1491

1492 **Proposed approach.** BSK funds will support increasing capacity to meet the need for behavioral health
 1493 services in early childhood. Through BSK, King County will work with community partners and providers
 1494 over the course of the next year to develop a comprehensive Infant and Early Childhood Mental Health
 1495 system. As a newly emerging service system, the development of a strategic plan is an essential first
 1496 step. Key elements will include:

- 1497 • Building community awareness of early indicators of emotional/behavioral concerns in young
- 1498 children and introducing screening opportunities
- 1499 • Implementing policy and practice changes to inform the preparation and support of the early
- 1500 childhood workforce. Workforce development initiatives within child development, early education,
- 1501 special education and early intervention, and behavioral health need to incorporate infant and early
- 1502 childhood mental health content
- 1503 • Shaping a system of support for early learning providers and parents, to support healthy social and
- 1504 emotional development in children birth to age five, including access to reflective consultation⁴⁸
- 1505 • Developing a cadre of mental health professionals able to identify issues and concerns which require
- 1506 consultation, and support communities of practice
- 1507 • Defining system supports to assure effective referrals and access, and mechanisms for
- 1508 reimbursement

1509

1510 A key element of building capacity will be the use of BSK funds to support providers, and those working
1511 in early intervention and treatment services and in childcare and home visiting, through the Washington
1512 Association of Infant Mental Health (WA-AIMH) endorsement process. Endorsement by WA-AIMH
1513 verifies that an applicant has attained a level of education as specified, participated in specialized in-
1514 service trainings, worked with guidance from mentors or supervisors, honed skills in reflective
1515 consultation, and acquired knowledge to promote the delivery of high quality, culturally sensitive,
1516 relationship-focused services to infants, toddlers and preschoolers, parents, and caregivers. When
1517 bolstered by the tools and support from providers trained in early childhood mental health, children’s
1518 school readiness and positive social emotional development can be greatly strengthened, reducing the
1519 likelihood that more expensive services such as special education or mental health hospitalization will
1520 be needed later on.⁴⁹

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

1521
1522 **Rationale for investment.** Across King County, individuals in many contexts are working with young
1523 children and families. In some cases – as is often true with family/friend/neighbor care and licensed
1524 child care homes – these individuals may be working in isolation without access to supports and
1525 information. In others, multiple responsibilities may make it difficult to access information, training and
1526 resources to improve the quality of interactions with young children.

1527
1528 The issue of workforce development in early childhood is receiving significant attention in our state, and
1529 across the nation, particularly following the release of the National Academies workforce report in
1530 2015.⁵⁰

1531
1532 **Proposed approach.** BSK will invest funds throughout our region to build the knowledge base within and
1533 across communities on key topics relevant to healthy early childhood development. These investments
1534 will support child care providers, home visitors, community navigators, medical providers and others
1535 who serve as resources to children and families.

1536
1537 One example is training medical providers on Reach Out and Read, a program based in medical practices
1538 in which doctors give young children new books and inspire families to read together, starting when
1539 children are babies. Reach Out and Read facilitates medical providers’ participation by providing
1540 professional development that enables providers to make literacy promotion a standard part of well-
1541 child care, and provides technical assistance to assure clinics can deliver services to families with fidelity
1542 to the proven model. When families participate, parents are up to four times more likely to read to their
1543 children, and children perform up to six months ahead of their peers on language tests.⁵¹

1544
1545 Through investments in workforce development, we expect to address multiple content areas including
1546 adverse childhood experiences, resilience, trauma-informed care, brain development and early
1547 childhood behavioral health. BSK will contract with educational providers and community-based
1548 organizations to ensure that training is provided in innovative ways, to support all providers, including

1549 those furthest from formal system supports. This could include approaches such as coaching, and other
1550 proven strategies for increasing the quality of early learning environments.

1551
1552 These workforce development opportunities will prioritize equity as a key element in training. Over the
1553 next six months, we will work with community partners to develop this approach.

1554
1555
2016: \$3,481,000
2017-2021 average:
\$9,590,000



1556
1557 **Rationale for investment.** The *Best Starts for Kids* ordinance allocated a minimum of \$42.8 million over
1558 the life of the levy to Public Health—Seattle & King County’s Maternal/Child Health (MCH) services. In
1559 2014, the shortfall of funding for PHSKC reached a critical point, threatening the loss of MCH services.
1560 BSK’s investment in these services will help to bring their service levels back up to 2014 levels. By
1561 investing in this work, King County will be able to ensure the services PHSKC provides to women,
1562 children and families continue to be available to the community throughout the life of the levy.

1563
1564 **Proposed approach.** This portfolio of programs includes proven prevention and early intervention
1565 programs for mothers and families, such as Nurse Family Partnership (NFP); Maternal Support Services
1566 (MSS); Women, Infants and Children (WIC) supplemental nutrition program; Family Planning; Health
1567 Educators; and Kids Plus—a program that focuses on improving healthcare and housing for children and
1568 their families experiencing homelessness. Many of these services have historically been provided
1569 through the Public Health Centers.

1570 Through the relationships with young children and their families, MCH services are positioned to help
1571 families access the other resources and supports, which will be funded through BSK by facilitating
1572 referrals through the BSK Help Me Grow framework.

1573
1574 BSK’s investment in MCH services is projected to be about \$51.4 million over the life of levy. The amount
1575 of funding over the minimum required by the BSK ordinance covers the cost of the Kids Plus program
1576 which was approved for inclusion in BSK as part of the 2015 supplemental budget ordinance, as well as
1577 infrastructure needs for continuing to provide the MCH portfolio of programs to our community’s
1578 women, children and families.

1579
1580

Section VI
5 – 24 YEARS, APPROACHES AND INVESTMENTS

1581

This section of the implementation plan addresses:	<ul style="list-style-type: none"> • Overview of 5 – 24 Years Results, Strategies and Indicators • Programs and Services for 5 - 24 Years
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1582

1583

OVERVIEW OF 5 - 24 YEARS RESULTS, STRATEGIES AND INDICATORS

1584

1585

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:

1586

1587

1588

1589

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

1590

1591

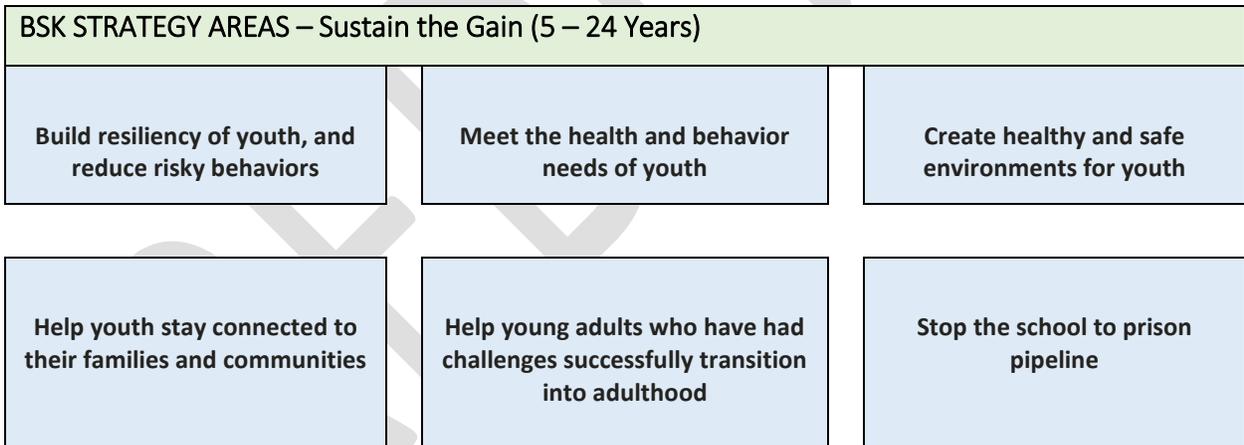
1592

1593

1594

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

1595



1596

1597

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

1598

1599

- 3rd graders who are meeting reading standards
- 4th graders who are meeting math standards
- Youth who are using illegal substances
- 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

1600

1601

1602

1603

1604

1605

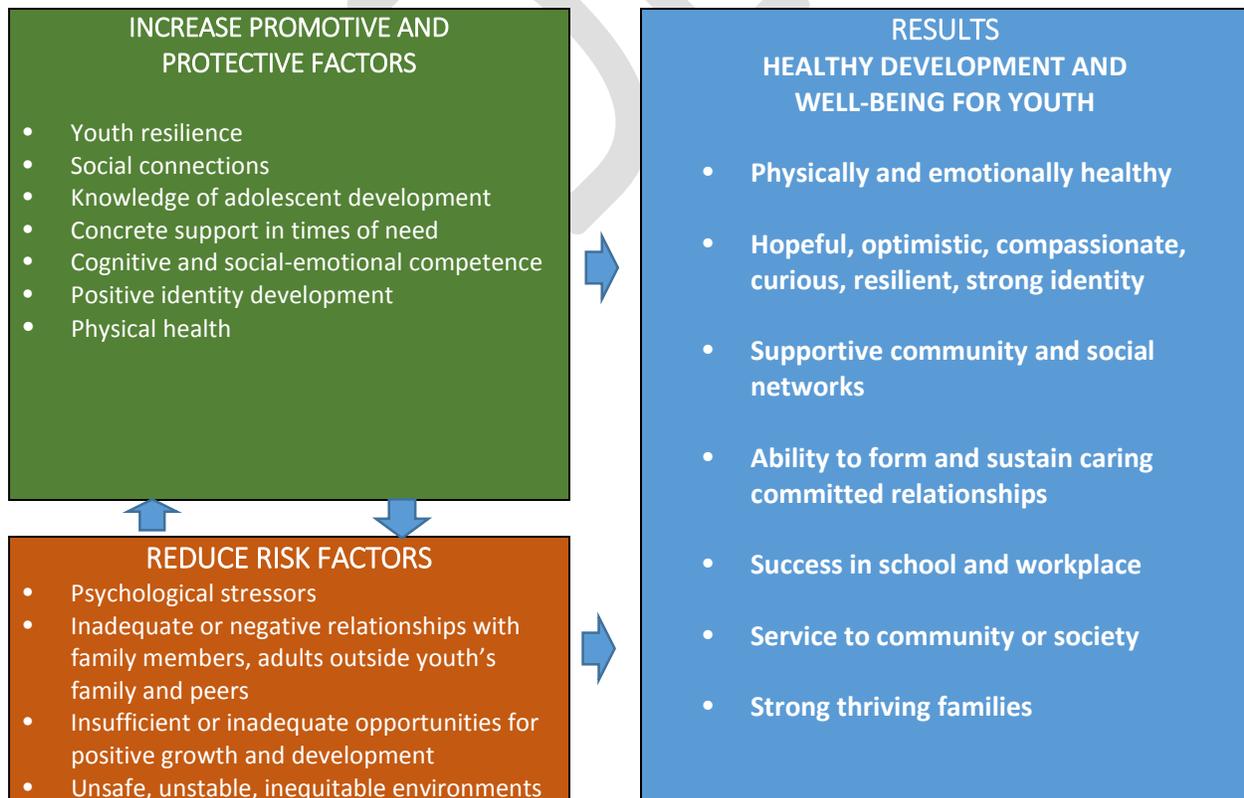
1606

1607 **INVESTMENTS AND APPROACHES FOR 5 – 24 YEARS**

1608
 1609 The BSK investments and approaches discussed below will assure that *Best Starts for Kids* – through
 1610 partnerships with community-based organizations – will be successful in achieving our stated result for
 1611 children and youth. As we learn from initial investments, and build both our qualitative and quantitative
 1612 understanding of the impact of BSK across King County communities, we expect that investments and
 1613 approaches will be refined. Any refinements over time will be made in consultation with community-
 1614 based partners, and with the guidance of the Children and Youth Advisory Board. As with our
 1615 investments in Prenatal – 5 Years, we will approach investments in 5 – 24 Years with these guiding
 1616 principles at the center of our work:

- 1617
- 1618 • Attention to disproportionality and multiculturalism is critical, and will be integral to how we focus
- 1619 investments.
- 1620 • We will attend to the structural and systemic reasons why some children and families are not
- 1621 currently achieving desired outcomes, and will work with others to change underlying systemic and
- 1622 structural inequities.
- 1623 • We will encourage innovative programs, built on the experiences of community partners and the
- 1624 needs and priorities of community residents.
- 1625 • We will build upon resilience and protective factors in children, youth and families across our
- 1626 County.
- 1627 • We will emphasize promotion of positive development, relationships and community in addition to
- 1628 preventing negative outcomes and providing *early* interventions.
- 1629

1630 This overarching framework is adapted from the Center for the Study of Social Policy:
 1631



1632 The following section provides more detail on 5 - 24 Years programs and services which will be funded
 1633 through *Best Starts for Kids*. These programs and services will be primarily provided by community-
 1634 based organizations.
 1635

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

2016: \$1,121,000

2017-2021
 average:
 \$11,410,000

1636
 1637
 1638 **Trauma-informed schools and organizations**
 1639

Rationale for the investment. The decades of strong evidence around the impact of ACEs and trauma on adults’ health and well-being, 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 justice⁵², trauma sensitive schools model⁵³, and training and consultation in trauma-informed practices models such as Collaborative Learning for Educational Achievement and Resilience (CLEAR)⁵⁴.

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 schools understand the educational impacts of trauma, they can 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

1669 successful future. Informed by the work in Oakland and elsewhere, components of the King County
 1670 model are:

- 1671
- 1672 • A focus on the whole child and ensuring that children and youth are understood and have their
 1673 needs met, socially, emotionally and academically.
- 1674 • Deep partnerships among families, schools and organizational partners, such as behavioral health
 1675 providers, school-based health centers, and community-based or parent-led organizations.
- 1676 • Strong infrastructure in schools and organizations to support culturally-positive, equitable, just and
 1677 affirming climates for children and youth.
- 1678 • Common language and training for teachers, staff, students, parents and community, particularly
 1679 related to the prevalence of individual and culturally/racially based trauma in the lives of children
 1680 and youth, and its impact on relationships, learning, and behavior.
- 1681 • Improved school and organizational climates, emphasizing that a *trauma-informed* school is one that
 1682 embeds a philosophy and set of values into all programs and practices with the goal of creating
 1683 safety, consistency and predictability for students and staff. In addition to offering alternatives to
 1684 traditional punitive discipline practices, the model supports positive youth development (including
 1685 social/emotional learning) and promotes positive school climate through universal educational
 1686 practices, school culture/policies and trauma-informed identification coordination and response for
 1687 students needing additional supports.
- 1688 • Capitalizing on the enormous potential students have for resilience and positive change.
 1689 Systematically invest and include youth, continue to train youth as leaders, and facilitate and
 1690 encourage youth voice as an essential component of influencing and developing policy and program
 1691 decisions.

1692

1693 BSK expects to pursue a multi-year work plan to implement the model in three cohorts. Cohort one
 1694 schools/organizations will be those that are currently ready to pilot efforts aligned with the King County
 1695 model's core principles and strategies, and/or schools requesting technical assistance in assessing
 1696 readiness for a future whole school intervention. Requests for cohorts two and three will be released in
 1697 subsequent years. We expect that we will partner with approximately 12 schools and/or organizations
 1698 each year. In most instances, funds would support partnerships of a minimum of two entities – school
 1699 and community organization – and often more.

1700

1701 **Restorative Justice Practices**

1702

1703 **Rationale for investment.** Restorative justice practices completely shift from justice as harming to
 1704 justice as healing; from retributive justice to restorative justice.⁵⁵ Though contemporary restorative
 1705 justice practices began in just the last few decades, the effectiveness of these practices in reducing
 1706 violence, incarceration, recidivism, and suspensions and expulsions in schools is increasingly being
 1707 documented. Restorative justice practices are recognized as a model in the U.S. Department of Justice's
 1708 Office of Juvenile Justice and Delinquency Prevention's Model Programs Guide.

1709

1710 Currently our criminal justice system asks these three questions: What law was broken? Who broke it?
 1711 What punishment is warranted? Restorative justice practices ask an entirely different set of questions:
 1712 Who was harmed? What are the needs and responsibilities of all affected? How do all affected parties
 1713 together address needs and repair harm?

1714

1715 Restorative justice practices are rooted in indigenous cultures in which justice is experienced as
 1716 reparative, inclusive and balanced. It emphasizes: repairing harm, inviting all affected to dialogue
 1717 together to figure out how to do so, and giving equal attention to community safety, victim’s needs, and
 1718 offender accountability and growth.⁵⁶ Restorative justice has diverse applications. It may be applied to
 1719 address conflict in families, schools, communities, workplace and the justice system.
 1720

1721 **Proposed approach.** Integrating restorative justice practices will be elemental to multiple strategy areas
 1722 funded through *Best Starts for Kids*. At a minimum, understanding and applying restorative justice
 1723 practices will be part of the programs and services provided for children, youth and young adults
 1724 through trauma-informed schools and organizations, supporting Opportunity Youth to re-engage, and
 1725 programs and services designed to stop the school to prison pipeline. Over the next six months as
 1726 County staff come together with community partners, the Juvenile Justice Steering Committee, and the
 1727 Children and Youth Advisory Board to develop the procurement process, we will emphasize the critical
 1728 nature of imbuing all of our work with a mindset that is informed by restorative justice practices. In
 1729 addition, specific practices (for example, peace circles) will be funded with attention to how restorative
 1730 justice practices can be utilized in settings with our youngest children, as well as older children, youth
 1731 and young adults.
 1732

1733 Healthy Relationships and Domestic Violence Prevention for Youth

1734
 1735 **Rationale for investment.** The strongest predictors of unhealthy relationship choices and sexual
 1736 violence are violence and unhealthy relationships in the home; the next is community norms⁵⁷. There
 1737 are many other proven or potential predictors that influence individuals’ abilities to form healthy
 1738 relationships; these include trauma and mental health. We know from adolescent brain science that this
 1739 is a critical time for shaping lifelong norms for relationships.
 1740

1741 During adolescence, young people learn how to form safe and healthy relationships with friends,
 1742 parents, teachers, and romantic partners. Both boys and girls often try on different identities and roles
 1743 during this time, and relationships contribute to their development. Peers, in particular, play a big role in
 1744 identity formation, but relationships with caring adults – including parents, mentors or coaches – are
 1745 also important for adolescent development. Often, the parent-adolescent relationship is the one
 1746 relationship that informs how a young person handles other relationships. Unfortunately, adolescents
 1747 sometimes develop unhealthy relationships, and experience or exhibit bullying or dating violence.⁵⁸
 1748

1749 According to the Centers for Disease Control and Prevention, one in 10 adolescents reported being hit or
 1750 physically hurt on purpose by a boyfriend or girlfriend at least once in the previous year. Over time,
 1751 controlling and demanding behavior may become increasingly violent and that violence can have
 1752 negative effects on physical and mental health throughout life (including lower self-esteem, eating
 1753 disorders, and suicidal thoughts).^{59 60 61}
 1754

1755 Lesbian, gay, bisexual, transgendered and queer (LGBTQ) youth may face unique challenges in building
 1756 healthy relationships. Among adolescents ages 18 to 19, just under eight percent of females and just
 1757 under three percent of males identify as homosexual or bisexual.⁶² LGBTQ adolescents are happy and
 1758 thrive during their teenage years. However, as a group they are more likely than their heterosexual
 1759 peers to experience difficulties: LGBTQ adolescents are at increased risk for suicide attempts, being
 1760 homeless, alcohol use, and risky sex.^{63 64}
 1761

1762 Bullying is also a serious problem for children and youth, but it can be prevented or stopped when those
 1763 involved know how to address it. Many adolescents have experienced bullying, whether they were
 1764 bullied, bullied someone else, or saw someone being bullied. Although definitions vary, bullying usually
 1765 involves an imbalance of power, an intent to hurt and repetition of the behavior. Adolescents who bully
 1766 use their power to control or harm, and those being bullied sometimes feel powerless to defend
 1767 themselves.⁶⁵

1768
 1769 **Proposed Approach.** Helping youth and young adults build and maintain healthy relationships will be a
 1770 focus integrated across all of BSK's investments in 5 – 24 Years. The approaches will vary, depending on
 1771 the age of children and youth served. Approaches that are effective for older elementary children differ
 1772 considerably from those focused on youth in high school. Because family relationships are so central and
 1773 so powerful in the lives of young people, BSK-funded programs will prioritize opportunities for
 1774 strengthening families across multiple venues and interactions. Approaches will be responsive to the
 1775 diversity of families and communities in King County including racial, cultural, LGBTQ and disability
 1776 communities.

1777
 1778 BSK will partner with community organizations and engage youth directly to develop an approach for
 1779 helping youth build the skills to support healthy relationships across many settings in their lives. The
 1780 focus of this approach will be on helping youth identify what healthy relationships look like, and also
 1781 develop skills for how to address violence when they encounter it in their relationships, or the
 1782 relationships of family members or peers.

1783
 1784 One potential approach is the [Family Acceptance Project](#) which works to decrease risk and promote
 1785 well-being for LGBTQ children and youth and to strengthen families, by informing family intervention
 1786 strategies and research-based practice information in primary care, mental health, family services,
 1787 schools, child welfare, juvenile justice and homeless services to build healthy futures for LGBTQ children
 1788 and adolescents in the context of their families, cultures and faith communities.

1789
 1790 Another potential approach is bystander training. The [Green Dot etc.](#) strategy is one bystander training
 1791 approach to violence prevention that capitalizes on the power of peer and cultural influences. Informed
 1792 by social change theory, the model identifies all community members as potential bystanders, and seeks
 1793 to engage them, through awareness, education, and skills-practice, in proactive behaviors that establish
 1794 intolerance of violence as the norm, as well as reactive interventions in high-risk situations – resulting in
 1795 the ultimate reduction of violence. Specifically, the program targets influential and respected individuals
 1796 from across community subgroups. The goal is for these groups to engage in a basic education program
 1797 that will equip them to integrate moments of prevention within existing relationships and daily
 1798 activities. By doing so, new norms will be introduced and those within their sphere of influence will be
 1799 significantly influenced to move from passive agreement that violence is wrong to active intervention.

1800 1801 Quality Out of School Time

1802
 1803 **Rationale.** Children and youth spend only 20 percent of their waking hours in school. How they spend
 1804 the remaining 80 percent of their time has a significant impact on their success and well-being⁶⁶. Over a
 1805 decade of research and evaluation shows that high-quality afterschool and youth development
 1806 programs (which includes summer programs) are directly linked to youth achievement of positive
 1807 social/emotional, health, and academic gains. Quality out-of-school-time programs provide children and
 1808 youth with access to a range of activities from educational enrichment to cultural and social
 1809 development activities, recreation, physical activity and health promotion, visual and performing arts,

1810 tutoring and homework services, and leadership skills. They serve a critical role in fostering healthy
 1811 communities and providing young people with a safe space keeping them off the streets during the peak
 1812 hours for juvenile crime.⁶⁷

1813
 1814 What happens in quality out-of-school-time programs looks and feels different than the school day, and
 1815 enhances in-school learning by supporting the holistic needs of children and youth. Expanded Learning
 1816 Opportunities (ELOs) in particular have emerged as a subset of the out-of-school-time field with a
 1817 specific focus on improving academic outcomes for low-income youth and children and youth of color.
 1818 These programs use data to inform program practice and measure progress. Core to the ELO model is
 1819 engagement with communities, families and schools to align in-school and out-of-school learning with a
 1820 shared goal of enhancing learning and improving academic outcomes.⁶⁸

1821
 1822 Investments in quality out-of-school time have the potential to counter the significant impact of *summer*
 1823 *learning loss*. Every year, children and youth forget between one-three months of what they learned in
 1824 school the previous year.⁶⁹ Two-thirds of the achievement gap between lower-/middle-income and
 1825 higher-income youth entering 9th grade can be attributed to summer learning loss.⁷⁰ The benefits and
 1826 social returns of investing in summer learning are compelling and contribute to a decrease in student
 1827 dropouts, higher grades and academic performance, and higher graduation and college enrollment
 1828 rates.⁷¹

1829
 1830 Research from Dr. Joseph A. Durlack (Loyola University, Chicago) and Dr. Roger Weissberg (University of
 1831 Illinois, Chicago) also speaks to the effectiveness of quality out-of-school-time programs in enhancing
 1832 young people's personal and social skills. Drs. Durlack and Weissberg reviewed 68 studies of afterschool
 1833 programs that had the specific goal of fostering personal and social development, and that were
 1834 compared to non-participating control youth. Through their review, they were able to identify four
 1835 evidence-based practices, which form the acronym SAFE. In brief, their review identified whether
 1836 program staff:

- 1837
- 1838 • Used a sequenced step-by-step training approach (S)
 - 1839 • Emphasized active forms of learning by having youth practice new skills (A)
 - 1840 • Focused specific time and attention on skill development (F)
 - 1841 • Were explicit in defining the skills they were attempting to promote (E)

1842
 1843 Each of these practices has a strong research base in many skill training studies of youth. The afterschool
 1844 programs that followed all four recommended practices were called SAFE programs (N = 41) and those
 1845 that did not were called Other Programs (N = 27). The findings were clear: SAFE programs were
 1846 associated with significant improvements in self-perceptions, school bonding and positive social
 1847 behaviors; significant reductions in conduct problems and drug use; and significant increases in
 1848 achievement test scores, grades and school attendance. The group of Other Programs failed to yield
 1849 significant improvements on any of these outcomes.⁷²

1850
 1851 **Approach.** BSK will partner with organizations across our community which provide or support
 1852 afterschool and summer programs and will invest in quality out-of-school-time programs to support King
 1853 County's children and youth.

1854
 1855 Stakeholders for out-of-school time include a multitude of large organizations and small community-
 1856 based resources. School's Out Washington – which is based in Seattle and serves all of Washington state
 1857 – serves as the intermediary for out-of-school-time programs in King County, tailoring professional

1858 development and systemic supports to further the quality of afterschool and summer programs for all
1859 children and youth.

1860 Supported by funding from the Raikes Foundation, the C.S. Mott Foundation and other organizations,
1861 School's Out Washington led a process to develop Washington's first quality standards for out-of-school
1862 time programs. Over many months they gathered input from a broad group of stakeholders, conducted
1863 focus groups and cross-walked their ideas against current research. In the spring of 2014, the
1864 Washington State *Quality Standards for Afterschool and Youth Development Programs* were finalized
1865 and shared with the state's out-of-school time field. BSK will partner in this work to assure that high
1866 quality out-of-school-time is available for children and youth in King County.

1867 **Youth Leadership and Engagement Opportunities**

1868
1869 **Rationale.** Research demonstrates that youth with more developmental assets, such as positive family
1870 communication, caring school climate and sense of purpose, have reduced morbidity and better health
1871 outcomes⁷³. In addition, key protective factors, such as connectedness to parents and family,
1872 connectedness to school, and optimism, promote healthy youth behaviors and outcomes⁷⁴ while
1873 diminishing the likelihood of negative health and social outcomes. A dual strategy of risk reduction and
1874 promotion of protective factors through an intentional positive youth development approach holds the
1875 greatest promise as a public health strategy to improve outcomes for youth.⁷⁵

1876
1877 **Approach.** BSK will work with our community partners over the next six months to develop
1878 opportunities for youth leadership that will benefit youth, as well as their families and communities.
1879 Community feedback has identified interest in using this approach to pursue multigenerational
1880 programs, with youth in the lead. Furthering youth leadership directly ties to recommendations from
1881 the Youth Action Plan which call for more opportunities for youth leadership and community
1882 engagement. We expect that those opportunities will be effective in engaging youth who might not see
1883 themselves as leaders, including youth from refugee and immigrant communities, LGBTQ youth, youth
1884 of color, foster youth, developmentally delayed and disabled youth, and justice-involved youth.
1885 Approaches may include development of a Leadership Tomorrow type program, designed for/by youth,
1886 as well as deliberate identification of opportunities for youth to serve their communities through local
1887 and regional boards and commissions.

1888
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

1889
1890 **Mentoring**

1891
1892 **Rationale.** Expanding mentoring opportunities and programs is one method of building resilient youth.
1893 Mentoring can help support youth as they go through challenging life transitions, including dealing with
1894 stressful changes at home or transitioning to adulthood. The supportive, healthy relationships formed
1895 between mentors and mentees are both immediate and long-term and contribute to a host of benefits.
1896 Evaluations of youth mentoring programs have provided evidence that high-quality, enduring

1897 relationships can lead to a range of positive outcomes for the young people involved⁷⁶. Likewise,
 1898 researchers have deciphered some of the conditions under which youth mentoring is most effective, as
 1899 well as the types of volunteers, young people and activities that are associated with positive
 1900 developmental outcomes. Successful mentoring programs are known to contribute to increases in
 1901 resilience and protective factors for youth, and reductions in negative behaviors, including truancy and
 1902 substance use.

1903
 1904 **Approach.** As BSK further develops its approach to mentoring investments, we will work closely with
 1905 community-based organizations and current mentoring providers, looking particularly for those
 1906 programs that maximize the importance of mentoring relationships with peers, intergenerational
 1907 mentoring, and mentoring as a vehicle for building strong cultural and ethnic identity. This includes
 1908 assuring that there are programs connecting elders with LGBTQ youth and youth with disabilities.

1909
 1910 Mentors and peer advocates can be assets in helping young people who have experienced challenges to
 1911 successfully transition into adulthood. Mentoring provides opportunities for intergenerational
 1912 approaches and matching peers from within communities. However, some mentoring programs pair
 1913 students with a mentor for only one year, often until they secure a job or complete a GED. BSK will
 1914 pursue opportunities for innovative programming that goes beyond one year of support while young
 1915 people pursue college coursework or advanced training, maintain employment and/or secure stable
 1916 housing.

1917
 1918 BSK will identify agencies to support ongoing mentoring programs through a competitive RFP.

1919 Mentoring programs will vary across communities as they account for geographic, cultural and other
 1920 needs of the youth for which they are intended. BSK will support community based organizations that
 1921 pursue best practices for mentoring based on the latest research including but not limited to:

1922

- 1923 • Recruiting appropriate mentors and mentees and ensuring clear expectations
- 1924 • Providing initial and support, training and supervision for mentors
- 1925 • Offering ongoing consultation and training to mentors that extends post-match

1926

1927 During summer 2016, King County will partner with community-based organizations and members of
 1928 the Children and Youth Advisory Board (CYAB) to develop a more comprehensive list of criteria of best
 1929 practice and funding priorities. We will also explore multigenerational mentoring, as an opportunity to
 1930 partner with agencies serving elders.

1931

1932 Family Engagement and Support

1933

1934 Equity and social justice is central to understanding what families need to be engaged and supported.
 1935 King County will work in partnership with communities and families to understand their needs and co-
 1936 design family engagement strategies that work to support families in authentic ways. When making
 1937 decisions regarding family engagement, programming needs to encompass multicultural approaches.
 1938 BSK will look to our community partners – including children, youth and families – to shape investments
 1939 in communities to support families' involvement in school and community activities. We will look to
 1940 partner on ways to support families' roles and relationships with their children and youth. This approach
 1941 will be developed in partnership with the CYAB and community stakeholders and, most importantly,
 1942 families.

1943

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

2016: \$385,000

2017-2021
average:
\$5,220,000

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

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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 optimism⁷⁷. Youth must work to integrate aspects of their identities as they move from home to community to school; successful integration of their full identity 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 adjustment⁷⁸. 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 children⁷⁹.

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 ethnicity, culture, sexual orientation, disability, race and gender. 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.

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.

1983 School-Based Health Centers (SBHCs) have been shown to decrease health inequities. Studies have
 1984 shown that SBHCs have helped to decrease absences by 50 percent among students who had three or
 1985 more absences in a three-week period. Studies have also shown that school-based services are
 1986 particularly effective for youth. Adolescents are 21 times more likely to make a mental health visit to a
 1987 school-based provider than to a community site⁸⁰. The increased availability of mental health and
 1988 substance abuse prevention and early intervention services in schools reduces the stigma of seeking
 1989 mental health and substance abuse care and increases accessibility of that care.

1990
 1991 School-Based Health Centers are operated by community health agencies and are staffed with
 1992 coordinators, nurse practitioners and mental health counselors that ideally reflect the diverse ethnic,
 1993 language and cultural backgrounds of the students and families, including LGBTQ families. Typical
 1994 services include preventive health care, immunizations, and counseling for depression, trauma and
 1995 stress. PHSKC has successfully launched and supported the growth of SBHCs and currently supports 31
 1996 clinics in King County with technical assistance, program quality, and professional development to
 1997 ensure high quality service.

1998
 1999 **Approach.** BSK funds may allow for the expansion of up to five additional SBHCs in low income areas
 2000 during the life of the levy. Schools that demonstrate readiness to build strong partnerships are willing to
 2001 participate in learning collaboratives, and which represent geographic diversity will be selected through
 2002 a competitive RFP process. This will be a phased approach with a specific focus on communities with
 2003 higher needs, as determined by current access to adolescent care and school demographics.

2004
 2005 This will include an expansion of existing sites where current funding and/or models do not fully meet
 2006 community need, and which demonstrate the capacity to expand their services.

- 2007
 2008 • Phase One (Years one and two): King County will provide capacity-building for partnership building,
 2009 community of practice, and an investment in infrastructure and capital for one additional site.
 2010 Funding will be available to expand sites where funding and/or community need are not currently
 2011 met.
 2012 • Phase Two (Years two and three): Funding will be maintained while increasing capacity building
 2013 work which may yield up to five additional SBHC sites. Capacity building will support partnership
 2014 building, community of practice and investment in infrastructure and capital.
 2015 • Phase Three (Years three through six): Funding will be maintained while continuing to support
 2016 ongoing capacity building. Capacity building will include support for utilizing data for decision
 2017 making to support quality improvements and support ongoing sustainability.

2018
 2019 Quality replication will require partnership and relationship building. Interested community partners
 2020 such as school districts and health providers will need to assess needs and prepare for future capital and
 2021 operational funding provided by BSK, as well as locally leveraged funds. Building capacity and readiness
 2022 toward implementation and sustainability ensures positive lasting outcomes and sustainable practice in
 2023 the school and community.

2024
 2025 King County will support the work to get new sites ready to replicate and provide the support needed to
 2026 prepare for expansion. The County will convene a community of practice, and support a standard of care
 2027 through the use of data, to improve practices and outcomes for students.

2028

2029 Community involvement will be key to ensuring that new centers meet the needs of specific
 2030 communities, which will differ across geography, ethnicity and culture, and which will serve the diversity
 2031 of children and youth in our public schools.

2032
 2033 **Healthy and Safe Environments**

2034
 2035 **Rationale for investment.** A focus on healthy and safe environments will provide another opportunity
 2036 for youth leadership development, while enhancing protective factors and building assets among youth,
 2037 families and communities. This strategy will bring together the 5 – 24 Years work with the community-
 2038 specific focus of Communities of Opportunity through community-driven opportunities to collectively
 2039 create healthy and safe environments across King County.

2040
 2041 **Proposed approach.** BSK will invest in community partners that will identify opportunities for innovative
 2042 approaches across many potential investment areas. Priority will be given to projects aiming to improve
 2043 health outcomes and those that include youth in planning and implementation. Investment areas may
 2044 include:

- 2045
- 2046 • **Access to healthy and affordable food.** Affordability is among the greatest barriers to healthy eating
 2047 in low-income communities. In partnership with the King County Department of Natural Resources
 2048 and Parks, Public Health – Seattle & King County, and the King County Executive’s Office, an action
 2049 plan for King County healthy food access was created in 2014. Strategies through BSK will focus on
 2050 increasing access for vulnerable populations, emphasizing health equity. Improving nutrition
 2051 environments in schools, after school programs and child care, increasing access to direct market
 2052 outlets including farmers’ markets, farm stands and mobile markets, and increasing the amount of
 2053 fruits and vegetables available in food banks, food pantries and emergency meal programs are all
 2054 potential approaches.
 - 2055
 - 2056 • **High quality physical activity.** Regular physical activity provides multiple health benefits and
 2057 reduces risk factors for a range of chronic diseases. Creation of, or enhancing access to, programs
 2058 and places for physical activity can support youth, young adults and families to integrate activity
 2059 more easily into their everyday schedules. Approaches may include implementing or maintaining
 2060 high quality best/promising practice in physical education and activity programs in schools and after
 2061 school programs. Bicycling and bike safety, walking, school buses and safe routes to schools, and
 2062 maximizing availability of community sites to increase evening access to physical activities are
 2063 additional potential strategies.
 - 2064
 - 2065 • **Environments that limit exposure to dangerous products and substances.** Programs aimed toward
 2066 school-age children present an opportunity to address risky behavior that could lead to future drug
 2067 and alcohol use and substance dependence. Children are more likely to use drugs and alcohol during
 2068 transition periods, such as going from elementary to middle school. Approaches may include: youth-
 2069 led efforts to reduce access to tobacco, marijuana and alcohol in their communities; school district
 2070 efforts to create systems that restrict use of marijuana, tobacco, alcohol or other drugs through
 2071 non-suspension enforcement; and youth-led campaigns to reduce youth use of products that are
 2072 targeted toward specific groups (products could include: menthol, hookah/shisha, e-cigarettes,
 2073 flavored cigars, marijuana, alcohol).
 - 2074

- **Physically safe and health promoting environments.** Changes in the environments where we live, 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 10th 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.⁸¹

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.⁸² This group of children has an increased risk for dropping out of school and not becoming fully contributing members of adult society.⁸³ 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.⁸⁴ 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.⁸⁵ 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.⁸⁶

2115 **Proposed approach.** *Best Starts for Kids* will partner with schools and community-based providers to
 2116 implement evidence-based programs to support adolescents' mental health. Investments could include
 2117 programs such as:

- 2118
- 2119 • **Screening, Brief Intervention and Referral to Treatment (SBIRT)** is an evidence-based practice
 2120 based on motivational interviewing techniques used to identify and reduce anxiety and
 2121 depression and prevent problematic use, abuse, and dependence on alcohol and illicit drugs.
 2122 The SBIRT model was cited by an Institute of Medicine recommendation that called for
 2123 community-based screening for health risk behaviors, including substance use⁸⁷. Screening for
 2124 depression has been recommend by the U.S. Preventive Services Task Force for ages 12 through
 2125 18. The school-based SBIRT, while originally developed for a healthcare setting, has been
 2126 adapted and piloted in King County schools and is a comprehensive public health approach for
 2127 addressing selected behavioral health concerns, including anxiety and depression. The goal of
 2128 King County will be to expand SBIRT services to all 19 school districts to have a presence in all
 2129 middle and high schools in partnership with schools. SBIRT has strong research indicating results
 2130 with adults and is beginning to show significant promise with youth. The goal is to ensure all
 2131 youth in King County have an opportunity to have behavioral health concerns addressed.
 2132
 - 2133 • **Early Detection and Intervention for the Prevention of Psychosis [EDIPP]** is an evidence-based
 2134 program designed to delay or prevent the onset of an acute psychotic disorder in adolescents
 2135 and young adults ages 12 -25. Although psychosis affects a small percentage of the population,
 2136 the consequences of not catching it before the first psychotic break are devastating for the
 2137 individual and his/her family. Using a family-aided assertive community treatment model, the
 2138 team provides proactive engagement, supports and treatment. Program components include:
 2139 ○ Training and educating a broad base of community members who interact regularly with
 2140 young people and may be in a position to identify and refer young people showing early
 2141 signs of risk for psychosis to further assessment and then to treatment, if indicated.
 2142 Community members to be trained include school employees, social workers, doctors,
 2143 nurses, students, parents, clergy, after-school program staff and law enforcement
 2144 personnel.
 2145 ○ The assessment is conducted by a multidisciplinary clinical team to determine the youth's
 2146 risk for psychosis and functioning level.
 2147 ○ If treatment is indicated, it is provided by the specialized multidisciplinary team that
 2148 includes a psychiatrist or nurse practitioner, nurse, occupational therapist, licensed clinical
 2149 counselors, and a supported education and employment specialist, to deliver the
 2150 interventions.
 2151 ○ In addition to assessment, the clinical program includes multifamily group therapy,
 2152 supported employment and education and medication as needed.

2153
 2154 King County will pilot EDIPP to study its effectiveness.
 2155

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

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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 Youth⁸⁸ 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-engage⁸⁹. African American, Hispanic and American Indian youth are over-represented among Opportunity Youth.⁹⁰

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.

- **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 in danger 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.

2197
2198 BSK will work with community partners to expand comprehensive programs available to in-school
2199 youth in King County, focusing on communities and school districts where there is greatest need.
2200

- 2201 • **Supporting Opportunity Youth to re-engage.** Opportunity Youth face challenges and risk factors at
2202 dramatically higher rates than in-school youth. These include homelessness, disabling conditions,
2203 criminal histories and substance abuse.⁹¹ In addressing the needs of Opportunity Youth, there is
2204 significant work now underway in our region to leverage state basic education funding to pay for re-
2205 engagement services. There has been a major expansion in re-engagement programming over the
2206 past three years, and a strong need exists to improve and coordinate the supply of programs.
2207

2208 We have an opportunity with BSK to invest in key components that will leverage and support much
2209 of the work now underway by building out a regional team of employment specialists/staff working
2210 with all the re-engagement sites (currently 13 locations) and coordinating efforts on employer
2211 engagement that are already happening in the County through the efforts of the Raikes Foundation,
2212 Community Center for Education Results, and others. We will work with these partners and others
2213 over the next six months to develop a strategic approach for expanding services to Opportunity
2214 Youth.
2215
2216

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

2217
2218 **Rationale for Investment.** All of *Best Starts for Kids* – from Prenatal to 24 Years – contributes toward
2219 stopping the school to prison pipeline. We believe that we can, and we must, partner effectively with
2220 communities to support children, youth and families in ways that strengthen protective factors and
2221 scaffold systems of supports that are accessible, relevant and culturally-appropriate. However, while we
2222 are working to address systemic issues and create change through investments further upstream, there
2223 are children and youth today who need to be supported differently.
2224

2225 Too many of our young people have missed out on childhoods where protective factors were prevalent
2226 and the potential for lives of health and well-being were assured. Many low-income youth who are
2227 involved, or at high risk of involvement, with the criminal justice system, gangs, homelessness,
2228 substance abuse and other dangers have routinely been exposed to multiple risk factors and very few of
2229 the protective factors that other youth experience. These include caring supportive adults, safe
2230 neighborhoods, strong senses of self and culture, and living situations free of violence, illness and abuse.
2231

2232 In 2015, there were 1,579 court case filings for young people in King County. Of those, 55 percent were
2233 identified as black young people, and 79 percent were identified as young people of color. The BSK levy
2234 ordinance requires that the BSK implementation plan “shall, to the maximum extent possible, take into
2235 consideration the county's youth action plan, adopted by Motion 14378, and any recommendations of
2236 the county's Juvenile justice steering committee to address juvenile justice disproportionality that was
2237 formed in 2015 that are adopted into policy.”

2238
 2239 **Proposed Approach.** In spring 2016, the King County Council added funding to the biennial budget for a
 2240 consultant to help develop the elements of this strategy area into a cohesive approach. *Best Starts for*
 2241 *Kids* staff will work in partnership with this consultant as well as with the Juvenile Justice Steering
 2242 Committee, the Children and Youth Advisory Board and other King County staff to support
 2243 implementation of approaches focused on youth and young adults who are currently involved with the
 2244 criminal justice system or at high risk of criminal justice involvement.

2245
 2246 • **Prevention/Intervention/Reentry Project.** This approach proposes partnerships with geographic
 2247 communities, or hubs, to create unique government/community partnerships. It enlists community
 2248 members who have previously had little to no opportunity to work in the capacity of serving youth
 2249 and families, and presents opportunities to hold positive and influential status in the community
 2250 while presenting a career pathway.

2251
 2252 Due to economic and incarceration disparities, communities of color – particularly the African
 2253 American community – are chronically short of mentors. In the Prevention/Intervention/Reentry
 2254 project, outreach workers and case managers engage youth and families, help them obtain the
 2255 services they need, and help them build skills and knowledge through group facilitation. Community
 2256 mentors have a role, but the project is not reliant only on their availability. Churches and non-profits
 2257 in each hub will join with outreach and case managers to develop the most efficient strategies in
 2258 their geographic area, and enlist the help of the private sector for employment opportunities for
 2259 youth and young adults as part of the employment component (described below). Churches that
 2260 have parishioners who are passionate about getting involved as sponsors for youth and their
 2261 families may serve as community ambassadors.

2262
 2263 Case managers and outreach workers, working with schools and school districts with the highest
 2264 suspension, expulsion, and drop-out rates, will intervene to keep students engaged in school and
 2265 may facilitate restorative practices, peace circles⁹², cultural education and training for staff as
 2266 alternatives for suspension. Staff may work with youth while they are incarcerated, facilitate groups
 2267 to address their gang involvement, and smooth the reentry process by assisting youth to obtain jobs
 2268 and other needed services. Since outreach and case management staff may be housed in existing
 2269 community-based organizations, those agencies immediately increase their capacity for serving
 2270 more diverse youth and families.

2271
 2272 The project serves youth and young adults ages 12-24 and focuses case management positions on
 2273 specific populations and needs within communities, including adolescent girls, victims of sex
 2274 trafficking, African American, Latino, Native American Indian and East African youth. This project will
 2275 build upon the work of the organization(s) that receives funding for case management and outreach
 2276 through the King County Council's biennial budget add for these services in spring 2016.

2277
 2278 • **Youth and Young Adult Employment.** This project focuses employment preparation and supports
 2279 specifically toward youth and young adults who are involved with the criminal justice system, gang-
 2280 involved, or at very high risk of criminal engagement. There is a correlation between poverty and
 2281 criminal activity. Efforts to reduce the crime rate must take economic opportunity into
 2282 consideration. Many low-income young men, in particular, grow up without observing the men in
 2283 their families as gainfully employed, and they have become ensnared in a multigenerational cycle of
 2284 poverty, unemployment and disenfranchisement. Many of these young adults – especially African

2285 American young men – are severely disenfranchised. They are not counted in traditional
2286 unemployment rate calculations because they’ve never been engaged in the job market.

2287
2288 BSK seeks to assist our most disenfranchised youth to realize their true potential, by providing a
2289 means for them to acclimate into the culture of employment, and to provide them the supports
2290 they need to be successful. An employment program for youth and young adults would focus on
2291 employment as a rite of passage, and prepare them to be successful through comprehensive job
2292 preparation and sufficient supports to ensure job placement and job retention.

2293
2294 Employment for youth would be full time during the summer and part-time during the school year
2295 to encourage students’ participation in school-based activities and sports, and to support their
2296 continued academics. Employment for young adults would be full time, focused on building the
2297 work history and skills necessary to get a job, and aiming toward the long-term opportunities and
2298 self-determination that come through sustained employment.

2299
2300 • **Theft 3 and Mall Safety Pilot Project.** King County’s Juvenile Justice system is racially
2301 disproportionate. Although referrals for charges in the system declined from 2013 to 2014, referrals
2302 for Black youth went up. Out of 1251 cases referred for filing for black youth in 2014, 27 percent of
2303 them were for theft 3 (i.e. shoplifting). Black children are disproportionately charged with theft 3
2304 and it is critically important that we prevent the entry of these children into the criminal justice
2305 system. Tukwila Police Department has been the source of 350 misdemeanor theft cases, which is
2306 one of the highest in King County. Westfield Mall (Southcenter), in Tukwila, is the source of many of
2307 these and other referrals.⁹³

2308
2309 *Best Starts for Kids*, in collaboration with the Juvenile Justice Equity Steering Committee, will pilot a
2310 program to lower the number of juvenile referrals for charges coming from Westfield Mall by
2311 stationing community-based service providers at the mall. Police officers can divert shoplifting and
2312 other low-level cases to the providers. Officers can also pro-actively seek providers’ intervention
2313 where law enforcement identifies a risk of violence or aggression. Providers will be able to de-
2314 escalate situations and, where children and youth are unable to resolve their differences, help them
2315 disperse. The pilot will also include an evaluation component which will compare recidivism rates
2316 for shoplifters who are diverted by law enforcement and for those who are charged.

2317
2318 The idea of locating community-based providers in malls draws on a strategy that has proven
2319 effective in schools. The current approach to low-level theft—arrest and prosecution—is not
2320 evidence-based. Research demonstrates that juvenile justice system involvement can increase
2321 recidivism and further system involvement. Job training and mentorship will do less harm to the
2322 child, will likely lead to lower recidivism, and will save money. The pilot is based partially on the Law
2323 Enforcement Assisted Diversion program, an evidence-based program that has been piloted in
2324 Seattle-King County for adult drug offenders. The Westfield Mall pilot is based on the central
2325 premise of that program—immediate services for individuals accused of wrongdoing. Because the
2326 crimes at issue here do not involve felony drug use, this project envisions fewer resources devoted
2327 to monitoring program participation and instead seeks to channel all resources to services, including
2328 mentoring, employment assistance, academic supports and case management.

2329
2330

2331 The project presents an opportunity to immediately address critical issues for high risk youth:

2332

2333

- Prevent deeper penetration into the juvenile justice system by offering an immediate connection to a mentor and to job training.

2334

2335

- 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.

2336

2337

2338

2339

- Develop shared vision, outcomes, measures and principles of practice by collaborating with community organizations.

2340

2341

2342 This recommendation for the Theft 3 and Mall Safety Pilot Project was formally approved by the Juvenile
2343 Justice Steering Committee and referred to *Best Starts for Kids* as a project under the strategy area of
2344 Stopping the School to Prison Pipeline.

2345

PRELIMINARY

**Section VII
COMMUNITIES OF OPPORTUNITY**

2346

<p>This section of the implementation plan addresses:</p>	<ul style="list-style-type: none"> • Working Toward Equity Through Communities of Opportunity • The Communities of Opportunity Approach • Results • COO Theory of Change: Three Interlocking Elements • COO Paradigm • COO as Part of Best Starts for Kids Levy • COO/BSK Investment Strategies • Balancing COO/BSK Investment Strategies • Management of COO/BSK Funds
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WORKING TOWARD EQUITY THROUGH COMMUNITIES OF OPPORTUNITY

2350

2351 Significant numbers of people in the County are being left behind as demographics shift, and the region
 2352 now experiences some of the greatest inequities among large US metropolitan areas. For example, life
 2353 expectancy ranges from 74 years in the lowest 10 percent of census tracts to 87 years in the highest 10
 2354 percent of census tracts; frequent mental distress ranges from 14 percent to four percent; and income
 2355 below 200 percent of poverty ranges from 54 percent to six percent. In addition to these inequities,
 2356 sharp increases in housing costs in the Seattle metropolitan area continue to put many communities and
 2357 long-time residents at risk for displacement.

2358

2359 Lack of opportunities, instability and displacement of children, youth and families reduce their chances
 2360 of having healthy and prosperous lives. The environment where a child, youth or young adult is raised is
 2361 a strong contributor to their ability to thrive and reach their full potential.

2362

2363 Low-income people and people of color have borne a disproportionate share of the burden of under-
 2364 invested neighborhoods in the last 20 years. As the diversity of our region’s population grows, full
 2365 inclusion is necessary to achieve shared prosperity. Meaningful inclusion must address the needs and
 2366 harness the assets, talents and potential of rapidly growing diverse populations/communities so that
 2367 they are full partners in building our region’s future.

2368

2369 Investing in strategies that address inequities in communities and systems is preventive work and will
 2370 start us on a path that leads to an increase in opportunities and ability to thrive, and a reduction in
 2371 costly crisis services. When opportunities are available for all people to reach their full potential, the
 2372 entire population of King County will benefit. These are the major tenets of King County’s Health and
 2373 Human Services Transformation.

2374

2375 THE COMMUNITIES OF OPPORTUNITY APPROACH

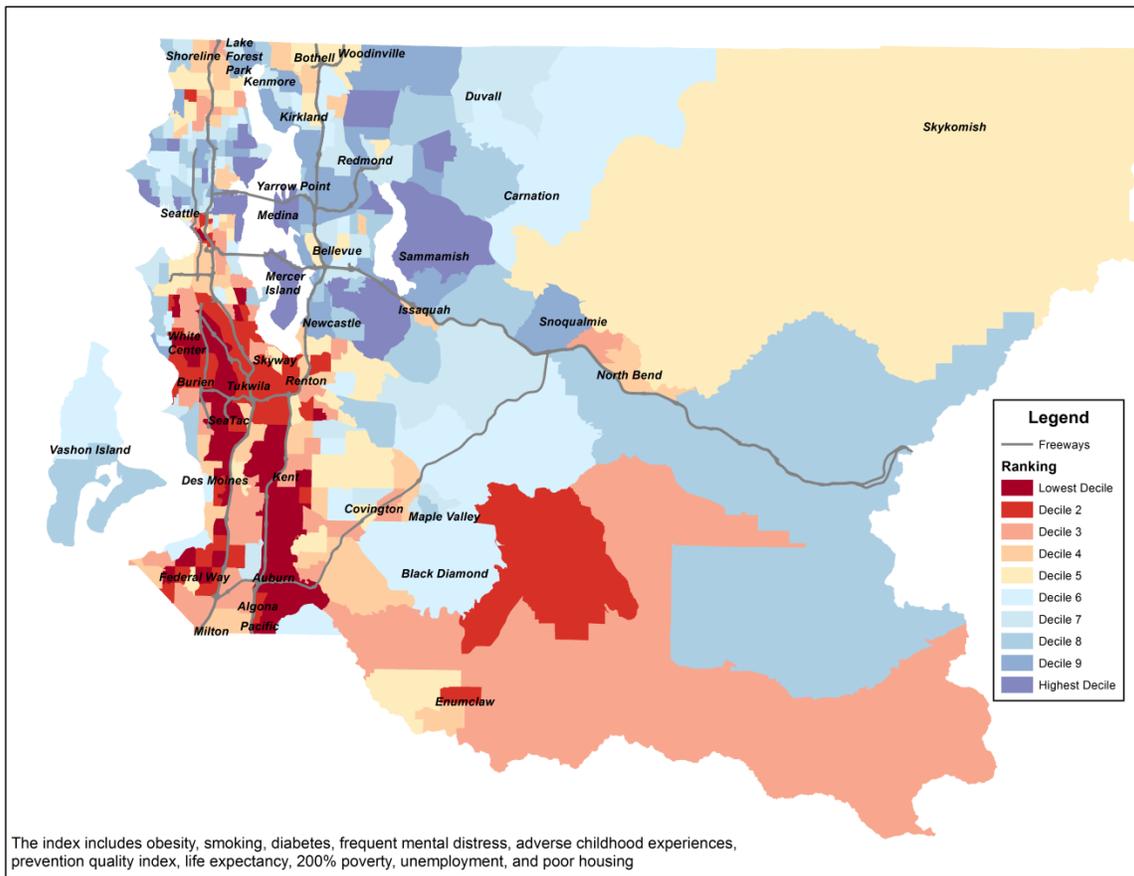
2376

2377 Communities of Opportunity (COO) was launched by King County and the Seattle Foundation in 2014 to
2378 address the inequities in health, social, racial, housing, and economic outcomes that exist across the
2379 region so that communities with the most to gain can thrive, on the evidence that gains made in those
2380 communities will benefit the economic and social engine of the entire region. COO focuses on both
2381 solutions that are geographic and cultural community-based and those which address policy and system
2382 change, because equitable policies are a critical component in building sustainable, healthy communities
2383 across the county.
2384

2385 Equity and social justice underlie the vision and the approach for Communities of Opportunity. COO is
2386 one actionable response to the health and social disparities which are increasing in our region. While
2387 average measures of quality of life, social, and health factors in King County are among the highest in
2388 the country, these averages mask stark differences by place, income and race.
2389

2390

Index of Health & Well-Being Measures in King County



2391

2392

2393

2394 A central tenet of COO is that place and policies matter. “It starts with the metropolitan areas, the
2395 regional economies that cut across city and suburban lines and drive the national economy. Place
2396 intersects with core policy issues central to the long-term health and stability of metropolitan areas and
2397 to the economic success of individuals and families - things like housing, transportation, economic and
2398 workforce development, and the provision of education, health, and other basic services.” (Kneebone
2399 and Berube, *Confronting Suburban Poverty in America*).

2400
2401 Another tenet of COO is that community partners have a vitally important role in shaping and owning
2402 solutions. Given that top down and disconnected efforts of the past have not reaped the hoped-for
2403 results, *the COO approach is to adopt a new paradigm where community voice and leadership are highly*
2404 *valued and central to the work, where co-design with community is standard practice and where*
2405 *connections are strengthened across sectors and the content areas of health, housing, economic*
2406 *prosperity, and community connection.*

2407
2408 **RESULTS**

2409
2410 Communities of Opportunity is one of the key ways that BSK will achieve community outcomes, which,
2411 as defined in the BSK ordinance, include decreasing disparities in health and well-being among different
2412 areas within King County, and improving quality of life in the communities with the most to gain. COO
2413 will help BSK achieve all of its results, but particularly:

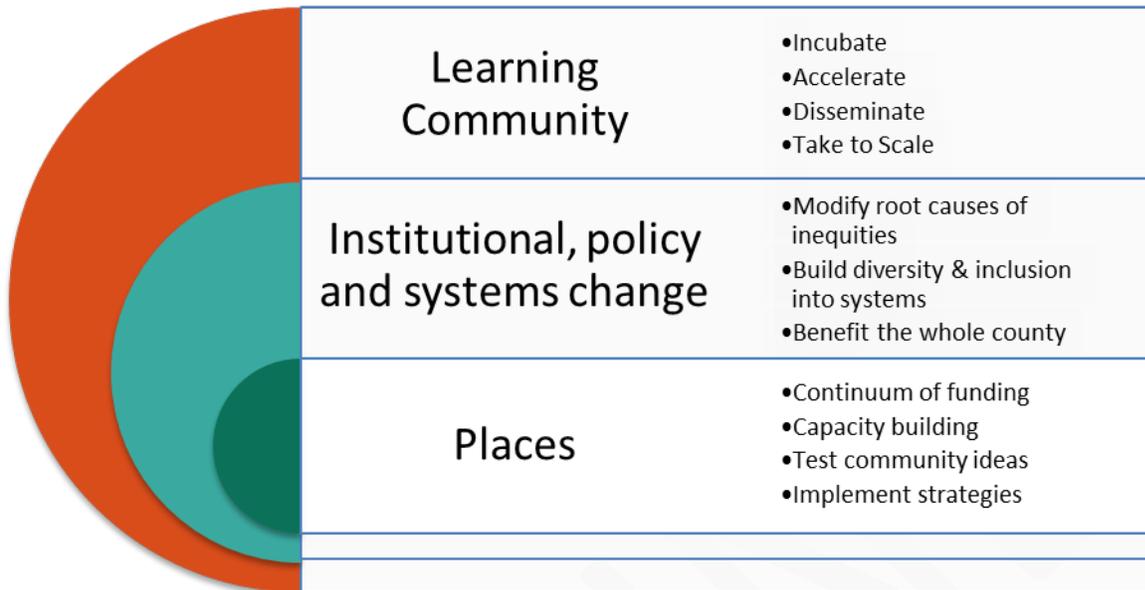
2414
2415 ***Communities offer safe, welcoming, and healthy environments that help improve outcomes for all of***
2416 ***King County’s children and families, regardless of where they live or of their race/ethnicity.***

2417
2418 The following four results areas are specific to the COO work:

- 2419
- 2420 • All people thrive economically.
 - 2421 • All people are connected to community and have a voice.
 - 2422 • All people have quality, affordable housing.
 - 2423 • All people are healthy.
- 2424

2425

2426 COO THEORY OF CHANGE: THREE INTERLOCKING ELEMENTS



2427
2428
2429

2430 **PLACE.** COO’s theory of change is responsive to the unacceptable patterns of inequitable health and
2431 well-being outcomes across our region. The COO core map, which ranks an index of ten population level
2432 health and well-being measures across the County, guides our work. Through COO, we intend to close
2433 the gap in equity outcomes so that all King County residents, regardless of where they live, and
2434 regardless of their race, will thrive in place and live long lives at optimal health.

2435
2436 **POLICY.** To make sustainable positive change over time, the COO theory of change is that both place-
2437 based work and investments, and institutional, system and policy (ISP) change work and investments,
2438 must occur simultaneously with shared accountability for results across partners. If they do not, ISP
2439 barriers will allow place-based inequities to continue.

2440
2441 **LEARNING COMMUNITY.** The third component of COO is a learning community or community of shared
2442 practice. The learning community will create greater momentum for change at the regional level with
2443 multiple partners, increasing the scale and impact on places, cultural communities and the relevant
2444 institutions and systems.

2445
2446 **COO PARADIGM**

2447
2448 COO leaders, partners and staff acknowledge that working on poverty and equity issues is not new,
2449 however, the way that COO is approaching the work (the “how” of the work) is what is new and
2450 transformative. A central tenet of COO is to align community-driven solutions that emerge through a co-
2451 design process with County, cities, private and philanthropic efforts through the following elements:

2452

- 2453 • **Cross Sector Leadership and Partnership.** Cross sector in COO means:
 - 2454
 - 2455 ○ Different types of institutions and community organizations working together, such as
 - 2456 government departments, philanthropy, intermediary organizations, community-based non-
 - 2457 profit and grassroots organizations, community members and private business leaders
 - 2458 ○ Subject matter and context experts from institutions, organizations and communities work
 - 2459 across the content areas, including housing, health, economic development, workforce
 - 2460 development, capital investment, community development, built environment, early learning,
 - 2461 and community-based leadership
 - 2462 ○ COO is built on these cross-sector partnerships lending their experience and expertise to
 - 2463 achievement of common results, and will continue to expand the reach of this work in the
 - 2464 region in the coming years
 - 2465
- 2466 • **Collective Impact.** Collective impact is a data-driven process for addressing complex societal issues
2467 in order to move a cross-sector partnership to make bold and substantial positive change. In COO,
2468 collective impact is operationalized by the cross-sector partners working together to share:
 - 2469
 - 2470 ○ A common vision for change
 - 2471 ○ A shared agenda for collecting data and for measuring common results consistently
 - 2472 ○ A commitment to hold each other accountable, engage in open communication to build trust,
 - 2473 and engage in mutually reinforcing activities
 - 2474 ○ Agreement to ensure community voice is heard and integrated into the work
 - 2475 ○ Agreement to provide adequate backbone support for the work at the initiative and community
 - 2476 levels
 - 2477
- 2478 • **Co-design.** Co-design means that institutions/funders administering a program work side by side
2479 with leaders and people in the communities that are most impacted. Co-design is structured to
2480 promote community ownership of solutions that emerge from the process, recognizing that direct
2481 stakeholders' interests are integral to the design process. Examples of the co-design work in COO
2482 include:
 - 2483
 - 2484 ○ Inclusion of well-informed representatives of communities directly affected by inequities in the
 - 2485 design committee and the governance table
 - 2486 ○ Use of co-design in constructing the COO Results Based Accountability framework with the
 - 2487 community-owned tables at the place-based sites, and with the COO governance table
 - 2488 ○ Community member involvement in the governance table to ensure community voice, culturally
 - 2489 competency and ongoing communication with affected populations
 - 2490 ○ Creation of more user-friendly and less burdensome application processes for community-based
 - 2491 organizations
 - 2492 ○ Transparency in all processes and in reporting progress
 - 2493

- 2494 • **Innovation Culture.** COO fosters an innovation culture through working relationships and
 2495 partnerships. In an innovation culture, members:
 2496
 - 2497 ○ Are open to new information, ideas and ways of defining complex problems.
 - 2498 ○ Are open to developing multiple interpretations of the source of complex problems and multiple
 2499 ways to solve complex problems.
 - 2500 ○ Treat identified solutions as hypotheses, test ideas designed to achieve those solutions, and
 2501 compare their results with the hypotheses.
 - 2502 ○ Recognize that there may be failures that occur in an innovation culture and, if there are no
 2503 failures, the partnership is not pushing hard enough to learn.
 - 2504 ○ Seek to continuously improve and are not satisfied until they achieve the ultimate shared goal.
 2505
- 2506
- 2507 • **Funding Alignment.** COO works to align community-driven solutions that emerge from place-based
 2508 efforts with broader County, cities’ and philanthropic priorities and initiatives in a strategic regional
 2509 approach to correcting inequitable outcomes. The innovation culture within COO is producing new
 2510 ideas and models for bringing leveraged financing and other resources to bear in support of COO
 2511 strategies and indicators. This includes examining current funding streams across sectors for more
 2512 alignment with common equity outcome goals.
 2513
- 2514 • **Results Based Accountability.** Results Based Accountability (RBA) is a methodology and set of
 2515 tools⁹⁴ for planning and taking action through which collective impact partnerships can measurably
 2516 improve the lives of children, youth, families, adults and the community as a whole. COO has used
 2517 RBA to work collectively with the place-based sites and the governance table to create a results
 2518 based accountability framework for COO with headline indicator measures, strategy areas designed
 2519 to “turn the curve” toward greater equity in health and well-being outcomes, and emerging
 2520 strategies. The COO Results Based Accountability framework is found in Appendix 8.
 2521
- 2522 • **Equity Focus.** Communities of Opportunity focuses on improving health and well-being outcomes in
 2523 the 35 percent of the County with the most to gain, thereby improving the conditions of our region
 2524 as a whole. The initial goal of COO is to see a seven percent improvement in health and well-being
 2525 outcomes over ten years in the COO place-based sites. The seven percent improvement will be
 2526 measured from current baseline indicator measures. The intent is to start in select places and build
 2527 momentum to begin to close the gap in health and well-being outcomes for all communities with
 2528 much to gain. Strategies and evaluation processes regarding displacement will be used to try to
 2529 avoid a scenario where health and well-being outcomes improve primarily due to displacement of
 2530 lower-income people and communities of color.
 2531
- 2532 • **Best Practices.** While there is a growing national body of evidence beginning to emerge regarding
 2533 the type of cross-sector partnership work that COO is doing at the intersections of numerous fields,
 2534 and addressing complex social and system issues, we are also a testing ground at local and national
 2535 levels. For this reason, COO was chosen as one of eight sites nationally to participate in the Living
 2536 Cities Integration Initiative. This is also why COO was recently awarded the Housing and Urban
 2537 Development Secretary’s Award for Private/Public Sector Innovation on behalf of the Seattle
 2538 Foundation and King County. We expect COO will be at the forefront of local and national learning
 2539 about cross-sector partnerships and deep work with communities and populations most affected by
 2540 inequities.

2541 COMMUNITIES OF OPPORTUNITY AS PART OF *BEST STARTS FOR KIDS* LEVY

2542

2543 In 2015, Executive Constantine and King County Council identified Communities of Opportunity as an
 2544 element of the *Best Starts for Kids (BSK)* Levy. As part of BSK, COO will equip the County to address
 2545 community conditions that restrict opportunities for children, youth and families, including quality
 2546 affordable housing, healthy food access, community voice and connection, built environment, and
 2547 economic prosperity.

2548

2549 The BSK levy ordinance allocates 10 percent of levy proceeds (approximately \$6.5 million/year) in
 2550 support of COO investments. When Levy funds are coordinated and leveraged with additional private
 2551 resources pledged to COO, the total amount of annual funding is approximately \$8 million, although
 2552 that may vary in a given year. Through COO, the BSK Levy will assure there is adequate infrastructure
 2553 and staffing to support continued partnerships and learning within and between communities that lift
 2554 up community-driven solutions to address community-identified goals.

2555

2556 As with all of the investments supported through BSK funding, Communities of Opportunity provides
 2557 opportunities for action on two driving principles in King County: Equity and Social Justice, and Health
 2558 and Human Services Transformation.

2559

2560 COO/BSK INVESTMENT STRATEGIES

2561

2562 Geographic or Cultural Community-Based Implementation Plan Investments

2563

- 2564 • **Ongoing Investments in Current Sites.** Three initial place-based sites were chosen through a COO
 2565 competitive process in March 2015: Rainier Valley, SeaTac/Tukwila and White Center. Annual
 2566 allocations will continue to be made through an RFP application process to support the
 2567 implementation plans for priority strategies of these three sites. These sites have received a
 2568 commitment of backbone resources for five years as the first community-owned or community-
 2569 based partnerships to work in the COO model.
- 2570
- 2571 • **Competitive Investments to Expand Geographic or Cultural Communities Participating with COO.**
 2572 Investments include:
 - 2573 a) *Formative stage community leadership and collective impact partnerships.* The COO learning
 2574 community infrastructure will be a vehicle for awarding funding through an RFP process to build
 2575 the capacity of community-led collective impact partnerships in a formative stage of
 2576 development that are not one of the three initial place-based COO sites. Funds are intended to
 2577 grow the capacity of such formative community partnership tables for future strategy
 2578 implementation. Technical support for formative partnerships may also be provided, including
 2579 learning/mentoring from COO staff, existing place based sites, intermediaries, and policy/system
 2580 change grantees.
 - 2581
 - 2582 b) *Well-formulated community partnerships with developed strategies.* The COO learning
 2583 community infrastructure will also be a vehicle for awarding funding through an RFP process to
 2584 support well-developed community-owned collective impact partnerships that are
 2585 geographically or culturally-based, and are not one of the three initial place-based COO sites.
 2586 Such partnerships may apply for gap or leverage funding to implement well-developed
 2587 strategies that were created with community partners and other partners working together in a

2588 cross-sector collaboration towards shared outcomes that are aligned with the COO results
2589 framework.

2590
2591 Partnerships applying for place-based funding must be in census tracts/block groups within the
2592 35 percent of the County with the most disparate health and well-being outcomes. Tracts/block
2593 groups with significant disparities compared to the larger sub-region in which they are located
2594 will be eligible, i.e. an area with significant disparities in health and well-being outcomes within
2595 a larger sub-region that has otherwise strong health and well-being outcomes, including rural
2596 pockets of poverty. In the case of a community-owned, culturally-based community partnership,
2597 the cultural base represented must be experiencing significantly disparate health and well-being
2598 outcomes within the 35 percent areas in King County.

- 2599
- 2600 • **Investments to implement common strategies and system level solutions for all COO partners.**
2601 Funding in this category will be direct funder investments in system-level funding innovations that
2602 are derived through cross-sector partnership work with the COO community partners and other
2603 sector partners. These investments may address the history of underinvestment in communities
2604 that are the focus of COO, such as community development resources, or may be investments that
2605 build diversity, equity and inclusion into the institutions, systems, business models and policies that
2606 shape our communities, environment, planning, and growth. Investments may include funding to
2607 intermediaries to implement common strategies serving COO community-based grantees.
2608 Investments will reflect the values of COO pursuant to this implementation plan and will further the
2609 COO results based accountability framework results regarding housing, health, economic prosperity
2610 and community connection.

2611
2612 From the initial three place-based testing sites, COO is learning that the variation between communities
2613 as to readiness to implement strategies and readiness to move specific strategies forward varies
2614 significantly. Therefore, the COO implementation plan does not continue to lock up funds for a few
2615 select communities, but also does not spread funds thinly across the entire county – funds will be
2616 focused on eligible community partnerships, either geographically or culturally-based, that fall into the
2617 bottom 35 percent of census tracts for health and well-being outcomes in the County. Funds will be
2618 awarded competitively and in substantial enough amounts to make a difference. Place- and community-
2619 based solutions and system solutions will move together through a robust learning community to erase
2620 place and race-based inequities over time.

2621

2622 Investments in Community Organizations and Intermediaries to Work on Institutional, System and 2623 Policy Change

2624
2625 COO will continue to have an RFP process for organizations of various sizes that will engage in work to
2626 build diversity, equity and inclusion into the institutions, systems, business models and policies that
2627 shape our communities, environment, planning and growth, and to affect changes that will help to
2628 reverse inequities. Grantees in this category will work under the COO Results Framework, toward the
2629 same indicators of progress and common results as the place-based sites. These grantees will also be
2630 asked to partner or collaborate with geographic and/or cultural communities where there is overlap on
2631 issues being addressed and their respective talents can be leveraged. These investments will only be
2632 made for projects appropriate for public funding.

2633
2634

2635 Learning Community Investments

2636

2637 A learning community or community of practice will be a major element of COO to enable a movement
2638 of a broader regional community of shared interests working towards shared results. The Learning
2639 Community will be designed to foster a regional innovation culture that can take equity-based work to
2640 greater scale. The learning community vision is to:

2641

- 2642 • Share valuable tools and learnings through stronger regional relationships with other partnerships,
2643 initiatives and communities doing similar work
- 2644 • Support organizations and community-based partnerships in the County desiring to begin such work
2645 or to sustain such work towards more equitable local outcomes
- 2646 • Build a cohesive regional learning culture that sets bold collective goals for results, builds
2647 momentum for increased public and private support of equity strategies and solutions at the
2648 community and institutional/system levels to address such results, and makes measurable progress
2649 in eliminating disparities in health and well-being indicators over time.

2650

2651 In addition to geographically and culturally-based competitive investments (detailed above), the COO
2652 learning community investments will focus on regional learning and “community of practice”
2653 infrastructure in order to support participant strategies that contribute to reaching shared results
2654 pursuant to the COO Results Framework.

2655

- 2656 • **Investment in Infrastructure that Will Unite Work in Common.** A regional learning community,
2657 consisting of physical forums to convene participants and interim technical assistance and staff
2658 support, will unite grantees, projects and initiatives in the region doing similar work to address
2659 inequitable disparities in health and well-being outcomes, including:

2660

- 2661 ○ COO geographic and culturally-based community grantees
- 2662 ○ COO grantees and others working on system and policy change projects
- 2663 ○ Institutions, intermediary organizations and others willing to align with COO equity goals
- 2664 ○ Community and culturally-based community organizations desiring to begin working in a
2665 collective impact table with partners
- 2666 ○ Local government departments and programs engaged in relevant cross-sector work
- 2667 ○ Other projects and initiatives working toward similar goals and outcomes that are funded or
2668 partially funded by other sources.

2669

2670 The learning community will highlight opportunities to build community leadership and cross-
2671 community connections through a robust regional platform that will: 1) develop substantive linkages
2672 in the cross-cutting areas of health, housing, community connections and economic prosperity; 2)
2673 allow participants to work, teach and learn together in an innovation culture with partner
2674 “communities of practice”; 3) provide training and sharing of measurement and evaluation tools,
2675 including data, results based accountability framework, indicators and performance measures; 4)
2676 provide other “design lab” forums for making a meaningful change in equitable outcomes for the
2677 residents of King County.

2678

2679

2680

2681 **BALANCING COO/BSK INVESTMENT STRATEGIES**

2682
2683 A COO Governance Group will also serve as the COO Best Starts for Kids Levy Advisory Board (see the
2684 Communities of Opportunity history in Appendix 9 for more information regarding governance). The
2685 duties of the COO-BSK Levy Advisory Board will be to review and make advisory recommendations to
2686 the Executive concerning the use of levy proceeds for the COO element of the BSK Levy, consistent with
2687 the council-adopted COO section of the BSK Levy Implementation Plan.

2688
2689 Every year the COO Governance Group/BSK Levy Advisory Board will review and analyze the private
2690 philanthropic funds available for the year, the COO-BSK funds available for the year, and the status and
2691 progress of the activities in each of the investment strategies. This review and analysis will be used to
2692 inform recommendations regarding the percentages of the COO/BSK Levy funds that will be allocated to
2693 each of the investment areas above, other than the percent for staffing and evaluation.

2694
2695 This will be an important role for the COO/BSK Levy Advisory Board because of the uniqueness of COO
2696 as a public-private venture. The COO Governance Group will simultaneously be making decisions
2697 regarding significant annual allocations of private philanthropic funds in the COO investment areas, and
2698 will need to be able to balance the best use of private funds, which typically have fewer restrictions,
2699 with the construct of public funds, which have some restrictions and yet also offer public contracting
2700 expertise that may be needed for projects such as housing, community development, and built
2701 environment.

2702
2703 **MANAGEMENT OF COO/BSK FUNDS**

2704
2705 The Department of Community and Human Services (DCHS) will administer all of the COO-BSK Levy
2706 funds within its department budget, under the oversight of the Chief Financial Officer. DCHS will
2707 coordinate with Public Health Seattle & King County (PHSKC) regarding COO-BSK Levy-funded contracts
2708 or grants for which it may be advantageous that PHSKC be the administrator.

2709
2710 **Competitive Funding Processes for Investment Strategies**

2711
2712 DCHS will work in collaboration with PHSKC and the Seattle Foundation, as well as with the COO-BSK
2713 Levy Advisory Board, to plan for a regular cycle of competitive funding processes to award COO-BSK levy
2714 funds through RFPs, or a similar award process, such as Letters of Interest in funding opportunities.

2715
2716 A review team will be appointed for COO-BSK Levy competitive award processes, with appointments
2717 made by the founding partners – King County DCHS and PHSKC, and the Seattle Foundation –
2718 considering recommendations by the COO-BSK Levy Advisory Board, and based upon the context and/or
2719 content expertise required for a particular funding process. Review processes may include a simple pre-
2720 application process through which potential respondents can learn more about the funding process and
2721 receive technical assistance. Processes may also include conducting interviews with the highest-ranked
2722 community applications, along with the review of their written application materials.

2723
2724 As discussed in the previous section regarding the need for real-time balancing of COO investment
2725 strategies, the combination of resources invested in COO beyond the BSK levy investments, the learning
2726 and innovation culture nature of COO in which adaptation and responsiveness to community needs is
2727 vital, and the ability for COO to catalyze other public and private resources and funding innovations

2728 means that COO will need more flexibility than traditional funding programs of the County. Flexibility
2729 will allow COO to provide a continuum of funding approaches that meet the real time needs of
2730 interested communities, to meet community partnerships where they are starting from, and to support
2731 them in making progress.

2732
2733 The following general criteria guide COO competitive funding processes:
2734

- 2735 • **Criteria for Geographically or Culturally-Based Community Partnership Funding Awards.** Such
2736 funding proposals will be rated based upon application criteria, including:
2737
 - 2738 ○ To be eligible, communities must be geographic areas or representative of cultures within the
2739 bottom 35 percent of census tracts experiencing significant social, health and well-being
2740 inequities as highlighted in the COO map. Proposals must present projects at a manageable
2741 scale so that strategies address meaningful and achievable outcomes, in communities with clear
2742 boundaries, impacting all residents of the geographic or cultural community affected by
2743 inequities.
 - 2744 ○ Applicant organizations or their partners must have expertise in the relevant issue(s) identified
2745 in the proposal, and their organizational mission must be strongly aligned. The lead organization
2746 must have a strong connection with the identified community and residents and articulate why
2747 they are best positioned to guide a collective impact process for the benefit of the community.
2748 Lead applicants must have a history of aligning with partners on common goals.
 - 2749 ○ Lead organizations must propose catalytic approaches in their communities. They must identify
2750 one or two initial partners that have some resources and strengths to bring to the table to work
2751 toward shared goals for preventing and reducing inequities related to health, housing and/or
2752 economic opportunity in the identified community. All potential partners do not need to be
2753 identified. Applicants must show how COO resources could help with the alignment of existing
2754 work in the community and allow more coordinated work to be planned and developed going
2755 forward. Applicants must articulate how participation in COO could catalyze community energy
2756 and leverage additional resources that will contribute to achievement of more equitable
2757 outcomes for the community.
 - 2758 ○ Applicants must have a history of collaboration with partners on similar efforts. Applicants must
2759 explain how core constituencies may be mobilized to work on aligned goals that affect health,
2760 housing and economic opportunity, or engaged in identifying strategies and goals. Applicants
2761 must describe approach to develop a common agenda and coordinate mutually reinforcing
2762 activities in the community.
 - 2763 ○ Applicants must explain the community ownership driving the project, and how the lead
2764 organization and current partners reflect the community's demographics. Applicants must
2765 identify how residents most affected by inequities within the identified community will have
2766 voice, will inform, and will ultimately lead the work.
 - 2767 ○ Applicants must be willing to use the COO Results Based Accountability framework, and be
2768 aligned with it in their work plan.
- 2769
2770 • **Eligible Uses of Geographically or Culturally-Based Community Partnership Funding includes the**
2771 **following:**
2772
 - 2773 ○ Convening a cross-sector collaborative group on a regular basis to develop and work on a shared
2774 agenda, including staffing, meeting space, food, travel and stipends

- 2775 ○ Community engagement activities, including meetings, focus groups, surveys and other such
- 2776 activities that support the “backbone” of the collective impact partnership
- 2777 ○ Shared measurement systems and data assistance; mapping assets and strengths
- 2778 ○ Communication needs with community participants and other interested parties
- 2779 ○ Collective impact and co-design work
- 2780 ○ Subcontracts to partners or consultants for activities above
- 2781
- 2782 ● **Geographically or Culturally-Based Community Partnership Funding may not be used for:**
- 2783 ○ Direct services or project work
- 2784 ○ Lobbying activities
- 2785
- 2786 ● **Eligible Uses of Geographically or Culturally-Based Community Partnership Implementation Plan**
- 2787 **Funding include the following:**
- 2788
- 2789 ○ Community/Neighborhood Design Plans
- 2790 ○ Research and Design
- 2791 ○ Collective impact institutional, system and policy work in a geographic place
- 2792 ○ Small Capital grants at or below \$200,000
- 2793 ○ Large Capital leverage or gap funding for projects over \$200,000
- 2794 ○ Projects that test or expand a preventive intervention or another intervention that addresses
- 2795 the community’s strategies as outlined in the adopted results based accountability framework
- 2796
- 2797 ● **Criteria for Grant Award Processes for Organizations Working to Reduce Institutional, System and**
- 2798 **Policy Barriers to Equity in Opportunities.** These funding proposals will be rated based upon
- 2799 application criteria, including:
- 2800
- 2801 ○ Applications must focus on the challenges of, and opportunities for, removing barriers in
- 2802 communities experiencing significant social, racial and/or economic inequities. The strongest
- 2803 applications will identify strategies at the intersections of health, housing, economic opportunity
- 2804 and/or community connections, and drive toward improvement of more than one headline
- 2805 indicator of the COO Results Based Accountability framework.
- 2806 ○ Applicants must be willing to use the COO Results Based Accountability framework, and be
- 2807 aligned with it in their work plan.
- 2808 ○ Applicants must articulate how the proposed strategy(ies) will result in specific institutional,
- 2809 system or policy changes that reduce barriers to equity in opportunities for places and
- 2810 populations most affected by inequitable outcomes, and contribute to positive change in
- 2811 specific indicators of health and well-being. Proposals that possess the potential to reach larger
- 2812 geographic areas of the County and/or larger numbers of people/places, will receive priority
- 2813 consideration.
- 2814 ○ Community engagement and leadership must figure prominently, and strategies must be
- 2815 informed by or led by people affected by the issue described. Applicants must have
- 2816 policies/plans that support recruitment for jobs in the applying organizations and/or related to
- 2817 the work of the application from communities affected by the issue that is the subject of the
- 2818 proposal.
- 2819 ○ Applicants must: (1) demonstrate experience in the particular issue area identified in the
- 2820 proposal or has lined up a partnership that together demonstrates such experience; (2) track the
- 2821 results of the strategy work and have the ability to modify practices based on lessons learned;
- 2822 (3) have the capacity to carry out the proposed strategy.

- 2823 ○ Applicants must align with other partners on common goals that are the focus of the proposal,
2824 or established partnerships working toward such shared goals, including cross-sector and
2825 multiple issue efforts.
- 2826 ○ Organizations that either have 501(c)(3) status or are fiscally sponsored by a 501(c)(3)
2827 organization; 501(c)(4) activities are not eligible for funding.
- 2828
- 2829 ● **Eligible Uses of Institutional, System and Policy Barrier Funding include:**
- 2830
- 2831 ○ General operating funds to complete the work proposed
- 2832
- 2833 ● **Institutional, System and Policy Barrier Funding may not be used for:**
- 2834
- 2835 ○ Direct services
- 2836 ○ Lobbying activities
- 2837
- 2838 ● **Strategic System Level Investments.** These investments will be formally proposed to the COO-BSK
2839 Advisory Board through a Direct System Investment Plan. Such plans will be formulated by the COO
2840 founders, working in co-design with geographically or culturally-based community partners and
2841 other strategic partners that have a role to play in advancing innovations in systems and institutions,
2842 including financing systems. Direct System Investment Plans must be aligned with all COO values
2843 and tenets as contained in this implementation plan, and must be aligned with the COO results
2844 based accountability framework. Direct System Investment Plans will be presented to and reviewed
2845 by the COO Governance Group/COO-BSK Levy Advisory Board, for recommendation to the
2846 Executive.
- 2847

2848 **Communities of Opportunity Communication with King County Council**

2849
2850 A proposed ordinance regarding the Communities of Opportunity (COO)-BSK Levy Advisory Board, which
2851 responds to Ordinance 18220, will be transmitted to Council simultaneously with the transmittal of the
2852 BSK Levy Implementation Plan. Under Ordinance 18220 and the proposed legislation, Council and the
2853 Executive each have one direct appointment on the COO-BSK Levy Advisory Board. In addition to direct
2854 Council representation at the COO governance/advisory board table, COO will provide Council with a
2855 biennial report, leading up to the biennial budget process, on the progress of COO funding rounds,
2856 coordination with partners, and evaluation pursuant to COO process goals and the COO results based
2857 accountability framework measures.

**SECTION VIII
EVALUATION AND PERFORMANCE MEASUREMENT FRAMEWORK**

2863

This section of the implementation plan addresses:	<ul style="list-style-type: none"> • Overview • Methods • Reporting and Dissemination Products • Evaluation Expertise and Capacity
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2864

OVERVIEW

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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 King County Council, with updates as needed thereafter. [These updates will be provided as part of the BSK Annual Reports.](#)

The primary purpose of evaluation and performance measurement will be to inform strategic learning and accountability.⁹⁵ **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.

Evaluation, including investments such as:

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

2016: \$863,000

2017-2021
average:
\$3,270,000

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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 includes activities to increase capacity of community-based organizations to make data-informed decisions, and 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.

- 2894 • **Respect for people.** Respect the security, dignity, time, capacity, and interests of respondents and
 2895 stakeholders.
 2896 • **Cultural competence.** Recognize and respond to culturally different values and perspectives in order
 2897 to produce work that is honest, accurate, respectful and valid.
 2898

2899 **BSK Results and Related Evaluation Framework**

2900
 2901 Evaluation and performance measurement will allow all BSK stakeholders to understand how/if levy
 2902 investments are achieving the three BSK results:
 2903

- 2904 • **Babies are born healthy and establish a strong foundation for lifelong health and well-being.**
 2905 • **King County is a place where everyone has equitable opportunities to progress through childhood**
 2906 **safe and healthy, building academic and life skills to be thriving members of their community.**
 2907 • **Communities offer safe, welcoming, and healthy environments that help improve outcomes for all**
 2908 **of King County's children and families, regardless of where they live.**
 2909

2910 For the evaluation, it is important to consider how populations differ across BSK's multilevel
 2911 implementation. The BSK model assumes that the combined investments will contribute to geographic
 2912 population-level results, *understanding that many additional factors will also influence population*
 2913 *results*. While investments will be made in multiple programs and systems, some may naturally group
 2914 together into strategy areas. Individuals, or in some cases, geographic populations served by strategy
 2915 areas, are expected to benefit. At the program level, the beneficiaries are expected to be individuals,
 2916 defined as those directly served by or exposed to the program or strategy.
 2917

2918 **METHODS**

2919
 2920 The evaluation will draw from both qualitative and quantitative methods. As appropriate, the evaluation
 2921 may include case study, longitudinal cohort, cross-sectional, pre-post, and/or quasi-experimental
 2922 designs. Using a participatory approach⁹⁶, the data and evaluation team will work closely with BSK
 2923 leadership, staff, and an evaluation advisory group, which will comprise stakeholders such as the
 2924 Children Youth Advisory Board, Science and Research Panel, and BSK partners and stakeholders, to
 2925 optimize performance monitoring and evaluation. For example:
 2926

- 2927 • Prioritize evaluation questions within allocated resources
 2928 • Develop logic models, indicators, performance measures and/or data collection protocols
 2929 • Review findings
 2930 • Develop dissemination materials.
 2931

2932 **Sample Evaluation Questions**

2933
 2934 The BSK evaluation is conceptualized to answer process and impact questions at three levels. Examples
 2935 of questions include:
 2936

- 2937 • At the **population level**, what was the combined impact of BSK investments on population-level
 2938 indicators of health and well-being? Did BSK contribute toward equity at the population level? What
 2939 improvements in services, systems, social and physical environments did BSK investments

- 2940 contribute to? Looking across the BSK portfolio, what were lessons learned about barriers and
 2941 contributors to success?
- 2942 • Similarly, for each **strategy area** of investment, what improvements in health and well-being were
 2943 experienced by relevant populations or individuals served within a strategy area? What
 2944 improvements were made in relevant services, systems, and environments?
 - 2945 • At the **program level**, what improvements in health and well-being did individuals⁹⁷ experience?
 2946 What improvements were made in how well and how many clients were served?

2947

2948 Population-Level Evaluation

2949

2950 Using a serial cross-sectional design, the population-level analyses will compare population-level
 2951 indicators over time, and by demographic characteristics such as age, gender, race, place and income.
 2952 Measures will use data from population-based surveys and sources including, but not limited to:

2953

- 2954 • Washington State Department of Health (birth and death records)
- 2955 • Office of the Superintendent of Public Instruction
- 2956 • Washington State Department of Social and Health Services, Children’s Administration
- 2957 • Washington State Healthy Youth Survey, (a biennial survey of grades 6, 8, 10, and 12)
- 2958 • Behavioral Risk Factor Surveillance System (BRFSS), (a yearly survey of adults age 18 and older)
- 2959 • BSK Health Survey (a new survey funded by BSK)

2960

2961 To track indicators among a population-based sample of King County children ages six months to 12
 2962 years, King County will implement a new BSK Health Survey this fall and repeat it every two
 2963 years. Although there are strong existing data sources for children around the time of birth, and in
 2964 middle and high school, there are no existing population-level data sources for children in-between
 2965 those ages: toddlers, preschoolers, and elementary-aged children. Very little is known about their health
 2966 status, risk factors, resiliency, family/community supports or childcare arrangements. These are the very
 2967 things that BSK is working to strengthen.

2968

2969 The new BSK Health Survey will fill this data gap and provide information to inform activities and track
 2970 population-level indicators among these children. Questions will be answered by a knowledgeable adult
 2971 in the household. Questions will cover the areas of demographics, overall health, child and family
 2972 resiliency, breastfeeding, use of preventive health care services, experience with health care providers,
 2973 child development, physical activity and obesity, childcare arrangements, and family and community
 2974 supports.

2975

2976 Population Indicators and Performance Measures

2977

2978 BSK will *contribute* to improving population indicators (for example, on-time high school graduation).
 2979 BSK is *accountable* for performance (e.g. how much, how well, is anyone better off) of BSK strategies.
 2980 **Population indicators** are about a population (for example, young adults in King County). **Performance**
 2981 **measures** are about individuals who are directly served by the program.

2982

2983 A full description of the indicators is included in Section II of this implementation plan. A full explanation
 2984 of the technical definitions for the headline indicators, and a list of example secondary, supporting
 2985 indicators are included in Appendix 1.

2986

2987 **Strategy Area and Program-Level Evaluation**

2988

2989 Following the population-level approach, each strategy area will compare population-level indicators
 2990 identified for each group. Strategy areas may also include evaluations to learn what impact was
 2991 experienced by individuals. Qualitative evaluation methods will be used to provide complementary
 2992 information to help gain in-depth understanding of impacts and results on specific communities where
 2993 reliable statistical estimates are not available because of small sample size.

2994

2995 All programs will have performance metrics to track progress toward implementation milestones:

2996

- *How much was done?* Such as people served or, staff trained.

2997

- *How well was it done?* Such as improved access, timeliness or appropriateness of service.

2998

- *Is anyone better off?* Such as improved health and well-being.

2999

3000 These metrics will inform continuous quality improvement efforts throughout the life of the BSK Levy.

3001

3002 Performance measures will be determined in the development of RFP's or specific project level funding
 3003 approaches. Performance measures and feasible data collection methods will be identified and
 3004 developed for each program and incorporated into contracts. Performance measures, including targets
 3005 and measures incorporated within contracts, will be reviewed on a pre-determined (such as annual)
 3006 basis over the life of the levy.

3007

3008 **Measuring Policy, Systems and Environmental Change**

3009

3010 We will consider a process evaluation to detail policy and system impacts, and lessons learned, about
 3011 implementation of overall strategies. The process evaluation will describe the broader context in which
 3012 BSK occurs. Where feasible, we may estimate the reach and magnitude of each policy, system or
 3013 environmental change to describe the estimated impact at community and county levels.

3014

3015 Evaluation of the cumulative effect of multiple BSK interventions will be challenging. We may investigate
 3016 the degree to which BSK interventions are coordinated and mutually reinforcing, producing an effect
 3017 beyond the impact of each strategy. The evaluation may include interviews of key informants about the
 3018 degree to which other BSK interventions positively impacted their work to capture synergies, and their
 3019 impressions of changes at the community level.

3020

3021 **Candidates for More Extensive Evaluation**

3022

3023 There is a continuum of evaluation strategies that range from simply verifying that something
 3024 happened, to comparing intervention results with a statistically valid control group to ascertain
 3025 causality⁹⁸. BSK will deploy a number of programs that already have an existing evidence basis. To the
 3026 extent this can be done, the evaluation can be simplified. As the causal connection between the
 3027 program and expected results has already been demonstrated, the evaluation can use contract or
 3028 performance monitoring to focus on measuring the quantity of BSK funded services and their results.

3029

3030 BSK will also implement strategies based on emerging best-practices. This may include situations where
 3031 a proven program/best practice must be substantially modified in order to be tailored to specific
 3032 populations served by BSK. In these cases, a program can be designed that incorporates elements and
 3033 practices that are found in similar proven programs. Evaluation of these programs will emphasize

3034 ongoing monitoring and early feedback so that any necessary changes can take place in a timely
 3035 manner. Short-term results will be identified that demonstrate that the longer-term desired outcomes
 3036 are likely to be reached. This supplemental, formative type of evaluation will help ensure that the
 3037 program is functioning as intended.

3038
 3039 BSK may also invest in innovative strategies, which may call for more rigorous evaluation to show causal
 3040 effect as well as lessons learned. Examples of rigorous evaluation may include case control or quasi-
 3041 experimental designs that include resource intensive data collection. The data and evaluation team will
 3042 work with the evaluation advisory group to develop and apply a set of criteria for identifying candidate
 3043 projects that are high priority for rigorous evaluation. Considerations may include:

- 3044
- 3045 • Potential for having a big reach related to health equity
 - 3046 • Implementation in new settings or with new populations
 - 3047 • Likelihood of seeing immediate change in indicators of well-being or healthy environments
 - 3048 • Filling a gap in the evidence base
 - 3049 • Having sustainable sources of data to be able track change over time

3050

3051

3052 **Engagement with Key Stakeholders**

3053

3054 The data and evaluation team will work closely with BSK leadership, staff and an evaluation advisory
 3055 group, which will comprise stakeholders such as the Children Youth Advisory Board, Science and
 3056 Research Panel, and BSK partners and stakeholders. The data and evaluation team will meet monthly
 3057 with BSK implementation leads to review evaluation progress. The team will also provide updates to
 3058 stakeholders, including the Children and Youth Advisory Board, the Science and Research Panel,
 3059 community partners, Council, and the public. As opportunities arise, the data and evaluation team will
 3060 partner with external evaluators to seek additional resources or expand capacity for evaluation. The
 3061 data and evaluation team will also explore opportunities for sharing data with community partners.

3062

3063 **Evaluation Timelines**

3064

3065 BSK strategies and programs will begin at different times and reach their respective conclusions on
 3066 different schedules. Data may be readily available or may require system upgrades before it is
 3067 accessible. Evaluation timelines will accommodate these considerations:

3068

- 3069 • When the program will start, or when BSK funds become effective
- 3070 • Time needed until each indicator can be measured
- 3071 • Point at which a sufficient number of individuals have reached the outcome to generate a
 3072 statistically reliable result
- 3073 • When indicator data will be available
- 3074 • When baseline data will be available, if needed
- 3075 • Time needed for data collection, analyses and interpretation of qualitative data
- 3076 • Contractual requirements for reporting process and results data.

3077

3078 **REPORTING AND DISSEMINATION PRODUCTS**

3079

3080 The following reports [and products will be provided:](#)

and information dissemination methods are anticipated for the levy.

First Annual Report to Council. ~~No later than~~ ~~By~~ one year after the effective date of the ordinance approving this implementation plan, the Executive will ~~transmit~~ ~~submit to the King County Council,~~ the first annual report describing the programs funded and outcomes for the children, youth, families and young adults served. This report shall be developed in consultation with and reviewed by the Children and Youth Advisory Board before transmittal.

The first report to 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 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 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. Updates to this plan will be reported as part of the Annual Reports. **The BSK Evaluation and Performance Measurement Plan shall be developed in consultation with and reviewed by the Children and Youth Advisory Board before transmittal.**

- **Annual Performance Evaluation Reports (Annual Reports).** Annual Performance Evaluation Reports will be ~~transmitted with the first report using data from calendar year 2017 and being submitted no later than July 1, 2018.~~ ~~by~~ These 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. **Annual Reports shall be developed in consultation with and reviewed by the Children and Youth Advisory Board before transmittal.**

These reports shall be transmitted by July 1 of each year through the life of the levy. If a decision is made to report on the Youth and Family Homelessness Prevention Initiative within the BSK Implementation Plan Annual Reports starting with the YFHP Initiative report due by June 1, 2019, when that initiative no longer requires a stand-alone report, reports on that initiative must comply with the requirements outlined in the Youth and Family Homelessness Prevention Initiative Implementation Plan including, but not limited to:

- An evaluation on the first 1.5 years of the Youth and Family Homelessness Prevention Initiative must be transmitted as part of the annual report due by June 1, 2019;
- Annual reports on the Youth and Family Homelessness Prevention Initiative must report on program outcomes; and
- Annual reports on the Youth and Family Homelessness Prevention Initiative 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.

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If a decision is made to report on all of the BSK Initiatives together starting with the summer of 2019, Annual Reports will be transmitted no later than June 1 of each year to correspond with the reporting requirement of the initiative requiring the earlier report, the YFHP Initiative.

- ~~Progress Reports~~Briefings. ~~Executive staff will be prepared to provide Narrative mid-term progress reports~~briefings to interested committees ~~will also be submitted during the first two years of the levy and may be continued~~continuously, as needed. Progress reportsbriefings will detail how funds are being allocated, the status of strategy and program implementation, design or policy changes, and challenges. The briefings~~reports 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.

The following additional information 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 and the community. We will disaggregate indicators by race, ethnicity and other key demographic characteristics. The dashboards for BSK investments, including a dashboard specific to Communities of Opportunity, are included in Appendices 10 and 11.
- ~~Progress Reports~~ ~~Narrative mid term progress reports will also be submitted during the first two years of the levy and may be continued as needed. Progress reports will detail how funds are being allocated, the status of strategy and program implementation, design or policy changes, and challenges. The reports will be meant to inform and support programs and will point to any needs for mid-course strategy or program modifications.~~
- **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 infographs 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 masters- and doctorate-level epidemiologists, social research scientists, demographers and staff from Public Health-Seattle & King County, King County Department of Community and Human Services and King County 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.

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REDLINE

**SECTION IX
JUNIOR TAXING DISTRICT LEVY PRORATIONING**

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This section of the implementation plan addresses:	<ul style="list-style-type: none"> Background <i>Best Starts for Kids</i> Ordinance Prorating Impact of Best Starts for Kids Levy
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BACKGROUND

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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:

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1. *RCW 84.52.043 Limitations upon regular property tax levies.* This RCW states that the aggregate level of junior taxing districts⁹⁹ and senior taxing districts, other than the state, may not exceed \$5.90 per thousand dollars of AV.

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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.

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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.

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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 Department of Assessments to certify levy rates that meet legal requirements each year.

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BEST STARTS FOR KIDS ORDINANCE

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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:

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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

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3216 one million dollars, shall be provided to those metropolitan park districts if authorized by the county
 3217 council by ordinance” for services that are eligible expenditures.

3218 2. Ordinance 18088, Section 5, subsection C.4.d states that eligible expenditures “provided by fire
 3219 districts in an amount equal to the lost revenues to the fire districts in King County resulting from
 3220 prorating, as mandated by RCW 84.52.010, for those services, to the extent the prorating was
 3221 caused solely by this levy and if authorized by the county council by ordinance”.

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 3223 Therefore, each year after the King County Department of Assessments certifies levy rates, the County
 3224 will calculate the extent to which metropolitan park districts and fire districts are prorated due to the
 3225 BSK Levy. Eligible services for BSK funding include services that improve health and well-being outcomes
 3226 of children and youth, as well as the families and the communities in which they live.

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 3228 **PRORATIONING IMPACT OF BEST STARTS FOR KIDS LEVY**

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 3230 **Known Impacts of Prorating for 2016**

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 3232 For 2016, the BSK Levy has caused prorating for two metropolitan park districts and no fire districts:

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- 3234 • Si View Metropolitan Park District: Levy rate was prorated, with a 2016 revenue impact of
- 3235 \$316,421.
- 3236 • Fall City Metropolitan Park District: Levy rate was prorated, with a 2016 revenue impact of
- 3237 \$114,558.

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 3239 *Si View Metropolitan Park District*

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 3241 King County staff worked directly with the Si View Metropolitan Park District to communicate the impact
 3242 of prorating on their district in 2016 and to gather ideas for eligible services that BSK could fund. The
 3243 result was that the District submitted a plan for eligible services totaling their 2016 prorated amount:

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

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3246 The County will contract with Si View Metropolitan Park District for the 2016 amounts for these services.
3247 Contracts will be administered through DCHS like all other BSK contracts.

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3249 *Fall City Metropolitan Park District*

3250 Although Fall City Metropolitan Park District had its revenue reduced by \$114,558 in 2016 due to
3251 prorating, the District does not currently provide any programs or services that fit the eligibility
3252 parameters for BSK funding as outlined in Ordinance 18088. The County will continue to work with Fall
3253 City Metropolitan Park District each year to communicate its revenue loss due to prorating and
3254 discuss if there are any eligible services that can be funded, up to the total amount the district is
3255 prorated over the life of the levy, regardless of when services begin.

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3257 **Planning for Future Prorating Impacts**

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3259 In coordination with the King County Office of Performance, Strategy and Budget; Office of Economic
3260 and Financial Analysis; and King County Council Staff, the County has modeled estimated prorating by
3261 taxing district over the life of the BSK levy. Actual impacts will not be known until levy rates are certified
3262 by Assessments each year.

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3264 The *Best Starts for Kids* Implementation Plan takes into account the estimated future years of
3265 prorating in its financial assumptions:

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- 3267 • For metropolitan parks districts, estimated prorating totals about \$850,000 over the life of the
3268 levy, which is about \$150,000 less than the cap of \$1,000,000 identified in Ordinance 18088. King
3269 County will work with metropolitan parks districts impacted by prorating on an ongoing basis to
3270 identify programs that fit within the BSK strategies to receive this funding, as needed.
3271 The BSK financial plan reserves \$1,000,000 over the life of the levy for eligible parks district services
3272 to ensure it can meet the intention of Ordinance 18088.
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 - 3274 • For fire districts, no prorating impacts are estimated. If changing economic conditions result in
3275 prorating of these districts, the County will, in a process similar to that with parks districts, reach
3276 out to impacted districts to identify eligible services and determine the level of BSK funding that
3277 would be appropriate. The BSK financial plan reserves \$270,000 for potential fire district
3278 expenditures.
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Section X ENDNOTES

- ¹ <http://www.kingcounty.gov/elected/executive/equity-social-justice/strategic-plan.aspx>
- ² King County Ordinance 18088, July 22, 2015. 292-304
- ³ 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.
- ⁴ KING COUNTY Signature Report, July 22, 2015, Ordinance 18088. Section 5.C.1., 2. and 4
- ⁵ Communities of Opportunities (COO), discussed in Section VII, was developed in 2013 as a result of this King County commitment.
- ⁶ <http://www.kingcounty.gov/council/issues/YouthActionPlan.aspx>
- ⁷ King County Ordinance 18088, July 22, 2015. 183-185
- ⁸ 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.”
- ⁹ <http://heckmanequation.org/content/resource/investing-our-children-great-returns>
- ¹⁰ <http://heckmanequation.org/content/white-house-summit-early-education>
- ¹¹ Hart B, Risley TR. *Meaningful differences in the everyday experience of young American children*, 1995
- ¹² Annie E. Casey Foundation, 2012; Lesnick J, Goerge RM, Smithgall C, Gwynne J. Chicago: Chapin Hall at the University of Chicago, 2010
- ¹³ Shonkoff, J.P. (2009). Mobilizing Science to Revitalize Early Childhood Policy. *Issues in Science and Technology*, 26 (1).
- ¹⁴ <http://ilabs.washington.edu/i-labs-faq>
- ¹⁵ 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.
- ¹⁶ Dr. Christopher Kuzawa, <http://www.ipr.northwestern.edu/faculty-experts/fellows/kuzawa.html>
- ¹⁷ Centers for Disease Control and Prevention (CDC) Anda and Brown (2010); Felitti (2002)
- ¹⁸ Blodgett C., Harrington R., Research Brief: *Adverse Childhood Experience and Developmental Risk in Elementary School Children*.
- ¹⁹ Director, Center on the Developing Child, Harvard University
- ²⁰ Dr. Jack Shonkoff, Director, Center on the Developing Child, Harvard University.
<http://developingchild.harvard.edu/science/key-concepts/toxic-stress/>
- ²¹ Center for the Study of Social Policy, Strengthening Families – A Protective Factors Framework
- ²² Developmental Service Group, 2015. Administration for Children, Youth and Families
- ²³ Dr. Jack Shonkoff, Director, Center on the Developing Child, Harvard University.
<http://developingchild.harvard.edu/science/key-concepts/toxic-stress/>
- ²⁴ *ibid*
- ²⁵ *ibid*
- ²⁶ Conversations also addressed other community needs and processes, including the upcoming MIDD renewal, and the recently completed Youth Action Plan.
- ²⁷ 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/>

²⁸ 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.

²⁹ Heckman, James J. and Stefano Mosso. "The Economics of Human Development and Social Mobility." Annual Review of Economics 6.1 (2014): 689-733.

³⁰ 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/>

³¹ As defined by the Federal Maternal Infant Child Home Visiting (MIECHV) program in the Health and Human Services Department.

³² 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.

³³ "Health of mothers and infants by race/ethnicity. August 2015. Public Health-Seattle & King County; Assessment, Policy Development & Evaluation Unit."

³⁴ 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).

³⁵ 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.

³⁶ 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.

³⁷ 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.

³⁸ 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.

³⁹ <http://www.childtrends.org/wp-content/uploads/2013/10/2013-42AllianceBirthto8.pdf>

⁴⁰ <http://www.joinvroom.org/science-and-facts>

⁴¹ Crowley, A.A. 2001. Child care health consultation: An ecological model. J Society Pediatric Nursing 6:170-81.

⁴² <http://www.healthychildcare.org/WorkWithHP.html>

⁴³ <http://www.del.wa.gov/care/qris/>

⁴⁴ Shonkoff, J.P. (2009). Mobilizing Science to Revitalize Early Childhood Policy. Issues in Science and Technology, 26 (1)

⁴⁵ 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.

- ⁴⁶ 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
- ⁴⁷ 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>
- ⁴⁸ 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).
⁴⁹ <http://www.wa-aimh.org/about-infant-mental-health/>
- ⁵⁰ 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.
- ⁵¹ <http://www.reachoutandreadwa.org/>
- ⁵² Restorative Justice in Oakland Schools, 2014
<http://www.ousd.org/cms/lib07/CA01001176/Centricity/Domain/134/OUSD-RJ%20Report%20revised%20Final.pdf>
- ⁵³ <http://traumasensitiveschools.org/trauma-and-learning/the-solution-trauma-sensitive-schools/>
- ⁵⁴ <http://ext100.wsu.edu/clear/about/>
- ⁵⁵ <http://rjoyoakland.org/restorative-justice/>
- ⁵⁶ ibid
- ⁵⁷ Dr. Leslie Walker, Chief, Division of Adolescent Medicine, Children’s Hospital
- ⁵⁸ <http://www.hhs.gov/ash/oah/adolescent-health-topics/healthy-relationships/home.html>
- ⁵⁹ Banyard, V.L., & Cross, C. (2008). Consequences of teen dating violence: Understanding intervening variables in ecological context. *Violence Against Women*, 14(9), 998–1013.
- ⁶⁰ 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.
- ⁶¹ 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>.
- ⁶² 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>.
- ⁶³ 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>.
- ⁶⁴ 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.
- ⁶⁵ <http://www.hhs.gov/ash/oah/adolescent-health-topics/healthy-relationships/home.html>
- ⁶⁶ Making the Case: A 2008 Fact Sheet on Children and Youth in Out-of-School Time, Wellesley Centers for Women at Wellesley College, 2008; Outcomes Linked to High Quality

⁷¹ 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

⁷² 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

⁷³ Pittman K. What's health got to do with it? Health and youth development: connecting the dots. *Forum Focus*. 2005;3(2):1-4.

⁷⁴ 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

⁷⁵ 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.

⁷⁶ <http://www.mentoring.org/program-resources/the-center-for-evidence-based-mentoring/>

⁷⁷ Roberts et.al. (1999)

⁷⁸ Phinney (2001)

⁷⁹ Olneck (1995) as cited in Phinney (2001) p. 503

⁸⁰ *The Journal of Adolescent Health*. June 2003 Juszcak L, Melinkovich P, Kaplan D

⁸¹ 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.

⁸² *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

⁸³ 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

⁸⁴ 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

⁸⁵ *Malignant Neglect: Substance Abuse and America's Schools*, National Center on Addiction and Substance Abuse, Columbia University, September 2001

⁸⁶ U.S. Department of Health and Human Services, *Mental Health: A Report to the Surgeon General*, 1999

⁸⁷ <http://www.integration.samhsa.gov/clinical-practice/SBIRT>

⁸⁸ Opportunity Youth are defined as young people ages 16-24 who are not in school and not employed.

⁸⁹ <https://www.dshs.wa.gov/sites/default/files/SESA/rda/documents/research-11-222.pdf>

⁹⁰ <http://www.roadmapproject.org/wp-content/uploads/2013/09/OY-infographic-final.pdf>

⁹¹ ibid

⁹² 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.

⁹³ King County Department of Public Defense

⁹⁴ 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.

⁹⁵ These concepts are discussed fully in <http://www.hfrp.org/evaluation/publications-resources/a-user-s-guide-to->

⁹⁹ 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.

REDLINE

REDLINE

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 Accountability¹. 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 (is 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"> 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
<ul style="list-style-type: none"> Households receiving investigations for reported 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
<ul style="list-style-type: none"> 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: a. This child is affectionate and tender with you b. This child bounces back quickly when things do not go his or her way c. This child shows interest and curiosity in learning new things d. This child smiles and laughs a lot. This indicator contains multiple dimensions of physical health, mental and emotional health, caring, empathy and resilience.
<ul style="list-style-type: none"> 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

HEADLINE INDICATORS – Sustain the Gain (5 – 24 Years)
<ul style="list-style-type: none"> 3rd graders who meet reading standard <p>Data Source: Office of the Superintendent of Public Instruction Percent of 3rd 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"> 4th graders who meet math standard <p>Data Source: Office of the Superintendent of Public Instruction Percent of 4th 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"> Youth using illegal substances <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>
<ul style="list-style-type: none"> Youth who are flourishing and resilient, as described by curiosity and discovery about learning, resilience, and self-regulation <p>Data Source: New Best Starts for Kids Health Survey Percent of elementary-aged children who met these areas:</p> <ol style="list-style-type: none"> This child shows interest and curiosity in learning new things This child works to finish tasks he or she starts This child stays calm and in control when faced with a challenge. <p>This indicator contains multiple dimensions of physical health, mental and emotional health, caring, empathy, and resilience.</p>
<ul style="list-style-type: none"> Youth and young adults who are in excellent or very good health <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) Percent who report excellent or very good health status (ages 5-12, 18-24 years). 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"> I feel I am getting along with my parents or guardians (0=not true at all,....10 = completely true) I look forward to the future (0=not true at all,....10 = completely true) I feel good about myself (0=not true at all,....10 = completely true) I am satisfied with the way my life is now (0=not true at all,....10 = completely true) I feel alone in my life (0=not true at all,....10 = completely true).
<ul style="list-style-type: none"> Youth who graduate from high school on-time <p>Data Source: Office of the Superintendent of Public Instruction Percent of entering 9th graders who graduate from high school within four years</p>
<ul style="list-style-type: none"> Youth and young adults in school or working <p>Data Source: US Census Bureau, American Community Survey</p>

Percent of youth and young adults ages 16-24 who are in school or working
<ul style="list-style-type: none"> High school graduates who earn a college degree or career credential <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 school graduation</p>

HEADLINE INDICATORS – Communities of Opportunity
<ul style="list-style-type: none"> Households earning a living wage that is above 200% of poverty <p>Data Source: US Census Bureau, American Community Survey</p> <p>Percent of people living in households with an income at or above 200% of the poverty level.</p>
<ul style="list-style-type: none"> Youth and young adults who are either in school or working <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"> Youth who have an adult to turn to for help <p>Data Source: Washington State Healthy Youth Survey</p> <p>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"> Adults engaged in civic activities <p>Data source: Communities Count</p> <p>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"> Renters paying less than 50 percent of their income for housing <p>Data Source: US Census Bureau, American Community Survey</p> <p>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"> Involuntary displacement of local residents <p>Data development needed</p>
<ul style="list-style-type: none"> Life expectancy <p>Data Source: Washington State Department of Health</p> <p>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"> Physical activity among youth and adults <p>Data Source: Washington State Healthy Youth Survey (grades 8, 10, 12), Washington State Behavioral Risk Factor Surveillance System (ages 18+)</p> <p>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>

EXAMPLE 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 changes, this list of indicators may change.

EXAMPLE SECONDARY INDICATORS – Invest Early (Prenatal – 5 Years)

- Early and adequate prenatal care
- Adverse childhood experiences
- Parental substance use
- Family violence
- Homelessness
- Parental connection and social support.

EXAMPLE SECONDARY INDICATORS – Sustain the Gain (5 – 24 Years)

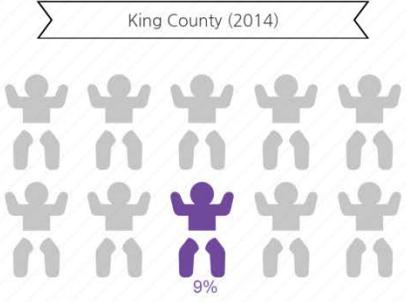
- School attendance
- School suspensions and expulsions
- Self-reported grades in school
- Youth have an adult to turn to for help
- Employment and earnings
- Enrollment in post-secondary education
- Connections to community and school
- Healthy weight
- Suicide
- Family violence
- Psychiatric hospitalizations
- Homelessness.

EXAMPLE SECONDARY INDICATORS – Communities of Opportunity

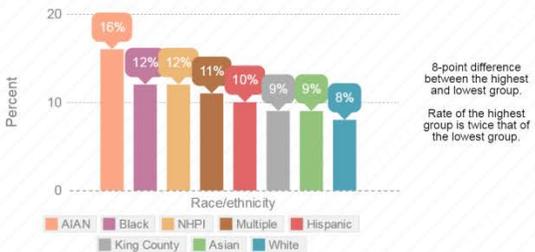
- Healthy blood pressure
- Students not homeless
- Employment
- Adults participating in workforce
- Adults with access to medical care and health insurance
- Food secure families
- Physical activity
- Registered to vote
- Connected to community.

¹ 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.

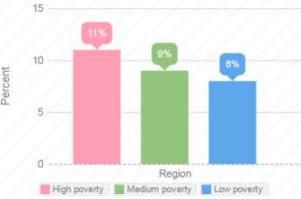
1 in 10 babies in King County were born preterm



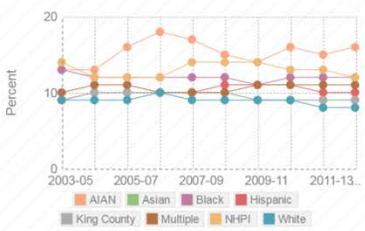
By race/ethnicity (2012-14 average)



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)

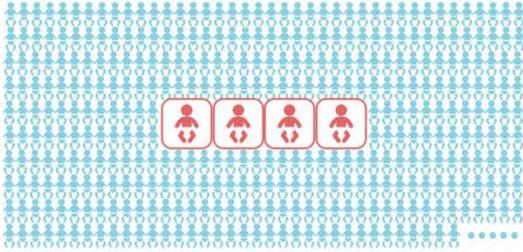


Definition: Gestational age less than 37 weeks
 Data source: Birth Certificate Data, Washington State Department of Health, Center for Health Statistics
 05/2016

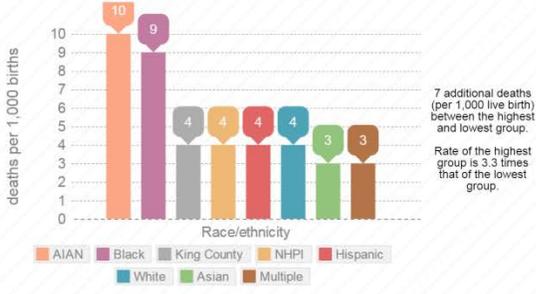


4 out of every 1,000 babies die within one year after birth

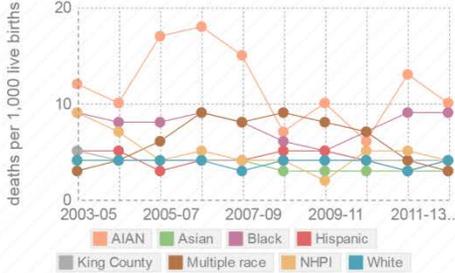
King County (2012-2014 average)



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: Linked Birth-Death Certificate Data, Washington State Department of Health, Center for Health Statistics
 05/20/16

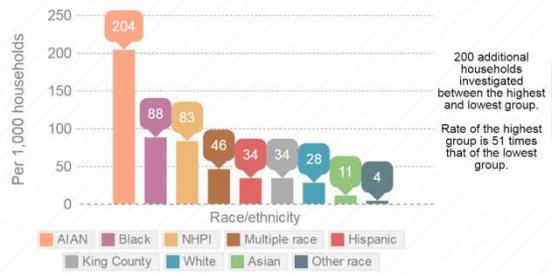


1 in 29 households with young children were investigated for abuse or neglect

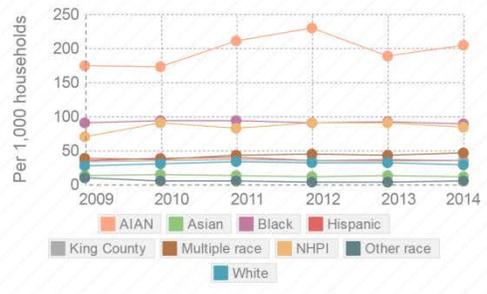
King County (2014)



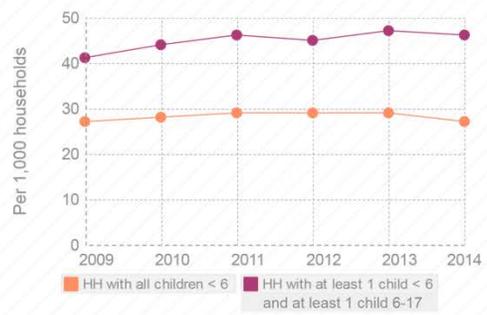
By race/ethnicity (2014)



Trend by race/ethnicity (2009-2014)

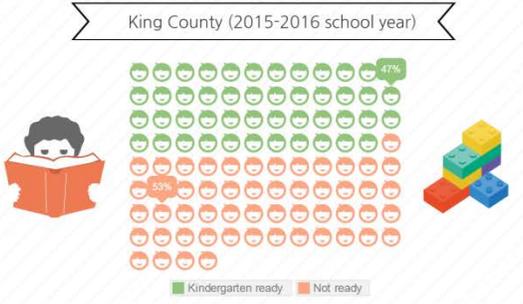


Trend by age of children (2009-2014)

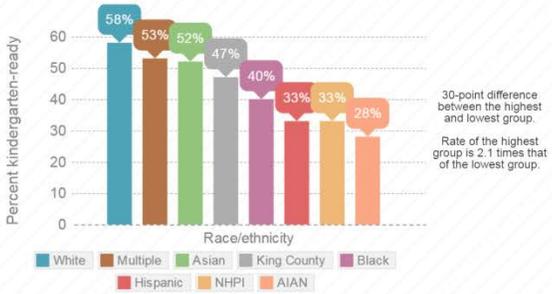


Definition: Number of households with one or more investigations or assessments (i.e., screened in reports) per 1,000 households with a child <6 years old
 Data source: Partners for Our Children
 05/2016

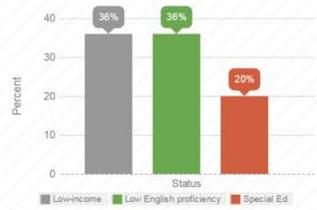
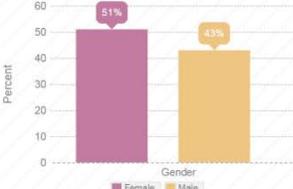
Less than half of King County children were ready for kindergarten



By race/ethnicity (2015-2016 school year)

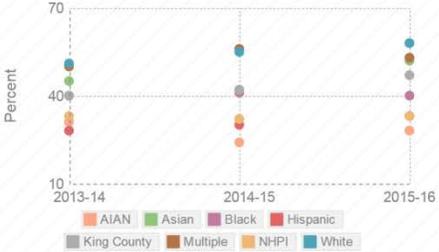


By gender (2015-2016 school year)



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)

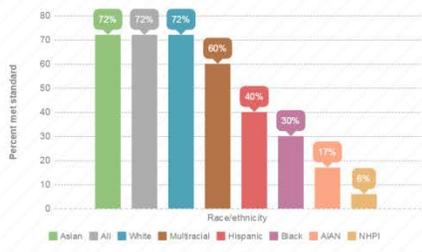


of female students in third grade met reading standard



of male students in third grade met reading standard

Third grade reading performance by race/ethnicity



67-point difference between the highest and lowest group.
 Rate of the highest group is 13 times that of the lowest group.

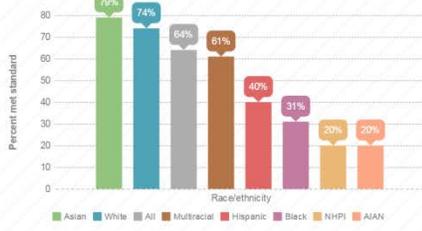


of female students in fourth grade met math standard



of male students in fourth grade met math standard

Fourth grade math performance by race/ethnicity



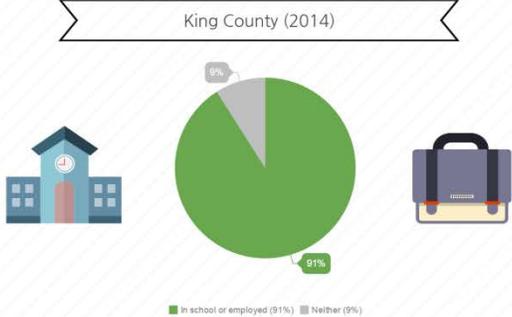
60% difference between the highest and lowest group.
 Rate of the highest group is 4 times that of the lowest group.

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: Charter Balanced Assessment (CBA), Office of the Superintendent of Public Instruction

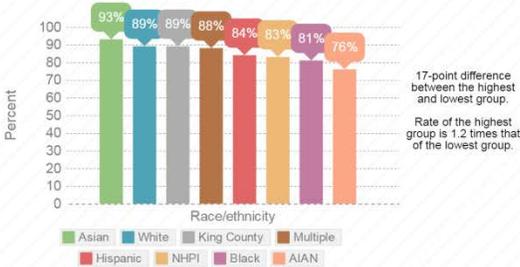
05/2016



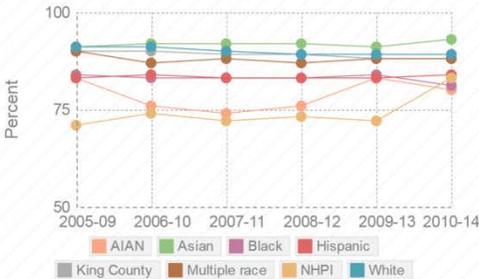
9 out of 10 King County young adults were enrolled in school or working



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)

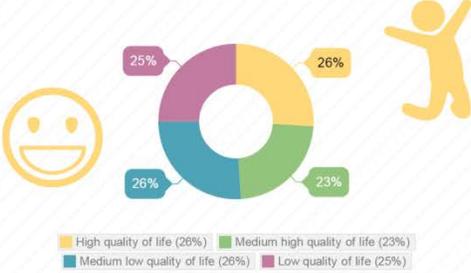


Definition: Youth and young adults between the ages of 16-24 who are in school or working
 Data source: PUMS, American Community Survey, U.S. Census Bureau 05/2016

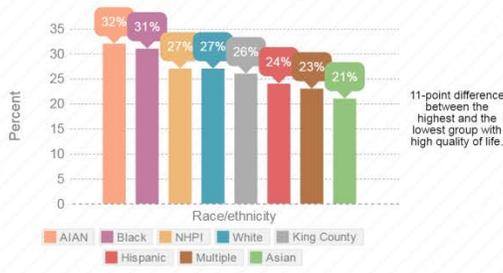


1 in 4 youth report a high quality of life

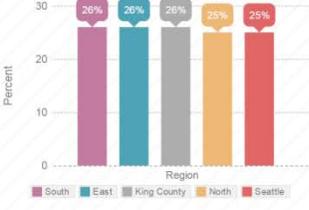
King County (2014)



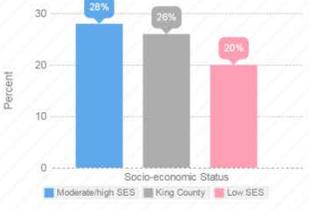
By race/ethnicity (2014)



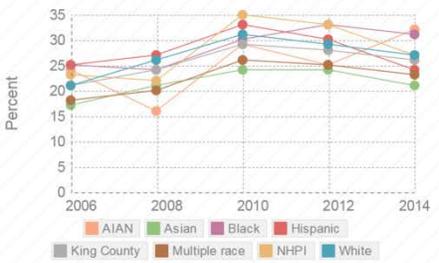
By region (2014)



By socio-economic status (2014)



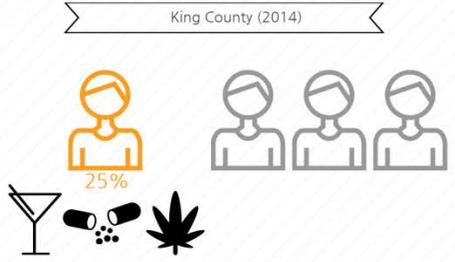
Trend by race/ethnicity (2006-2014)



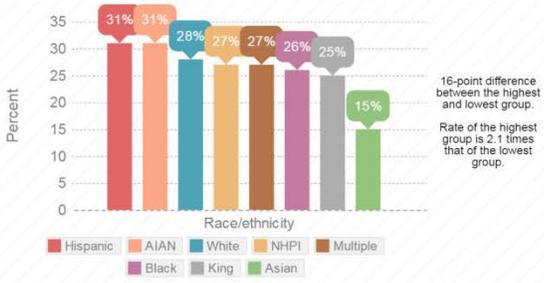
Definition: Youth Quality of Life is a scaled average score based on 5 items asking about satisfaction with aspects of life
 Data source: Healthy Youth Survey 05/2016



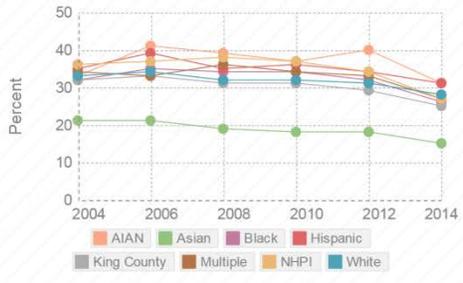
1 in 4 school-aged children used illicit substance in King County



By race/ethnicity (2014)



Trend by race/ethnicity (2004-2014)



Trend by Socioeconomic status (2006-2014)

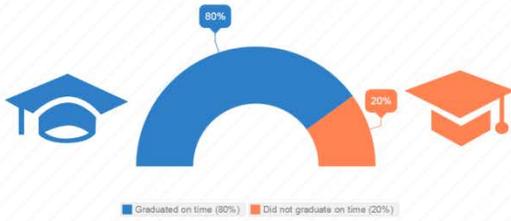


Definition: Self-reported use of alcohol, marijuana, painkiller, or any illicit drug in the past 30 days among 8th, 10th, and 12th grade students
 Data source: Healthy Youth Survey, 2004-2014 05/2016

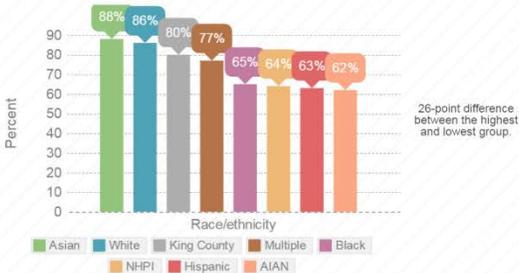


8 out of 10 students graduated on time from high school in 2015

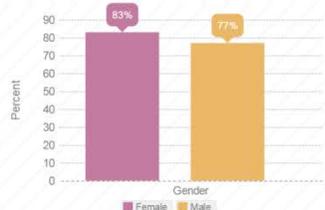
King County (class of 2015)



By race/ethnicity (class of 2015)



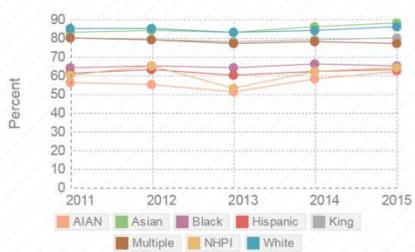
By gender (class of 2015)



By status (class of 2015)



Trend by race/ethnicity (2011-2015)

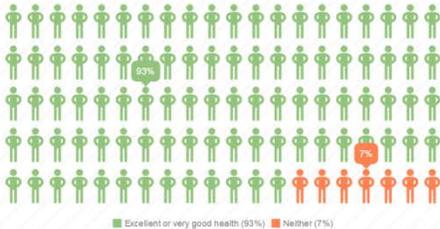


Definition: Completed high school within 4 years after starting 9th grade
 Data source: Office of the Superintendent of Public Instruction 05/2016

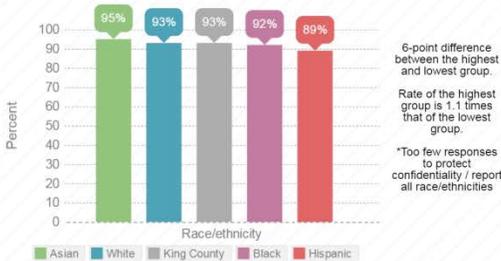


More than 9 out of 10 young adults are in excellent or very good health

King County (2010-2014 average)



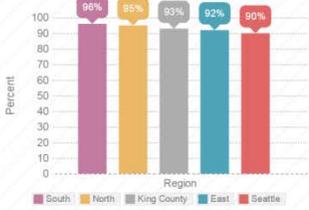
By race/ethnicity (2010-2014 average)



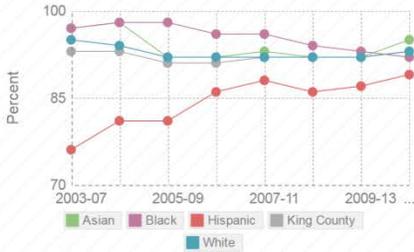
By income (2010-2014 average)



By region (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 healthcare 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 healthcare 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

PRELIMINARY

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	RAYS Youth Collaborative	RAYS 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 will continue 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.

<p align="center">Communities of Opportunity Results Based Accountability Framework, Indicator Measures and Strategy Areas What do we want our results to be over time? How do we measure progress?</p>		
<p>Result One - All People Thrive Economically Regardless of Place or Race</p>		<p>Headline Population Indicators (data disaggregated by race & place for all indicator measures in this table)</p> <p>What measures are indicators of success toward achievement of our result over time?</p> <p>1) % earning a living wage – above 200% of poverty 2) % youth & young adults connected to school or work</p>
<p>Strategy Areas – What will we do to help turn the curve toward greater equity in health & well-being indicators for this result?</p>	<p>Types of Specific Strategies Emerging</p>	<p>Additional Indicator Measures</p>
<p>1) Support establishment and conditions for success of local businesses, including potential cooperatively owned businesses</p>	<ul style="list-style-type: none"> • Food innovation districts and food business incubators that reflect the incredible diversity and talents of community • Business innovation hubs and incubators, including cooperatively owned businesses • Work with partners to increase conditions for success of business hubs, districts and incubators • Supports for local existing businesses • Increase opportunities for community businesses to contract with institutions • Attract anchor employer(s) to communities who will support “thrive in place” community benefits 	<ul style="list-style-type: none"> • % employed • % participating in workforce and workforce system activities • % graduates with certifications and/or post-secondary degrees • % youth graduate high school • Increase in ownership interests/wealth by existing community members
<p>2) Workforce development opportunities and local hiring</p>		
<p>3) Employment training and other opportunities to increase potential of youth, young adults and children in communities</p>		
<p>4) Built environment supports live/work/prosper/play communities</p>		

	<p>desired, and will hire locally, including physical/behavioral health entities</p> <ul style="list-style-type: none"> • Achieve more local hires by local businesses • Increase training, job preparedness, certification and employment opportunities for youth, young adults and other adults • Increase supports for family success partners, early learning connectors, high school graduates and graduates with degrees, certificates, permits and/ or licenses 	
<p>Result Two - All People are Connected to Community Regardless of Place or Race</p>		<p>Headline Population Indicators</p> <p>1) % youth who have an adult to turn to for help</p> <p>2) % engaged in civic activities</p>
<p>Strategy Areas – What will we do to help turn the curve toward greater equity in health & well-being indicators for this result?</p>	<p>Types of Strategies Emerging</p>	<p>Additional Indicator Measures</p>
<p>1) Preserve community-based cultural anchors</p>	<ul style="list-style-type: none"> • Community owned space to strengthen multi-cultural and community-based organizations • Community leadership development, especially youth & young adult leadership, community-based youth mentors, corner greeters and other community-based programs to increase youth safety and resilience • 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. • Encourage and grow civic participation in community and regional issues, including volunteering, advocacy, voting, community-based data collection, 	<ul style="list-style-type: none"> • % adults with social and emotional support • % voter registration • % reduction incarceration, especially youth and young adults
<p>2) Strong community leadership and civic engagement</p>		
<p>3) Well-designed, safe, sustainable & resilient built environment with useful community space</p>		

	<p>etc.</p> <ul style="list-style-type: none"> Encourage and grow other forms of community collaboration and cohesion such as food advocates, walking groups, etc. 	
<p>Result Three - All People Have Quality Affordable Housing Regardless of Place or Race</p>		<p>Headline Population Indicators</p> <p>1) % paying less than 50% of their income for housing</p> <p>2) Reduction of involuntary displacement of local residents</p>
<p>Strategy Areas - What will we do to help turn the curve toward greater equity in health & well-being indicators for this result?</p>	<p>Types of Strategies</p>	<p>Additional Indicator Measures</p>
<p>1) Preservation of affordable and moderately priced housing and support of housing stability; anti-displacement</p>	<ul style="list-style-type: none"> 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 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 Support organizing structures for community leadership and cohesion regarding housing, including tenant councils, neighborhood planning processes, community benefit agreements, etc. Support rental housing quality inspection programs that can effect real improvement in the health and quality of rental housing stock; ownership housing repair programs and strategies, including free tool 	<ul style="list-style-type: none"> % people who are asthma free % quality homes
<p>2) New mixed-income and affordable housing, mixed-use housing and community benefits</p>		
<p>3) Increase healthy housing</p>		

	libraries • Foreclosure prevention and home ownership	
Result Four - All People are Healthy Regardless of Place or Race		Headline Population Indicators
		1) Increase life expectancy 2) % physically active
Strategy Areas - What will we do to help turn the curve toward greater equity in health & well-being indicators for this result?	Types of Strategies	Additional Indicator Measures
1) Increase youth & young adult wellness and resilience	<ul style="list-style-type: none"> • Pro-active youth and young adult wellness and violence prevention • 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 • Community-based physical activity programs and clubs, including walking groups, bicycle clubs, etc. • Community-designed safe physical activity plans and amenities are created in built environment 	<ul style="list-style-type: none"> • % food secure • % diabetes free • % consumption of fruits and vegetables daily • % reduction in incidents of violence • % reduction youth/young adult arrests
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, System 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 Ninos, 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 a 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 well-being outcomes and levels of opportunity across the King County region. This capacity will now be supported through BSK.

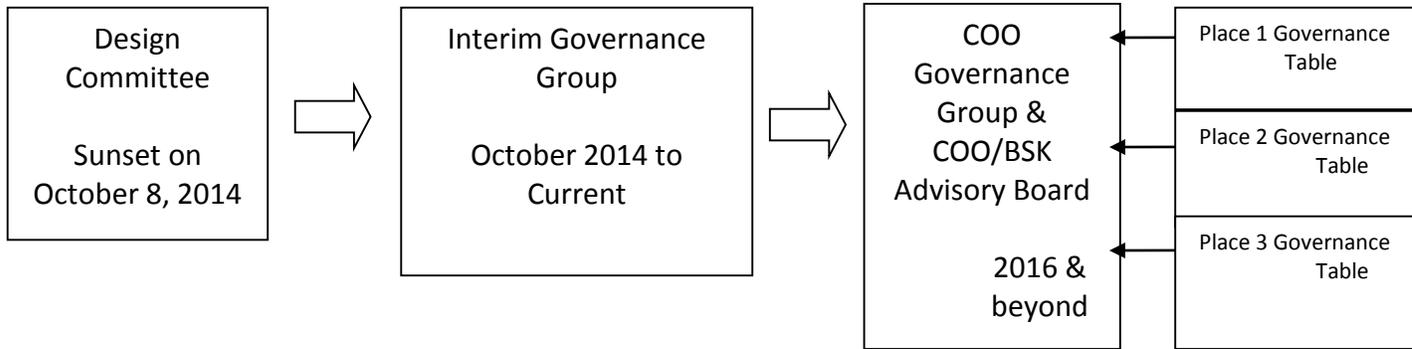
COO Founders, Design Committee and Interim Governance

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.

A sub-committee of the Interim Governance Group (IGG) called the Transition Committee shall be convened in 2016 to recommend a roster of members that will constitute the successor COO Governance Group and BSK Levy Advisory Board. The Transition Committee will make its recommendations to the full IGG in time for the IGG to accept a membership roster by the end of the year 2016. The Transition Committee will solicit information from current IGG members regarding their interest in ending their term of service with the IGG, or in continuing their service on the permanent COO Governance Group. In addition, the Committee will collect recommendations from the IGG for potential new members of the COO Governance Group, and will also review *Letter(s) of Interest to Serve on the COO Governance Group* received via the King County website, if any are received. The Committee will use a *COO Results and Sectors Matrix Tool* to aid them in recommending a proposed final roster of the new COO Governance Group that is a robust cross-sector governance table reflecting the diversity in the County. The IGG will take action to accept a final roster of the COO Governance Group/COO-BSK Levy Advisory Board pursuant to Ordinance #18220 and the requisite response Ordinance.

PRELIMINARY

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"> • Infant mortality • Pre-term birth 	<table border="1"> <caption>Baseline Data for Prenatal to 5 years</caption> <thead> <tr> <th>Group</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>King</td><td>47%</td></tr> <tr><td>White</td><td>58%</td></tr> <tr><td>Asian</td><td>52%</td></tr> <tr><td>Black</td><td>40%</td></tr> <tr><td>Hispanic</td><td>33%</td></tr> <tr><td>NHPI</td><td>33%</td></tr> <tr><td>AIAN</td><td>28%</td></tr> <tr><td>Low-income</td><td>36%</td></tr> </tbody> </table>	Group	Percentage	King	47%	White	58%	Asian	52%	Black	40%	Hispanic	33%	NHPI	33%	AIAN	28%	Low-income	36%	<i>Examples of funding approaches:</i> <ul style="list-style-type: none"> • Support for Parents, Families & Caregivers(2 Gen Approach): Expand home visiting to both evidence-based and promising practices 	<i>For each funded approach we will identify performance measures that address:</i> <ul style="list-style-type: none"> • How much did we do? • How well did we do it? • Is anyone better off? 		
Group		Percentage																							
King		47%																							
White		58%																							
Asian		52%																							
Black	40%																								
Hispanic	33%																								
NHPI	33%																								
AIAN	28%																								
Low-income	36%																								
	Kindergarten ready																								
	Child abuse/neglect																								
	Flourishing & resilient																								
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	<table border="1"> <caption>Baseline Data for 5 to 24 years</caption> <thead> <tr> <th>Group</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>King</td><td>81%</td></tr> <tr><td>Asian</td><td>87%</td></tr> <tr><td>White</td><td>86%</td></tr> <tr><td>Black</td><td>71%</td></tr> <tr><td>Hispanic</td><td>66%</td></tr> <tr><td>NHPI</td><td>60%</td></tr> <tr><td>AIAN</td><td>59%</td></tr> <tr><td>Homeless</td><td>47%</td></tr> <tr><td>Low-income</td><td>69%</td></tr> </tbody> </table>	Group	Percentage	King	81%	Asian	87%	White	86%	Black	71%	Hispanic	66%	NHPI	60%	AIAN	59%	Homeless	47%	Low-income	69%	<i>Examples of funding approaches:</i> <ul style="list-style-type: none"> • Meeting the health and behavior needs of youth. Expand school based health centers (SHBCs) across the county and expand types of services provided in current SBHCs • Build resiliency of youth, help youth reduce risky-behaviors, and help youth stay connected to their families and communities. Establish trauma-informed schools 	<i>For each funded approach we will identify performance measures that address:</i> <ul style="list-style-type: none"> • How much did we do? • How well did we do it? • Is anyone better off?
Group		Percentage																							
King		81%																							
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NHPI		60%																							
AIAN	59%																								
Homeless	47%																								
Low-income	69%																								
	Math at 4 th 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																								

*For each indicator we plan to include detailed data on disparities by race/ethnicity, income.

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	Life expectancy	<table border="1"> <caption>Baseline Data for Health</caption> <thead> <tr> <th>Group</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>King</td><td>22%</td></tr> <tr><td>AIAN</td><td>29%</td></tr> <tr><td>NHPI</td><td>26%</td></tr> <tr><td>Black</td><td>25%</td></tr> <tr><td>Other</td><td>25%</td></tr> <tr><td>Multiracial</td><td>24%</td></tr> <tr><td>White</td><td>23%</td></tr> <tr><td>Hispanic</td><td>18%</td></tr> <tr><td>Asian</td><td>16%</td></tr> </tbody> </table>	Group	Percentage	King	22%	AIAN	29%	NHPI	26%	Black	25%	Other	25%	Multiracial	24%	White	23%	Hispanic	18%	Asian	16%	<p><i>Examples of approaches:</i></p> <ul style="list-style-type: none"> Increase physical activity in communities: Create community-designed spaces (like parks and sidewalks) through plans (like neighborhood, zoning, land-use, and transportation) that feature safety (like sidewalks, lighting)
Group		Percentage																						
King	22%																							
AIAN	29%																							
NHPI	26%																							
Black	25%																							
Other	25%																							
Multiracial	24%																							
White	23%																							
Hispanic	18%																							
Asian	16%																							
Youth and adult physical activity (youth data shown here)																								
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	Households paying more than 50% of income for housing	<table border="1"> <caption>Baseline Data for Housing</caption> <thead> <tr> <th>Group</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>King</td><td>25%</td></tr> <tr><td>Black</td><td>33%</td></tr> <tr><td>Hispanic</td><td>30%</td></tr> <tr><td>Multiracial</td><td>30%</td></tr> <tr><td>AIAN</td><td>28%</td></tr> <tr><td>White</td><td>24%</td></tr> <tr><td>Asian</td><td>24%</td></tr> <tr><td>NHPI</td><td>10%</td></tr> </tbody> </table>	Group	Percentage	King	25%	Black	33%	Hispanic	30%	Multiracial	30%	AIAN	28%	White	24%	Asian	24%	NHPI	10%	<p><i>Examples of approaches:</i></p> <ul style="list-style-type: none"> Preserve affordable and quality housing and support housing stability: Support policies, strategies, system-level solutions and projects that preserve existing affordable and moderately priced housing, including cooperatively owned multi-family housing 	<p><i>For each funded approach we will identify performance measures that address:</i></p> <ul style="list-style-type: none"> How much did we do? How well did we do it? Is anyone better off? 	
Group		Percentage																						
King	25%																							
Black	33%																							
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Multiracial	30%																							
AIAN	28%																							
White	24%																							
Asian	24%																							
NHPI	10%																							
Involuntary displacement of local residents																								

5/20/16 – DRAFT

Dashboard: Communities of Opportunity Part 2

	Results	Population indicators	Baseline	Strategy informed by info & research on causes/solutions	Performance measures
Economic Opportunity	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 thrive economically	Earn a living wage, as measured by being above 200% of poverty Youth and young adults who are either in school or working		<i>Examples of funding approaches:</i> <ul style="list-style-type: none"> Local hire and workforce development: Attract anchor employers to communities who will hire locally, including physical/behavioral health care providers 	For each funded approach we will identify performance measures that address: <ul style="list-style-type: none"> How much did we do? How well did we do it? Is anyone better off?
Connection to Community	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 feel like they are part of a community	Youth have an adult to turn to for help Adults engaged in civic activities		<i>Examples of funding approaches:</i> <ul style="list-style-type: none"> Strong community leadership and civic engagement: Community leadership development, especially youth/young adult leadership development, community-based youth mentors, corner greeters and other community-based programs to increase youth safety and resilience 	For each funded approach we will identify performance measures that address: <ul style="list-style-type: none"> How much did we do? How well did we do it? Is anyone better off?

*For each indicator we plan to include detailed data on disparities by race/ethnicity, place, and income.

PROPOSED ORDINANCE 2016-0281
Best Starts for Kids | Implementation Plan
Draft Content of Amendment 1
Updated July 13, 2016

The Best Starts for Kids levy ordinance required that an implementation plan be transmitted to Council by June 1, 2016. That implementation plan was transmitted as part of Proposed Ordinance 2016-0281.

The matrix below outlines potential changes to the proposed implementation plan as part of an amendment requested by Sound Cities Association members of the Regional Policy Committee. Note that all page and line numbers correspond with the July 13, 2016 redline version.

Issue	Recommended Transmittal	Proposed Change	Notes*
<p>“Need” determination for non-universal strategies and programs</p>	<p>Specific need definitions for non-universal programs are generally flexible to accommodate community-identified needs. Implementation plan notes that programs will focus within specific communities as a means to reduce the disproportionality in our County.</p>	<p>Language added to direct that as need determinations are made for focused strategies and programs, consideration will be given to communities and populations experiencing rapidly increasing rates in challenges facing children and families.</p>	<p>Page 36 lines 838-840</p>
<p>Addressing travel distance and limited transportation options for individuals to reach programs or services</p>	<p>Plan identifies the following value as one that will apply to all investments: “We will assure that opportunities are available across the diversity of geographies in our County.”</p>	<p>Additional language added to direct that thought be given to the fact that access includes not only the presence of services in a region but also the distance a person must travel to services, particularly when there are limited transportation options available. Proposes a consideration of enhancing equity through transportation subsidization options as an alternative to program siting-based solutions in re access across the diversity of geographies.</p>	<p>Page 36 lines 872-878</p>

Issue	Recommended Transmittal	Proposed Striker Change	Notes*
<p>Clarify reporting section</p>	<p>Lack of clarity between formal annual reporting, less formal periodic briefings and which are required.</p>	<p>Separated reporting section to clarify required reporting (first report to Council, BSK Evaluation and Performance Measurement Plan, Annual Reports, and progress briefings) and optional information dissemination.</p> <p>Redrafted language to add clarity around report transmittal expectations and mid-term progress briefings including clarifying transmittal deadlines and readiness to provide mid-term progress briefings.</p>	<p>Page 94 line 3080 and Page 95 line 3144</p> <p>Pages 96 lines 3137-3142</p>

Issue	Recommended Transmittal	Proposed Change	Notes*
<p>Clarify reporting section</p>	<p>Lack of clarity between Annual Reports and Annual Performance Evaluation Reports and the contents of each.</p>	<p>Used the term “Annual Report(s)” consistently throughout the document to avoid confusion except in the definition of Annual Reports, where it is clarified that these are the same as Annual Performance Evaluation Reports.</p> <p>Clarified content requirements of this report from:</p> <ul style="list-style-type: none"> • Elsewhere in the implementation plan where these requirements are noted; and • The YFHP Initiative Implementation Plan, should reports be combined once this is allowed in the summer of 2019. • On the latter, provided report timing language clarification for either eventuality (combined or not combined reporting) <p>Added section on BSK Evaluation and Performance Measurement Plan from information throughout the plan and tied to Annual Report.</p>	<p>Page 12 lines 117-118 Page 14 lines 138-141</p> <p>Page 95 lines 3106 and 3113</p> <p>Page 95 and 96 lines 3116-3131</p> <p>Pages 96 lines 3133-3135</p> <p>Page 90 lines 2872-2873 Page 95 lines 3096-3102</p>

Issue	Recommended Transmittal	Proposed Change	Notes*
Require formal reports to be filed with the clerk and for the Clerk to provide copies to all Councilmembers <u>and</u> all members and alternate members of the Regional Policy Committee, or its successor	Plan is ambiguous on this point	Added language effectuating this requirement	Page 96 lines 3141-3143
Require formal reports be developed in consultation with and reviewed by the Children and Youth Advisory Board	No requirement in re the CYAB for the First Annual Report to Council, subsequent Annual Reports or the BSK Evaluation and Performance Measurement Plan	Added requirement that Annual Reports (first and subsequent) and the BSK Evaluation and Performance Measurement Plan be developed in consultation with and reviewed by the Children and Youth Advisory Board prior to transmittal.	Page 95 lines 3086-3088 Page 95 lines 3100-3102 Page 95 lines 3112-3113

*All page and line number references are to the draft, redline Amendment 1 plan updated July 10, 2016.

Reports and Products Summary Chart per Amendment

Report/Product Name	First Annual Report	BSK Evaluation and Performance Measurement Plan	Annual Performance Evaluation Reports (Annual Reports)	Progress Briefings
Due Date	No later than 1-yr. after adoption of Implementation Plan	No later than July 1, 2017	No later than July 1, 2018 and annually on July 1 <u>UNLESS</u> YFHP reports together then June 1 on 2019 and after	Mid-term for the first two years of the levy and continuously as needed.
CYAB Participation Specified	Yes	Yes	Yes	No
Transmittal to Council Specified	Yes	Yes	Yes	Briefing to interested committees
Transmittal to RPC Specified	Yes	Yes	Yes	Briefing to interested committees

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7/13/2016

[SAG]

Sponsor: CM Pelosa

Proposed No.: 2016-0281

1 **AMENDMENT TO PROPOSED ORDINANCE 2016-0281, VERSION 1**

2 On page 8, beginning on line 179, strike lines 179 through 185, and insert:

3 "SECTION 2. No later than one year after the effective date of this ordinance, the
4 executive shall transmit the first annual report describing the programs funded and
5 outcomes for the children, youth, families and young adults served. Thereafter, the
6 executive shall transmit annual performance evaluation reports by June 1 of each year
7 through 2021. If a decision is made to report jointly with annual reports on the best start
8 for kids youth and family homelessness prevention initiative, the implementation plan for
9 which was approved by Ordinance 18285, in 2019 or after, these joint reports shall be
10 transmitted no later than June 1 of each year, including in 2019. No later than July 1,
11 2017, the executive shall transmit the Best Starts for Kids Evaluation and Performance
12 Measurement Plan. All reports required by this section shall be developed in consultation
13 with and reviewed by the children and youth advisory board before transmittal. Any
14 report required by this section shall be filed in the form of a paper original and an
15 electronic copy with the clerk of the council, who shall retain the original and provide an
16 electronic copy to all councilmembers and all members and alternate members of the
17 regional policy committee, or its successor."

18 **EFFECT:** *Clarifies transmittal deadlines for annual reporting including providing*
19 *clarity for annual reporting deadline if annual reports are combined with required*
20 *annual reports on the Youth and Family Homelessness Prevention Initiative, clarifies*
21 *reporting deadline for Best Starts for Kids Evaluation and Performance Plan, directs*
22 *that the Clerk distribute transmitted reports to Regional Policy Committee members,*
23 *directs that reports must be developed in consultation with and reviewed by the*
24 *Children and Youth Advisory Board before transmittal. These changes would make*
25 *the proposed ordinance align with changes made to the Best Starts for Kids*
26 *Implementation Plan, Attachment A to the proposed ordinance, via Amendment 1.*