

S1

September 7, 2016

[SAG] Sponsor: Kohl-Welles
Proposed No.: 2016-0281.2

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

2 **2**

3 On page 1, beginning on line 4, strike everything through page 10, line 193, and insert:

4 "STATEMENT OF FACTS:

5 1. In July 2015, Ordinance 18088 submitted to the voters of King County
6 a proposition known as the "best starts for kids levy," authorizing a regular
7 property tax levy in excess of the levy limitation for six consecutive years,
8 commencing in 2016, at a rate not to exceed fourteen cents per one
9 thousand dollars of assessed value in the first year and with an increase of
10 up to three percent in the five succeeding years, for the purpose of funding
11 prevention and early intervention strategies to improve the health and
12 well-being of children, youth and their communities.

13 2. The six-year levy commencing in 2016 has been approved by the
14 voters for the express purpose of paying costs as outlined in Ordinance
15 18088, Section 5. Except for levy proceeds designated for the youth and
16 family homelessness prevention initiative and sums necessary to provide
17 for the costs and charges incurred by the county that are attributable to the

18 election, the remaining levy proceeds may only be expended as authorized
19 in Ordinance 18088, Section 5.C.

20 3. Ordinance 18088, Section 5.C., authorized the following expenditures
21 from levy proceeds:

22 a. Fifty percent that shall be used to plan, provide and administer
23 strategies focused on children and youth under five years old and their
24 caregivers, pregnant women and for individuals or families concerning
25 pregnancy. Of these moneys, not less than \$42.8 million shall be used to
26 provide health services, such as maternity support services and nurse
27 family partnership home visiting program services;

28 b. Thirty-five percent that shall be used to plan, provide and administer
29 strategies focused on children and youth ages five through twenty-four
30 years old;

31 c. Ten percent that shall be used to plan, provide and administer
32 communities of opportunity; and

33 d. Five percent that shall be used to plan, fund and administer the
34 following:

35 (1) evaluation and data collection activities;

36 (2) activities designed to improve the delivery of services and programs
37 for children and youth and their communities;

38 (3) services identified in Ordinance 18088, Section 5.B. provided by
39 metropolitan park districts in King County. Of these moneys identified in
40 Ordinance 18088, Section 5.C.4.c., an amount equal to the lost revenues to

41 the metropolitan park districts resulting from prorationing as mandated by
42 RCW 84.52.010, up to one million dollars, that shall be provided to those
43 metropolitan park districts if authorized by the county council by
44 ordinance; and

45 (4) services identified in Ordinance 18088, Section 5.B. provided by
46 fire districts, in an amount equal to the lost revenues to the fire districts in
47 King County resulting from prorationing, as mandated by RCW
48 84.52.010, for those services, to the extent the prorationing was caused
49 solely by the best starts for kids levy and if authorized by the county
50 council by ordinance.

51 4. Ordinance 18088 also directs that by June 1, 2016, the executive
52 transmit to the council for review and approval an implementation plan
53 that identifies the strategies to be funded and outcomes to be achieved
54 with the use of levy proceeds described in Ordinance 18088, Section 5.C.
55 Ordinance 18088 required this plan to be developed in collaboration with
56 the oversight and advisory board and the communities of opportunity
57 interim governance group, as applicable. Ordinance 18088 also required
58 that, to the maximum extent possible, this implementation plan take into
59 consideration the county's youth action plan, adopted by Motion 14378,
60 and any recommendations of the county's steering committee to address
61 juvenile justice disproportionality that was formed in 2015 that are adopted
62 into policy.

63 5. An oversight and advisory board was established by ordinance as
64 directed by Ordinance 18088 to serve as the oversight and advisory board
65 for the portion of levy proceeds described in Ordinance 18088, Section
66 5.C.1., 2. and 4. The oversight and advisory board, referred to in this
67 statement of facts as the children and youth advisory board, under the
68 guidance of the department of community and human services, met six
69 times in order to provide input on the development of the best starts for
70 kids prenatal to twenty-four portions of the implementation plan.

71 6. Ordinance 18088 also directed that the applicable portions of the
72 implementation plan be developed in collaboration with the communities
73 of opportunity interim governance group. The communities of
74 opportunity interim governance group met eleven times from January
75 through May 2016 to provide input on the development of the
76 communities of opportunity portion of the implementation plan.

77 7. In addition to the input of the children and youth advisory board, the
78 executive convened sixteen community conversations throughout the
79 county to help shape the plan, gathering input from almost one thousand
80 community members.

81 8. The executive also convened a science and research panel composed of
82 twenty local and national science and practice experts. The panel
83 provided review of components of the implementation plan related to
84 strategies aimed at children and youth birth to twenty-four years old to
85 ensure there is alignment with the latest research and scientific evidence.

86 9. Input was sought from local municipalities including through the
87 Sound Cities Association Best Starts for Kids Roundtable and meetings
88 with the city of Seattle.

89 10. Approximately twenty-five thousand children are born in King
90 County every year. County residents under age eighteen comprise twenty-
91 one percent of the county's population. Nearly half of people under age
92 eighteen in King County are people of color.

93 11. According to the Center for the Developing Child, eighty-five percent
94 of the human brain is developed by age three and the basic skills necessary
95 to be ready to learn in school and be successful as an adult are developed
96 by age five before children go to school.

97 12. A second significant time of brain development is adolescence.
98 According to the National Institute of Mental Health, the parts of the brain
99 responsible for controlling impulses and planning ahead, which are the
100 hallmarks of successful adult behavior, mature during adolescence.
101 Adolescence is also the critical period when young people learn to form
102 safe and healthy relationships, and when many patterns of health
103 promoting or potentially health-damaging behaviors are established.

104 13. According to the Centers for Disease Control and Prevention, adverse
105 childhood experiences can have a tremendous impact on lifelong health
106 and opportunity, can impact healthy brain development, and have been
107 linked to risky behaviors, mental health and physical health problems,

108 increasing the odds of experiencing homelessness as an adult and
109 contributing to a shorter life expectancy.

110 14. Researchers at the Center for the Study of Social Policy have
111 combined research on stress and the impact of adverse childhood
112 experiences on brain development with research on positive child and
113 youth development, resilience and neuroscience to identify protective and
114 promotive factors for children, families and youth that increase the
115 likelihood that children and youth can develop into healthy, thriving
116 adults. The implementation plan incorporates much of this research on
117 protective and promotive factors in its strategies.

118 15. Disparities in health and well-being exist within King County.
119 According to U.S. Census data, the percentage of children five and under
120 living in poverty is as low as six percent in some regions of the county and
121 as high as twenty-six percent in other regions. According to the
122 Washington State Department of Health, infant mortality is four times
123 higher in some areas of King County than others and approximately one-
124 third of pregnant women do not receive the recommended levels of
125 prenatal care. Data from the Washington State Healthy Youth Survey
126 show that one in five adolescents is overweight or obese. The same
127 survey data shows that twenty-nine percent of adolescents report having
128 depressive feelings and twenty-five percent report using alcohol or other
129 illicit drugs.

130 16. One of the areas where disparities exist in those who do not receive
131 appropriate services before a crisis occurs is in the juvenile justice system.
132 The King County office of performance, strategy and budget's juvenile
133 justice statistics report shows that in the first quarter of 2016, 85.7 percent
134 of the young people in secured detention were young people of color, with
135 59 percent being African American young people. King County is
136 committed to ending disproportionality in the juvenile justice system.

137 17. The majority of levy proceeds from the voter-approved best starts for
138 kids levy is intended to go to community partners to provide services in
139 the community. As the plan is implemented, one of the county's goals is
140 to ensure that diverse communities and small organizations, including
141 those that are using emerging and innovative approaches to provide
142 services, are able to access moneys in order to provide culturally
143 appropriate services in King County. The county intends to collaborate
144 with these organizations and help evaluate innovative new programs and
145 services to demonstrate their effectiveness.

146 18. Communities of Opportunity is addressing inequities in health, social
147 racial and economic outcomes across the region so that communities with
148 the most to gain can thrive. Communities of Opportunity has been in
149 existence since 2014. The best starts for kids investments will strengthen
150 Community of Opportunity's interlocking elements: places; institutional,
151 policy and systems change; and learning community.

152 19. In 2010, the King County council enacted Ordinance 16948,
153 transforming its work on equity and social justice from an initiative to an
154 integrated effort that intentionally applies the King County Strategic Plan's
155 "fair and just" principle to county actions and integrates equity and social
156 justice practices to eliminate inequities and create opportunities for all
157 people and communities. The services identified in the implementation
158 plan are intended to meet the goals of the 2016 King County's Equity and
159 Social Justice Plan.

160 20. In 2013, the council adopted Motion 13943, accepting the Health and
161 Human Services Transformation Plan. The transformation plan
162 establishes the county's goal that, by 2020, the people of King County will
163 experience significant gains in health and well-being because our
164 community worked collectively to make the shift from a costly, crisis-
165 oriented response to health and social problems, to one that focuses on
166 prevention, embraces recovery and eliminates disparities. The
167 implementation plan aims to be consistent with that vision.

168 21. In 2014, the county enacted Ordinance 17738, establishing the youth
169 action plan task force and providing policy direction regarding the
170 development of a youth action plan. The implementation plan is generally
171 aligned with the youth action plan's recommendations.

172 22. To develop the plan for eligible expenditures of levy proceeds
173 authorized by Ordinance 18088, Section 5.C.4.c., the county worked with
174 metropolitan parks districts that had their property tax levy reduced in

175 2016 due to prorationing under RCW 84.52.010 to identify eligible
176 programs or services that could be funded with levy proceeds. Those
177 programs and services eligible for funding with the best starts for kids levy
178 proceeds have been incorporated into the implementation plan.

179 BE IT ORDAINED BY THE COUNCIL OF KING COUNTY:

180 SECTION 1. The Best Starts for Kids Implementation Plan, Attachment A to this
181 ordinance, is hereby approved. The plan may be amended by ordinance.

182 SECTION 2. A. The executive shall develop and transmit the reports and plans
183 required in Attachment A to this ordinance in the manner and by the deadlines set forth in
184 Attachment A.

185 B. Any report or plan required by this ordinance shall be filed in the form of a
186 paper original and an electronic copy with the clerk of the council, who shall retain the
187 original and provide an electronic copy to all councilmembers and all members and
188 alternate members of the regional policy committee, or its successor.

189 SECTION 3. Ordinance 18285, Section 3, is hereby amended to read as follows:
190 ~~((One year from the effective date of this ordinance))~~ By May 27, 2017, the executive
191 shall submit to the metropolitan King County council a report describing the people
192 served and outcomes of the youth and family homelessness prevention initiative. No
193 additional reporting is required in 2017. By June 1, 2018, the executive shall transmit a
194 program outcomes report for the youth and family homelessness prevention initiative
195 independent of any report for the entire best starts for kids levy ordinance. Thereafter, by
196 June 1 of each year, until June 1, 2022, the executive shall include reporting for the youth
197 and family homelessness prevention initiative in any annual report for the entire best

198 starts for kids levy ordinance. Any report required by this section shall be filed in the
199 form of a paper original and an electronic copy with the clerk of the council, who shall
200 retain the original and provide an electronic copy to all councilmembers."

201 SECTION 4. Ordinance 18285, Section 2 is hereby amended to read as follows:

202 The family and youth homelessness prevention initiative implementation plan,
203 updated September 6, 2016, Attachment ((A to Ordinance 18285)) B to this ordinance, is
204 hereby approved."

205

206 Delete Attachment A, Best Starts for Kids Implementation Plan, Updated July 13, 2016,
207 and insert Attachment A, Best Starts Implementation Plan, Updated September 7, 2016.

208 Engross any adopted amendments to the striking amendment, and delete the line
209 numbers.

210

211 Insert Attachment B. Youth and Family Homelessness Prevention Initiative
212 Implementation Plan, Updated September 7, 2016.

213

214 **EFFECT:**

215 **The amendment would make a number of changes to the proposed implementation**
216 **plan (Attachment A to the Proposed Ordinance). It would:**

- 217 • **Make a policy statement about the intent to deliver services in a culturally**
218 **sensitive way.**
- 219 • **Update Equity and Social Justice language and improve consistency of this**
220 **language throughout the plan.**

- 221 • **Note the impacts of historic and structural inequities and discuss ways**
222 **programming and strategies will seek to address these including through**
223 **investments in data and seeking to contribute to systemic and structural**
224 **solutions.**
- 225 • **Update expected revenue and funding allocation figures using August 2016**
226 **forecast from KC Office of Economic Analysis and corrects two technical**
227 **errors to est. funding levels.**
- 228 • **Clarify that funding amounts are estimates, insert investment flexibility**
229 **language and provide that all strategies and programs in the plan are subject**
230 **to future procurement and appropriations decisions.**
- 231 • **Add language noting that inclusion of an organization in the plan as an**
232 **example does not imply that the organization will be guaranteed to receive**
233 **funding or be prioritized for funding.**
- 234 • **Restructure some of the headline indicators and would request specified**
235 **secondary indicators be included in the Evaluation and Performance**
236 **Measurement Plan due in 2017.**
- 237 • **Clarify the types of evaluations that may be conducted and would note that**
238 **BSK funds will be used to conduct an independent evaluation of the first 1.5**
239 **years of the Youth and Family Homelessness Prevention Initiative.**
- 240 • **Note that with regards to inequity. BSK has a two-fold objective: expanding**
241 **quantity and quality of data in order to understand the inequities that might**
242 **exist in King County and to reduce inequities through focused funding to**
243 **address disparities and disproportionalities.**

- 244 • **Add COO Interim Governance Group as a collaborator in the**
245 **implementation plan developed, fixing a technical omission.**
- 246 • **Add language setting aside at least 1% of funds over the life of the levy from**
247 **each, the Prenatal – 5 Years, Approaches and Investments allocation and the**
248 **5 – 24 Years, Approaches and Investments, for contracting with one or more**
249 **independent organizations to provide front-end and long-term community**
250 **outreach, technical assistance and capacity building.**
- 251 • **Call out specific populations of children and youth that may be eligible for**
252 **funding under a range of strategies.**
- 253 • **Establish a reserve for the innovation fund and require transmittal of clear,**
254 **written specifications and investment processes for each contemplated**
255 **investment strategy when supplemental appropriations ordinances are**
256 **transmitted for Innovation Fund expenditures.**
- 257 • **Clarify that Parent/Peer Supports programming can include the provision of**
258 **services and supplies.**
- 259 • **Under the Workforce Development Program would add building knowledge**
260 **about Washington State’s safe haven law as a program component.**
- 261 • **Add language noting that implementation staff will work with agencies**
262 **toward a goal of making services available to youth directly.**
- 263 • **Add two program components under the Meet the Health and Behavior**
264 **Needs of Youth under the work performed through School-based Health**
265 **Centers: 1) increase knowledge of Washington State’s safe haven law and 2)**

- 266 support activities to increase adolescent vaccination. The latter specifies a
267 funding level of \$400,000 2017-2021 annual average.
- 268 • Add one program component to the Healthy and Safe Environments
269 program area under the access to healthy and affordable foods approach
270 that would work to improve healthy behaviors for eating and physical
271 activity.
 - 272 • Strike transmitted Section VII, Communities of Opportunity (COO)
273 allocation, and substitute redrafted Section VII proposed by Executive staff
274 to be considered instead of the transmitted section.
 - 275 • Note that within rural areas and other pockets throughout the county may be
276 affected by inequities in health and well-being.
 - 277 • Adds est. investment percent ranges for COO investments in 2017-2018
278 biennium.
 - 279 • Provide clarification on the history and potential future of place-based
280 communities, original sites funding.
 - 281 • Add language that permits the COO Advisory Board to expand eligibility for
282 place-based communities awards.
 - 283 • Specify that rural communities can receive funding through the cultural
284 communities investment strategy.
 - 285 • Provide for the role of the COO Advisory Board in the development of
286 mandatory reports and plans.
 - 287 • Set BSK reporting schedule including synching with the Youth and Family
288 Homelessness Prevention Initiative reporting cycle and would amend the

- 289 **Youth and Family Homelessness Prevention Initiative approval Ordinance**
290 **and the plan itself for consistency.**
- 291 • **Require final BSK and FYHP Initiative reporting in 2022.**
 - 292 • **Provide for reporting of changes in performance measurements, funded**
293 **programs and revisions to BSK Evaluation and Performance Measurement**
294 **Plan**
 - 295 • **Add chart on Racial and Ethnic Categories Available by Data Source to**
296 **Appendix 1**
 - 297 • **Make typographical and grammatical corrections.**
 - 298 • **Add and clarify definitions for key terms used throughout the document.**



King County

Best Starts for Kids Implementation Plan

1

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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. BSK will recognize that policy solutions
 33 will not be the same for all children and will deliver services in a culturally sensitive way.

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

38 • **Equity and Social Justice.**¹

39
40 Consistent with our ESJ Ordinance and the historical and persistent patterns of inequities, King County
41 focuses on equity impacts on communities of color,² low-income populations, and limited English-
42 speaking residents when undertaking a body of work. We recognize that true opportunity requires that
43 every person has access to the benefits of our society regardless of race, ethnicity, gender, religion,
44 sexual orientation, ability or other aspects of who we are, what we look like, where we come from,
45 where we live and what we believe in.

46
47 Best Starts for Kids recognizes historic and structural inequities and the fact that these have
48 impacted populations to varying degrees. Some of the resulting disparities and
49 disproportionalities may be difficult to document because of lack of adequate data. Thus, Best
50 Starts for Kids will invest investments aimed at expanding quantity and quality of data. Best
51 Starts for Kids will also seek to contribute to systemic and structural solutions as it continues to
52 partner with communities to develop and implement programs that work for them.

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

60
61 As part of the County’s commitment to these two policies, in April 2015, County Executive Dow
62 Constantine transmitted an ordinance to the King County Council proposing that a property tax levy to
63 fund *Best Starts for Kids* be placed on the November 2015 ballot. In July 2015, Council approved an
64 ordinance (Ordinance 18088) to send the BSK Levy to the voters for the purpose of funding prevention
65 and early intervention strategies to improve the health and well-being of children, youth and their
66 communities. The BSK Levy was approved by King County voters in November 2015.

67

68 **BSK RESULTS**

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

71

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 be safe and healthy as they progress through childhood, building academic and life skills to be thriving members of their communities. ³

- **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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76 EXPECTED REVENUE AND FUNDING ALLOCATIONS

77

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

81

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

82

83

84 BSK revenue will support the County and its community partners to achieve the BSK Results (above) for
 85 all King County children, youth, families and communities. The *Best Starts for Kids* Levy ordinance⁴
 86 mandates the following funding allocation for the total levy, excepting \$19 million in initial collections
 87 for a youth and family homelessness prevention initiative and amounts for costs attributable to the
 88 election:

89

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 build on the partnership between King County and The Seattle Foundation on Communities of Opportunity, which is based on the latest research regarding the impact of place on individual and population health and well-being outcomes. It also supports local communities in building their own capacity to create 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.

90

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

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

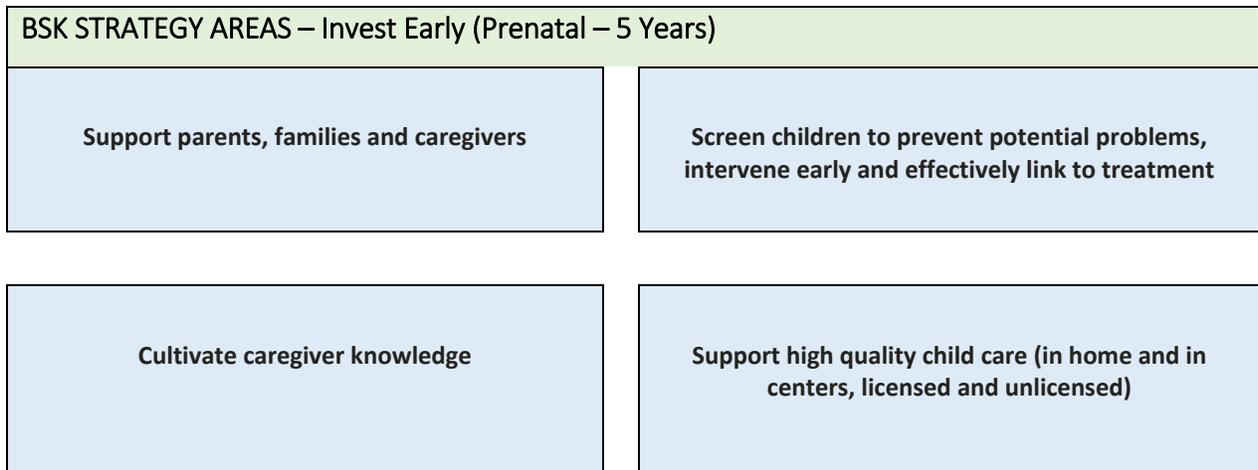
93

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

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

99 **Invest Early**

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



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

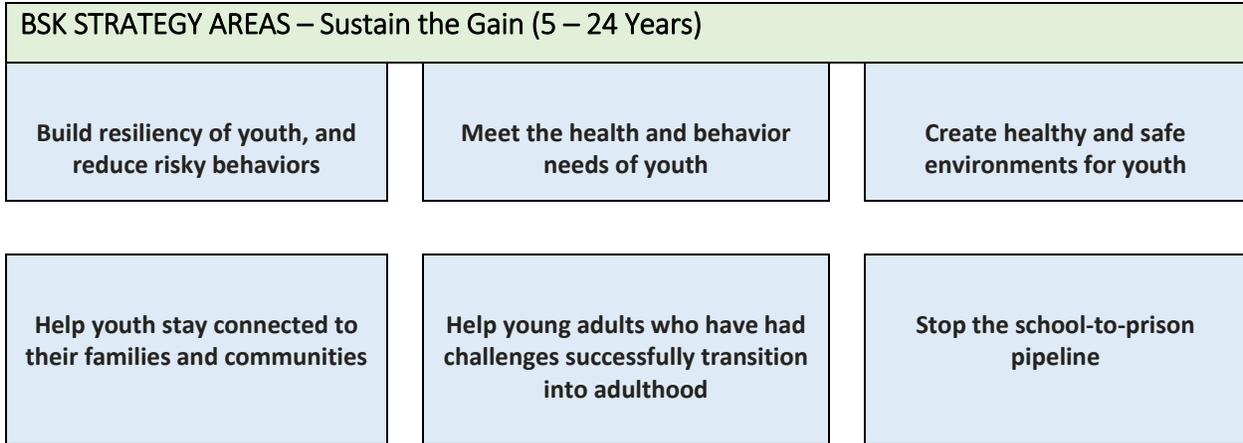
Invest Early (Prenatal – 5 Years)		
Estimated Funding Levels		Programmatic approaches
2016	2017-2021 average	
\$350,000	\$1,554,000	Innovation Fund for programs driven by specific community interests/needs
\$497,000	\$9,193,000	Home-Based Services, including investments such as: <ul style="list-style-type: none"> • Home visiting • Community-based programs and innovative approaches
\$95,000	\$2,351,000	Community-Based Parenting Supports, including investments such as: <ul style="list-style-type: none"> • Prenatal and breastfeeding support • Immunization education • Oral health • Healthy vision • Injury Prevention • Environmental health, including asthma, lead and 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	\$598,000	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	\$2,221,000	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	\$7,281,000	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	\$1,434,000	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, including information on newborn safety
\$3,481,000	\$9,552,000	Investment in Public Health’s Maternal/Child Health Services

\$449,000	\$1,484,000	Help Me Grow Framework-Caregiver Referral System
Invest Early (Prenatal – 5 Years) Totals:		
\$5,886,000	\$35,675,800	Total over the life of the levy (2016-2021): \$184, 265,000 (50% of total expenditures, excepting year-one set-asides)

103

104 Sustain the Gain

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



106

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

109

Sustain the Gain (5 - 24 Years)		
Estimated Funding levels		Programmatic approaches
2016	2017-2021 average	
\$1,121,000	\$10,957,000	Build Resiliency of Youth and Reduce Risky Behaviors, including investments such as: <ul style="list-style-type: none"> • 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	\$2,938,000	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	\$5,598,000	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

		<ul style="list-style-type: none"> • Healthy and safe environments • Screening and early intervention for mental health and substance abuse
\$100,000	\$1,474,000	Helping Young Adults Who Have Had Challenges Successfully Transition into Adulthood, including investments such as: <ul style="list-style-type: none"> • Supporting youth to stay in-school • Supporting Opportunity Youth to re-engage
\$500,000	\$4,363,000	Stop the School-to-Prison Pipeline, including investments such as: <ul style="list-style-type: none"> • Prevention/Intervention/Reentry Project • Youth and Young Adult Employment Project • Theft 3 and Mall Safety Pilot Project • Students Creating Optimal Performance Education (SCOPE)
Sustain the Gain (5-24 Years) Totals:		
\$2,325,000	\$25,332,000	Total over the life of the levy (2016-2021): \$129,483,000 (35% of total expenditures, excepting year-one set-asides)

110

111 **Communities of Opportunity**

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

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

113

114

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

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

117
 118
 119 King County is home to many organizations and programs that provide vital supports to youth, young
 120 adults, and their families, and as a result, many families have the tools necessary to give their children
 121 the best start possible. Throughout this Plan, certain organizations are highlighted and offered as
 122 examples of efforts that have been successful in reaching some of this Plan’s identified goals, and could
 123 be eligible for funding through Best Starts for Kids. It should be noted, however, that *the inclusion of an*
 124 *organization in this Plan does not imply that the program will be guaranteed, or even given priority in*
 125 *funding decisions*. King County recognizes that in order to reach the goal of giving all kids the best start,
 126 it will be necessary to address the inequities that result in disparities, and work with a range of
 127 community partners, including those with whom King County has not yet had the opportunity to
 128 engage.

129
 130 **INVESTMENT FLEXIBILITY**

131
 132 The investment level estimates in this implementation plan are based on both fiscal and programmatic
 133 assumptions. As BSK strategies are deployed and programs are funded, implementers should remain
 134 flexible and responsive to changes in the overall environment. Thus, this plan is intended to allow for
 135 flexibility for a range of eventualities that might require program or funding level adjustments. Among
 136 these are the possibility that, as some programs are deployed, there will be an increase in the demand
 137 for services. An example of this might be an increase in children, families and youth seeking services as a
 138 result of BSK’s support for a range of screening programs and services. BSK investments may adjust to
 139 meet this greater need.

140
 141 Flexibility may also be required to make adjustments to address changing needs as we learn more
 142 during deeper implementation planning and implementation itself. An example of this might be needs

143 identified by communities themselves as we continue partnering with them during implementation
 144 planning. Likewise, BSK’s investments in data may result in identification of new needs. As
 145 implementers learn about new, changing or previously unknown needs of families, youth and
 146 communities, BSK may adjust to respond to those emerging needs.

147
 148 Section VIII of this plan provides for how changes in the investment portfolio, including changes in what
 149 programs are to be funded, should be reported. In considering changes, BSK implementers should
 150 balance new needs against sustaining funding for agencies and groups that are addressing existing
 151 needs.

152
 153 **HEADLINE INDICATORS**

154
 155 BSK strategies will contribute toward progress in a set of headline indicators. The headline indicators are
 156 aspirational measures that help quantify BSK’s three overarching results, and will be used to align
 157 partners and investment strategies. The headline indicators were vetted with the Children and Youth
 158 Advisory Board and other experts and community partners.

159
 160 Headline indicators are about an entire population, (for example, young adults in King County) and are
 161 impacted by factors outside of BSK investments. Through a Results-Based Accountability framework⁵,
 162 we have defined how BSK will contribute to improving headline indicators. These headline indicators will
 163 be measured and reported annually as part of the Annual Report discussed in Section VIII, Evaluation
 164 and Performance Measurement Framework.

165
 166 The charts below list the headline indicators for each of the three BSK results. **A full explanation of the**
 167 **technical definitions and a list of example secondary, supporting indicators are included in Appendix**
 168 **1.**

HEADLINE INDICATORS – Invest Early (Prenatal – 5 Years)
• Babies with healthy birth outcomes as measured by infant mortality and pre-term birth rates
• Children who are flourishing and resilient related to levels of curiosity, resilience, attachment and contentedness
• Children who are kindergarten ready across the domains of social/emotional, physical, language, cognitive, literacy and mathematics
• Lowering the rate of child abuse or neglect

169

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

170

<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
<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
<ul style="list-style-type: none"> Youth who are not using illegal substances

171

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"> Renters paying less than 30 percent of their income for housing
<ul style="list-style-type: none"> Life expectancy
<ul style="list-style-type: none"> Physical activity levels among youth and adults
<ul style="list-style-type: none"> Involuntary displacement of local residents

172

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

177

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

183

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

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

IMPLEMENTATION DRIVERS

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

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

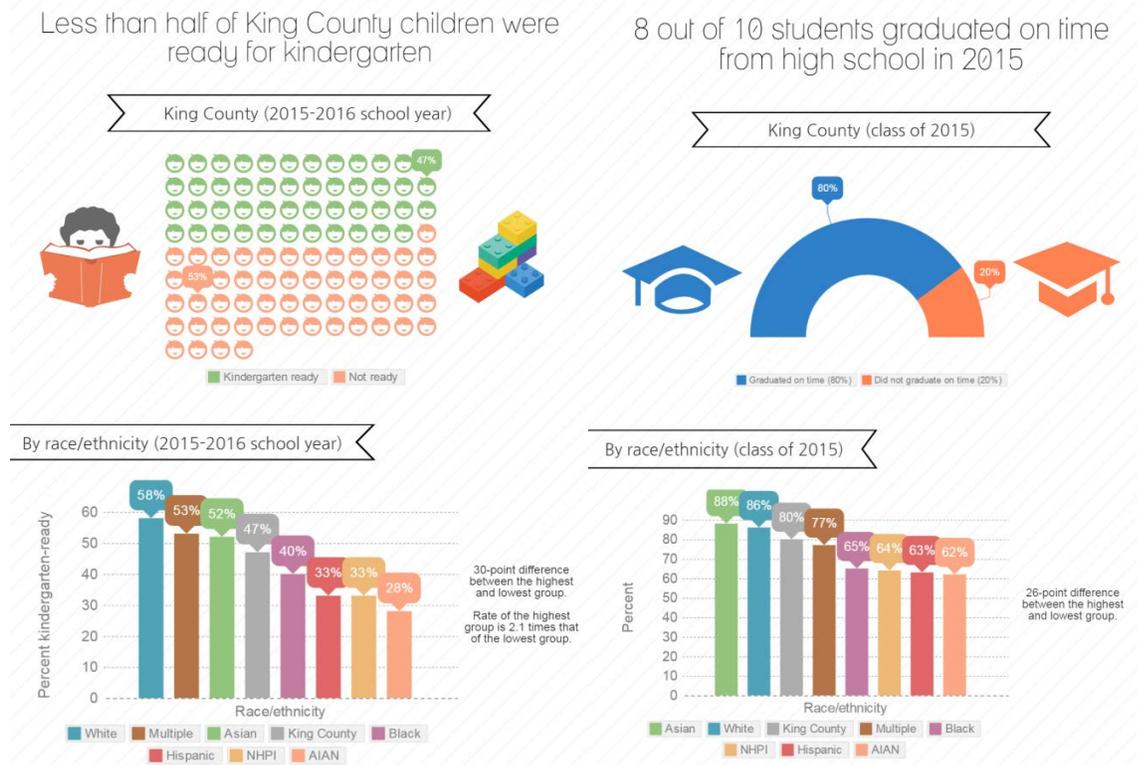
BSK IMPLEMENTATION – Guided by Data and Outcomes

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206
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210

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

211 BSK implementation will be informed by data – both qualitative and quantitative – to assure that we
 212 move the needle to improve health and well-being. In determining the headline indicators and
 213 developing the implementation plan, we have been guided by data that illustrate the unacceptable
 214 current state of health and well-being for many of our children and youth, and the significant disparities
 215 experienced by our children and youth of color.⁶ Section IV highlights themes that emerged from
 216 analyses of community conversations, youth focus groups, and related documents.

217
 218 The infographics below show the current state in our County for two of the indicators: kindergarten
 219 readiness and on-time high school graduation. Infographics detailing all of the BSK results for Invest
 220 Early and Sustain the Gain are included in Appendix 2.



221
 222
 223 Information gathered through close attention to what the data tell us, and progress toward the
 224 outcomes we seek, will guide partnerships, procurement, implementation and evaluation across all of
 225 *Best Starts for Kids*.
 226

BSK IMPLEMENTATION – Grounded in Science and Research

227
 228 The conceptualization of *Best Starts for Kids* was built on the work of researchers, content experts and
 229 community leaders from across our region. As we now move into implementation, science and research
 230 will continue to inform what we prioritize and how we invest. Section III describes the research and
 231 evidence base that has grounded our work to date and which will inform us moving forward. It includes:

- The Importance of Early Childhood

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

237
 238 Key informants for building our knowledge of the science and research have included the University of
 239 Washington Institute for Learning & Brain Sciences (I-LABS), the Children and Youth Advisory Board
 240 (CYAB), the BSK Science and Research Panel, the Youth Action Plan Task Force, the Community Center
 241 for Education Results Roadmap Project, the Transformation Plan Advising Partners Group, the King
 242 County Alliance for Human Services and the Youth Development Executive Directors Coalition. County
 243 staff also reviewed and consulted with jurisdictions and organizations from around the United States
 244 and the world, and mined the research regarding best and promising practices.

245 **BSK Implementation – Led by Community Priorities and Delivered through Partnerships**

246
 247 *Best Starts for Kids* is a strengths-based approach, which will maximize the assets and knowledge of our
 248 richly diverse County and its many communities and cultures. In developing BSK strategies and this
 249 implementation plan, King County turned directly to communities and partners across our region for
 250 input and guidance. These conversations provided critical input to assure that the plan reflects County
 251 residents’ needs and expectations. The implementation plan is also based on the extensive community
 252 work done in preparation of the Youth Action Plan and *Best Starts for Kids* prior to adoption. A
 253 discussion of BSK’s approach to community priorities and partnerships is in Section IV.

254
 255 As we move into the implementation stage of BSK, community partnerships and community voice will
 256 continue to be essential. One asset for assuring that BSK implementation reflects community priorities is
 257 the Children and Youth Advisory Board (CYAB). The BSK ordinance directed the creation of an oversight
 258 and advisory board to provide recommendations and monitoring on the distribution of levy proceeds
 259 related to children and youth ages 0-24.⁷ The ordinance stated that the oversight and advisory plan be
 260 consistent with the recommendations contained in the County's Youth Action Plan (YAP), and that the
 261 oversight and advisory board must comprise a wide array of King County residents and stakeholders
 262 with geographically and culturally diverse perspectives. In December 2015, Executive Dow Constantine
 263 appointed 35 experts, researchers and community leaders to the CYAB (see the full roster in Appendix
 264 3). King County Council approved the members in February 2016 (see information about the Council’s
 265 action [online at http://www.kingcounty.gov/council/news/2016/January/01-25-CYAB.aspx](http://www.kingcounty.gov/council/news/2016/January/01-25-CYAB.aspx)). The [CYAB](#)
 266 carries dual responsibilities tied to the Best Starts for Kids Levy and the Youth Action Plan.

267
 268 Communities of Opportunity, and its governance group, is also a key partner in assuring that all of *Best*
 269 *Starts for Kids* is informed by, and responsive to, the needs and priorities of County residents across our
 270 region.

271
 272 **PROCUREMENT**

273
 274 A large majority of *Best Starts for Kids* funding will be competitively bid in outcome-focused contracts to
 275 community-based organizations. This will help address inequities across the region, and assure that as
 276 BSK strategies are implemented, they are appropriate for all cultural and ethnic groups. Full discussion
 277 of procurement is in Section IV. It should be noted that while this plan presents intended investments

278 with the use of Best Starts for Kids levy funds, all programs and strategies included in the plan are subject
279 to future procurement and appropriations decisions.

280

281 FISCAL MANAGEMENT

282

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

291

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

296

297 EVALUATION

298

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

307

308 JUNIOR TAXING DISTRICT PRORATIONING

309

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

313

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

315
316 The BSK Levy includes \$19 million for a Youth and Family Homelessness Prevention Initiative that is
317 intended to prevent and divert children and youth and their families from becoming homeless.
318 Ordinance 18088, directed the King County Executive to submit to King County Council for review and
319 approval, an implementation plan relating to the Youth and Family Homelessness Prevention Initiative
320 by March 1, 2016. The plan was reviewed and amended by Council, and passed on May 9, 2016.
321
322 The Youth and Family Homelessness Prevention Initiative is based on a highly successful pilot program
323 implemented by the Washington State Coalition Against Domestic Violence and funded by the Bill &
324 Melinda Gates Foundation and the Medina Foundation.
325
326 There is no further discussion on the substance the Youth and Family Homelessness Prevention Initiative
327 in this implementation plan, although it is referenced in the context of BSK reporting

328 **NEXT STEPS**

329
330 With the implementation plan complete, we will continue our work to finalize BSK’s procurement
331 approach, and sequence and prioritize our approach. This will take time. Over the next 12 months, the
332 County will engage in a rigorous and collaborative process to build out BSK implementation and
333 evaluation.
334
335 This prioritization process for implementation will be **guided by data and outcomes, grounded in**
336 **science and research, and led by community priorities and partnerships.** Key considerations will also
337 include opportunities for leveraging other funds, and assuring that Best Starts for Kids integrates other
338 County priorities including the Equity and Social Justice Initiative, the Youth Action Plan and the Juvenile
339 Justice Equity Steering Committee.
340
341 Ultimately, with regard to inequity in King County, the objective of Best Starts for Kids is two-fold. First,
342 through a community engagement and data analysis process, which includes investments aimed at
343 expanding quantity and quality of data, Best Starts for Kids will seek to more thoroughly understand the
344 inequities across age, race, ethnicity, place, socioeconomic status, gender, sexual orientation, ability,
345 income and immigration status that might exist in King County. Second, where such inequities exist, Best
346 Starts for Kids will aim, through its strategies and programs, to reduce these inequities through focused
347 funding to address disparities and disproportionalities.
348

349
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Section I
THE BEST STARTS FOR KIDS LEVY – HISTORY, VALUES AND APPROACH

353

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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354

355 **POLICY BASIS FOR BSK**

356

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

368

369 In his 2014 State of the County address, King County Executive Dow Constantine announced his
 370 intention to work with the King County Council and community partners to define regional investments
 371 that would help make the collective vision for healthy people and communities a reality. County staff set
 372 out to design a potential levy that would mirror the County’s commitment to equity, through a
 373 transformed approach to human services investments, focused on promotion, prevention and early
 374 intervention for children and youth. The resulting *Best Starts for Kids* ballot measure represented
 375 implementation of the County’s adopted policy direction. BSK was developed within the context of the
 376 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,
 377 *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](#).

380

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

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

388

389 King County Executive, Dow Constantine
 390 November 4, 2015

391

392 Equity and Social Justice (ESJ)

393

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

407

408 Health and Human Services Transformation

409

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

420

421 The premise of the Transformation Plan was foundational in the development of *Best Starts for Kids*. The
 422 Transformation Plan seeks to improve health and well-being and create conditions that allow residents
 423 of King County to achieve their full potential through a focus on prevention. At the **individual/family**
 424 **level**, the plan outlined strategies designed to improve access to person-centered, integrated, culturally
 425 competent services when, where, and how people need them. At the **community level**, the plan called
 426 for improvement of community conditions and features, because health and well-being are deeply
 427 influenced by where people live, work, learn, and play¹⁰.

428

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

436

437 The Youth Action Plan

438
 439 King County Council approved legislation in 2014 calling for the development of a Youth Action Plan
 440 (YAP) to set priorities for serving the County’s young people, from infants through young adults. The YAP
 441 was developed by a task force representing a broad range of organizations with expertise and
 442 experience relevant to infants, children and youth, and reflecting King County’s geographic, racial and
 443 ethnic diversity. The YAP was completed in April 2015 and will inform the County’s annual investments
 444 in services and programs across the full continuum of children and youth.¹¹
 445

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

- 451
- 452 • Social Justice and Equity
 - 453 • Strengthen and Stabilize Families, and Children, Youth and Young Adults
 - 454 • Stop the School to Prison Pipeline
 - 455 • Bust Silos/We’re Better Together
 - 456 • Get Smart About Data
 - 457 • Invest Early, Invest Often, Invest in Outcomes
 - 458 • Accountability
 - 459 • Youth Bill of Rights
 - 460 • Evaluation

461
 462 The Children and Youth Advisory Board, appointed by the Executive and Council, is responsible for
 463 guiding BSK recommendations and investments, and those articulated in the YAP.
 464

465 SHAPING THE BSK LEVY

466
 467 The *Best Starts for Kids* ordinance proposed by Executive Constantine, supported by a majority of the
 468 King County Council and approved by County voters was the result of thousands of hours of consultation
 469 with researchers and experts, and extensive engagement with community partners. Following approval
 470 of *Best Starts for Kids* by the voters in November 2015, a cross-agency BSK leadership team within King
 471 County government – including staff from Public Health-Seattle and King County, the Department of
 472 Community and Human Services and the County Executive’s office – began the next steps of the process
 473 that would lead to the development of this implementation plan.
 474

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

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

- 484
- 485 • **Children and Youth Advisory Board (CYAB).** The CYAB has advised on the Prenatal – 5 Years, and 5 –
- 486 24 Years strategies of the implementation plan. The CYAB’s work going forward will include
- 487 partnering with the County to ensure that children and youth investments through *Best Starts for*
- 488 *Kids* are consistent with the requirements of the levy and effective, while ensuring expenditures of
- 489 funds is transparent to the public. The list of board members is in Appendix 3.
- 490
- 491 • **Communities of Opportunity (COO) governance group.** The COO Interim Governance Group (IGG)
- 492 has similarly advised on the Communities of Opportunity strategies of the implementation plan. An
- 493 ordinance establishing a successor to that group (the COO Advisory Board) was transmitted
- 494 alongside the implementation plan; like the CYAB, but for COO specifically, the successor group to
- 495 the COO IGG will be tasked with partnering with the County to ensure that BSK investments are
- 496 consistent with levy requirements, effective and transparent to the public.
- 497
- 498 • **Juvenile Justice Equity Steering Committee (JJESC).** The work of BSK will be aligned with, and
- 499 informed by, the Juvenile Justice Equity Steering Committee (JJESC). The JJESC is a group of King
- 500 County leaders charged with recommending solutions to end racial disparity in the regional juvenile
- 501 justice system. It is the largest and most diverse group King County has ever assembled to act on
- 502 juvenile justice issues. The committee will engage those most impacted by the juvenile justice
- 503 system as members examine school, police, court and detention policies. Parents, youth, mental-
- 504 health and grassroots leaders are included among the JJESC membership. They are teaming up with
- 505 the heads of school districts, law enforcement agencies and courts from across the County. The
- 506 panel includes youth who have experienced juvenile detention themselves, youth mentors, a foster
- 507 parent and community-based advocates fighting to dismantle the school-to-prison pipeline by
- 508 increasing effective alternatives to school suspensions and youth detention. The committee is
- 509 charged with developing action plans designed to reduce the over-representation of youth of color
- 510 in our juvenile justice system. The list of committee members is in Appendix 5.
- 511
- 512 • **Data Team.** The data team has been responsible for generating baseline data to inform the BSK
- 513 Levy, analyzing community conversations for themes to inform strategy development, using a
- 514 systematic and participatory process to identify the indicators that will help quantify BSK results,
- 515 and developing a framework for evaluating BSK investments. The data team is a multi-disciplinary
- 516 group comprising masters- and doctorate-level epidemiologists, social research scientists,
- 517 demographers and evaluators from Public Health-Seattle & King County, the Department of
- 518 Community and Human Services and the Office of Performance, Strategy and Budget Office. They
- 519 are nationally known for their data analyses and evaluation expertise of large-scale community
- 520 initiatives and have a strong record of using participatory approaches in designing and implementing
- 521 evaluations. Together, they bring requisite quantitative and qualitative expertise including use of
- 522 population and program data and systematic analysis of qualitative data.
- 523
- 524 • **Science and Research Panel.** The BSK Science and Research panel serves a consulting role to inform
- 525 the County staff and the CYAB. This ad hoc group of science and practice experts provided review
- 526 and recommendation on BSK strategies, related to both Prenatal – 5 Years and 5 – 24 Years. The
- 527 guidance of the Science and Research Panel ensures that BSK is pursuing approaches that are
- 528 aligned with research and scientific evidence. The Science and Research Panel will also provide input
- 529 on BSK’s data and evaluation needs. The list of panel members is in Appendix 4.
- 530

- 531 • **Community Conversations.** Multiple rounds of community conversations have been conducted
532 throughout the County as the levy first took shape, and again in spring 2016 to assure that County
533 staff were successfully capturing community input. Section IV provides a full discussion of how
534 community priorities and partnerships are driving BSK implementation.
535
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Section II
BSK IMPLEMENTATION – GUIDED BY DATA AND FOCUSED ON OUTCOMES

537

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

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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,¹² detailed explicitly in the Youth Action Plan¹³, 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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- Approximately one-third of pregnant women in King County do not receive the recommended levels of prenatal care.¹⁴
- Infant mortality is four times higher in some areas of King County than others.
- Across the County, the percentage of children age five and under living in poverty¹⁵ is as low as six percent in some regions and as high as 26 percent in other regions.
- One in five adolescents is overweight or obese and only 22 percent of adolescents receive the recommended levels of physical activity.
- Twenty-nine percent of adolescents report having depressive feelings and 25 percent report using alcohol or other illicit drugs.

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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

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

580

581 HEADLINE INDICATORS TO GUIDE THE WORK

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

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

590

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

593

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

596

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

605

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

608

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

610

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

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618

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

HEADLINE INDICATORS – Invest Early (Prenatal – 5 Years)
<ul style="list-style-type: none"> Babies with healthy birth outcomes as measured by infant mortality and pre-term birth rates
<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
<ul style="list-style-type: none"> Lowering the rate of child abuse or neglect

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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 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
<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
<ul style="list-style-type: none"> Youth who are not using illegal substances

621

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"> Renters paying less than 30 percent of their income for housing
<ul style="list-style-type: none"> Life expectancy
<ul style="list-style-type: none"> Physical activity levels among youth and adults
<ul style="list-style-type: none"> Involuntary displacement of local residents

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

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

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

Section III
BSK IMPLEMENTATION – GROUNDED IN SCIENCE AND RESEARCH

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<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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648 From the beginning, King County has looked to science and research to inform *Best Starts for Kids*. BSK
 649 approaches of promotion, prevention, and early intervention are rooted in multiple studies of many
 650 programs, over many years, as well as long-standing, and emerging, research on human development.
 651 BSK maximizes the science and research base to inform strategies across all of our investments.

652

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

658

659 **THE IMPORTANCE OF EARLY CHILDHOOD**

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

664

665 The research of Dr. James Heckman, Nobel Laureate in Economics from the University of Chicago, is
 666 perhaps the most widely disseminated and understood. Dr. Heckman maintains that the base of skills
 667 necessary to be ready to learn in school and be successful as an adult—such as self-esteem, motivation,
 668 coordination, prioritization, management of incoming information, attention and distraction control are
 669 developed by age five, before children enter elementary school¹⁷.

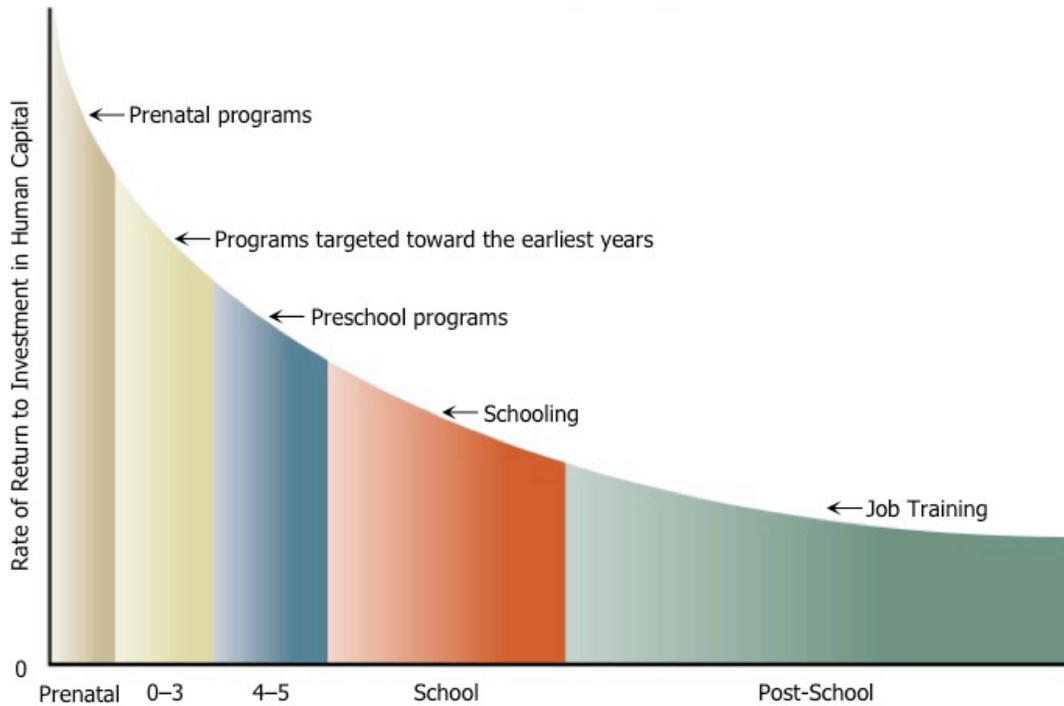
670

671 Dr. Heckman’s research is particularly relevant for public systems – such as King County – in prioritizing
 672 the use of public funds. Dr. Heckman makes the case for prioritizing investments in the earliest years,
 673 due to the much greater return on those investments, as illustrated by his well-known graphic below,
 674 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.”¹⁸

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.

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.^{19, 20}

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.²¹

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

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

709
 710 BSK, through its investments in Prenatal – 5 years, will help counter the impacts of stressors – such as
 711 poverty – in early childhood by supporting children's health and wellness, strengthening parent-child
 712 bonds through home visiting, and supporting the fabric of communities across our County, often the
 713 most viable and relevant resources for children, youth and families.

714

715 **ADOLESCENT BRAIN DEVELOPMENT**

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

721

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

728

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

738

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

740

741 The adverse effects of poverty, malnutrition and discrimination are multigenerational. Mothers who
 742 themselves were premature or low birthweight infants are at far higher risk of adverse birth outcomes
 743 for their own children. Also, a woman's diet in early life has more impact on her own baby's birth weight
 744 than the food she eats as an adult²⁴. While no intervention can reverse all the effects of deprivation in a
 745 prior generation, protecting infants and young children from adverse experience during their preschool
 746 years can reap major dividends.

747

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

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

754
 755 A study²⁶ of over 2000 elementary public school students in Spokane, Washington, found a statistically
 756 significant relationship between ACEs “score” and academic and health problems:
 757

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

758
 759 Dr. Jack Shonkoff²⁷ provides this explanation of the impact of adversity, stress and trauma on children
 760 and youth: “Learning how to cope with adversity is an important part of healthy child development.
 761 When we are threatened, our bodies prepare us to respond by increasing our heart rate, blood
 762 pressure, and stress hormones, such as cortisol. When a young child’s stress response systems are
 763 activated within an [environment of supportive relationships](#) with adults, these physiological effects are
 764 buffered and brought back down to baseline. The result is the development of healthy stress response
 765 systems. However, if the stress response is extreme and long-lasting, and buffering relationships are
 766 unavailable to the child, the result can be damaged, weakened systems and [brain architecture](#), with
 767 lifelong repercussions.”
 768

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

775 **BUILDING RESILIENCE AND STRENGTHENING PROTECTIVE FACTORS**

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

783 Protective factors are those strengths and supports that help youth and families get through negative
 784 exposure or life experiences without negative consequences. Research studies support the common-
 785 sense notion that when protective factors are well-established in a family, the likelihood of child abuse
 786

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

- 789
- 790 • Parental resilience
 - 791 • Social connections
 - 792 • Concrete support in times of need
 - 793 • Knowledge of parenting and child development
 - 794 • Social and emotional competence of children

795 These protective factors are also promotive factors that build family strengths and a family environment
796 that promotes optimal child and youth development.²⁹

797

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

805

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

- 811
- 812 • Supportive adult-child relationships
 - 813 • A sense of self-efficacy and perceived control
 - 814 • Opportunities to strengthen adaptive skills and self-regulatory capacities
 - 815 • Sources of faith, hope, and cultural traditions³²

816

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

824

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

828

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

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

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

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

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<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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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 questions³⁴:

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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.³⁵ 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:

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- 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?

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

879

880 **WHAT WE’VE LEARNED FROM COMMUNITIES – THEMES DRIVING THE**
 881 **IMPLEMENTATION PLAN**

882

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

888

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.

889

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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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.

892

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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895 **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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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, the Communities of Opportunity 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

932 focused within specific communities, as a means to reduce the disproportionality that currently exists in
933 our County. As we determine need for focused strategies and programs, consideration will be given to
934 communities and populations experiencing rapidly increasing rates in the challenges facing children and
935 families.

936
937 The work of building a strong process for procurement and sequencing of implementation that meets
938 the needs of communities will occur concurrently with King County Council’s deliberations and final
939 approval on this BSK implementation plan. We expect to have completed the first round of RFP
940 processes and to make initial investments in early 2017.

941
942 We will work with other key partners to ensure alignment on our efforts, and to leverage funds
943 wherever possible.

944
945 The values below, which were informed by the CYAB, will apply across all investments:

- 946
- 947 • Programs and services will be provided primarily by community-based organizations, which serve
948 one, or many, of the unique communities across King County. This will help assure that BSK’s
949 investments in promotion, prevention and early intervention programs and services are available to
950 cultural and ethnic groups.
 - 951 • We will make decisions that challenge the status quo of current processes, and that push equity as.
 - 952 • We will intentionally support connections across systems, and build upon the considerable assets
953 we currently have within King County, across mainstream systems and community-based
954 approaches.
 - 955 • We will assure that opportunities are available across the diversity of geographies in our County.
 - 956 • We will make decisions carefully, thinking through unintended consequences and ensuring that
957 decisions do not widen disparities.
 - 958 • We will systematically use equity tools to support sound decision-making.
 - 959 • We will reduce barriers, and assure that the procurement process is accessible to all.
 - 960 • We will invest sufficiently to ensure that contractors are able to pay living wages.
 - 961 • Our outreach and processes will be inclusive, and will prioritize those who have been left out or
962 underserved.

963
964 With regards to assuring that opportunities are available across the diversity of geographies in our
965 County, thought will be given to the nuance that access includes—not just the number or presence of
966 services in a particular region, but the distance an individual may need to travel to access services and
967 the means of transportation available to that individual. Consequently, in thinking through ways to
968 address this issue, implementation staff will consider how equity might be enhanced for applicable
969 programs and strategies through transportation subsidization options as an alternative to program
970 siting-based solutions.

971
972 Additionally, our work will be undertaken with an awareness of institutionalized racism and other
973 differential treatment or bias and the complex mechanisms that contribute to producing disparities,
974 including health disparities.³⁶

975
976 To assure an effective and collaborative approach to procurement and contracting, BSK will apply the
977 principles of implementation science. Implementation Science is defined by the [National](#)
978 [Implementation Research Network](#) (NIRN) as “the study of factors that influence the full and effective

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

981

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

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Section V
PRENATAL – 5 YEARS, APPROACHES AND INVESTMENTS

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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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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.

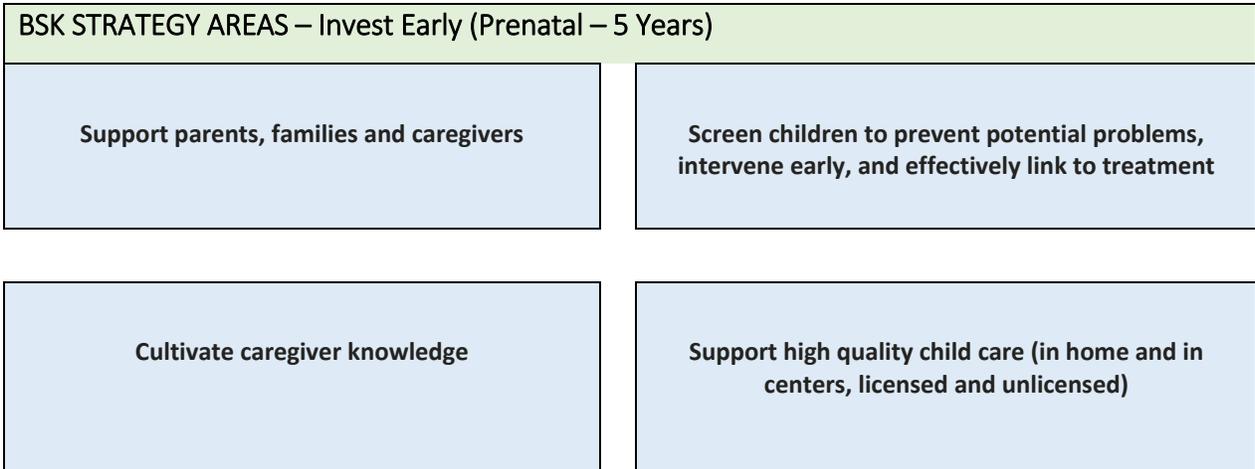
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Four overarching **strategies** define the Prenatal – 5 Years work:

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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
- Children who are flourishing and resilient related to levels of curiosity, resilience, attachment and contentedness
- Children who are kindergarten ready across the domains of social/emotional, physical, language, cognitive, literacy and mathematics
- Lowering the rate of child abuse or neglect

1013 INVESTMENTS AND APPROACHES FOR PRENATAL – 5 YEARS

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1015 The investments and approaches discussed below will assure that *Best Starts for Kids* – through
 1016 partnerships with community-based organizations – will be successful in achieving our stated results for
 1017 children and youth. As we learn from initial investments, and build both our qualitative and quantitative
 1018 understanding of the impact of BSK across King County communities, we expect that investments and
 1019 approaches will be refined. Any refinements over time will be made in consultation with community-
 1020 based partners, and with the guidance of the Children and Youth Advisory Board (CYAB). Across all of
 1021 our programmatic investments, in Prenatal – 5 Years, and also in 5 – 24 Years, our focus will include
 1022 innovative programs, offered in partnership with communities, which are capable of promoting health
 1023 and well-being outcomes for all of our children.

1024

1025 The County will contract with one or more independent organizations, as appropriate to the program
 1026 areas in the Prenatal – 5 Years, Approaches and Investments to provide front-end and long-term
 1027 community outreach, technical assistance and capacity building to help reduce barriers for smaller and
 1028 more isolated organizations, partnerships and groups to access BSK levy funding. The entity(ies) with
 1029 which the County contracts will have experience working with the diversities of King County, both
 1030 geographic and cultural. The entity(ies) will be contracted through an RFP process. Dedicated funds will
 1031 be sufficient to allow the entity(ies) to engage in meaningful community outreach, provide technical
 1032 assistance and build the capacity of organizations, partnerships and groups with the aim of reducing
 1033 barriers to access BSK levy funding. At least 1% of funds in the Prenatal – 5 Years, Approaches and
 1034 Investments allocation will be dedicated for this purpose over the life of the levy.

1035

1036 These guiding principles, which have been shaped through our community conversations and the CYAB,
 1037 will be at the center of our work:

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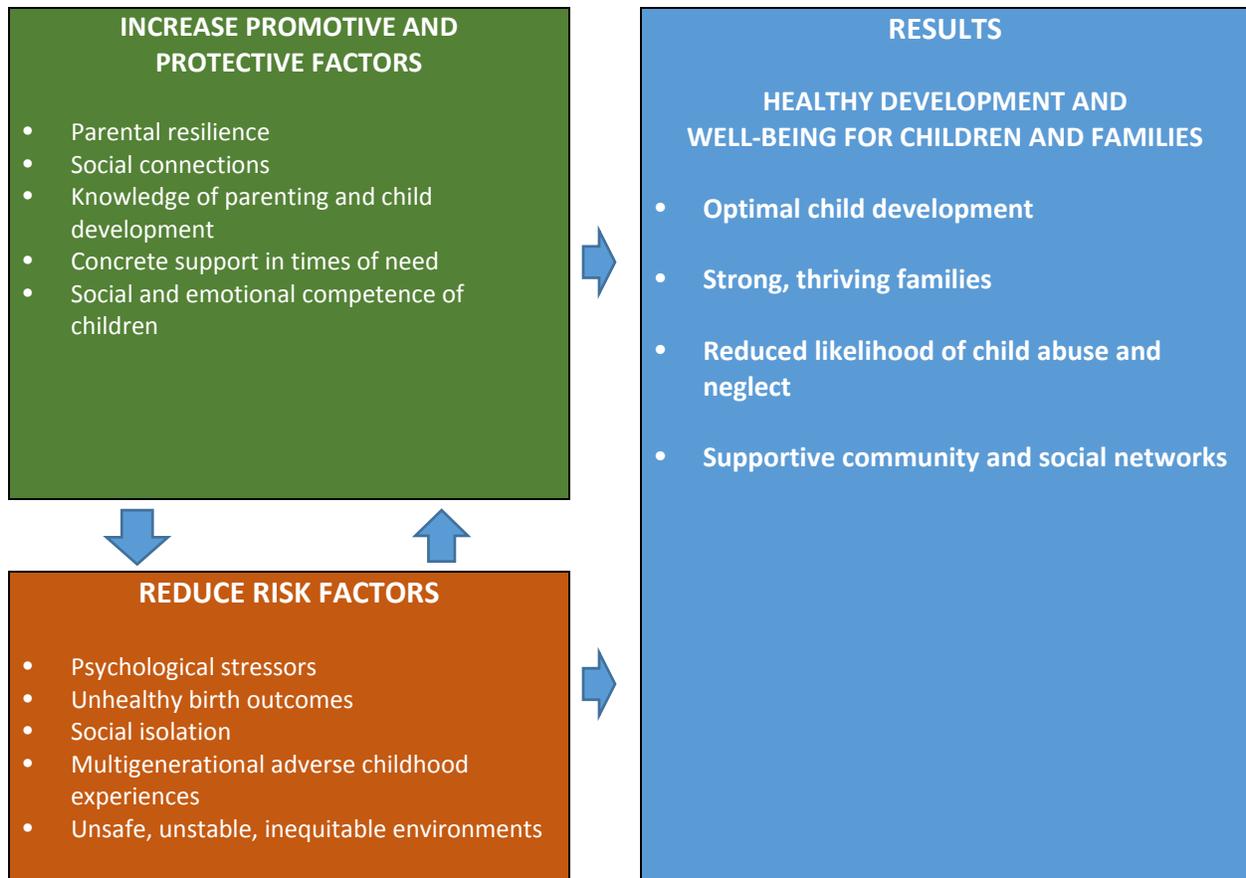
- 1039 • Attention to disproportionality and multiculturalism is critical, and will be integral to how we focus
 1040 investments.
- 1041 • We will encourage innovative programs, built on the experiences of community partners and the
 1042 needs and priorities of community residents.
- 1043 • Investments in early childhood pose opportunities for multi-generational approaches, to capitalize
 1044 on strengths within families and communities.
- 1045 • We will build upon resilience and protective factors in children, youth and families across our
 1046 County.
- 1047 • We will emphasize promotion of positive development, relationships and community in addition to
 1048 preventing negative outcomes and providing *early* interventions.
- 1049 • Children and families will be connected with the resources and services they need.

1050

1051 We are approaching *Best Starts for Kids* with a commitment to promotion, prevention and early
 1052 intervention. To do that work effectively, we will use BSK funds to emphasize the importance of
 1053 increasing promotive and protective factors within families and communities, and reducing risk factors,
 1054 to increase the likelihood of achieving the outcomes we seek. The graphic below (adapted from the
 1055 Center for the Study of Social Policy – YOUTH THRIVE) illustrates how we are conceptualizing the work,
 1056 through a protective factors frame.

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1061 **THE BSK HELP ME GROW FRAMEWORK FOR KING COUNTY**

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1063 One of the fundamental messages we have received from communities regarding services for Prenatal –
 1064 5 Years is the importance of getting families the information they need, and coordinating all available
 1065 services, so the right service is obtained at the right time, in the right way.

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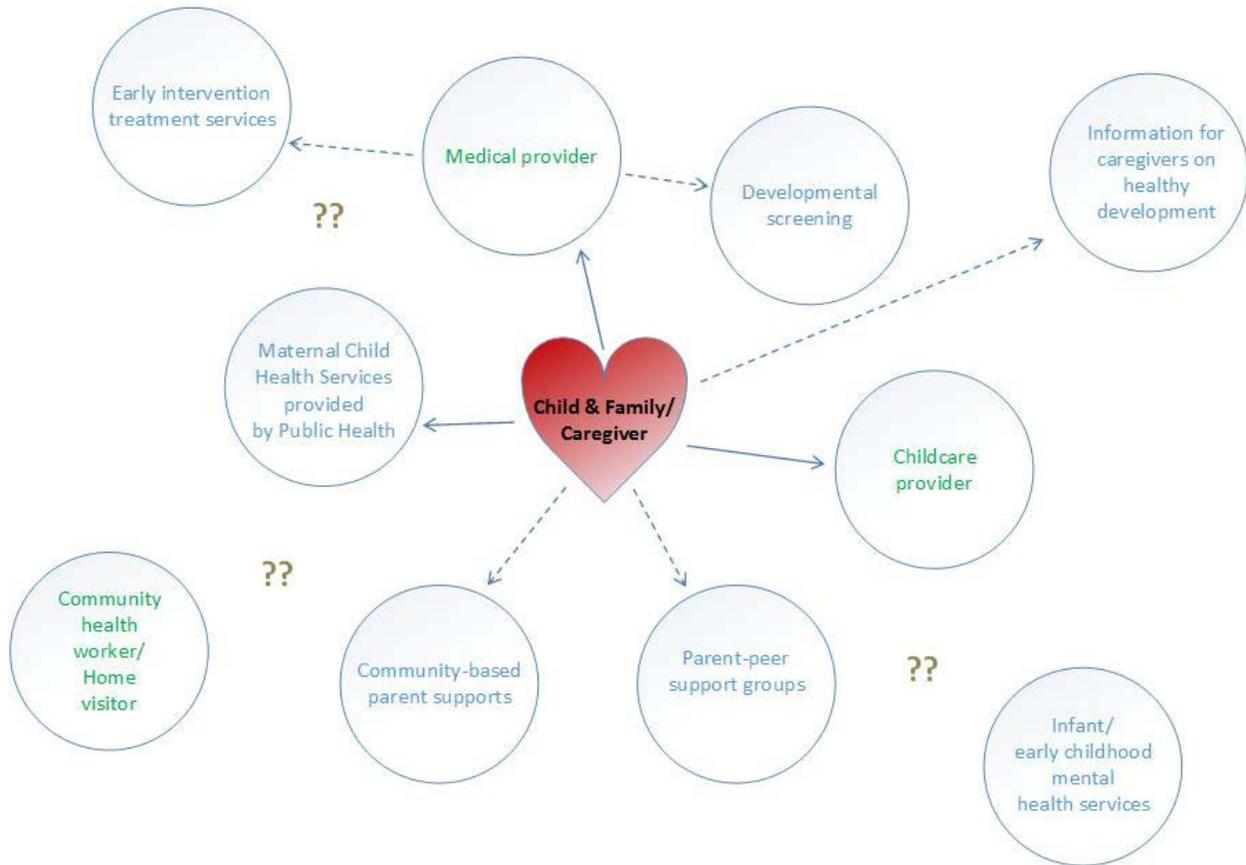
1067 As part of *Best Starts for Kids*, King County will build the BSK Help Me Grow framework across the
 1068 County. The BSK Help Me Grow framework will be informed by the national Help Me Grow³⁷ model that
 1069 aligns systems, including child health care, early care and education, and family support. Help Me Grow
 1070 is an evidence-based, family-centered framework for prevention and early intervention efforts. In
 1071 Washington, Help Me Grow is being implemented by Washington State’s Essentials for Childhood
 1072 initiative, and as part of Washington’s efforts to increase developmental screenings, as outlined in the
 1073 state’s Early Learning Plan.

1074

1075 The difference between the current work in Washington State, and what we will develop in King County,
 1076 is that the BSK Help Me Grow framework will provide a new system of teamwork to support families and
 1077 children by building on the strengths of communities, through multi-directional communication, and
 1078 strong community and system linkages. The BSK Help Me Grow framework will assure that all of the
 1079 programs and services in which we invest BSK funds are interconnected. This will make it more efficient
 1080 and effective for medical providers, home visitors, child-care providers and community-based programs
 1081 to respond to the needs of children and families in communities all across King County.

1082
 1083 Currently, families are often unsure of the resources available in their communities, or how to access
 1084 them. Providers who work with the child and family—whether it be medical providers or child-care
 1085 providers—may also be unsure of where to send a family when they know they have a need, and they
 1086 may also be unaware what services a family has received. Although there are exemplary services being
 1087 provided across the County – by Public Health and in community-based organizations – there is not
 1088 enough connection and coordination among the providers, services and organizations working with
 1089 children and families. There is also a lack of local, culturally-relevant services to meet the needs of all
 1090 children and families in our region.

1091
 1092 From the perspective of a family, we would illustrate the current system this way: services are available,
 1093 but the best way to access them may be unclear, or may not be possible without assistance from
 1094 someone knowledgeable about the services, and connected within a community. In addition, service
 1095 providers may lack the time and resources to connect, and be unable to reach all families.
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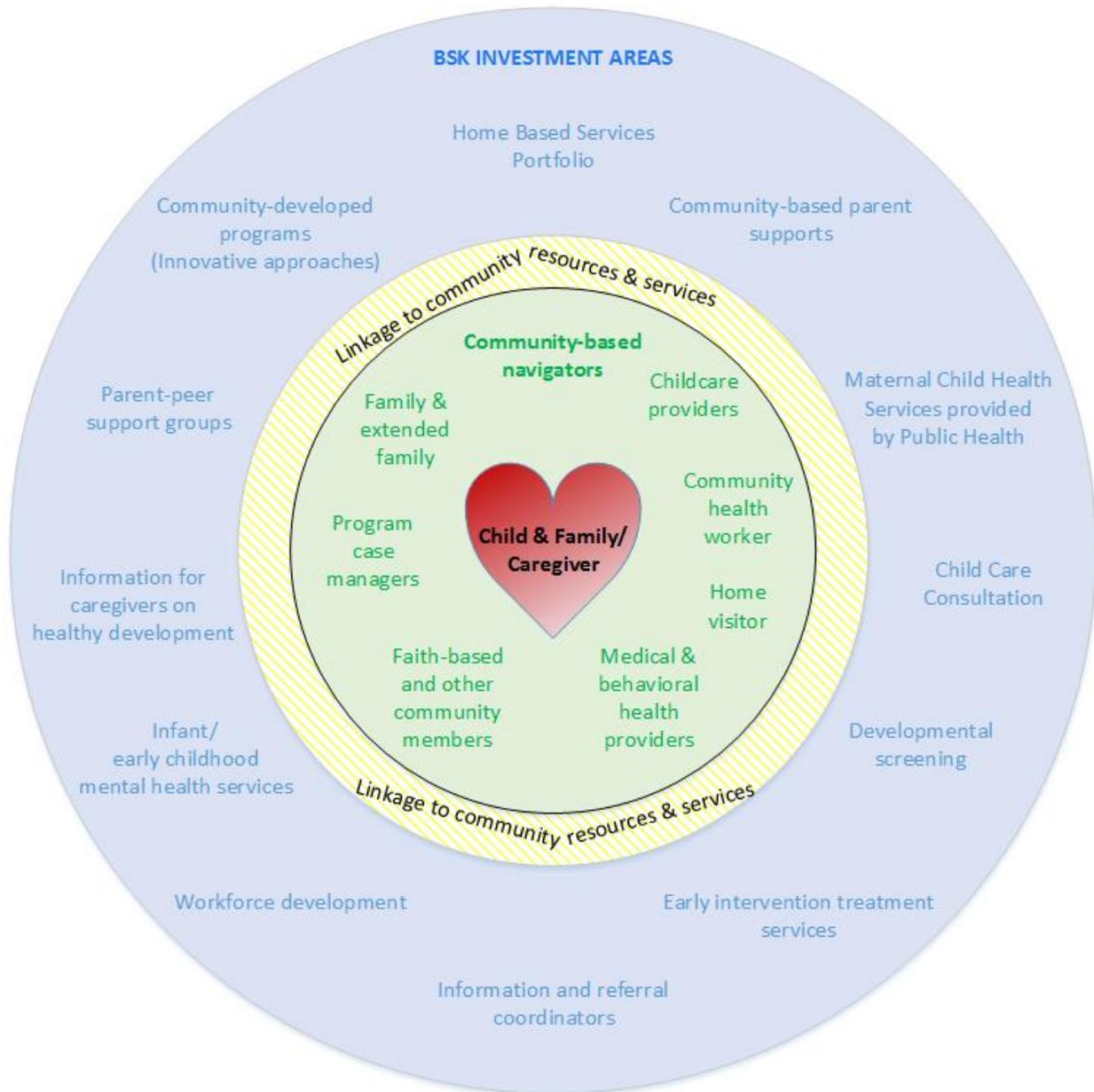


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 1099 The power of implementing the BSK Help Me Grow framework for Prenatal – 5 Years rests in the
 1100 potential for deepening and broadening multi-directional communication and strong community and
 1101 system linkages, and increasing access, for all King County children and families. Formalizing BSK Help
 1102 Me Grow as the organizing framework for Prenatal – 5 Years will position BSK investments for maximum
 1103 impact, and assure efficiencies and effectiveness in the use of public funds.
 1104

1105 The BSK Help Me Grow framework comprises five interconnected components³⁸:

- 1106 • **Healthy Children.** A strong network of agencies and community organizations that provide early
1107 childhood services to assure that children begin school healthy and ready to learn.
1108
- 1109 • **Strong Families and Caregivers.** A variety of supports for families that enhance resilience and
1110 well-being, such as connecting families to resources that support parents' knowledge, and
1111 providing opportunities for peer mentoring or access to community health workers.
1112
- 1113 • **Strong Early Childhood Professionals.** Outreach and engagement with early learning providers
1114 to build knowledge of infant mental health, reflective practices, early brain development, and
1115 key health messages to ensure that providers have information to support families.
1116
- 1117 • **Strong Referral Network.** Responsive services and care coordination that assure universal
1118 screenings for early identification of developmental delays and a strong connection to the
1119 health care system, through an interconnected referral network for all families.
1120
- 1121 • **Advocacy and Communication.** Promotion, communication and strong advocacy to drive policy
1122 decisions that support access and support for services that impact the health and well-being of
1123 children during their most critical years of development.
1124

1125 The graphic below illustrates what we expect will be the future state for children and families as we
1126 work toward improving access and system efficiencies through BSK's Help Me Grow framework.
1127 Children and families are at the center, surrounded by immediate providers, and able to connect with
1128 additional resources and services. From the surrounding circle looking in toward the child and family,
1129 there are strong community and system linkages and multi-directional communication to assure that
1130 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. Navigators will work one-on-one with children and families to help connect them with resources and services. A Navigator is a professional (e.g. community health worker, doula or community organizer) hired within a community based organization who will work one-on-one with families and children to connect them to resources. Navigators also work closely with providers who interact day-to-day with children and families such as child-care providers, medical and behavioral health providers, home visitors, community health workers, and child welfare to ensure coordination of services and systems, including sharing of information and coordination around children’s and families’ needs. Should families need more than just website information or a phone call, Navigators can provide them with a warm hand-off to the services they need. Navigators will be community health workers or trusted community messengers.

1146
 1147 One of the unique opportunities posed by BSK is to partner deeply with diverse communities across the
 1148 County which have knowledge, trust and history with children, youth and families. The purpose behind
 1149 the BSK Help Me Grow framework is to weave together services within and across communities,
 1150 assuring that there is **no wrong door** for families needing referrals and access. The process of building
 1151 out the BSK *Help Me Grow* framework will take time, and will be an inclusive process with our
 1152 community partners.

1153
 1154 Over the coming months, King County will work with community-based partners, medical providers and
 1155 state-level Help Me Grow colleagues to further conceptualize the BSK Help Me Grow framework and
 1156 collectively tackle initial steps toward full implementation. At a high level, we expect to achieve the
 1157 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

1158

1159 Currently the primary focus of the BSK Help Me Grow framework is on Prenatal – 5 Years, and
 1160 developing a strong system of multi-directional communication and access to services that assures no
 1161 wrong door for families. We know that developing this well will take time. As we focus in the first few
 1162 years on building and strengthening the framework for early childhood, we will concurrently be
 1163 considering the best way to extend reach into programs and services for older children, youth and young
 1164 adults. Just as with young children, parents, caregivers and youth/young adults themselves need help in
 1165 knowing how to find the right resources among the many that exist throughout King County. Outreach
 1166 and resources need to be available and accessible to all parents, caregivers and kids throughout the
 1167 County regardless of their age, language, culture or neighborhood.

1168
 1169 The programs and services to be funded by *Best Starts for Kids*, and which are described in detail below,
 1170 will be core to the BSK Help Me Grow framework to achieve coordination and efficiency, and ease for
 1171 parents/caregivers.

1172
 1173 **Foster care youth and Help Me Grow.** Foster care youth may be eligible for all programs outlined in the
 1174 BSK Implementation Plan. The Help Me Grow Framework’s system-building process will involve
 1175 partnering with the foster care system as one areas of focus. In part, this work might include
 1176 collaborating with the managed care organization holding the Washington State contract to administer
 1177 Apple Health Foster Care (AHFC) program—which will provide coordinated health care services for
 1178 children and youth in foster care, extended foster care, adoption support, and young adult alumni of the
 1179 foster care program—to implement the Best Starts for Kids Help Me Grow model in King County. This
 1180 work might also involve building relationships with Children’s Administrations and deep engagement
 1181 with the Early Intervention-Child Welfare-Early Learning Partnerships. Some elements of the approach
 1182 to partnering with the foster care system through the development and implementation of the Help Me
 1183 Grow Framework may include the following elements:

- 1184 • Strengthening linkages between child welfare offices and court staff and the three early learning
 1185 and development disciplines (early intervention, early learning, and infant/early childhood
 1186 mental health).
- 1187 • Promoting system improvements to refer all children up to three involved in the child welfare
 1188 system for a developmental evaluation.
- 1189 • Providing a web-based searchable database created to help child welfare and dependency court
 1190 staff identify resources for learning/development needs of children prenatal to five involved in
 1191 the child welfare system.

1192 **PROGRAMS AND SERVICES FOR PRENATAL – 5 YEARS**

1193
 1194 The following section provides more detail on Prenatal – 5 Years programs and services which will be
 1195 funded through *Best Starts for Kids*, and a **rationale** and **approach** for each. These programs and
 1196 services will be primarily provided by community-based organizations. Over the next few years, King
 1197 County will work with all the partners providing these services to assure that they are interconnected
 1198 within the BSK Help Me Grow framework.

1199 Estimated funding levels 2016: \$350,000	Innovation Fund, for programs driven by community interest/need
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2017-2021 average:
\$1,560,000



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

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

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

Estimated funding levels

2016: \$497,000
2017-2021 average:
\$9,230,000

Home-based Services, including investments such as:

- Home visiting
- Community-based programs

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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 success³⁹. 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.

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

1238 services they need. In so doing, we will also assure that medical providers have the information they
1239 need so they can refer families to home visiting services.

1240 The Washington State Department of Early Learning (DEL) and Thrive Washington currently partner to
1241 manage Washington State’s Home Visiting Services Account which funds over 2,000 families for home
1242 visiting statewide. Together, they fund home visiting programs, provide support to ensure quality
1243 through technical assistance, and oversee the statewide system. King County will partner with both DEL
1244 and Thrive. We will also expand our partnership with United Way of King County, to leverage funding
1245 and support expansion specifically for the Parent-Child Home Program (PCHP) home visiting model.

1246 The best home visiting models for families and communities are the ones that meet their needs, and
1247 which they choose. Each of the models proposed for BSK funding has a strong evidence base,
1248 demonstrates outcomes for children and families, and will meet the specific needs of individual
1249 communities. Home visiting is inherently a strengths-based approach, which builds upon assets of
1250 parents and families to promote healthy starts for children across all communities, inclusive of
1251 immigrant and refugee families, LGBTQ families, single-parent families, and families with disabilities.
1252

1253 King County’s ultimate goal is to create a continuum of home-visiting services across age groups,
1254 geography, diversity of communities, and levels of intensity, so that we can meet the range of needs in
1255 the County. In the long-term, we would like to see King County move toward universal home visiting, as
1256 is offered in some other municipalities across the country.⁴⁰ In a universal home visiting approach, home
1257 visiting is available to all families, and for most is of short duration – just a few home visits. This would
1258 require considerable research and discussion.
1259

1260 Longer-term, and more intensive home visiting, such as those programs describe below will be available
1261 for families identified through medical providers, Public Health, and community-based organizations. As
1262 the BSK Help Me Grow framework is built out, it will allow families to be connected to just the right level
1263 of home visiting services. Implementation of home visiting and home-based services will be a mix of
1264 some County-provided Nurse Family Partnership (NFP) services, and funding for community-based
1265 organizations to expand home visiting that will be bid through a competitive procurement process.
1266 Funding will be flexible across multiple home visiting programs to respond to varied needs across
1267 communities (for example, programming may provide support to families with children diagnosed with
1268 Autism spectrum disorder, among others). BSK will fund a portfolio of both evidence-based and
1269 community-based models, including, but not limited to:
1270

- 1271 • **Nurse Family Partnership.** Public Health – Seattle & King County currently provides 700 home
1272 visiting slots within King County using the Nurse Family Partnership home visiting model, using
1273 both state and City of Seattle funding through the Families and Education Levy. NFP serves first-
1274 time mothers who are enrolled prior to their third trimester. Using BSK funds, King County will
1275 expand NFP into communities not currently receiving NFP services, throughout King County. We
1276 will continue to partner with the City of Seattle and the statewide system to align our collective
1277 work. King County will expand by two nurses and two social workers, as well as maintain funding
1278 levels noted in 2014.
1279
- 1280 • **Parent-Child Home Program (PCHP).** PCHP is another research-based model, which provides
1281 two years of twice-weekly home visits to families with children between 16 months and four
1282 years. Matching language, and culture between families and home visitors is a hallmark of PCHP,
1283 which prioritizes families who are challenged by poverty, isolation, limited educational
1284 opportunities, language and literacy barriers, and other obstacles to healthy development and

1285 educational success. United Way of King County has been funding over 1,000 slots for the past
1286 five years, and has achieved excellent outcomes. King County will help maintain and expand
1287 these services while partnering with United Way of King County to leverage dollars to meet the
1288 demand.

1289

- 1290 • **Evidence-Based Home Visiting.** King County will also invest BSK funds to implement other
1291 evidence-based home visiting programs⁴¹ in communities that are not currently receiving
1292 services. There is an unmet need for home visiting among families who may not be eligible for
1293 Nurse Family Partnership or Parent-Child Home Program and still need services. Potential
1294 models may include: Parents as Teachers, Family Spirit, and Triple P.

1295

- 1296 • **Community-Based Best Practices.** In addition, King County will expand current home visiting
1297 programs, which, while not evidence-based models, are still based on research, have a strong
1298 theoretical bases in science, promote prevention and early intervention, and deliver strong
1299 outcomes for children and families. These programs are often embedded within the
1300 communities they serve and maximize the opportunity for direct cultural matches between
1301 home visitors and new parents. Such programs offer important opportunities for innovation.

1302

1303 Potentially these could include the Community-Based Doula model, which connects pregnant
1304 women with other women in their own communities who are specially trained to provide
1305 support during the critical months of pregnancy, at the time of birth, and into the early months
1306 of parenting.

1307

Estimated funding levels

2016: \$95,000

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

Community-Based Parenting Supports, including investments such as

- Prenatal care and breastfeeding support
 - Immunization education
 - Oral 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

1308

1309 **Community-Based Parenting Supports**

1310 **Rationale for the investment.** Across King County, families have different needs and are connected
 1311 within communities in a variety of ways. Providing families with key messages regarding health, safety,
 1312 brain development and social/emotional well-being increases the likelihood that all children and young
 1313 families have the very best start. In addition to focusing on the health and well-being of very young
 1314 children, we must also focus on the health and well-being of their parents and families.

1315 The health and well-being of parents, prenatally and in the early stages of their children’s lives are
 1316 critical factors contributing to healthy child development, healthy families and healthy communities.
 1317 Prenatal supports to promote healthy pregnancies, such as a focus on nutrition, avoiding substance use,
 1318 and managing physical and emotional health must be extended across King County to improve the rates
 1319 of healthy birth outcomes in all communities, with a focus on those where healthy birth outcomes are
 1320 disproportionately low. *Best Starts for Kids* provides the opportunity for strengthening community
 1321 supports for expectant and new parents, and addressing critical issues that can greatly improve the
 1322 likelihood of healthy births. These include assisting parents to develop strong networks of social
 1323 supports, and providing information and services that encourage avoiding substance use in pregnancy
 1324 and parenting.⁴²

1325
 1326 In 2013, 24,910 infants were born to King County residents, of which 37 percent were Medicaid-funded.
 1327 Between 2010-2014, an average of 2,266 infants were born preterm in King County, for a rate of 9.2
 1328 percent.⁴³ Native American/Alaska Native infants were 81 percent more likely to be preterm than white
 1329 non-Hispanic infants, who had the lowest rates in King County. Black and Native Hawaiian/Pacific
 1330 Islander infants had preterm birth rates about 50 percent higher than white non-Hispanic infants. Poor
 1331 maternal and infant outcomes were common, including low birth weight, preterm birth, Cesarean
 1332 delivery, lack of adequate prenatal care, maternal obesity, hypertension or diabetes, maternal
 1333 depressive symptoms, lack of social support, and sleep sharing.⁴⁴

1334
 1335 **Proposed approach.** In King County, only 72 percent of all mothers access early and adequate prenatal
 1336 care, and the percentage is even lower for women of color. Through Navigators, the BSK Help Me Grow
 1337 framework will enable systems and connections within communities to increase access to prenatal care
 1338 and provide linkages to critical services, such as housing, mental health treatment and chemical
 1339 dependency treatment, which will be aimed at improving birth outcomes for high risk and underserved

1340 communities. This program area may also provide supplies to expectant or new parents with a goal of
 1341 improving birth outcomes and supporting children in early infancy. BSK funding will support mothers to
 1342 access prenatal care by working with community-based professionals, who are trusted allies in building
 1343 connections to the health care system. Potential linkages could include prenatal classes, birth doulas,
 1344 peer breastfeeding counselors, services for maternal depression. and peer support groups. This
 1345 approach includes programs and services that help women initiate and sustain breastfeeding through an
 1346 infant’s first year of life, and increase the proportion of infants who are breastfed exclusively through
 1347 age six months.

1348 Through BSK, new parents and families will be able to access information on key factors influencing their
 1349 young children’s healthy development including information on **immunizations**,⁴⁵ **oral health**,⁴⁶ autism
 1350 spectrum disorder, and **healthy vision**. BSK will also support communities in prevention and
 1351 interventions to address **injury prevention**,⁴⁷ **asthma**⁴⁸ and concerns over the potential of **lead**⁴⁹ and
 1352 other **toxins** in home environments.

1353
 1354 The BSK Help Me Grow framework will facilitate and maximize these community connections through
 1355 organizations that have the capacity to partner with parents. BSK partner organizations will assure that
 1356 pregnant and newly parenting individuals have the information, knowledge, skills and resources they
 1357 need, and are able to access effective prenatal and well-child health care and provide healthy, nurturing
 1358 and safe home environments.

1359

1360 Parent/Peer Supports

1361 **Rationale for investment.** Parent/peer supports will offer families/caregivers access to healthy and
 1362 affirming communities and peers, promoting the health and well-being of all families and young
 1363 children. Parent/peer supports can scaffold families and caregivers across communities – including
 1364 immigrant and refugee families, LGBTQ families, families with disabilities, and families with foster
 1365 children – as they seek encouragement and assistance when their children are experiencing behavioral
 1366 health issues or developmental delays or disabilities.

1367

1368 Parent/peer supports provide community-based ways to decrease isolation, increase connection to
 1369 community, and improve access to geographically-obtainable supports. In communities across King
 1370 County, parent/peer support groups are building networks of resources, social supports, and community
 1371 among parents and caregivers who share common bonds in caring for young children. BSK funding to
 1372 expand these services has been repeatedly identified as a priority in community conversations.

1373

1374 **Proposed approach.** BSK will support communities in providing parent/peer support groups that meet
 1375 community-identified needs. This approach supports parents, families and caregivers by working to
 1376 decrease the incidence of challenging situations through preventive education and support (such as, for
 1377 example, education and support around Autism spectrum disorder), and expanding effective peer
 1378 support groups for parents and caregivers. BSK intends to focus parent/peer support groups to meet the
 1379 needs of unserved and underserved communities and individuals in King County, through culturally-
 1380 specific, culturally-relevant, and linguistically-appropriate approaches.

1381

1382 BSK will build off the strengths of existing programs (such as community-based Play & Learn groups
 1383 described below) and will provide opportunities for innovative new programming, services or supports.
 1384 This will ensure continuity of support through the preschool years and the transition to kindergarten.
 1385 These investments will be based on family support principles of building on the strengths, knowledge,
 1386 resources, culture, and capacity of families and communities as best practices that promote the optimal

1387 development of children. BSK will support communities to embed the principles of family support to
1388 ensure:

- 1389 • Prevention-based services become a key approach to building and sustaining healthy communities
- 1391 • Programs strengthen their capacity to work cross-culturally in their local communities
- 1392 • Programs focus on building community capacity to support all parents, especially those facing
1393 challenges in raising their young children by utilizing and developing the existing strengths of
1394 individuals, families and communities

1395
1396 Play and Learn (P&L) groups are one example of a potential BSK investment approach to further
1397 parent/peer supports. P&L groups provide opportunities for parents to come together with their young
1398 children to learn from a facilitator and each other about ways to support healthy development.
1399 Facilitators for P&L groups are community-members, which assures that Play and Learns are accessible
1400 to parents/caregivers across language, ethnicity and culture and which provides an opportunity for
1401 multi-generational programming in communities. P&L groups provide information, referral, and
1402 educational events and groups for parents, caregivers and their children 0-5. This program area could
1403 also fund programs such as Divine Alternatives for Dads Services (D.A.D.S.) aimed at providing support
1404 to fathers so that they may forge healthy relationships with their children. Through peer and other
1405 supports, D.A.D.S. models healthy relationships, helps stop the cycle of family violence, seeks to improve
1406 the lives of children, and encourages fathers to become agents of change in their communities.

1407
1408 In King County, families benefit from the research-based model of [Kaleidoscope Play & Learn groups](#). At
1409 Kaleidoscope groups, children have fun participating in activities and being around their peers, while
1410 parents, grandparents, aunts, uncles, older siblings and other family members learn about activities to
1411 maximize learning and development, the skills children need to be ready for kindergarten, and
1412 community programs and services that are available to families. In 2013 Kaleidoscope Play & Learn was
1413 designated a Promising Practice by the Evidence Based Practice Institute of the University of
1414 Washington. Play & Learn groups provide an excellent opportunity for exploring the activities and
1415 resources available through VROOM, discussed below.

1416
1417 Implementation of this strategy area will occur through competitively bid contracts for expansion of
1418 parent/peer supports. All contracts will be outcomes-based, to allow for innovative approaches of
1419 supporting parents, driven by community priorities and needs.

1420

Estimated funding levels

2016: \$0
2017-2021 average: \$600,000

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

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

1421
1422 **Rationale for investment.** Parents are their children’s first, and most important, teachers. Because
1423 experiences in early childhood lay the foundation for later success, the relationships, environments, and
1424 supports that children experience have a profound impact on their development. Critical neurological
1425 and biological systems grow most rapidly in the earliest years.⁵⁰ Extensive research over the last few

1426 decades has confirmed that when parents understand how their children develop and have support and
1427 encouragement in their role as parents, they are more responsive, sensitive, and skillful, and their
1428 children demonstrate better outcomes in the short and long term.

1429
1430 Advances in understanding of early childhood are continuing to shape the opportunities to promote
1431 optimal development for young children and support for parents/caregivers. One exciting opportunity is
1432 the development of [VROOM](#), an initiative conceived and funded by the Bezos Family Foundation to
1433 provide parent and caregivers with the information and tools they need to help build their children’s
1434 healthy brains. VROOM was developed by a group of scientists, community leaders and trusted brands,
1435 with input from community organizations and families.

1436
1437 New science, made accessible through VROOM materials and a wealth of other resources, serves to
1438 engage parents more fully in maximizing the critical development period of infancy and early childhood.
1439 Children’s first years are when they develop the foundation for all future learning. Every time we
1440 connect with them, half a million neurons fire at once, as young brains take in all that they see and
1441 hear.⁵¹

1442
1443 **Proposed approach.** Working with community partners, BSK will help communities to share VROOM
1444 materials through parent/peer support groups and other community gatherings, and explore other
1445 venues for sharing VROOM’s messages. Through tools, activities and a smartphone app, VROOM helps
1446 parents/caregivers turn shared moments into brain building moments. Meal time, bath time, visits to
1447 the grocery store or play times with families and friends, all provide opportunities to nurture children’s
1448 growing minds. BSK will also help support translation of VROOM resources in other languages, to help
1449 spread the information about these important early years, and support parents in the many ways they
1450 engage with their very young children.

1451 With funding from the Bezos Family Foundation, King County has begun the work of sharing VROOM
1452 practices and materials in community settings. BSK will help community partners extend the reach of
1453 VROOM and other research and resources that will strengthen families and support the role of
1454 parent/caregivers in building protective factors that strengthen their children, their families and their
1455 communities.

1456 BSK investments will allow parents across communities and cultures to connect with information and
1457 social supports to scaffold their children’s healthy development, and to feel successful and satisfied in
1458 their roles as parents. Community partners will provide relevant and accessible information for parents
1459 and families across a range of topics including health and safety, stages of development, the importance
1460 of play and the vital importance of oral language and language development beginning at birth. Funds to
1461 support the dissemination of information for caregivers will be contracted to community-based
1462 organizations.

Estimated funding levels

2016: \$93,000

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

Child Care Health Consultation, including investments such as:

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

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Rationale for investment. Child care health consultation (CCHC) promotes the health and development of children, families and child-care staff to ensure healthy and safe child-care environments⁵². Through CCHC, licensed child-care settings are able to access the expertise and support of a multidisciplinary team of nurses and community health workers – all focused on promoting and supporting healthy, safe and developmentally appropriate environments for young children. The practice of integrating CCHC into child-care settings is recommended by the American Academy of Pediatrics to ensure that complex health concerns such as determining safe sleep policies, developing care plans for children with chronic medical conditions, or responding to infectious disease outbreaks, are informed by health care professionals.⁵³ The approach has a solid research base.

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

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

In addition to assuring increased access in under-served communities, investing in CCHC could target supports to licensed homes and centers that are participating in Early Achievers⁵⁴, the state’s quality rating and improvement system. Licensed homes and centers that are preparing to be rated, could be bolstered in their efforts toward improved quality through the support of child-care health consultation.

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

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

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

1510 healthy environments, injury prevention, physical activity, and child behavior management. Equity and
1511 social justice, anti-bias and trauma-informed care will provide the framework for all training.

1512
1513 Training will be supported by community health workers with community-based knowledge, and Public
1514 Health staff with expertise in areas that support best practices in child-care settings. Through nurses and
1515 community health workers, Public Health’s CCHC team provides interdisciplinary and specialized
1516 consultation and technical assistance in licensed child care to improve outcomes for the health and well-
1517 being of children. All services are provided with a trauma-informed lens, incorporating evidence around
1518 adverse childhood experiences (ACEs), neuroscience and resilience. Core services include:

1519

- 1520 • Technical assistance and consultation to child-care programs to improve health and safety practices
- 1521 • Education and coaching for child-care providers to increase understanding of normal and atypical
- 1522 growth and development; encouraging early, appropriate referrals to community resources when
- 1523 needed
- 1524 • Classroom observations to identify children at risk of adverse health and behavioral concerns, and
- 1525 technical assistance to child-care programs on health screenings
- 1526 • Technical assistance and coaching on nutritional and physical activity in the child-care setting
- 1527 • Collaboration with King County’s Birth to Three Early Intervention program to support supportive
- 1528 child-care accommodations for identified children.

1529
 1530 BSK funds will also support group trainings in communities, which would be available to families, and
 1531 family/friend/neighbor caregivers. These trainings would provide opportunities for parents and families,
 1532 and those who support them and care for children in many settings, to access critical information on
 1533 healthy child-care environments.

1534
 1535 Over the next six months, we will work with our partners to strengthen the mechanism for delivering
 1536 CCHC and reaching additional licensed homes and centers in communities across the County. We will
 1537 also work with partners to identify opportunities for larger group trainings on health promotion and
 1538 best practices in child-care environments to engage families and communities in supporting children’s
 1539 healthy development regardless of child-care setting.

1540
 1541

Estimated funding levels

2016: \$795,000

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

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

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

1542
 1543 **Developmental Screenings for All Very Young Children**

1544
 1545 **Rationale for investment.** Developmental screenings are a foundational element of health care for
 1546 young children from birth through five years. Early identification and access to services ensures that
 1547 intervention is provided when the child’s developing brain is most capable of change. As brain
 1548 architecture emerges in very young children it establishes either a sturdy or fragile foundation for all the
 1549 capabilities and behaviors that follow⁵⁵. When screenings indicate developmental concerns, appropriate
 1550 high quality early intervention programs can reduce the likelihood that children will experience
 1551 prolonged or permanent health and learning delays, and reduce the incidence of future problems in
 1552 their learning, behavior, and health. Intervention is more effective and less costly when it is provided
 1553 earlier in life.

1554
 1555 **Proposed approach.** King County will partner with communities to identify infants and toddlers in need
 1556 of services as early as possible. Bright Futures – a framework developed by the American Academy of

1557 Pediatrics – sets the standard for developmental screening to guide medical providers, child-care
 1558 providers, communities and families toward best practices⁵⁶.

1559
 1560 BSK funds will support training for additional child-care providers, home visitors and medical providers
 1561 on the importance of developmental screenings and the tools available, and assure that all King County
 1562 children have access to developmental screenings. Equally important will be the ability to connect
 1563 families with resources and services to respond to children’s needs as identified through developmental
 1564 screenings. This capacity will be systemically improved and strengthened as the BSK Help Me Grow
 1565 framework is built out in the County, improving the connections across resources and assuring greater
 1566 supports and access for families through the assistance of Community Navigators.

1567

1568 Early Intervention Treatment Services

1569

1570 **Rationale for investment.** We know that more children are in need of early intervention services than
 1571 are currently being served. Eligible infants and toddlers and their families are entitled to individualized,
 1572 quality early intervention services in accordance with the federal [Individuals with Disabilities Education](#)
 1573 [Act \(IDEA\), Part C](#). (These services are also known as ESIT: Early Support for Infants and Toddlers.) In
 1574 2015, King County’s IDEA Part C early intervention system served 3,909 children which represents
 1575 approximately five percent of the general population of children ages birth to three. However, research
 1576 indicates that as many as 13 percent of birth to three-year-olds have delays that would make them
 1577 eligible for services.⁵⁷

1578

1579 Early intervention services are designed to enable young children to be active, independent and
 1580 successful in a variety of settings—in their homes, in child care, in preschool programs and in their
 1581 communities.

1582

1583 **Proposed approach.** Developmental screenings supported by BSK will result in an increase in children
 1584 accessing the early intervention services they need. BSK funds will be used to support additional early
 1585 intervention capacity. Any child under the age of 36 months, who has a 25 percent delay or shows a 1.5
 1586 standard deviation below his or her age in one or more of the following developmental areas is eligible
 1587 for support through early intervention:

1588

- 1589 • Cognitive development
- 1590 • Physical development, including vision, hearing, and fine and gross motor skills
- 1591 • Communication development
- 1592 • Social and emotional development
- 1593 • Adaptive development

1594

1595 Early intervention is provided through a network of providers, funded by King County and Washington
 1596 state. The County will leverage other funds, including Medicaid, wherever possible to support this
 1597 expansion in services. ESIT helps families build knowledge and skills to meet the developmental and
 1598 health needs of their young children birth to three years old with special needs, as well as the needs of
 1599 the family.

1600

1601 Anyone who has a concern about a child’s development may make a referral. This includes parents,
 1602 guardians, foster parents and family members. Professionals such as pediatricians, other physicians,
 1603 social workers, nurses, child-care providers or others who have contact with a child can also make a

1604 referral for Birth-to-Three services. Over time, the BSK Help Me Grow framework will enhance families'
1605 access to the ESIT services their children may need. These services include, but are not limited to:
1606

- 1607 • Audiology
- 1608 • Family resource coordination
- 1609 • Health services
- 1610 • Nutrition and feeding services
- 1611 • Occupational therapy
- 1612 • Physical therapy
- 1613 • Psychological services
- 1614 • Speech-language therapy
- 1615 • Family counseling and education

1616
1617

1618 System Building for Infant/Early Childhood Mental Health

1619

1620 **Rationale for investment.** Early childhood mental health focuses on healthy social and emotional
1621 development of children from birth to age five. This is a growing field of research and practice devoted
1622 to promoting behavioral health and social and emotional development for very young children. The field
1623 is committed to promotion and prevention. Treatment, if needed, is provided for children in the context
1624 of their families.

1625

1626 An estimated nine to fourteen percent of children birth to five years experience behavioral or emotional
1627 problems, including depression and anxiety. These behavioral health issues negatively impact children’s
1628 early learning, social interactions and overall child and family well-being⁵⁸. Early intervention in social
1629 and emotional struggles and behavioral health is part of an upstream prevention for suicide risk,
1630 interpersonal violence and other problems in adolescence. Across our County, there is a significant
1631 shortage of well-trained professionals with expertise to serve young children with emotional/behavioral
1632 challenges and their families.

1633

1634 **Proposed approach.** BSK funds will support increasing capacity to meet the need for behavioral health
1635 services in early childhood. Through BSK, King County will work with community partners and providers
1636 over the course of the next year to develop a comprehensive Infant and Early Childhood Mental Health
1637 system. As a newly emerging service system, the development of a strategic plan is an essential first
1638 step. Key elements will include:

- 1639 • Building community awareness of early indicators of emotional/behavioral concerns in young
1640 children and introducing screening opportunities
- 1641 • Implementing policy and practice changes to inform the preparation and support of the early
1642 childhood workforce. Workforce development initiatives within child development, early education,
1643 special education and early intervention, and behavioral health need to incorporate infant and early
1644 childhood mental health content
- 1645 • Shaping a system of support for early learning providers and parents, to support healthy social and
1646 emotional development in children birth to age five, including access to reflective consultation⁵⁹
- 1647 • Developing a cadre of mental health professionals able to identify issues and concerns which require
1648 consultation, and support communities of practice
- 1649 • Defining system supports to assure effective referrals and access, and mechanisms for
1650 reimbursement

1651

1652 A key element of building capacity will be the use of BSK funds to support providers, and those working
 1653 in early intervention and treatment services and in child care and home visiting, through the
 1654 Washington Association of Infant Mental Health (WA-AIMH) endorsement process. Endorsement by
 1655 WA-AIMH verifies that an applicant has attained a level of education as specified, participated in
 1656 specialized in-service trainings, worked with guidance from mentors or supervisors, honed skills in
 1657 reflective consultation, and acquired knowledge to promote the delivery of high quality, culturally
 1658 sensitive, relationship-focused services to infants, toddlers and preschoolers, parents, and caregivers.
 1659 When bolstered by the tools and support from providers trained in early childhood mental health,
 1660 children’s school readiness and positive social emotional development can be greatly strengthened,
 1661 reducing the likelihood that more expensive services such as special education or mental health
 1662 hospitalization will be needed later on.⁶⁰

Estimated funding levels

2016: \$126,000

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

Workforce Development, including investments such as:

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

1663
 1664 **Rationale for investment.** Across King County, individuals in many contexts are working with young
 1665 children and families. In some cases – as is often true with family/friend/neighbor care and licensed
 1666 child-care homes – these individuals may be working in isolation without access to supports and
 1667 information. In others, multiple responsibilities may make it difficult to access information, training and
 1668 resources to improve the quality of interactions with young children.

1670 The issue of workforce development in early childhood is receiving significant attention in our state, and
 1671 across the nation, particularly following the release of the National Academies workforce report in
 1672 2015.⁶¹

1674 **Proposed approach.** BSK will invest funds throughout our region to build the knowledge base within and
 1675 across communities on key topics relevant to healthy early childhood development. These investments
 1676 will support child-care providers, home visitors, community navigators, medical providers and others
 1677 who serve as resources to children and families.

1679 One example is training medical providers on Reach Out and Read, a program based on medical
 1680 practices in which doctors give young children new books and inspire families to read together, starting
 1681 when children are babies. Reach Out and Read facilitates medical providers’ participation by providing
 1682 professional development that enables providers to make literacy promotion a standard part of well-
 1683 child-care, and provides technical assistance to assure clinics can deliver services to families with fidelity
 1684 to the proven model. When families participate, parents are up to four times more likely to read to their
 1685 children, and children perform up to six months ahead of their peers on language tests.⁶² Another
 1686 example could be providing training to professionals to understand how to support families with
 1687 children diagnosed with autism spectrum disorder.

1689 Through investments in workforce development, we expect to address multiple content areas including
 1690 adverse childhood experiences, resilience, trauma-informed care, brain development and early
 1691 childhood behavioral health. This investment area will also build knowledge of Washington State’s safe
 1692 haven law (RCW 13.34.360) in a way that is aligned with the policy set forth in Motion 14681. This effort
 1693 will include expanding knowledge about the fact that a parent may leave a baby, up to three days old,
 1694 with: 1) a staff member or volunteer at a staffed fire station during its operating hours; 2) the
 1695 emergency room of any hospital in Washington during its hours of operation; or 3) a federally
 1696 designated rural health clinic during its hours of operation. Information will also include a phone
 1697 number that individuals may call to obtain information on where and to whom to safely surrender a
 1698 newborn.

1699
 1700
 1701 BSK will contract with educational providers and community-based organizations to ensure that training
 1702 is provided in innovative ways, to support all providers, including those furthest from formal system
 1703 supports. This could include approaches such as coaching, and other proven strategies for increasing the
 1704 quality of early learning environments.

1705
 1706 These workforce development opportunities will prioritize equity as a key element in training. Over the
 1707 next six months, we will work with community partners to develop this approach.
 1708

1709

Estimated funding levels

2016: \$3,481,000

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

Investment in Public Health’s Maternal/Child Health Services

1710
 1711 **Rationale for investment.** The *Best Starts for Kids* ordinance allocated a minimum of \$42.8 million over
 1712 the life of the levy to Public Health—Seattle & King County’s Maternal/Child Health (MCH) services. In
 1713 2014, the shortfall of funding for PHSKC reached a critical point, threatening the loss of MCH services.
 1714 BSK’s investment in these services will help to bring their service levels back up to 2014 levels. By
 1715 investing in this work, King County will be able to ensure the services PHSKC provides to women,
 1716 children and families continue to be available to the community throughout the life of the levy.

1717
 1718 **Proposed approach.** This portfolio of programs includes proven prevention and early intervention
 1719 programs for mothers and families, such as Nurse Family Partnership (NFP); Maternal Support Services
 1720 (MSS); Women, Infants and Children (WIC) supplemental nutrition program; Family Planning; Health
 1721 Educators; and Kids Plus—a program that focuses on improving healthcare and housing for children and
 1722 their families experiencing homelessness. Many of these services have historically been provided
 1723 through the Public Health Centers.

1724 Through the relationships with young children and their families, MCH services are positioned to help
 1725 families access the other resources and supports, which will be funded through BSK by facilitating
 1726 referrals through the BSK Help Me Grow framework.
 1727

1728 BSK’s investment in MCH services is projected to be about \$51.4 million over the life of levy. The amount
1729 of funding over the minimum required by the BSK ordinance covers the cost of the Kids Plus program
1730 which was approved for inclusion in BSK as part of the 2015 supplemental budget ordinance, as well as
1731 infrastructure needs for continuing to provide the MCH portfolio of programs to our community’s
1732 women, children and families.
1733
1734

Section VI
5 – 24 YEARS, APPROACHES AND INVESTMENTS

1735

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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1736

1737

OVERVIEW OF 5 - 24 YEARS RESULTS, STRATEGIES AND INDICATORS

1738

1739

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:

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

1745

1746

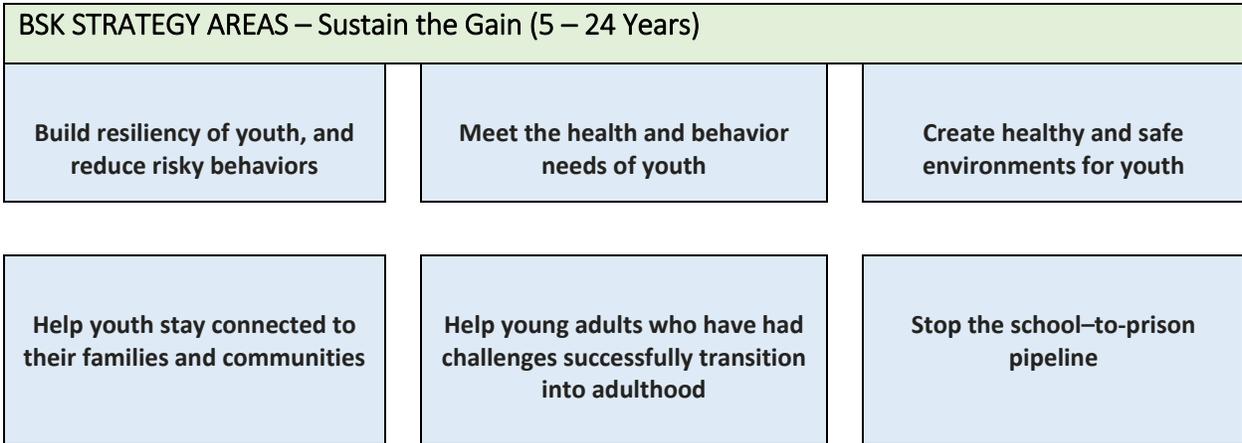
1747

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1749

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

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1752

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

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1760

- 3rd graders who are meeting reading standards
- 4th graders who are meeting math standards
- Youth who are flourishing and resilient, as described by curiosity, resilience and self-regulation
- Youth and young adults who are in excellent or very good health
- Youth who graduate from high school on time
- Youth and young adults who are either in school or working
- High school graduates who earn a college degree or career credential

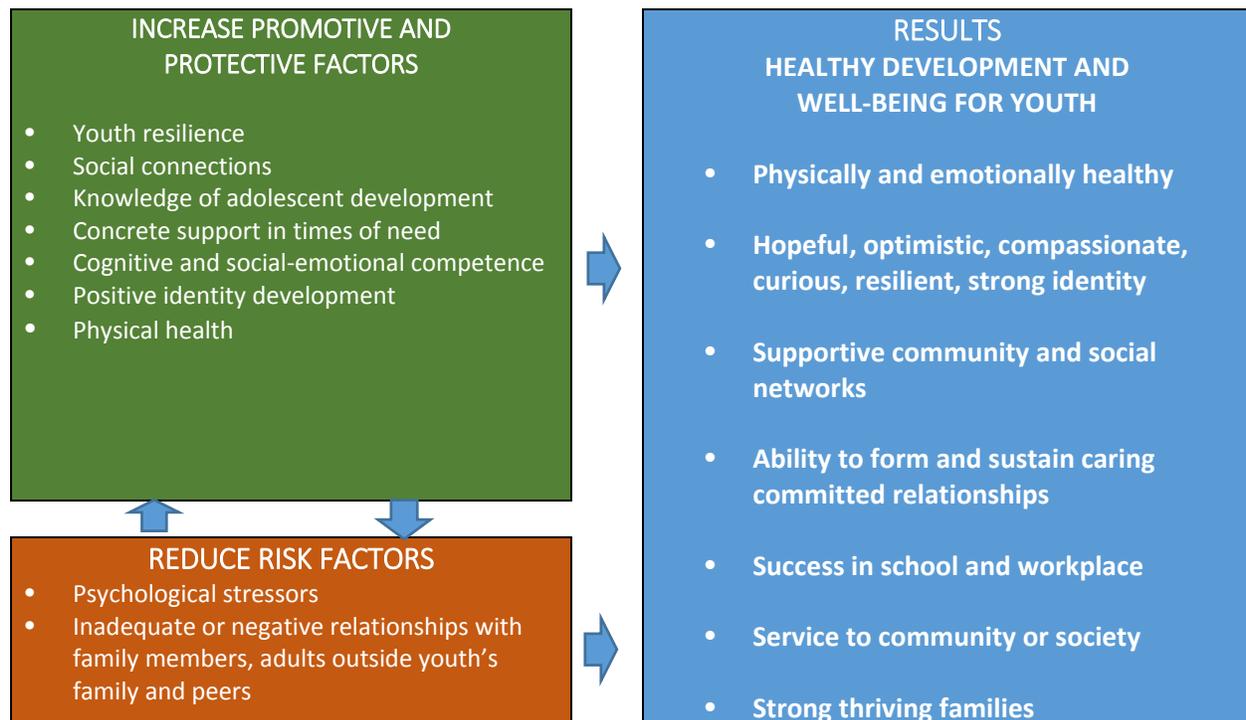
- Youth who are not using illegal substances

INVESTMENTS AND APPROACHES FOR 5 – 24 YEARS

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

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

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



- Insufficient or inadequate opportunities for positive growth and development
- Unsafe, unstable, inequitable environments



1788 The following section provides more detail on 5 - 24 Years programs and services which will be funded
 1789 through *Best Starts for Kids*. These programs and services will be primarily provided by community-
 1790 based organizations.

1791
 1792 Implementation staff will work with provider agencies toward a goal of making services available to
 1793 youth, independently of their parents or guardians, and even if a family has resources.

1794
 1795 The County will contract with one or more independent organizations, as appropriate to the program
 1796 areas in the 5 - 24 Years, Approaches and Investments to provide front-end and long-term community
 1797 outreach, technical assistance and capacity building to help reduce barriers for smaller and more
 1798 isolated organizations, partnerships and groups to access BSK levy funding. The entity(ies) with which
 1799 the County contracts will have experience working with the diversities of King County, both geographic
 1800 and cultural. The entity(ies) will be contracted through an RFP process. Dedicated funds will be
 1801 sufficient to allow the entity(ies) to engage in meaningful community outreach, provide technical
 1802 assistance and build the capacity of organizations, partnerships and groups with the aim of reducing
 1803 barriers to access BSK levy funding. At least 1% of funds in the 5 - 24 Years, Approaches and Investments
 1804 allocation will be dedicated for this purpose over the life of the levy.

1805
 1806

Estimated funding levels

2016: \$1,121,000
 2017-2021
 average:
 \$11,000,000

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

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

1807
 1808 Among the youth served through this strategy, BSK services in this program area may provide
 1809 opportunities for programming to be supportive of and geared toward children diagnosed with autism
 1810 spectrum disorder. BSK implementers will also work to maintain ongoing collaboration with Native
 1811 American Communities in order to ensure that programming within this strategy area that may be
 1812 available to Native American children and families meet the specific needs of their communities.
 1813 Further, while BSK recognizes that trafficking is a risk that can result from exposure to trauma and
 1814 traumatic life experiences and that much of BSK's promotion and prevention programming is geared
 1815 towards eliminating trauma for the youngest in our communities and for supporting families to minimize
 1816 trauma, for youth who are at risk of being trafficked, the following programs in this strategy (while these
 1817 youth may be eligible for all programs) may be particularly relevant: Trauma Informed Schools,
 1818 Restorative Justice Practices, Healthy Relationships and Domestic Violence Prevention for Youth, and
 1819 Youth Leadership. This strategy area may also provide programming that could benefit children and
 1820 youth who have been the victim of child sexual exploitation or commercial sexual exploitation. Lastly,
 1821 this strategy area may also provide programming that might prove particularly relevant to refugee
 1822 youth. Identifying these youth populations as populations that may benefit from the programs in this

1823 strategy area, does not preclude other populations of youth from being eligible to receive
 1824 services. Trauma-informed schools and organizations

1825
 1826 **Rationale for the investment.** The decades of strong evidence around the impact of ACEs and trauma on
 1827 adults' health and well-being, along with the emerging research around impacts on children, point to a
 1828 need to invest in the development of effective ways to build resilience of youth, thus buffering the
 1829 effects of individual and community ACEs. Schools and community organizations are key institutions
 1830 influencing youth development, health, and achievement. Investing in restorative, trauma-informed
 1831 practices within the school environments, and extending to other organizations where our youth are
 1832 served, is an emerging best practice in mitigating the effects of ACEs in our communities.

1833
 1834 King County will develop a trauma-informed model based on key concepts from existing initiatives,
 1835 which have demonstrated good results: the Oakland School District model of restorative justice⁶³,
 1836 trauma sensitive schools model⁶⁴, and training and consultation in trauma-informed practices models
 1837 such as Collaborative Learning for Educational Achievement and Resilience (CLEAR)⁶⁵.

1838
 1839 The CLEAR model was developed by Washington State University over several years, in partnership with
 1840 Spokane Public Schools, and is currently being piloted in Seattle Public Schools in collaboration with
 1841 Public Health - Seattle & King County. The CLEAR model is designed to partner with educational systems
 1842 to create and sustain trauma-informed practice models through staff development, consultation and
 1843 support.

1844
 1845 Trauma-informed approaches emphasize that once schools understand the educational impacts of
 1846 trauma, they can become safe, supportive environments where students make the positive connections
 1847 with adults and peers, learn to self-regulate to optimize their ability to learn and engage in school, and
 1848 build confidence to succeed in school and in life.

1849
 1850 **Proposed approach.** The King County trauma-informed practice model incorporates restorative justice
 1851 and trauma-informed practices school-wide, along with Positive Behavioral Intervention and Supports
 1852 (PBIS) and/or other social/emotional curricula which impact school climate. BSK will partner with
 1853 organizations and schools to further trauma-informed practices as a means of supporting children and
 1854 youth whose traumatic experiences – be they few or many – may compromise their progress toward a
 1855 successful future. Informed by the work in Oakland and elsewhere, components of the King County
 1856 model are:

- 1857
- 1858 • A focus on the whole child and ensuring that children and youth are understood and have their
 1859 needs met, socially, emotionally and academically.
 - 1860 • Deep partnerships among families, schools and organizational partners, such as behavioral health
 1861 providers, school-based health centers, and community-based or parent-led organizations.
 - 1862 • Strong infrastructure in schools and organizations to support culturally-positive, equitable, just and
 1863 affirming climates for children and youth.
 - 1864 • Common language and training for teachers, staff, students, parents and community, particularly
 1865 related to the prevalence of individual and culturally/racially based trauma in the lives of children
 1866 and youth, and its impact on relationships, learning, and behavior.
 - 1867 • Improved school and organizational climates, emphasizing that a *trauma-informed* school is one that
 1868 embeds a philosophy and set of values into all programs and practices with the goal of creating
 1869 safety, consistency and predictability for students and staff. In addition to offering alternatives to

1870 traditional punitive discipline practices, the model supports positive youth development (including
 1871 social/emotional learning) and promotes positive school climate through universal educational
 1872 practices, school culture/policies and trauma-informed identification coordination and response for
 1873 students needing additional supports.

- 1874 • Capitalizing on the enormous potential students have for resilience and positive change.
 1875 Systematically invest and include youth, continue to train youth as leaders, and facilitate and
 1876 encourage youth voice as an essential component of influencing and developing policy and program
 1877 decisions.

1878
 1879 BSK expects to pursue a multi-year work plan to implement the model in three cohorts. Cohort one
 1880 schools/organizations will be those that are currently ready to pilot efforts aligned with the King County
 1881 model’s core principles and strategies, and/or schools requesting technical assistance in assessing
 1882 readiness for a future whole school intervention. Requests for cohorts two and three will be released in
 1883 subsequent years. We expect that we will partner with approximately 12 schools and/or organizations
 1884 each year. In most instances, funds would support partnerships of a minimum of two entities – school
 1885 and community organization – and often more. BSK intends to fund this program area at an estimated
 1886 2017-2021 annual average level of \$3,500,000.

1887
 1888 **Restorative Justice Practices**

1889
 1890 **Rationale for investment.** Restorative justice practices completely shift from justice as harming to
 1891 justice as healing; from retributive justice to restorative justice.⁶⁶ Though contemporary restorative
 1892 justice practices began in just the last few decades, the effectiveness of these practices in reducing
 1893 violence, incarceration, recidivism, dropout rates, suspensions, and expulsions in schools is increasingly
 1894 being documented. Restorative justice practices are recognized as a model in the U.S. Department of
 1895 Justice’s Office of Juvenile Justice and Delinquency Prevention’s Model Programs Guide.

1896
 1897 Currently our criminal justice system asks these three questions: What law was broken? Who broke it?
 1898 What punishment is warranted? Restorative justice practices ask an entirely different set of questions:
 1899 Who was harmed? What are the needs and responsibilities of all affected? How do all affected parties
 1900 together address needs and repair harm?

1901
 1902 Restorative justice practices are rooted in indigenous cultures in which justice is experienced as
 1903 reparative, inclusive and balanced. It emphasizes: repairing harm, inviting all affected to dialogue
 1904 together to figure out how to do so, and giving equal attention to community safety, victim’s needs, and
 1905 offender accountability and growth.⁶⁷ Restorative justice has diverse applications. It may be applied to
 1906 address conflict in families, schools, communities, workplace and the justice system.

1907
 1908 **Proposed approach.** Integrating restorative justice practices will be elemental to multiple strategy areas
 1909 funded through *Best Starts for Kids*. At a minimum, understanding and applying restorative justice
 1910 practices will be part of the programs and services provided for children, youth and young adults
 1911 through trauma-informed schools and organizations, supporting Opportunity Youth to re-engage, and
 1912 programs and services designed to stop the school-to-prison pipeline. Over the next six months as
 1913 County staff come together with community partners, the Juvenile Justice Steering Committee, and the
 1914 Children and Youth Advisory Board to develop the procurement process, we will emphasize the critical
 1915 nature of imbuing all of our work with a mindset that is informed by restorative justice practices. In
 1916 addition, specific practices (for example, peace circles) will be funded with attention to how restorative
 1917 justice practices can be utilized in settings with our youngest children, as well as older children, youth

1918 and young adults. BSK intends to fund this program area at an estimated 2017-2021 annual average
 1919 level of \$1,300,000.

1920

1921 **Healthy Relationships and Domestic Violence Prevention for Youth**

1922

1923 **Rationale for investment.** The strongest predictors of unhealthy relationship choices and sexual
 1924 violence are violence and unhealthy relationships in the home; the next is community norms⁶⁸. There
 1925 are many other proven or potential predictors that influence individuals’ abilities to form healthy
 1926 relationships; these include trauma and mental health. We know from adolescent brain science that this
 1927 is a critical time for shaping lifelong norms for relationships.

1928

1929 During adolescence, young people learn how to form safe and healthy relationships with friends,
 1930 parents, teachers, and romantic partners. Both boys and girls often try on different identities and roles
 1931 during this time, and relationships contribute to their development. Peers, in particular, play a big role in
 1932 identity formation, but relationships with caring adults – including parents, mentors or coaches – are
 1933 also important for adolescent development. Often, the parent-adolescent relationship is the one
 1934 relationship that informs how a young person handles other relationships. Unfortunately, adolescents
 1935 sometimes develop unhealthy relationships, and experience or exhibit bullying or dating violence.⁶⁹

1936

1937 According to the Centers for Disease Control and Prevention, one in 10 adolescents reported being hit or
 1938 physically hurt on purpose by a boyfriend or girlfriend at least once in the previous year. Over time,
 1939 controlling and demanding behavior may become increasingly violent and that violence can have
 1940 negative effects on physical and mental health throughout life (including lower self-esteem, eating
 1941 disorders, and suicidal thoughts).^{70 71 72}

1942

1943 Lesbian, gay, bisexual, transgendered and queer (LGBTQ) youth may face unique challenges in building
 1944 healthy relationships. Among adolescents ages 18 to 19, just under eight percent of females and just
 1945 under three percent of males identify as homosexual or bisexual.⁷³ LGBTQ adolescents are happy and
 1946 thrive during their teenage years. However, as a group they are more likely than their heterosexual
 1947 peers to experience difficulties: LGBTQ adolescents are at increased risk for suicide attempts, being
 1948 homeless, alcohol use, and risky sex.^{74 75}

1949

1950 Bullying is also a serious problem for children and youth, but it can be prevented or stopped when those
 1951 involved know how to address it. Many adolescents have experienced bullying, whether they were
 1952 bullied, bullied someone else, or saw someone being bullied. Although definitions vary, bullying usually
 1953 involves an imbalance of power, an intent to hurt and repetition of the behavior. Adolescents who bully
 1954 use their power to control or harm, and those being bullied sometimes feel powerless to defend
 1955 themselves.⁷⁶

1956

1957 **Proposed Approach.** Helping youth and young adults build and maintain healthy relationships will be a
 1958 focus integrated across all of BSK’s investments in 5 – 24 Years. The approaches will vary, depending on
 1959 the age of children and youth served. Approaches that are effective for older elementary children differ
 1960 considerably from those focused on youth in high school. Because family relationships are so central and
 1961 so powerful in the lives of young people, BSK-funded programs will prioritize opportunities for
 1962 strengthening families across multiple venues and interactions. Approaches will be responsive to the
 1963 diversity of families and communities in King County including racial, cultural, LGBTQ and ability
 1964 communities.

1965

1966 BSK will partner with community organizations and engage youth directly to develop an approach for

1967 helping youth build the skills to support healthy relationships across many settings in their lives. The

1968 focus of this approach will be on helping youth identify what healthy relationships look like, and also

1969 develop skills for how to address violence when they encounter it in their relationships, or the

1970 relationships of family members or peers.

1971

1972 One potential approach is the [Family Acceptance Project](#) which works to decrease risk and promote

1973 well-being for LGBTQ children and youth and to strengthen families, by informing family intervention

1974 strategies and research-based practice information in primary care, mental health, family services,

1975 schools, child welfare, juvenile justice and homeless services to build healthy futures for LGBTQ children

1976 and adolescents in the context of their families, cultures and faith communities.

1977

1978 Another potential approach is bystander training. The [Green Dot etc.](#) strategy is one bystander training

1979 approach to violence prevention that capitalizes on the power of peer and cultural influences. Informed

1980 by social change theory, the model identifies all community members as potential bystanders, and seeks

1981 to engage them, through awareness, education, and skills-practice, in proactive behaviors that establish

1982 intolerance of violence as the norm, as well as reactive interventions in high-risk situations – resulting in

1983 the ultimate reduction of violence. Specifically, the program targets influential and respected individuals

1984 from across community subgroups. The goal is for these groups to engage in a basic education program

1985 that will equip them to integrate moments of prevention within existing relationships and daily

1986 activities. By doing so, new norms will be introduced and those within their sphere of influence will be

1987 significantly influenced to move from passive agreement that violence is wrong to active intervention.

1988

1989 Yet another potential approach is the [Committee for Children’s Second Step Program](#). Focused on early

1990 learning through Grade 8, Second Step seeks to build skills for social and academic success including

1991 lessons with an emphasis on making friends, managing emotions, and solving problems in the earlier

1992 years. For middle school students, this research-based program aims to help schools teach and model

1993 essential communication, decision-making and coping in order to aid adolescents in navigating around

1994 peer pressure, bullying, and substance use.

1995 [Cure Violence](#) is another potential approach which aims to stop the spread of violence in communities

1996 through disease control-associated strategies such as detecting and interrupting conflicts, identifying

1997 and treating the highest risk individuals, and changing social norms.

1998

1999 **Quality Out of School Time**

2000

2001 **Rationale.** Children and youth spend only 20 percent of their waking hours in school. How they spend

2002 the remaining 80 percent of their time has a significant impact on their success and well-being⁷⁷. Over a

2003 decade of research and evaluation shows that high-quality afterschool and youth development

2004 programs (which includes summer programs) are directly linked to youth achievement of positive

2005 social/emotional, health, and academic gains. Quality out-of-school-time programs provide children and

2006 youth with access to a range of activities from educational enrichment to cultural and social

2007 development activities, recreation, physical activity and health promotion, visual and performing arts,

2008 tutoring and homework services, and leadership skills. They serve a critical role in fostering healthy

2009 communities and providing young people with a safe space keeping them off the streets during the peak

2010 hours for juvenile crime.⁷⁸

2011

2012 What happens in quality out-of-school-time programs looks and feels different than the school day, and
 2013 enhances in-school learning by supporting the holistic needs of children and youth. Expanded Learning
 2014 Opportunities (ELOs) in particular have emerged as a subset of the out-of-school-time field with a
 2015 specific focus on improving academic outcomes for low-income youth and children and youth of color.
 2016 These programs use data to inform program practice and measure progress. Core to the ELO model is
 2017 engagement with communities, families and schools to align in-school and out-of-school learning with a
 2018 shared goal of enhancing learning and improving academic outcomes.⁷⁹

2019
 2020 Investments in quality out-of-school time have the potential to counter the significant impact of *summer*
 2021 *learning loss*. Every year, children and youth forget between one-three months of what they learned in
 2022 school the previous year.⁸⁰ Two-thirds of the achievement gap between lower-/middle-income and
 2023 higher-income youth entering 9th grade can be attributed to summer learning loss.⁸¹ The benefits and
 2024 social returns of investing in summer learning are compelling and contribute to a decrease in student
 2025 dropouts, higher grades and academic performance, and higher graduation and college enrollment
 2026 rates.⁸²

2027
 2028 Research from Dr. Joseph A. Durlack (Loyola University, Chicago) and Dr. Roger Weissberg (University of
 2029 Illinois, Chicago) also speaks to the effectiveness of quality out-of-school-time programs in enhancing
 2030 young people’s personal and social skills. Drs. Durlack and Weissberg reviewed 68 studies of afterschool
 2031 programs that had the specific goal of fostering personal and social development, and that were
 2032 compared to non-participating control youth. Through their review, they were able to identify four
 2033 evidence-based practices, which form the acronym SAFE. In brief, their review identified whether
 2034 program staff:

- 2035
- 2036 • Used a sequenced step-by-step training approach (S)
 - 2037 • Emphasized active forms of learning by having youth practice new skills (A)
 - 2038 • Focused specific time and attention on skill development (F)
 - 2039 • Were explicit in defining the skills they were attempting to promote (E)

2040
 2041 Each of these practices has a strong research base in many skill training studies of youth. The afterschool
 2042 programs that followed all four recommended practices were called SAFE programs (N = 41) and those
 2043 that did not were called Other Programs (N = 27). The findings were clear: SAFE programs were
 2044 associated with significant improvements in self-perceptions, school bonding and positive social
 2045 behaviors; significant reductions in conduct problems and drug use; and significant increases in
 2046 achievement test scores, grades and school attendance. The group of Other Programs failed to yield
 2047 significant improvements on any of these outcomes.⁸³

2048
 2049 **Approach.** BSK will partner with organizations across our community which provide or support
 2050 afterschool and summer programs and will invest in quality out-of-school-time programs to support King
 2051 County’s children and youth.

2052
 2053 Stakeholders for out-of-school time include a multitude of large organizations and small community-
 2054 based resources. School’s Out Washington – which is based in Seattle and serves all of Washington state
 2055 – serves as the intermediary for out-of-school-time programs in King County, tailoring professional
 2056 development and systemic supports to further the quality of afterschool and summer programs for all
 2057 children and youth.

2058 Supported by funding from the Raikes Foundation, the C.S. Mott Foundation and other organizations,
 2059 School's Out Washington led a process to develop Washington's first quality standards for out-of-school
 2060 time programs. Over many months they gathered input from a broad group of stakeholders, conducted
 2061 focus groups and cross-walked their ideas against current research. In the spring of 2014, the
 2062 Washington State *Quality Standards for Afterschool and Youth Development Programs* were finalized
 2063 and shared with the state's out-of-school time field. BSK will partner in this work to assure that high
 2064 quality out-of-school-time is available for children and youth in King County.

2065 **Youth Leadership and Engagement Opportunities**

2066
 2067 **Rationale.** Research demonstrates that youth with more developmental assets, such as positive family
 2068 communication, caring school climate and sense of purpose, have reduced morbidity and better health
 2069 outcomes⁸⁴. In addition, key protective factors, such as connectedness to parents and family,
 2070 connectedness to school, and optimism, promote healthy youth behaviors and outcomes⁸⁵ while
 2071 diminishing the likelihood of negative health and social outcomes. A dual strategy of risk reduction and
 2072 promotion of protective factors through an intentional positive youth development approach holds the
 2073 greatest promise as a public health strategy to improve outcomes for youth.⁸⁶

2074
 2075 **Approach.** BSK will work with our community partners over the next six months to develop
 2076 opportunities for youth leadership that will benefit youth, as well as their families and communities.
 2077 Community feedback has identified interest in using this approach to pursue multigenerational
 2078 programs, with youth in the lead. Furthering youth leadership directly ties to recommendations from
 2079 the Youth Action Plan which call for more opportunities for youth leadership and community
 2080 engagement. We expect that those opportunities will be effective in engaging youth who might not see
 2081 themselves as leaders, including youth from refugee and immigrant communities, LGBTQ youth, youth
 2082 of color, foster youth, developmentally delayed and disabled youth, and justice-involved youth.
 2083 Approaches may include development of a Leadership Tomorrow type program, designed for/by youth,
 2084 as well as deliberate identification of opportunities for youth to serve their communities through local
 2085 and regional boards and commissions.

2086
 2087
 2088

Estimated funding levels

2016: \$219,000
 2017-2021 average:
 \$2,950,000

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

- Mentoring
- Family engagement and support

2089
 2090 **Mentoring**

2091
 2092 **Rationale.** Expanding mentoring opportunities and programs is one method of building resilient youth.
 2093 Mentoring can help support youth as they go through challenging life transitions, including dealing with
 2094 stressful changes at home or transitioning to adulthood. The supportive, healthy relationships formed
 2095 between mentors and mentees are both immediate and long-term and contribute to a host of benefits.
 2096 Evaluations of youth mentoring programs have provided evidence that high-quality, enduring

2097 relationships can lead to a range of positive outcomes for the young people involved⁸⁷. Likewise,
 2098 researchers have deciphered some of the conditions under which youth mentoring is most effective, as
 2099 well as the types of volunteers, young people and activities that are associated with positive
 2100 developmental outcomes. Successful mentoring programs are known to contribute to increases in
 2101 resilience and protective factors for youth, and reductions in negative behaviors, including truancy and
 2102 substance use.

2103
 2104 **Approach.** As BSK further develops its approach to mentoring investments, we will work closely with
 2105 community-based organizations and current mentoring providers, looking particularly for those
 2106 programs that maximize the importance of mentoring relationships with peers, intergenerational
 2107 mentoring, and mentoring as a vehicle for building strong cultural and ethnic identity. This includes
 2108 assuring that there are programs connecting elders with LGBTQ youth and youth with disabilities.

2109
 2110 Mentors and peer advocates can be assets in helping young people who have experienced challenges to
 2111 successfully transition into adulthood. Mentoring provides opportunities for intergenerational
 2112 approaches and matching peers from within communities. However, some mentoring programs pair
 2113 students with a mentor for only one year, often until they secure a job or complete a GED. BSK will
 2114 pursue opportunities for innovative programming that goes beyond one year of support while young
 2115 people pursue college coursework or advanced training, maintain employment and/or secure stable
 2116 housing.

2117
 2118 BSK will identify agencies to support ongoing mentoring programs through a competitive RFP.

2119 Mentoring programs will vary across communities as they account for geographic, cultural and other
 2120 needs of the youth for which they are intended. BSK will support community-based organizations that
 2121 pursue best practices for mentoring based on the latest research including but not limited to:

- 2122
- 2123 • Recruiting appropriate mentors and mentees and ensuring clear expectations
 - 2124 • Providing initial and support, training and supervision for mentors
 - 2125 • Offering ongoing consultation and training to mentors that extends post-match

2126
 2127 During summer 2016, King County will partner with community-based organizations and members of
 2128 the Children and Youth Advisory Board (CYAB) to develop a more comprehensive list of criteria of best
 2129 practice and funding priorities. We will also explore multigenerational mentoring as an opportunity to
 2130 partner with agencies serving elders, mentoring to support the needs of youth and young adults who
 2131 have been trafficked and mentoring services for foster youth or young adult alumni of the foster care
 2132 system. This program will prioritize serving youth and young adults who face more challenging life
 2133 transitions.

2134
 2135 **Family Engagement and Support**

2136
 2137 Equity and social justice is central to understanding what families need to be engaged and supported.
 2138 King County will work in partnership with communities and families to understand their needs and co-
 2139 design family engagement strategies that work to support families in authentic ways. An example might
 2140 be supporting the needs of families and youth who may be diagnosed with autism spectrum disorder.
 2141 When making decisions regarding family engagement, programming needs to encompass multicultural
 2142 approaches. BSK will look to our community partners – including children, youth and families – to shape
 2143 investments in communities to support families' involvement in school and community activities. We

2144 will look to partner on ways to support families' roles and relationships with their children and youth.
2145 This approach will be developed in partnership with the CYAB and community stakeholders and, most
2146 importantly, families.
2147

Estimated funding levels

2016: \$385,000

2017-2021

average:

\$5,620,000

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

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

2148

2149

2150 **Positive Identity Development**

2151

2152 **Rationale for investment.** The importance of helping our children and youth develop positive identities
 2153 as strong, capable young people is fundamental to BSK’s disposition toward building protective factors.
 2154 Multiple studies point to the importance of identity in positive youth development. Two community
 2155 stakeholders in King County – the Community Center for Education Results (CCER) and the Youth
 2156 Development Executives of King County (YDEKC) have contributed extensively to discussions on this
 2157 issue across our region.

2158

2159 One aspect of identity – ethnic identity and, in particular, a strong identification with one’s heritage – is
 2160 positively associated with a range of outcomes including coping ability, mastery, self-esteem, and
 2161 optimism.⁸⁸ Youth must work to integrate aspects of their identities as they move from home to
 2162 community to school; successful integration of their full identity, including understanding that identity in
 2163 their broader societal context, can help in their success. For example, immigrant youth with well-
 2164 integrated identities scored significantly higher than all other groups on various measures of
 2165 psychological adjustment.⁸⁹ In contrast, acculturation or assimilation (the giving up of one’s historical
 2166 cultural identity and the adoption of dominant cultural norms) can negatively impact student success.
 2167 The maintenance of ethnic loyalty, not assimilation, appears associated with stronger school
 2168 performance among immigrant children.⁹⁰

2169

2170 **Proposed approach.** BSK will work with our community partners – including youth from across our
 2171 community – to develop appropriate strategies for supporting youth as they develop their positive
 2172 identities across race, ethnicity, culture, sexual orientation, ability, and gender. This program area will
 2173 seek to foster a broad sense of community belonging for youth, thereby supporting identity integration
 2174 rather than acculturation or assimilation. We will rely on community partners, and youth across our
 2175 communities, to help define approaches to positive identity development, and how to support it in
 2176 diverse communities across King County. The work of [Project M.I.S.T.E.R](#) and its annual Tie-One-On
 2177 Luncheon might be considered an example of work in this vein.

2178

2179 **School-based Health Centers**

2180

2181 **Rationale.** Health equity exists when individuals have equal opportunities to be healthy. Health
 2182 inequities are caused by the uneven distribution of social determinants of health, such as education,
 2183 housing, vibrant neighborhoods, and employment opportunities.

2184

2185 Health risks such as teenage pregnancy, poor diet, inadequate physical activity, physical and emotional
 2186 abuse, and substance abuse have a significant impact on how well students perform in school. This can

2187 lead to a higher number of absences from school and an increase in adolescents' substance abuse.
 2188 School-based health centers are a proven strategy for increasing educational and health outcomes
 2189 including school performance, grade promotion, and high school completion.

2190
 2191 School-Based Health Centers (SBHCs) have been shown to decrease health inequities. Studies have
 2192 shown that SBHCs have helped to decrease absences by 50 percent among students who had three or
 2193 more absences in a three-week period. Studies have also shown that school-based services are
 2194 particularly effective for youth. Adolescents are 21 times more likely to make a mental health visit to a
 2195 school-based provider than to a community site.⁹¹ The increased availability of mental health and
 2196 substance abuse prevention and early intervention services in schools reduces the stigma of seeking
 2197 mental health and substance abuse care and increases accessibility of that care.

2198
 2199 SBHCs are operated by community health agencies and are staffed with coordinators, nurse
 2200 practitioners and mental health counselors that ideally reflect the diverse ethnic, language and cultural
 2201 backgrounds of the students and families, including LGBTQ families. Typical services include preventive
 2202 health care, immunizations, and counseling for depression, trauma and stress. PHSKC has successfully
 2203 launched and supported the growth of SBHCs and currently supports 31 clinics in King County with
 2204 technical assistance, program quality, and professional development to ensure high quality service.

2205
 2206 One important resource SBHCs offer is a place for youth to receive all routinely recommended vaccines.
 2207 Improving Tetanus, Diphtheria, Pertussis (Tdap), Meningococcal vaccine (MCV) and Human
 2208 Papillomavirus (HPV) vaccination rates in adolescents requires a multipronged approach to address a
 2209 range of obstacles, including infrequent preventive care visits, missed clinical opportunities, and the
 2210 absence of a strong provider endorsement of the vaccines. The Community Preventive Services Task
 2211 Force recommends school-located vaccination programs based on strong evidence of effectiveness in
 2212 increasing vaccination rates. In King County, 28 SBHCs provide a full range of primary care services to
 2213 over 8,000 students annually and offer families an additional venue to increase the likelihood that youth
 2214 will receive all routinely recommended vaccines, including those required for school. For youth who are
 2215 disenfranchised, uninsured, or on Medicaid, SBHCs provide an especially effective means of improving
 2216 access to vaccines. And for youth who already have a medical home, SBHCs supplement care by
 2217 communicating the importance of vaccines and by offering a convenient location for completion of the
 2218 HPV vaccine series, MCV booster dose, and "catch up" vaccines not received during childhood.

2219
 2220 Another important resource is increasing provider knowledge of Washington State's safe haven law
 2221 (RCW 13.34.360).

2222
 2223 **Approach.** BSK funds may allow for the expansion of up to three additional SBHCs in low income areas
 2224 during the life of the levy. Schools that demonstrate readiness to build strong partnerships are willing to
 2225 participate in learning collaboratives, and which represent geographic diversity will be selected through
 2226 a competitive RFP process. This will be a phased approach with a specific focus on communities with
 2227 higher needs, as determined by current access to adolescent care and school demographics.

2228
 2229 This will include an expansion of existing sites where current funding and/or models do not fully meet
 2230 community need, and which demonstrate the capacity to expand their services.

2231
 2232 • Phase One (Years one and two): King County will provide capacity-building for partnership building,
 2233 community of practice, and an investment in infrastructure and capital for one additional site.

2234 Funding will be available to expand sites where funding and/or community need are not currently
2235 met.

2236 • Phase Two (Years two and three): Funding will be maintained while increasing capacity building
2237 work which may yield up to two additional SBHC sites. Capacity building will support partnership
2238 building, community of practice and investment in infrastructure and capital.

2239 • Phase Three (Years three through six): Funding will be maintained while continuing to support
2240 ongoing capacity building. Capacity building will include support for utilizing data for decision
2241 making to support quality improvements and support ongoing sustainability.

2242

2243 Quality replication will require partnership and relationship building. Interested community partners
2244 such as school districts and health providers will need to assess needs and prepare for future capital and
2245 operational funding provided by BSK, as well as locally leveraged funds. Building capacity and readiness
2246 toward implementation and sustainability ensures positive lasting outcomes and sustainable practice in
2247 the school and community.

2248

2249 King County will support the work to get new sites ready to replicate and provide the support needed to
2250 prepare for expansion. The County will convene a community of practice, and support a standard of care
2251 through the use of data, to improve practices and outcomes for students.

2252

2253 Community involvement will be key to ensuring that new centers meet the needs of specific
2254 communities, which will differ across geography, ethnicity and culture, and which will serve the diversity
2255 of children and youth in our public schools.

2256

2257 BSK funds will also support activities to increase adolescent vaccination coverage through outreach and
2258 collaborative partnerships with SBHCs and other clinics that serve adolescent patients. Collaborative
2259 partnerships are a prominent strategy for community health improvement. Through BSK, King County
2260 will bring together key stakeholders – including SBHCs, representatives from the region’s largest health
2261 care organizations, multi-site pediatric practices, the Washington Chapter of the American Academy of
2262 Pediatrics (WAAP) and the Washington Academy of Family Physicians (WAFP) – to establish a learning
2263 collaborative where members will engage in quality improvement processes to better understand the
2264 barriers that contribute to suboptimal adolescent vaccination (Tdap, MCV and HPV) coverage,
2265 implement process change interventions, conduct an evaluation, and disseminate best practices. This
2266 program will prioritize outreach to communities that have experienced disproportionately lower rates of
2267 vaccinations and who have had disproportionate access to vaccination information. BSK intends to
2268 support activities to increase adolescent vaccination coverage as described in the preceding paragraph
2269 at a 2017-2021 annual average level of \$400,000.

2270

2271 Best Starts for Kids will work with school districts and schools in this program area to increase
2272 knowledge of Washington State’s safe haven law (RCW 13.34.360) as may be appropriate for each
2273 setting.

2274

2275 **Healthy and Safe Environments**

2276

2277 **Rationale for investment.** A focus on healthy and safe environments will provide another opportunity
2278 for youth leadership development, while enhancing protective factors and building assets among youth,
2279 families and communities. This strategy will bring together the 5 – 24 Years work with the community-

2280 specific focus of Communities of Opportunity through community-driven opportunities to collectively
 2281 create healthy and safe environments across King County.

2282

2283 **Proposed approach.** BSK will invest in community partners, including schools and school districts, that
 2284 will identify opportunities for innovative approaches across many potential investment areas. Priority
 2285 will be given to projects aiming to improve health outcomes and those that include youth in planning
 2286 and implementation. Investment areas may include:

2287

- 2288 • **Access to healthy and affordable food.** Affordability is among the greatest barriers to healthy eating
 2289 in low-income communities. In partnership with the King County Department of Natural Resources
 2290 and Parks, Public Health – Seattle & King County, and the King County Executive’s Office, an action
 2291 plan for King County healthy food access was created in 2014. Strategies through BSK will focus on
 2292 increasing access for vulnerable populations, emphasizing health equity. Potential programmatic
 2293 approaches include: 1) improving nutrition environments in schools, after school programs and
 2294 child-care; 2) increasing access to direct market outlets including farmers’ markets, farm stands and
 2295 mobile markets; and 3) increasing the amount of fruits and vegetables available in food banks, food
 2296 pantries and emergency meal programs.

2297

2298 Schools are a known and traditional environment for supporting the health and well-being of
 2299 students. Children and youth spend up to half of their waking hours in school and may consume half
 2300 of their daily calories there. Schools are in a unique position to support healthy behaviors for eating
 2301 and physical activity. We also know that healthy, active students learn more and do better in school.
 2302 Many state and federal policies aim to make healthy choices in school, the easy choice for students.
 2303 For example, improved nutrition standards, new rules for snacks and other competitive foods were
 2304 recently changed at the federal level.⁹² In order for these standards to be effective and well-received
 2305 by students, there must be support for implementation and gain student buy-in. Schools must also
 2306 be supported in setting a higher standard – for example, improving nutritional standards to limit
 2307 sugar and sodium consumption, enhancement of school wellness policies, implementing behavioral
 2308 economics strategies, providing funding for physical education equipment and scratch cooking
 2309 supplies, and supporting innovative strategies such as breakfast after the bell.

2310

- 2311 • **High quality physical activity.** Regular physical activity provides multiple health benefits and
 2312 reduces risk factors for a range of chronic diseases. Creation of, or enhancing access to, programs
 2313 and places for physical activity can support youth, young adults and families to integrate activity
 2314 more easily into their everyday schedules. Approaches may include implementing or maintaining
 2315 high quality best/promising practice in physical education and activity programs in schools and after
 2316 school programs. Bicycling and bike safety, walking, school buses and safe routes to schools, and
 2317 maximizing availability of community sites to increase evening access to physical activities are
 2318 additional potential strategies.

2319

- 2320 • **Environments that limit exposure to dangerous products and substances.** Programs aimed toward
 2321 school-age children present an opportunity to address risky behavior that could lead to future drug
 2322 and alcohol use and substance dependence. Children are more likely to use drugs and alcohol during
 2323 transition periods, such as going from elementary to middle school. Approaches may include: youth-
 2324 led efforts to reduce access to tobacco, marijuana and alcohol in their communities; school district
 2325 efforts to create systems that restrict use of marijuana, tobacco, alcohol or other drugs through
 2326 non-suspension enforcement; and youth-led campaigns to reduce youth use of products that are

2327 targeted toward specific groups including, but not limited to, menthol, hookah/shisha, e-cigarettes,
 2328 flavored cigars, marijuana, and alcohol.

- 2329
- 2330 • **Physically safe and health promoting environments.** Changes in the environments where we live,
 2331 learn, work and play have the ability to impact broad groups of residents and address a wide range
 2332 of risks and health promoting factors. Impacts at the community level can provide for permanent
 2333 and sustainable environmental changes that support a healthy lifestyle. Approaches may include:
 2334 programs that train and employ youth and young adults to be visible school and/or community
 2335 stewards of safety and healthy activity, and programs that foster social support networks in a
 2336 prevention approach in community settings.

2337

2338 Screening and Early Intervention for Mental Health and Substance Abuse

2339

2340 **Rationale.** Mental health problems affect 20 percent of the population. About half of individuals who
 2341 struggle with mental health issues demonstrate signs and symptoms by the time they are 14 years old,
 2342 yet few youth have access to help. Schools are in the prime position to be first responders and early
 2343 interveners. Earlier identification and intervention create better prospects for living healthy, functioning
 2344 lives.

2345

2346 Of those King County students in 10th grade who participated in the 2014 Washington State Healthy
 2347 Youth Survey, results revealed the variety of issues that challenge our youth. At some time in their lives:
 2348 31 percent of youth felt depressed, 61.5 percent had tried alcohol, and 14 percent did not feel safe at
 2349 school.⁹³

2350

2351 Mental health and substance abuse problems in children and youth interfere with their ability to learn,
 2352 succeed in school, and progress along a normal developmental course. A 2001 U.S. Surgeon General
 2353 report stated that mental health is critical to a child’s learning and general health, and is as important as
 2354 immunizations. Approximately 21 percent of children between the ages nine and 17 have diagnosable
 2355 emotional or behavior disorders, but less than a third of these children receive help.⁹⁴ This group of
 2356 children has an increased risk for dropping out of school and not becoming fully contributing members
 2357 of adult society.⁹⁵ Their difficulties often are not recognized as mental health and/or substance abuse
 2358 related. They get left behind educationally and socially and can be labeled as difficult, which leads to
 2359 further isolation from accurate problem identification and professional assistance.

2360

2361 Substance abuse is frequently linked to untreated mental illnesses. Forty-three percent of children who
 2362 use mental health services also have a substance abuse disorder.⁹⁶ There is an increased risk for co-
 2363 occurring disorders with students who smoke, drink or use other illicit drugs; substance abuse is
 2364 associated with depression, anxiety disorder, attention deficit hyperactivity disorder, conduct disorder,
 2365 and eating disorders.⁹⁷ Children with mental health disorders, particularly depression, are at a higher
 2366 risk for suicide; an estimated 90 percent of children who commit suicide have a mental health
 2367 disorder.⁹⁸

2368

2369

2370 **Proposed approach.** *Best Starts for Kids* will partner with schools and community-based providers to
 2371 implement evidence-based programs to support adolescents’ mental health. Investments could include
 2372 programs such as:

2373

- 2374 • **Screening, Brief Intervention and Referral to Treatment (SBIRT)** is an evidence-based practice
 2375 based on motivational interviewing techniques used to identify and reduce anxiety and
 2376 depression and prevent problematic use, abuse, and dependence on alcohol and illicit drugs.
 2377 The SBIRT model was cited by an Institute of Medicine recommendation that called for
 2378 community-based screening for health risk behaviors, including substance use⁹⁹. Screening for
 2379 depression has been recommend by the U.S. Preventive Services Task Force for ages 12 through
 2380 18. The school-based SBIRT, while originally developed for a healthcare setting, has been
 2381 adapted and piloted in King County schools and is a comprehensive public health approach for
 2382 addressing selected behavioral health concerns, including anxiety and depression. The goal of
 2383 King County will be to expand SBIRT services to all 19 school districts to have a presence in all
 2384 middle and high schools in partnership with schools. SBIRT has strong research indicating results
 2385 with adults and is beginning to show significant promise with youth. The goal is to ensure all
 2386 youth in King County have an opportunity to have behavioral health concerns addressed. While
 2387 screening criteria for SBIRT will be developed in partnership with each school districts, individual
 2388 schools and community-based organizations working in the schools, BSK implementers will
 2389 encourage partners to develop screening criteria that meet the needs of all King County youth,
 2390 including youth who may present as high achieving but who may, nevertheless, have behavioral
 2391 health needs.

2392

- 2393 • **Early Detection and Intervention for the Prevention of Psychosis [EDIPP]** is an evidence-based
 2394 program designed to delay or prevent the onset of an acute psychotic disorder in adolescents
 2395 and young adults ages 12 -25. Although psychosis affects a small percentage of the population,
 2396 the consequences of not catching it before the first psychotic break are devastating for the
 2397 individual and his/her family. Using a family-aided assertive community treatment model, the
 2398 team provides proactive engagement, supports and treatment. Program components include:
 2399 ○ Training and educating a broad base of community members who interact regularly with
 2400 young people and may be in a position to identify and refer young people showing early
 2401 signs of risk for psychosis to further assessment and then to treatment, if indicated.
 2402 Community members to be trained include school employees, social workers, doctors,
 2403 nurses, students, parents, clergy, after-school program staff and law enforcement
 2404 personnel.
 2405 ○ The assessment is conducted by a multidisciplinary clinical team to determine the youth’s
 2406 risk for psychosis and functioning level.
 2407 ○ If treatment is indicated, it is provided by the specialized multidisciplinary team that
 2408 includes a psychiatrist or nurse practitioner, nurse, occupational therapist, licensed clinical
 2409 counselors, and a supported education and employment specialist, to deliver the
 2410 interventions.
 2411 ○ In addition to assessment, the clinical program includes multifamily group therapy,
 2412 supported employment and education and medication as needed.

2413
 2414 King County will pilot EDIPP to study its effectiveness.
 2415

Estimated funding levels

2016: \$100,000
 2017-2021 average:
 \$1,480,000

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

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

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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 Youth¹⁰⁰ 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-engage¹⁰¹. African American, Hispanic and Native American youth are over-represented among Opportunity Youth.¹⁰²

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

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

- **Supporting youth to stay in school.** King County’s current *Stay in School Program* helps young people prepare for and succeed in education and employment. The program improves young people’s educational achievement levels by providing a comprehensive mix of year-round services to youth 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

2455 positive activities in which to participate. Activities may include challenge course activities, guest
 2456 speakers, field trips, service learning, and skill building activities.

2457
 2458 BSK will work with community partners to expand comprehensive programs available to in-school
 2459 youth in King County, focusing on communities and school districts where there is greatest need.
 2460

- 2461 • **Supporting Opportunity Youth to re-engage.** Opportunity Youth face challenges and risk factors at
 2462 dramatically higher rates than in-school youth. These include homelessness, disabling conditions,
 2463 criminal histories and substance abuse.¹⁰³ In addressing the needs of Opportunity Youth, there is
 2464 significant work now underway in our region to leverage state basic education funding to pay for re-
 2465 engagement services. There has been a major expansion in re-engagement programming over the
 2466 past three years, and a strong need exists to improve and coordinate the supply of programs.
 2467

2468 We have an opportunity with BSK to invest in key components that will leverage and support much
 2469 of the work now underway by building out a regional team of employment specialists/staff working
 2470 with all the re-engagement sites (currently 13 locations) and coordinating efforts on employer
 2471 engagement that are already happening in the County through the efforts of the Raikes Foundation,
 2472 Community Center for Education Results, and others. We will work with these partners and others
 2473 over the next six months to develop a strategic approach for expanding services to Opportunity
 2474 Youth.
 2475

2476 Programs such as the 180 Program may exemplify programs in this program area. The 180 Program
 2477 is a partnership between the King County Prosecuting Attorney’s Office (PAO) and the community it
 2478 serves. The 180 Program is a pre-filing juvenile diversion program designed to keep youth out of the
 2479 criminal justice system and returning youth to their communities to hear from respected community
 2480 leaders and others with criminal justice experience about the consequences of their decisions to
 2481 participate in crime. The program’s aim is to reduce juvenile recidivism and re-engage youth with
 2482 their communities through changing attitudes and behavior.
 2483
 2484

Estimated funding levels

2016: \$500,000
 2017-2021
 average:
 \$4,380,000

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

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

2485
 2486 **Rationale for Investment.** All of *Best Starts for Kids* – from Prenatal to 24 Years – contributes toward
 2487 stopping the school-to-prison pipeline. We believe that we can, and we must, partner effectively with
 2488 communities to support children, youth and families in ways that strengthen protective factors and
 2489 scaffold systems of supports that are accessible, relevant and culturally-appropriate. However, while we
 2490 are working to address systemic issues and create change through investments further upstream, there
 2491 are children and youth today who need to be supported differently.
 2492

2493 Too many of our young people have missed out on childhoods where protective factors were prevalent
 2494 and the potential for lives of health and well-being were assured. Many low-income youth who are

2495 involved, or at high risk of involvement, with the criminal justice system, gangs, homelessness,
 2496 substance abuse and other dangers have routinely been exposed to multiple risk factors and very few of
 2497 the protective factors that other youth experience. These include caring supportive adults, safe
 2498 neighborhoods, strong senses of self and culture, and living situations free of violence, illness and abuse.
 2499

2500 In King County, there is a disproportionate representation of minority youth in the juvenile justice
 2501 system.¹⁰⁴ In 2015, there were 1,579 court case filings for young people in King County. Of those, 55
 2502 percent were identified as black young people, and 79 percent were identified as young people of color.
 2503 The BSK levy ordinance requires that the BSK implementation plan “shall, to the maximum extent
 2504 possible, take into consideration the county's youth action plan, adopted by Motion 14378, and any
 2505 recommendations of the county's Juvenile justice steering committee to address juvenile justice
 2506 disproportionality that was formed in 2015 that are adopted into policy.”
 2507

2508 **Proposed Approach.** In spring 2016, the King County Council added funding to the biennial budget for a
 2509 consultant to help develop the elements of this strategy area into a cohesive approach. *Best Starts for*
 2510 *Kids* staff will work in partnership with this consultant as well as with the Juvenile Justice Steering
 2511 Committee, the Children and Youth Advisory Board and other King County staff to support
 2512 implementation of approaches focused on youth and young adults who are currently involved with the
 2513 criminal justice system or at high risk of criminal justice involvement. These youth and young adults may
 2514 include, but not be limited to, youth in the foster care system and young alumni of the foster care
 2515 system and young people who have been trafficked.
 2516

2517 • **Prevention/Intervention/Reentry Project.** This approach proposes partnerships with geographic
 2518 communities, or hubs, to create unique government/community partnerships. It enlists community
 2519 members who have previously had little to no opportunity to work in the capacity of serving youth
 2520 and families, and presents opportunities to hold positive and influential status in the community
 2521 while presenting a career pathway.
 2522

2523 Due to economic and incarceration disparities, communities of color – particularly the African
 2524 American community – are chronically short of mentors. In the Prevention/Intervention/Reentry
 2525 project, outreach workers and case managers engage youth and families, help them obtain the
 2526 services they need, and help them build skills and knowledge through group facilitation. Community
 2527 mentors have a role, but the project is not reliant only on their availability. Churches and non-profits
 2528 in each hub will join with outreach and case managers to develop the most efficient strategies in
 2529 their geographic area, and enlist the help of the private sector for employment opportunities for
 2530 youth and young adults as part of the employment component (described below). Churches that
 2531 have parishioners who are passionate about getting involved as sponsors for youth and their
 2532 families may serve as community ambassadors.
 2533

2534 Case managers and outreach workers, working with schools and school districts with the highest
 2535 suspension, expulsion, and drop-out rates, will intervene to keep students engaged in school and
 2536 may facilitate restorative practices, peace circles¹⁰⁵, cultural education and training for staff as
 2537 alternatives for suspension. Staff may work with youth while they are incarcerated, facilitate groups
 2538 to address their gang involvement, and smooth the reentry process by assisting youth to obtain jobs
 2539 and other needed services. Since outreach and case management staff may be housed in existing
 2540 community-based organizations, those agencies immediately increase their capacity for serving
 2541 more diverse youth and families.
 2542

2543 The project serves youth and young adults ages 12-24 and focuses case management positions on
 2544 specific populations and needs within communities, that may include, among others, dolescent girls;
 2545 victims of sex trafficking; and African American, Latino, Native American and East African youth. This
 2546 project will build upon the work of the organization(s) that receives funding for case management
 2547 and outreach through the King County Council’s biennial budget add for these services in spring
 2548 2016.

2549
 2550 • **Youth and Young Adult Employment.** This project focuses employment preparation and supports
 2551 specifically toward youth and young adults who are involved with the criminal justice system, gang-
 2552 involved, or at very high risk of criminal engagement. There is a correlation between poverty and
 2553 criminal activity. Efforts to reduce the crime rate must take economic opportunity into
 2554 consideration. Many low-income young men and women grow up without observing the adults in
 2555 their families as gainfully employed, and they have become ensnared in a multigenerational cycle of
 2556 poverty, unemployment and disenfranchisement. Many of these young adults – especially African
 2557 American young men and women – are severely disenfranchised. They are not counted in traditional
 2558 unemployment rate calculations because they’ve never been engaged in the job market.

2559
 2560 BSK seeks to assist our most disenfranchised youth to realize their true potential, by providing a
 2561 means for them to acclimate into the culture of employment, and to provide them the supports
 2562 they need to be successful. An employment program for youth and young adults would focus on
 2563 employment as a rite of passage, and prepare them to be successful through comprehensive job
 2564 preparation and sufficient supports to ensure job placement and job retention.

2565
 2566 Employment for youth would be full time during the summer and part-time during the school year
 2567 to encourage students’ participation in school-based activities and sports, and to support their
 2568 continued academics. Employment for young adults would be full time, focused on building the
 2569 work history and skills necessary to get a job, and aiming toward the long-term opportunities and
 2570 self-determination that come through sustained employment.

2571
 2572 • **Theft 3 and Mall Safety Pilot Project.** King County’s Juvenile Justice system is racially
 2573 disproportionate. Although referrals for charges in the system declined from 2013 to 2014, referrals
 2574 for Black youth went up. Out of 1251 cases referred for filing for black youth in 2014, 27 percent of
 2575 them were for theft 3 (i.e. shoplifting). Black children are disproportionately charged with theft 3
 2576 and it is critically important that we prevent the entry of these children into the criminal justice
 2577 system. Tukwila Police Department has been the source of 350 misdemeanor theft cases, which is
 2578 one of the highest in King County. Westfield Mall (Southcenter), located in 2016 at 2800
 2579 Southcenter Mall, is the source of many of these and other referrals.¹⁰⁶

2580
 2581 *Best Starts for Kids*, in collaboration with the Juvenile Justice Equity Steering Committee, will pilot a
 2582 program to lower the number of juvenile referrals for charges coming from Westfield Mall by
 2583 stationing community-based service providers at the mall. Police officers can divert shoplifting and
 2584 other low-level cases to the providers. Officers can also pro-actively seek providers’ intervention
 2585 where law enforcement identifies a risk of violence or aggression. Providers will be able to de-
 2586 escalate situations and, where children and youth are unable to resolve their differences, help them
 2587 disperse. The pilot will also include an evaluation component which will compare recidivism rates
 2588 for shoplifters who are diverted by law enforcement and for those who are charged.

2589

2590 The idea of locating community-based providers in malls draws on a strategy that has proven
 2591 effective in schools. The current approach to low-level theft—arrest and prosecution—is not
 2592 evidence-based. Research demonstrates that juvenile justice system involvement can increase
 2593 recidivism and further system involvement. Job training and mentorship will do less harm to the
 2594 child, will likely lead to lower recidivism, and will save money. The pilot is based partially on the Law
 2595 Enforcement Assisted Diversion program, an evidence-based program that has been piloted in
 2596 Seattle-King County for adult drug offenders. The Westfield Mall pilot is based on the central
 2597 premise of that program—immediate services for individuals accused of wrongdoing. Because the
 2598 crimes at issue here do not involve felony drug use, this project envisions fewer resources devoted
 2599 to monitoring program participation and instead seeks to channel all resources to services, including
 2600 mentoring, employment assistance, academic supports and case management.

2601
 2602 The project presents an opportunity to immediately address critical issues for high risk youth:
 2603

- 2604 • Prevent deeper penetration into the juvenile justice system by offering an immediate
 2605 connection to a mentor and to job training.
- 2606 • Prevent re-offense by providing relationships and skills that will lead to more pro-social
 2607 behavior. The pilot attempts to take a strengths-based approach to children and youth who are
 2608 accused of stealing to help them develop the skills that would allow them to avoid doing so
 2609 again.
- 2610 • Develop shared vision, outcomes, measures and principles of practice by collaborating with
 2611 community organizations.

2612
 2613 This recommendation for the Theft 3 and Mall Safety Pilot Project was formally approved by the
 2614 Juvenile Justice Steering Committee and referred to *Best Starts for Kids* as a project under the
 2615 strategy area of Stopping the School-to-Prison Pipeline.

- 2616
 2617 • **Students Creating Optimal Performance Education (SCOPE).** This program would serve justice-
 2618 involved youth ages 16-21 (age 16 on September 1 of current school year) who have been
 2619 suspended or expelled as well as older youth who have dropped out of high school and who have a
 2620 referral to the PAO for a criminal offense. Youth must also meet diversion eligibility requirements
 2621 and other project SCOPE eligibility requirements, including being significantly behind in obtaining
 2622 high school credit or being recommended for enrollment by case managers from DSHS, law
 2623 enforcement, community youth development service providers, or District personnel. This project
 2624 was developed based on best practices as identified by the educational standards articulated by the
 2625 Office of Superintendent of Public Instruction (OSPI) and mandated by ESHB 1418 (2010), the Open
 2626 Doors Youth Reengagement Act.¹⁰⁷

2627
 2628 This project would allow students participants (from any school district in King County) to earn their
 2629 high school diploma and would provide wrap-around support services to overcome barriers to
 2630 students' educational success. The purpose of the program is to provide an opportunity for students
 2631 to re-engage in their education, explore academic/career pathways, develop college/career
 2632 readiness skills, and earn their high school diploma. The program would be a partnership between
 2633 Highline College (advisors, educational needs assessment, instruction, wrap around support, college
 2634 to career pathway), Team Child (legal needs assessment, liaison to juvenile court, social services and
 2635 education), Highline School District (leverage basic education funding), and the partner that would
 2636 provide case management services for youth enrolled in the program. Case managers would liaise
 2637 with other partners to provide wrap-around supports for students.

2638
2639 Best Starts for Kids funding would be used solely for the provision of case management services to
2640 students enrolled in SCOPE. These services may include linking students to student-centered
2641 supports, social services, and mentoring opportunities.
2642
2643
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2645

**Section VII
COMMUNITIES OF OPPORTUNITY**

2646

<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 • How We Work Toward Our Theory Of Change • 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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2647

2648

WORKING TOWARD EQUITY THROUGH COMMUNITIES OF OPPORTUNITY

2650

2651 Significant numbers of people in the County are being left behind as demographics shift, and the region
 2652 now experiences some of the greatest inequities among large US metropolitan areas. For example, life
 2653 expectancy ranges from 74 years in the lowest 10 percent of census tracts to 87 years in the highest 10
 2654 percent of census tracts; frequent mental distress ranges from 14 percent to four percent; and income
 2655 below 200 percent of poverty ranges from 54 percent to six percent. In addition to these inequities,
 2656 sharp increases in housing costs in the Seattle metropolitan area continue to put many communities and
 2657 long-time residents at risk for displacement.

2658

2659 Lack of opportunities, instability and displacement of children, youth and families reduce their chances
 2660 of having healthy and prosperous lives. The environment where a child, youth or young adult is raised is
 2661 a strong contributor to their ability to thrive and reach their full potential. Economic inequality, which is
 2662 increasing in the country and our region, may lead to worse health outcomes as well.

2663

2664 Low-income people and people of color have borne a disproportionate share of the burden of under-
 2665 invested neighborhoods in the last 20 years. As the diversity of our region’s population grows, full
 2666 inclusion is necessary to achieve shared prosperity. Meaningful inclusion must address the needs and
 2667 harness the assets, talents and potential of rapidly growing diverse populations/communities so that
 2668 they are full partners in building our region’s future.

2669

2670 Investing in strategies that address inequities in communities and systems is preventive work and will
 2671 start us on a path that leads to an increase in opportunities and ability to thrive, and a reduction in
 2672 costly crisis services. When opportunities are available for all people to reach their full potential, the
 2673 entire population of King County will benefit. These are the major tenets of King County’s Health and
 2674 Human Services Transformation.

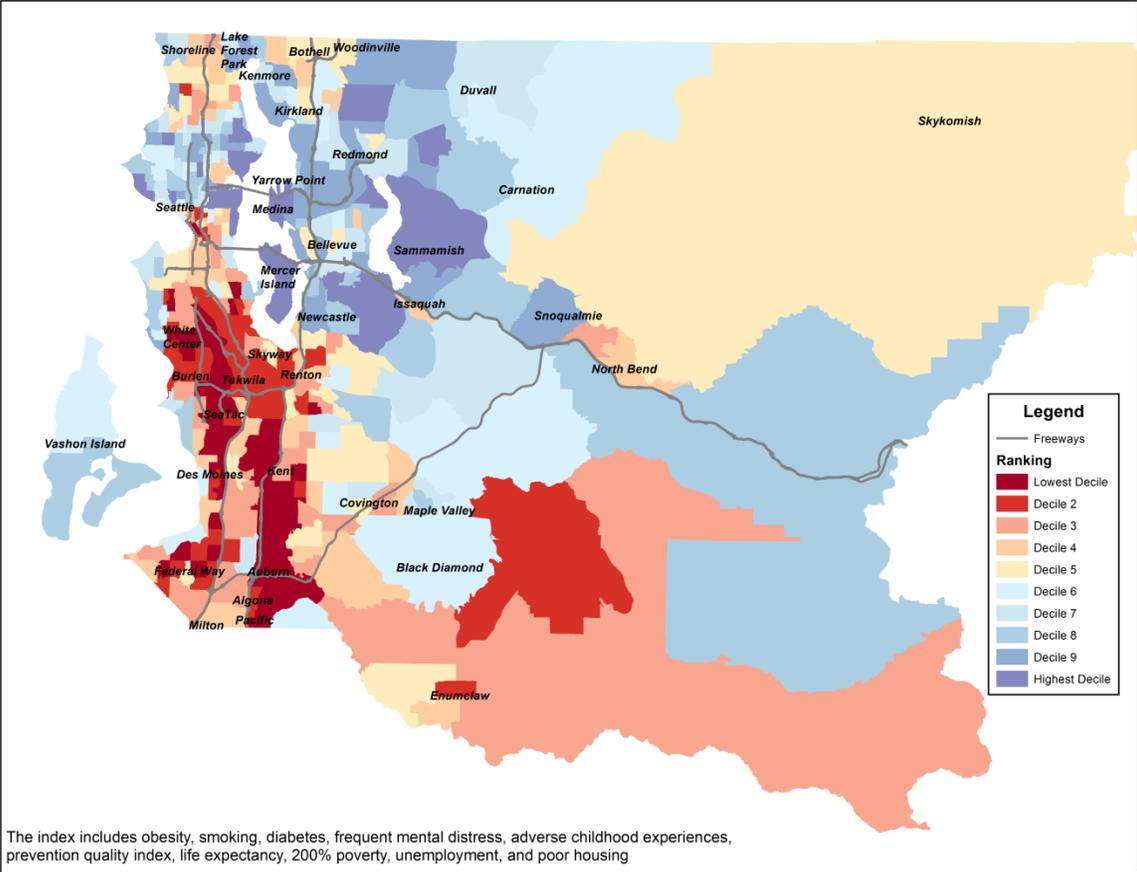
2675 THE COMMUNITIES OF OPPORTUNITY APPROACH

2676
2677 Communities of Opportunity (COO) was launched by King County and the Seattle Foundation in 2014 to
2678 address the inequities in health, social, racial, housing, and economic outcomes that exist across the
2679 region so that communities with the most to gain can thrive, on the evidence that gains made in those
2680 communities will benefit the economic and social engine of the entire region. COO focuses on both
2681 solutions that are geographic and cultural community-based and those which address policy and system
2682 change, because equitable policies are a critical component in building sustainable, healthy communities
2683 across the county.

2684
2685 Equity and social justice underlie the vision and the approach for Communities of Opportunity. COO is
2686 one actionable response to the health and social disparities which are increasing in our region. While
2687 average measures of quality of life, social, and health factors in King County are among the highest in
2688 the country, these averages mask stark differences by place, income, race and ethnicity.

2689
2690

Index of Health & Well-Being Measures in King County



2691
2692
2693

2694 A central tenet of COO is that place and policies matter. “It starts with the metropolitan areas, the
2695 regional economies that cut across city and suburban lines and drive the national economy. Place
2696 intersects with core policy issues central to the long-term health and stability of metropolitan areas and
2697 to the economic success of individuals and families - things like housing, transportation, economic and
2698 workforce development, and the provision of education, health, and other basic services.” (Kneebone
2699 and Berube, *Confronting Suburban Poverty in America*). COO will maintain its focus on geographic and
2700 cultural communities in the County that are disproportionately affected by inequities in health and well-
2701 being outcomes. There are pockets of such inequities in all sub-regions of the County, including a
2702 number of rural areas.

2703
2704 Another tenet of COO is that community partners have a vitally important role in shaping and owning
2705 solutions. Given that top down and disconnected efforts of the past have not reaped the hoped-for
2706 results, *the COO approach*:

- 2707 • *Highly values and places at the center of its work community voice and leadership*
- 2708 • *Makes co-design of programs and strategies with communities standard practice*
- 2709 • *Strengthens connections across and between the health, housing, economic prosperity and*
2710 *community connection sectors*

2711
2712 **RESULTS**

2713
2714 Communities of Opportunity is one of the key ways that BSK will achieve community outcomes, which,
2715 as defined in the BSK levy ordinance (Ordinance 18088), include: 1) decreasing disparities in health and
2716 well-being among different areas within King County and 2) improving quality of life in the communities
2717 with the most to gain.

2718
2719 While the work undertaken under the Communities of Opportunity Initiative will help BSK achieve all
2720 three of the enumerated BSK goals, it will specifically aim to achieve the following goal:

2721
2722 ***Communities offer safe, welcoming, and healthy environments that help improve outcomes for all of***
2723 ***King County’s children and families, regardless of where they live or of their race or ethnicity.***

2724
2725 The following four results areas are specific to the COO work:

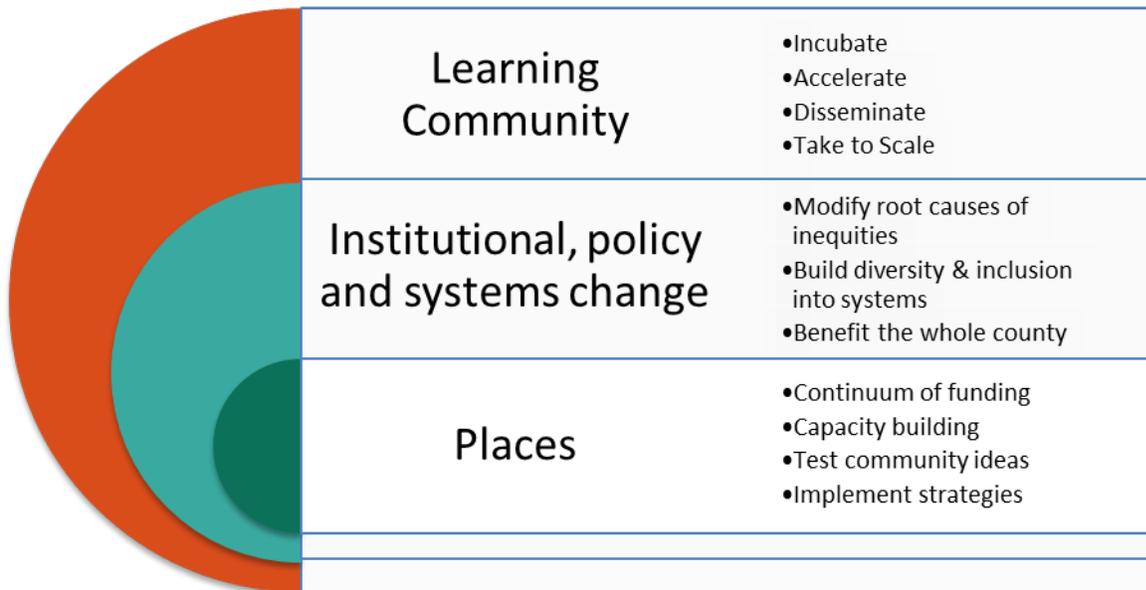
- 2726
- 2727 • All people thrive economically.
- 2728 • All people are connected to community and have a voice.
- 2729 • All people have quality, affordable housing.
- 2730 • All people are healthy.

2731

2732

2733 The initial goal of COO is to see a seven percent improvement in health and well-being outcomes over
 2734 ten years in the COO place-based sites. The seven percent improvement will be measured from current
 2735 baseline indicator measures. Examples of these population-level improvements include an increase in
 2736 life expectancy and decrease in involuntary displacement of local residents. Evaluation will also track
 2737 shorter-term improvements such as number of new jobs filled by local residents and number of
 2738 properties acquired for affordable housing. The intent is to start in select places and build momentum
 2739 to begin to close the gap in health and well-being outcomes for all communities with much to gain.
 2740 Strategies and evaluation processes regarding displacement will be used to try to avoid a scenario where
 2741 health and well-being outcomes improve primarily due to displacement of lower-income people and
 2742 communities of color.

2743 COO THEORY OF CHANGE: THREE INTERLOCKING ELEMENTS



2744
 2745
 2746 The overarching Communities of Opportunity Initiative’s theory of change is based on the notion of
 2747 collective impact¹⁰⁸ which seeks to deploy cross-sector partnerships to make bold and substantial
 2748 positive change. Communities of Opportunity operates across three interlocking elements: 1) Places, 2)
 2749 Institutional, systems and policy change, and 3) Learning Community. Coordinating and sustaining
 2750 efforts across these three elements will achieve a different type of change than initiatives focused on
 2751 one of these elements alone.

2752
 2753 Communities of Opportunity’s approach will produce:

- 2754 • Change that is **community-driven** and thus **responsive** to the needs and the desired solutions of
 2755 those communities;
- 2756 • Change will be **sustainable** because it will be rooted in the community, will use community
 2757 assets and will be developed through a process that builds capacity to sustain that change and
 2758 will include institutional-level, systems-level and policy-level reforms; and
- 2759 • Change that will be **replicable** by creating an environment in which successes and pitfalls of the
 2760 processes for change will be shareable with others working on similar issues or with similar
 2761 communities
 2762

2763
2764 The graphic above summarizes the interlocking nature of the three elements underpinning Communities
2765 of Opportunity’s theory of change. Below is a description of these elements.

2766
2767 **PLACE.**

2768
2769 **The problem.** The patterns of inequitable health and well-being outcomes across our region are
2770 unacceptable.

2771
2772 **The solution.** COO will aim to close the gap in equity outcomes between different places in King County
2773 so that all King County residents, regardless of where they live, will thrive and live long lives at optimal
2774 health.

2775
2776 **INSTITUTIONS, SYSTEMS AND POLICY.**

2777
2778 **The problem.** Sustainable change cannot be achieved without also changing the broader structures
2779 (institutions, systems and policies) that created inequities.

2780
2781 **The solution.** COO will coordinate investments to reform the institutions, systems and policies that
2782 create and perpetuate inequities in specific places and throughout the entire region. An example could
2783 be a local grocery store changing a policy to allow local residents the first opportunity to apply for open
2784 jobs. Over time, these policy changes can take hold across the region. The COO theory of change
2785 depends on this work taking place concurrently and with shared accountability across partners.

2786
2787 **LEARNING COMMUNITY.**

2788
2789 **The problem.** Working in silos restricts the ability to create broad partnerships, to learn from
2790 approaches that work, to learn from failures, to scale programs and to magnify impact.

2791
2792 **The solution.** A learning community or community of shared practice will create spaces (both actual and
2793 virtual) for communities and organizations to share the work they have undertaken. These spaces will
2794 foster collaboration across places and amongst organizations and/or actors. More broadly, the learning
2795 community will facilitate momentum-building at a regional level.

2796
2797 **HOW WE WILL WORK TOWARD OUR THEORY OF CHANGE**

2798
2799 To realize the theory of change, COO envisions a new type of partnership with communities, leaders,
2800 practitioners, and other stakeholders. While working on poverty and equity issues is not new, COO’s
2801 approach is. COO seeks to align community-driven solutions that emerge through a co-design process
2802 with government (King County and cities), private and philanthropic efforts. COO will achieve this
2803 alignment as follows:

- 2804
2805 • **Building Cross-Sector Leadership and Partnership Tables or Groups.** By this we mean that COO will
2806 create partnership and leadership tables or groups between and among:
2807 ○ Different types of institutions and community organizations that will work together toward
2808 common, COO-related objectives. These institutions and organizations can include government
2809 departments, philanthropic entities, intermediary organizations¹⁰⁹, community-based non-profit

2810 and grassroots organizations, faith-based organizations, community members and private
 2811 business leaders.
 2812 ○ A range of subject matter and context experts from institutions, organizations and communities
 2813 working across COO-related content areas—housing, health, economic development, workforce
 2814 development, capital investment, community development, built environment, early learning,
 2815 and community-based leadership.

2816
 2817 These cross-sector partnerships and tables will lend their experience and expertise to achieving
 2818 common results. Furthermore, these partnerships and tables will expand the reach of COO work in
 2819 the region as each member is necessarily connected to a broader network of actors.

- 2820
- 2821 ● **Using a Collective Impact Methodology.** Collective impact is a data-driven process for addressing
 2822 complex societal issues. Collective impact work or methodologies seek to deploy cross-sector
 2823 partnerships to make bold and substantial positive change. In COO, collective impact means that
 2824 those working on this initiative will:
 - 2825 ○ Share a common vision for change
 - 2826 ○ Share an agenda for collecting data and for measuring common results consistently
 - 2827 ○ Commit to hold each other accountable, engage in open communication to build trust, and
 2828 engage in mutually reinforcing activities
 - 2829 ○ Agree to ensure community voice is heard and integrated into the work
 - 2830 ○ Agree to provide adequate backbone support for the work across all aspects of COO including
 2831 adequate support for community partnerships.
 - 2832
 - 2833 ● **Co-designing Programs or Projects.** Co-design means that institutions/funders administering a
 2834 program work side-by-side with leaders and people in the communities that are most impacted. Co-
 2835 design is structured to promote community ownership of the solutions that emerge from the design
 2836 process. This methodology will be employed in recognition that direct stakeholders’ interests are
 2837 integral to the design process as well as to the adequacy and sustainability of any proposed
 2838 “solution.”¹¹⁰
 2839
 - 2840 ● **Encouraging a Culture of Innovation.** COO will foster a culture of innovation. It will do so through
 2841 being open to new information, ideas and ways of defining complex problems, including developing
 2842 multiple interpretations of the source of complex problems as well as the ways through which these
 2843 can be solved. COO will recognize that innovation can lead to taking risks. COO will seek to
 2844 continuously improve and will work tirelessly toward shared goals.
 2845
 - 2846 ● **Aligning Funding.** COO will work to align funding between sources—public, private and
 2847 philanthropic. COO’s culture of innovation is producing new ideas and models for bringing leveraged
 2848 financing and other resources to bear in support of COO strategies and indicators. This includes
 2849 examining current funding streams across sectors and working with stakeholders to align these to
 2850 reduce inequitable health outcomes.
 2851
 - 2852 ● **Applying Results-Based Accountability.** Results-Based Accountability (RBA) is a set of tools¹¹¹ that
 2853 communities can use to improve the lives of children, youth, families, adults and communities as a
 2854 whole over time. RBA uses a data-driven, decision-making process. RBA starts with end results and
 2855 works backwards towards identifying the strategies to reach those ends. To date, COO partners have
 2856 worked with COO staff to jointly develop headline indicators to measures progress toward reaching
 2857 results and strategy areas to be implemented. The COO RBA framework is found in Appendix 8.

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- **Maintaining a Focus on Equity.** Communities of Opportunity will focus on improving health and well-being outcomes in the 40 percent of the County with the most inequitable health and well-being outcomes. By improving these areas of the County we will improve the conditions, health and prosperity of our region as a whole.
- **Tracking and Applying Best Practices.** There is a growing national body of evidence beginning to emerge on the impacts of cross-sector partnership work. COO will track developments on best practice models from elsewhere and adapt these best practices locally. COO’s connections with national initiatives, such as the Living Cities Integration Initiative,¹¹² allows for more seamless adoption of best practice models.

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

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

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

2881 **COMMUNITIES OF OPPORTUNITY BSK INVESTMENT STRATEGIES**

2882
 2883 Communities of Opportunity will fund three strategy areas with one to three sub-strategies in each area.
 2884 All strategies will aim to improve health and well-being outcomes. All strategies are based on the COO
 2885 Theory of Change and all work to implement these strategies will be undertaken in a manner consistent
 2886 with the COO approach. No funding levels or percentages are identified for each of the seven funding
 2887 strategies because maintaining flexibility will allow the COO Initiative to: 1) be more responsive to
 2888 emerging needs; 2) be nimble, adaptive and opportunistic when possibilities to focus COO work arise
 2889 that can have the greatest impact; and 3) leverage other investments.

2890
 2891 **COO Investment Strategies**

2892 COO is working to bring in other funding sources, thus it is important to retain flexibility in allocating
 2893 amounts to the investment areas. In addition, COO works in an adaptive model to develop community-
 2894 centered innovations. Such adaptive work may need flexibility in investment areas as learning
 2895 progresses, and as needs for specific types of investment may vary in a given year, such as the strategic
 2896 investments in the Learning Community category. The below percentages in the three investment area
 2897 strategies are proposed for the next two years (2017-18 biennium) and will collectively correspond to
 2898 the 86% available BSK/COO funding after 14% annual staffing and administrative costs are subtracted.

2899

	Strategy	RFP or similar competitive process?	Investment percent ranges
Strategy Area One – Places: Awards to Community Partnerships			
A	Investments in original place-based sites (SeaTac/Tukwila, White Center, Rainier Valley)	No	20% to 25%
B	Awards to other place-based sites (newly formed partnerships and well-formulated partnerships)	Yes	20% to 25% (combined)
C	Awards to cultural communities (newly formed partnerships and well-formulated partnerships)	Yes	
Strategy Area Two - Institutional, System and Policy Change			
A	Institutional, system and policy change awards	Yes	10% to 15%
Strategy Area Three - Learning Community			
A	Strategic Investments to Benefit COO Partners Broadly	No	15% to 25%
B	Forums	No	5% to 10% (combined)
c	Technical Assistance	No	
COO Staffing & Administration		No	14%

2900
 2901 Among these strategies, three are expected to be awarded through a competitive application process
 2902 (e.g., RFP) as noted above. Other funding will be subject to the standard King County procurement
 2903 processes for service contracts, as applicable.
 2904

2905 **Places: Awards to Community Partnerships.** COO will invest in community-based partnerships in the
 2906 three sub-strategies. Each of these sub-strategies applies a different definition of “community” in order
 2907 to target the range of regional needs, but all are connected to the Theory of Change element “Places.”
 2908

- 2909 • **Place-Based Communities: Original COO Sites.** Communities of Opportunity recognizes that
 2910 community-driven change that seeks to address unequal health and well-being outcomes, some of
 2911 which may be rooted in long histories of structural and historic inequities, takes time. The original
 2912 three COO place-based sites—Rainier Valley, SeaTac/Tukwila and White Center were chosen
 2913 through a competitive process in March 2015. When these sites were selected, the COO founders
 2914 (King County and The Seattle Foundation) discussed the importance of providing backbone
 2915 resources for a five-year period. This goal was discussed to allow for time to fully develop the
 2916 community stakeholder tables and partnerships, to develop solutions in partnership with
 2917 stakeholders and individuals in the communities, and to deploy, test and refine proposed solutions
 2918 in an adaptive model. Strategies carried out in the sites can be taken to scale and lessons learned
 2919 can inform practices across the county.
 2920

2921 Annual investments, if any, in these three original place-based sites will be made as follows: 1)
 2922 place-based sites will develop priority strategies; 2) place-based sites will develop an
 2923 implementation plan for these priority strategies; 3) place-based sites will apply for BSK funding to
 2924 support priority strategies; 4) the COO Advisory Board will review applications, work with sites and
 2925 applicant agencies to revise them as necessary and make recommendations to the Executive and
 2926 Council for annual BSK funding allocations to support these priority strategies. Awards have been
 2927 made to the lead agencies to date, but could be made to participating partner agencies at each site
 2928 over the life of the levy.
 2929

2930 **Place-Based Communities: Expansion.** The original three COO sites met the original selection
 2931 criteria: they were located in a census tract that scored in the bottom quintile (20%) countywide of
 2932 an index of health and well-being indicators. Recognizing that geographic pockets of health and
 2933 well-being disparities exist countywide, both newly formed partnerships and strong community
 2934 partnerships located in census tracts that score in the bottom fortieth¹¹³ percentile of the COO index
 2935 of health and well-being indicators may be funded. In addition, smaller pockets in isolated rural
 2936 communities with significant disparities compared to the larger census tract in which they are
 2937 located will be eligible.
 2938

2939 In addition to the indicators included in the COO index of health and well-being indicators described
 2940 above, there are many other potential indicators of disparity which may result in poor health and
 2941 well-being outcomes in our communities. For example, King County formally recognizes
 2942 Determinants of Equity that include access to education, affordable housing, health and human
 2943 services, family wage jobs and safe and efficient transportation. Outcomes may also be affected by
 2944 rapid rates of change in these determinants – e.g., a rapid increase in housing costs can result in
 2945 displacement of communities with resultant impacts on outcomes. For these reasons, as
 2946 programming under these strategies continues, the COO Advisory Board may review whether
 2947 additional or expanded geographic areas are facing challenges similar to the challenges being faced
 2948 in those areas identified in the bottom 40th percentile of the COO index of health and well-being
 2949 indicators and, after this review, may expand eligibility for place-based communities awards.
 2950

2951
 2952 These awards will be made through an RFP process.

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

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

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

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

2969

2970 **Institutional, System and Policy Change Awards.** The COO initiative will continue to have an RFP
 2971 process for organizations of various sizes to engage in work to build diversity, equity and inclusion into
 2972 the institutions, systems, business models and policies that shape our communities, environment,
 2973 planning and growth, in order to promote thriving communities and close gaps in health and well-being
 2974 among King County residents.

2975
 2976 Grantees in this category will work under the COO Results Framework, toward the same indicators of
 2977 progress and common results as the place-based sites. These grantees will also be asked to partner or
 2978 collaborate with geographic and/or cultural communities where there is overlap on issues being
 2979 addressed and their respective talents can be leveraged. These investments will only be made for
 2980 projects appropriate for receipt of public funding.

2981
 2982 **Learning Community**

2983 A learning community or community of practice is a new element of COO. The COO Learning Community
 2984 will catalyze the broader regional community to work together towards shared results, and to ensure
 2985 structural support that will broadly benefit grantees and partners. The Learning Community will be
 2986 designed to foster a regional innovation culture that can take equity-based work to greater scale, and
 2987 will be open to participation from interested partnerships and groups across King County that may or
 2988 may not have received COO funding awards or other BSK funds. The learning community vision is to:

- 2989 - Share valuable tools and learnings through stronger regional relationships with other
- 2990 partnerships, initiatives and communities doing similar work
- 2991 - Support organizations and community-based partnerships in the County desiring to begin
- 2992 such work or to sustain such work towards more equitable local outcomes
- 2993 - Build a cohesive regional learning culture that sets bold collective goals
- 2994 - Leverage funding efficiently across a network of COO participants and strategies

2995
 2996 • **Strategic Investments to Benefit COO Partners Broadly.** COO will make investments of BSK levy
 2997 funds in strategies to benefit COO partners broadly, such as investments in data collection, systems
 2998 or analysis, or matching funds to leverage other public or private funds.

3000 • **Forums.** As part of the regional learning community strategy, COO will fund the convening of forums
 3001 to unite grantees, projects and initiatives in the region doing similar work to address inequitable
 3002 disparities in health and well-being outcomes. In these forums, attendees will share progress and
 3003 lessons learned and have the opportunity to develop substantive linkages in the cross-cutting areas
 3004 of health, housing, community connections and economic prosperity. Staff will disseminate
 3005 information on COO-related funding opportunities.

3006
 3007 • **Technical Assistance.** Participants in the learning community will receive training and technical
 3008 assistance directly from, or facilitated by, COO staff and will receive access to measurement and
 3009 evaluation tools. This may include proactive outreach to communities to help them build capacity to
 3010 engage with the COO initiative and benefit from COO opportunities.

3011
 3012 **BALANCING COO-BSK INVESTMENT STRATEGIES**

3013
 3014 As noted earlier in the document, this implementation plan does not include a precise investment
 3015 amount or percentile per investment category in order to retain flexibility to: 1) be more responsive to

3016 emerging needs; 2) be nimble and opportunistic when possibilities to focus COO work arise that can
3017 have the greatest impact; and 3) leverage other investments.

3018
3019 A COO Governance Group will also serve as the COO Advisory Board for BSK levy proceeds (see the
3020 Communities of Opportunity history in Appendix 9 for more information regarding governance). The
3021 duties of the COO Advisory Board will be to review and make advisory recommendations to the
3022 Executive and Council concerning the use of levy proceeds for the COO element of the BSK Levy.

3023
3024 Every year the COO Advisory Board will review and analyze the private and other public funds available
3025 for the year, the BSK funds available to COO for the year, and the status and progress of the activities in
3026 each of the investment strategies. This review and analysis will be used to inform recommendations
3027 regarding the percentages of the COO BSK Levy funds that will be allocated to each of the investment
3028 strategies described in this implementation plan. COO annual and other reports to Council will specify
3029 the amount and use of private as well as public (BSK levy and other) funds to make awards and clearly
3030 delineate public vs. private investments to ensure appropriate and allowable use of public funds.
3031 Approximately \$5,275,000 or 14% of the \$36,996,000 in BSK levy proceeds allocated to COO will support
3032 approximately 4 FTE staff and related costs for the remainder of the life of the levy.

3033
3034 The COO Governance Group will simultaneously be making decisions regarding significant annual
3035 allocations of private and other public funds in the COO investment areas, and will need to be able to
3036 balance the best use of private funds, which typically have fewer restrictions, with the use of public
3037 funds, which have some restrictions.

3038
3039

3040 MANAGEMENT OF COO-BSK FUNDS

3041
3042 The Department of Community and Human Services (DCHS) will administer all of the COO-BSK Levy
3043 funds within its department budget, under the oversight of the Chief Financial Officer. DCHS will
3044 coordinate with Public Health Seattle & King County (PHSKC) regarding COO-BSK Levy-funded contracts
3045 or grants for which it may be advantageous that PHSKC be the administrator.

3046

3047 Competitive Funding Processes for Investment Strategies

3048
3049 DCHS will work in collaboration with PHSKC and The Seattle Foundation, as well as with the COO
3050 Advisory Board, to plan for a regular cycle of competitive funding processes to award COO-BSK levy
3051 funds through RFPs, or a similar award process, such as Letters of Interest in funding opportunities.

3052
3053 A review team will be appointed for COO-BSK Levy competitive award processes, with appointments
3054 made by the founding partners – King County and the Seattle Foundation – considering
3055 recommendations by the COO Advisory Board, and based upon the context and/or content expertise
3056 required for a particular funding process. Processes may include conducting interviews with the highest-
3057 ranked community applications, along with the review of their written application materials.

3058
3059 As discussed previously, COO will need more flexibility than traditional funding programs of King County
3060 due to:

- 3061 • the combination of resources invested in COO beyond the BSK levy investments,

- 3062 • the learning and innovation culture nature of COO in which adaptation and responsiveness to
3063 community needs is vital, and
- 3064 • the expectation that COO will catalyze other public and private resources and funding
3065 innovations.

3066 Flexibility will allow COO to provide a continuum of funding approaches that meet the real-time needs
3067 of interested communities, to meet community partnerships where they are starting from, and to
3068 support them in making progress.

3069
3070 **Communities of Opportunity Recommendations and Communication with King County Council**

3071
3072 The governance group for COO (COO Advisory Board) will submit recommendations to the King County
3073 Executive and Council for expenditures of BSK levy funds allocated to COO at least annually. The
3074 Executive will cite any relevant recommendations of the COO Advisory Board in requests for
3075 appropriations from BSK levy funds transmitted to Council as part of the biennial budget process or at
3076 any other time.

3077
3078 A proposed ordinance regarding the Communities of Opportunity Advisory Board, which responds to
3079 Ordinance 18220, was transmitted to Council simultaneously with the transmittal of the BSK Levy
3080 Implementation Plan. Under Ordinance 18220 and the proposed legislation, Council and the Executive
3081 each have one direct appointment on the COO Advisory Board. In addition to direct Council
3082 representation at the COO governance table, reports on COO will be included as a component of all BSK
3083 reports (including annual BSK reports and the BSK evaluation plan and reports), including information on
3084 the progress of COO funding rounds, coordination with partners, and evaluation pursuant to COO
3085 process goals and the COO Results-Based Accountability framework measures.

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SECTION VIII
EVALUATION AND PERFORMANCE MEASUREMENT FRAMEWORK

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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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3091

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.

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The primary purpose of evaluation and performance measurement will be to inform strategic learning and accountability.¹¹⁴ **Strategic learning** refers to both the need for real-time data to inform ongoing work and to understand which strategies are effective and why. **Accountability** refers to both the need to hold entities responsible for the activities they were given funding to do and to determine if a credible case can be made that the work contributed to BSK results. This is different from evaluations designed to prove definitive causality, which may be planned for a subset of strategies.

Estimated funding levels

2016: \$863,000

2017-2021

average:

\$3,312,000

Evaluation, including investments such as:

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

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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 the capacity of community-based organizations to make data-informed decisions, and conduct evaluation and performance measurement.

Evaluation Principles

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3118

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

- 3119 • **Systematic inquiry.** Conduct systematic, data-based inquiries.
- 3120 • **Integrity.** Display honesty and integrity in the evaluation process.
- 3121 • **Respect for people.** Respect the security, dignity, time, capacity, and interests of respondents and
- 3122 stakeholders.
- 3123 • **Cultural competence.** Recognize and respond to culturally different values and perspectives in order
- 3124 to produce work that is honest, accurate, respectful and valid.

3125

3126 **BSK Results and Related Evaluation Framework**

3127

3128 Evaluation and performance measurement will allow all BSK stakeholders to understand how/if levy

3129 investments are achieving the three BSK results:

3130

- 3131 • **Babies are born healthy and establish a strong foundation for lifelong health and well-being.**
- 3132 • **King County is a place where everyone has equitable opportunities to be safe and healthy as they**
- 3133 **progress through childhood, building academic and life skills to be thriving members of their**
- 3134 **community.**
- 3135 • **Communities offer safe, welcoming, and healthy environments that help improve outcomes for all**
- 3136 **of King County’s children and families, regardless of where they live.**

3137

3138 For evaluation purposes, it is important to consider how populations differ across BSK’s multilevel

3139 implementation. The BSK model assumes that the combined investments will contribute to geographic

3140 population-level results, *understanding that many additional factors will also influence population*

3141 *results.* While investments will be made in multiple programs and systems, some may naturally group

3142 together into strategy areas. Individuals, or in some cases, geographic populations served by strategy

3143 areas, are expected to benefit. At the program level, the beneficiaries are expected to be individuals,

3144 defined as those directly served by or exposed to the program or strategy.

3145

3146 **METHODS**

3147

3148 The evaluation will draw from both qualitative and quantitative methods. As appropriate, the evaluation

3149 may include case study, longitudinal cohort, cross-sectional, pre-post, and/or quasi-experimental

3150 designs. Using a participatory approach,¹¹⁵ the data and evaluation team will work closely with BSK

3151 leadership, staff, and an evaluation advisory group, which will comprise stakeholders such as the

3152 Children and Youth Advisory Board, Science and Research Panel and BSK partners and stakeholders, to

3153 optimize performance monitoring and evaluation. For example:

3154

- 3155 • Prioritize evaluation questions within allocated resources
- 3156 • Develop logic models, indicators, performance measures and/or data collection protocols
- 3157 • Review findings
- 3158 • Develop dissemination materials

3159

3160 **Sample Evaluation Questions**

3161

3162 The BSK evaluation is conceptualized to answer process and impact questions at three levels. Examples

3163 of questions include:

3164

- 3165 • At the **population level**, what was the combined impact of BSK investments on population-level
3166 indicators of health and well-being? Did BSK contribute toward equity at the population level? What
3167 improvements in services, systems, social and physical environments did BSK investments
3168 contribute to? Looking across the BSK portfolio, what were lessons learned about barriers and
3169 contributors to success?
- 3170 • Similarly, for each **strategy area** of investment, what improvements in health and well-being were
3171 experienced by relevant populations or individuals served within a strategy area? What
3172 improvements were made in relevant services, systems, and environments?
- 3173 • At the **program level**, what improvements in health and well-being did individuals¹¹⁶ experience?
3174 What improvements were made in how well and how many clients were served?
3175

3176 **Population-Level Evaluation**

3177
3178 Using a serial cross-sectional design, the population-level analyses will compare population-level
3179 indicators over time, and by demographic characteristics (for example, by age, race, ethnicity, place,
3180 socioeconomic status and gender, where data are available). Measures will use data from population-
3181 based surveys and sources including, but not limited to:

- 3182 • Washington State Department of Health (birth and death records)
- 3183 • Office of the Superintendent of Public Instruction
- 3184 • Washington State Department of Social and Health Services, Children’s Administration
- 3185 • Washington State Healthy Youth Survey (a biennial survey of grades 6, 8, 10, and 12)
- 3186 • Behavioral Risk Factor Surveillance System (BRFSS) (a yearly survey of adults age 18 and older)
- 3187 • BSK Health Survey (a new survey funded by BSK)

3188
3189 To track indicators among a population-based sample of King County children ages six months to 12
3190 years, King County will implement a new BSK Health Survey in fall 2016 and repeat it every two years.
3191 Although there are strong existing data sources for children around the time of birth, and in middle and
3192 high school, there are no existing population-level data sources for children in-between those ages:
3193 toddlers, preschoolers, and elementary-aged children. Very little is known about their health status, risk
3194 factors, resiliency, family/community supports or child-care arrangements. These are the very things
3195 that BSK is working to strengthen.
3196

3197
3198 The new BSK Health Survey will fill gaps in data and provide information to inform activities and track
3199 population-level indicators among these children. Questions will be answered by a knowledgeable adult
3200 in the household. Questions will cover the areas of demographics, overall health, child and family
3201 resiliency, breastfeeding, use of preventive health care services, experience with health care providers,
3202 child development, physical activity and obesity, child-care arrangements and family and community
3203 supports.
3204

3205 **Population Indicators and Performance Measures**

3206
3207 BSK will *contribute* to improving population indicators (for example, on-time high school graduation).
3208 BSK is *accountable* for performance (e.g. how much, how well, is anyone better off) of BSK strategies.
3209 **Population indicators** are about a population (for example, young adults in King County). **Performance**
3210 **measures** are about individuals who are directly served by the program.
3211

3212 A full description of the indicators is included in Section II of this implementation plan. A full explanation
 3213 of the technical definitions for the headline indicators, and a list of example secondary, supporting
 3214 indicators are included in Appendix 1.
 3215

3216 **Strategy Area and Program-Level Evaluation**

3217
 3218 Following the population-level approach, each strategy area will compare population-level indicators
 3219 identified for each group. Strategy areas may also include evaluations to learn what impact was
 3220 experienced by individuals. Qualitative evaluation methods will be used to provide complementary
 3221 information to help gain in-depth understanding of impacts and results on specific communities where
 3222 reliable statistical estimates are not available because of small sample size.
 3223

3224 All programs will have performance metrics to track progress toward implementation milestones:

- 3225 • *How much was done?* Such as people served or, staff trained
- 3226 • *How well was it done?* Such as improved access, timeliness or appropriateness of service
- 3227 • *Is anyone better off?* Such as improved health and well-being

3228
 3229 These metrics will inform continuous quality improvement efforts throughout the life of the BSK Levy.
 3230

3231 Performance measures will be determined in the development of RFP's or specific project level funding
 3232 approaches. Performance measures and feasible data collection methods will be identified and
 3233 developed for each program and incorporated into contracts. Performance measures, including targets
 3234 and measures incorporated within contracts, will be reviewed on a pre-determined (such as annual)
 3235 basis over the life of the levy.
 3236

3237 **Measuring Policy, Systems and Environmental Change**

3238
 3239 We will consider a process evaluation to detail policy and system impacts, and lessons learned, about
 3240 implementation of overall strategies. The process evaluation will describe the broader context in which
 3241 BSK occurs. Where feasible, we may estimate the reach and magnitude of each policy, system or
 3242 environmental change to describe the estimated impact at community and county levels.
 3243

3244 Evaluation of the cumulative effect of multiple BSK interventions will be challenging. We may investigate
 3245 the degree to which BSK interventions are coordinated and mutually reinforcing, producing an effect
 3246 beyond the impact of each strategy. The evaluation may include interviews of key informants about the
 3247 degree to which other BSK interventions positively impacted their work to capture synergies, and their
 3248 impressions of changes at the community level.
 3249

3250 **Candidates for More Extensive Evaluation**

3251
 3252 There is a continuum of evaluation strategies that range from simply verifying that something
 3253 happened, to comparing intervention results with a statistically valid control group to ascertain
 3254 causality.¹¹⁷ BSK will deploy a number of programs that already have an existing evidence basis. To the
 3255 extent this can be done, the evaluation can be simplified. As the causal connection between the
 3256 program and expected results has already been demonstrated, the evaluation can use contract or
 3257 performance monitoring to focus on measuring the quantity of BSK funded services and their results.
 3258

3259 BSK will also implement strategies based on emerging best practices. This may include situations where
 3260 a proven program/best practice must be substantially modified in order to be tailored to specific
 3261 populations served by BSK. In these cases, a program can be designed that incorporates elements and
 3262 practices that are found in similar proven programs. Evaluation of these programs will emphasize
 3263 ongoing monitoring and early feedback so that any necessary changes can take place in a timely
 3264 manner. Short-term results will be identified that demonstrate that the longer-term desired outcomes
 3265 are likely to be reached. This supplemental, formative type of evaluation will help ensure that the
 3266 program is functioning as intended.

3267
 3268 BSK may also invest in innovative strategies, which may call for more rigorous evaluation to show causal
 3269 effect as well as lessons learned. Examples of rigorous evaluation may include case control or quasi-
 3270 experimental designs that include resource intensive data collection. The data and evaluation team will
 3271 work with the evaluation advisory group to develop and apply a set of criteria for identifying candidate
 3272 projects that are high priority for rigorous evaluation. Considerations may include:

- 3273
 3274
- Potential for having a big reach related to health equity
 - 3275 • Implementation in new settings or with new populations
 - 3276 • Likelihood of seeing immediate change in indicators of well-being or healthy environments
 - 3277 • Filling a gap in the evidence base
 - 3278 • Having sustainable sources of data to be able to track change over time

3279
 3280 **Youth and Family Homelessness Prevention Initiative Independent Evaluation.** DCHS will seek to
 3281 obtain philanthropic funding to secure outside evaluation on program outcomes and the effectiveness
 3282 of the program model for the Best Starts for Kids Youth and Family Homelessness Prevention Initiative.
 3283 It is the intent of the County that an independent evaluation will be conducted for this initiative. The
 3284 County anticipates that it will use funds from the Best Starts for Kids levy consistent with Ordinance
 3285 18088 Section 5.C.4. to support this independent evaluation. If philanthropic funds for an independent
 3286 evaluation are secured, those funds will be used to supplement Best Starts for Kids levy funds used for
 3287 evaluation. An evaluation on the first year and a half of the Youth and Family Homelessness Prevention
 3288 Initiative will be completed no later than June 1, 2019, and will be transmitted to the King County
 3289 Council as part of the required Youth and Family Homelessness Annual Report.

3290
 3291 **Engagement with Key Stakeholders**

3292
 3293 The data and evaluation team will work closely with BSK leadership, staff and an evaluation advisory
 3294 group, which will comprise stakeholders such as the Children and Youth Advisory Board, Science and
 3295 Research Panel, and BSK partners and stakeholders. The data and evaluation team will meet monthly
 3296 with BSK implementation leads to review evaluation progress. The team will also provide updates to
 3297 stakeholders, including the Children and Youth Advisory Board, the Science and Research Panel,
 3298 community partners, Council, and the public. As opportunities arise, the data and evaluation team will
 3299 partner with external evaluators to seek additional resources or expand capacity for evaluation. The
 3300 data and evaluation team will also explore opportunities for sharing data with community partners.

3301
 3302 **Evaluation Timelines**

3303
 3304 BSK strategies and programs will begin at different times and reach their respective conclusions on
 3305 different schedules. Data points may be readily available or may require system upgrades prior to

- 3306 access. Evaluation timelines will accommodate these considerations:
- 3307
- 3308 • When the program will start, or when BSK funds become effective
- 3309 • Time needed until each indicator can be measured
- 3310 • Point at which a sufficient number of individuals have reached the outcome to generate a
- 3311 statistically reliable result
- 3312 • When indicator data will be available
- 3313 • When baseline data will be available, if needed
- 3314 • Time needed for data collection, analyses and interpretation of qualitative data
- 3315 • Contractual requirements for reporting process and results data
- 3316

3317 **REPORTING AND DISSEMINATION PRODUCTS**

3318

3319

Required BSK Reports*

Due Date	Report Description	Ordinance basis
May 2017	Youth and Family Homelessness Prevention Initiative (YFHP) Outcomes report	18285
During the first two years of the levy and continuously, as needed or requested	Progress briefings by executive staff	--
July 1, 2017	BSK Evaluation and Performance Measurement Plan	PO 2016-0281
~Oct./Nov. 2017	BSK First Annual Performance and Evaluation Report (First Annual Report)	PO 2016-0281
June 1, 2018	YFHP Outcomes Report	18285
June 1, 2018	BSK Annual Performance and Evaluation Report	PO 2016-0281
June 1, 2019	BSK Annual Performance and Evaluation Report + YFHP Initiative Outcomes Report + report on Independent Evaluation of first 1.5 years of YFHP	PO 2016-0281 + 18285
June 1, 2020	BSK Annual Performance and Evaluation Report + YFHP Outcomes Report	PO 2016-0281 + 18285
June 1, 2021	BSK Annual Performance and Evaluation Report + YFHP Outcomes report	PO 2016-0281 + 18285
June 1, 2022	BSK Annual Performance and Evaluation Report + YFHP Outcomes Report	PO 2016-0281 + 18285

3320 *All BSK General reports will include reporting on COO components as well as 0-5 and 5-24 strategies.

3321

3322 The reports and products listed in the table above are further described below:

3323

3324 • **BSK Evaluation and Performance Measurement Plan.** The Best Starts for Kids Evaluation and
3325 Performance Measurement Plan will be completed and transmitted no later than July 1, 2017. That
3326 plan will specify performance measures and qualitative methods, after the specific portfolio of
3327 investments are procured. That plan will include evaluation and performance measurement
3328 information for the Communities of Opportunity initiative. Updates to this plan will be reported as
3329 part of subsequent Annual Reports. The BSK Evaluation and Performance Measurement Plan shall
3330 be developed in consultation with and respective components reviewed by the Children and Youth
3331 Advisory Board and the Communities of Opportunity Advisory Board before transmittal. Each
3332 advisory board shall consult on and review the respective portion of this plan over which they have
3333 been charged with oversight.

3334

3335 In developing the Evaluation and Performance Measurement Plan, the following indicators shall be
3336 included:

- 3337 ○ A secondary indicator or several secondary indicators that explore a broader measure of
3338 success than whether or not a youth or young adult is either employed or in school
- 3339 ○ A secondary indicator that tracks civic activity for youth 18-24 years old
- 3340 ○ A secondary indicator that tracks reduced contact with the criminal justice system

3341

3342 • **BSK First Annual Performance and Evaluation Report (BSK First Annual Report).** No later than one
3343 year after the effective date of the ordinance approving this implementation plan, the Executive will
3344 transmit the BSK First Annual Performance and Evaluation Report describing the programs funded
3345 and outcomes for the children, youth, families and young adults served. The BSK First Annual Report
3346 shall be developed in consultation with and respective components reviewed by the Children and
3347 Youth Advisory Board and the Communities of Opportunity Advisory Board before transmittal. Each
3348 advisory board shall consult on and review the respective portion of annual reports on BSK
3349 programming over which they have been charged with oversight.

3350

3351 BSK Annual Reports, described below, including the BSK First Annual Report, will also include a chart
3352 with information on any awards to date, since the last reporting cycle, made under Communities of
3353 Opportunity. That chart will provide the name of each award recipient, the amount of the award, a
3354 description of the work for which the award was granted, and the source of the award. With respect
3355 to the award source, if public funds are blended with any other fund source then a break-down of
3356 the multiple sources and amounts will be provided. For any public funds used, this chart will clearly
3357 denote that each public fund award within this strategy area was not awarded to undertake a
3358 prohibited body of work.

3359

3360 The BSK First Annual Report to council can include, but is not required to include, information on the
3361 Youth and Family Homelessness Prevention Initiative. If information on this initiative is provided,
3362 that information will not substitute for the required stand-alone report on program outcomes to
3363 council on that initiative due to be transmitted by June 1, 2018, as outlined in the Youth and Family
3364 Homelessness Prevention Initiative Implementation Plan.

3365

3366 • **BSK Annual Performance and Evaluation Reports (BSK Annual Reports).** BSK Annual Performance
3367 and Evaluation Reports will be transmitted with the first report using data from calendar year 2017
3368 no later than June 1, 2018. These BSK Annual Reports will provide data on the performance of levy-

3369 funded activities, including progress toward meeting overall levy goals and strategies, headline
3370 indicator measurements, performance metrics, lessons learned, and strategies for continuous
3371 improvement. Annual Reports shall be developed in consultation with and respective components
3372 reviewed by the Children and Youth Advisory Board and the Communities of Opportunity Advisory
3373 Board before transmittal. Each advisory board shall consult on and review the respective portion of
3374 annual reports on BSK programming over which they have been charged with oversight.

3375
3376 BSK Annual Reports will also include:

- 3377 ○ Any updated performance measure targets for the following year of BSK programs with
3378 information on the reason for any substantive changes
- 3379 ○ Recommendations on program and/or process changes to funded programs or strategies
3380 based on measurement and evaluation data or any other eventuality resulting in the need
3381 for substantive changes
- 3382 ○ Any recommended revisions to the BSK Evaluation and Performance Measurement Plan
- 3383 ○ Recommended performance measures and performance measurement targets for each BSK
3384 strategy as well as any new strategies that are established

3385
3386 BSK Annual Reports shall be transmitted by June 1 of each year through June 1, 2022. Starting with
3387 the BSK Annual Report due by June 1, 2019, the Youth and Family Homelessness Prevention
3388 Initiative will report as part of general BSK BSK Annual Performance and Evaluation Reports.

3389
3390 Joint reports notwithstanding, reporting on the Youth and Family Homelessness Prevention Initiative
3391 must comply with the additional reporting requirements outlined in the Youth and Family
3392 Homelessness Prevention Initiative Implementation Plan including, but not limited to:

- 3393 ○ A stand-alone program outcomes report for the Youth and Family Homelessness Prevention
3394 Initiative is required to be transmitted as by June 1, 2018;
- 3395 ○ An evaluation on the first 1.5 years of the Youth and Family Homelessness Prevention
3396 Initiative must be completed by June 1, 2019 and transmitted as part of that year's required
3397 annual report;
- 3398 ○ Annual reports on the Youth and Family Homelessness Prevention Initiative must report on
3399 program outcomes; and
- 3400 ○ Annual reports on the Youth and Family Homelessness Prevention Initiative must include
3401 information and analysis of the strategies being implemented and the effectiveness of those
3402 strategies aimed at ensuring that at-risk populations, including families and youth of color,
3403 immigrant and refugee families and youth, LGBTQ youth and victims of domestic violence,
3404 commercial exploitation and human trafficking, have access to providers who are trained
3405 and competent in meeting the unique needs of these at-risk populations.

- 3406
3407 ● **Progress Briefings.** Executive staff will be prepared to provide mid-term progress briefings to
3408 interested committees during the first two years of the levy and continuously, as needed or
3409 requested. Progress briefings will detail how funds are being allocated, the status of strategy and
3410 program implementation, design or policy changes, and challenges. The briefings will be meant to
3411 inform and support programs and will point to any needs for mid-course strategy or program
3412 modifications.

3413
3414 Any report required by this section shall be filed in the form of a paper original and an electronic copy
3415 with the Clerk of the Council, who shall retain the original and provide an electronic copy to all

3416 Councilmembers and all members and alternate members of the Regional Policy Committee, or its
3417 successor. Required reports shall be transmitted with a motion accepting the report.

3418
3419 The following additional information dissemination methods are anticipated for levy-funded activities:
3420

- 3421 • **Dashboards.** Evaluation staff will develop dashboards that reflect key indicators of population
3422 results that communicate results quickly and visually. These dashboards will be web-based and
3423 accessible to stakeholders and the community. We will disaggregate indicators by age, race,
3424 ethnicity, place, socioeconomic status, gender and other key demographic characteristics, where
3425 data are available. The dashboards for BSK investments, including a dashboard specific to
3426 Communities of Opportunity, are included in Appendices 10 and 11.
3427
- 3428 • **Other Products.** The data and evaluation team will work with the communications team and
3429 community partners to identify meaningful products for stakeholders, such as success stories.
3430 Success stories may describe the strategy, stakeholders’ roles, reach, impact, critical incidents, key
3431 decision points and lessons learned. *Ad hoc* products such as infographics and technical assistance
3432 related to data or evaluation findings for stakeholder presentations will also be considered.
3433

3434 **EVALUATION EXPERIENCE AND CAPACITY**

3435
3436 The data and evaluation team is a multidisciplinary group that includes master’s- and doctorate-level
3437 epidemiologists, social research scientists, demographers and staff from Public Health-Seattle & King
3438 County, the King County Department of Community and Human Services and the King County Office of
3439 Performance, Strategy and Budget. They are nationally known for their data analyses and evaluation
3440 expertise of large-scale community initiatives and have a strong record of using participatory
3441 approaches in designing and implementing evaluations. Together, they bring requisite quantitative and
3442 qualitative expertise including use of population and program data and systematic analysis of qualitative
3443 data.

3444
3445

**SECTION IX
JUNIOR TAXING DISTRICT LEVY PRORATIONING**

3446

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
--	--

3447

3448 **BACKGROUND**

3449

3450 Many jurisdictions in Washington state are authorized to levy property taxes, which require residents of
 3451 that jurisdiction to pay taxes based on the assessed value (AV) of their property. Each taxing district is
 3452 authorized to levy a property tax under a specific section of the Revised Code of Washington (RCW) that
 3453 provides authorization and provides a limit on the rate that the type of jurisdiction may charge. In
 3454 addition to these jurisdiction-specific authorizations, there are two RCWs that are relevant to this
 3455 section of the implementation plan:

3456

- 3457 1. *RCW 84.52.043 Limitations upon regular property tax levies.* This RCW states that the aggregate
 3458 level of junior taxing districts¹¹⁸ and senior taxing districts, other than the state, may not exceed
 3459 \$5.90 per thousand dollars of AV.
- 3460 2. *RCW 84.52.010 Taxes levied or voted in specific amounts – Effect of constitutional and statutory*
 3461 *limitations.* This RCW outlines a methodology for reducing the tax rate of taxing districts when the
 3462 aggregate rate for jurisdictions (other than the state) is higher than the \$5.90 limit required by RCW
 3463 84.52.043. The effect of this RCW is *prorating* (reduction) of junior taxing districts’ rates until the
 3464 aggregate level falls below the \$5.90 limit.

3465

3466 Property tax levy prorating occurs because taxing districts, have the individual taxing authority to
 3467 levy rates that, when combined, add to more than the aggregate property tax limit of \$5.90 per
 3468 thousand dollars of AV. When a senior taxing district, such as King County, levies a new or increased
 3469 property tax, it can result in more junior taxing districts having their levies prorated to a lower rate
 3470 and therefore receiving less revenue.

3471

3472 The hierarchy of taxing districts defined in RCW 84.52.010 creates a distinct order of operations for
 3473 which jurisdictions have their rates prorated when aggregate levels go above the \$5.90 limit. This
 3474 methodology is used by the King County Department of Assessments to certify levy rates that meet legal
 3475 requirements each year.

3476

3477 **BEST STARTS FOR KIDS ORDINANCE**

3478

3479 King County Ordinance 18088 identifies that BSK levy revenue can be used for eligible services provided
 3480 by junior taxing districts, to the extent the district is prorated, in two circumstances:

3481

- 3482 1. Ordinance 18088, Section 5, subsection C.4.c, states that “an amount equal to the lost revenues to
 3483 the metropolitan park districts resulting from prorating as mandated by RCW 84.052.010, up to

3484 one million dollars, shall be provided to those metropolitan park districts if authorized by the county
 3485 council by ordinance” for services that are eligible expenditures.

3486 2. Ordinance 18088, Section 5, subsection C.4.d states that eligible expenditures “provided by fire
 3487 districts in an amount equal to the lost revenues to the fire districts in King County resulting from
 3488 prorationing, as mandated by RCW 84.52.010, for those services, to the extent the prorationing was
 3489 caused solely by this levy and if authorized by the county council by ordinance.”

3490
 3491 Therefore, each year after the King County Department of Assessments certifies levy rates, the County
 3492 will calculate the extent to which metropolitan park districts and fire districts are prorationed due to the
 3493 BSK Levy. Eligible services for BSK funding include services that improve health and well-being outcomes
 3494 of children and youth, as well as the families and the communities in which they live.
 3495

3496 **PRORATIONING IMPACT OF BEST STARTS FOR KIDS LEVY**

3497
 3498 **Known Impacts of Prorationing for 2016**

3499
 3500 For 2016, the BSK Levy has caused prorationing for two metropolitan park districts and no fire districts:

- 3501 • Si View Metropolitan Park District: Levy rate was prorationed, with a 2016 revenue impact of
- 3502 \$316,421.
- 3503 • Fall City Metropolitan Park District: Levy rate was prorationed, with a 2016 revenue impact of
- 3504 \$114,558.
- 3505

3506
 3507 *Si View Metropolitan Park District*

3508
 3509 King County staff worked directly with the Si View Metropolitan Park District to communicate the impact
 3510 of prorationing on their district in 2016 and to gather ideas for eligible services that BSK could fund. The
 3511 result was that the District submitted a plan for eligible services totaling their 2016 prorationed amount:
 3512

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

3513
3514 The County will contract with Si View Metropolitan Park District for the 2016 amounts for these services.
3515 Contracts will be administered through DCHS like all other BSK contracts.

3516
3517 *Fall City Metropolitan Park District*

3518 Although Fall City Metropolitan Park District had its revenue reduced by \$114,558 in 2016 due to
3519 prorationing, the District does not currently provide any programs or services that fit the eligibility
3520 parameters for BSK funding as outlined in Ordinance 18088. The County will continue to work with Fall
3521 City Metropolitan Park District each year to communicate its revenue loss due to prorationing and discuss
3522 if there are any eligible services that can be funded, up to the total amount the district is prorationed over
3523 the life of the levy, regardless of when services begin.

3524
3525 **Planning for Future Prorationing Impacts**

3526
3527 In coordination with the King County Office of Performance, Strategy and Budget; Office of Economic
3528 and Financial Analysis; and King County Council staff, the County has modeled estimated prorationing by
3529 taxing district over the life of the BSK levy. Actual impacts will not be known until levy rates are certified
3530 by the Department of Assessments each year.

3531
3532 The *Best Starts for Kids* Implementation Plan takes into account the estimated future years of
3533 prorationing in its financial assumptions:

- 3534
- 3535 • For metropolitan parks districts, estimated prorationing totals about \$850,000 over the life of the
3536 levy, which is about \$150,000 less than the cap of \$1,000,000 identified in Ordinance 18088. King
3537 County will work with metropolitan parks districts impacted by prorationing on an ongoing basis to
3538 identify programs that fit within the BSK strategies to receive this funding, as needed.
3539 The BSK financial plan reserves \$1,000,000 over the life of the levy for eligible parks district services
3540 to ensure it can meet the intention of Ordinance 18088.
 - 3541
 - 3542 • For fire districts, no prorationing impacts are estimated. If changing economic conditions result in
3543 prorationing of these districts, the County will, in a process similar to that with parks districts, reach
3544 out to impacted districts to identify eligible services and determine the level of BSK funding that
3545 would be appropriate. The BSK financial plan reserves \$270,000 for potential fire district
3546 expenditures.

3547

Section X
ENDNOTES

3548

Section XI
APPENDICES

Appendix 1: Best Starts for Kids Indicators and
Racial and Ethnic Categories Available by Data Source
Updated September 7, 2016

BEST STARTS FOR KIDS INDICATORS

Population-based indicators are a proxy to help quantify the results. BSK will contribute to turning the curves of population-level indicators, as defined through Results--Based 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 (are high quality data available on a timely basis, reliable, by geography, by race, ethnicity, by socioeconomic status?), communication power (is it easy to understand? Do people care about this measure?), and proxy power (does it say something important about the result? If this measure moves in one direction, do others follow?).

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

HEADLINE INDICATORS – Invest Early (Prenatal – 5 Years)
<ul style="list-style-type: none">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">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:<ol style="list-style-type: none">This child is affectionate and tender with youThis child bounces back quickly when things do not go his or her wayThis child shows interest and curiosity in learning new thingsThis 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
<ul style="list-style-type: none">Lowering the rate of child abuse or neglect Data Source: Washington State Department of Social and Health Services, Children’s Administration Rate per 1,000 households with children under age 6 with child abuse or neglect reports that are investigated and assessed

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 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 Data Source: Office of the Superintendent of Public Instruction and the National Student Clearinghouse via ERDC.

Percent of high school graduates who complete a two- or four-year degree within six years of high school graduation
<ul style="list-style-type: none"> Youth not 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>

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 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 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 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 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 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"> Renters paying less than 30 percent of their income for housing <p>Data Source: US Census Bureau, American Community Survey Percent of households who rent their home and who pay less than 30% of their income for housing costs.</p>
<ul style="list-style-type: none"> Life expectancy <p>Data Source: Washington State Department of Health The number of years a newborn can expect to live given current age-specific death rates. This is a measure of the overall health of the population.</p>
<ul style="list-style-type: none"> 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+) 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</p>

<p>moderate-intensity aerobic activity or 1 hour and 15 minutes of vigorous-intensity physical activity every week, plus muscle-strengthening activities on 2 or more days a week.</p>
<ul style="list-style-type: none"> • Involuntary displacement of local residents
<p>Data development needed</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 change, this list of indicators may change.

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

<p>EXAMPLE SECONDARY INDICATORS – Sustain the Gain (5 – 24 Years)</p>
<ul style="list-style-type: none"> • 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.

<p>EXAMPLE SECONDARY INDICATORS – Communities of Opportunity</p>
<ul style="list-style-type: none"> • 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.

Racial and Ethnic Categories Available by Data Source

Data on race and ethnicity are collected in many different ways, depending on the source of the data. Often, however, this data is reported following federal standards on the classification of race and ethnicity¹.

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

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

Prenatal to Age 5

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

¹ https://www.whitehouse.gov/omb/fedreg_1997standards

Appendix 1: Best Starts for Kids Indicators
and Racial and Ethnic Categories Available by Data Source
Updated September 7, 2016

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

Appendix 1: Best Starts for Kids Indicators
and Racial and Ethnic Categories Available by Data Source
Updated September 7, 2016

Indicator and Data Source	How Categories are Usually Reported:	How Information on Race and Ethnicity is Collected:
		12 Vietnamese 13 Other Asian (write race) 14 Native Hawaiian 15 Samoan 16 Other Pacific Islander (write race) 17 Some other race (write race)
<ul style="list-style-type: none"> Kindergarten Ready <i>Source: WA KIDS, Office of the Superintendent of Public Instruction</i> 	American Indian/Alaska Native Asian Black/African American Hispanic/Latino Multiple race Native Hawaiian/Pacific Islander White	<i>More detailed information collected by schools, but not available to evaluators for analyses. Only aggregate data publically reported.</i>

5 to 24 Years

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

Appendix 1: Best Starts for Kids Indicators
and Racial and Ethnic Categories Available by Data Source
Updated September 7, 2016

Indicator and Data Source	How Categories are Usually Reported:	How Information on Race and Ethnicity is Collected:
	Native Hawaiian/Pacific Islander Some other race White, not Hispanic or Latino	

Appendix 1: Best Starts for Kids Indicators
and Racial and Ethnic Categories Available by Data Source
Updated September 7, 2016

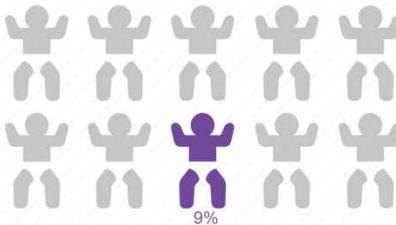
Indicator and Data Source	How Categories are Usually Reported:	How Information on Race and Ethnicity is Collected:
<ul style="list-style-type: none"> Excellent/very good health <i>Source: Behavioral Risk Factor Surveillance System</i> 	American Indian/Alaska Native Asian Black/African American Hispanic/Latino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

Appendix 1: Best Starts for Kids Indicators
and Racial and Ethnic Categories Available by Data Source
Updated September 7, 2016

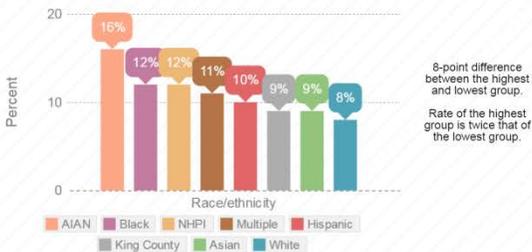
Indicator and Data Source	How Categories are Usually Reported:	How Information on Race and Ethnicity is Collected:
	Black/African American Hispanic/Latino Multiple race Native Hawaiian/Pacific Islander White	c. Black or African–American d. Hispanic or Latino/Latina e. Native Hawaiian or other Pacific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

1 in 10 babies in King County were born preterm

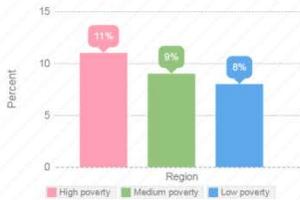
King County (2014)



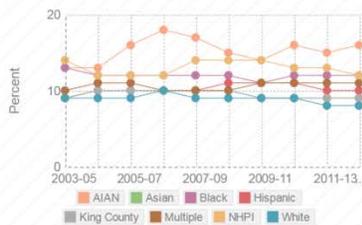
By race/ethnicity (2012-14 average)



By neighborhood poverty level (2012-14 average)



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



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



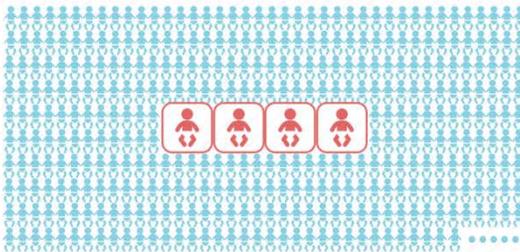
Definition: Gestational age less than 37 weeks
 Data source: Birth Certificate Data, Washington State Department of Health, Center for Health Statistics

05/2016

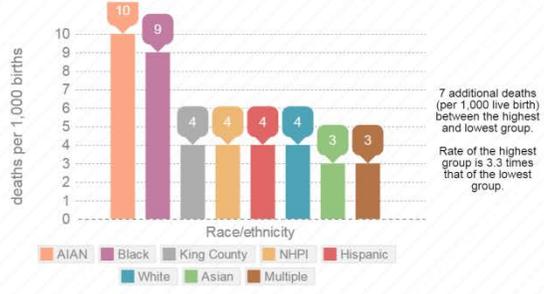


4 out of every 1,000 babies die within one year after birth

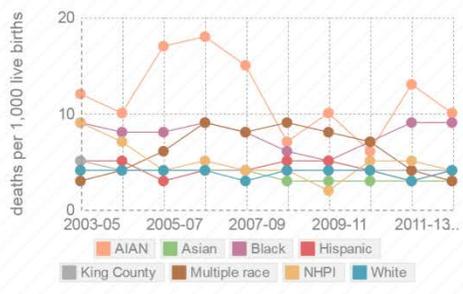
King County (2012-2014 average)



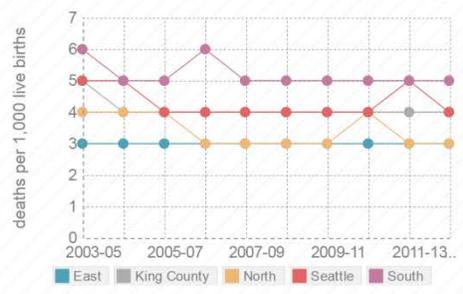
By race/ethnicity (2014)



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



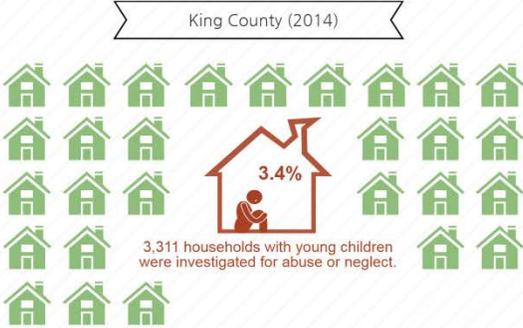
Trend by region (2003-2014, 3-year rolling averages)



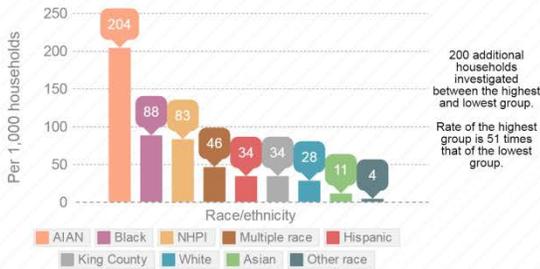
Definition: number of deaths in first year of life (per 1,000 live births)
 Data source: United Birth-Death Certificate Data, Washington State Department of Health, Center for Health Statistics 05/2016



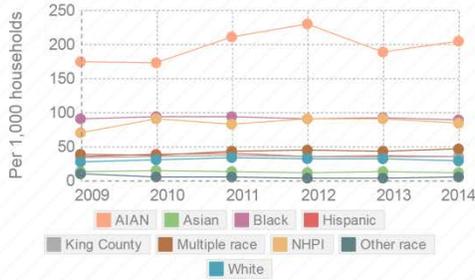
1 in 29 households with young children were investigated for abuse or neglect



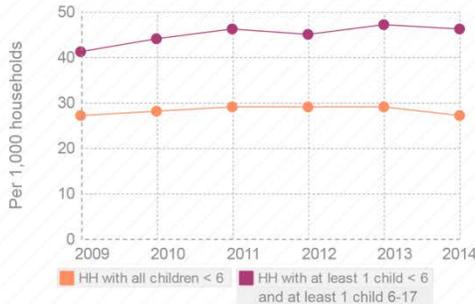
By race/ethnicity (2014)



Trend by race/ethnicity (2009-2014)

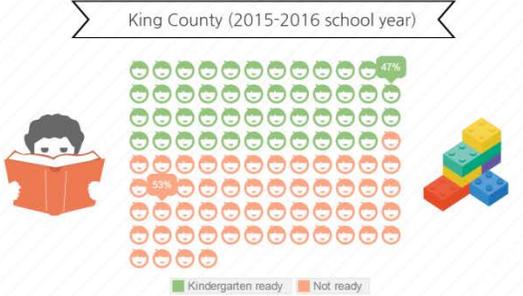


Trend by age of children (2009-2014)

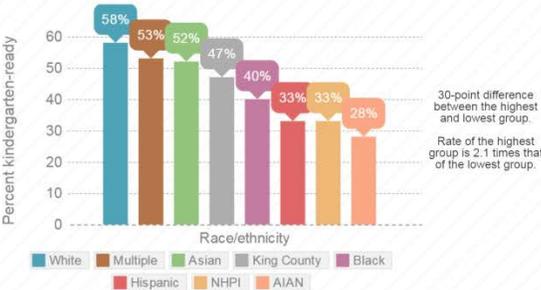


Definition: Number of households with one or more investigations or assessments (i.e., screened in reports) per 1,000 households with a child <6 years old
 Data source: Partners for Our Children
 05/2016

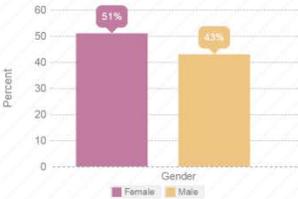
Less than half of King County children were ready for kindergarten



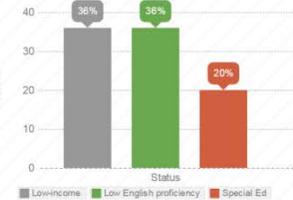
By race/ethnicity (2015-2016 school year)



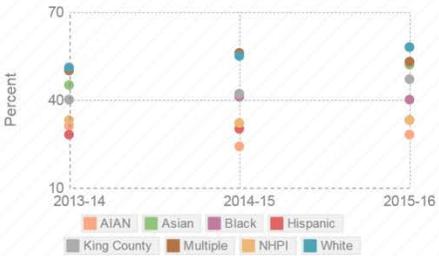
By gender (2015-2016 school year)



By status (2015-2016 school year)



Trend by race/ethnicity (2013-2016)



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



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

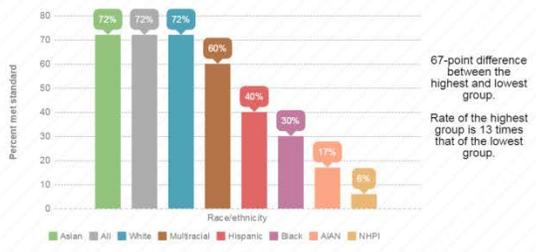


of female students in third grade met reading standard



of male students in third grade met reading standard

Third grade reading performance by race/ethnicity

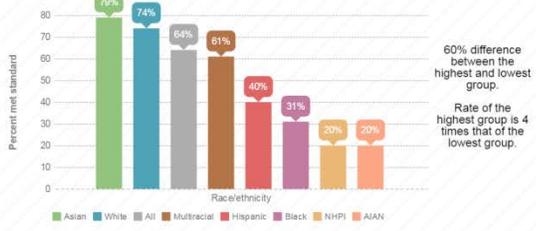


of female students in fourth grade met math standard



of male students in fourth grade met math standard

Fourth grade math performance by race/ethnicity

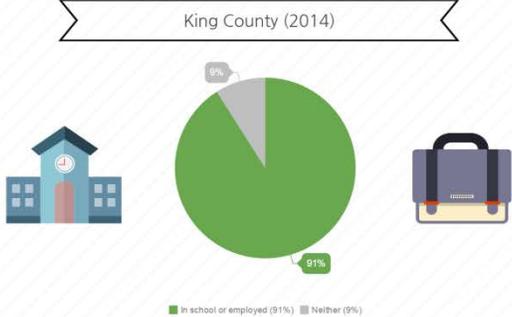


Definitions:
 Percent of 4th grade students meeting or above 4th grade math level
 Percent of 3rd grade students meeting or above 3rd grade reading level
 Data source: Charter Balanced Assessment (SBA), Office of the Superintendent of Public Instruction

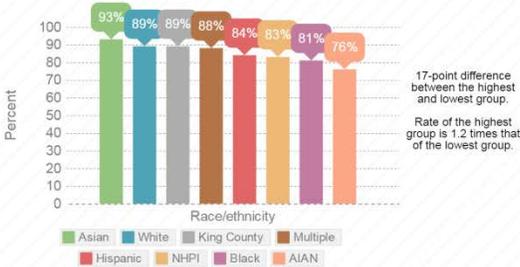
05/2016



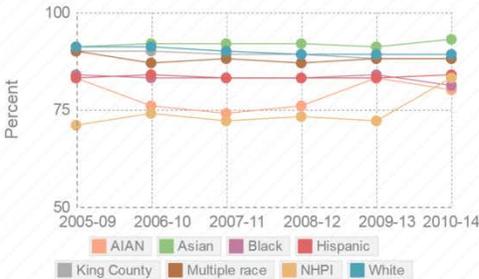
9 out of 10 King County young adults were enrolled in school or working



By race/ethnicity (2010-2014 average)



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



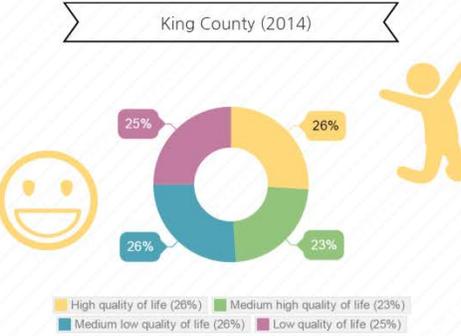
Trend by household income (2005-2014, 5-year rolling averages)



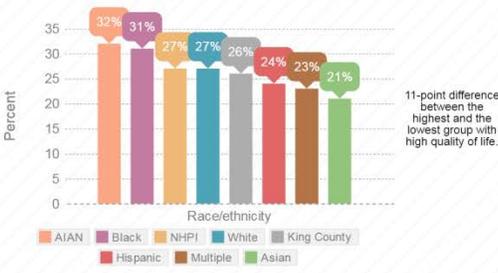
Definition: Youth and young adults between the ages of 16-24 who are in school or working
 Data source: PUMS, American Community Survey, U.S. Census Bureau



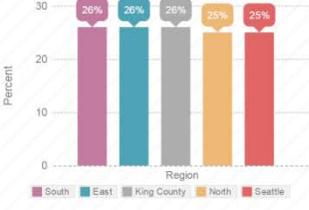
1 in 4 youth report a high quality of life



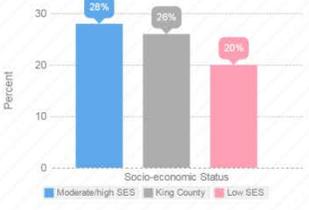
By race/ethnicity (2014)



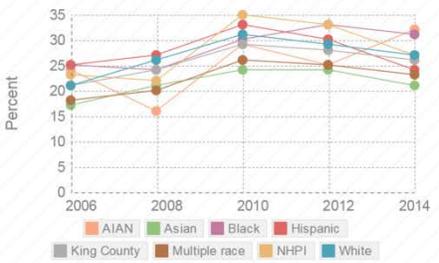
By region (2014)



By socio-economic status (2014)



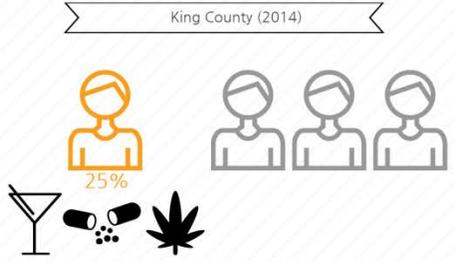
Trend by race/ethnicity (2006-2014)



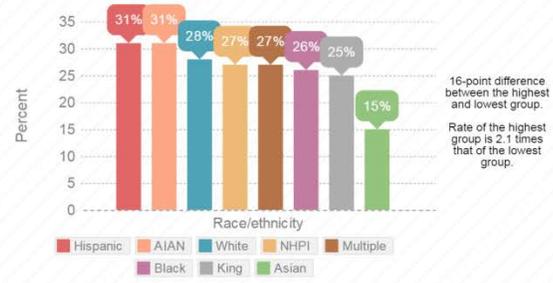
Definition: Youth Quality of Life is a scaled average score based on 5 items asking about satisfaction with aspects of life
 Data source: Healthy Youth Survey 05/2016



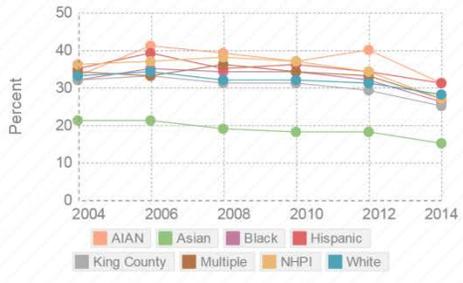
1 in 4 school-aged children used illicit substance in King County



By race/ethnicity (2014)



Trend by race/ethnicity (2004-2014)



Trend by Socioeconomic status (2006-2014)

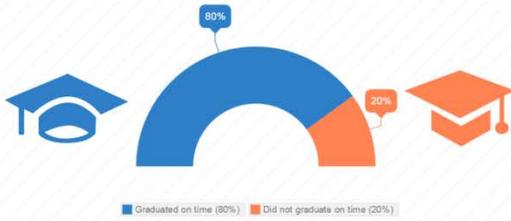


Definition: Self-reported use of alcohol, marijuana, painkiller, or any illicit drug in the past 30 days among 8th, 10th, and 12th grade students
 Data source: Healthy Youth Survey, 2004-2014 05/2016

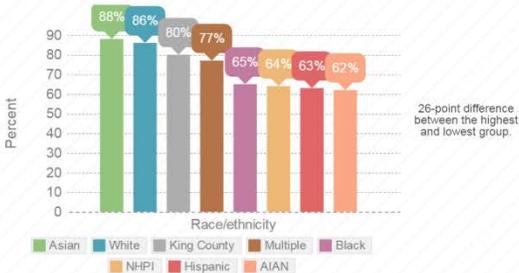


8 out of 10 students graduated on time from high school in 2015

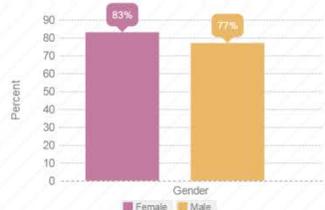
King County (class of 2015)



By race/ethnicity (class of 2015)



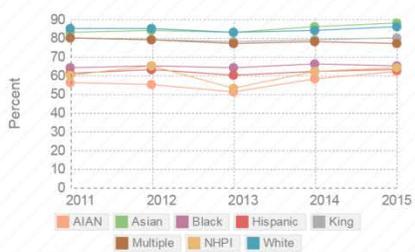
By gender (class of 2015)



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

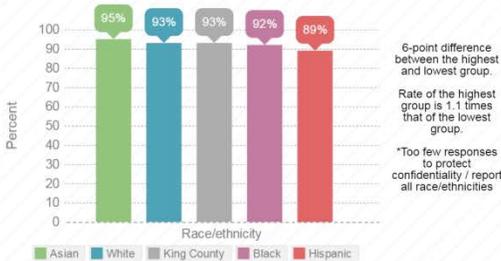


More than 9 out of 10 young adults are in excellent or very good health

King County (2010-2014 average)



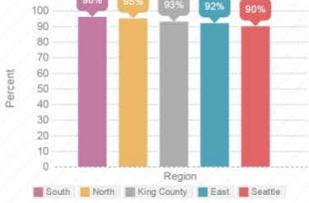
By race/ethnicity (2010-2014 average)



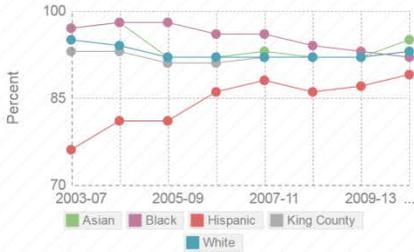
By income (2010-2014 average)



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

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, ethnicity		Headline Population Indicators (data disaggregated by race, ethnicity & 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, ethnicity		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 3) Well-designed, safe, sustainable & resilient built environment with useful community space	<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, 	<ul style="list-style-type: none"> • % adults with social and emotional support • % voter registration • % reduction incarceration, especially youth and young adults

	advocacy, voting, community-based data collection, 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, ethnicity		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 	<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		

	repair programs and strategies, including free tool libraries <ul style="list-style-type: none"> • Foreclosure prevention and home ownership 	
Result Four - All People are Healthy Regardless of Place or Race, ethnicity		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.

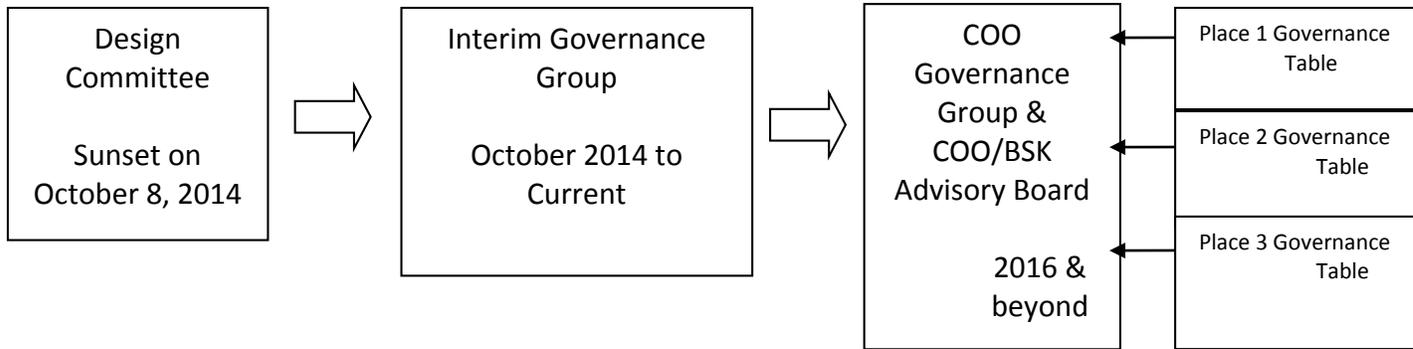
COO Founders, Design Committee and Interim Governance

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: <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%	<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%																				
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Hispanic	33%																							
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AIAN	28%																							
Low-income	36%																							
Kindergarten ready																								
Child abuse/neglect																								
Flourishing & resilient																								
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%	<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																					
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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	<p>Life expectancy</p> <p>Youth and adult physical activity (youth data shown here)</p>	<table border="1"> <caption>Physical Activity by Race/Ethnicity</caption> <thead> <tr> <th>Race/Ethnicity</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>	Race/Ethnicity	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)
Race/Ethnicity	Percentage																							
King	22%																							
AIAN	29%																							
NHPI	26%																							
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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	<p>Households paying more than 50% of income for housing</p> <p>Involuntary displacement of local residents</p>	<table border="1"> <caption>Households Paying >50% of Income for Housing by Race/Ethnicity</caption> <thead> <tr> <th>Race/Ethnicity</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>	Race/Ethnicity	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? 	
Race/Ethnicity	Percentage																							
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*For each indicator we plan to include detailed data on disparities by race/ethnicity, place, and income.

¹ <http://www.kingcounty.gov/elected/executive/equity-social-justice/strategic-plan.aspx>

² In the BSK Implementation Plan this term is used to incorporate a racial or ethnic identity other than White. King County recognizes that this term get less clear in certain communities and intends to embrace the ever changing definitions in our national conversation.

³ Note that while this language has been changed for grammatical consistency, this goal is designed to be in alignment with the Youth Action Plan and other adopted county policy.

⁴ King County Ordinance 18088, July 22,2015. 292-304

⁵ 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.

⁷ KING COUNTY Signature Report, July 22, 2015, Ordinance 18088. Section 5.C.1., 2. and 4

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

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

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

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

¹² King County Ordinance 18088, July 22,2015. 183-185

¹³ 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.”

¹⁴ This data differs in different population sub-segments. For more information see

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

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

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

¹⁷ <http://heckmanequation.org/content/resource/investing-our-children-great-returns>

¹⁸ <http://heckmanequation.org/content/white-house-summit-early-education>

¹⁹ Hart B, Risley TR. *Meaningful differences in the everyday experience of young American children*, 1995

²⁰ Annie E. Casey Foundation, 2012; Lesnick J, Goerge RM, Smithgall C, Gwynne J. Chicago: Chapin Hall at the University of Chicago, 2010

²¹ Shonkoff, J.P. (2009). Mobilizing Science to Revitalize Early Childhood Policy. *Issues in Science and Technology*, 26 (1).

²² <http://ilabs.washington.edu/i-labs-faq>

²³ 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.

²⁴Dr. Christopher Kuzawa, <http://www.ipr.northwestern.edu/faculty-experts/fellows/kuzawa.html>

²⁵ Centers for Disease Control and Prevention (CDC) Anda and Brown (2010); Felitti (2002)

²⁶ Blodgett C., Harrington R., Research Brief: *Adverse Childhood Experience and Developmental Risk in Elementary School Children*.

²⁷ Director, Center on the Developing Child, Harvard University

²⁸ Dr. Jack Shonkoff, Director, Center on the Developing Child, Harvard University. <http://developingchild.harvard.edu/science/key-concepts/toxic-stress/>

²⁹ Center for the Study of Social Policy, Strengthening Families – A Protective Factors Framework

³⁰ Developmental Service Group, 2015. Administration for Children, Youth and Families

³¹ Dr. Jack Shonkoff, Director, Center on the Developing Child, Harvard University. <http://developingchild.harvard.edu/science/key-concepts/toxic-stress/>

³² *ibid*

³³ *ibid*

³⁴ Conversations also addressed other community needs and processes, including the upcoming MIDD renewal, and the recently completed Youth Action Plan.

³⁵ Based on the World Café model (www.theworldcafe.com), Community Cafes are a simple, effective, and flexible format for hosting large group dialogue. Community Cafes utilize small group conversations within the larger gatherings, specific questions for each group to discuss and a “harvest time” where participants share with the larger group about their table discussions. There are seven principles for hosting community café conversations: 1) Set the Context; 2) Create Hospitable Space; 3) Explore Questions that Matter; 4) Encourage Everyone’s Contribution; 5) Connect Diverse Perspectives; 6) Listen together for Patterns and Insights 7) Share Collective Discoveries

³⁷ 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/>

³⁸ 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.

³⁹ Heckman, James J. and Stefano Mosso. “The Economics of Human Development and Social Mobility.” Annual Review of Economics 6.1 (2014): 689-733.

⁴⁰ 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/>

⁴¹ As defined by the Federal Maternal Infant Child Home Visiting (MIECHV) program in the Health and Human Services Department.

⁴² 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.

⁴³ [Washington State Department of Health](#)

⁴⁴ “Health of mothers and infants by race/ethnicity. August 2015. Public Health-Seattle & King County; Assessment, Policy Development & Evaluation Unit.”

⁴⁵ 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).

⁴⁶ 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.

⁴⁷ 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.

⁴⁸ 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.

⁴⁹ 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.

⁵⁰ <http://www.childtrends.org/wp-content/uploads/2013/10/2013-42AllianceBirthto8.pdf>

⁵¹ <http://www.joinvroom.org/science-and-facts>

⁵² Crowley, A.A. 2001. Child care health consultation: An ecological model. *J Society Pediatric Nursing* 6:170-81.

⁵³ <http://www.healthychildcare.org/WorkWithHP.html>

⁵⁴ <http://www.del.wa.gov/care/qris/>

⁵⁵ Shonkoff, J.P. (2009). Mobilizing Science to Revitalize Early Childhood Policy. *Issues in Science and Technology*, 26 (1)

⁵⁶ 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.

⁵⁷ 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

⁵⁸ 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>

⁵⁹ 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).

⁶⁰ <http://www.wa-aimh.org/about-infant-mental-health/>

⁶¹ 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.

⁶² <http://www.reachoutandreadwa.org/>

⁶³ Restorative Justice in Oakland Schools, 2014 <http://www.ousd.org/cms/lib07/CA01001176/Centricity/Domain/134/OUSD-RJ%20Report%20revised%20Final.pdf>

⁶⁴ <http://traumasensitiveschools.org/trauma-and-learning/the-solution-trauma-sensitive-schools/>

⁶⁵ <http://ext100.wsu.edu/clear/about/>

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- ⁶⁶ <http://rjoyoakland.org/restorative-justice/>
- ⁶⁷ *ibid*
- ⁶⁸ Dr. Leslie Walker, Chief, Division of Adolescent Medicine, Children’s Hospital
- ⁶⁹ <http://www.hhs.gov/ash/oah/adolescent-health-topics/healthy-relationships/home.html>
- ⁷⁰ Banyard, V.L., & Cross, C. (2008). Consequences of teen dating violence: Understanding intervening variables in ecological context. *Violence Against Women, 14*(9), 998–1013.
- ⁷¹ ¹ 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.
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- ⁷⁷ Making the Case: A 2008 Fact Sheet on Children and Youth in Out-of-School Time National Institute on Out-of-School Time, Wellesley Centers for Women at Wellesley College, 2008; Outcomes Linked to High Quality Afterschool Programs D. Lowe Vandell, E. Reisner & C. Pierce, 2007.
- ⁷⁸ <http://www.schoolsoutwashington.org/UserFiles/File/Executive%20Summary%20of%20State%20Plan%202013%20-%20Print.pdf>
- ⁷⁹ *ibid*
- ⁸⁰ <http://www.schoolsoutwashington.org/UserFiles/File/Summer%20Learning%20Policy%20Brief%2006-11%281%29.pdf>
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⁸⁹ Phinney (2001)

⁹⁰ Olneck (1995) as cited in Phinney (2001) p. 503

⁹¹ The Journal of Adolescent Health. June 2003 Juszcak L, Melinkovich P, Kaplan D

⁹² Competitive foods are foods or beverages sold to students on campus, during the school day, outside of the federally reimbursable meal program. Examples include school fundraisers, vending machines, and school clubs that sell food on campus. The [Healthy Hungry-Free Kids Act](#) of 2010 dramatically improved the [nutrition standards](#) for these foods, commonly referred to as Smart Snacks in Schools. http://www.fns.usda.gov/sites/default/files/allfoods_flyer.pdf

⁹³ 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.

⁹⁴ *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

⁹⁵ 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

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⁹⁷ *Malignant Neglect: Substance Abuse and America's Schools*, National Center on Addiction and Substance Abuse, Columbia University, September 2001

⁹⁸ U.S. Department of Health and Human Services, *Mental Health: A Report to the Surgeon General*, 1999

⁹⁹ <http://www.integration.samhsa.gov/clinical-practice/SBIRT>

¹⁰⁰ Opportunity Youth are defined as young people ages 16-24 who are not in school and not employed.

¹⁰¹ <https://www.dshs.wa.gov/sites/default/files/SESA/rda/documents/research-11-222.pdf>

¹⁰² <http://www.roadmapproject.org/wp-content/uploads/2013/09/OY-infographic-final.pdf>

¹⁰³ ibid

¹⁰⁴ See King County *Race and Social Justice Action Plan Interim Report 3/13/15* for a more thorough analysis and discussion of this issue. The report is available at <http://www.kingcounty.gov/~media/elected/executive/equity-social-justice/2015/KingCountyRaceEquityActionPlan.ashx?la=en>.

¹⁰⁵ 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.

¹⁰⁶ King County Department of Public Defense

¹⁰⁷ For more information visit <http://www.k12.wa.us/GATE/SupportingStudents/StudentRetrieval.aspx>.

¹⁰⁸ Collective impact is a data-driven process for addressing complex societal issues. Collective impact work or methodologies seek to deploy cross-sector partnerships to make bold and substantial positive change. In COO, collective impact means that those working on this initiative will:

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

¹⁰⁹ Intermediary organizations (as defined by the Intermediary Network) “bring local programs, initiatives, and institutions together to eliminate the duplication of services, maximize the impacts of multiple funding sources, and implement long-range plans to improve outcomes.” These organizations typically provide services to nonprofits serving clients. (See “The Value of a Non-Profit Intermediary,” Dana Mandolesi, <http://www.danamandolesi.com/2011/05/non-profit-intermediary/>.)

¹¹⁰ Some ways in which the Communities of Opportunity Initiative has used a co-design approach to programs and projects include:

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

¹¹¹ 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.

¹¹² For this reason, COO was chosen as one of eight sites nationally to participate in the Living Cities Integration Initiative. This is also why COO was recently awarded the Housing and Urban Development Secretary’s Award for Private/Public Sector Innovation on behalf of the Seattle Foundation and King County. We expect COO will be at the forefront of local and national learning about cross-sector partnerships and deep work with communities and populations most affected by inequities.

¹¹³ Some of the census tracts that we named in the previously transmitted list of eligible areas by city/town/area were believed to be in the 35th percentile; however upon closer examination with our data evaluation staff we discovered that some of them were just above the 35th percentile, between the 35th and 39th percentiles. These are areas within larger ineligible sub-regions that we believe are important to retain; thus we have adjusted the figure up to include tracts up to the 40th percentile.

¹¹⁴ These concepts are discussed fully in <http://www.hfrp.org/evaluation/publications-resources/a-user-s-guide-to-advocacy-evaluation-planning>

¹¹⁵ Krieger JW, Allen C, Cheadle A, Higgins D, Schier J, Senturia K, Sullivan M. Using Community-Based Participatory Research to Address Social Determinants of Health: Lessons Learned from Seattle Partners for Healthy Communities. *Health Education and Behavior* 2002; 29:361-381.

¹¹⁶ Individuals are defined in all discussion of evaluation as those who were directly served by or exposed to the strategy

¹¹⁷ Rowe G. King County Veterans and Human Services Levy Evaluation Framework Working Document 2007

¹¹⁸ 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.

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.



King County

Best Starts for Kids Youth and Family Homelessness Prevention Initiative Implementation Plan

Response to Ordinance 18088

Updated September 7, 2016

Department of Community and Human Services

Updated September 7, 2016

The Best Starts for Kids (BSK) Levy includes \$19 million for a Youth and Family Homelessness Prevention Initiative that is intended to “prevent and divert children and youth and their families from becoming homeless.” The BSK ordinance approved by the voters of King County, Ordinance 18088, directs the King County Executive to submit to Metropolitan King County Council for review and approval, an implementation plan relating to the Youth and Family Homelessness Prevention Initiative by March 1, 2016, which to the maximum extent possible, shall be developed in collaboration with the oversight and advisory board, referred to in this report as the Children and Youth Advisory Board.

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

This implementation plan provides: (I) the background showing the need for a homelessness prevention program in King County, (II) a description of potential linkages to existing programs, to demonstrate how this initiative could leverage and supplement existing efforts, (III) a description of the proposed model for the initiative, the Washington State Domestic Violence Housing First Initiative, (IV) the proposed BSK Youth and Family Homelessness Prevention Model and (V) the community process for developing the plan.

The plan may be amended by ordinance.

I. The Need: Youth and Family Homelessness in King County

During the 2016 annual One Night Count of people who are homeless in King County held on January 29, 2016, 4,505 people were found to be unsheltered, that is, living in places unfit for human habitation such as the streets, cars or Metro buses. Although the detailed demographic data from the 2016 One Night Count are not yet available, the 2015 detailed data are available

through the Homeless Management Information System (HMIS). The HMIS is the county-wide database that collects data on individuals and families receiving homeless services (e.g., shelter, case management and housing).

The 2015 One Night Count data reported that over 2,000 of the 9,776 people who access shelter or other homeless services were under age 17. Twenty-eight percent of the homeless population is families with children (approximately 2,800 people). Count Us In 2015, the survey of homeless youth and young adults, counted 134 unsheltered homeless young people and 824 who were unstably housed. These numbers represent young people who were staying in places unfit for human habitation, such as in cars or abandoned buildings; who were unstably housed, such as those who are staying on friends' couches; and who were in shelters or transitional housing.

The federal government uses a broader definition for counting homeless youth in the schools. In addition to defining homelessness as living in a place unfit for human habitation, shelter or transitional housing, under the McKinney-Vento Homeless Education Assistance Act, homelessness is defined as lacking a fixed, adequate place to sleep. This broader definition would include families or youth who are doubled up or couch surfing. (In King County's definition, young people who are couch surfing are defined as being unstably housed, but not literally homeless, and, as such, would be eligible to be served through the Youth and Family Homelessness Prevention Initiative.) Under the more expansive federal definition for counting homeless youth in schools, more than 6,000 students in King County public schools are homeless. Approximately 15 percent of these are not accompanied by an adult.

According to the 2013 Annual Homeless Assessment Report to Congress:¹

- 83 percent of homeless children have witnessed a serious violent event
- 47 percent have anxiety, depression or withdrawal

¹ The 2013 Annual Homeless Assessment Report (AHAR) to Congress
<https://www.hudexchange.info/resources/documents/ahar-2013-part1.pdf>

- 43 percent have to repeat a grade
- Homeless children are far more likely to have significant health issues.

Local research by Dr. Debra Boyer and others also indicates that youth and young people who are being sexually exploited or physically abused are at risk for homelessness, among other serious concerns.² Among youth who were released from Juvenile Justice and Rehabilitation Administration facilities in Washington, a recent study found that 26 percent are homeless within 12 months of being released. This same study also found that recidivism rates were higher for these youth than for youth having stable housing upon their release.³

The HMIS also showed that half of all people who become homeless were homeless for the first time, which is the case for 46 percent of all homeless families.⁴ An even higher number of unaccompanied youth were homeless for the first time, 64 percent.⁵ Accordingly, if homelessness can be prevented, the number of people who are homeless would decline substantially.

Demographic data from the HMIS demonstrate that there are several issues that must be addressed in developing a youth and family homelessness prevention program – the need to identify youth and young adults who are at risk of running away and subsequently becoming homeless due to sexual or physical abuse; the disproportionate numbers of people in racial and ethnic communities, including Native American/Alaskan Native, Native Hawaiian/Asian Pacific Islanders and African Americans, who become homeless; and the disproportionate risk of homelessness for youth who identify as lesbian, gay, bisexual, transgendered and queer (LGBTQ). Native Americans are seven times more likely to become homeless. African Americans are five times more likely to become homeless and Native Hawaiians/Asian Pacific Islanders three times more likely. Of the youth who are homeless, at least 20 percent of young

² Debra Boyer, PhD, City of Seattle Human Services Department, Who Pays the Price? Assessment of Youth Involvement in Prostitution in Seattle, June – 2008,

<http://www.prostitutionresearch.com/Boyer%20Who%20Pays%20the%20Price.pdf>

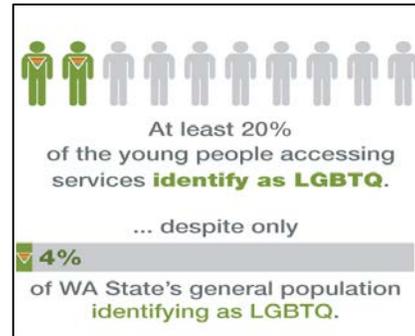
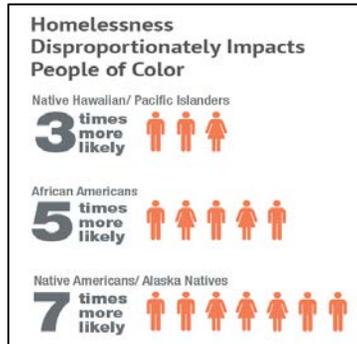
³ DSHS Research and Data Analysis Division, *Impact of Homelessness on Youth Recently Released from Juvenile Rehabilitation Facilities*, June 2013, RDA Report No. 11.191.

⁴ Homelessness in King County: Who, Why and What Can I Do? All Home, January 2016,

<http://allhomekc.org/wp-content/uploads/2016/01/AllHomeInfographicFull.png>

⁵ Count Us In 2016, King County's Point-In-Time Count of Homeless & Unstably Housed Young People, All Home, March 2016, <http://allhomekc.org/wp-content/uploads/2016/03/Count-Us-In-2016-Report-final-1.pdf>

people accessing services identify as LGBTQ, compared to 4 percent of the general population.⁶ Immigrants and refugees and survivors of commercial sexual exploitation and human trafficking are also at high risk of becoming homeless.



As discussed in more detail in the program model section, the Youth and Family Homelessness Prevention Initiative must address the disproportionality in race and ethnicity, as well as LGBTQ identification of people who become homeless.

II. Coordination with Existing Programs

Under state law,⁷ a levy lid lift proposition, such as Best Starts for Kids, may only supplement, but not supplant existing, funded programs.⁸ The Youth and Family Homelessness Prevention Initiative has been designed following the law, to supplement existing programs but not to supplant them. The initiative's focus on prevention for people who are at risk of homelessness, rather than on intervention for people who are already homeless, is a new service area for King County, and thus will not supplant any existing programs.

While it will not supplant existing programs, the initiative has been designed to coordinate with a number of existing, regional and County-funded programs. In particular, the initiative will

⁶ All Home Strategic Plan, June 2016, <http://allhomekc.org/wp-content/uploads/2015/09/All-Home-Strategic-Plan.pdf>

⁷ RCW 84.55.050

⁸ Existing funding is determined based on spending in the year in which the levy is placed on the ballot: in this case, County spending in 2015.

coordinate with emergency resource and referral programs, providing a way to identify people who are imminently at risk of homelessness, including youth who are being sexually or physically abused, or are at risk because they identify as LGBTQ. Listed below are several examples of existing programs that may be able to coordinate with the Youth and Family Homelessness initiative. These examples include, but are not limited to:

- **Safe Place.** Safe Place⁹ is an outreach program that provides immediate help and safety for youth in crisis. Local businesses and community organizations, including Metro buses, libraries and community centers, display a Safe Place logo to indicate they are part of the program. When a youth in crisis asks for help, the bus driver, librarian, or business staff quickly connect the youth to counselors at Auburn Youth Resources (South King County), YouthCare (Seattle), or Friends of Youth (North and East King County). The youth stays safely in place until the counselor arrives.

Coordinating the Youth and Family Homelessness Prevention Initiative with Safe Place could provide both a way to identify youth who are at imminent risk of homelessness and also expand the range of services the Safe Place counselors have available to provide to the youth they assist. Part of the training for agencies selected to participate in the Youth and Family Homelessness Prevention Initiative will be information about Safe Place, and how their local agencies can, in a geographically-focused way, coordinate with the Safe Place counselors to provide additional services to youth who are at imminent risk of homelessness.

- **Crisis Clinic.** King County's 2-1-1 service¹⁰ provides comprehensive information and referral for people in need of health and human services. The 2-1-1 staff are familiar with local and countywide programs and are able to refer people in need to appropriate programs.

The 2-1-1 system will be incorporated into the Youth and Family Homelessness Prevention Initiative in two ways. First, existing call volumes to 2-1-1 from different parts of the county will be used to inform the design of the Request for Proposals for agencies interested in participating in the initiative, to ensure that resources have been

⁹ <http://www.friendsofyouth.org/safeplace.aspx>

¹⁰ <http://crisisclinic.org/find-help/2-1-1-resources-and-information/>

allocated in the context of where need has been identified. Second, 2-1-1 staff will add the Youth and Family Homelessness Prevention Initiative to the list of available services and will be able to refer youth and family callers who are at imminent risk of homelessness to geographically and culturally appropriate providers.

- **Count Us In.** Count Us In is an annual survey conducted in collaboration with nearly 100 local youth-serving organizations, libraries, and community centers to identify youth and young adults who are either homeless or unstably housed (for instance, youth staying with a friend who fear they may be kicked out of their home). Youth and young adults who are identified as being unstably housed can be referred to the Youth and Family Homelessness Prevention Initiative for resources to avoid becoming homeless.
- **Project EQTY.** The Elevating Queer & Trans Youth Project (Project EQTY) works to build the capacity of homeless youth service providers in King County to meet the needs of LGBTQ homeless youth. The project was funded by the Pride Foundation with a grant from the Bill & Melinda Gates Foundation and is being implemented by the Northwest Network of LGBT Survivors of Abuse. Project EQTY is currently working to assist organizations with training regarding sexual orientation and gender identify intake policies, practices, and procedures; the intersection of violence and homelessness for LGBTQ youth; confidentiality best practices around sexual orientation, gender identity, and domestic and sexual violence; and connections to LGBTQ organizations and providers. Project EQTY will be a resource to agencies around the county assisting youth and young adults at risk of homelessness.

III. The Proposed Model: Washington State Domestic Violence Housing First Initiative

As King County explored approaches to prevent youth and family homelessness, staff reviewed a local model, the Washington State **Domestic Violence Housing First** Initiative.¹¹ This model, which was funded by the Bill & Melinda Gates Foundation and the Medina Foundation, has been rigorously evaluated and found to have successfully prevented family homelessness. This

¹¹ More information about the model can be found at <http://wscadv.org/projects/domestic-violence-housing-first>.

model was attractive to local funders because domestic violence is a leading cause of homelessness for families.

The Domestic Violence Housing First Initiative is a homelessness prevention program for survivors of domestic violence and their children, including survivors actively fleeing a domestic violence situation, and those who are on the brink of homelessness. At program entry, many program participants were facing unemployment and a lack of income due to the domestic violence situation they were experiencing. The Domestic Violence Housing First Initiative was piloted from September 2011 through September 2014 in Washington state with two cohorts (groups of clients). One cohort was in King County and the other was comprised of program participants located in the balance of the state. In King County, LifeWire and InterImCDA participated in the pilot.

Components of Domestic Violence Housing First model. The Domestic Violence Housing First Initiative had two basic components, which would be applied in the Youth and Family Homelessness Prevention Initiative. They are:

- **Case management/advocacy.** Each client who participated in the Domestic Violence Housing First Initiative received ongoing assistance from a case manager/advocate, who worked to help the client identify his/her needs and next steps to become more stable. Case management support provided through the Domestic Violence Housing First Initiative could be very narrow and temporary or somewhat longer term to meet the true needs of program participants, using a type of case management called progressive engagement (see below).
- **Flexible funding.** The Domestic Violence Housing First Initiative also provided flexible funding to participating clients to help them address the emergency needs that led to their risk of homelessness. Financial assistance could be used for a range of needs such as clothing for a job, cost of an employment-related license, a variety of housing and/or moving costs, cost to repair a car, urgently needed groceries and other expenses that may be impacting the safety and security of a family.

The experience of the Domestic Violence Housing First Initiative was that clients in general required very little financial assistance per household (average cost of \$1,250 per household) but that this financial assistance, combined with the case management support contributed to the safety, stability and well-being of clients and their families.

Evaluation of the Domestic Violence Housing First Initiative¹² found successful outcomes related to clients' ability to get and keep safe and stable housing. Nearly all program participants, including those with very low incomes, maintained permanent housing for a prolonged period of time:

- 96 percent were still stably housed 18 months after entering the program, allowing survivors to become self-sufficient quickly and without need for ongoing intensive services
- 84 percent reported an increase in safety for their family
- 76 percent requested minimal services from the domestic violence program at final follow-up
- Participants also expressed that housing stability had a profoundly positive effect on their children, improved the health and well-being for themselves and their children, and restored their dignity and self-worth.

The pilot program also focused on ensuring that services were culturally appropriate and delivered by a case manager/advocate who was from the same culture and spoke the same language as the participants. According to the evaluation, clients reported that working with an advocate who culturally and linguistically understood them was critical to getting the support they needed to become stable and enabling them to feel understood, accepted and comfortable telling their stories.

While some of the clients who participated in the Domestic Violence Housing First Initiative programs were youth, the program was focused primarily on adults fleeing domestic violence,

¹² <http://wscadv.org/resources/the-washington-state-domestic-violence-housing-first-program-cohort-2-agencies-final-evaluation-report-september-2011-september-2014/>

some of whom had children living with them. There is less research on successful programs preventing youth from becoming homeless. Nonetheless, the All Home Youth and Young Adult (YYA) Plan Refresh (May 2015) recommends prevention as a strategy to make youth homelessness rare, brief and one time. One of the strategies outlined in the Plan Refresh is “flexible funding to help YYAs live at home or with natural supports.”¹³ Applicability of this model to different population groups will be evaluated as the initiative is implemented.

IV. Proposed Youth and Family Homelessness Prevention Model

The Best Starts for Kids Ordinance 18088 provides the following guidance for the Youth and Family Homelessness Prevention Initiative:

"Youth and family homelessness prevention initiative" means an initiative intended to prevent and divert children and youth and their families from becoming homeless.

It is the intent of the council and the executive that funding for the youth and family homelessness prevention initiative will allow the initiative to be flexible, client-centered and outcomes-focused and will provide financial support for community agencies to assist clients.

Out of the first year's levy proceeds: 1. Nineteen million dollars shall be used to plan, provide and administer a youth and family homelessness prevention initiative.

Based on this guidance, stakeholder input and research on successful prevention models, King County’s Department of Community and Human Services (DCHS) staff worked with a Youth and Family Homelessness Prevention Model Planning Committee (Planning Committee) and the Children and Youth Advisory Board (CYAB) to develop the framework for the King County Youth and Family Homelessness Prevention Initiative. This section discusses both the overall program model, as well as specific implementation details that were recommended by the Planning Committee and the CYAB.

¹³ <http://allhomekc.org/wp-content/uploads/2015/09/Comp-Plan-Refresh-final-050515-with-appendices.pdf>

The proposed Youth and Family Homelessness Prevention Initiative will be based on the Washington State Domestic Violence Housing First Initiative. It will have a strong client-centered focus, including mobile **case management/advocacy** coupled with **flexible financial assistance** that is intended to address the immediate issue that is placing the family or youth at imminent risk of homelessness and build trust with the client. Key components to the Youth and Family Homelessness Prevention Model include:

- **Case management/advocacy** that is client-centered and uses a progressive engagement approach
- **Flexible funding** to address clients' immediate needs to prevent homelessness

Implementation of the initiative will be targeted to address the root causes of homelessness among youth and families.

Case Management/Advocacy

The agencies that demonstrated successful outcomes in the Washington State Domestic Violence Housing First Initiative understood the importance of supporting and advocating for clients through case management, and successfully made the shift to having a client-centered focus. That is, the family or youth must be asked, “What do you need so that you do not become homeless?”

This is a significant cultural shift for agencies, because many government assistance programs are based on a distrust of clients. For most programs, clients must prove that they meet program criteria and then are told what specific assistance they are eligible to receive even if they know something else will help them more. Because successful implementation of the proposed Youth and Family Homelessness Prevention Initiative model will entail changing organizational culture, training and learning circles will be part of the initiative's implementation.

Case management will be carried out through a method known as progressive engagement. Progressive engagement is a nationally-recognized best practice that provides customized levels of assistance to participants – providing the services needed, but not more than is needed to

achieve housing stability.¹⁴ Progressive engagement reserves the most expensive interventions for households with the most severe barriers to housing success, and offers less extensive support to those who need less assistance. Progressive engagement is a strategy to enable service delivery systems to effectively target resources and to enable the case manager/advocate to work with the client on the underlying issues that caused them to be at imminent risk of homelessness.

Under the Best Starts for Kids Youth and Family Homelessness Prevention Initiative, case manager/advocates will be mobile, meeting the clients at locations of their choice. This approach is different than other models where the case manager/advocate tends to be place-based.

Flexible Funding

The second major component of the proposed model is flexible funding to address clients' immediate needs. The Best Starts for Kids ordinance specifically states, "It is the intent of the council and the executive that funding for the youth and family homelessness prevention initiative ... will provide financial support for community agencies to assist clients."

In order to ensure that agencies administering the proposed initiative are equipped with the resources they need to be successful, sufficient funds will be provided to assure that agencies both have flexible funds available to meet client needs and also have the resources to hire experienced case manager/advocates.

In terms of the amount of flexible funding and case management needed, the Domestic Violence Housing First Initiative evaluation found that about one-third of the families served needed minimal support, one-third needed a medium touch, and one-third needed more intensive help. In recognition of the successful Domestic Violence Housing First program model, the goal to be achieved in the annual spending of funds by provider agencies shall be to split their funds 50/50, with half of the funding going to case managers and administrative costs and the other half going to flexible funds for clients. The County recognizes that this allocation will vary among

¹⁴ <http://www.endhomelessness.org/page/-/files/4.3%20Financial%20Assistance-Using%20a%20Progressive%20Engagement%20Model%20Kay%20Moshier.pdf>

agencies and therefore the intention is that this goal be achieved by looking at the aggregate spending of all provider agencies. The County further recognizes that this goal may be difficult to achieve in the first year of the program due to higher start-up costs. Consequently, this goal will start with the 2017 fiscal year.

Need for Adaptation and Flexibility for Preventing Youth Homelessness

While the Washington State Domestic Violence Housing First Initiative was successful with youth who were parenting and who were at risk of homelessness due to domestic violence, national research shows that other factors are more predictive of a youth becoming homeless, e.g., identifying as LGBTQ; being involved with the juvenile justice or foster care systems; or experiencing problems at school, such as suspensions or truancy (that may, over time, result in legal proceedings related to the Becca Bill).¹⁵ As a result, the CYAB and the Planning Committee recommended targeting the initiative to address these predictors of homelessness by collaborating with schools, organizations that work with LGBTQ youth, and organizations that work with youth involved in the juvenile justice system.

While these are the target areas for identifying youth at imminent risk of homelessness, this does not mean that the Youth and Family Homelessness Prevention Model would be administered by schools or the juvenile justice system. Rather, it is likely that nonprofits, community agencies or faith organizations would provide assistance and administer the funds, because they could provide services any time of day or night and be able to leverage additional supports. Any organization receiving the funds would have to show strong partnerships with the schools, the juvenile justice system and the juvenile dependency system.

Because the Domestic Violence Housing First Initiative was not tested on youth and young adult, the success of this model at assisting youth and young adults at risk of homelessness will be carefully monitored and evaluated, and adjustments proposed as needed.

In addition to providing feedback on the overarching program model, the Planning Committee and the CYAB both provided feedback on the specific program implementation details outlined below.

¹⁵ <http://www.kingcounty.gov/courts/JuvenileCourt/truancy.aspx>

Who is Eligible?

The program is intended for youth and families who are at *imminent* risk of homelessness. It is not intended for youth or families who are already homeless, nor is it intended for youth or families who are at risk for homelessness, but not facing *imminent* risk. An example of imminent risk of homelessness is a young person or family who has been staying on friends' or families' couches, but may have exhausted all welcomes and will be on the street next week. Additional examples might be a youth who the school counselor knows will be thrown out of their parents' house if they come out, a young person who contacts Safe Place or another resource because of sexual or physical abuse, a young person who has been identified as being at risk by a librarian, school staff or community center staff, a youth exiting the justice system whose family refuses to take the youth back home, or a young person who may be aging out of the foster care system and has no housing or employment plans in place. The case manager/advocate will have to utilize judgment and experience in making the determination.

The outcomes measurements will be critically important in determining if the targeting was done appropriately. If people who are at imminent risk of homelessness are prevented from becoming homeless, we will see a decrease in the number of people who are newly homeless.

Should the Money Be Divided Between Youth and Families?

The Planning Committee and CYAB advised that the money should not be divided among population groups. Many youth are parenting, and it is these young families who are often at imminent risk of homelessness. Because this program is intended to step away from rigid requirements, dividing the money and creating definitions and funding formulas for youth and families did not seem prudent.

What are the Eligible Uses of Funding? Should Anything be Excluded as Eligible from the Flexible Funds?

Any expenditure that will prevent someone from becoming homeless should be an eligible use of the flexible funds that will be part of the proposed initiative. As noted in both the ordinance and discussion above, case management and flexible funding combine to create the model that

will be used for the Youth and Family Homelessness Prevention Initiative. Agencies will employ rigorous financial oversight to track where flexible funds are applied. The County will evaluate whether certain types of expenditures are more or less successful in preventing a family or youth from becoming homeless.

How Much Money Should Be Awarded in 2016?

A total of \$3,166,667 is anticipated to be allocated for the remainder of 2016. For future years, there has been discussion about potential options to spend the funds down at a rate that would exhaust the \$19 million total prior to the end of the levy (so as to make as large an impact as possible given the high level of need); or to allocate the funds evenly over time. Rather than address this issue at the moment, the Council will make decisions about allocation for future years within the context of the budget process, with the expectation of a minimum appropriation of \$3,166,667 each year. This will enable the Council to consider initial implementation of the initiative and make decisions through the budget process.

Building organizational capacity and creating the organizational culture change will take time. As a result, the Planning Committee and CYAB recommended that the funding awards be three-year contingent commitments to agencies, meaning the agency will receive the money for all three years provided that the agency is achieving outcomes, participating in the learning circles and implementing the evaluation. It is hard for agencies to staff up and plan with annual commitments, and a three-year commitment will enable better staff recruitment and continuity for the agency and individuals seeking assistance. Finally, by making the three-year commitment contingent on achieving outcomes, the County will be able to reallocate the money if necessary, and the Council will have the opportunity to review program outcomes and evaluate both the amount of money to be appropriated and the program model to be used.

Extensive training, ongoing learning circles and a rigorous evaluation will be part of the program design assuring agency and program success. Therefore, it is anticipated that reducing the commitment will be a rare occurrence.

In the initial stages of the program, it is likely that the domestic violence organizations that have been operating this program successfully for several years with the Gates and Medina

Foundation money will be able to be up and running before organizations for which this initiative is new. Rather than awarding those agencies more money, the Planning Committee recommended that not all of the money be awarded at once in the first year, since the initiative will begin midyear anyway. Some of the funds from the first year will be reserved to grant additional funds to agencies that run out of the flexible funds before the next year's allocation.

The CYAB provided extensive feedback on how to assure that funds will truly address racial, ethnic and LGBTQ disproportionality in homelessness. Their advice included:

- For many communities, including Native Americans and Asian Pacific Islanders, County staff making personal contacts and going to community leadership will be important.
- Meet with faith community leaders in the African American community.
- Ask that culturally-specific communities include funding/grant/RFP announcements in their newsletters.
- Send information to leadership tables for targeted populations and ask that they disseminate information.
- Use social media.
- The frequency of the ask is as important as where and to whom the ask is made.
- Use the CYAB to disseminate information.

In addition to these suggestions from the CYAB, outreach should also be conducted to engage immigrant and refugee populations, as well as provider agencies that serve survivors of commercial sexual exploitation and human trafficking.

Should All Recipients Have Data Entered into a Database that can be Matched with the Homeless Management Information System?

All agencies receiving money will be required to enter client data into a database that will enable data matching with the HMIS. The County's Department of Community and Human Services (DCHS) has been working with the vendor for the HMIS system to create a separate module for the data from the Youth and Family Homelessness Prevention Initiative. DCHS has

confirmed with the King County Prosecuting Attorney's Office that the prevention module will not be subject to the state HMIS consent requirements. By entering client data into a system that can match with the HMIS system, the County will know if a youth or family who receives services from the Youth and Family Homelessness Prevention Initiative successfully avoided homelessness. Some agencies will need to be trained on the prevention database module and the County may need to provide additional funding for computers or other information technology support.

To protect the safety of domestic violence survivors, agencies serving survivors will not be required to enter individual identifiers in the prevention database module (e.g., name, social security number), though the agencies will retain this information in their own databases. The County will be working with an outside entity, potentially the current evaluator for the Domestic Violence Housing First Initiative, to match the domestic violence agency prevention module data with data in the HMIS. During implementation of the Domestic Violence Housing First Initiative, agencies were able to successfully evaluate whether domestic violence survivors became homeless after receiving intervention, while at the same time protecting survivors' data.

Should a Common Client Intake and Assessment Form Be Utilized?

A common intake form will be utilized for program participants so that there is consistent information collected for evaluation purposes. In addition, it is likely that the common assessment form used for Coordinated Entry for All (a new approach adopted by the All Home Coordinating Board) to access homeless housing will also be utilized.

How Will Initiative Success Be Measured?

The Youth and Family Homelessness Prevention Initiative will measure success in three ways:

1. The individuals served do not show up in HMIS for homeless services in the future (meaning they have been able to avoid homelessness).
2. There is a reduction in the number of youth and families who are newly homeless.

It is essential that both outcomes are measured because if the program measures only whether individuals show up in HMIS for homeless services or not, there is no way of

knowing whether those individuals ever would have become homeless. However, if there is also a reduction in the number of newly homeless youth and families, it is clear that agencies are targeting the right individuals and families.

3. In addition, the CYAB and the Planning Committee recommended that the County evaluate at least one other factor besides “not becoming homeless.” This third measure will be developed as part of the overarching dashboard that is developed for the Best Starts for Kids Levy general implementation plan.

Some of the suggestions for a third measure include additional outcomes for youth such as no further engagement with criminal justice system or increased educational attainment. For families, additional factors suggested include safety and self-determination. The Department of Community and Human Services evaluation team will analyze which factors are measurable and work with other BSK evaluation teams to have consistent measures of success. Additionally, several CYAB members recommended training so that all fund recipients understand LGBTQ issues and are able to provide equitable and competent care to LGBTQ clients.

To ensure success in meeting the diverse needs of the youth and families seeking assistance, the Executive will transmit a report on program outcomes to the Council by June 1, 2018. Program outcomes, as summarized in that report, will be used to determine appropriation amounts to be included in the 2019-2020 biennial budget, as well as whether the model used for the initiative should be changed for some or all population groups. This report will also include information about how the implementation of the initiative is addressing disproportionality in the risk of becoming homeless.

How Will Providers Be Trained?

Training will be provided to agencies receiving money under this initiative. The experience of the Washington State Domestic Violence Housing First Initiative was that developing a client-centered and outcomes-focused agency culture took extensive training and intentional organization effort and buy-in. For that reason, learning circles for agencies administering the funding will also be part of the program.

What Type of Agencies/Organizations Should Be Targeted for the RFP?

Since the goal of the Youth and Family Homelessness Prevention Initiative is to identify and intervene with youth or families who are at imminent risk of homelessness, the agencies receiving funding should be those most likely to already be working with families or youth most at risk of homelessness. When directly asked, the CYAB provided significant advice regarding the best way of assuring that the model funds were placed in agencies, organizations and geographic areas that would be able to identify families and youth *before* they became homeless and address the racial, ethnic and socioeconomic disproportionality in family homelessness, and the racial, ethnic and sexual orientation disproportionality in youth homelessness.

Both the Planning Committee and the CYAB recommended targeting the issues and systems that lead to homelessness, e.g., domestic violence, juvenile justice and the populations that are disproportionately likely to become homeless, e.g., Native Americans, African Americans, Asian Pacific Islanders and LGBTQ youth. It will be imperative for any agency receiving the funds to be able to demonstrate how the organization will administer the funds in a way that will address the extreme disproportionality of people of color who enter homelessness at a rate significantly greater than the general population. Similarly, organizations will have to show how they will address the disproportionality of LGBTQ youth who are at imminent risk of homelessness.

The Children and Youth Advisory Board also emphasized that small cultural or ethnic organizations should be targeted for the initiative. Suggestions ranged from partnering large and smaller organizations during the Request for Proposal (RFP) process, assuring application support. The Department of Community and Human Services has already been working toward implementing some of the suggestions to reduce barriers for small organizations. For example, staff have been partnering with the county's Risk Management Division to reduce insurance barriers for small agencies.

Examples of types of agencies that the CYAB suggested would be appropriate fund recipients or partner entities included:

- Domestic violence agencies
- Agencies serving youth, including youth homeless agencies
- Schools (particularly school counselors and those addressing absenteeism, expulsions and suspensions)
- Public utilities agencies, since delinquent utility payments can be a predictor of housing loss
- Culturally-competent/focused organizations
- Organizations serving LGBTQ youth
- Public Health and other health facilities and clinics
- King County education and employment programs
- Faith-based organizations
- Youth clubs and recreation centers
- Agencies serving families, particularly new moms
- Agencies serving youth who are involved in the juvenile justice system
- Food banks
- Regional Access Points for accessing housing/homelessness services
- “Natural helpers” in community, e.g., libraries, first responders as referral sources.

In addition to targeting specific types of organizations, the CYAB also discussed the need to recognize the difference between delivery of services in rural versus urban contexts. The County will pay special attention through the allocation process to geographically isolated areas that have limited access to wrap-around services, including developing strategies to coordinate with existing local providers. In order to make funds available to all areas of the County, County staff are considering releasing separate regional RFPs so that the initiative will be available county-wide and to account for the differences in how services may be delivered in an urban versus a rural area. If the County does not issue regional RFPs, the County will still ensure regional availability of the program and consider potential differences in service delivery between urban and rural areas. The chair of the Council shall appoint up to three persons to serve on each RFP scoring panel for this initiative. Each person appointed shall be a council district staff designated by a council member.

In addition, the County will hold regional bidders' conferences for interested providers to help them learn about the initiative and the program model. During 2016, the County will expend up to \$100,000 to contract with a consultant to provide targeted assistance on the Domestic Violence Housing First program model, LGBTQ awareness and to provide technical assistance to small organizations to help draft RFP responses. Training will be focused on small organizations, particularly those that serve disproportionately-affected populations, to help them prepare proposals that are responsive to the RFP. All successful bidders will receive training to implement the initiative with fidelity to the model as well as to understand what resources currently exist for families and youth so that connections can be made to those programs. Within six weeks after each RFP process under this initiative has been concluded, agencies and allocation amounts have been determined and contracts with provider agencies selected are signed, the executive must transmit to the council a report listing the provider agencies to receive funding allocations, as well as the amount of funding allocated to each agency, and a motion accepting the report.

In order to effectively meet the needs of youth and families who are at imminent risk of homelessness, King County will implement strategies to ensure that at-risk populations, including families and youth of color, immigrant and refugee families and youth, LGBTQ youth, and victims of domestic violence, commercial exploitation and human trafficking, have access to providers who are trained and competent in meeting the unique needs of these at-risk populations. Strategies shall include contracting with organizations with proven competency, as well as making training available to build capacity and competency of organizations. The annual report shall include an analysis of the strategies being implemented and the effectiveness of those strategies.

Administration, Fiscal Management, Monitoring and Evaluation

The Department of Community and Human Services will administer, monitor and evaluate the Youth and Family Homelessness Prevention Initiative. Monitoring will consist of both financial and programmatic audits.

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

With respect to data and evaluation, the data that will be collected will mirror what is being collected for other programs or strategies in the community so that this initiative will not introduce a new data set being collected in the community.

Reports on program outcomes will be transmitted to the Council at least annually, by June 1 of each year, with the first report one year from the effective date of this ordinance and the second starting with June 2018. In addition, County staff will provide the Council with regular status briefings at the relevant committee on the model, agency implementation, and client outcomes.

If the Best Starts for Kids general implementation plan approved by Council includes a provision requiring annual reporting, program outcomes for the Youth and Family Homelessness Prevention Initiative shall be reported within that annual report. However, the initial program outcomes report for the Youth and Family Homelessness Prevention Initiative required to the Council by June 1, 2018, in an earlier section of this implementation plan, will be required to be transmitted as a stand-alone report to guide the Council in determining the efficacy of the Domestic Violence Housing First model for future funding.

While it is understood that evaluation of the Youth and Family Homelessness Prevention Initiative will be conducted through the general Best Starts for Kids evaluation, and that evaluation model has yet to be determined, DCHS may wish to consult with the Washington State Institute for Public Policy¹⁶ or similar research and public policy organizations to develop a model and protocols for evaluation. DCHS will seek to obtain philanthropic funding to secure

¹⁶ <http://www.wsipp.wa.gov/>

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

IV. Collaboration with the Children and Youth Advisory Board and Homelessness Prevention Model Planning Committee

Ordinance 18088 directs the County Executive, to the maximum extent possible, to develop the Youth and Family Homelessness Prevention Initiative in collaboration with the Children and Youth Advisory Board (CYAB). The Children and Youth Advisory Board members were approved by King County Council and became official on January 25, 2016. The Executive convened the CYAB on February 9, 2016, for an orientation, at which time the CYAB reviewed the Youth and Family Homelessness Prevention Initiative in an unofficial capacity. The Children and Youth Advisory Board reviewed the initiative again at its first official meeting on February 23, 2016, at which time they made formal recommendations about the Youth and Family Homelessness Prevention Initiative.

Because of the short time between approval of the CYAB and the March 1, 2016, deadline to submit the Youth and Family Homelessness Prevention Implementation Plan, executive staff also convened a Youth and Family Homelessness Prevention Model Planning Committee (Planning Committee) to advise on the design for the plan. The Planning Committee met three times in January and February 2016 to help guide the implementation plan. Members of the committee (an * indicates that the individual is also a member of the Children and Youth Advisory Board) include:

Alison Eisinger

Seattle King County Coalition on Homelessness

Edith Elion

Atlantic Street Center

Melinda Giovengo	YouthCare
Terry Pottmeyer*	Friends of Youth
Kira Zylstra	All Home
	King County Department of Community and Human
	Services
Hedda McLendon	City of Redmond
Colleen Kelly	City of Seattle
Jason Johnson	Washington State Coalition Against Domestic Violence
Linda Olsen	Raikes Foundation
Katie Hong*	Public Health
TJ Cosgrove	LifeWire
Maria Williams	LifeWire
Barbara Langdon*	Kent School District
Calvin Watts*	City of Seattle
Isabel Munoz	City of Seattle
Leilani Della Cruz	King County Coalition Against Domestic Violence
Merrill Cousins	Medina Foundation
Aana Lauckhart	

September 7, 2016

[SAG]

Sponsor: Kohl-Welles

Proposed No.: 2016-0281.2

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

2 **2**

3 On page 1, beginning on line 4, strike everything through page 10, line 193, and insert:

4 "STATEMENT OF FACTS:

5 1. In July 2015, Ordinance 18088 submitted to the voters of King County
6 a proposition known as the "best starts for kids levy," authorizing a regular
7 property tax levy in excess of the levy limitation for six consecutive years,
8 ~~commencing in 2016,~~ at a rate ~~of not more than to exceed~~ fourteen cents
9 per ~~one~~ thousand dollars of assessed value in the first year and with an
10 increase of up to three percent in the five succeeding years, for the purpose
11 of funding prevention and early intervention strategies to improve the
12 health and well-being of children, youth and their communities.

13 2. The six-year levy commencing in 2016 ~~was~~ has been approved by the
14 voters ~~and identified the eligible expenditures~~ for the ~~levy proceeds~~
15 express purpose of paying costs as outlined in Ordinance 18088, Section

16 5. Except for levy proceeds designated for the youth and family
17 homelessness prevention initiative and ~~elections costs~~-sums necessary to

18 provide for the costs and charges incurred by the county that are
19 attributable to the election, the remaining levy proceeds may only be
20 expended as authorized in Ordinance 18088, Section 5.C.

21 3. Ordinance 18088, Section 5.C., authorized the following expenditures
22 from levy proceeds:

23 a. Fifty percent that shall be used to plan, provide and administer
24 strategies focused on children and youth under five years old and their
25 caregivers, pregnant women and for individuals or families concerning
26 pregnancy. Of these moneys, not less than \$42.8 million shall be used to
27 provide health services, such as maternity support services and nurse
28 family partnership home visiting program services;

29 b. Thirty-five percent that shall be used to plan, provide and administer
30 strategies focused on children and youth ages five through twenty-four
31 years old;

32 c. Ten percent that shall be used to plan, provide and administer
33 communities of opportunity; and

34 d. Five percent that shall be used to plan, fund and administer the
35 following:

36 (1) evaluation and data collection activities;

37 (2) activities designed to improve the delivery of services and programs
38 for children and youth and their communities;

39 (3) services identified in Ordinance 18088, Section 5.B. provided by
40 metropolitan park districts in King County. Of these moneys identified in

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41 Ordinance 18088, Section 5.C.4.c., an amount equal to the lost revenues to
42 the metropolitan park districts resulting from prorationing as mandated by
43 RCW 84.52.010, up to one million dollars, that shall be provided to those
44 metropolitan park districts if authorized by the county council by
45 ordinance. ; and

46 3 (4) services identified in Ordinance 18088, Section 5.B. provided by
47 fire districts, in an amount equal to the lost revenues to the fire districts in
48 King County resulting from prorationing, as mandated by RCW
49 84.52.010, for those services, to the extent the prorationing was caused
50 solely by the best starts for kids levy and if authorized by the county
51 council by ordinance.

52 4. Ordinance 18088 also directs that by June 1, 2016, the executive
53 transmit to the council for review and approval an implementation plan for
54 that identifies the strategies to be funded and outcomes to be achieved
55 with the use of levy proceeds described in Ordinance 18088, Section 5.C.,
56 that shall identify the strategies to be funded and outcomes to be achieved.
57 The Ordinance 18088 required this plan shall to be developed in
58 collaboration with the oversight and advisory board and the communities
59 of opportunity interim governance group, as applicable, and. Ordinance
60 18088 also required that, to the maximum extent possible, this
61 implementation plan take into consideration the county's youth action
62 plan, adopted by Motion 14378. The plan shall also take into
63 consideration, and any recommendations of the county's juvenile justice

64 ~~and equity~~ steering committee to address juvenile justice
65 disproportionality that was formed in 2015 that are adopted into policy.
66 45. An oversight and advisory board was established by ordinance as
67 directed by Ordinance 18088 to serve as the oversight and advisory board
68 for the portion of levy proceeds described in Ordinance 18088, Section
69 5.C.1., 2. and 4. The oversight and advisory board, referred to in this
70 statement of facts as the children and youth advisory board, under the
71 guidance of the department of community and human services, met six
72 times in order to provide input on the development of the best starts for
73 kids prenatal to twenty-four portions of the implementation plan.
74 6. Ordinance 18088 also directed that the applicable portions of the
75 implementation plan be developed in collaboration with the communities
76 of opportunity interim governance group. The communities of
77 opportunity interim governance group met eleven times from January
78 through May 2016 to provide input on the development of the
79 communities of opportunity portion of the implementation plan. ~~The~~
80 ~~implementation plan is Attachment A to this ordinance.~~
81 57. In addition to the input of the children and youth advisory board, the
82 executive convened sixteen community conversations throughout the
83 county to help shape the plan, gathering input from almost one thousand
84 community members.
85 68. The executive also convened a science and research panel composed
86 of twenty local and national science and practice experts. The panel

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87 provided review of components of the implementation plan related to
88 strategies aimed at children and youth birth to twenty-four years old to
89 ensure there is alignment with the latest research and scientific evidence.

90 ~~79~~. Input was sought from local municipalities including through the
91 Sound Cities Association Best Starts for Kids Roundtable and meetings
92 with the city of Seattle.

93 ~~810~~. Approximately twenty-five thousand children are born in King
94 County every year. County residents under age eighteen comprise twenty-
95 one percent of the county's population. Nearly half of people under age
96 eighteen in King County are people of color.

97 ~~911~~. According to the Center for the Developing Child, eighty-five
98 percent of the human brain is developed by age three and the basic skills
99 necessary to be ready to learn in school and be successful as an adult are
100 developed by age five before children go to school.

101 ~~1012~~. A second significant time of brain development is adolescence.
102 According to the National Institute of Mental Health, the parts of the brain
103 responsible for controlling impulses and planning ahead, which are the
104 hallmarks of successful adult behavior, mature during adolescence.
105 Adolescence is also the critical period when young people learn to form
106 safe and healthy relationships, and when many patterns of health
107 promoting or potentially health-damaging behaviors are established.

108 ~~1113~~. According to the Centers for Disease Control and Prevention,
109 adverse childhood experiences can have a tremendous impact on lifelong

110 health and opportunity, can impact healthy brain development, and have
111 been linked to risky behaviors, mental health and physical health
112 problems, increasing the odds of experiencing homelessness as an adult
113 and contributing to a shorter life expectancy.

114 ~~12~~14. Researchers at the Center for the Study of Social Policy have
115 combined research on stress and the impact of ACESadverse childhood
116 experiences on brain development with research on positive child and
117 youth development, resilience and neuroscience to identify protective and
118 promotive factors for children, families and youth that increase the
119 likelihood that children and youth can develop into healthy, thriving
120 adults. The implementation plan incorporates much of this research on
121 protective and promotive factors in its strategies.

122 ~~13~~15. Disparities in health and well-being exist within King County.
123 According to U.S. Census data, the percentage of children five and under
124 living in poverty is as low as six percent in some regions of the county and
125 as high as twenty-six percent in other regions. According to the
126 Washington Sstate Department of Health, infant mortality is four times
127 higher in some areas of King County than others and approximately one-
128 third of pregnant women do not receive the recommended levels of
129 prenatal care. Data from the Washington State Healthy Youth Survey
130 shows that one in five adolescents is overweight or obese. The same
131 survey data shows that twenty-nine percent of adolescents report having

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132 depressive feelings and twenty-five percent report using alcohol or other
133 illicit drugs.

134 ~~1416~~. One of the areas where disparities exist in those who do not receive
135 appropriate services before a crisis occurs is in the juvenile justice system.
136 The King County office of performance, strategy and budget's King
137 County juvenile justice statistics report shows that in the first quarter of
138 2016, 85.7 percent of the young people in secured detention were young
139 people of color, whilewith 59 percent werebeing African American young
140 people. King County is committed to ending disproportionality in the
141 juvenile justice system.

142 ~~1517~~. The majority of levy proceeds from the voter-approved best starts
143 for kids levy is intended to go to community partners to provide services
144 in the community. As the plan is implemented, one of the county's goals
145 is to ensure that diverse communities and small organizations, including
146 those that are using emerging and innovative approaches to provide
147 services, are able to access moneys in order to provide culturally
148 appropriate services in King County. The county intends to collaborate
149 with these organizations and help evaluate innovative new programs and
150 services to demonstrate their effectiveness.

151 ~~1618~~. Communities of Opportunity is addressing inequities in health,
152 social racial and economic outcomes across the region so that
153 communities with the most to gain can thrive. Communities of
154 Opportunity has been in existence since 2014. The best starts for kids

155 investments will strengthen Community of Opportunity's interlocking
156 elements: places; institutional, policy and systems change; and learning
157 community.

~~158 –a. Investments that support the capacity of geographic or culturally-~~
159 ~~based community partnerships to implement strategies related to health,~~
160 ~~housing, community connection and economic prosperity;~~

~~161 –b. Investments that implement common strategies and system level~~
162 ~~solutions for all Communities of Opportunity partners;~~

~~163 –c. Investments that build diversity, equity and inclusion into the~~
164 ~~institutions, systems, business models and policies that shape our~~
165 ~~communities; and~~

~~166 –d. Investment in a regional learning community infrastructure that unites~~
167 ~~all community partners working towards shared results.~~

168 1719. In 2010, the King County council enacted Ordinance 16948,
169 transforming its work on equity and social justice from an initiative to an
170 integrated effort that intentionally applies the King County Strategic Plan's
171 "fair and just" principle to county actions and integrates equity and social
172 justice practices to eliminate inequities and create opportunities for all
173 people and communities. The services identified in the implementation
174 plan are intended to meet the goals of the 2016 King County's Equity and
175 Social Justice Plan.

176 1820. In 2013, the council adopted Motion 13943, accepting the Health
177 and Human Services Transformation Plan. The transformation plan

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178 establishes the county’s goal that, by 2020, the people of King County will
179 experience significant gains in health and well-being because our
180 community worked collectively to make the shift from a costly, crisis-
181 oriented response to health and social problems, to one that focuses on
182 prevention, embraces recovery and eliminates disparities. The
183 implementation plan ~~is~~aims to be consistent with that vision.

184 ~~1921~~. In 2014, the county enacted Ordinance 17738, establishing the
185 youth action plan task force and providing policy direction regarding the
186 development of a youth action plan. The implementation plan is
187 ~~consistent~~generally aligned with the youth action plan’s recommendations.

188 ~~2022~~. To develop the plan for eligible expenditures of levy proceeds
189 authorized by Ordinance 18088, Section 5.C.4.c., the county worked with
190 metropolitan parks districts that had their property tax levy reduced in
191 2016 due to prorationing under RCW 84.52.010 to identify eligible
192 programs or services that could be funded with levy proceeds. Those
193 programs and services eligible for funding with the best starts for kids levy
194 proceeds have been incorporated into the implementation plan,
195 ~~Attachment A to this ordinance.~~

196 BE IT ORDAINED BY THE COUNCIL OF KING COUNTY:

197 SECTION 1. The Best Starts for Kids Implementation Plan, Attachment A to this
198 ordinance, is hereby approved. The plan may be amended by ordinance.

199 SECTION 2. ~~No later than one year after the effective date of this ordinance, the~~
200 ~~executive shall transmit the first annual report describing the programs funded and~~

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201 ~~outcomes for the children, youth, families and young adults served. Thereafter, the~~
202 ~~executive shall transmit annual performance evaluation reports by June 1 of each year~~
203 ~~through 2021. If a decision is made to report jointly with annual reports on the best start~~
204 ~~for kids youth and family homelessness prevention initiative, the implementation plan for~~
205 ~~which was approved by Ordinance 18285, in 2019 or after, these joint reports shall be~~
206 ~~transmitted no later than June 1 of each year, including in 2019. No later than July 1,~~
207 ~~2017, the executive shall transmit the Best Starts for Kids Evaluation and Performance~~
208 ~~Measurement Plan. All reports required by this section shall be developed in consultation~~
209 ~~with and reviewed by the children and youth advisory board before transmittal. Any~~
210 ~~report required by this section shall be filed in the form of a paper original and an~~
211 ~~electronic copy with the clerk of the council, who shall retain the original and provide an~~

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212 ~~electronic copy to all councilmembers and all members and alternate members of the~~
213 ~~regional policy committee, or its successor.~~A. The executive shall develop and transmit
214 the reports and plans required in Attachment A to this ordinance in the manner and by the
215 deadlines set forth in Attachment A.

216 B. Any report or plan required by this ordinance shall be filed in the form of a
217 paper original and an electronic copy with the clerk of the council, who shall retain the
218 original and provide an electronic copy to all councilmembers and all members and
219 alternate members of the regional policy committee, or its successor.

220 SECTION 3. Ordinance 18285, Section 3, is hereby amended to read as follows:
221 ((One year from the effective date of this ordinance)) By May 27, 2017, the executive
222 shall submit to the metropolitan King County council a report describing the people
223 served and outcomes of the youth and family homelessness prevention initiative. No
224 additional reporting is required in 2017. By June 1, 2018, the executive shall transmit a
225 program outcomes report for the youth and family homelessness prevention initiative
226 independent of any report for the entire best starts for kids levy ordinance. Thereafter, by
227 June 1 of each year, until June 1, 2022, the executive shall include reporting for the youth
228 and family homelessness prevention initiative in any annual report for the entire best
229 starts for kids levy ordinance. Any report required by this section shall be filed in the
230 form of a paper original and an electronic copy with the clerk of the council, who shall
231 retain the original and provide an electronic copy to all councilmembers."

232 SECTION 4. Ordinance 18285, Section 2 is hereby amended to read as follows:

REDLINE

233 The family and youth homelessness prevention initiative implementation plan,
234 updated September 6, 2016, Attachment ((A to Ordinance 18285)) B to this ordinance, is
235 hereby approved."

236

237 Delete Attachment A, Best Starts for Kids Implementation Plan, Updated July 13, 2016,
238 and insert Attachment A, Best Starts Implementation Plan, Updated September 7, 2016.
239 Engross any adopted amendments to the striking amendment, and delete the line
240 numbers.

241

242 Insert Attachment B. Youth and Family Homelessness Prevention Initiative
243 Implementation Plan, Updated September 7, 2016.

244

245 **EFFECT:**

246 **The amendment would make a number of changes to the proposed implementation**
247 **plan (Attachment A to the Proposed Ordinance). It would:**

- 248 • **Make a policy statement about the intent to deliver services in a culturally**
249 **sensitive way.**
- 250 • **Update Equity and Social Justice language and improve consistency of this**
251 **language throughout the plan.**
- 252 • **Note the impacts of historic and structural inequities and discuss ways**
253 **programming and strategies will seek to address these including through**
254 **investments in data and seeking to contribute to systemic and structural**
255 **solutions.**

- 256 • **Update expected revenue and funding allocation figures using August 2016**
257 **forecast from KC Office of Economic Analysis and corrects two technical**
258 **errors to est. funding levels.**
- 259 • **Clarify that funding amounts are estimates, insert investment flexibility**
260 **language and provide that all strategies and programs in the plan are subject**
261 **to future procurement and appropriations decisions.**
- 262 • **Add language noting that inclusion of an organization in the plan as an**
263 **example does not imply that the organization will be guaranteed to receive**
264 **funding or be prioritized for funding.**
- 265 • **Restructure some of the headline indicators and would request specified**
266 **secondary indicators be included in the Evaluation and Performance**
267 **Measurement Plan due in 2017.**
- 268 • **Clarify the types of evaluations that may be conducted and would note that**
269 **BSK funds will be used to conduct an independent evaluation of the first 1.5**
270 **years of the Youth and Family Homelessness Prevention Initiative.**
- 271 • **Note that with regards to inequity. BSK has a two-fold objective: expanding**
272 **quantity and quality of data in order to understand the inequities that might**
273 **exist in King County and to reduce inequities through focused funding to**
274 **address disparities and disproportionalities.**
- 275 • **Add COO Interim Governance Group as a collaborator in the**
276 **implementation plan developed, fixing a technical omission.**
- 277 • **Add language setting aside at least 1% of funds over the life of the levy from**
278 **each, the Prenatal – 5 Years, Approaches and Investments allocation and the**

279 **5 – 24 Years, Approaches and Investments, for contracting with one or more**
280 **independent organizations to provide front-end and long-term community**
281 **outreach, technical assistance and capacity building.**

282 • **Call out specific populations of children and youth that may be eligible for**
283 **funding under a range of strategies.**

284 • **Establish a reserve for the innovation fund and require transmittal of clear,**
285 **written specifications and investment processes for each contemplated**
286 **investment strategy when supplemental appropriations ordinances are**
287 **transmitted for Innovation Fund expenditures.**

288 • **Clarify that Parent/Peer Supports programming can include the provision of**
289 **services and supplies.**

290 • **Under the Workforce Development Program would add building knowledge**
291 **about Washington State’s safe haven law as a program component.**

292 • **Add language noting that implementation staff will work with agencies**
293 **toward a goal of making services available to youth directly.**

294 • **Add two program components under the Meet the Health and Behavior**
295 **Needs of Youth under the work performed through School-based Health**
296 **Centers: 1) increase knowledge of Washington State’s safe haven law and 2)**
297 **support activities to increase adolescent vaccination. The latter specifies a**
298 **funding level of \$400,000 2017-2021 annual average.**

299 • **Add one program component to the Healthy and Safe Environments**
300 **program area under the access to healthy and affordable foods approach**

- 301 **that would work to improve healthy behaviors for eating and physical**
302 **activity.**
- 303 • **Strike transmitted Section VII, Communities of Opportunity (COO)**
304 **allocation, and substitute redrafted Section VII proposed by Executive staff**
305 **to be considered instead of the transmitted section.**
 - 306 • **Note that within rural areas and other pockets throughout the county may be**
307 **affected by inequities in health and well-being.**
 - 308 • **Adds est. investment percent ranges for COO investments in 2017-2018**
309 **biennium.**
 - 310 • **Provide clarification on the history and potential future of place-based**
311 **communities, original sites funding.**
 - 312 • **Add language that permits the COO Advisory Board to expand eligibility for**
313 **place-based communities awards.**
 - 314 • **Specify that rural communities can receive funding through the cultural**
315 **communities investment strategy.**
 - 316 • **Provide for the role of the COO Advisory Board in the development of**
317 **mandatory reports and plans.**
 - 318 • **Set BSK reporting schedule including synching with the Youth and Family**
319 **Homelessness Prevention Initiative reporting cycle and would amend the**
320 **Youth and Family Homelessness Prevention Initiative approval Ordinance**
321 **and the plan itself for consistency.**
 - 322 • **Require final BSK and FYHP Initiative reporting in 2022.**

REDLINE

- 323 • **Provide for reporting of changes in performance measurements, funded**
- 324 **programs and revisions to BSK Evaluation and Performance Measurement**
- 325 **Plan**
- 326 • **Add chart on Racial and Ethnic Categories Available by Data Source to**
- 327 **Appendix 1**
- 328 • **Make typographical and grammatical corrections.**
- 329 • **Add and clarify definitions for key terms used throughout the document.**
- 330

REDLINE



King County

Best Starts for Kids Implementation Plan

Attachment A for S1

September 7, 2016

Red-line version

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

1

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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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VISION FOR *BEST STARTS FOR KIDS*

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

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

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

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

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

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

- 38 • **Equity and Social Justice.**~~1-King County intentionally applies the principle of “fair and just” in all we~~
 39 ~~do, to assure equitable opportunities for all people and communities. Ultimately, our Equity and~~
 40 ~~Social Justice Strategic Plan will provide a platform for accurately defining the disparities that~~
 41 ~~currently exist in our community and identifying the most promising solutions toward advancing~~
 42 ~~social, economic and racial equity.~~

43
 44 Consistent with our ESJ Ordinance and the historical and persistent patterns of inequities, King County
 45 focuses on equity impacts on communities of color,² low-income³ populations, and limited English-
 46 speaking residents when undertaking a body of work. We recognize that true opportunity requires that
 47 every person has access to the benefits of our society regardless of race, ethnicity, gender, religion,
 48 sexual orientation, ability or other aspects of who we are, what we look like, where we come from,
 49 where we live and what we believe in.

50
 51 Best Starts for Kids recognizes historic and structural inequities and the fact that these have impacted
 52 populations to varying degrees. Some of the resulting disparities and disproportionalities may be
 53 difficult to document because of lack of adequate data. Thus, Best Starts for Kids will invest investments
 54 aimed at expanding quantity and quality of data. Best Starts for Kids will also seek to contribute to
 55 systemic and structural solutions as it continues to partner with communities to develop and implement
 56 programs that work for them.

- 57
 58 • **Health and Human Services Transformation.** The Health and Human Services Transformation Plan
 59 defines an accountable, integrated system of health, human services, and community-based
 60 prevention for King County. Our vision is that by 2020, the people of King County will experience
 61 significant gains in health and well-being because our community worked collectively to make the
 62 shift from a costly, crisis-oriented response to health and social problems, to one that focuses on
 63 prevention, embraces recovery and eliminates disparities by providing access to services that people
 64 need to realize their full potential.

65
 66 As part of the County’s commitment to these two policies, in April 2015, County Executive Dow
 67 Constantine transmitted an ordinance to the King County Council proposing that a property tax levy to
 68 fund *Best Starts for Kids* be placed on the November 2015 ballot. In July 2015, Council approved an
 69 ordinance (Ordinance 18088) to send the BSK Levy to the voters for the purpose of funding prevention
 70 and early intervention strategies to improve the health and well-being of children, youth and their
 71 communities. The BSK Levy was approved by King County voters in November 2015.

72
 73 **BSK RESULTS**

74 All the work of *Best Starts for Kids* will aim to drive toward the following results, which we envision for
 75 all of King County’s children, youth and young adults.
 76

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 **as they progress through childhood**, building academic and life skills to be thriving members of their communities.⁴
- 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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PRELIMINE

81 EXPECTED REVENUE AND FUNDING ALLOCATIONS

82
83 Per the August 2016 forecast from the King County Office of Economic Analysis, it is expected that the
84 BSK Levy is expected to will generate just over \$400almost \$399 million over the next six years, at a cost
85 to the average King County property owner of approximately \$56 per year:
86

Expected Revenue (in millions)	
2016	\$59.5
2017	\$62.13
2018	\$64.95.1
2019	\$67.78.0
2020	\$70.31.1
2021	\$73.74.2
2016-2021 TOTAL:	\$398.6400.1

87
88
89 BSK revenue will support the County and its community partners to achieve the BSK Rresults (above) for
90 all King County children, youth, families and communities. The *Best Starts for Kids* Levy ordinance⁵
91 mandates the following funding allocation for the total levy, excepting \$19 million in initial collections
92 for a youth and family homelessness prevention initiative and amounts for costs attributable to the
93 election:
94

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^a 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 build on 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 individual and population health and well-being outcomes. -a child's success. It also supports local communities in building their own capacity to creative 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.

95
96 The table below shows how the allocations described on the previous page tie, at a high level, to the
97 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)	\$184,977,265,000	50%
Sustain the Gain (5-24 Years)	\$129,483,128,985,000	35%
Communities of Opportunity	\$36,996,853,000	10%
Evaluation, Improvement, and Accountability <i>Of this amount, \$1,000,000 is reserved for eligible services provided by prorationed fire and parks districts</i>	\$18,498,426,000	5%
SUBTOTAL:	\$369,954,368,529,000	100%
Levy Reserves (60 days of expenditures)	\$11,000,10,960,000	
TOTAL USE OF LEVY PROCEEDS:	\$400,071,398,606,000	

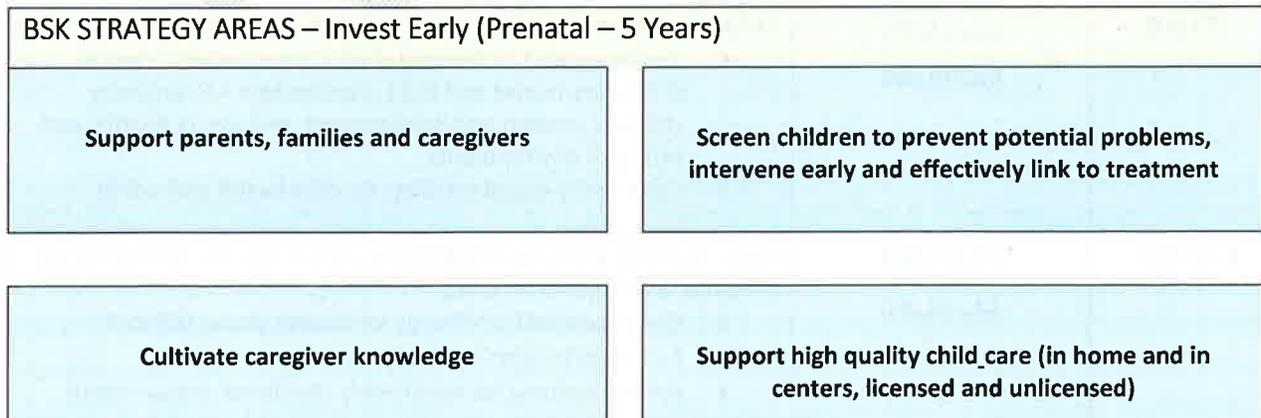
98

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

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

104 **Invest Early**

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



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

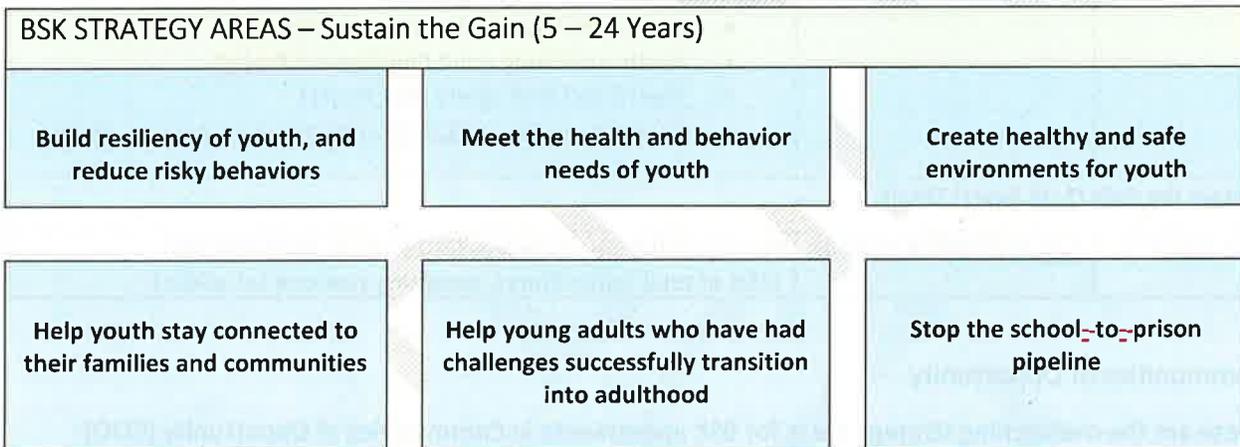
Invest Early (Prenatal – 5 Years)		
Estimated Funding Levels		Programmatic approaches
2016	2017-2021 average	
\$350,000	\$1,554,000 <u>\$1,560,000</u>	Innovation Fund for programs driven by specific community interests/needs
\$497,000	\$9,193,000 <u>\$9,230,000</u>	Home-Based Services, including investments such as: <ul style="list-style-type: none"> • Home visiting • Community-based programs and innovative approaches
\$95,000	\$2,351,000 \$2,360,000	Community-Based Parenting Supports, including investments such as: <ul style="list-style-type: none"> • Prenatal and breastfeeding support • <u>Immunization education</u> • Injury prevention • Oral health • Healthy vision • Immunization education • <u>Injury Prevention</u> • Environmental health, including <u>asthma</u>, <u>lead</u> <u>and</u>, 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	\$598,000 \$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	\$2,221,000 \$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	\$7,281,000 \$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	<u>\$1,434,000</u> <u>\$1,440,000</u>	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, <u>including information on newborn safety</u>
\$3,481,000	<u>\$9,552,000</u> <u>\$9,590,000</u>	Investment in Public Health’s Maternal/Child Health Services
\$449,000	<u>\$1,484,000</u> <u>\$1,490,000</u>	Help Me Grow Framework-Caregiver Referral System
Invest Early (Prenatal – 5 Years) Totals:		
\$5,886,000	<u>\$35,675,800</u> <u>\$35,818,200</u>	Total over the life of the levy (2016-2021): \$184, <u>265,000</u> <u>977,000</u> (50% of total expenditures, excepting year-one set-asides)

108

109 Sustain the Gain

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



111

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

114

Sustain the Gain (5 - 24 Years)		
Estimated Funding levels		Programmatic approaches
2016	2017-2021 average	
\$1,121,000	<u>\$10,957,000</u> <u>\$11,0400,000</u>	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	\$2,938,000 \$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	\$5,598,000 \$5,6220,000	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 • Screening and early intervention for mental health and substance abuse
\$100,000	\$1,474,000 \$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	\$4,363,000 \$4,380,000	Stop the School-to-Prison Pipeline, including investments such as: <ul style="list-style-type: none"> • Prevention/Intervention/Reentry <u>Project</u> • Youth and Young Adult Employment <u>Project</u> • <u>Theft 3 and Mall Safety Pilot Project</u> • <u>Students Creating Optimal Performance Education (SCOPE)</u>
Sustain the Gain (5-24 Years) Totals:		
\$2,325,000	\$25,332,000 \$25,431,600	Total over the life of the levy (2016-2021): \$129,483,000 (35% of total expenditures, excepting year-one set-asides)

115

116 Communities of Opportunity

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

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

118

119

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

Communities of Opportunity		
<u>Estimated</u> Funding levels		Programmatic approaches
2016	2017-2021 average	
\$489,000	\$7,272,800	<u>Geographic or cultural community-based investments: Places: Awards to Community Partnerships</u> <ul style="list-style-type: none"> • <u>In current sites: Investments in original place-based sites</u> • <u>To expand geographic or cultural communities participating with COO: Awards to other place-based sites</u> • <u>To implement common strategies and system-level solutions for all COO partners: Awards to cultural communities</u>
		<u>Investments in Community Organizations and Intermediaries to Work on Institutional, System and Policy Change</u>
		<u>Learning Community</u> <ul style="list-style-type: none"> • <u>Strategic investments to benefit COO partners broadly</u> • <u>Forums</u> • <u>Technical assistance</u>
Communities of Opportunity Totals: <u>Total over the life of the levy (2016-2021): \$36,583,000</u> <u>(10% of total expenditures, excepting year-one set-asides)</u>		

122

123

		<p>Learning Community Investments</p> <ul style="list-style-type: none"> — Infrastructure that will unite work in common — Strategic investments to benefit COO partners broadly — Forums • Technical assistance •
<p>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)</p>		

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

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INVESTMENT FLEXIBILITY

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

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

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

159

HEADLINE INDICATORS

160
 161 BSK strategies will contribute toward progress in a set of headline indicators. The headline indicators are
 162 aspirational measures that help quantify BSK’s three overarching results, and will be used to align
 163 partners and investment strategies. The headline indicators were vetted with the Children and Youth
 164 Advisory Board and other experts and community partners.

165
 166 Headline indicators are about an entire population, (for example, young adults in King County) and are
 167 impacted by factors outside of BSK investments. Through a ~~Results-Based Accountability~~ Results-based
 168 accountability ~~Results-Based Accountability~~ framework⁶, we have defined how BSK will contribute to
 169 improving headline indicators. These headline indicators will be measured and reported annually as part
 170 of the Annual Report discussed in Section VIII, Evaluation and Performance Measurement Framework.

171
 172 The charts below list the headline indicators for each of the three BSK results. **A full explanation of the**
 173 **technical definitions and a list of example secondary, supporting indicators are included in Appendix**
 174 **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
<ul style="list-style-type: none"> <u>Lowering the rate of child abuse or neglect</u>

175

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 <u>not</u> using illegal substances

176

• Youth who are flourishing and resilient, as described by curiosity, resilience and self-regulation
• Youth and young adults who are in excellent or very good health
• Youth who graduate from high school on time
• Youth and young adults who are either in school or working
• High school graduates who earn a college degree or career credential
• Youth who are not using illegal substances

177

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
• <u>Renters paying less than 30 percent of their income for housing</u>
• Involuntary displacement of local residents
• Life expectancy
• Physical activity levels among youth and adults
• <u>Involuntary displacement of local residents</u>

178

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

183

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

189

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

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

IMPLEMENTATION DRIVERS

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

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

BSK IMPLEMENTATION – Guided by Data and Outcomes

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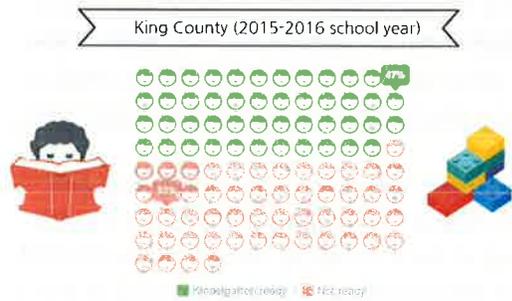
Best Starts for Kids will support all King County residents and regions to achieve their full potential by balancing and aligning King County's other crucial investments addressing crises and chronic problems, with the BSK approach, which is focused on promotion, prevention and early intervention, leading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

BSK implementation will be informed by data – both qualitative and quantitative – to assure that we move the needle to improve health and well-being. In determining the headline indicators and developing the implementation plan, we have been guided by data that illustrate the unacceptable current state of health and well-being for many of our children and youth, and the significant disparities experienced by our children and youth of color.⁷ Section IV highlights themes that emerged from analyses of community conversations, youth focus groups, and related documents.

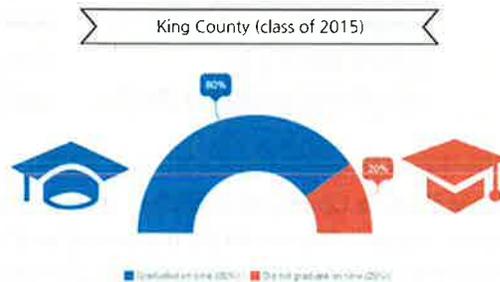
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The infographics below show the current state in our County for two of the indicators: kindergarten readiness and on-time high school graduation. Infographics detailing all of the BSK results for Invest Early and Sustain the Gain are included in Appendix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

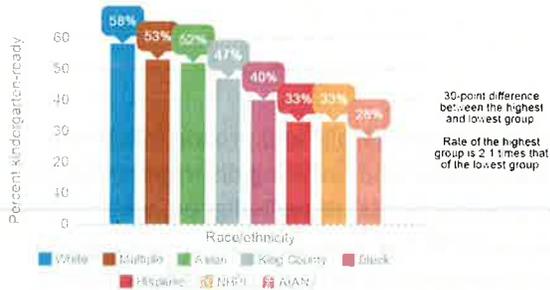
Less than half of King County children were ready for kindergarten



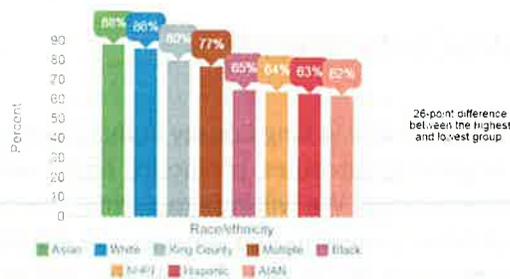
8 out of 10 students graduated on time from high school in 2015



By race/ethnicity (2015-2016 school year)



By race/ethnicity (class of 2015)



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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

246 (CYAB), the BSK Science and Research Panel, the Youth Action Plan Task Force, the Community Center
 247 for Education Results Roadmap Project, the Transformation Plan Advising Partners Group, the King
 248 County Alliance for Human Services and the Youth Development Executive Directors Coalition. County
 249 staff also reviewed and consulted with jurisdictions and organizations from around the United States
 250 and the world, and mined the research regarding best and promising practices.
 251

BSK Implementation – Led by Community Priorities and Delivered through Partnerships

252
 253 *Best Starts for Kids* is a strengths-based approach, which will maximize the assets and knowledge of our
 254 richly diverse County and its many communities and cultures. In developing BSK strategies and this
 255 implementation plan, King County turned directly to communities and partners across our region for
 256 input and guidance. These conversations provided critical input to assure that the plan reflects County
 257 residents' needs and expectations. The implementation plan is also based on the extensive community
 258 work done in preparation of the Youth Action Plan and *Best Starts for Kids* prior to adoption. A
 259 discussion of BSK's approach to community priorities and partnerships is in Section IV.
 260

261 As we move into the implementation stage of BSK, community partnerships and community voice will
 262 continue to be essential. One asset for assuring that BSK implementation reflects community priorities is
 263 the Children and Youth Advisory Board (CYAB). The BSK ordinance directed the creation of an oversight
 264 and advisory board to provide recommendations and monitoring on the distribution of levy proceeds
 265 related to children and youth ages 0-24.⁸ The ordinance stated that the oversight and advisory plan be
 266 consistent with the recommendations contained in the County's Youth Action Plan (YAP), and that the
 267 oversight and advisory board must comprise a wide array of King County residents and stakeholders
 268 with geographically and culturally diverse perspectives. In December 2015, Executive Dow Constantine
 269 appointed 35 experts, researchers and community leaders to the CYAB (see the full roster in Appendix
 270 3). King County Council approved the members in February 2016 (see information about the Council's
 271 action online at <http://www.kingcounty.gov/council/news/2016/January/01-25-CYAB.aspx> here). The
 272 CYAB carries dual responsibilities tied to the Best Starts for Kids Levy and the Youth Action Plan.
 273

274 Communities of Opportunity, and its governance group, is also a key partner in assuring that all of *Best*
 275 *Starts for Kids* is informed by, and responsive to, the needs and priorities of County residents across our
 276 region.
 277

278 PROCUREMENT

279
 280 A large majority of *Best Starts for Kids* funding will be competitively bid in outcome-focused contracts to
 281 community-based organizations. This will help address inequities across the region, and assure that as
 282 BSK strategies are implemented, they are appropriate for all cultural and ethnic groups. Full discussion
 283 of procurement is in Section IV. It should be noted that while this plan presents intended investments
 284 with the use of Best Starts for Kids levy funds, all programs and strategies included in the plan are subject
 285 to future procurement and appropriations decisions.
 286

287 FISCAL MANAGEMENT

288

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

297
298 The Department of Community and Human Services (DCHS) will administer all of the *Best Starts for Kids*
299 funds within its department budget, under the oversight of ~~hitse~~ Chief Financial Officer. DCHS will
300 coordinate with Public Health--Seattle & King County (PHSKC) regarding contracts or grants for which it
301 may be advantageous that PHSKC be the administrator.

302

303 EVALUATION

304

305 To quantify and document the results of BSK investments, the BSK evaluation will show data over time
306 and progress toward equity for specified indicators. Data will be analyzed by key demographic
307 characteristics (for example, by age, race, ethnicity, place,⁹ socioeconomic status,¹⁰ and gender, where
308 data are available). ~~analyzed by age, race/ethnicity, geography and socioeconomic status.~~ Qualitative
309 approaches to complement ~~limitations of~~ quantitative data, and to mitigate the limitations of that
310 quantitative data, will also be included. The BSK data team will develop an evaluation plan by July 2017,
311 which will specify performance measures and qualitative methods, after the specific portfolio of
312 investments are procured. The framework for evaluation and performance measurement is described in
313 Section VIII.

314

315 JUNIOR TAXING DISTRICT PRORATIONING

316

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

320

BSK YOUTH AND FAMILY HOMELESSNESS PREVENTION INITIATIVE

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

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

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

NEXT STEPS

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

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

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

Section I

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

360

This section of the implementation plan addresses:

- The Policy Basis for BSK
- Shaping the BSK Levy

361

362 POLICY BASIS FOR BSK

363

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

375

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

387

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

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

395

396 King County Executive, Dow Constantine
 397 November 4, 2015

398

399 Equity and Social Justice (ESJ)

400

401 In King County, we recognize that our economy and quality of life depend on the ability of everyone to
 402 contribute. The County is committed to removing barriers that limit the ability of some to fulfill their
 403 potential. Consistent with our ESJ Ordinance and the historical and persistent patterns of inequities, King
 404 County focuses on equity impacts on communities of color, low-income populations, and limited
 405 English-speaking residents in its work. Though our approach is comprehensive, we recognize that true
 406 opportunity requires that every person has access to the benefits of our society regardless of race,
 407 ethnicity, gender, religion, sexual orientation, ability or other aspects of who we are, what we look like,
 408 where we come from, where we live and what we believe in.~~It is troubling that race, income and~~
 409 ~~neighborhood are major predictors of whether we graduate from high school, become incarcerated,~~
 410 ~~how healthy we are, and even how long we will live. King County is committed to implementing our~~
 411 ~~equity and social justice agenda, and to work toward fairness and opportunity for all.~~ *Best Starts for Kids*
 412 is reflective of the County's commitment to Equity and Social Justice and the work the County is
 413 undertaking to impact lives and change inequities by focusing on institutional policies, practices and
 414 systems. *Best Starts for Kids* provides an opportunity to assure that this systems change includes
 415 broader systems work beyond that which is internal to the County, including investing in communities
 416 and grassroots efforts, and focusing on the principles of ESJ in its many forms.

417

418 Health and Human Services Transformation

419

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

430

431 The premise of the Transformation Plan was foundational in the development of *Best Starts for Kids*. The
 432 Transformation Plan seeks to improve health and well-being and create conditions that allow residents
 433 of King County to achieve their full potential through a focus on prevention. At the **individual/family**
 434 **level**, the plan outlined strategies designed to improve access to person-centered, integrated, culturally
 435 competent services when, where, and how people need them. At the **community level**, the plan called
 436 for improvement of community conditions and features, because health and well-being are deeply
 437 influenced by where people live, work, learn, and play¹¹.

438 The Transformation Plan and its early strategies highlighted the imbalance of the County's health and
 439 human services investments, which, prior to BSK, were tipped heavily toward crises and emergent
 440 needs, and lacked a cohesive and research-based approach to prevention and early intervention.

441 Through BSK, King County is rebalancing our investments toward prevention and early intervention and
 442 assuring that we use resources to promote the results we seek for every child and family, and for every
 443 developing youth and young adult. We seek results which are built on their strengths, and worthy of
 444 their promise and potential, across all communities and cultures in King County.

445

REDLINE

447

448 The Youth Action Plan

449

450 King County Council approved legislation in 2014 calling for the development of a Youth Action Plan
 451 (YAP) to set priorities for serving the County's young people, from infants through young adults. The YAP
 452 was developed by a task force representing a broad range of organizations with expertise and
 453 experience relevant to infants, children and youth, and reflecting King County's geographic, racial and
 454 ethnic diversity. The YAP was completed in April 2015 and will inform the County's annual investments
 455 in services and programs across the full continuum of children and youth.¹²

456

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

462

- 463 • Social Justice and Equity
- 464 • Strengthen and Stabilize Families, and Children, Youth and Young Adults
- 465 • Stop the School to Prison Pipeline
- 466 • Bust Siloes/We're Better Together
- 467 • Get Smart About Data
- 468 • Invest Early, Invest Often, Invest in Outcomes
- 469 • Accountability
- 470 • Youth Bill of Rights
- 471 • Evaluation

472

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

475

476 SHAPING THE BSK LEVY

477

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

485

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

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

495
 496 • **Children and Youth Advisory Board (CYAB).** The CYAB has advised on the Prenatal – 5 Years, and 5 –
 497 24 Years strategies of the implementation plan. The CYAB's work going forward will include
 498 partnering with the County to ensure that children and youth investments through *Best Starts for*
 499 *Kids* are consistent with the requirements of the levy and effective, while ensuring expenditures of
 500 funds is transparent to the public. The list of board members is in Appendix 3.

501
 502 • **Communities of Opportunity (COO) governance group.** The COO Interim Governance Group (IGG)
 503 has similarly advised on the Communities of Opportunity strategies of the implementation plan. An
 504 ordinance establishing a successor to that group (the COO Advisory Board) was transmitted
 505 alongside the implementation plan; like the CYAB, but for COO specifically, the successor group to
 506 the COO IGG will be tasked with partnering with the County to ensure that BSK investments are
 507 consistent with levy requirements, effective and transparent to the public.

508
 509
 510 • **Juvenile Justice Equity Steering Committee (JJESC).** The work of BSK will be aligned with, and
 511 informed by, the Juvenile Justice Equity Steering Committee (JJESC). The JJESC is a group of King
 512 County leaders charged with recommending solutions to end racial disparity in the regional juvenile
 513 justice system. It is the largest and most diverse group King County has ever assembled to act on
 514 juvenile justice issues. The committee will engage those most impacted by the juvenile justice
 515 system as members examine school, police, court and detention policies. Parents, youth, mental-
 516 health and grassroots leaders are included among the JJESC membership. They are teaming up with
 517 the heads of school districts, law enforcement agencies and courts from across the County. The
 518 panel includes youth who have experienced juvenile detention themselves, youth mentors, a foster
 519 parent and community-based advocates fighting to dismantle the school-to-prison pipeline by
 520 increasing effective alternatives to school suspensions and youth detention. The committee is
 521 charged with developing action plans designed to reduce the over-representation of youth of color
 522 in our juvenile justice system. The list of committee members is in Appendix 5.

523
 524 • **Data Team.** The data team has been responsible for generating baseline data to inform the BSK
 525 Levy, analyzing community conversations for themes to inform strategy development, using a
 526 systematic and participatory process to identify the indicators that will help quantify BSK results,
 527 and developing a framework for evaluating BSK investments. The data team is a multi-disciplinary
 528 group comprising masters- and doctorate-level epidemiologists, social research scientists,
 529 demographers and evaluators from Public Health-Seattle & King County, ~~King County~~ the y
 530 Department of Community and Human Services and ~~King County~~ the Office of -Performance,
 531 Strategy and Budget Office. They are nationally known for their data analyses and evaluation
 532 expertise of large-scale community initiatives and have a strong record of using participatory
 533 approaches in designing and implementing evaluations. Together, they bring requisite quantitative
 534 and qualitative expertise including use of population and program data and systematic analysis of
 535 qualitative data.

536
 537 • **Science and Research Panel.** The BSK Science and Research panel serves a consulting role to inform
 538 the County staff and the CYAB. This ad hoc group of science and practice experts provided review
 539 and recommendation on BSK strategies, related to both Prenatal – 5 Years and 5 – 24 Years. The
 540 guidance of the Science and Research Panel ensures that BSK is pursuing approaches that are

541 aligned with research and scientific evidence. The Science and Research Panel will also provide input
542 on BSK's data and evaluation needs. The list of panel members is in Appendix 4.

543

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

548

549

PRELIMINARY

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

550

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
--	--

551

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

554

555 BSK implementation will be informed by data – both qualitative and quantitative – that helps King
 556 County and its community partners to maximize our communities’ strengths and assets, and address
 557 community-identified gaps and needs. The imperative to focus on data and outcomes was articulated in
 558 the BSK ordinance,¹³ detailed explicitly in the Youth Action Plan¹⁴, and emphasized repeatedly in
 559 community conversations.

560

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

567

568 Of note:

569

- 570 • Approximately one-third of pregnant women in King County do not receive the recommended
 571 levels of prenatal care.¹⁵
- 572 • Infant mortality is four times higher in some areas of King County than others.
- 573 • Across the County, the percentage of children age five and under living in poverty¹⁶ is as low as
 574 six percent in some regions and as high as 26 percent in other regions.
- 575 • One in five adolescents is overweight or obese and only 22 percent of adolescents receive the
 576 recommended levels of physical activity.
- 577 • Twenty-nine percent of adolescents report having depressive feelings and 25 percent report
 578 using alcohol or other illicit drugs.

579

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

584

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

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

593

594 HEADLINE INDICATORS TO GUIDE THE WORK

595

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

597

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

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

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

604

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

607

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

610

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

619

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

622

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

624

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

631

632

633 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
• <u>Lowering the rate of child abuse or neglect</u>

634

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 <u>not</u> 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
• Youth who are <u>not using illegal substances</u>

635

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
• <u>Renters paying less than 30 percent of their income for housing</u>
• 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
<ul style="list-style-type: none"> • <u>Involuntary displacement of local residents</u>

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

In addition to these headline indicators, there are additional secondary indicators that the data team will consider tracking, which include relevant indicators for which there are reliable data. Among these will be the following: a secondary indicator or several secondary indicators that explore a broader measure of success than whether or not a youth or young adult is either employed or in school;¹⁷ a secondary indicator that tracks civic activity for youth 18-24 years old; and a secondary indicator that tracks reduced contact with the criminal justice system. The data team also specified indicators for data development, defined as relevant and compelling indicators for which data are currently unavailable, but important to invest in. *Flourishing and resilient* indicators are examples of indicators that need to be developed. The County will invest in getting those data via the new BSK Health Survey. Section VIII of this implementation plan discusses BSK’s Evaluation and Performance Measurement Framework.

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

Section III
BSK IMPLEMENTATION – GROUNDED IN SCIENCE AND RESEARCH

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<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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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.

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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.

674

THE IMPORTANCE OF EARLY CHILDHOOD

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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.

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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 school¹⁸.

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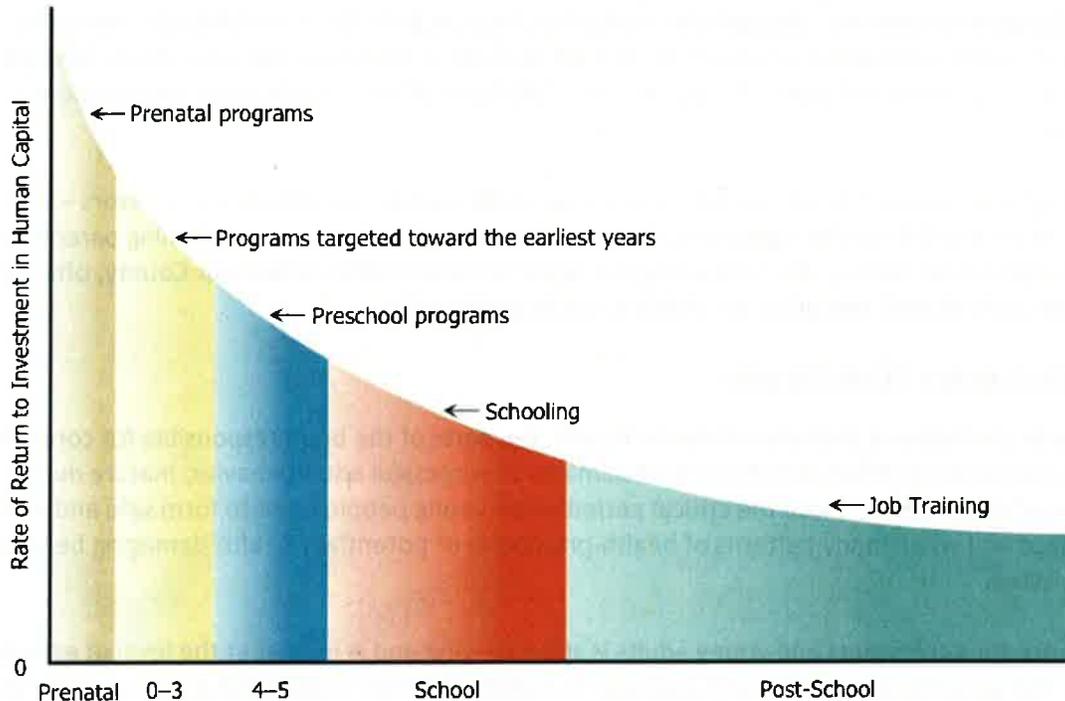
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Dr. Heckman’s research is particularly relevant for public systems – such as King County – in prioritizing the use of public funds. Dr. Heckman makes the case for prioritizing investments in the earliest years, due to the much greater return on those 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 “sSociety 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.”¹⁹

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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.^{20, 21}

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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.²²

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719

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

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

724
 725 BSK, through its investments in Prenatal – 5 years, will help counter the impacts of stressors – such as
 726 poverty – in early childhood by supporting children's health and wellness, strengthening parent-child
 727 bonds through home visiting, and supporting the fabric of communities across our County, often the
 728 most viable and relevant resources for children, youth and families.

729 ADOLESCENT BRAIN DEVELOPMENT

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

736
 737 Brain science for adolescents and young adults is still emerging and is not yet at the level of early brain
 738 research. Our growing understanding is captured in I-LABS' statement about this evolving field: "During
 739 adolescence the brain quite literally prunes and sculpts its neural architecture and yet we know almost
 740 nothing about how this sculpting process works or about the role of experience and nurturing in
 741 optimizing outcomes. I-LABS' studies of learning and the brain have the potential to illuminate some of
 742 the changes they undergo during this period."²³

743
 744 Although the research is nascent, key dynamics of the adolescent brain are becoming increasingly better
 745 understood: "Adolescents are particularly vulnerable to stress, have a particular sensitivity to emotional
 746 stimuli, and have limited tools to deal with emotions as systems that regulate are still maturing. Many of
 747 the behaviors of adolescence (risk taking, impulsivity, peer focus, mental health and substance use
 748 vulnerability) are a reflection of the major neurological remodeling happening in their brains. ...Risk
 749 taking peaks during adolescence because activation of an early-maturing socioemotional-incentive
 750 processing system amplifies adolescents' affinity for exciting, pleasurable, and novel activities at a time
 751 when a still immature cognitive control system is not yet strong enough to consistently restrain
 752 potentially hazardous impulses."²⁴

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

754
 755 The adverse effects of poverty, malnutrition and discrimination are multigenerational. Mothers who
 756 themselves were premature or low birthweight infants are at far higher risk of adverse birth outcomes
 757 for their own children. Also, a woman's diet in early life has more impact on her own baby's birth weight
 758 than the food she eats as an adult²⁵. While no intervention can reverse all the effects of deprivation in a
 759 prior generation, protecting infants and young children from adverse experience during their preschool
 760 years can reap major dividends.

761
 762 The science and research base is robust regarding the impact of adverse childhood experiences (ACEs)
 763 on the ability of children and youth (and adults) to learn and function. ACEs have been proven to have
 764 long-term impacts on health and well-being.²⁶ The impact of adversity/ACEs is increasingly a focus in
 765 schools and communities as systems at all levels strive to provide supportive environments for healthy
 766

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

769
 770 A study²⁷ of over 2000 elementary public school students in Spokane, Washington, found a statistically
 771 significant relationship between ACEs “score” and academic and health problems:
 772

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

773
 774 Dr. Jack Shonkoff²⁸ provides this explanation of the impact of adversity, stress and trauma on children
 775 and youth: “Learning how to cope with adversity is an important part of healthy child development.
 776 When we are threatened, our bodies prepare us to respond by increasing our heart rate, blood
 777 pressure, and stress hormones, such as cortisol. When a young child’s stress response systems are
 778 activated within an [environment of supportive relationships](#) with adults, these physiological effects are
 779 buffered and brought back down to baseline. The result is the development of healthy stress response
 780 systems. However, if the stress response is extreme and long-lasting, and buffering relationships are
 781 unavailable to the child, the result can be damaged, weakened systems and [brain architecture](#), with
 782 lifelong repercussions.”
 783

784 When toxic stress response occurs continually, or is triggered by multiple sources, it can have a
 785 cumulative toll on an individual’s physical and mental health—for a lifetime. The more adverse
 786 experiences in childhood, the greater the likelihood of developmental delays and later health problems,
 787 including heart disease, diabetes, substance abuse and depression. Research also indicates that
 788 [supportive, responsive relationships](#) with caring adults as early in life as possible can prevent or reverse
 789 the damaging effects of toxic stress response.²⁹

790 **BUILDING RESILIENCE AND STRENGTHENING PROTECTIVE FACTORS**

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

798 Protective factors are those strengths and supports that help youth and families get through negative
 799 exposure or life experiences without negative consequences. Research studies support the common-
 800 sense notion that when protective factors are well-established in a family, the likelihood of child abuse
 801

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

- 804
- 805 • Parental resilience
 - 806 • Social connections
 - 807 • Concrete support in times of need
 - 808 • Knowledge of parenting and child development
 - 809 • Social and emotional competence of children

810 These protective factors are also promotive factors that build family strengths and a family environment
811 that promotes optimal child and youth development.³⁰

812

813 Resilience is the result of a combination of protective factors.³¹ The single most common factor for
814 children who develop resilience is at least one stable and committed relationship with a supportive
815 parent, caregiver, or other adult. These relationships provide the personalized responsiveness,
816 scaffolding, and protection that buffer children from developmental disruption. They also build key
817 capacities—such as the ability to plan, monitor, and regulate behavior—that enable children to respond
818 adaptively to adversity and thrive. This combination of [supportive relationships](#), adaptive skill-building,
819 and positive experiences is the foundation of resilience.³²

820

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

- 826
- 827 • [Facilitating s](#)upportive adult-child relationships
 - 828 • [Building a A](#) sense of self-efficacy and perceived control
 - 829 • [Providing O](#)pportunities to strengthen adaptive skills and self-regulatory capacities
 - 830 • [Mobilizing s](#)ources of faith, hope, and cultural traditions³³

831

832 The capabilities that underlie resilience can be strengthened at any age. The brain and other biological
833 systems are most adaptable early in life. Yet while their development lays the foundation for a wide
834 range of resilient behaviors, it is never too late to build resilience. Age-appropriate, health-promoting
835 activities can significantly improve the odds that an individual will recover from stress-inducing
836 experiences. For example, regular physical exercise, stress-reduction practices, and programs that
837 actively build executive function and self-regulation skills can improve the abilities of children and adults
838 to cope with, adapt to, and even prevent adversity in their lives.³⁴

839

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

843

844 [According to the Substance Abuse and Mental Health Services Administration’s \(SAMHSA\) concept of a](#)
845 [trauma-informed approach, “A program, organization, or system that is trauma-informed:](#)

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

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

858
859

PRELIMINARY

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

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<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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862

863 **CONSULTATION WITH KING COUNTY RESIDENTS AND COMMUNITY PARTNERS**

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865 In order to develop responsive and relevant investment strategies for *Best Starts for Kids*, King County
 866 has turned to residents and community partners across our region for input and guidance. Between July
 867 and December 2015, the County and our community partners convened six large community gatherings,
 868 and multiple community conversations across the County, focus groups and interviews – allowing King
 869 County to hear from and engage with over 1,000 community residents. Our goal was to provoke
 870 discussion and solicit advice specific to investments in children and youth, shaped around these
 871 questions³⁵:

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

877

878 At larger community gatherings we used the Community Café model.³⁶ In discussions with smaller
 879 groups we engaged through focus groups and interviews. In addition to direct feedback through this
 880 outreach, we also integrated input provided by community members through the Youth Action Plan
 881 youth survey and Youth Action Plan focus groups.

882

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

889

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

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

894

895 WHAT WE'VE LEARNED FROM COMMUNITIES – THEMES DRIVING THE 896 IMPLEMENTATION PLAN

897

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

903

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.

904

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.

905

906

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.

907

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.

908
909

910 PARTNERING WITH COMMUNITIES ON PROCUREMENT

911

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

919

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

921

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

932

Ordinance 18088, July 22, 2015

933
934

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

942

943 Another aspect of planning will be identifying how BSK will support both universal and focused
944 strategies. We know there are needs that are universal across all communities and geographies, and
945 ultimately the results we hope to achieve for King County’s children, youth and families benefit us all. As
946 we look to partner on strategies and programs, some will be universally available, and many will be

947 focused within specific communities, as a means to reduce the disproportionality that currently exists in
948 our County. As we determine need for focused strategies and programs, consideration will be given to
949 communities and populations experiencing rapidly increasing rates in the challenges facing children and
950 families.

951
952 The work of building a strong process for procurement and sequencing of implementation that meets
953 the needs of communities will occur concurrently with King County Council’s deliberations and final
954 approval on this BSK implementation plan. We expect to have completed the first round of RFP
955 processes and to make initial investments in early 2017.

956
957 We will work with other key partners to ensure alignment on our efforts, and to leverage funds
958 wherever possible.

959

960

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

962

- 963 • Programs and services will be provided primarily by community-based organizations, which serve
964 one, or many, of the unique communities across King County. This will help assure that BSK’s
965 investments in promotion, prevention and early intervention programs and services are available to
966 cultural and ethnic groups.
- 967 • We will make decisions that challenge the status quo of current processes, and that push equity as a
968 driver.
- 969 • We will intentionally support connections across systems, and build upon the considerable assets
970 we currently have within King County, across mainstream systems and community-based
971 approaches.
- 972 • We will assure that opportunities are available across the diversity of geographies in our County.
- 973 • We will make decisions carefully, thinking through unintended consequences and ensuring that
974 decisions do not widen disparities.
- 975 • We will systematically use equity tools to support sound decision-making.
- 976 • We will reduce barriers, and assure that the procurement process is accessible to all.
- 977 • We will invest sufficiently to ensure that contractors are able to pay **livingable** wages.
- 978 • Our outreach and processes will be inclusive, and will prioritize those who have been left out or
979 underserved.

980

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

988

989 Additionally, our work will be undertaken with an awareness of institutionalized racism and other
990 differential treatment or bias and the complex mechanisms that contribute to producing disparities,
991 including health disparities.³⁷

992

993 To assure an effective and collaborative approach to procurement and contracting, BSK will apply the
994 principles of implementation science. Implementation Science is defined by the National
995 Implementation Research Network (NIRN) as “~~t~~The study of factors that influence the full and effective
996 use of innovations in practice. The goal is not to answer factual questions about what is, but rather to
997 determine what is required.”

998
999 The field of implementation science supports the notion that certain elements must be present in order
1000 to achieve strong outcomes. Implementation requires intentionality, support and the ability to be
1001 reflective in order to make changes that meet the need of individual communities. In BSK, King County
1002 will apply the principles and frameworks of implementation science systemically to ensure strong
1003 outcomes in communities as a result of BSK investments. Additional information on implementation
1004 science is included in Appendix 7.

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PRELIMINARY

Section V
PRENATAL – 5 YEARS, APPROACHES AND INVESTMENTS

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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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1008

1009 OVERVIEW OF PRENATAL TO 5 YEARS RESULT, STRATEGIES, AND INDICATORS

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1011 In approving *Best Starts for Kids*, King County voters demonstrated their commitment to investing public
1012 funds toward programs and services that will assure strong and healthy starts for all of King County’s
1013 children. This section of the implementation plan covers the first of the three BSK results, as defined in
1014 the BSK levy ordinance:

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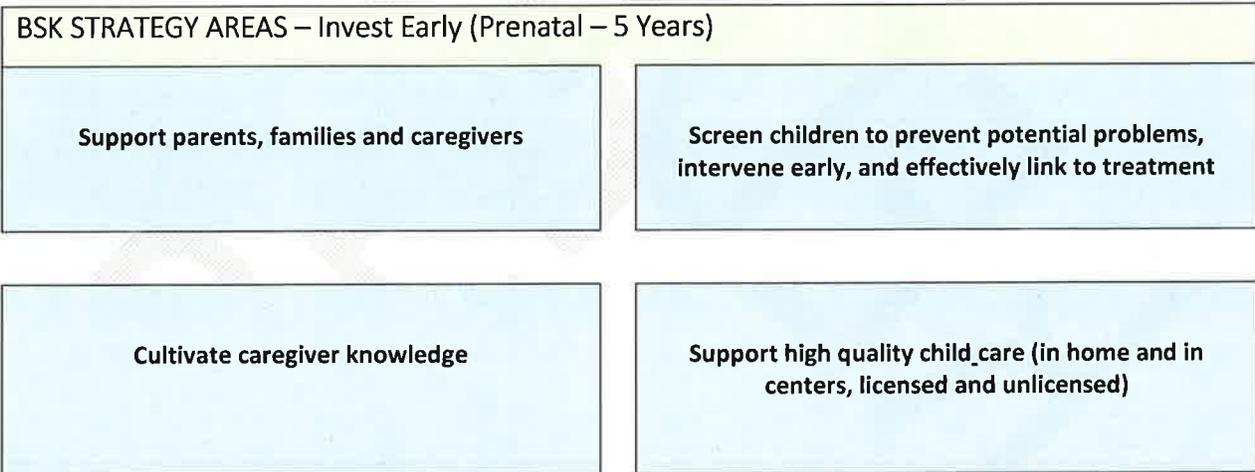
Babies are born healthy and establish a strong foundation for lifelong health and well-being.

1016

1017 Four overarching **strategies** define the Prenatal – 5 Years work:

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1021 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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- Lowering the rate of child abuse or neglect

REDUCTION

1031 INVESTMENTS AND APPROACHES FOR PRENATAL – 5 YEARS

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1033 The investments and approaches discussed below will assure that *Best Starts for Kids* – through
 1034 partnerships with community-based organizations – will be successful in achieving our stated results for
 1035 children and youth. As we learn from initial investments, and build both our qualitative and quantitative
 1036 understanding of the impact of BSK across King County communities, we expect that investments and
 1037 approaches will be refined. Any refinements over time will be made in consultation with community-
 1038 based partners, and with the guidance of the Children and Youth Advisory Board (CYAB). Across all of
 1039 our programmatic investments, in Prenatal – 5 Years, and also in 5 – 24 Years, our focus will include
 1040 innovative programs, offered in partnership with communities, which are capable of promoting health
 1041 and well-being outcomes for all of our children.

1042

1043 The County will contract with one or more independent organizations, as appropriate to the program
 1044 areas in the Prenatal – 5 Years, Approaches and Investments to provide front-end and long-term
 1045 community outreach, technical assistance and capacity building to help reduce barriers for smaller and
 1046 more isolated organizations, partnerships and groups to access BSK levy funding. The entity(ies) with
 1047 which the County contracts will have experience working with the diversities of King County, both
 1048 geographic and cultural. The entity(ies) will be contracted through an RFP process. Dedicated funds will
 1049 be sufficient to allow the entity(ies) to engage in meaningful community outreach, provide technical
 1050 assistance and build the capacity of organizations, partnerships and groups with the aim of reducing
 1051 barriers to access BSK levy funding. At least 1% of funds in the Prenatal – 5 Years, Approaches and
 1052 Investments allocation will be dedicated for this purpose over the life of the levy.

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1054

1055 These guiding principles, which have been shaped through our community conversations and the CYAB,
 1056 will be at the center of our work:

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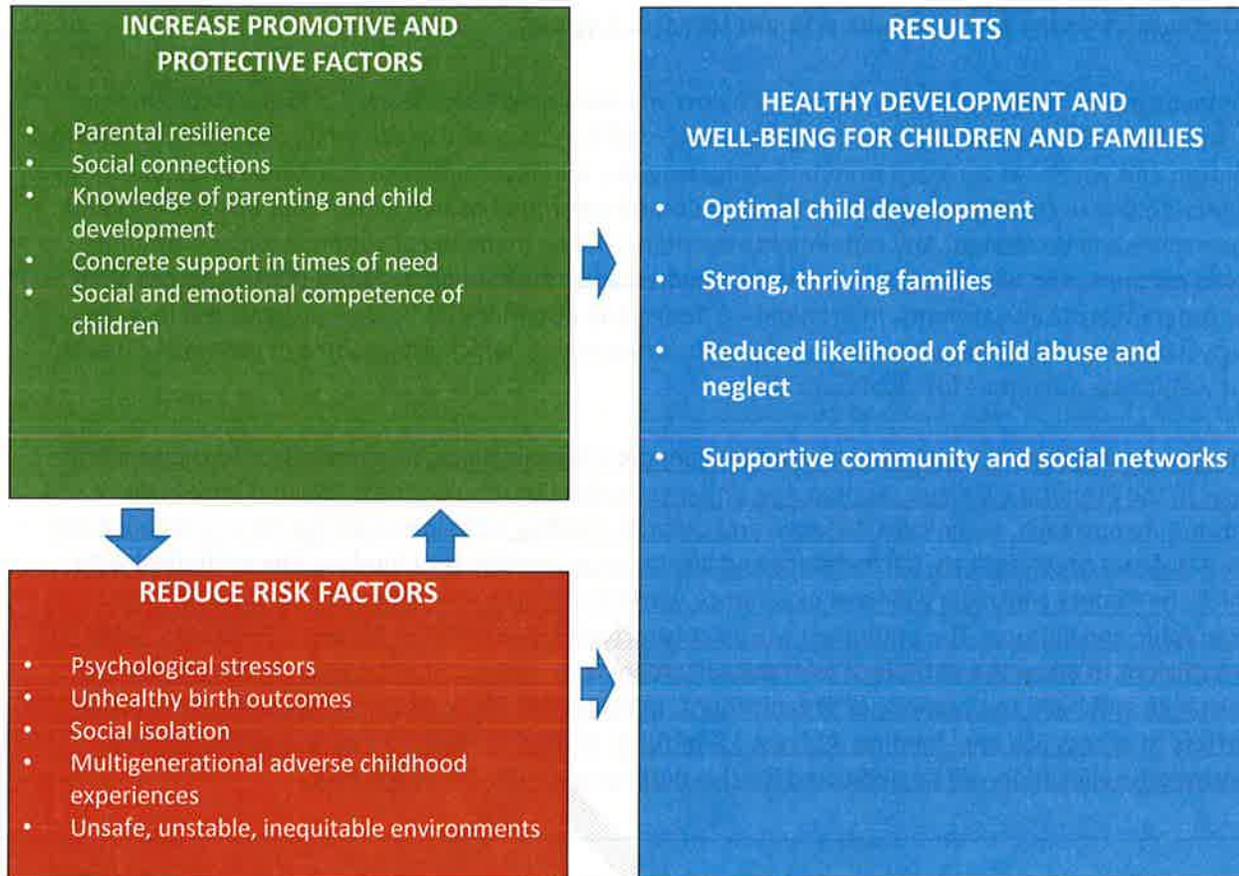
- 1058 • Attention to disproportionality and multiculturalism is critical, and will be integral to how we focus
 1059 investments.
- 1060 • We will encourage innovative programs, built on the experiences of community partners and the
 1061 needs and priorities of community residents.
- 1062 • Investments in early childhood pose opportunities for multi-generational approaches, to capitalize
 1063 on strengths within families and communities.
- 1064 • We will build upon resilience and protective factors in children, youth and families across our
 1065 County.
- 1066 • We will emphasize promotion of positive development, relationships and community in addition to
 1067 preventing negative outcomes and providing *early* interventions.
- 1068 • Children and families will be connected with the resources and services they need.

1069

1070 We are approaching *Best Starts for Kids* with a commitment to promotion, prevention and early
 1071 intervention. To do that work effectively, we will use BSK funds to emphasize the importance of
 1072 increasing promotive and protective factors within families and communities, and reducing risk factors,
 1073 to increase the likelihood of achieving the outcomes we seek. The graphic below (adapted from the
 1074 Center for the Study of Social Policy – YOUTH THRIVE) illustrates how we are conceptualizing the work,
 1075 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.

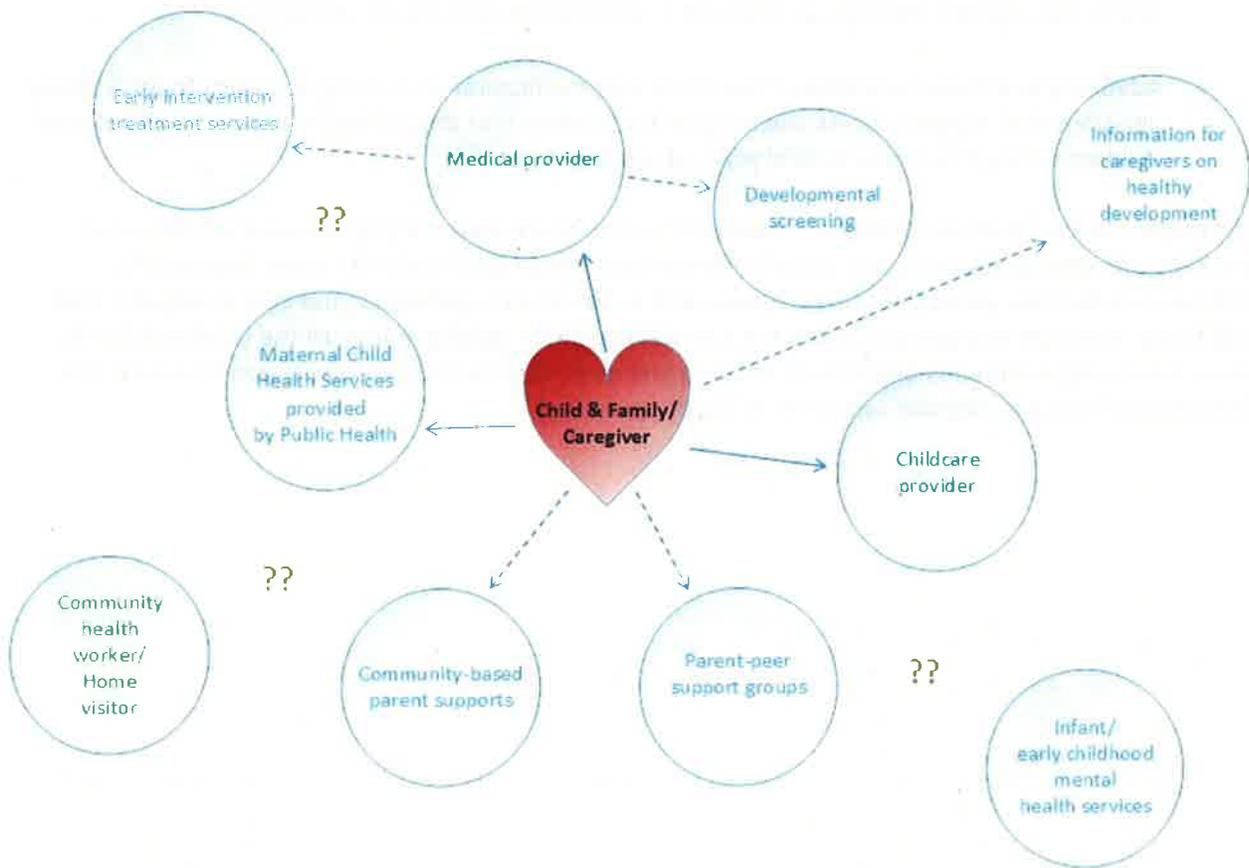
As part of *Best Starts for Kids*, King County will build the BSK Help Me Grow framework across the County. The BSK Help Me Grow framework will be informed by the national Help Me Grow³⁸ model that aligns systems, including child health care, early care and education, and family support. Help Me Grow 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.

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

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



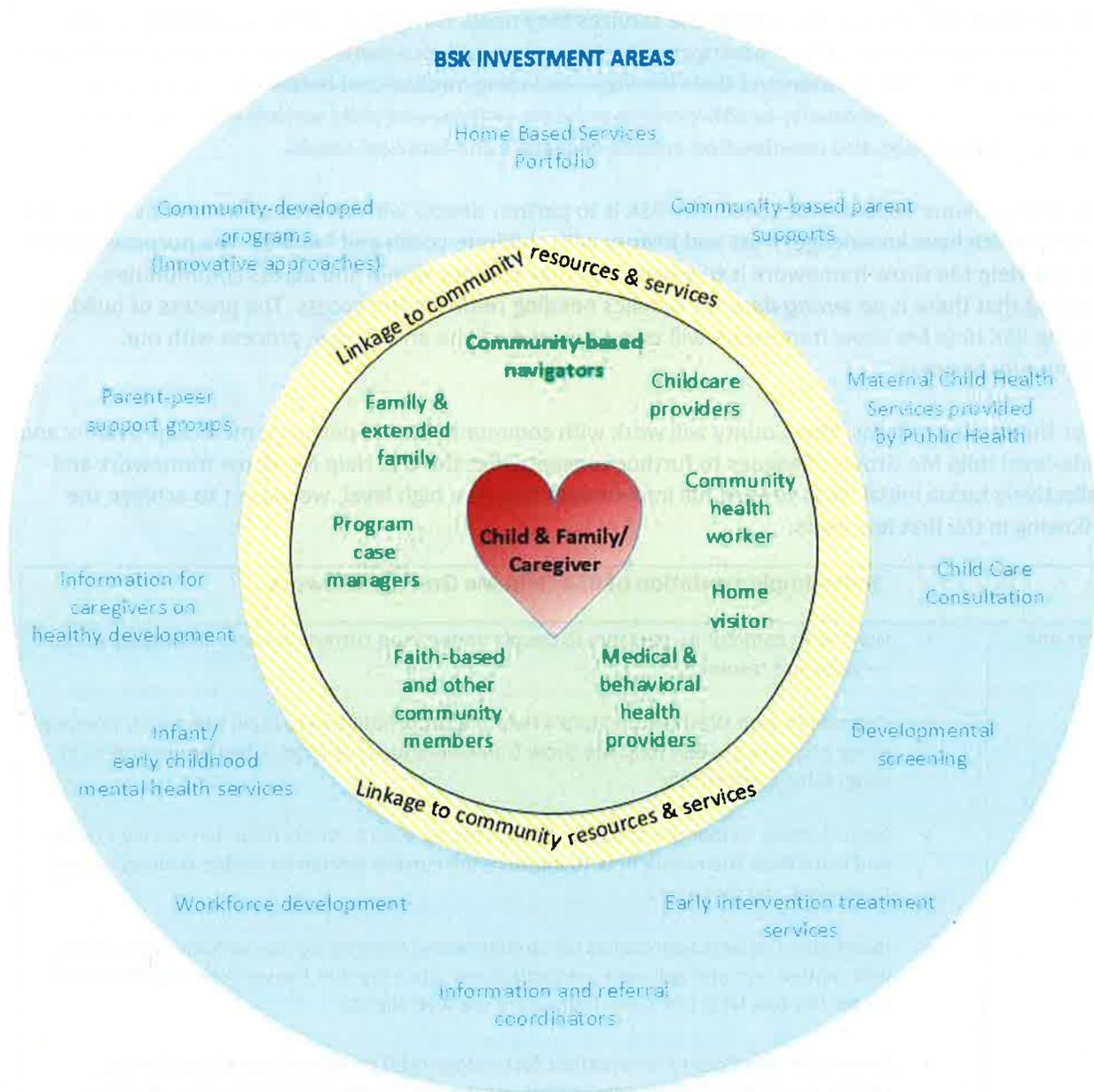
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The power of implementing the BSK Help Me Grow framework for Prenatal – 5 Years rests in the potential for deepening and broadening multi-directional communication and strong community and system linkages, and increasing access, for all King County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

1124 The BSK Help Me Grow framework comprises five interconnected components³⁹:

- 1125 • **Healthy Children.** A strong network of agencies and community organizations that provide early
1126 childhood services to assure that children begin school healthy and ready to learn.
1127
- 1128 • **Strong Families and Caregivers.** A variety of supports for families that enhance resilience and
1129 well-being, such as connecting families to resources that support parents' knowledge, and
1130 providing opportunities for peer mentoring or access to community health workers.
1131
- 1132 • **Strong Early Childhood Professionals.** Outreach and engagement with early learning providers
1133 to build knowledge of infant mental health, reflective practices, early brain development, and
1134 key health messages to ensure that providers have information to support families.
1135
- 1136 • **Strong Referral Network.** Responsive services and care coordination that assure universal
1137 screenings for early identification of developmental delays and a strong connection to the
1138 health care system, through an interconnected referral network for all families.
1139
- 1140 • **Advocacy and Communication.** Promotion, communication and strong advocacy to drive policy
1141 decisions that support access and support for services that impact the health and well-being of
1142 children during their most critical years of development.
1143

1144 The graphic below illustrates what we expect will be the future state for children and families as we
1145 work toward improving access and system efficiencies through BSK's Help Me Grow framework.
1146 Children and families are at the center, surrounded by immediate providers, and able to connect with
1147 additional resources and services. From the surrounding circle looking in toward the child and family,
1148 there are strong community and system linkages and multi-directional communication to assure that
1149 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. A Navigator is a professional (e.g. community health worker, doula or community organizer) hired within a community based organization who will work one-on-one with families and children to connect them to resources. Navigators also work closely with providers who interact day-to-day with children and families such as child-care providers, medical and behavioral health providers, home visitors, community health workers, and child welfare to ensure coordination of services and systems, including sharing of information and coordination around children's and families' needs. 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

1165 provide them with a warm hand-off to the services they need. Navigators will be community health
 1166 workers or trusted community messengers. ~~The Navigators will also work closely with the providers who~~
 1167 ~~interact everyday with children and their families – including medical and behavioral health providers,~~
 1168 ~~childcare providers, community health workers or home visitors, and child welfare – to ensure there is~~
 1169 ~~sharing of information and coordination around children’s and families’ needs.~~

1170
 1171 One of the unique opportunities posed by BSK is to partner deeply with diverse communities across the
 1172 County which have knowledge, trust and history with children, youth and families. The purpose behind
 1173 the BSK Help Me Grow framework is to weave together services within and across communities,
 1174 assuring that there is **no wrong door** for families needing referrals and access. The process of building
 1175 out the BSK *Help Me Grow* framework will take time, and will be an inclusive process with our
 1176 community partners.

1177
 1178 Over the coming months, King County will work with community-based partners, medical providers and
 1179 state-level Help Me Grow colleagues to further conceptualize the BSK Help Me Grow framework and
 1180 collectively tackle initial steps toward full implementation. At a high level, we expect to achieve the
 1181 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
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Currently the primary focus of the BSK Help Me Grow framework is on Prenatal – 5 Years, and developing a strong system of multi-directional communication and access to services that assures no wrong door for families. We know that developing this well will take time. As we focus in the first few years on building and strengthening the framework for early childhood, we will concurrently be considering the best way to extend reach into programs and services for older children, youth and young adults. Just as with young children, parents, caregivers and youth/young adults themselves need help in knowing how to find the right resources among the many that exist throughout King County. Outreach and resources need to be available and accessible to all parents, caregivers and kids throughout the County regardless of their age, language, culture or neighborhood.

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

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

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

PROGRAMS AND SERVICES FOR PRENATAL – 5 YEARS

The following section provides more detail on Prenatal – 5 Years programs and services which will be funded through *Best Starts for Kids*, and a **rationale** and **approach** for each. These programs and services will be primarily provided by community-based organizations. Over the next few years, King

1224 County will work with all the partners providing these services to assure that they are interconnected
1225 within the BSK Help Me Grow framework.
1226

Estimated funding levels

2016: \$350,000

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

Innovation Fund, for programs driven by community interest/need

1227
1228 **Rationale for investment.** King County is committed to maximizing the opportunity presented through
1229 *Best Starts for Kids* to support innovative programs across the region. These may be programs that lack a
1230 robust research base, ~~but which are based in science,~~ that address the needs and priorities within
1231 communities, and which those communities believe will be effective in meeting BSK results.
1232 Communities know their needs, and what works well. However, communities wishing to provide
1233 innovative and community-driven programs for young children and their families can be constrained
1234 from accessing resources, due to narrowly-defined funding parameters.

1235
1236 **Proposed approach.** Over the next few months, as part of our next steps in planning procurement, we
1237 will work with the CYAB and other community stakeholders to develop a protocol for dissemination of
1238 these more flexible funds. We will conduct outreach, with the assistance of community partners, to
1239 engage programs that have not been previously funded, and to encourage their innovations.
1240 Communities will articulate how they will achieve the outcomes they intend, and King County will use
1241 this opportunity to support additional innovative programs, and to learn more about what works in
1242 communities across our region.

1243
1244 The Innovation Fund will be held in reserve, as levy proceeds are collected. Supplemental appropriations
1245 ordinances will be transmitted for Innovation Fund expenditures with clear, written specifications and
1246 an investment process for each contemplated investment strategy. Because the aim is to retain
1247 investment flexibility and responsiveness to community needs, it is understood that investment
1248 strategies will evolve. Evolution of these strategies will be reported in the BSK Annual Reporting process.

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Estimated funding levels

2016: \$497,000
 2017-2021 average:
 \$9,230,000

Home-based Services, including investments such as:

- Home visiting
- Community-based programs

1253

1254

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 success⁴⁰. 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.

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1264

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.

1269

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.

1275

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.

1282

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.⁴¹ 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.

1289

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

1291

1292 of home visiting services. Implementation of home visiting and home-based services will be a mix of
 1293 some County-provided Nurse Family Partnership (NFP) services, and funding for community-based
 1294 organizations to expand home visiting that will be bid through a competitive procurement process.
 1295 Funding will be flexible across multiple home visiting programs to respond to varied needs across
 1296 communities (for example, programming may provide support to families with children diagnosed with
 1297 Autism spectrum disorder, among others). BSK will fund a portfolio of both evidence-based and
 1298 community-based models, including, but not limited to:

- 1299
- 1300 • **Nurse Family Partnership.** Public Health – Seattle & King County currently provides 700 home
 1301 visiting slots within King County using the Nurse Family Partnership home visiting model, using
 1302 both state and City of Seattle funding through the Families and Education Levy. NFP serves first-
 1303 time mothers who are enrolled prior to their third trimester. Using BSK funds, King County will
 1304 expand NFP into communities not currently receiving NFP services, throughout King County. We
 1305 will continue to partner with the City of Seattle and the statewide system to align our collective
 1306 work. King County will expand by two nurses and two social workers, as well as maintain funding
 1307 levels noted in 2014.
 - 1308
 - 1309 • **Parent-Child Home Program (PCHP).** PCHP is another research-based model, which provides
 1310 two years of twice-weekly home visits to families with children between 16 months and four
 1311 years. Matching language, and culture between families and home visitors is a hallmark of PCHP,
 1312 which prioritizes families who are challenged by poverty, isolation, limited educational
 1313 opportunities, language and literacy barriers, and other obstacles to healthy development and
 1314 educational success. United Way of King County has been funding over 1,000 slots for the past
 1315 five years, and has achieved excellent outcomes. King County will help maintain and expand
 1316 these services while partnering with United Way of King County to leverage dollars to meet the
 1317 demand.
 - 1318
 - 1319 • **Evidence-Based Home Visiting.** King County will also invest BSK funds to implement other
 1320 evidence-based home visiting programs⁴² in communities that are not currently receiving
 1321 services. There is an unmet need for home visiting among families who may not be eligible for
 1322 Nurse Family Partnership or Parent-Child Home Program and still need services. Potential
 1323 models may include: Parents as Teachers, Family Spirit, and Triple P.
 - 1324
 - 1325 • **Community-Based Best Practices.** In addition, King County will expand current home visiting
 1326 programs, which, while not evidence-based models, are still based on research, have a strong
 1327 theoretical bases in science, promote prevention and early intervention, and deliver strong
 1328 outcomes for children and families. These programs are often embedded within the
 1329 communities they serve and maximize the opportunity for direct cultural matches between
 1330 home visitors and new parents. Such programs offer important opportunities for innovation.
 - 1331
 - 1332 Potentially these could include the Community-Based Doula model, which connects pregnant
 1333 women with other women in their own communities who are specially trained to provide
 1334 support during the critical months of pregnancy, at the time of birth, and into the early months
 1335 of parenting.
 - 1336

Estimated funding levels

2016: \$95,000
 2017-2021 average:
 \$2,360,000

Community-Based Parenting Supports, including investments such as

- Prenatal care and breastfeeding support
 - Immunization education
 - Oral 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

1337
 1338 **Community-Based Parenting Supports**

1339 **Rationale for the investment.** Across King County, families have different needs and are connected
 1340 within communities in a variety of ways. Providing families with key messages regarding health, safety,
 1341 brain development and social/emotional well-being increases the likelihood that all children and young
 1342 families have the very best start. In addition to focusing on the health and well-being of very young
 1343 children, we must also focus on the health and well-being of their parents and families.

1344 The health and well-being of parents, prenatally and in the early stages of their children’s lives are
 1345 critical factors contributing to healthy child development, healthy families and healthy communities.
 1346 Prenatal supports to promote healthy pregnancies, such as a focus on nutrition, avoiding substance use,
 1347 and managing physical and emotional health must be extended across King County to improve the rates
 1348 of healthy birth outcomes in all communities, with a focus on those where healthy birth outcomes are
 1349 disproportionately low. *Best Starts for Kids* provides the opportunity for strengthening community
 1350 supports for expectant and new parents, and addressing critical issues that can greatly improve the
 1351 likelihood of healthy births. These include assisting parents to develop strong networks of social
 1352 supports, and providing information and services that encourage avoiding substance use in pregnancy
 1353 and parenting.⁴³

1354
 1355 In 2013, 24,910 infants were born to King County residents, of which 37 percent were Medicaid-funded.
 1356 **Yearly Between 2010-2014**, an average of 2,26690 infants were born preterm in King County, for a rate
 1357 of 9.23 percent.⁴⁴ **Native American-Indian/Alaska Native** infants were 81 percent more likely to be
 1358 preterm than white non-Hispanic infants, who had the lowest rates in King County. Black and Native
 1359 Hawaiian/Pacific Islander infants had preterm birth rates about 50 percent higher than white non-
 1360 Hispanic infants. Poor maternal and infant outcomes were common, including low birth weight, preterm
 1361 birth, Cesarean delivery, lack of adequate prenatal care, maternal obesity, hypertension or diabetes,
 1362 maternal depressive symptoms, lack of social support, and sleep sharing.⁴⁵

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 1365 **Proposed approach.** In King County, only 72 percent of all mothers access early and adequate prenatal
 1366 care, and the percentage is even lower for women of color. Through Navigators, the BSK Help Me Grow
 1367 framework will enable systems and connections within communities to increase access to prenatal care

1368 and provide linkages to critical services, such as housing, mental health treatment and chemical
 1369 dependency treatment, which will be aimed at improving birth outcomes for high risk and underserved
 1370 communities. This program area may also provide supplies to expectant or new parents with a goal of
 1371 improving birth outcomes and supporting children in early infancy.

1372
 1373 BSK funding will support mothers to access prenatal care by working with community-based
 1374 professionals, who are trusted allies in building connections to the health care system. Potential linkages
 1375 could include prenatal classes, birth doulas, peer breastfeeding counselors, services for maternal
 1376 depression. and peer support groups. This approach includes programs and services that help women
 1377 initiate and sustain breastfeeding through an infant's first year of life, and increase the proportion of
 1378 infants who are breastfed exclusively through age six months.

1379 Through BSK, new parents and families will be able to access information on key factors influencing their
 1380 young children's healthy development including information on **immunizations**,⁴⁶ **oral health**,⁴⁷
 1381 **autism spectrum disorder**, and **healthy vision**. BSK will also support communities in prevention and
 1382 interventions to address **injury prevention**,⁴⁸ **asthma**⁴⁹ and concerns over the potential of **lead**⁵⁰ and
 1383 other **toxins** in home environments.

1384
 1385 The BSK Help Me Grow framework will facilitate and maximize these community connections through
 1386 organizations that have the capacity to partner with parents. BSK partner organizations will assure that
 1387 pregnant and newly parenting individuals have the information, knowledge, skills and resources they
 1388 need, and are able to access effective prenatal and well-child health care and provide healthy, nurturing
 1389 and safe home environments.

1390 1391 Parent/Peer Supports

1392 **Rationale for investment.** Parent/peer supports will offer families/caregivers access to healthy and
 1393 affirming communities and peers, promoting the health and well-being of all families and young
 1394 children. Parent/peer supports can scaffold families and caregivers across communities – including
 1395 immigrant and refugee families, LGBTQ families, families with disabilities, and families with foster
 1396 children – as they seek encouragement and assistance when their children are experiencing behavioral
 1397 health issues or developmental delays or disabilities.

1398
 1399 Parent/peer supports provide community-based ways to decrease isolation, increase connection to
 1400 community, and improve access to geographically-obtainable supports. In communities across King
 1401 County, parent/peer support groups are building networks of resources, social supports, and community
 1402 among parents and caregivers who share common bonds in caring for young children. BSK funding to
 1403 expand these services has been repeatedly identified as a priority in community conversations.

1404
 1405 **Proposed approach.** BSK will support communities in providing parent/peer support groups that meet
 1406 community-identified needs. This approach supports parents, families and caregivers by working to
 1407 decrease the incidence of challenging situations through preventive education and support (such as, for
 1408 example, education and support around Autism spectrum disorder), and expanding effective peer
 1409 support groups for parents and caregivers. BSK intends to focus parent/peer support groups to meet the
 1410 needs of unserved and underserved communities and individuals in King County, through culturally-
 1411 specific, culturally-relevant, and linguistically-appropriate approaches.

1412

1413 BSK will build off the strengths of existing programs (such as community-based Play & Learn groupss
 1414 described below) and will provide opportunities for innovative new programming, services or supports.
 1415 This will ensure continuity of support through the preschool years and the transition to kindergarten.
 1416 These investments will be based on family support principles of building on the strengths, knowledge,
 1417 resources, culture, and capacity of families and communities as best practices that promote the optimal
 1418 development of children. BSK will support communities to embed the principles of family support to
 1419 ensure:

- 1421 • Prevention-based services become a key approach to building and sustaining healthy communities
- 1422 • Programs strengthen their capacity to work cross-culturally in their local communities
- 1423 • Programs focus on building community capacity to support all parents, especially those facing
- 1424 challenges in raising their young children by utilizing and developing the existing strengths of
- 1425 individuals, families and communities

1426
 1427 Play and Learn (P&L) groups are one example of a potential BSK investment approach to further
 1428 parent/peer supports. P&L groups provide opportunities for parents to come together with their young
 1429 children to learn from a facilitator and each other about ways to support healthy development.
 1430 Facilitators for P&L groups are community-members, which assures that Play and Learns are accessible
 1431 to parents/caregivers across language, ethnicity and culture and which provides an opportunity for
 1432 multi-generational programming in communities. P&L groups provide information, referral, and
 1433 educational events and groups for parents, caregivers and their children 0-5. This program area could
 1434 also fund programs such as Divine Alternatives for Dads Services (D.A.D.S.) aimed at providing support
 1435 to fathers so that they may forge healthy relationships with their children. Through peer and other
 1436 supports, D.A.D.S. models healthy relationships, helps stop the cycle of family violence, seeks to improve
 1437 the lives of children, and encourages fathers to become agents of change in their communities.

1438
 1439 In King County, families benefit from the research-based model of Kaleidoscope Play & Learns groups. At
 1440 Kaleidoscope groups, children have fun participating in activities and being around their peers, while
 1441 parents, grandparents, aunts, uncles, older siblings and other family members learn about activities to
 1442 maximize learning and development, the skills children need to be ready for kindergarten, and
 1443 community programs and services that are available to families. In 2013 Kaleidoscope Play & Learn was
 1444 designated a Promising Practice by the Evidence Based Practice Institute of the University of
 1445 Washington. Play & Learn groupss provide an excellent opportunity for exploring the activities and
 1446 resources available through VROOM, discussed below.

1447
 1448 Implementation of this strategy area will occur through competitively bid contracts for expansion of
 1449 parent/peer supports. All contracts will be outcomes-based, to allow for innovative approaches of
 1450 supporting parents, driven by community priorities and needs.

1451

Estimated funding levels

2016: \$0

2017-2021 average:
 \$600,000

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

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

1452
 1453 **Rationale for investment.** Parents are their children’s first, and most important, teachers. Because
 1454 experiences in early childhood lay the foundation for later success, the relationships, environments, and
 1455 supports that children experience have a profound impact on their development. Critical neurological
 1456 and biological systems grow most rapidly in the earliest years.⁵¹ Extensive research over the last few
 1457 decades has confirmed that when parents understand how their children develop and have support and
 1458 encouragement in their role as parents, they are more responsive, sensitive, and skillful, and their
 1459 children demonstrate better outcomes in the short and long term.

1460
 1461 Advances in understanding of early childhood are continuing to shape the opportunities to promote
 1462 optimal development for young children and support for parents/caregivers. One exciting opportunity is
 1463 the development of [VROOM](#), an initiative conceived and funded by the Bezos Family Foundation to
 1464 provide parent and caregivers with the information and tools they need to help build their children’s
 1465 healthy brains. VROOM was developed by a group of scientists, community leaders and trusted brands,
 1466 with input from community organizations and families.

1467
 1468 New science, made accessible through VROOM materials and a wealth of other resources, serves to
 1469 engage parents more fully in maximizing the critical development period of infancy and early childhood.
 1470 Children’s first years are when they develop the foundation for all future learning. Every time we
 1471 connect with them, half a million neurons fire at once, as young brains take in all that they see and
 1472 hear.⁵²

1473
 1474 **Proposed approach.** Working with community partners, BSK will help communities to share VROOM
 1475 materials through parent/peer support groups and other community gatherings, and explore other
 1476 venues for sharing VROOM’s messages. Through tools, activities and a smartphone app, VROOM helps
 1477 parents/caregivers turn shared moments into brain building moments. Meal time, bath time, visits to
 1478 the grocery store or play times with families and friends, all provide opportunities to nurture children’s
 1479 growing minds. BSK will also help support translation of VROOM resources in other languages, to help
 1480 spread the information about these important early years, and support parents in the many ways they
 1481 engage with their very young children.

1482 With funding from the Bezos Family Foundation, King County has begun the work of sharing VROOM
 1483 practices and materials in community settings. BSK will help community partners extend the reach of
 1484 VROOM and other research and resources that will strengthen families and support the role of
 1485 parent/caregivers in building protective factors that strengthen their children, their families and their
 1486 communities.

1487 BSK investments will allow parents across communities and cultures to connect with information and
 1488 social supports to scaffold their children’s healthy development, and to feel successful and satisfied in
 1489 their roles as parents. Community partners will provide relevant and accessible information for parents
 1490 and families across a range of topics including health and safety, stages of development, the importance
 1491 of play and the vital importance of oral language and language development beginning at birth. Funds to
 1492 support the dissemination of information for caregivers will be contracted to community-based
 1493 organizations.

**Estimated funding
 levels**

Child Care Health Consultation, including investments such as:

2016: \$93,000

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

- 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

1494
1495

1496 **Rationale for investment.** Child care health consultation (CCHC) promotes the health and development
1497 of children, families and child-care staff to ensure healthy and safe child-care environments⁵³. Through
1498 CCHC, licensed child-care settings are able to access the expertise and support of a multidisciplinary
1499 team of nurses and community health workers – all focused on promoting and supporting healthy, safe
1500 and developmentally appropriate environments for young children. The practice of integrating CCHC
1501 into child-care settings is recommended by the American Academy of Pediatrics to ensure that complex
1502 health concerns such as determining safe sleep policies, developing care plans for children with chronic
1503 medical conditions, or responding to infectious disease outbreaks, are informed by health care
1504 professionals.⁵⁴ The approach has a solid research base.

1505
1506 CCHC does not act as a primary care provider, but offers critical services to licensed child care and
1507 families by sharing health and development expertise, strategies to ensure injury prevention,
1508 assessments of child health needs, and community resources. CCHC assists families in care coordination
1509 with their medical homes. As King County builds out the BSK Help Me Grow framework, the connections
1510 facilitated by child-care health consultation will be essential in strengthening the system of supports for
1511 families.

1512
1513 By investing BSK funds to expand CCHC, King County will be able to reach additional providers, including
1514 cultural- or ethnic-specific licensed child-care homes that are vital resources in communities, but which
1515 may not be sufficiently connected to systems and supports to assure frequent and responsive child-care
1516 health consultation. CCHC is an essential service across all child-care settings, but is of particular
1517 importance to licensed centers and homes serving children birth to age three. These years provide
1518 critical opportunities for assuring healthy development, and/or identifying concerns early.

1519
1520 In addition to assuring increased access in under-served communities, investing in CCHC could target
1521 supports to licensed homes and centers that are participating in Early Achievers⁵⁵, the state’s quality
1522 rating and improvement system. Licensed homes and centers that are preparing to be rated, could be
1523 bolstered in their efforts toward improved quality through the support of child-care health
1524 consultation.

1525
1526 Beyond the need for increased services onsite in licensed centers and homes, providing more health and
1527 safety consultations to communities, families and unlicensed providers such as Family/Friend/Neighbor
1528 care, would further health promotion messages and disseminate information on healthy development.

1529
1530 **Proposed approach.** BSK will expand consultation and technical assistance for child-care providers to
1531 ensure that licensed providers in King County have access to the tools and support they need to provide
1532 effective early preventive care for all children, including those with delays or disabilities, or
1533 social/emotional and/or behavioral health challenges. The primary vehicle for this will be through

1534 expanding the quantity and capability of child-care consultants available to partner with licensed
1535 providers who need additional support.

1536
1537 Child-care consultation will ensure that King County child-care providers are knowledgeable and
1538 capable of providing positive, healthy and safe environments for all young children to learn, play and
1539 grow. BSK funds will support on-demand training onsite for licensed providers, across a range of topics.
1540 These topic areas may include a range of child development topics such as, for example, the provision of
1541 information about autism spectrum disorder, nutrition, communicable disease prevention, safe and
1542 healthy environments, injury prevention, physical activity, and child behavior management. Equity and
1543 social justice, anti-bias and trauma-informed care will provide the framework for all training.

1544
1545 Training will be supported by community health workers with community-based knowledge, and Public
1546 Health staff with expertise in areas that support best practices in child-care settings. Through nurses
1547 and community health workers, Public Health's CCHC team provides interdisciplinary and specialized
1548 consultation and technical assistance in licensed child care to improve outcomes for the health and well-
1549 being of children. All services are provided with a trauma-informed lens, incorporating evidence around
1550 adverse childhood experiences (ACEs), neuroscience and resilience. Core services include:
1551

- 1552 • Technical assistance and consultation to child_care programs to improve health and safety practices
- 1553 • Education and coaching for child_care providers to increase understanding of normal and atypical
- 1554 growth and development; encouraging early, appropriate referrals to community resources when
- 1555 needed
- 1556 • Classroom observations to identify children at risk of adverse health and behavioral concerns, and
- 1557 technical assistance to child_care programs on health screenings
- 1558 • Technical assistance and coaching on nutritional and physical activity in the child_care setting
- 1559 • Collaboration with King County’s Birth to Three Early Intervention program to support supportive
- 1560 child_care accommodations for identified children.

1561 BSK funds will also support group trainings in communities, which would be available to families, and

1562 family/friend/neighbor caregivers. These trainings would provide opportunities for parents and families,

1563 and those who support them and care for children in many settings, to access critical information on

1564 healthy child_care environments.

1565 Over the next six months, we will work with our partners to strengthen the mechanism for delivering

1566 CCHC and reaching additional licensed homes and centers in communities across the County. We will

1567 also work with partners to identify opportunities for larger group trainings on health promotion and

1568 best practices in child_care environments to engage families and communities in supporting children’s

1569 healthy development regardless of child_care setting.

Estimated funding levels

2016: \$795,000

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

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

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

1574 **Developmental Screenings for All Very Young Children**

1575 **Rationale for investment.** Developmental screenings are a foundational element of health care for

1576 young children from birth through five years. Early identification and access to services ensures that

1577 intervention is provided when the child’s developing brain is most capable of change. As brain

1578 architecture emerges in very young children it establishes either a sturdy or fragile foundation for all the

1579 capabilities and behaviors that follow⁵⁶. When screenings indicate developmental concerns, appropriate

1580 high quality early intervention programs can reduce the likelihood that children will experience

1581 prolonged or permanent health and learning delays, and reduce the incidence of future problems in

1582 their learning, behavior, and health. Intervention is more effective and less costly when it is provided

1583 earlier in life.

1584 **Proposed approach.** King County will partner with communities to identify infants and toddlers in need

1585 of services as early as possible. Bright Futures – a framework developed by the American Academy of

1589 Pediatrics – sets the standard for developmental screening to guide medical providers, child-care
 1590 providers, communities and families toward best practices⁵⁷.

1591
 1592 BSK funds will support training for additional child-care providers, home visitors and medical providers
 1593 on the importance of developmental screenings and the tools available, and assure that all King County
 1594 children have access to developmental screenings. Equally important will be the ability to connect
 1595 families with resources and services to respond to children’s needs as identified through developmental
 1596 screenings. This capacity will be systemically improved and strengthened as the BSK Help Me Grow
 1597 framework is built out in the County, improving the connections across resources and assuring greater
 1598 supports and access for families through the assistance of Community Navigators.

1599

1600 Early Intervention Treatment Services

1601

1602 **Rationale for investment.** We know that more children are in need of early intervention services than
 1603 are currently being served. Eligible infants and toddlers and their families are entitled to individualized,
 1604 quality early intervention services in accordance with the federal Individuals with Disabilities Education
 1605 Act (IDEA), Part C. (These services are also known as ESIT: Early Support for Infants and Toddlers.) In
 1606 2015, King County’s IDEA Part C early intervention system served 3,909 children which represents
 1607 approximately five percent of the general population of children ages birth to three. However, research
 1608 indicates that as many as 13 percent of birth to three-year-olds have delays that would make them
 1609 eligible for services.⁵⁸

1610

1611 Early intervention services are designed to enable young children to be active, independent and
 1612 successful in a variety of settings—in their homes, in child care, in preschool programs and in their
 1613 communities.

1614

1615 **Proposed approach.** Developmental screenings supported by BSK will result in an increase in children
 1616 accessing the early intervention services they need. BSK funds will be used to support additional early
 1617 intervention capacity. Any child under the age of 36 months, who has a 25 percent delay or shows a 1.5
 1618 standard deviation below his or her age in one or more of the following developmental areas is eligible
 1619 for support through early intervention:

1620

- 1621 • Cognitive development
- 1622 • Physical development, including vision, hearing, and fine and gross motor skills
- 1623 • Communication development
- 1624 • Social and emotional development
- 1625 • Adaptive development

1626

1627 Early intervention is provided through a network of providers, funded by King County and Washington
 1628 state. The County will leverage other funds, including Medicaid, wherever possible to support this
 1629 expansion in services. ESIT helps families build knowledge and skills to meet the developmental and
 1630 health needs of their young children birth to three years old with special needs, as well as the needs of
 1631 the family.

1632

1633 Anyone who has a concern about a child’s development may make a referral. This includes parents,
 1634 guardians, foster parents and family members. Professionals such as pediatricians, other physicians,
 1635 social workers, nurses, child-care providers or others who have contact with a child can also make a

1636 referral for Birth-to-Three services. Over time, the BSK Help Me Grow framework will enhance families'
1637 access to the ESIT services their children may need. These services include, but are not limited to:
1638

PROPOSAL

- 1639 • Audiology
- 1640 • Family resource coordination
- 1641 • Health services
- 1642 • Nutrition and feeding services
- 1643 • Occupational therapy
- 1644 • Physical therapy
- 1645 • Psychological services
- 1646 • Speech-language therapy
- 1647 • Family counseling and education

1648
1649

System Building for Infant/Early Childhood Mental Health

1651

1652 **Rationale for investment.** Early childhood mental health focuses on healthy social and emotional
1653 development of children from birth to age five. This is a growing field of research and practice devoted
1654 to promoting behavioral health and social and emotional development for very young children. The field
1655 is committed to promotion and prevention. Treatment, if needed, is provided for children in the context
1656 of their families.

1657
1658 An estimated nine to fourteen percent of children birth to five years experience behavioral or emotional
1659 problems, including depression and anxiety. These behavioral health issues negatively impact children's
1660 early learning, social interactions and overall child and family well-being⁵⁹. Early intervention in social
1661 and emotional struggles and behavioral health is part of an upstream prevention for suicide risk,
1662 interpersonal violence and other problems in adolescence. Across our County, there is a significant
1663 shortage of well-trained professionals with expertise to serve young children with emotional/behavioral
1664 challenges and their families.

1665
1666 **Proposed approach.** BSK funds will support increasing capacity to meet the need for behavioral health
1667 services in early childhood. Through BSK, King County will work with community partners and providers
1668 over the course of the next year to develop a comprehensive Infant and Early Childhood Mental Health
1669 system. As a newly emerging service system, the development of a strategic plan is an essential first
1670 step. Key elements will include:

- 1671 • Building community awareness of early indicators of emotional/behavioral concerns in young
1672 children and introducing screening opportunities
- 1673 • Implementing policy and practice changes to inform the preparation and support of the early
1674 childhood workforce. Workforce development initiatives within child development, early education,
1675 special education and early intervention, and behavioral health need to incorporate infant and early
1676 childhood mental health content
- 1677 • Shaping a system of support for early learning providers and parents, to support healthy social and
1678 emotional development in children birth to age five, including access to reflective consultation⁶⁰
- 1679 • Developing a cadre of mental health professionals able to identify issues and concerns which require
1680 consultation, and support communities of practice
- 1681 • Defining system supports to assure effective referrals and access, and mechanisms for
1682 reimbursement

1683

1684 A key element of building capacity will be the use of BSK funds to support providers, and those working
 1685 in early intervention and treatment services and in child care and home visiting, through the
 1686 Washington Association of Infant Mental Health (WA-AIMH) endorsement process. Endorsement by
 1687 WA-AIMH verifies that an applicant has attained a level of education as specified, participated in
 1688 specialized in-service trainings, worked with guidance from mentors or supervisors, honed skills in
 1689 reflective consultation, and acquired knowledge to promote the delivery of high quality, culturally
 1690 sensitive, relationship-focused services to infants, toddlers and preschoolers, parents, and caregivers.
 1691 When bolstered by the tools and support from providers trained in early childhood mental health,
 1692 children’s school readiness and positive social emotional development can be greatly strengthened,
 1693 reducing the likelihood that more expensive services such as special education or mental health
 1694 hospitalization will be needed later on.⁶¹

Estimated funding levels

2016: \$126,000
 2017-2021 average: \$1,440,000

Workforce Development, including investments such as:

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

1695
 1696 **Rationale for investment.** Across King County, individuals in many contexts are working with young
 1697 children and families. In some cases – as is often true with family/friend/neighbor care and licensed
 1698 child-care homes – these individuals may be working in isolation without access to supports and
 1699 information. In others, multiple responsibilities may make it difficult to access information, training and
 1700 resources to improve the quality of interactions with young children.

1701
 1702 The issue of workforce development in early childhood is receiving significant attention in our state, and
 1703 across the nation, particularly following the release of the National Academies workforce report in
 1704 2015.⁶²

1705
 1706 **Proposed approach.** BSK will invest funds throughout our region to build the knowledge base within and
 1707 across communities on key topics relevant to healthy early childhood development. These investments
 1708 will support child-care providers, home visitors, community navigators, medical providers and others
 1709 who serve as resources to children and families.

1710
 1711 One example is training medical providers on Reach Out and Read, a program based oin medical
 1712 practices in which doctors give young children new books and inspire families to read together, starting
 1713 when children are babies. Reach Out and Read facilitates medical providers’ participation by providing
 1714 professional development that enables providers to make literacy promotion a standard part of well-
 1715 child-care, and provides technical assistance to assure clinics can deliver services to families with fidelity
 1716 to the proven model. When families participate, parents are up to four times more likely to read to their
 1717 children, and children perform up to six months ahead of their peers on language tests.⁶³ Another
 1718 example could be providing training to professionals to understand how to support families with
 1719 children diagnosed with autism spectrum disorder.

1721 Through investments in workforce development, we expect to address multiple content areas including
1722 adverse childhood experiences, resilience, trauma-informed care, brain development and early
1723 childhood behavioral health. This investment area will also build knowledge of Washington State’s safe
1724 haven law (RCW 13.34.360) in a way that is aligned with the policy set forth in Motion 14681. This effort
1725 will include expanding knowledge about the fact that a parent may leave a baby, up to three days old,
1726 with: 1) a staff member or volunteer at a staffed fire station during its operating hours; 2) the
1727 emergency room of any hospital in Washington during its hours of operation; or 3) a federally
1728 designated rural health clinic during its hours of operation. Information will also include a phone
1729 number that individuals may call to obtain information on where and to whom to safely surrender a
1730 newborn.

1731
1732
1733 BSK will contract with educational providers and community-based organizations to ensure that training
1734 is provided in innovative ways, to support all providers, including those furthest from formal system
1735 supports. This could include approaches such as coaching, and other proven strategies for increasing the
1736 quality of early learning environments.

1737
1738 These workforce development opportunities will prioritize equity as a key element in training. Over the
1739 next six months, we will work with community partners to develop this approach.

1740
1741

Estimated funding levels

2016: \$3,481,000

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

Investment in Public Health’s Maternal/Child Health Services

1742
1743 **Rationale for investment.** The *Best Starts for Kids* ordinance allocated a minimum of \$42.8 million over
1744 the life of the levy to Public Health—Seattle & King County’s Maternal/Child Health (MCH) services. In
1745 2014, the shortfall of funding for PHSKC reached a critical point, threatening the loss of MCH services.
1746 BSK’s investment in these services will help to bring their service levels back up to 2014 levels. By
1747 investing in this work, King County will be able to ensure the services PHSKC provides to women,
1748 children and families continue to be available to the community throughout the life of the levy.

1749
1750 **Proposed approach.** This portfolio of programs includes proven prevention and early intervention
1751 programs for mothers and families, such as Nurse Family Partnership (NFP); Maternal Support Services
1752 (MSS); Women, Infants and Children (WIC) supplemental nutrition program; Family Planning; Health
1753 Educators; and Kids Plus—a program that focuses on improving healthcare and housing for children and
1754 their families experiencing homelessness. Many of these services have historically been provided
1755 through the Public Health Centers.

1756 Through the relationships with young children and their families, MCH services are positioned to help
1757 families access the other resources and supports, which will be funded through BSK by facilitating
1758 referrals through the BSK Help Me Grow framework.

1759

1760 BSK's investment in MCH services is projected to be about \$51.4 million over the life of levy. The amount
1761 of funding over the minimum required by the BSK ordinance covers the cost of the Kids Plus program
1762 which was approved for inclusion in BSK as part of the 2015 supplemental budget ordinance, as well as
1763 infrastructure needs for continuing to provide the MCH portfolio of programs to our community's
1764 women, children and families.

1765
1766



Section VI 5 – 24 YEARS, APPROACHES AND INVESTMENTS

1767

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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1768

1769 OVERVIEW OF 5 - 24 YEARS RESULTS, STRATEGIES AND INDICATORS

1770

1771 In approving *Best Starts for Kids*, King County voters demonstrated their commitment to investing public
 1772 funds toward programs and services that will help children and youth ages, 5 – 24 years, to sustain the
 1773 gains from early childhood and support successful transitions into adulthood. The second of BSK’s three
 1774 overarching results focuses on these critical years and King County’s aspiration for all of our young
 1775 people:

1776 *King County is a place where everyone has equitable opportunities to **be safe and healthy as***
 1777 ***they progress through childhood ~~safe and healthy~~, building academic and life skills to be***
 1778 ***thriving members of communities.***

1779

1780

1781 Six overarching **strategies** define the 5 – 24 Years work:

1782

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

1783

1784 These strategies will contribute toward improvement in these **headline indicators**:

1785

- 1786 • 3rd graders who are meeting reading standards
- 1787 • 4th graders who are meeting math standards
- 1788 • ~~Youth who are not using illegal substances~~
- 1789 • Youth who are flourishing and resilient, as described by curiosity, resilience and self-regulation
- 1790 • Youth and young adults who are in excellent or very good health
- 1791 • Youth who graduate from high school on time
- 1792 • Youth and young adults who are either in school or working

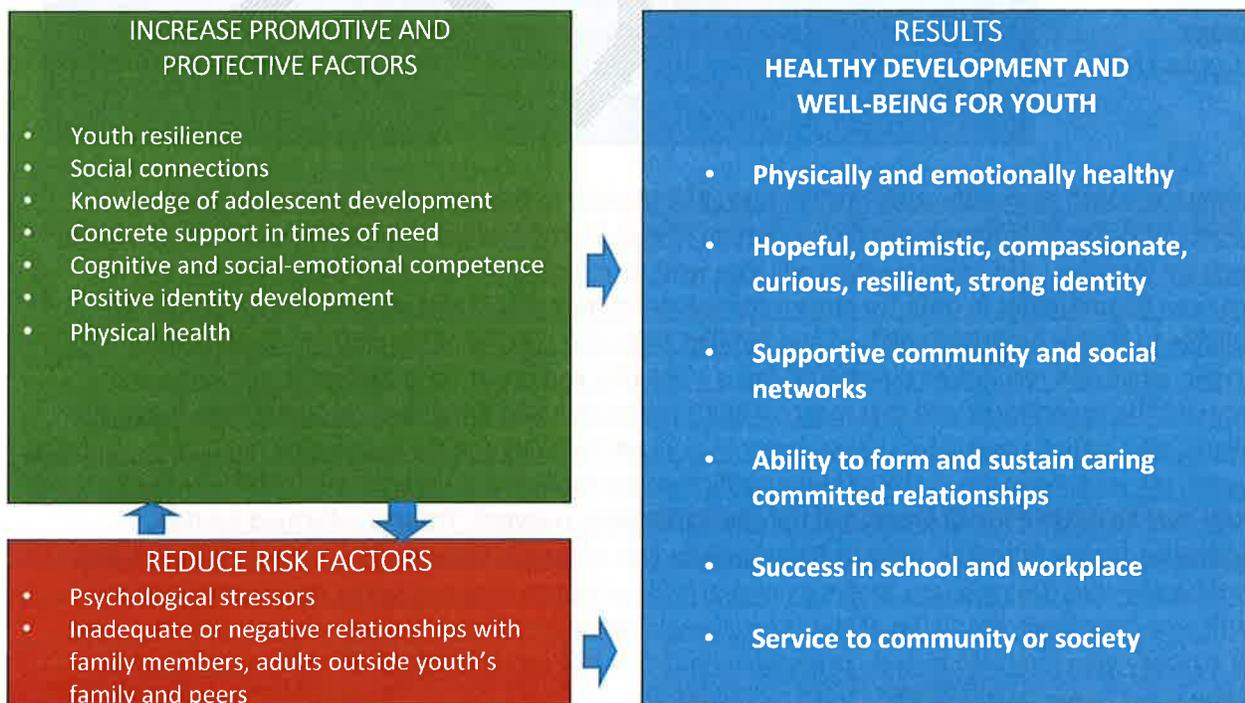
- High school graduates who earn a college degree or career credential
- Youth who are not using illegal substances

INVESTMENTS AND APPROACHES FOR 5 – 24 YEARS

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

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

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



- Insufficient or inadequate opportunities for positive growth and development
- Unsafe, unstable, inequitable environments

- Strong thriving families

1821 The following section provides more detail on 5 - 24 Years programs and services which will be funded
 1822 through *Best Starts for Kids*. These programs and services will be primarily provided by community-
 1823 based organizations.

1824
 1825 Implementation staff will work with provider agencies toward a goal of making services available to
 1826 youth, independently of their parents or guardians, and even if a family has resources.

1827
 1828 The County will contract with one or more independent organizations, as appropriate to the program
 1829 areas in the 5 - 24 Years, Approaches and Investments to provide front-end and long-term community
 1830 outreach, technical assistance and capacity building to help reduce barriers for smaller and more
 1831 isolated organizations, partnerships and groups to access BSK levy funding. The entity(ies) with which
 1832 the County contracts will have experience working with the diversities of King County, both geographic
 1833 and cultural. The entity(ies) will be contracted through an RFP process. Dedicated funds will be
 1834 sufficient to allow the entity(ies) to engage in meaningful community outreach, provide technical
 1835 assistance and build the capacity of organizations, partnerships and groups with the aim of reducing
 1836 barriers to access BSK levy funding. At least 1% of funds in the 5 - 24 Years, Approaches and Investments
 1837 allocation will be dedicated for this purpose over the life of the levy.

1838
 1839
 1840 **Estimated funding levels**

2016: \$1,121,000
 2017-2021
 average:
 \$11,00410,000

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

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

1841
 1842 Among the youth served through this strategy, BSK services in this program area may provide
 1843 opportunities for programming to be supportive of and geared toward children diagnosed with autism
 1844 spectrum disorder. BSK implementers will also work to maintain ongoing collaboration with Native
 1845 American Communities in order to ensure that programming within this strategy area that may be
 1846 available to Native American children and families meet the specific needs of their communities.
 1847 Further, while BSK recognizes that trafficking is a risk that can result from exposure to trauma and
 1848 traumatic life experiences and that much of BSK's promotion and prevention programming is geared
 1849 towards eliminating trauma for the youngest in our communities and for supporting families to minimize
 1850 trauma, for youth who are at risk of being trafficked, the following programs in this strategy (while these
 1851 youth may be eligible for all programs) may be particularly relevant: Trauma Informed Schools,
 1852 Restorative Justice Practices, Healthy Relationships and Domestic Violence Prevention for Youth, and
 1853 Youth Leadership. This strategy area may also provide programming that could benefit children and
 1854 youth who have been the victim of child sexual exploitation or commercial sexual exploitation. Lastly,
 1855 this strategy area may also provide programming that might prove particularly relevant to refugee

youth. Identifying these youth populations as populations that may benefit from the programs in this strategy area, does not preclude other populations of youth from being eligible to receive services.

Trauma-informed schools and organizations

Rationale for the investment. The decades of strong evidence around the 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 justice⁶⁴, trauma sensitive schools model⁶⁵, and training and consultation in trauma-informed practices models such as Collaborative Learning for Educational Achievement and Resilience (CLEAR)⁶⁶.

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

- A focus on the whole child and ensuring that children and youth are understood and have their needs met, socially, emotionally and academically.
- Deep partnerships among families, schools and organizational partners, such as behavioral health providers, school-based health centers, and community-based or parent-led organizations.
- Strong infrastructure in schools and organizations to support culturally-positive, equitable, just and affirming climates for children and youth.
- Common language and training for teachers, staff, students, parents and community, particularly related to the prevalence of individual and culturally/racially based trauma in the lives of children and youth, and its impact on relationships, learning, and behavior.

- 1902 • Improved school and organizational climates, emphasizing that a *trauma-informed* school is one that
- 1903 embeds a philosophy and set of values into all programs and practices with the goal of creating
- 1904 safety, consistency and predictability for students and staff. In addition to offering alternatives to
- 1905 traditional punitive discipline practices, the model supports positive youth development (including
- 1906 social/emotional learning) and promotes positive school climate through universal educational
- 1907 practices, school culture/policies and trauma-informed identification coordination and response for
- 1908 students needing additional supports.
- 1909 • Capitalizing on the enormous potential students have for resilience and positive change.
- 1910 Systematically invest and include youth, continue to train youth as leaders, and facilitate and
- 1911 encourage youth voice as an essential component of influencing and developing policy and program
- 1912 decisions.

1913

1914 BSK expects to pursue a multi-year work plan to implement the model in three cohorts. Cohort one

1915 schools/organizations will be those that are currently ready to pilot efforts aligned with the King County

1916 model’s core principles and strategies, and/or schools requesting technical assistance in assessing

1917 readiness for a future whole school intervention. Requests for cohorts two and three will be released in

1918 subsequent years. We expect that we will partner with approximately 12 schools and/or organizations

1919 each year. In most instances, funds would support partnerships of a minimum of two entities – school

1920 and community organization – and often more. BSK intends to fund this program area at an estimated

1921 2017-2021 annual average level of \$3,500,000.

1922

1923 Restorative Justice Practices

1924

1925 **Rationale for investment.** Restorative justice practices completely shift from justice as harming to

1926 justice as healing; from retributive justice to restorative justice.⁶⁷ Though contemporary restorative

1927 justice practices began in just the last few decades, the effectiveness of these practices in reducing

1928 violence, incarceration, recidivism, and dropout rates, suspensions, and expulsions in schools is

1929 increasingly being documented. Restorative justice practices are recognized as a model in the U.S.

1930 Department of Justice’s Office of Juvenile Justice and Delinquency Prevention’s Model Programs Guide.

1931

1932 Currently our criminal justice system asks these three questions: What law was broken? Who broke it?

1933 What punishment is warranted? Restorative justice practices ask an entirely different set of questions:

1934 Who was harmed? What are the needs and responsibilities of all affected? How do all affected parties

1935 together address needs and repair harm?

1936

1937 Restorative justice practices are rooted in indigenous cultures in which justice is experienced as

1938 reparative, inclusive and balanced. It emphasizes: repairing harm, inviting all affected to dialogue

1939 together to figure out how to do so, and giving equal attention to community safety, victim’s needs, and

1940 offender accountability and growth.⁶⁸ Restorative justice has diverse applications. It may be applied to

1941 address conflict in families, schools, communities, workplace and the justice system.

1942

1943 **Proposed approach.** Integrating restorative justice practices will be elemental to multiple strategy areas

1944 funded through *Best Starts for Kids*. At a minimum, understanding and applying restorative justice

1945 practices will be part of the programs and services provided for children, youth and young adults

1946 through trauma-informed schools and organizations, supporting Opportunity Youth to re-engage, and

1947 programs and services designed to stop the school-to-prison pipeline. Over the next six months as

1948 County staff come together with community partners, the Juvenile Justice Steering Committee, and the

1949 Children and Youth Advisory Board to develop the procurement process, we will emphasize the critical
 1950 nature of imbuing all of our work with a mindset that is informed by restorative justice practices. In
 1951 addition, specific practices (for example, peace circles) will be funded with attention to how restorative
 1952 justice practices can be utilized in settings with our youngest children, as well as older children, youth
 1953 and young adults. BSK intends to fund this program area at an estimated 2017-2021 annual average
 1954 level of \$1,300,000.

1956

1957 Healthy Relationships and Domestic Violence Prevention for Youth

1958

1959 **Rationale for investment.** The strongest predictors of unhealthy relationship choices and sexual
 1960 violence are violence and unhealthy relationships in the home; the next is community norms⁶⁹. There
 1961 are many other proven or potential predictors that influence individuals' abilities to form healthy
 1962 relationships; these include trauma and mental health. We know from adolescent brain science that this
 1963 is a critical time for shaping lifelong norms for relationships.

1964

1965 During adolescence, young people learn how to form safe and healthy relationships with friends,
 1966 parents, teachers, and romantic partners. Both boys and girls often try on different identities and roles
 1967 during this time, and relationships contribute to their development. Peers, in particular, play a big role in
 1968 identity formation, but relationships with caring adults – including parents, mentors or coaches – are
 1969 also important for adolescent development. Often, the parent-adolescent relationship is the one
 1970 relationship that informs how a young person handles other relationships. Unfortunately, adolescents
 1971 sometimes develop unhealthy relationships, and experience or exhibit bullying or dating violence.⁷⁰

1972

1973 According to the Centers for Disease Control and Prevention, one in 10 adolescents reported being hit or
 1974 physically hurt on purpose by a boyfriend or girlfriend at least once in the previous year. Over time,
 1975 controlling and demanding behavior may become increasingly violent and that violence can have
 1976 negative effects on physical and mental health throughout life (including lower self-esteem, eating
 1977 disorders, and suicidal thoughts).^{71 72 73}

1978

1979 Lesbian, gay, bisexual, transgendered and queer (LGBTQ) youth may face unique challenges in building
 1980 healthy relationships. Among adolescents ages 18 to 19, just under eight percent of females and just
 1981 under three percent of males identify as homosexual or bisexual.⁷⁴ LGBTQ adolescents are happy and
 1982 thrive during their teenage years. However, as a group they are more likely than their heterosexual
 1983 peers to experience difficulties: LGBTQ adolescents are at increased risk for suicide attempts, being
 1984 homeless, alcohol use, and risky sex.^{75 76}

1985

1986 Bullying is also a serious problem for children and youth, but it can be prevented or stopped when those
 1987 involved know how to address it. Many adolescents have experienced bullying, whether they were
 1988 bullied, bullied someone else, or saw someone being bullied. Although definitions vary, bullying usually
 1989 involves an imbalance of power, an intent to hurt and repetition of the behavior. Adolescents who bully
 1990 use their power to control or harm, and those being bullied sometimes feel powerless to defend
 1991 themselves.⁷⁷

1992

1993 **Proposed Approach.** Helping youth and young adults build and maintain healthy relationships will be a
 1994 focus integrated across all of BSK's investments in 5 – 24 Years. The approaches will vary, depending on
 1995 the age of children and youth served. Approaches that are effective for older elementary children differ

1996 considerably from those focused on youth in high school. Because family relationships are so central and
 1997 so powerful in the lives of young people, BSK-funded programs will prioritize opportunities for
 1998 strengthening families across multiple venues and interactions. Approaches will be responsive to the
 1999 diversity of families and communities in King County including racial, cultural, LGBTQ and disabilityability
 2000 communities.

2001
 2002 BSK will partner with community organizations and engage youth directly to develop an approach for
 2003 helping youth build the skills to support healthy relationships across many settings in their lives. The
 2004 focus of this approach will be on helping youth identify what healthy relationships look like, and also
 2005 develop skills for how to address violence when they encounter it in their relationships, or the
 2006 relationships of family members or peers.

2007
 2008 One potential approach is the Family Acceptance Project which works to decrease risk and promote
 2009 well-being for LGBTQ children and youth and to strengthen families, by informing family intervention
 2010 strategies and research-based practice information in primary care, mental health, family services,
 2011 schools, child welfare, juvenile justice and homeless services to build healthy futures for LGBTQ children
 2012 and adolescents in the context of their families, cultures and faith communities.

2013
 2014 Another potential approach is bystander training. The Green Dot etc. strategy is one bystander training
 2015 approach to violence prevention that capitalizes on the power of peer and cultural influences. Informed
 2016 by social change theory, the model identifies all community members as potential bystanders, and seeks
 2017 to engage them, through awareness, education, and skills-practice, in proactive behaviors that establish
 2018 intolerance of violence as the norm, as well as reactive interventions in high-risk situations – resulting in
 2019 the ultimate reduction of violence. Specifically, the program targets influential and respected individuals
 2020 from across community subgroups. The goal is for these groups to engage in a basic education program
 2021 that will equip them to integrate moments of prevention within existing relationships and daily
 2022 activities. By doing so, new norms will be introduced and those within their sphere of influence will be
 2023 significantly influenced to move from passive agreement that violence is wrong to active intervention.

2024
 2025 Yet another potential approach is the Committee for Children’s Second Step Program. Focused on early
 2026 learning through Grade 8, Second Step seeks to build skills for social and academic success including
 2027 lessons with an emphasis on making friends, managing emotions, and solving problems in the earlier
 2028 years. For middle school students, this research-based program aims to help schools teach and model
 2029 essential communication, decision-making and coping in order to aid adolescents in navigating around
 2030 peer pressure, bullying, and substance use.

2031
 2032
 2033 Cure Violence is another potential approach which aims to stop the spread of violence in communities
 2034 through disease control-associated strategies such as detecting and interrupting conflicts, identifying
 2035 and treating the highest risk individuals, and changing social norms.

2036
 2037 Quality Out of School Time

2038
 2039 **Rationale.** Children and youth spend only 20 percent of their waking hours in school. How they spend
 2040 the remaining 80 percent of their time has a significant impact on their success and well-being⁷⁸. Over a
 2041 decade of research and evaluation shows that high-quality afterschool and youth development
 2042 programs (which includes summer programs) are directly linked to youth achievement of positive
 2043 social/emotional, health, and academic gains. Quality out-of-school-time programs provide children and

2044 youth with access to a range of activities from educational enrichment to cultural and social
 2045 development activities, recreation, physical activity and health promotion, visual and performing arts,
 2046 tutoring and homework services, and leadership skills. They serve a critical role in fostering healthy
 2047 communities and providing young people with a safe space keeping them off the streets during the peak
 2048 hours for juvenile crime.⁷⁹

2049
 2050 What happens in quality out-of-school-time programs looks and feels different than the school day, and
 2051 enhances in-school learning by supporting the holistic needs of children and youth. Expanded Learning
 2052 Opportunities (ELOs) in particular have emerged as a subset of the out-of-school-time field with a
 2053 specific focus on improving academic outcomes for low-income youth and children and youth of color.
 2054 These programs use data to inform program practice and measure progress. Core to the ELO model is
 2055 engagement with communities, families and schools to align in-school and out-of-school learning with a
 2056 shared goal of enhancing learning and improving academic outcomes.⁸⁰

2057
 2058 Investments in quality out-of-school time have the potential to counter the significant impact of *summer*
 2059 *learning loss*. Every year, children and youth forget between one-three months of what they learned in
 2060 school the previous year.⁸¹ Two-thirds of the achievement gap between lower-/middle-income and
 2061 higher-income youth entering 9th grade can be attributed to summer learning loss.⁸² The benefits and
 2062 social returns of investing in summer learning are compelling and contribute to a decrease in student
 2063 dropouts, higher grades and academic performance, and higher graduation and college enrollment
 2064 rates.⁸³

2065
 2066 Research from Dr. Joseph A. Durlack (Loyola University, Chicago) and Dr. Roger Weissberg (University of
 2067 Illinois, Chicago) also speaks to the effectiveness of quality out-of-school-time programs in enhancing
 2068 young people's personal and social skills. Drs. Durlack and Weissberg reviewed 68 studies of afterschool
 2069 programs that had the specific goal of fostering personal and social development, and that were
 2070 compared to non-participating control youth. Through their review, they were able to identify four
 2071 evidence-based practices, which form the acronym SAFE. In brief, their review identified whether
 2072 program staff:

- 2073
 2074
- Used a sequenced step-by-step training approach (S)
 - Emphasized active forms of learning by having youth practice new skills (A)
 - Focused specific time and attention on skill development (F)
 - Were explicit in defining the skills they were attempting to promote (E)
- 2077

2078
 2079 Each of these practices has a strong research base in many skill training studies of youth. The afterschool
 2080 programs that followed all four recommended practices were called SAFE programs (N = 41) and those
 2081 that did not were called Other Programs (N = 27). The findings were clear: SAFE programs were
 2082 associated with significant improvements in self-perceptions, school bonding and positive social
 2083 behaviors; significant reductions in conduct problems and drug use; and significant increases in
 2084 achievement test scores, grades and school attendance. The group of Other Programs failed to yield
 2085 significant improvements on any of these outcomes.⁸⁴

2086
 2087 **Approach.** BSK will partner with organizations across our community which provide or support
 2088 afterschool and summer programs and will invest in quality out-of-school-time programs to support King
 2089 County's children and youth.

2090

2091 Stakeholders for out-of-school time include a multitude of large organizations and small community-
2092 based resources. School's Out Washington – which is based in Seattle and serves all of Washington state
2093 – serves as the intermediary for out-of-school-time programs in King County, tailoring professional
2094 development and systemic supports to further the quality of afterschool and summer programs for all
2095 children and youth.

2096 Supported by funding from the Raikes Foundation, the C.S. Mott Foundation and other organizations,
2097 School's Out Washington led a process to develop Washington's first quality standards for out-of-school
2098 time programs. Over many months they gathered input from a broad group of stakeholders, conducted
2099 focus groups and cross-walked their ideas against current research. In the spring of 2014, the
2100 Washington State *Quality Standards for Afterschool and Youth Development Programs* were finalized
2101 and shared with the state's out-of-school time field. BSK will partner in this work to assure that high
2102 quality out-of-school-time is available for children and youth in King County.

2103 Youth Leadership and Engagement Opportunities

2104
2105 **Rationale.** Research demonstrates that youth with more developmental assets, such as positive family
2106 communication, caring school climate and sense of purpose, have reduced morbidity and better health
2107 outcomes⁸⁵. In addition, key protective factors, such as connectedness to parents and family,
2108 connectedness to school, and optimism, promote healthy youth behaviors and outcomes⁸⁶ while
2109 diminishing the likelihood of negative health and social outcomes. A dual strategy of risk reduction and
2110 promotion of protective factors through an intentional positive youth development approach holds the
2111 greatest promise as a public health strategy to improve outcomes for youth.⁸⁷

2112
2113 **Approach.** BSK will work with our community partners over the next six months to develop
2114 opportunities for youth leadership that will benefit youth, as well as their families and communities.
2115 Community feedback has identified interest in using this approach to pursue multigenerational
2116 programs, with youth in the lead. Furthering youth leadership directly ties to recommendations from
2117 the Youth Action Plan which call for more opportunities for youth leadership and community
2118 engagement. We expect that those opportunities will be effective in engaging youth who might not see
2119 themselves as leaders, including youth from refugee and immigrant communities, LGBTQ youth, youth
2120 of color, foster youth, developmentally delayed and disabled youth, and justice-involved youth.
2121 Approaches may include development of a Leadership Tomorrow type program, designed for/by youth,
2122 as well as deliberate identification of opportunities for youth to serve their communities through local
2123 and regional boards and commissions.

2124
2125
2126 **Estimated funding levels**

2016: \$219,000
2017-2021 average:
\$2,950,000

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

- Mentoring
- Family engagement and support

2127
2128 Mentoring

2129
 2130 **Rationale.** Expanding mentoring opportunities and programs is one method of building resilient youth.
 2131 Mentoring can help support youth as they go through challenging life transitions, including dealing with
 2132 stressful changes at home or transitioning to adulthood. The supportive, healthy relationships formed
 2133 between mentors and mentees are both immediate and long-term and contribute to a host of benefits.
 2134 Evaluations of youth mentoring programs have provided evidence that high-quality, enduring
 2135 relationships can lead to a range of positive outcomes for the young people involved⁸⁸. Likewise,
 2136 researchers have deciphered some of the conditions under which youth mentoring is most effective, as
 2137 well as the types of volunteers, young people and activities that are associated with positive
 2138 developmental outcomes. Successful mentoring programs are known to contribute to increases in
 2139 resilience and protective factors for youth, and reductions in negative behaviors, including truancy and
 2140 substance use.

2141
 2142 **Approach.** As BSK further develops its approach to mentoring investments, we will work closely with
 2143 community-based organizations and current mentoring providers, looking particularly for those
 2144 programs that maximize the importance of mentoring relationships with peers, intergenerational
 2145 mentoring, and mentoring as a vehicle for building strong cultural and ethnic identity. This includes
 2146 assuring that there are programs connecting elders with LGBTQ youth and youth with disabilities.

2147
 2148 Mentors and peer advocates can be assets in helping young people who have experienced challenges to
 2149 successfully transition into adulthood. Mentoring provides opportunities for intergenerational
 2150 approaches and matching peers from within communities. However, some mentoring programs pair
 2151 students with a mentor for only one year, often until they secure a job or complete a GED. BSK will
 2152 pursue opportunities for innovative programming that goes beyond one year of support while young
 2153 people pursue college coursework or advanced training, maintain employment and/or secure stable
 2154 housing.

2155
 2156 BSK will identify agencies to support ongoing mentoring programs through a competitive RFP.
 2157 Mentoring programs will vary across communities as they account for geographic, cultural and other
 2158 needs of the youth for which they are intended. BSK will support **community-based**
 2159 **organizationscommunity-based organizations** that pursue best practices for mentoring based on the
 2160 latest research including but not limited to:

- 2161
 2162 • Recruiting appropriate mentors and mentees and ensuring clear expectations
 2163 • Providing initial and support, training and supervision for mentors
 2164 • Offering ongoing consultation and training to mentors that extends post-match

2165
 2166 During summer 2016, King County will partner with community-based organizations and members of
 2167 the Children and Youth Advisory Board (CYAB) to develop a more comprehensive list of criteria of best
 2168 practice and funding priorities. We will also explore multigenerational mentoring, as an opportunity to
 2169 partner with agencies serving elders, **mentoring to support the needs of youth and young adults who**
 2170 **have been trafficked and mentoring services for foster youth or young adult alumni of the foster care**
 2171 **system. This program will prioritize serving youth and young adults who face more challenging life**
 2172 **transitions.**

2173
 2174 Family Engagement and Support
 2175

2176 Equity and social justice is central to understanding what families need to be engaged and supported.
2177 King County will work in partnership with communities and families to understand their needs and co-
2178 design family engagement strategies that work to support families in authentic ways. An example
2179 might be supporting the needs of families and youth who may be diagnosed with autism spectrum
2180 disorder. When making decisions regarding family engagement, programming needs to encompass
2181 multicultural approaches. BSK will look to our community partners – including children, youth and
2182 families – to shape investments in communities to support families’ involvement in school and
2183 community activities. We will look to partner on ways to support families’ roles and relationships with
2184 their children and youth. This approach will be developed in partnership with the CYAB and community
2185 stakeholders and, most importantly, families.
2186

PROPOSAL

Estimated funding levels

2016: \$385,000

2017-2021 average: \$5,620,000

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

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

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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 optimism.⁸⁹ Youth must work to integrate aspects of their identities as they move from home to community to school; successful integration of their full identity, including understanding that identity in their broader societal context, can help in their success. For example, immigrant youth with well-integrated identities scored significantly higher than all other groups on various measures of psychological adjustment.⁹⁰ In contrast, acculturation or assimilation (the giving up of one’s historical cultural identity and the adoption of dominant cultural norms) can negatively impact student success. The maintenance of ethnic loyalty, not assimilation, appears associated with stronger school performance among immigrant children.⁹¹

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

School-based Health Centers

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

2224 Health risks such as teenage pregnancy, poor diet, inadequate physical activity, physical and emotional
 2225 abuse, and substance abuse have a significant impact on how well students perform in school. This can
 2226 lead to a higher number of absences from school and an increase in adolescents' substance abuse.
 2227 School-based health centers are a proven strategy for increasing educational and health outcomes
 2228 including school performance, grade promotion, and high school completion.

2229
 2230 School-Based Health Centers (SBHCs) have been shown to decrease health inequities. Studies have
 2231 shown that SBHCs have helped to decrease absences by 50 percent among students who had three or
 2232 more absences in a three-week period. Studies have also shown that school-based services are
 2233 particularly effective for youth. Adolescents are 21 times more likely to make a mental health visit to a
 2234 school-based provider than to a community site.⁹² The increased availability of mental health and
 2235 substance abuse prevention and early intervention services in schools reduces the stigma of seeking
 2236 mental health and substance abuse care and increases accessibility of that care.

2237
 2238 ~~School-Based Health Centers~~SBHCs are operated by community health agencies and are staffed with
 2239 coordinators, nurse practitioners and mental health counselors that ideally reflect the diverse ethnic,
 2240 language and cultural backgrounds of the students and families, including LGBTQ families. Typical
 2241 services include preventive health care, immunizations, and counseling for depression, trauma and
 2242 stress. PHSKC has successfully launched and supported the growth of SBHCs and currently supports 31
 2243 clinics in King County with technical assistance, program quality, and professional development to
 2244 ensure high quality service.

2245
 2246 One important resource SBHCs offer is a place for youth to receive all routinely recommended vaccines.
 2247 Improving Tetanus, Diphtheria, Pertussis (Tdap), Meningococcal vaccine (MCV) and Human
 2248 Papillomavirus (HPV) vaccination rates in adolescents requires a multipronged approach to address a
 2249 range of obstacles, including infrequent preventive care visits, missed clinical opportunities, and the
 2250 absence of a strong provider endorsement of the vaccines. The Community Preventive Services Task
 2251 Force recommends school-located vaccination programs based on strong evidence of effectiveness in
 2252 increasing vaccination rates. In King County, 28 SBHCs provide a full range of primary care services to
 2253 over 8,000 students annually and offer families an additional venue to increase the likelihood that youth
 2254 will receive all routinely recommended vaccines, including those required for school. For youth who are
 2255 disenfranchised, uninsured, or on Medicaid, SBHCs provide an especially effective means of improving
 2256 access to vaccines. And for youth who already have a medical home, SBHCs supplement care by
 2257 communicating the importance of vaccines and by offering a convenient location for completion of the
 2258 HPV vaccine series, MCV booster dose, and "catch up" vaccines not received during childhood.

2259
 2260 Another important resource is increasing provider knowledge of Washington State's safe haven law
 2261 (RCW 13.34.360).

2262
 2263 **Approach.** BSK funds may allow for the expansion of up to ~~five~~three additional SBHCs in low income
 2264 areas during the life of the levy. Schools that demonstrate readiness to build strong partnerships are
 2265 willing to participate in learning collaboratives, and which represent geographic diversity will be selected
 2266 through a competitive RFP process. This will be a phased approach with a specific focus on communities
 2267 with higher needs, as determined by current access to adolescent care and school demographics.

2268

2269 This will include an expansion of existing sites where current funding and/or models do not fully meet
 2270 community need, and which demonstrate the capacity to expand their services.

2271

2272 • Phase One (Years one and two): King County will provide capacity-building for partnership building,
 2273 community of practice, and an investment in infrastructure and capital for one additional site.

2274 Funding will be available to expand sites where funding and/or community need are not currently
 2275 met.

2276 • Phase Two (Years two and three): Funding will be maintained while increasing capacity building
 2277 work which may yield up to five-two additional SBHC sites. Capacity building will support partnership
 2278 building, community of practice and investment in infrastructure and capital.

2279 • Phase Three (Years three through six): Funding will be maintained while continuing to support
 2280 ongoing capacity building. Capacity building will include support for utilizing data for decision
 2281 making to support quality improvements and support ongoing sustainability.

2282

2283 Quality replication will require partnership and relationship building. Interested community partners
 2284 such as school districts and health providers will need to assess needs and prepare for future capital and
 2285 operational funding provided by BSK, as well as locally leveraged funds. Building capacity and readiness
 2286 toward implementation and sustainability ensures positive lasting outcomes and sustainable practice in
 2287 the school and community.

2288

2289 King County will support the work to get new sites ready to replicate and provide the support needed to
 2290 prepare for expansion. The County will convene a community of practice, and support a standard of care
 2291 through the use of data, to improve practices and outcomes for students.

2292

2293 Community involvement will be key to ensuring that new centers meet the needs of specific
 2294 communities, which will differ across geography, ethnicity and culture, and which will serve the diversity
 2295 of children and youth in our public schools.

2296

2297 BSK funds will also support activities to increase adolescent vaccination coverage through outreach and
 2298 collaborative partnerships with SBHCs and other clinics that serve adolescent patients. Collaborative
 2299 partnerships are a prominent strategy for community health improvement. Through BSK, King County
 2300 will bring together key stakeholders – including SBHCs, representatives from the region’s largest health
 2301 care organizations, multi-site pediatric practices, the Washington Chapter of the American Academy of
 2302 Pediatrics (WAAP) and the Washington Academy of Family Physicians (WAFP) – to establish a learning
 2303 collaborative where members will engage in quality improvement processes to better understand the
 2304 barriers that contribute to suboptimal adolescent vaccination (Tdap, MCV and HPV) coverage,
 2305 implement process change interventions, conduct an evaluation, and disseminate best practices. This
 2306 program will prioritize outreach to communities that have experienced disproportionately lower rates of
 2307 vaccinations and who have had disproportionate access to vaccination information. BSK intends to
 2308 support activities to increase adolescent vaccination coverage as described in the preceding paragraph
 2309 at a 2017-2021 annual average level of \$400,000.

2310

2311 Best Starts for Kids will work with school districts and schools in this program area to increase
 2312 knowledge of Washington State’s safe haven law (RCW 13.34.360) as may be appropriate for each
 2313 setting.

2314

2315 Healthy and Safe Environments

2316
 2317 **Rationale for investment.** A focus on healthy and safe environments will provide another opportunity
 2318 for youth leadership development, while enhancing protective factors and building assets among youth,
 2319 families and communities. This strategy will bring together the 5 – 24 Years work with the community-
 2320 specific focus of Communities of Opportunity through community-driven opportunities to collectively
 2321 create healthy and safe environments across King County.

2322
 2323 **Proposed approach.** BSK will invest in community partners, including schools and school districts, that
 2324 will identify opportunities for innovative approaches across many potential investment areas. Priority
 2325 will be given to projects aiming to improve health outcomes and those that include youth in planning
 2326 and implementation. Investment areas may include:

2327
 2328 • **Access to healthy and affordable food.** Affordability is among the greatest barriers to healthy eating
 2329 in low-income communities. In partnership with the King County Department of Natural Resources
 2330 and Parks, Public Health – Seattle & King County, and the King County Executive’s Office, an action
 2331 plan for King County healthy food access was created in 2014. Strategies through BSK will focus on
 2332 increasing access for vulnerable populations, emphasizing health equity. Potential programmatic
 2333 approaches include: 1) improving nutrition environments in schools, after school programs and
 2334 child-care; 2) increasing access to direct market outlets including farmers’ markets, farm stands
 2335 and mobile markets; and 3) increasing the amount of fruits and vegetables available in food banks,
 2336 food pantries and emergency meal programs ~~are all potential approaches.~~

2337
 2338 Schools are a known and traditional environment for supporting the health and well-being of
 2339 students. Children and youth spend up to half of their waking hours in school and may consume half
 2340 of their daily calories there. Schools are in a unique position to support healthy behaviors for eating
 2341 and physical activity. We also know that healthy, active students learn more and do better in school.
 2342 Many state and federal policies aim to make healthy choices in school, the easy choice for students.
 2343 For example, improved nutrition standards, new rules for snacks and other competitive foods were
 2344 recently changed at the federal level.⁹³ In order for these standards to be effective and well-received
 2345 by students, there must be support for implementation and gain student buy-in. Schools must also
 2346 be supported in setting a higher standard – for example, improving nutritional standards to limit
 2347 sugar and sodium consumption, enhancement of school wellness policies, implementing behavioral
 2348 economics strategies, providing funding for physical education equipment and scratch cooking
 2349 supplies, and supporting innovative strategies such as breakfast after the bell.

2350
 2351 • **High quality physical activity.** Regular physical activity provides multiple health benefits and
 2352 reduces risk factors for a range of chronic diseases. Creation of, or enhancing access to, programs
 2353 and places for physical activity can support youth, young adults and families to integrate activity
 2354 more easily into their everyday schedules. Approaches may include implementing or maintaining
 2355 high quality best/promising practice in physical education and activity programs in schools and after
 2356 school programs. Bicycling and bike safety, walking, school buses and safe routes to schools, and
 2357 maximizing availability of community sites to increase evening access to physical activities are
 2358 additional potential strategies.

2359
 2360 • **Environments that limit exposure to dangerous products and substances.** Programs aimed toward
 2361 school-age children present an opportunity to address risky behavior that could lead to future drug
 2362 and alcohol use and substance dependence. Children are more likely to use drugs and alcohol during
 2363 transition periods, such as going from elementary to middle school. Approaches may include: youth-

2364 led efforts to reduce access to tobacco, marijuana and alcohol in their communities; school district
 2365 efforts to create systems that restrict use of marijuana, tobacco, alcohol or other drugs through
 2366 non-suspension enforcement; and youth-led campaigns to reduce youth use of products that are
 2367 targeted toward specific groups including, but not limited to, ~~(products could include:~~ menthol,
 2368 hookah/shisha, e-cigarettes, flavored cigars, marijuana, and alcohol).

2369
 2370 • **Physically safe and health promoting environments.** Changes in the environments where we live,
 2371 learn, work and play have the ability to impact broad groups of residents and address a wide range
 2372 of risks and health promoting factors. Impacts at the community level can provide for permanent
 2373 and sustainable environmental changes that support a healthy lifestyle. Approaches may include:
 2374 programs that train and employ youth and young adults to be visible school and/or community
 2375 stewards of safety and healthy activity, and programs that foster social support networks in a
 2376 prevention approach in community settings.

2377

2378 Screening and Early Intervention for Mental Health and Substance Abuse

2379

2380 **Rationale.** Mental health problems affect 20 percent of the population. About half of individuals who
 2381 struggle with mental health issues demonstrate signs and symptoms by the time they are 14 years old,
 2382 yet few youth have access to help. Schools are in the prime position to be first responders and early
 2383 interveners. Earlier identification and intervention create better prospects for living healthy, functioning
 2384 lives.

2385

2386 Of those King County students in 10th grade who participated in the 2014 Washington State Healthy
 2387 Youth Survey, results revealed the variety of issues that challenge our youth. At some time in their lives:
 2388 31 percent of youth felt depressed, 61.5 percent had tried alcohol, and 14 percent did not feel safe at
 2389 school.⁹⁴

2390

2391 Mental health and substance abuse problems in children and youth interfere with their ability to learn,
 2392 succeed in school, and progress along a normal developmental course. A 2001 U.S. Surgeon General
 2393 report stated that mental health is critical to a child's learning and general health, and is as important as
 2394 immunizations. Approximately 21 percent of children between the ages nine and 17 have diagnosable
 2395 emotional or behavior disorders, but less than a third of these children receive help.⁹⁵ This group of
 2396 children has an increased risk for dropping out of school and not becoming fully contributing members
 2397 of adult society.⁹⁶ Their difficulties often are not recognized as mental health and/or substance abuse
 2398 related. They get left behind educationally and socially and can be labeled as difficult, which leads to
 2399 further isolation from accurate problem identification and professional assistance.

2400

2401 Substance abuse is frequently linked to untreated mental illnesses. Forty-three percent of children who
 2402 use mental health services also have a substance abuse disorder.⁹⁷ There is an increased risk for co-
 2403 occurring disorders with students who smoke, drink or use other illicit drugs; substance abuse is
 2404 associated with depression, anxiety disorder, attention deficit hyperactivity disorder, conduct disorder,
 2405 and eating disorders.⁹⁸ Children with mental health disorders, particularly depression, are at a higher
 2406 risk for suicide; an estimated 90 percent of children who commit suicide have a mental health
 2407 disorder.⁹⁹

2408

2409

2410 **Proposed approach.** *Best Starts for Kids* will partner with schools and community-based providers to
 2411 implement evidence-based programs to support adolescents' mental health. Investments could include
 2412 programs such as:

- 2413
- 2414 • **Screening, Brief Intervention and Referral to Treatment (SBIRT)** is an evidence-based practice
 2415 based on motivational interviewing techniques used to identify and reduce anxiety and
 2416 depression and prevent problematic use, abuse, and dependence on alcohol and illicit drugs.
 2417 The SBIRT model was cited by an Institute of Medicine recommendation that called for
 2418 community-based screening for health risk behaviors, including substance use¹⁰⁰. Screening for
 2419 depression has been recommend by the U.S. Preventive Services Task Force for ages 12 through
 2420 18. The school-based SBIRT, while originally developed for a healthcare setting, has been
 2421 adapted and piloted in King County schools and is a comprehensive public health approach for
 2422 addressing selected behavioral health concerns, including anxiety and depression. The goal of
 2423 King County will be to expand SBIRT services to all 19 school districts to have a presence in all
 2424 middle and high schools in partnership with schools. SBIRT has strong research indicating results
 2425 with adults and is beginning to show significant promise with youth. The goal is to ensure all
 2426 youth in King County have an opportunity to have behavioral health concerns addressed. While
 2427 screening criteria for SBIRT will be developed in partnership with each school districts, individual
 2428 schools and community-based organizations working in the schools, BSK implementers will
 2429 encourage partners to develop screening criteria that meet the needs of all King County youth,
 2430 including youth who may present as high achieving but who may, nevertheless, have behavioral
 2431 health needs.
 - 2432
 - 2433 • **Early Detection and Intervention for the Prevention of Psychosis [EDIPP]** is an evidence-based
 2434 program designed to delay or prevent the onset of an acute psychotic disorder in adolescents
 2435 and young adults ages 12 -25. Although psychosis affects a small percentage of the population,
 2436 the consequences of not catching it before the first psychotic break are devastating for the
 2437 individual and his/her family. Using a family-aided assertive community treatment model, the
 2438 team provides proactive engagement, supports and treatment. Program components include:
 2439 ○ Training and educating a broad base of community members who interact regularly with
 2440 young people and may be in a position to identify and refer young people showing early
 2441 signs of risk for psychosis to further assessment and then to treatment, if indicated.
 2442 Community members to be trained include school employees, social workers, doctors,
 2443 nurses, students, parents, clergy, after-school program staff and law enforcement
 2444 personnel.
 2445 ○ The assessment is conducted by a multidisciplinary clinical team to determine the youth's
 2446 risk for psychosis and functioning level.
 2447 ○ If treatment is indicated, it is provided by the specialized multidisciplinary team that
 2448 includes a psychiatrist or nurse practitioner, nurse, occupational therapist, licensed clinical
 2449 counselors, and a supported education and employment specialist, to deliver the
 2450 interventions.
 2451 ○ In addition to assessment, the clinical program includes multifamily group therapy,
 2452 supported employment and education and medication as needed.

2453 King County will pilot EDIPP to study its effectiveness.
 2454
 2455

Estimated funding levels

2016: \$100,000
 2017-2021
 average:
 \$1,480,000

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

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

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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 Youth¹⁰¹ 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-engage¹⁰². African American, Hispanic and Native American-Indian youth are over-represented among Opportunity Youth.¹⁰³

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

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

- **Supporting youth to stay in school.** King County’s current *Stay in School Program* helps young people prepare for and succeed in education and employment. The program improves young people’s educational achievement levels by providing a comprehensive mix of year-round services to youth 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

2495 positive activities in which to participate. Activities may include challenge course activities, guest
2496 speakers, field trips, service learning, and skill building activities.

2497
2498 BSK will work with community partners to expand comprehensive programs available to in-school
2499 youth in King County, focusing on communities and school districts where there is greatest need.

2500
2501 • **Supporting Opportunity Youth to re-engage.** Opportunity Youth face challenges and risk factors at
2502 dramatically higher rates than in-school youth. These include homelessness, disabling conditions,
2503 criminal histories and substance abuse.¹⁰⁴ In addressing the needs of Opportunity Youth, there is
2504 significant work now underway in our region to leverage state basic education funding to pay for re-
2505 engagement services. There has been a major expansion in re-engagement programming over the
2506 past three years, and a strong need exists to improve and coordinate the supply of programs.

2507
2508 We have an opportunity with BSK to invest in key components that will leverage and support much
2509 of the work now underway by building out a regional team of employment specialists/staff working
2510 with all the re-engagement sites (currently 13 locations) and coordinating efforts on employer
2511 engagement that are already happening in the County through the efforts of the Raikes Foundation,
2512 Community Center for Education Results, and others. We will work with these partners and others
2513 over the next six months to develop a strategic approach for expanding services to Opportunity
2514 Youth.

2515
2516 Programs such as the 180 Program may exemplify programs in this program area. The 180 Program
2517 is a partnership between the King County Prosecuting Attorney’s Office (PAO) and the community it
2518 serves. The 180 Program is a pre-filing juvenile diversion program designed to keep youth out of the
2519 criminal justice system and returning youth to their communities to hear from respected community
2520 leaders and others with criminal justice experience about the consequences of their decisions to
2521 participate in crime. The program’s aim is to reduce juvenile recidivism and re-engage youth with
2522 their communities through changing attitudes and behavior.

2523 **Estimated funding**
2524 **levels**

2016: \$500,000
2017-2021
average:
\$4,380,000

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

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

2525
2526 **Rationale for Investment.** All of *Best Starts for Kids* – from Prenatal to 24 Years – contributes toward
2527 stopping the school-to-prison pipeline. We believe that we can, and we must, partner effectively with
2528 communities to support children, youth and families in ways that strengthen protective factors and
2529 scaffold systems of supports that are accessible, relevant and culturally-appropriate. However, while we
2530 are working to address systemic issues and create change through investments further upstream, there
2531 are children and youth today who need to be supported differently.

2532
2533 Too many of our young people have missed out on childhoods where protective factors were prevalent
2534 and the potential for lives of health and well-being were assured. Many low-income youth who are

2535 involved, or at high risk of involvement, with the criminal justice system, gangs, homelessness,
 2536 substance abuse and other dangers have routinely been exposed to multiple risk factors and very few of
 2537 the protective factors that other youth experience. These include caring supportive adults, safe
 2538 neighborhoods, strong senses of self and culture, and living situations free of violence, illness and abuse.

2539
 2540 In King County, there is a disproportionate representation of minority youth in the juvenile justice
 2541 system.¹⁰⁵ In 2015, there were 1,579 court case filings for young people in King County. Of those, 55
 2542 percent were identified as black young people, and 79 percent were identified as young people of color.
 2543 The BSK levy ordinance requires that the BSK implementation plan “shall, to the maximum extent
 2544 possible, take into consideration the county's youth action plan, adopted by Motion 14378, and any
 2545 recommendations of the county's Juvenile justice steering committee to address juvenile justice
 2546 disproportionality that was formed in 2015 that are adopted into policy.”

2547
 2548 **Proposed Approach.** In spring 2016, the King County Council added funding to the biennial budget for a
 2549 consultant to help develop the elements of this strategy area into a cohesive approach. *Best Starts for*
 2550 *Kids* staff will work in partnership with this consultant as well as with the Juvenile Justice Steering
 2551 Committee, the Children and Youth Advisory Board and other King County staff to support
 2552 implementation of approaches focused on youth and young adults who are currently involved with the
 2553 criminal justice system or at high risk of criminal justice involvement. These youth and young adults may
 2554 include, but not be limited to, youth in the foster care system and young alumni of the foster care
 2555 system and young people who have been trafficked.

2556
 2557 • **Prevention/Intervention/Reentry Project.** This approach proposes partnerships with geographic
 2558 communities, or hubs, to create unique government/community partnerships. It enlists community
 2559 members who have previously had little to no opportunity to work in the capacity of serving youth
 2560 and families, and presents opportunities to hold positive and influential status in the community
 2561 while presenting a career pathway.

2562
 2563 Due to economic and incarceration disparities, communities of color – particularly the African
 2564 American community – are chronically short of mentors. In the Prevention/Intervention/Reentry
 2565 project, outreach workers and case managers engage youth and families, help them obtain the
 2566 services they need, and help them build skills and knowledge through group facilitation. Community
 2567 mentors have a role, but the project is not reliant only on their availability. Churches and non-profits
 2568 in each hub will join with outreach and case managers to develop the most efficient strategies in
 2569 their geographic area, and enlist the help of the private sector for employment opportunities for
 2570 youth and young adults as part of the employment component (described below). Churches that
 2571 have parishioners who are passionate about getting involved as sponsors for youth and their
 2572 families may serve as community ambassadors.

2573
 2574 Case managers and outreach workers, working with schools and school districts with the highest
 2575 suspension, expulsion, and drop-out rates, will intervene to keep students engaged in school and
 2576 may facilitate restorative practices, peace circles¹⁰⁶, cultural education and training for staff as
 2577 alternatives for suspension. Staff may work with youth while they are incarcerated, facilitate groups
 2578 to address their gang involvement, and smooth the reentry process by assisting youth to obtain jobs
 2579 and other needed services. Since outreach and case management staff may be housed in existing
 2580 community-based organizations, those agencies immediately increase their capacity for serving
 2581 more diverse youth and families.

2582

The project serves youth and young adults ages 12-24 and focuses case management positions on specific populations and needs within communities, that may include, among others, including adolescent girls; victims of sex trafficking; and 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 and women, in particular, grow up without observing the adults in their families as gainfully employed, and they have become ensnared in a multigenerational cycle of poverty, unemployment and disenfranchisement. Many of these young adults – especially African American young men and women – are severely disenfranchised. They are not counted in traditional unemployment rate calculations because they've never been engaged in the job market.

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

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

- Theft 3 and Mall Safety Pilot Project.** King County's Juvenile Justice system is racially disproportionate. Although referrals for charges in the system declined from 2013 to 2014, referrals for Black youth went up. Out of 1251 cases referred for filing for black youth in 2014, 27 percent of them were for theft 3 (i.e. shoplifting). Black children are disproportionately charged with theft 3 and it is critically important that we prevent the entry of these children into the criminal justice system. Tukwila Police Department has been the source of 350 misdemeanor theft cases, which is one of the highest in King County. Westfield Mall (Southcenter), located in 2016 at 2800 Southcenter Mall, is the source of many of these and other referrals.¹⁰⁷

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

2631 The idea of locating community-based providers in malls draws on a strategy that has proven
2632 effective in schools. The current approach to low-level theft—arrest and prosecution—is not
2633 evidence-based. Research demonstrates that juvenile justice system involvement can increase
2634 recidivism and further system involvement. Job training and mentorship will do less harm to the
2635 child, will likely lead to lower recidivism, and will save money. The pilot is based partially on the Law
2636 Enforcement Assisted Diversion program, an evidence-based program that has been piloted in
2637 Seattle-King County for adult drug offenders. The Westfield Mall pilot is based on the central
2638 premise of that program—immediate services for individuals accused of wrongdoing. Because the
2639 crimes at issue here do not involve felony drug use, this project envisions fewer resources devoted
2640 to monitoring program participation and instead seeks to channel all resources to services, including
2641 mentoring, employment assistance, academic supports and case management.
2642
2643

REDLINE

2644 The project presents an opportunity to immediately address critical issues for high risk youth:

- 2645
- 2646 • Prevent deeper penetration into the juvenile justice system by offering an immediate
- 2647 connection to a mentor and to job training.
- 2648 • Prevent re-offense by providing relationships and skills that will lead to more pro-social
- 2649 behavior. The pilot attempts to take a strengths-based approach to children and youth who are
- 2650 accused of stealing to help them develop the skills that would allow them to avoid doing so
- 2651 again.
- 2652 • Develop shared vision, outcomes, measures and principles of practice by collaborating with
- 2653 community organizations.
- 2654

2655 This recommendation for the Theft 3 and Mall Safety Pilot Project was formally approved by the
2656 Juvenile Justice Steering Committee and referred to *Best Starts for Kids* as a project under the
2657 strategy area of Stopping the School-to-Prison Pipeline.

- 2658
- 2659 • Students Creating Optimal Performance Education (SCOPE). This program would serve justice-
- 2660 involved youth ages 16-21 (age 16 on September 1 of current school year) who have been
- 2661 suspended or expelled as well as older youth who have dropped out of high school and who have a
- 2662 referral to the PAO for a criminal offense. Youth must also meet diversion eligibility requirements
- 2663 and other project SCOPE eligibility requirements, including being significantly behind in obtaining
- 2664 high school credit or being recommended for enrollment by case managers from DSHS, law
- 2665 enforcement, community youth development service providers, or District personnel. This project
- 2666 was developed based on best practices as identified by the educational standards articulated by the
- 2667 Office of Superintendent of Public Instruction (OSPI) and mandated by ESHB 1418 (2010), the Open
- 2668 Doors Youth Reengagement Act.¹⁰⁸
- 2669

2670 This project would allow students participants (from any school district in King County) to earn their
2671 high school diploma and would provide wrap-around support services to overcome barriers to
2672 students' educational success. The purpose of the program is to provide an opportunity for students
2673 to re-engage in their education, explore academic/career pathways, develop college/career
2674 readiness skills, and earn their high school diploma. The program would be a partnership between
2675 Highline College (advisors, educational needs assessment, instruction, wrap around support, college
2676 to career pathway), Team Child (legal needs assessment, liaison to juvenile court, social services and
2677 education), Highline School District (leverage basic education funding), and the partner that would
2678 provide case management services for youth enrolled in the program. Case managers would liaise
2679 with other partners to provide wrap-around supports for students.

2680

2681 Best Starts for Kids funding would be used solely for the provision of case management services to
2682 students enrolled in SCOPE. These services may include linking students to student-centered
2683 supports, social services, and mentoring opportunities.

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Section VII
COMMUNITIES OF OPPORTUNITY

2688

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

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

2692

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

2693

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

2694

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

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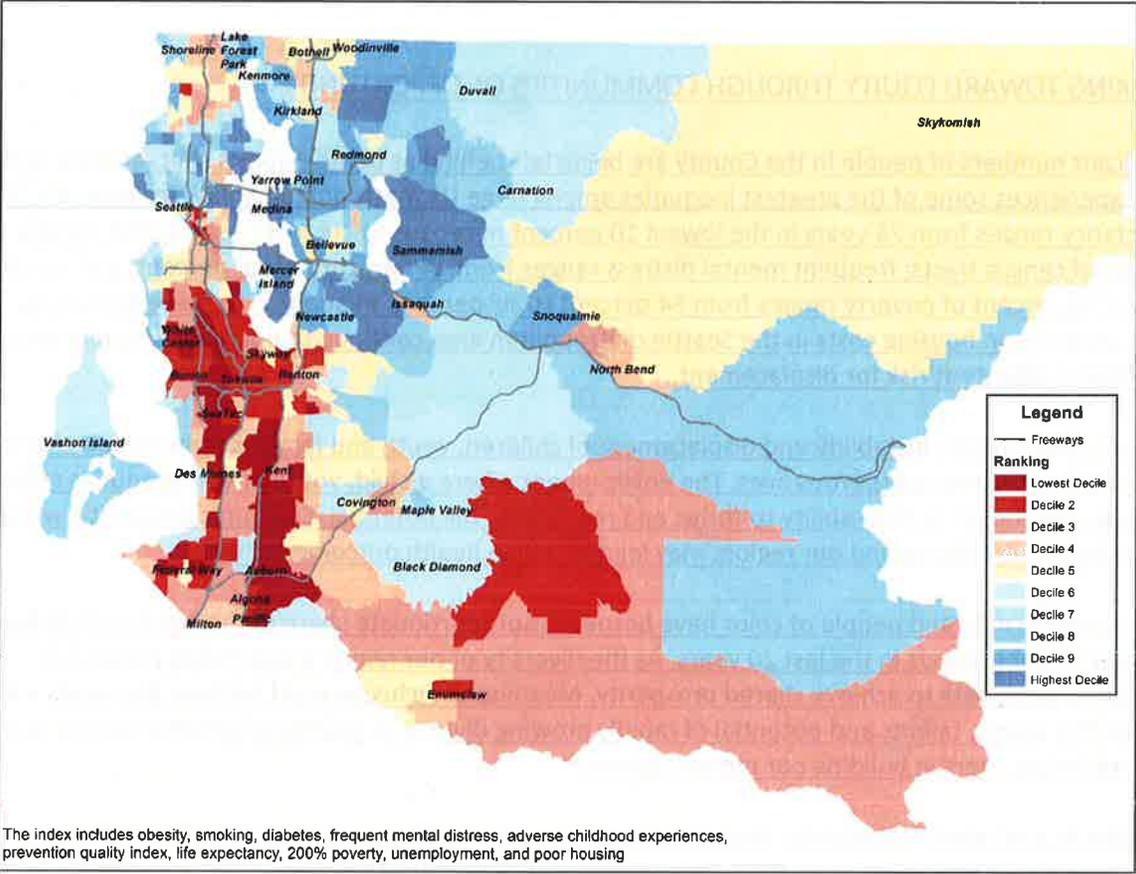
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THE COMMUNITIES OF OPPORTUNITY APPROACH

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

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

Index of Health & Well-Being Measures in King County



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2735

2736 A central tenet of COO is that place and policies matter. "It starts with the metropolitan areas, the
 2737 regional economies that cut across city and suburban lines and drive the national economy. Place
 2738 intersects with core policy issues central to the long-term health and stability of metropolitan areas and
 2739 to the economic success of individuals and families - things like housing, transportation, economic and
 2740 workforce development, and the provision of education, health, and other basic services." (Kneebone
 2741 and Berube, Confronting Suburban Poverty in America). COO will maintain its focus on geographic and
 2742 cultural communities in the County that are disproportionately affected by inequities in health and well-
 2743 being outcomes. There are pockets of such inequities in all sub-regions of the County, including a
 2744 number of rural areas.

2745
 2746 Another tenet of COO is that community partners have a vitally important role in shaping and owning
 2747 solutions. Given that top down and disconnected efforts of the past have not reaped the hoped-for
 2748 results, the COO approach:

- 2749 • Highly values and places at the center of its work community voice and leadership
- 2750 • Makes co-design of programs and strategies with communities standard practice
- 2751 • Strengthens connections across and between the health, housing, economic prosperity and
 2752 community connection sectors

2753 2754 RESULTS

2755
 2756 Communities of Opportunity is one of the key ways that BSK will achieve community outcomes, which,
 2757 as defined in the BSK levy ordinance (Ordinance 18088), include: 1) decreasing disparities in health and
 2758 well-being among different areas within King County and 2) improving quality of life in the communities
 2759 with the most to gain.

2760
 2761 While the work undertaken under the Communities of Opportunity Initiative will help BSK achieve all
 2762 three of the enumerated BSK goals, it will specifically aim to achieve the following goal:

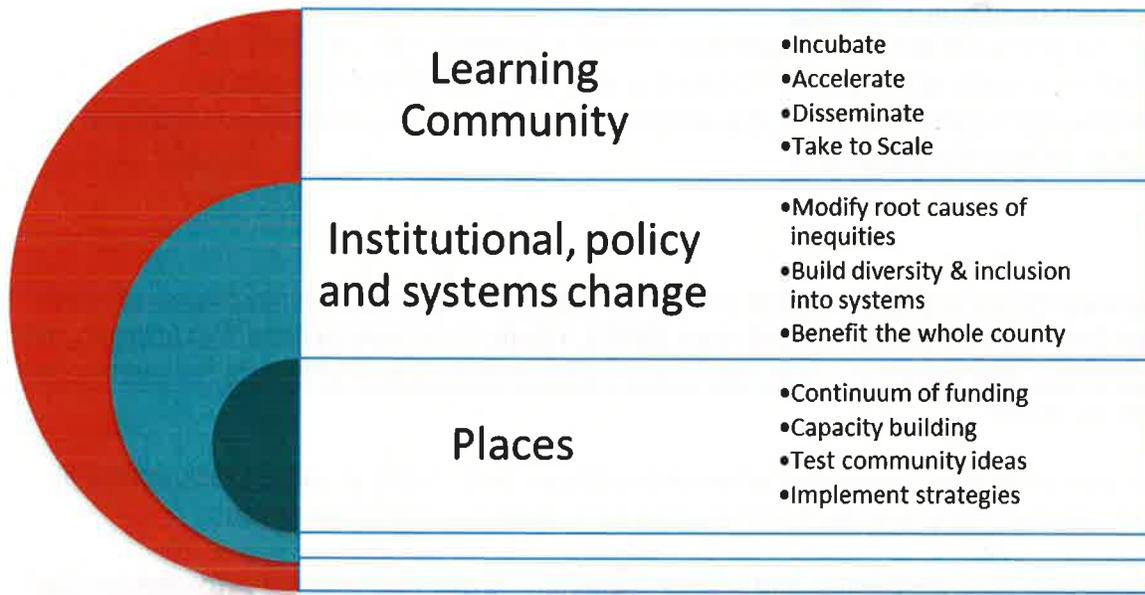
2763
 2764 **Communities offer safe, welcoming, and healthy environments that help improve outcomes for all of**
 2765 **King County's children and families, regardless of where they live or of their race or ethnicity.**

2766
 2767 The following four results areas are specific to the COO work:

- 2768
2769 • All people thrive economically.
- 2770 • All people are connected to community and have a voice.
- 2771 • All people have quality, affordable housing.
- 2772 • All people are healthy.

2775 The initial goal of COO is to see a seven percent improvement in health and well-being outcomes over
 2776 ten years in the COO place-based sites. The seven percent improvement will be measured from current
 2777 baseline indicator measures. Examples of these population-level improvements include an increase in
 2778 life expectancy and decrease in involuntary displacement of local residents. Evaluation will also track
 2779 shorter-term improvements such as number of new jobs filled by local residents and number of
 2780 properties acquired for affordable housing. The intent is to start in select places and build momentum
 2781 to begin to close the gap in health and well-being outcomes for all communities with much to gain.
 2782 Strategies and evaluation processes regarding displacement will be used to try to avoid a scenario where
 2783 health and well-being outcomes improve primarily due to displacement of lower-income people and
 2784 communities of color.

2785 COO THEORY OF CHANGE: THREE INTERLOCKING ELEMENTS



2786
 2787
 2788 The overarching Communities of Opportunity Initiative’s theory of change is based on the notion of
 2789 collective impact¹⁰⁹ which seeks to deploy cross-sector partnerships to make bold and substantial
 2790 positive change. Communities of Opportunity operates across three interlocking elements: 1) Places, 2)
 2791 Institutional, systems and policy change, and 3) Learning Community. Coordinating and sustaining
 2792 efforts across these three elements will achieve a different type of change than initiatives focused on
 2793 one of these elements alone.

2794
 2795 Communities of Opportunity’s approach will produce:

- 2796 • Change that is **community-driven** and thus **responsive** to the needs and the desired solutions of
 2797 those communities;
- 2798 • Change will be **sustainable** because it will be rooted in the community, will use community
 2799 assets and will be developed through a process that builds capacity to sustain that change and
 2800 will include institutional-level, systems-level and policy-level reforms; and
- 2801 • Change that will be **replicable** by creating an environment in which successes and pitfalls of the
 2802 processes for change will be shareable with others working on similar issues or with similar
 2803 communities

2805
2806 The graphic above summarizes the interlocking nature of the three elements underpinning Communities
2807 of Opportunity's theory of change. Below is a description of these elements.

2808
2809 **PLACE.**

2810
2811 The problem. The patterns of inequitable health and well-being outcomes across our region are
2812 unacceptable.

2813
2814 The solution. COO will aim to close the gap in equity outcomes between different places in King County
2815 so that all King County residents, regardless of where they live, will thrive and live long lives at optimal
2816 health.

2817
2818 **INSTITUTIONS, SYSTEMS AND POLICY.**

2819
2820 The problem. Sustainable change cannot be achieved without also changing the broader structures
2821 (institutions, systems and policies) that created inequities.

2822
2823 The solution. COO will coordinate investments to reform the institutions, systems and policies that
2824 create and perpetuate inequities in specific places and throughout the entire region. An example could
2825 be a local grocery store changing a policy to allow local residents the first opportunity to apply for open
2826 jobs. Over time, these policy changes can take hold across the region. The COO theory of change
2827 depends on this work taking place concurrently and with shared accountability across partners.

2828
2829 **LEARNING COMMUNITY.**

2830
2831 The problem. Working in silos restricts the ability to create broad partnerships, to learn from
2832 approaches that work, to learn from failures, to scale programs and to magnify impact.

2833
2834 The solution. A learning community or community of shared practice will create spaces (both actual and
2835 virtual) for communities and organizations to share the work they have undertaken. These spaces will
2836 foster collaboration across places and amongst organizations and/or actors. More broadly, the learning
2837 community will facilitate momentum-building at a regional level.

2838
2839 **HOW WE WILL WORK TOWARD OUR THEORY OF CHANGE**

2840
2841 To realize the theory of change, COO envisions a new type of partnership with communities, leaders,
2842 practitioners, and other stakeholders. While working on poverty and equity issues is not new, COO's
2843 approach is. COO seeks to align community-driven solutions that emerge through a co-design process
2844 with government (King County and cities), private and philanthropic efforts. COO will achieve this
2845 alignment as follows:

- 2846
2847 • **Building Cross-Sector Leadership and Partnership Tables or Groups.** By this we mean that COO will
2848 create partnership and leadership tables or groups between and among:
2849 ○ Different types of institutions and community organizations that will work together toward
2850 common, COO-related objectives. These institutions and organizations can include government
2851 departments, philanthropic entities, intermediary organizations¹¹⁰, community-based non-profit

and grassroots organizations, faith-based organizations, community members and private business leaders.

- A range of subject matter and context experts from institutions, organizations and communities working across COO-related content areas—housing, health, economic development, workforce development, capital investment, community development, built environment, early learning, and community-based leadership.

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

- **Using a Collective Impact Methodology.** Collective impact is a data-driven process for addressing complex societal issues. Collective impact work or methodologies seek to deploy cross-sector partnerships to make bold and substantial positive change. In COO, collective impact means that those working on this initiative will:
 - Share a common vision for change
 - Share an agenda for collecting data and for measuring common results consistently
 - Commit to hold each other accountable, engage in open communication to build trust, and engage in mutually reinforcing activities
 - Agree to ensure community voice is heard and integrated into the work
 - Agree to provide adequate backbone support for the work across all aspects of COO including adequate support for community partnerships.
- **Co-designing Programs or Projects.** Co-design means that institutions/funders administering a program work side-by-side with leaders and people in the communities that are most impacted. Co-design is structured to promote community ownership of the solutions that emerge from the design process. This methodology will be employed in recognition that direct stakeholders' interests are integral to the design process as well as to the adequacy and sustainability of any proposed "solution."¹¹¹
- **Encouraging a Culture of Innovation.** COO will foster a culture of innovation. It will do so through being open to new information, ideas and ways of defining complex problems, including developing multiple interpretations of the source of complex problems as well as the ways through which these can be solved. COO will recognize that innovation can lead to taking risks. COO will treat identified solutions as hypotheses, test ideas designed to achieve those solutions and compare the actual results of undertaken approaches with the original hypothesis. COO will recognize that innovation can lead to failure and if it does not, it may be that partnerships are not pushing hard enough to learn. COO will seek to continuously improve and will work tirelessly toward shared goals.
- **Aligning Funding.** COO will work to align funding between sources—public, private and philanthropic. COO's culture of innovation is producing new ideas and models for bringing leveraged financing and other resources to bear in support of COO strategies and indicators. This includes examining current funding streams across sectors and working with stakeholders to align these to reduce inequitable health outcomes.
- **Applying Results-Based Accountability.** Results-Based Accountability (RBA) is a set of tools¹¹² that communities can use to improve the lives of children, youth, families, adults and communities as a whole over time. RBA uses a data-driven, decision-making process. RBA starts with end results and

works backwards towards identifying the strategies to reach those ends. To date, COO partners have worked with COO staff to jointly develop headline indicators to measure progress toward reaching results and strategy areas to be implemented. The COO RBA framework is found in Appendix 8.

- **Maintaining a Focus on Equity.** Communities of Opportunity will focus on improving health and well-being outcomes in the 40 percent of the County with the most inequitable health and well-being outcomes. By improving these areas of the County we will improve the conditions, health and prosperity of our region as a whole.
- **Tracking and Applying Best Practices.** There is a growing national body of evidence beginning to emerge on the impacts of cross-sector partnership work. COO will track developments on best practice models from elsewhere and adapt these best practices locally. COO's connections with national initiatives, such as the Living Cities Integration Initiative,¹¹³ allows for more seamless adoption of best practice models.

COMMUNITIES OF OPPORTUNITY AS PART OF BEST STARTS FOR KIDS LEVY

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

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

COMMUNITIES OF OPPORTUNITY BSK INVESTMENT STRATEGIES

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

COO Investment Strategies

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

	Strategy	RFP or similar competitive process?	Investment percent ranges
Strategy Area One – Places: Awards to Community Partnerships			
A	Investments in original place-based sites (SeaTac/Tukwila, White Center, Rainier Valley)	No	20% to 25%
B	Awards to other place-based sites (newly formed partnerships and well-formulated partnerships)	Yes	20% to 25% (combined)
C	Awards to cultural communities (newly formed partnerships and well-formulated partnerships)	Yes	
Strategy Area Two - Institutional, System and Policy Change			
A	Institutional, system and policy change awards	Yes	10% to 15%
Strategy Area Three - Learning Community			
A	Strategic Investments to Benefit COO Partners Broadly	No	15% to 25%
B	Forums	No	5% to 10% (combined)
c	Technical Assistance	No	
COO Staffing & Administration		No	14%

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

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

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

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

Place-Based Communities: Expansion. The original three COO sites met the original selection criteria: they were located in a census tract that scored in the bottom quintile (20%) countywide of an index of health and well-being indicators. Recognizing that geographic pockets of health and well-being disparities exist countywide, both newly formed partnerships and strong community partnerships located in census tracts that score in the bottom fortieth¹⁴ percentile of the COO index of health and well-being indicators may be funded. In addition, smaller pockets in isolated rural communities with significant disparities compared to the larger census tract in which they are located will be eligible.

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

These awards will be made through an RFP process.

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

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

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

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

3015
3016 **Institutional, System and Policy Change Awards.** The COO initiative will continue to have an RFP
3017 process for organizations of various sizes to engage in work to build diversity, equity and inclusion into
3018 the institutions, systems, business models and policies that shape our communities, environment,
3019 planning and growth, in order to promote thriving communities and close gaps in health and well-being
3020 among King County residents.

3021
3022 Grantees in this category will work under the COO Results Framework, toward the same indicators of
3023 progress and common results as the place-based sites. These grantees will also be asked to partner or
3024 collaborate with geographic and/or cultural communities where there is overlap on issues being
3025 addressed and their respective talents can be leveraged. These investments will only be made for
3026 projects appropriate for receipt of public funding.

3027 **Learning Community**

3028
3029 A learning community or community of practice is a new element of COO. The COO Learning Community
3030 will catalyze the broader regional community to work together towards shared results, and to ensure
3031 structural support that will broadly benefit grantees and partners. The Learning Community will be
3032 designed to foster a regional innovation culture that can take equity-based work to greater scale, and
3033 will be open to participation from interested partnerships and groups across King County that may or
3034 may not have received COO funding awards or other BSK funds. The learning community vision is to:

- 3035 - -Share valuable tools and learnings through stronger regional relationships with other
- 3036 partnerships, initiatives and communities doing similar work
- 3037 - -Support organizations and community-based partnerships in the County desiring to begin
- 3038 such work or to sustain such work towards more equitable local outcomes
- 3039 - -Build a cohesive regional learning culture that sets bold collective goals
- 3040 - -Leverage funding efficiently across a network of COO participants and strategies

3041
3042 • **Strategic Investments to Benefit COO Partners Broadly.** COO will make investments of BSK levy
3043 funds in strategies to benefit COO partners broadly, such as investments in data collection, systems
3044 or analysis, or matching funds to leverage other public or private funds.

3045
3046 • **Forums.** As part of the regional learning community strategy, COO will fund the convening of forums
3047 to unite grantees, projects and initiatives in the region doing similar work to address inequitable
3048 disparities in health and well-being outcomes. In these forums, attendees will share progress and
3049 lessons learned and have the opportunity to develop substantive linkages in the cross-cutting areas
3050 of health, housing, community connections and economic prosperity. Staff will disseminate
3051 information on COO-related funding opportunities.

3052
3053 • **Technical Assistance.** Participants in the learning community will receive training and technical
3054 assistance directly from, or facilitated by, COO staff and will receive access to measurement and
3055 evaluation tools. This may include proactive outreach to communities to help them build capacity to
3056 engage with the COO initiative and benefit from COO opportunities.

3057 **BALANCING COO-BSK INVESTMENT STRATEGIES**

3058
3059 As noted earlier in the document, this implementation plan does not include a precise investment
3060 amount or percentile per investment category in order to retain flexibility to: 1) be more responsive to
3061

3062 emerging needs; 2) be nimble and opportunistic when possibilities to focus COO work arise that can
3063 have the greatest impact; and 3) leverage other investments.

3064
3065 A COO Governance Group will also serve as the COO Advisory Board for BSK levy proceeds (see the
3066 Communities of Opportunity history in Appendix 9 for more information regarding governance). The
3067 duties of the COO Advisory Board will be to review and make advisory recommendations to the
3068 Executive and Council concerning the use of levy proceeds for the COO element of the BSK Levy.

3069
3070 Every year the COO Advisory Board will review and analyze the private and other public funds available
3071 for the year, the BSK funds available to COO for the year, and the status and progress of the activities in
3072 each of the investment strategies. This review and analysis will be used to inform recommendations
3073 regarding the percentages of the COO BSK Levy funds that will be allocated to each of the investment
3074 strategies described in this implementation plan. RCOO annual and other reports to Council will specify
3075 the amount and use of private as well as public (BSK levy and other) funds to make awards and clearly
3076 delineate public vs. private investments -to ensure appropriate and allowable use of public funds.
3077 Approximately \$5,275,000 or 14% of the \$36,996,000 in BSK levy proceeds allocated to COO will support
3078 approximately 4 FTE staff and related costs for the remainder of the life of the levy.

3079
3080 The COO Governance Group will simultaneously be making decisions regarding significant annual
3081 allocations of private and other public funds in the COO investment areas, and will need to be able to
3082 balance the best use of private funds, which typically have fewer restrictions, with the use of public
3083 funds, which have some restrictions.

3084 3085 3086 MANAGEMENT OF COO-BSK FUNDS

3087
3088 The Department of Community and Human Services (DCHS) will administer all of the COO-BSK Levy
3089 funds within its department budget, under the oversight of the Chief Financial Officer. DCHS will
3090 coordinate with Public Health Seattle & King County (PHSKC) regarding COO-BSK Levy-funded contracts
3091 or grants for which it may be advantageous that PHSKC be the administrator.

3092 3093 Competitive Funding Processes for Investment Strategies

3094
3095 DCHS will work in collaboration with PHSKC and The Seattle Foundation, as well as with the COO
3096 Advisory Board, to plan for a regular cycle of competitive funding processes to award COO-BSK levy
3097 funds through RFPs, or a similar award process, such as Letters of Interest in funding opportunities.

3098
3099 A review team will be appointed for COO-BSK Levy competitive award processes, with appointments
3100 made by the founding partners – King County and the Seattle Foundation – considering
3101 recommendations by the COO Advisory Board, and based upon the context and/or content expertise
3102 required for a particular funding process. Processes may include conducting interviews with the highest-
3103 ranked community applications, along with the review of their written application materials.

3104
3105 As discussed previously, COO will need more flexibility than traditional funding programs of King County
3106 due to:

- 3107 • the combination of resources invested in COO beyond the BSK levy investments,

- the learning and innovation culture nature of COO in which adaptation and responsiveness to community needs is vital, and
- the expectation that COO will catalyze other public and private resources and funding innovations.

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

Communities of Opportunity Recommendations and Communication with King County Council

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

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

**Section VII
COMMUNITIES OF OPPORTUNITY**

3135

<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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3138

WORKING TOWARD EQUITY THROUGH COMMUNITIES OF OPPORTUNITY

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3140

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

3147

3148

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

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3152

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

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

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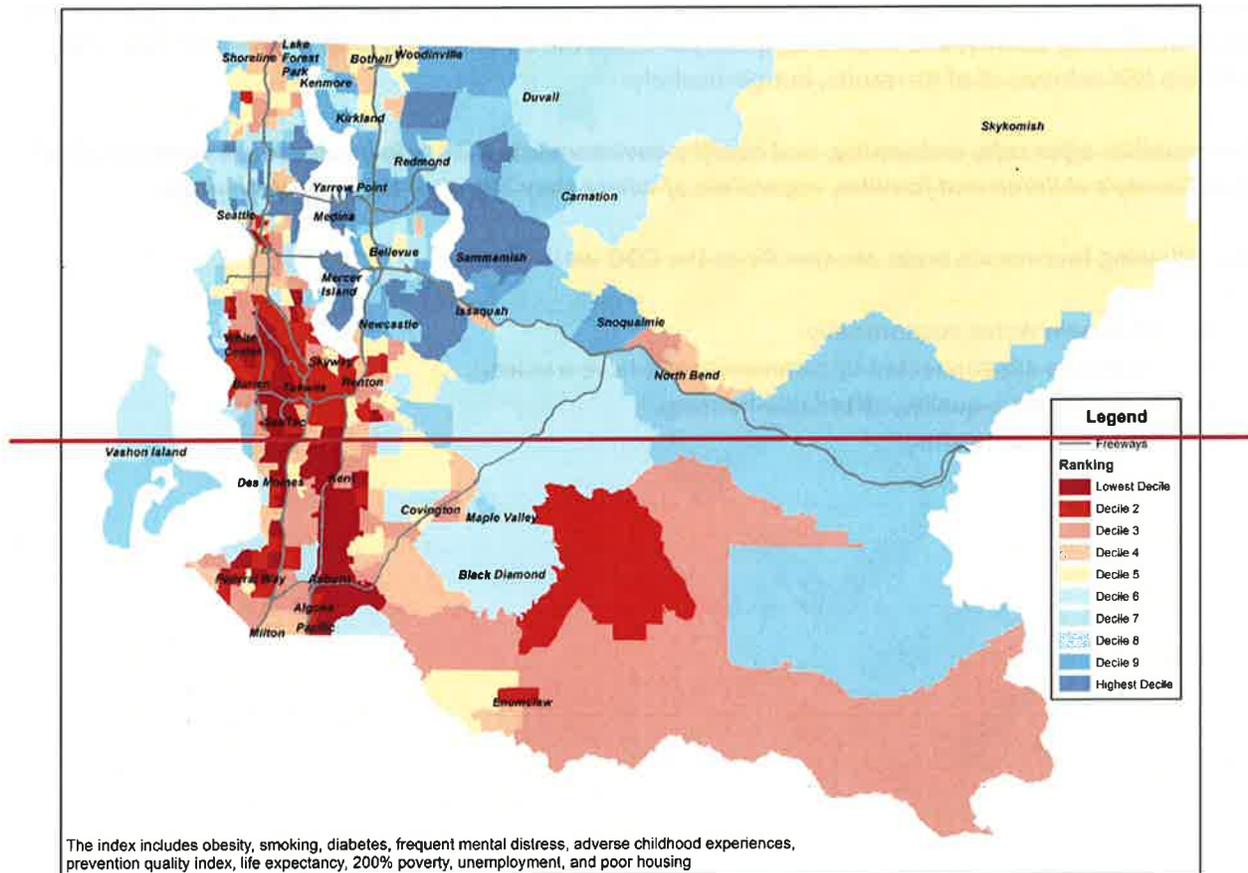
3164 THE COMMUNITIES OF OPPORTUNITY APPROACH

3165
 3166 Communities of Opportunity (COO) was launched by King County and the Seattle Foundation in 2014 to
 3167 address the inequities in health, social, racial, housing, and economic outcomes that exist across the
 3168 region so that communities with the most to gain can thrive, on the evidence that gains made in those
 3169 communities will benefit the economic and social engine of the entire region. COO focuses on both
 3170 solutions that are geographic and cultural community-based and those which address policy and system
 3171 change, because equitable policies are a critical component in building sustainable, healthy communities
 3172 across the county.

3173
 3174 Equity and social justice underlie the vision and the approach for Communities of Opportunity. COO is
 3175 one actionable response to the health and social disparities which are increasing in our region. While
 3176 average measures of quality of life, social, and health factors in King County are among the highest in
 3177 the country, these averages mask stark differences by place, income and race.

3178
 3179

Index of Health & Well-Being Measures in King County



3180
 3181
 3182

3183 A central tenet of COO is that place and policies matter. "It starts with the metropolitan areas, the
3184 regional economies that cut across city and suburban lines and drive the national economy. Place
3185 intersects with core policy issues central to the long-term health and stability of metropolitan areas and
3186 to the economic success of individuals and families—things like housing, transportation, economic and
3187 workforce development, and the provision of education, health, and other basic services." (Kneebone
3188 and Berube, *Confronting Suburban Poverty in America*).

3189
3190 Another tenet of COO is that community partners have a vitally important role in shaping and owning
3191 solutions. Given that top-down and disconnected efforts of the past have not reaped the hoped-for
3192 results, the COO approach is to adopt a new paradigm where community voice and leadership are highly
3193 valued and central to the work, where co-design with community is standard practice and where
3194 connections are strengthened across sectors and the content areas of health, housing, economic
3195 prosperity, and community connection.

3196 3197 RESULTS

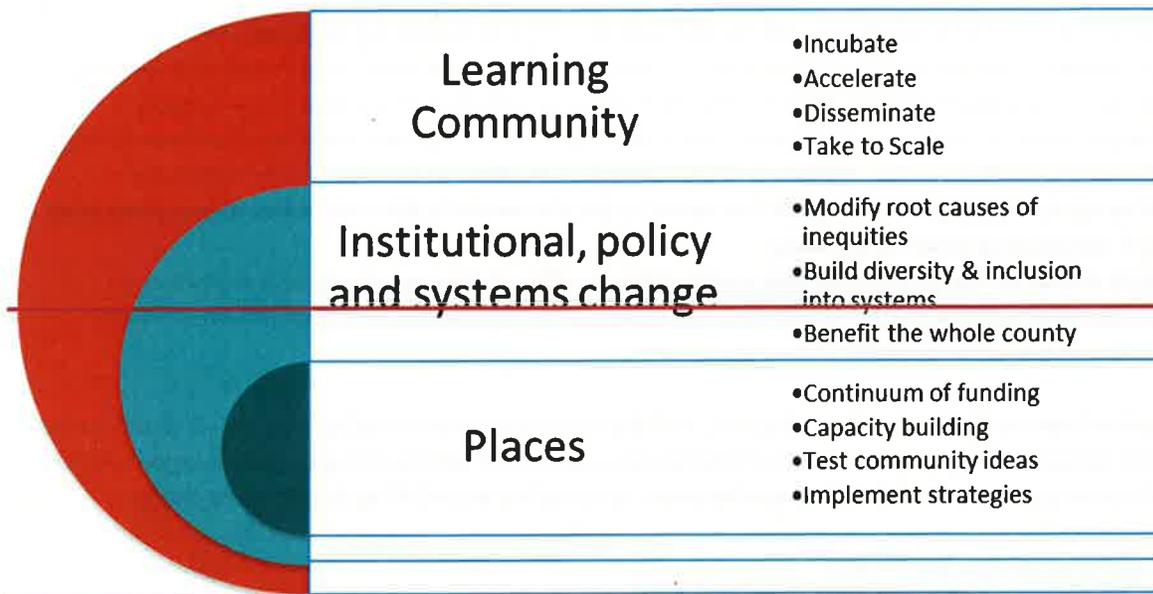
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3199 Communities of Opportunity is one of the key ways that BSK will achieve community outcomes, which,
3200 as defined in the BSK ordinance, include decreasing disparities in health and well-being among different
3201 areas within King County, and improving quality of life in the communities with the most to gain. COO
3202 will help BSK achieve all of its results, but particularly:

3203
3204 *Communities offer safe, welcoming, and healthy environments that help improve outcomes for all of*
3205 *King County's children and families, regardless of where they live or of their race/ethnicity.*

3206
3207 The following four results areas are specific to the COO work:

- 3208
- 3209 ● All people thrive economically.
- 3210 ● All people are connected to community and have a voice.
- 3211 ● All people have quality, affordable housing.
- 3212 ● All people are healthy.
- 3213

3215 COO THEORY OF CHANGE: THREE INTERLOCKING ELEMENTS



3216
3217
3218
3219 **PLACE.** COO’s theory of change is responsive to the unacceptable patterns of inequitable health and
3220 well-being outcomes across our region. The COO core map, which ranks an index of ten population level
3221 health and well-being measures across the County, guides our work. Through COO, we intend to close
3222 the gap in equity outcomes so that all King County residents, regardless of where they live, and
3223 regardless of their race, will thrive in place and live long lives at optimal health.

3224
3225 **POLICY.** To make sustainable positive change over time, the COO theory of change is that both place-
3226 based work and investments, and institutional, system and policy (ISP) change work and investments,
3227 must occur simultaneously with shared accountability for results across partners. If they do not, ISP
3228 barriers will allow place-based inequities to continue.

3229
3230 **LEARNING COMMUNITY.** The third component of COO is a learning community or community of shared
3231 practice. The learning community will create greater momentum for change at the regional level with
3232 multiple partners, increasing the scale and impact on places, cultural communities and the relevant
3233 institutions and systems.

3234
3235 **COO PARADIGM**

3236
3237 COO leaders, partners and staff acknowledge that working on poverty and equity issues is not new,
3238 however, the way that COO is approaching the work (the “how” of the work) is what is new and
3239 transformative. A central tenet of COO is to align community driven solutions that emerge through a co-
3240 design process with County, cities, private and philanthropic efforts through the following elements:

3241

- 3242 ● **Cross-Sector Leadership and Partnership.** Cross-sector in COO means:
 - 3243
 - 3244 ○ Different types of institutions and community organizations working together, such as
 - 3245 government departments, philanthropy, intermediary organizations, community-based non-
 - 3246 profit and grassroots organizations, community members and private business leaders
 - 3247 ○ Subject matter and context experts from institutions, organizations and communities working
 - 3248 across the content areas, including housing, health, economic development, workforce
 - 3249 development, capital investment, community development, built environment, early learning,
 - 3250 and community-based leadership
 - 3251 ○ COO is built on these cross-sector partnerships lending their experience and expertise to
 - 3252 achievement of common results, and will continue to expand the reach of this work in the
 - 3253 region in the coming years
 - 3254
- 3255 ● **Collective Impact.** Collective impact is a data-driven process for addressing complex societal issues
 - 3256 in order to move a cross-sector partnership to make bold and substantial positive change. In COO,
 - 3257 collective impact is operationalized by the cross-sector partners working together to share:
 - 3258
 - 3259 ○ A common vision for change
 - 3260 ○ A shared agenda for collecting data and for measuring common results consistently
 - 3261 ○ A commitment to hold each other accountable, engage in open communication to build trust,
 - 3262 and engage in mutually reinforcing activities
 - 3263 ○ Agreement to ensure community voice is heard and integrated into the work
 - 3264 ○ Agreement to provide adequate backbone support for the work at the initiative and community
 - 3265 levels
 - 3266
- 3267 ● **Co-design.** Co-design means that institutions/funders administering a program work side-by-side
 - 3268 with leaders and people in the communities that are most impacted. Co-design is structured to
 - 3269 promote community ownership of solutions that emerge from the process, recognizing that direct
 - 3270 stakeholders' interests are integral to the design process. Examples of the co-design work in COO
 - 3271 include:
 - 3272
 - 3273 ○ Inclusion of well-informed representatives of communities directly affected by inequities in the
 - 3274 design committee and the governance table
 - 3275 ○ Use of co-design in constructing the COO Results-Based Accountability framework with the
 - 3276 community-owned tables at the place-based sites, and with the COO governance table
 - 3277 ○ Community member involvement in the governance table to ensure community voice, culturally
 - 3278 competency and ongoing communication with affected populations
 - 3279 ○ Creation of more user-friendly and less burdensome application processes for community-based
 - 3280 organizations
 - 3281 ○ Transparency in all processes and in reporting progress
 - 3282

- 3283 ● **Innovation Culture.** COO fosters an innovation culture through working relationships and
 3284 partnerships. In an innovation culture, members:
- 3285 ○ Are open to new information, ideas and ways of defining complex problems.
 - 3286 ○ Are open to developing multiple interpretations of the source of complex problems and multiple
 - 3287 ways to solve complex problems.
 - 3288 ○ Treat identified solutions as hypotheses, test ideas designed to achieve those solutions, and
 - 3289 compare their results with the hypotheses.
 - 3290 ○ Recognize that there may be failures that occur in an innovation culture and, if there are no
 - 3291 failures, the partnership is not pushing hard enough to learn.
 - 3292 ○ Seek to continuously improve and are not satisfied until they achieve the ultimate shared goal.
 - 3293
 - 3294
 - 3295
 - 3296 ● **Funding Alignment.** COO works to align community-driven solutions that emerge from place-based
 - 3297 efforts with broader County, cities' and philanthropic priorities and initiatives in a strategic regional
 - 3298 approach to correcting inequitable outcomes. The innovation culture within COO is producing new
 - 3299 ideas and models for bringing leveraged financing and other resources to bear in support of COO
 - 3300 strategies and indicators. This includes examining current funding streams across sectors for more
 - 3301 alignment with common equity outcome goals.
 - 3302
 - 3303 ● **Results Based Accountability.** Results Based Accountability (RBA) is a methodology and set of
 - 3304 tools¹¹⁵ for planning and taking action through which collective impact partnerships can measurably
 - 3305 improve the lives of children, youth, families, adults and the community as a whole. COO has used
 - 3306 RBA to work collectively with the place-based sites and the governance table to create a results
 - 3307 based accountability framework for COO with headline indicator measures, strategy areas designed
 - 3308 to "turn the curve" toward greater equity in health and well-being outcomes, and emerging
 - 3309 strategies. The COO Results Based Accountability framework is found in Appendix 8.
 - 3310
 - 3311 ● **Equity Focus.** Communities of Opportunity focuses on improving health and well-being outcomes in
 - 3312 the 35 percent of the County with the most to gain, thereby improving the conditions of our region
 - 3313 as a whole. The initial goal of COO is to see a seven percent improvement in health and well-being
 - 3314 outcomes over ten years in the COO place-based sites. The seven percent improvement will be
 - 3315 measured from current baseline indicator measures. The intent is to start in select places and build
 - 3316 momentum to begin to close the gap in health and well-being outcomes for all communities with
 - 3317 much to gain. Strategies and evaluation processes regarding displacement will be used to try to
 - 3318 avoid a scenario where health and well-being outcomes improve primarily due to displacement of
 - 3319 lower income people and communities of color.
 - 3320
 - 3321 ● **Best Practices.** While there is a growing national body of evidence beginning to emerge regarding
 - 3322 the type of cross-sector partnership work that COO is doing at the intersections of numerous fields,
 - 3323 and addressing complex social and system issues, we are also a testing ground at local and national
 - 3324 levels. For this reason, COO was chosen as one of eight sites nationally to participate in the Living
 - 3325 Cities Integration Initiative. This is also why COO was recently awarded the Housing and Urban
 - 3326 Development Secretary's Award for Private/Public Sector Innovation on behalf of the Seattle
 - 3327 Foundation and King County. We expect COO will be at the forefront of local and national learning
 - 3328 about cross-sector partnerships and deep work with communities and populations most affected by
 - 3329 inequities.

COMMUNITIES OF OPPORTUNITY AS PART OF ~~BEST STARTS FOR KIDS~~ LEVY

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

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

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

COO/BSK INVESTMENT STRATEGIES

Geographic or Cultural Community-Based Implementation Plan Investments

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

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

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

● **Investments to implement common strategies and system level solutions for all COO partners.**

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

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

Investments in Community Organizations and Intermediaries to Work on Institutional, System and Policy Change

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

Learning Community Investments

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

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

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

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

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

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

BALANCING COO/BSK INVESTMENT STRATEGIES

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

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

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

MANAGEMENT OF COO/BSK FUNDS

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

Competitive Funding Processes for Investment Strategies

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

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

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

3517 means that COO will need more flexibility than traditional funding programs of the County. Flexibility
 3518 will allow COO to provide a continuum of funding approaches that meet the real-time needs of
 3519 interested communities, to meet community partnerships where they are starting from, and to support
 3520 them in making progress.

3521
 3522 The following general criteria guide COO competitive funding processes:

3523
 3524 ● **Criteria for Geographically or Culturally-Based Community Partnership Funding Awards.** Such
 3525 funding proposals will be rated based upon application criteria, including:

- 3526
 3527 ○ To be eligible, communities must be geographic areas or representative of cultures within the
 3528 bottom 35 percent of census tracts experiencing significant social, health and well-being
 3529 inequities as highlighted in the COO map. Proposals must present projects at a manageable
 3530 scale so that strategies address meaningful and achievable outcomes, in communities with clear
 3531 boundaries, impacting all residents of the geographic or cultural community affected by
 3532 inequities.
- 3533 ○ Applicant organizations or their partners must have expertise in the relevant issue(s) identified
 3534 in the proposal, and their organizational mission must be strongly aligned. The lead organization
 3535 must have a strong connection with the identified community and residents and articulate why
 3536 they are best positioned to guide a collective impact process for the benefit of the community.
 3537 Lead applicants must have a history of aligning with partners on common goals.
- 3538 ○ Lead organizations must propose catalytic approaches in their communities. They must identify
 3539 one or two initial partners that have some resources and strengths to bring to the table to work
 3540 toward shared goals for preventing and reducing inequities related to health, housing and/or
 3541 economic opportunity in the identified community. All potential partners do not need to be
 3542 identified. Applicants must show how COO resources could help with the alignment of existing
 3543 work in the community and allow more coordinated work to be planned and developed going
 3544 forward. Applicants must articulate how participation in COO could catalyze community energy
 3545 and leverage additional resources that will contribute to achievement of more equitable
 3546 outcomes for the community.
- 3547 ○ Applicants must have a history of collaboration with partners on similar efforts. Applicants must
 3548 explain how core constituencies may be mobilized to work on aligned goals that affect health,
 3549 housing and economic opportunity, or engaged in identifying strategies and goals. Applicants
 3550 must describe approach to develop a common agenda and coordinate mutually reinforcing
 3551 activities in the community.
- 3552 ○ Applicants must explain the community ownership driving the project, and how the lead
 3553 organization and current partners reflect the community's demographics. Applicants must
 3554 identify how residents most affected by inequities within the identified community will have
 3555 voice, will inform, and will ultimately lead the work.
- 3556 ○ Applicants must be willing to use the COO Results-Based Accountability framework, and be
 3557 aligned with it in their work plan.

3558
 3559 ● **Eligible Uses of Geographically or Culturally-Based Community Partnership Funding includes the**
 3560 **following:**

- 3561
 3562 ○ Convening a cross-sector collaborative group on a regular basis to develop and work on a shared
 3563 agenda, including staffing, meeting space, food, travel and stipends

- 3564 ○ Community engagement activities, including meetings, focus groups, surveys and other such
- 3565 activities that support the “backbone” of the collective impact partnership
- 3566 ○ Shared measurement systems and data assistance; mapping assets and strengths
- 3567 ○ Communication needs with community participants and other interested parties
- 3568 ○ Collective impact and co-design work
- 3569 ○ Subcontracts to partners or consultants for activities above
- 3570
- 3571 ● ~~Geographically or Culturally Based Community Partnership Funding may not be used for:~~
- 3572 ○ Direct services or project work
- 3573 ○ Lobbying activities
- 3574
- 3575 ● ~~Eligible Uses of Geographically or Culturally Based Community Partnership Implementation Plan~~
- 3576 ~~Funding include the following:~~
- 3577
- 3578 ○ Community/Neighborhood Design Plans
- 3579 ○ Research and Design
- 3580 ○ Collective impact institutional, system and policy work in a geographic place
- 3581 ○ Small Capital grants at or below \$200,000
- 3582 ○ Large Capital leverage or gap funding for projects over \$200,000
- 3583 ○ Projects that test or expand a preventive intervention or another intervention that addresses
- 3584 the community’s strategies as outlined in the adopted results-based accountability framework
- 3585
- 3586 ● ~~Criteria for Grant Award Processes for Organizations Working to Reduce Institutional, System and~~
- 3587 ~~Policy Barriers to Equity in Opportunities.~~ These funding proposals will be rated based upon
- 3588 application criteria, including:
- 3589
- 3590 ○ Applications must focus on the challenges of, and opportunities for, removing barriers in
- 3591 communities experiencing significant social, racial and/or economic inequities. The strongest
- 3592 applications will identify strategies at the intersections of health, housing, economic opportunity
- 3593 and/or community connections, and drive toward improvement of more than one headline
- 3594 indicator of the COO Results Based Accountability framework.
- 3595 ○ Applicants must be willing to use the COO Results Based Accountability framework, and be
- 3596 aligned with it in their work plan.
- 3597 ○ Applicants must articulate how the proposed strategy(ies) will result in specific institutional,
- 3598 system or policy changes that reduce barriers to equity in opportunities for places and
- 3599 populations most affected by inequitable outcomes, and contribute to positive change in
- 3600 specific indicators of health and well-being. Proposals that possess the potential to reach larger
- 3601 geographic areas of the County and/or larger numbers of people/places, will receive priority
- 3602 consideration.
- 3603 ○ Community engagement and leadership must figure prominently, and strategies must be
- 3604 informed by or led by people affected by the issue described. Applicants must have
- 3605 policies/plans that support recruitment for jobs in the applying organizations and/or related to
- 3606 the work of the application from communities affected by the issue that is the subject of the
- 3607 proposal.
- 3608 ○ Applicants must: (1) demonstrate experience in the particular issue area identified in the
- 3609 proposal or has lined up a partnership that together demonstrates such experience; (2) track the
- 3610 results of the strategy work and have the ability to modify practices based on lessons learned;
- 3611 (3) have the capacity to carry out the proposed strategy.

- 3612 ○ Applicants must align with other partners on common goals that are the focus of the proposal,
3613 or established partnerships working toward such shared goals, including cross-sector and
3614 multiple issue efforts.
- 3615 ○ Organizations that either have 501(c)(3) status or are fiscally sponsored by a 501(c)(3)
3616 organization; 501(c)(4) activities are not eligible for funding.
- 3617
- 3618 ● **Eligible Uses of Institutional, System and Policy Barrier Funding include:**
- 3619
- 3620 ○ General operating funds to complete the work proposed
- 3621
- 3622 ● **Institutional, System and Policy Barrier Funding may not be used for:**
- 3623
- 3624 ○ Direct services
- 3625 ○ Lobbying activities
- 3626
- 3627 ● **Strategic System Level Investments.** These investments will be formally proposed to the COO-BSK
3628 Advisory Board through a Direct System Investment Plan. Such plans will be formulated by the COO
3629 founders, working in co-design with geographically or culturally-based community partners and
3630 other strategic partners that have a role to play in advancing innovations in systems and institutions,
3631 including financing systems. Direct System Investment Plans must be aligned with all COO values
3632 and tenets as contained in this implementation plan, and must be aligned with the COO results
3633 based accountability framework. Direct System Investment Plans will be presented to and reviewed
3634 by the COO Governance Group/COO-BSK Levy Advisory Board, for recommendation to the
3635 Executive.

3637 **Communities of Opportunity Communication with King County Council**

3638

3639 A proposed ordinance regarding the Communities of Opportunity (COO)-BSK Levy Advisory Board, which
3640 responds to Ordinance 18220, will be transmitted to Council simultaneously with the transmittal of the
3641 BSK Levy Implementation Plan. Under Ordinance 18220 and the proposed legislation, Council and the
3642 Executive each have one direct appointment on the COO-BSK Levy Advisory Board. In addition to direct
3643 Council representation at the COO governance/advisory board table, COO will provide Council with a
3644 biennial report, leading up to the biennial budget process, on the progress of COO funding rounds,
3645 coordination with partners, and evaluation pursuant to COO process goals and the COO results-based
3646 accountability framework measures.

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**SECTION VIII
EVALUATION AND PERFORMANCE MEASUREMENT FRAMEWORK**

3652

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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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.¹¹⁶ **Strategic learning** refers to both the need for real-time data to inform ongoing work and to understand which strategies are effective and why. **Accountability** refers to both the need to hold entities responsible for the activities they were given funding to do and to determine if a credible case can be made that the work contributed to BSK results. This is different from evaluations designed to prove definitive causality, which may be planned for a subset of strategies.

Estimated funding levels

2016: \$863,000
2017-2021 average: \$3,~~270~~312,000

Evaluation, including investments such as:

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

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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 [the](#) 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](#):

- 3681 • **Systematic inquiry.** Conduct systematic, data-based inquiries.
- 3682 • **Integrity.** Display honesty and integrity in the evaluation process.
- 3683 • **Respect for people.** Respect the security, dignity, time, capacity, and interests of respondents and
- 3684 stakeholders.
- 3685 • **Cultural competence.** Recognize and respond to culturally different values and perspectives in order
- 3686 to produce work that is honest, accurate, respectful and valid.

3687

3688 **BSK Results and Related Evaluation Framework**

3689

3690 Evaluation and performance measurement will allow all BSK stakeholders to understand how/if levy
3691 investments are achieving the three BSK results:

3692

- 3693 • **Babies are born healthy and establish a strong foundation for lifelong health and well-being.**
- 3694 • **King County is a place where everyone has equitable opportunities to ~~progress through~~**
3695 **childhood be safe and healthy as they progress through childhood, safe and healthy, building**
3696 **academic and life skills to be thriving members of their community.**
- 3697 • **Communities offer safe, welcoming, and healthy environments that help improve outcomes for all**
3698 **of King County's children and families, regardless of where they live.**

3699

3700 For ~~the~~ evaluation purposes, it is important to consider how populations differ across BSK's multilevel
3701 implementation. The BSK model assumes that the combined investments will contribute to geographic
3702 population-level results, *understanding that many additional factors will also influence population*
3703 *results*. While investments will be made in multiple programs and systems, some may naturally group
3704 together into strategy areas. Individuals, or in some cases, geographic populations served by strategy
3705 areas, are expected to benefit. At the program level, the beneficiaries are expected to be individuals,
3706 defined as those directly served by or exposed to the program or strategy.

3707

3708 **METHODS**

3709

3710 The evaluation will draw from both qualitative and quantitative methods. As appropriate, the evaluation
3711 may include case study, longitudinal cohort, cross-sectional, pre-post, and/or quasi-experimental
3712 designs. Using a participatory approach,¹¹⁷ the data and evaluation team will work closely with BSK
3713 leadership, staff, and an evaluation advisory group, which will comprise stakeholders such as the
3714 Children and Youth Advisory Board, Science and Research Panel, and BSK partners and stakeholders, to
3715 optimize performance monitoring and evaluation. For example:

3716

- 3717 • Prioritize evaluation questions within allocated resources
- 3718 • Develop logic models, indicators, performance measures and/or data collection protocols
- 3719 • Review findings
- 3720 • Develop dissemination materials.

3721

3722 **Sample Evaluation Questions**

3723

3724 The BSK evaluation is conceptualized to answer process and impact questions at three levels. Examples
3725 of questions include:

3726

- 3727 • At the **population level**, what was the combined impact of BSK investments on population-level
 3728 indicators of health and well-being? Did BSK contribute toward equity at the population level? What
 3729 improvements in services, systems, social and physical environments did BSK investments
 3730 contribute to? Looking across the BSK portfolio, what were lessons learned about barriers and
 3731 contributors to success?
- 3732 • Similarly, for each **strategy area** of investment, what improvements in health and well-being were
 3733 experienced by relevant populations or individuals served within a strategy area? What
 3734 improvements were made in relevant services, systems, and environments?
- 3735 • At the **program level**, what improvements in health and well-being did individuals¹¹⁸ experience?
 3736 What improvements were made in how well and how many clients were served?

3737

3738 Population-Level Evaluation

3739

3740 Using a serial cross-sectional design, the population-level analyses will compare population-level
 3741 indicators over time, and by demographic characteristics (for example, by age, race, ethnicity, place,
 3742 socioeconomic status, and gender, where data are available). ~~such as age, gender, race, place and~~
 3743 ~~income.~~ Measures will use data from population-based surveys and sources including, but not limited
 3744 to:

- 3745
- 3746 • Washington State Department of Health (birth and death records)
 - 3747 • Office of the Superintendent of Public Instruction
 - 3748 • Washington State Department of Social and Health Services, Children’s Administration
 - 3749 • Washington State Healthy Youth Survey; (a biennial survey of grades 6, 8, 10, and 12)
 - 3750 • Behavioral Risk Factor Surveillance System (BRFSS); (a yearly survey of adults age 18 and older)
 - 3751 • BSK Health Survey (a new survey funded by BSK)

3752

3753 To track indicators among a population-based sample of King County children ages six months to 12
 3754 years, King County will implement a new BSK Health Survey ~~this in~~ fall 2016 and repeat it every two
 3755 years. Although there are strong existing data sources for children around the time of birth, and in
 3756 middle and high school, there are no existing population-level data sources for children in-between
 3757 those ages: toddlers, preschoolers, and elementary-aged children. Very little is known about their health
 3758 status, risk factors, resiliency, family/community supports or child-care arrangements. These are the
 3759 very things that BSK is working to strengthen.

3760

3761 The new BSK Health Survey will fill ~~this gaps in data gap~~ and provide information to inform activities and
 3762 track population-level indicators among these children. Questions will be answered by a knowledgeable
 3763 adult in the household. Questions will cover the areas of demographics, overall health, child and family
 3764 resiliency, breastfeeding, use of preventive health care services, experience with health care providers,
 3765 child development, physical activity and obesity, child-care arrangements, and family and community
 3766 supports.

3767

3768 Population Indicators and Performance Measures

3769

3770 BSK will *contribute* to improving population indicators (for example, on-time high school graduation).
 3771 BSK is *accountable* for performance (e.g. how much, how well, is anyone better off) of BSK strategies.
 3772 **Population indicators** are about a population (for example, young adults in King County). **Performance**
 3773 **measures** are about individuals who are directly served by the program.

3774
 3775 A full description of the indicators is included in Section II of this implementation plan. A full explanation
 3776 of the technical definitions for the headline indicators, and a list of example secondary, supporting
 3777 indicators are included in Appendix 1.

3778 3779 **Strategy Area and Program-Level Evaluation**

3780
 3781 Following the population-level approach, each strategy area will compare population-level indicators
 3782 identified for each group. Strategy areas may also include evaluations to learn what impact was
 3783 experienced by individuals. Qualitative evaluation methods will be used to provide complementary
 3784 information to help gain in-depth understanding of impacts and results on specific communities where
 3785 reliable statistical estimates are not available because of small sample size.

3786
 3787 All programs will have performance metrics to track progress toward implementation milestones:

- 3788 • *How much was done?* Such as people served or, staff trained-
- 3789 • *How well was it done?* Such as improved access, timeliness or appropriateness of service-
- 3790 • *Is anyone better off?* Such as improved health and well-being-

3791
 3792 These metrics will inform continuous quality improvement efforts throughout the life of the BSK Levy.

3793
 3794 Performance measures will be determined in the development of RFP's or specific project level funding
 3795 approaches. Performance measures and feasible data collection methods will be identified and
 3796 developed for each program and incorporated into contracts. Performance measures, including targets
 3797 and measures incorporated within contracts, will be reviewed on a pre-determined (such as annual)
 3798 basis over the life of the levy.

3799 3800 **Measuring Policy, Systems and Environmental Change**

3801
 3802 We will consider a process evaluation to detail policy and system impacts, and lessons learned, about
 3803 implementation of overall strategies. The process evaluation will describe the broader context in which
 3804 BSK occurs. Where feasible, we may estimate the reach and magnitude of each policy, system or
 3805 environmental change to describe the estimated impact at community and county levels.

3806
 3807 Evaluation of the cumulative effect of multiple BSK interventions will be challenging. We may investigate
 3808 the degree to which BSK interventions are coordinated and mutually reinforcing, producing an effect
 3809 beyond the impact of each strategy. The evaluation may include interviews of key informants about the
 3810 degree to which other BSK interventions positively impacted their work to capture synergies, and their
 3811 impressions of changes at the community level.

3812 3813 **Candidates for More Extensive Evaluation**

3814
 3815 There is a continuum of evaluation strategies that range from simply verifying that something
 3816 happened, to comparing intervention results with a statistically valid control group to ascertain
 3817 causality.¹¹⁹ BSK will deploy a number of programs that already have an existing evidence basis. To the
 3818 extent this can be done, the evaluation can be simplified. As the causal connection between the
 3819 program and expected results has already been demonstrated, the evaluation can use contract or
 3820 performance monitoring to focus on measuring the quantity of BSK funded services and their results.

3821
 3822 BSK will also implement strategies based on emerging best-practices. This may include situations where
 3823 a proven program/best practice must be substantially modified in order to be tailored to specific
 3824 populations served by BSK. In these cases, a program can be designed that incorporates elements and
 3825 practices that are found in similar proven programs. Evaluation of these programs will emphasize
 3826 ongoing monitoring and early feedback so that any necessary changes can take place in a timely
 3827 manner. Short-term results will be identified that demonstrate that the longer-term desired outcomes
 3828 are likely to be reached. This supplemental, formative type of evaluation will help ensure that the
 3829 program is functioning as intended.

3830
 3831 BSK may also invest in innovative strategies, which may call for more rigorous evaluation to show causal
 3832 effect as well as lessons learned. Examples of rigorous evaluation may include case control or quasi-
 3833 experimental designs that include resource intensive data collection. The data and evaluation team will
 3834 work with the evaluation advisory group to develop and apply a set of criteria for identifying candidate
 3835 projects that are high priority for rigorous evaluation. Considerations may include:

- 3836
 3837
- Potential for having a big reach related to health equity
 - Implementation in new settings or with new populations
 - Likelihood of seeing immediate change in indicators of well-being or healthy environments
 - Filling a gap in the evidence base
 - Having sustainable sources of data to be able to track change over time
- 3838
 3839
 3840
 3841

3842
 3843 **Youth and Family Homelessness Prevention Initiative Independent Evaluation.** DCHS will seek to
 3844 obtain philanthropic funding to secure outside evaluation on program outcomes and the effectiveness
 3845 of the program model for the Best Starts for Kids Youth and Family Homelessness Prevention Initiative.
 3846 It is the intent of the County that an independent evaluation will be conducted for this initiative. The
 3847 County anticipates that it will use funds from the Best Starts for Kids levy consistent with Ordinance
 3848 18088 Section 5.C.4. to support this independent evaluation. If philanthropic funds for an independent
 3849 evaluation are secured, those funds will be used to supplement Best Starts for Kids levy funds used for
 3850 evaluation. An evaluation on the first year and a half of the Youth and Family Homelessness Prevention
 3851 Initiative will be completed no later than June 1, 2019, and will be transmitted to the King County
 3852 Council as part of the required Youth and Family Homelessness Annual Report.

3853
 3854
 3855 **Engagement with Key Stakeholders**

3856
 3857 The data and evaluation team will work closely with BSK leadership, staff and an evaluation advisory
 3858 group, which will comprise stakeholders such as the Children and Youth Advisory Board, Science and
 3859 Research Panel, and BSK partners and stakeholders. The data and evaluation team will meet monthly
 3860 with BSK implementation leads to review evaluation progress. The team will also provide updates to
 3861 stakeholders, including the Children and Youth Advisory Board, the Science and Research Panel,
 3862 community partners, Council, and the public. As opportunities arise, the data and evaluation team will
 3863 partner with external evaluators to seek additional resources or expand capacity for evaluation. The
 3864 data and evaluation team will also explore opportunities for sharing data with community partners.

3865
 3866 **Evaluation Timelines**

3867

3868 BSK strategies and programs will begin at different times and reach their respective conclusions on
 3869 different schedules. Data points may be readily available or may require system upgrades prior to
 3870 access, before it is accessible. Evaluation timelines will accommodate these considerations:

3871

3872 • When the program will start, or when BSK funds become effective

3873 • Time needed until each indicator can be measured

3874 • Point at which a sufficient number of individuals have reached the outcome to generate a
 3875 statistically reliable result

3876 • When indicator data will be available

3877 • When baseline data will be available, if needed

3878 • Time needed for data collection, analyses and interpretation of qualitative data

3879 • Contractual requirements for reporting process and results data.

3880

3881 REPORTING AND DISSEMINATION PRODUCTS

3882

3883

3884 Required BSK Reports*

3885

<u>Due Date</u>	<u>Report Description</u>	<u>Ordinance basis</u>
<u>May 2017</u>	<u>Youth and Family Homelessness Prevention Initiative (YFHP) Outcomes report</u>	<u>18285</u>
<u>During the first two years of the levy and continuously, as needed or requested</u>	<u>Progress briefings by eExecutive staff</u>	<u>--</u>
<u>July 1, 2017</u>	<u>BSK Evaluation and Performance Measurement Plan</u>	<u>PO 2016-0281</u>
<u>~Oct./Nov. 2017</u>	<u>BSK First Annual Performance and Evaluation Report (First Annual Report)</u>	<u>PO 2016-0281</u>
<u>June 1, 2018</u>	<u>YFHP Outcomes Report</u>	<u>18285</u>
<u>June 1, 2018</u>	<u>BSK Annual Performance and Evaluation Report</u>	<u>PO 2016-0281</u>
<u>June 1, 2019</u>	<u>BSK Annual Performance and Evaluation Report + YFHP Initiative Outcomes Report + report on Independent Evaluation of first 1.5 years of YFHP</u>	<u>PO 2016-0281 + 18285</u>
<u>June 1, 2020</u>	<u>BSK Annual Performance and Evaluation Report + YFHP Outcomes Report</u>	<u>PO 2016-0281 + 18285</u>
<u>June 1, 2021</u>	<u>BSK Annual Performance and Evaluation Report + YFHP Outcomes report</u>	<u>PO 2016-0281 + 18285</u>
<u>June 1, 2022</u>	<u>BSK Annual Performance and Evaluation Report +</u>	<u>PO 2016-0281 +</u>

	<u>YFHP Outcomes Report</u>	<u>18285</u>
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*All BSK General reports will include reporting on COO components as well as 0-5 and 5-24 strategies.

The ~~following~~ reports and products listed in the table above will be provided are further described below:

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

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

- A secondary indicator or several secondary indicators that explore a broader measure of success than whether or not a youth or young adult is either employed or in school
- A secondary indicator that tracks civic activity for youth 18-24 years old
- A secondary indicator that tracks reduced contact with the criminal justice system

- BSK First Annual Performance and Evaluation Report (BSK First Annual Report) to Council. No later than one year after the effective date of the ordinance approving this implementation plan, the Executive will transmit the BSK First Annual Performance and Evaluation Report describing the programs funded and outcomes for the children, youth, families and young adults served. The BSK First Annual Report shall be developed in consultation with and respective components reviewed by the Children and Youth Advisory Board and the Communities of Opportunity Advisory Board before transmittal. Each advisory board shall consult on and review the respective portion of annual reports on BSK programming over which they have been charged with oversight.

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

The BSK First Annual Report ~~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

3931 program outcomes to council on that initiative due to be transmitted by June 1, 2018, as outlined in
 3932 the Youth and Family Homelessness Prevention Initiative Implementation Plan.

3933
 3934
 3935 ~~— **BSK Evaluation and Performance Measurement Plan.** The Best Starts for Kids Evaluation and
 3936 Performance Measurement Plan will be completed and transmitted no later than July 1, 2017. That
 3937 plan will specify performance measures and qualitative methods, after the specific portfolio of
 3938 investments are procured. That plan will include evaluation and performance measurement
 3939 information for the Communities of Opportunity initiative. Updates to this plan will be reported as
 3940 part of the subsequent Annual Reports. The BSK Evaluation and Performance Measurement Plan
 3941 shall be developed in consultation with and reviewed by the Children and Youth Advisory Board and
 3942 the Communities of Opportunity Advisory Board before transmittal. Each advisory board shall
 3943 consult on and review the respective portion of this plan over which they have been charged with
 3944 oversight.~~

3945
 3946 ~~In developing the Evaluation and Performance Measurement Plan, the following indicators shall be
 3947 included:~~

- 3948 ~~— A secondary indicator or several secondary indicators that explore a broader measure of
 3949 success than whether or not a youth or young adult is either employed or in school~~
- 3950 ~~— A secondary indicator that tracks civic activity for youth 18-24 years old~~
- 3951 ~~— A secondary indicator that tracks reduced contact with the criminal justice system~~
- 3952 ~~—~~

- 3953
 3954
 3955 • **BSK Annual Performance and Evaluation Reports (BSK Annual Reports).** BSK Annual Performance
 3956 and Evaluation Reports will be transmitted with the first report using data from calendar year 2017
 3957 no later than ~~June~~July 1, 2018. These **BSK Annual R**reports will provide data on the performance of
 3958 levy-funded activities, including progress toward meeting overall levy goals and strategies, headline
 3959 indicator measurements, performance metrics, lessons learned, and strategies for continuous
 3960 improvement. Annual Reports shall be developed in consultation with and respective components
 3961 reviewed by the Children and Youth Advisory Board and the Communities of Opportunity Advisory
 3962 Board before transmittal. Each advisory board shall consult on and review the respective portion of
 3963 annual reports on BSK programming over which they have been charged with oversight.

3964
 3965 **BSK Annual Reports will also include:**

- 3966 ○ Any updated performance measure targets for the following year of BSK programs with
 3967 information on the reason for any substantive changes
- 3968 ○ Recommendations on program and/or process changes to funded programs or strategies
 3969 based on measurement and evaluation data or any other eventuality resulting in the need
 3970 for substantive changes
- 3971 ○ Any recommended revisions to the BSK Evaluation and Performance Measurement Plan
- 3972 ○ Recommended performance measures and performance measurement targets for each BSK
 3973 strategy as well as any new strategies that are established

3974
 3975 ~~These reports~~BSK Annual Reports shall be transmitted by ~~June~~July 1 of each year through ~~the life of~~
 3976 ~~the levy~~June 1, 2022. Starting with the BSK Annual Report due by June 1, 2019, if a decision is made
 3977 ~~to report on~~ the Youth and Family Homelessness Prevention Initiative will report as part of within

~~the Best Starts for Kids general BSK Implementation Plan BSK Annual Performance and Evaluation Reports. s starting with the YFHP Initiative report due by June 1, 2019, when that initiative no longer requires a stand-alone report,~~

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

- ~~o~~ A stand-alone program outcomes report for the Youth and Family Homelessness Prevention Initiative is required to be transmitted as by June 1, 2018;
- ~~o~~ An evaluation on the first 1.5 years of the Youth and Family Homelessness Prevention Initiative must be completed transmitted as part of the annual report due by June 1, 2019 and transmitted as part of that year's required annual report;
- ~~o~~ Annual reports on the Youth and Family Homelessness Prevention Initiative must report on program outcomes; and
- ~~o~~ 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.

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

Any report required by this section shall be filed in the form of a paper original and an electronic copy with the Clerk of the Council, who shall retain the original and provide an electronic copy to all Councilmembers and all members and alternate members of the Regional Policy Committee, or its successor. Required reports shall be transmitted with a motion accepting the report.

The following additional information 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 age, race, ethnicity, place, socioeconomic status, gender, and other key demographic characteristics, where data are available, ~~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.

- 4026 • **Other Products.** The data and evaluation team will work with the communications team and
4027 community partners to identify meaningful products for stakeholders, such as success stories.
4028 Success stories may describe the strategy, stakeholders' roles, reach, impact, critical incidents, key
4029 decision points, and lessons learned. *Ad hoc* products such as infographics and technical assistance
4030 related to data or evaluation findings for stakeholder presentations will also be considered.
4031

4032 **EVALUATION EXPERIENCE AND CAPACITY**

4033
4034 The data and evaluation team is a multidisciplinary group that includes master's- and doctorate-level
4035 epidemiologists, social research scientists, demographers and staff from Public Health-Seattle & King
4036 County, the King County Department of Community and Human Services and the King County Office of
4037 Performance, Strategy and Budget-Office. They are nationally known for their data analyses and
4038 evaluation expertise of large-scale community initiatives and have a strong record of using participatory
4039 approaches in designing and implementing evaluations. Together, they bring requisite quantitative and
4040 qualitative expertise including use of population and program data and systematic analysis of qualitative
4041 data.

4042
4043

SECTION IX JUNIOR TAXING DISTRICT LEVY PRORATIONING

4044

This section of the implementation plan addresses:

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

4045

4046

BACKGROUND

4047

4048 Many jurisdictions in Washington state are authorized to levy property taxes, which require residents of

4049 that jurisdiction to pay taxes based on the assessed value (AV) of their property. Each taxing district is

4050 authorized to levy a property tax under a specific section of the Revised Code of Washington (RCW) that

4051 provides authorization and provides a limit on the rate that the type of jurisdiction may charge. In

4052 addition to these jurisdiction-specific authorizations, there are two RCWs that are relevant to this

4053 section of the implementation plan:

4054

4055 1. *RCW 84.52.043 Limitations upon regular property tax levies.* This RCW states that the aggregate

4056 level of junior taxing districts¹²⁰ and senior taxing districts, other than the state, may not exceed

4057 \$5.90 per thousand dollars of AV.

4058 2. *RCW 84.52.010 Taxes levied or voted in specific amounts – Effect of constitutional and statutory*

4059 *limitations.* This RCW outlines a methodology for reducing the tax rate of taxing districts when the

4060 aggregate rate for jurisdictions (other than the state) is higher than the \$5.90 limit required by RCW

4061 84.52.043. The effect of this RCW is *prorating* (reduction) of junior taxing districts' rates until the

4062 aggregate level falls below the \$5.90 limit.

4063

4064 Property tax levy prorating occurs because taxing districts, have the individual taxing authority to

4065 levy rates that, when combined, add to more than the aggregate property tax limit of \$5.90 per

4066 thousand dollars of AV. When a senior taxing district, such as King County, levies a new or increased

4067 property tax, it can result in more junior taxing districts having their levies prorated to a lower rate,

4068 and therefore receiving less revenue.

4069

4070 The hierarchy of taxing districts defined in RCW 84.52.010 creates a distinct order of operations for

4071 which jurisdictions have their rates prorated when aggregate levels go above the \$5.90 limit. This

4072 methodology is used by the [King County](#) Department of Assessments to certify levy rates that meet legal

4073 requirements each year.

4074

4075 BEST STARTS FOR KIDS ORDINANCE

4076

4077 King County Ordinance 18088 identifies that BSK levy revenue can be used for eligible services provided

4078 by junior taxing districts, to the extent the district is prorated, in two circumstances:

4079

4080 1. Ordinance 18088, Section 5, subsection C.4.c, states that "an amount equal to the lost revenues to

4081 the metropolitan park districts resulting from prorating as mandated by RCW 84.052.010, up to

4082 one million dollars, shall be provided to those metropolitan park districts if authorized by the county
 4083 council by ordinance” for services that are eligible expenditures.

4084 2. Ordinance 18088, Section 5, subsection C.4.d states that eligible expenditures “provided by fire
 4085 districts in an amount equal to the lost revenues to the fire districts in King County resulting from
 4086 prorationing, as mandated by RCW 84.52.010, for those services, to the extent the prorationing was
 4087 caused solely by this levy and if authorized by the county council by ordinance.”

4088
 4089 Therefore, each year after the King County Department of Assessments certifies levy rates, the County
 4090 will calculate the extent to which metropolitan park districts and fire districts are prorationed due to the
 4091 BSK Levy. Eligible services for BSK funding include services that improve health and well-being outcomes
 4092 of children and youth, as well as the families and the communities in which they live.

4093
 4094 **PRORATIONING IMPACT OF BEST STARTS FOR KIDS LEVY**

4095
 4096 **Known Impacts of Prorationing for 2016**

4097
 4098 For 2016, the BSK Levy has caused prorationing for two metropolitan park districts and no fire districts:

- 4099
 4100 • Si View Metropolitan Park District: Levy rate was prorationed, with a 2016 revenue impact of
 4101 \$316,421.
 4102 • Fall City Metropolitan Park District: Levy rate was prorationed, with a 2016 revenue impact of
 4103 \$114,558.

4104
 4105 *Si View Metropolitan Park District*

4106
 4107 King County staff worked directly with the Si View Metropolitan Park District to communicate the impact
 4108 of prorationing on their district in 2016 and to gather ideas for eligible services that BSK could fund. The
 4109 result was that the District submitted a plan for eligible services totaling their 2016 prorationed amount:

4110

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

4111
4112 The County will contract with Si View Metropolitan Park District for the 2016 amounts for these services.
4113 Contracts will be administered through DCHS like all other BSK contracts.

4114
4115 *Fall City Metropolitan Park District*

4116 Although Fall City Metropolitan Park District had its revenue reduced by \$114,558 in 2016 due to
4117 prorating, the District does not currently provide any programs or services that fit the eligibility
4118 parameters for BSK funding as outlined in Ordinance 18088. The County will continue to work with Fall
4119 City Metropolitan Park District each year to communicate its revenue loss due to prorating and
4120 discuss if there are any eligible services that can be funded, up to the total amount the district is
4121 prorated over the life of the levy, regardless of when services begin.

4122
4123 **Planning for Future Prorating Impacts**

4124
4125 In coordination with the King County Office of Performance, Strategy and Budget; Office of Economic
4126 and Financial Analysis; and King County Council Staff, the County has modeled estimated
4127 prorating by taxing district over the life of the BSK levy. Actual impacts will not be known until levy
4128 rates are certified by [the Department of Assessments](#) each year.

4129
4130 The *Best Starts for Kids* Implementation Plan takes into account the estimated future years of
4131 prorating in its financial assumptions:

- 4132
- 4133 • For metropolitan parks districts, estimated prorating totals about \$850,000 over the life of the
4134 levy, which is about \$150,000 less than the cap of \$1,000,000 identified in Ordinance 18088. King
4135 County will work with metropolitan parks districts impacted by prorating on an ongoing basis to
4136 identify programs that fit within the BSK strategies to receive this funding, as needed.
4137 The BSK financial plan reserves \$1,000,000 over the life of the levy for eligible parks district services
4138 to ensure it can meet the intention of Ordinance 18088.
 - 4139
 - 4140 • For fire districts, no prorating impacts are estimated. If changing economic conditions result in
4141 prorating of these districts, the County will, in a process similar to that with parks districts, reach
4142 out to impacted districts to identify eligible services and determine the level of BSK funding that
4143 would be appropriate. The BSK financial plan reserves \$270,000 for potential fire district
4144 expenditures.

4145

Section X ENDNOTES

¹ <http://www.kingcounty.gov/elected/executive/equity-social-justice/strategic-plan.aspx>

² In the BSK Implementation Plan this term is used to incorporate a racial or ethnic identity other than White. King County recognizes that this term get less clear in certain communities and intends to embrace the ever changing definitions in our national conversation.

³ At its most broad definition, low-income is used throughout the BSK Implementation Plan as individuals and families **who** are at or below the cost of living level in King County. When quantified for programs, the plan typically measures this as 200% or below of the federal poverty level. However, the BSK Implementation Plan was drafted with a recognition that the cost of living index in some parts of King County is higher than 200% of the federal level. Thus, the definition of low-income in the plan is flexible according to strategy/research base.

⁴ Note that while this language has been changed for grammatical consistency, this goal is designed to be in alignment with the Youth Action Plan and other adopted county policy.

⁵ King County Ordinance 18088, July 22, 2015. 292-304

⁶ 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 **m** time.

⁸ KING COUNTY Signature Report, July 22, 2015, Ordinance 18088. Section 5.C.1., 2. and 4

⁹ A community-identified location defined by special characteristics (neighborhood, residential block, etc.) that are not necessarily able to be captured as part of a data collection tool (as opposed to census tract or county boundary).

¹⁰ Socioeconomic status (SES) is an economic and sociological combined total measure of a person's work experience and of an individual's or family's economic and social position in relation to others, based on income, education, and occupation.

¹¹ Communities of Opportunities (COO), discussed in Section VII, was developed in 2013 as a result of this King County commitment.

¹² <http://www.kingcounty.gov/council/issues/YouthActionPlan.aspx>

¹³ King County Ordinance 18088, July 22, 2015. 183-185

¹⁴ 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.”

¹⁵ This data differs in different population sub-segments. For more information see <http://www.kingcounty.gov/depts/health/data/~/media/depts/health/data/documents/maternal/early-adequate-prenatal-care.ashx>.

¹⁶ Poverty in the BSK Implementation plan is defined using the Federal Poverty Level (FPL) index – a person at 100% or below the FLP in the United States is considered to be living in poverty. Since our cost of living is high in King County, throughout the plan the term “poverty” may be extended to include people living up to 200% of the FPL.

¹⁷ Examples might be a young person engaged in a non-paid internship or on who has chosen to work at home by providing care for a family member.

¹⁸ <http://heckmanequation.org/content/resource/investing-our-children-great-returns>

¹⁹ <http://heckmanequation.org/content/white-house-summit-early-education>

²⁰ Hart B, Risley TR. *Meaningful differences in the everyday experience of young American children*, 1995

²¹ Annie E. Casey Foundation, 2012; Lesnick J, Goerge RM, Smithgall C, Gwynne J. Chicago: Chapin Hall at the University of Chicago, 2010

²² Shonkoff, J.P. (2009). Mobilizing Science to Revitalize Early Childhood Policy. *Issues in Science and Technology*, 26 (1).

²³ <http://ilabs.washington.edu/i-labs-faq>

²⁴ 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.

²⁵ Dr. Christopher Kuzawa, <http://www.ipr.northwestern.edu/faculty-experts/fellows/kuzawa.html>

²⁶ Centers for Disease Control and Prevention (CDC) Anda and Brown (2010); Felitti (2002)

²⁷ Blodgett C., Harrington R., Research Brief: *Adverse Childhood Experience and Developmental Risk in Elementary School Children*.

²⁸ Director, Center on the Developing Child, Harvard University

²⁹ Dr. Jack Shonkoff, Director, Center on the Developing Child, Harvard University.

<http://developingchild.harvard.edu/science/key-concepts/toxic-stress/>

³⁰ Center for the Study of Social Policy, Strengthening Families – A Protective Factors Framework

³¹ Developmental Service Group, 2015. Administration for Children, Youth and Families

³² Dr. Jack Shonkoff, Director, Center on the Developing Child, Harvard University.

<http://developingchild.harvard.edu/science/key-concepts/toxic-stress/>

³³ *ibid*

³⁴ *ibid*

³⁵ Conversations also addressed other community needs and processes, including the upcoming MIDD renewal, and the recently completed Youth Action Plan.

³⁶ Based on the World Café model (www.theworldcafe.com), Community Cafes are a simple, effective, and flexible format for hosting large group dialogue. Community Cafes utilize small group conversations within the larger gatherings, specific questions for each group to discuss and a "harvest time" where participants share with the larger group about their table discussions. There are seven principles for hosting community café conversations: 1) Set the Context; 2) Create Hospitable Space; 3) Explore Questions that Matter; 4) Encourage Everyone's Contribution; 5) Connect Diverse Perspectives; 6) Listen together for Patterns and Insights 7) Share Collective Discoveries

³⁸ 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/>

³⁹ 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.

⁴⁰ Heckman, James J. and Stefano Mosso. "The Economics of Human Development and Social Mobility." *Annual Review of Economics* 6.1 (2014): 689-733.

⁴¹ 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/>

⁴² As defined by the Federal Maternal Infant Child Home Visiting (MIECHV) program in the Health and Human Services Department.

⁴³ 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.

⁴⁴ [Washington State Department of Health](#)

⁴⁵ "Health of mothers and infants by race/ethnicity. August 2015. Public Health-Seattle & King County; Assessment, Policy Development & Evaluation Unit."

⁴⁶ 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).

⁴⁷ 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.

⁴⁸ 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.

⁴⁹ 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.

⁵⁰ 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.

⁵¹ <http://www.childtrends.org/wp-content/uploads/2013/10/2013-42AllianceBirthto8.pdf>

⁵² <http://www.joinvroom.org/science-and-facts>

⁵³ Crowley, A.A. 2001. Child care health consultation: An ecological model. *J Society Pediatric Nursing* 6:170-81.

⁵⁴ <http://www.healthychildcare.org/WorkWithHP.html>

⁵⁵ <http://www.del.wa.gov/care/qris/>

⁵⁶ Shonkoff, J.P. (2009). Mobilizing Science to Revitalize Early Childhood Policy. *Issues in Science and Technology*, 26 (1)

⁵⁷ 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.

⁵⁸ 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

⁵⁹ Brauner, C. B., & Stephen, B. C. (2006). Estimating the prevalence of early childhood serious emotional/behavioral disorder. *Public Health Reports*, 121, 303-310

⁶⁰ <http://www.publikealthreports.org/issueopen.cfm?articleID=1691>

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

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adwa.org/
nd Schools, 2014
[27/CA01001176/Centricity/Domain/134/OUUSD-RJ%20Report%20revised%20Final.pdf](#)
[als.org/trauma-and-learning/the-solution-trauma-sensitive-schools/](#)
[r/about/](#)
orative-justice/
sion of Adolescent Medicine, Children's Hospital
h/adolescent-health-topics/healthy-relationships/home.html
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ztrainer, D. (2002). Date violence and date rape among adolescents: Associations
ors and psychological health. *Child Abuse and Neglect*, 26, 455–473.
and Prevention. (2006). Physical dating violence among high school students —
and Mortality Weekly Report, 55, 532–535. Retrieved from
[review/mmmwrhtml/mm5519a3.htm](#).
Copen, C., & Sionean, C. (2011). Sexual behavior, sexual attraction, and sexual
Data from the 2006–2008 National Survey of Family Growth: (Table 12 and Table 13).
istics, 36. Retrieved, from <http://www.cdc.gov/nchs/data/nhsr/nhsr036.pdf>.
and Prevention. (2011). Sexual identity, sex of sexual contacts, and health-risk
grades 9–12 — Youth Risk Behavior Surveillance, selected sites, United States, 2001–
Weekly Report, 60(SS07). Retrieved from
[review/mmmwrhtml/ss6007a1.htm](#).
chuster, M.A. (2010). The health and health care of lesbian, gay, and bisexual
Public Health, 31, 457–477.
h/adolescent-health-topics/healthy-relationships/home.html
ct Sheet on Children and Youth in Out-of-School Time National Institute on Out-of-
s for Women at Wellesley College, 2008; Outcomes Linked to High Quality
Vandell, E. Reisner & C. Pierce, 2007.
ington.org/UserFiles/File/Executive%20Summary%20of%20State%20Plan%202013%
ington.org/UserFiles/File/Summer%20Learning%20Policy%20Brief%2006-
ington.org/1750_108/SummerLearningResources.htm

⁸⁹ Roberts et.al. (1999)

⁹⁰ Phinney (2001)

⁹¹ Olneck (1995) as cited in Phinney (2001) p. 503

⁹² The Journal of Adolescent Health. June 2003 Juszcak L, Melinkovich P, Kaplan D

⁹³ Competitive foods are foods or beverages sold to students on campus, during the school day, outside of the federally reimbursable meal program. Examples include school fundraisers, vending machines, and school clubs that sell food on campus. The Healthy Hungry-Free Kids Act of 2010 dramatically improved the nutrition standards for these foods, commonly referred to as Smart Snacks in Schools.
http://www.fns.usda.gov/sites/default/files/allfoods_fiver.pdf

⁹⁴ 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.

⁹⁵ *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

⁹⁶ 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

⁹⁷ 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

⁹⁸ *Malignant Neglect: Substance Abuse and America's Schools*, National Center on Addiction and Substance Abuse, Columbia University, September 2001

⁹⁹ U.S. Department of Health and Human Services, *Mental Health: A Report to the Surgeon General*, 1999

¹⁰⁰ <http://www.integration.samhsa.gov/clinical-practice/SBIRT>

¹⁰¹ Opportunity Youth are defined as young people ages 16-24 who are not in school and not employed.

¹⁰² <https://www.dshs.wa.gov/sites/default/files/SESA/rda/documents/research-11-222.pdf>

¹⁰³ <http://www.roadmapproject.org/wp-content/uploads/2013/09/OY-infographic-final.pdf>

¹⁰⁴ *ibid*

¹⁰⁵ See King County *Race and Social Justice Action Plan Interim Report 3/13/15* for a more thorough analysis and discussion of this issue. The report is available at <http://www.kingcounty.gov/~media/elected/executive/equity-social-justice/2015/KingCountyRaceEquityActionPlan.ashx?la=en>.

¹⁰⁶ 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.

¹⁰⁷ King County Department of Public Defense

¹⁰⁸ For more information visit <http://www.k12.wa.us/GATE/SupportingStudents/StudentRetrieval.aspx>.

¹⁰⁹ Collective impact is a data-driven process for addressing complex societal issues. Collective impact work or

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(as defined by the Intermediary Network) “bring local programs, initiatives, and create the duplication of services, maximize the impacts of multiple funding sources, and ensure that the value of services is maximized.” These organizations typically provide services to communities that are underserved. For more information, see the report: “The Value of a Non-Profit Intermediary,” Dana Mandolesi, Intermediary Network, <http://www.intermediarynetwork.org/2011/05/non-profit-intermediary/>.)

Communities of Opportunity Initiative has used a co-design approach to programs and services that are underserved. We have worked with community representatives of communities directly affected by inequities in the initial design of the initiative as well as at the ongoing governance table. This ensured community voice, input, and ongoing communication with affected populations as the initiative evolved.

We have worked with community-based organizations at the place-based sites and with the COO to design the Communities of Opportunity Results-Based Accountability framework that is user-friendly and less burdensome application processes for community-based organizations and in reporting progress.

COOs are supported by the Results Leadership Group. COO and the place-based sites are using the framework to design and implement their programs. COOs are chosen as one of eight sites nationally to participate in the Living Cities Integration Initiative. COO was recently awarded the Housing and Urban Development Secretary’s Award for Innovation on behalf of the Seattle Foundation and King County. We expect COO will be at the forefront of learning about cross-sector partnerships and deep work with communities and addressing inequities.

COO was named in the previously transmitted list of eligible areas by city/town/area as a 35th percentile; however upon closer examination with our data evaluation staff we found that COO were just above the 35th percentile, between the 35th and 39th percentiles. These are the job-regions that we believe are important to retain; thus we have adjusted the figure to the 40th percentile.

COO is supported by the Results Leadership Group. COO and the place-based sites are using the framework to design and implement their programs. COO is the Results Leadership Group. COO is fully in <http://www.hfrp.org/evaluation/publications-resources/a-user-s-guide-to->

PRELIMINE

Section XI
APPENDICES

Appendix 1: Best Starts for Kids Indicators and
Racial and Ethnic Categories Available by Data Source
Updated ~~July 13~~ September 7, 2016

BEST STARTS FOR KIDS INDICATORS

Population-based indicators are a proxy to help quantify the results. BSK will contribute to turning the curves of population-level indicators, as defined through ~~Results-Based Accountability~~ Results-based accountability ~~Results-Based Accountability~~ 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~~ Results-based accountability ~~Results-Based Accountability~~ criteria of data power (are ~~is~~ high quality data available on a timely basis, reliable, by geography, by ~~race/ethnicity~~ 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: <ol style="list-style-type: none"> This child is affectionate and tender with you This child bounces back quickly when things do not go his or her way This child shows interest and curiosity in learning new things 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

- Lowering the rate of child abuse or neglect
Data Source: Washington State Department of Social and Health Services, Children’s Administration
Rate per 1,000 households with children under age 6 with child abuse or neglect reports that are investigated and assessed

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 <u>not</u> 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)

<p>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).</p>
<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 Data Source: Office of the Superintendent of Public Instruction and the National Student Clearinghouse via ERDC. Percent of high school graduates who complete a two- or four-year degree within six years of high school graduation
<ul style="list-style-type: none"> <u>Youth not using illegal substances</u> Data Source: <u>Washington State Healthy Youth Survey</u> 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>HEADLINE INDICATORS – Communities of Opportunity</p>
<ul style="list-style-type: none"> Households earning a living wage that is above 200% of poverty Data Source: US Census Bureau, American Community Survey Percent of people living in households with an income at or above 200% of the poverty level.
<ul style="list-style-type: none"> Youth and young adults who are either 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"> Youth who have an adult to turn to for help Data Source: Washington State Healthy Youth Survey Percent of students in grades 8, 10, and 12 who report that they have an adult in their neighborhood or community they could talk to about something important
<ul style="list-style-type: none"> Adults engaged in civic activities Data source: Communities Count Percent of adults who report community service or helping others (volunteering, mentoring or political organizing) in the past 30 days
<ul style="list-style-type: none"> Renters paying less than 50 percent of their income for housing Data Source: US Census Bureau, American Community Survey Percent of households who rent their home and who pay less than 50% of their income for housing costs.
<ul style="list-style-type: none"> <u>Renters paying less than 30 percent of their income for housing</u> Data Source: <u>US Census Bureau, American Community Survey</u>

<u>Percent of households who rent their home and who pay less than 30% of their income for housing costs.</u>
<ul style="list-style-type: none"> • <u>Involuntary displacement of local residents</u> Data development needed
<ul style="list-style-type: none"> • Life expectancy Data Source: Washington State Department of Health The number of years a newborn can expect to live given current age-specific death rates. This is a measure of the overall health of the population.
<ul style="list-style-type: none"> • Physical activity among youth and adults Data Source: Washington State Healthy Youth Survey (grades 8, 10, 12), Washington State Behavioral Risk Factor Surveillance System (ages 18+) Percent that meet physical activity recommendations. For youth, the recommendation is 60 minutes every day. For adults, the recommendation is at least 2 hours and 30 minutes of moderate-intensity aerobic activity or 1 hour and 15 minutes of vigorous-intensity physical activity every week, plus muscle-strengthening activities on 2 or more days a week.
<ul style="list-style-type: none"> • <u>Involuntary displacement of local residents</u> Data development needed

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)
<ul style="list-style-type: none"> • 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)
<ul style="list-style-type: none"> • 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.

Racial and Ethnic Categories Available by Data Source

Data on race and ethnicity are collected in many different ways, depending on the source of the data. Often, however, this data is reported following federal standards on the classification of race and ethnicity¹.

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

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

Prenatal to Age 5

<u>Indicator and Data Source</u>	<u>How Categories are Usually Reported:</u>	<u>How Information on Race and Ethnicity is Collected:</u>
<ul style="list-style-type: none"> • <u>Healthy Birth Outcomes</u> <ul style="list-style-type: none"> ○ <u>Infant mortality</u> ○ <u>Pre-term birth</u> <p><u>Source: Washington State Department of Health, Birth Certificates, Death</u></p>	<p><u>American</u> <u>Indian/Alaska Native</u> <u>Asian</u> <u>Black/African</u> <u>American</u> <u>Hispanic/Latino</u></p>	<p><u>1. Mother of Hispanic Origin?</u> <u>(Check the box that best describes whether the mother is Spanish/Hispanic/Latina or check the “No” box if mother is not Spanish/Hispanic/Latina.)</u></p>

¹ https://www.whitehouse.gov/omb/fedreg_1997standards

Appendix 1: Best Starts for Kids Indicators
and Racial and Ethnic Categories Available by Data Source

Updated July 13/September 7, 2016

<u>Indicator and Data Source</u>	<u>How Categories are Usually Reported:</u>	<u>How Information on Race and Ethnicity is Collected:</u>
<u>Certificates</u>	<u>Multiple race</u> <u>Native</u> <u>Hawaiian/Pacific Islander</u> <u>White</u>	<input type="checkbox"/> No, not Spanish/Hispanic/Latina <input type="checkbox"/> Yes, Mexican, Mexican American, Chicana <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other <u>Spanish/Hispanic/Latina (Specify)</u> 2. <u>Mother's Race (Check one or more races to indicate what the mother considers herself to be.)</u> <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (<u>Name of the enrolled or principal tribe</u>) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (<u>Specify</u>) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (<u>Specify</u>) <input type="checkbox"/> Other (<u>Specify</u>)
<ul style="list-style-type: none"> <u>Child Abuse and Neglect</u> <u>Source: Children's Administration, Washington State Department of Social and Health Services</u> 	<u>American Indian/Alaska Native</u> <u>Asian</u> <u>Black/African American</u> <u>Hispanic/Latino</u> <u>Multiple race</u> <u>Native</u> <u>Hawaiian/Pacific Islander</u> <u>White</u>	<u>Only publically reported data using these categories are available to evaluators.</u>
<ul style="list-style-type: none"> <u>Flourishing & Resilient</u> <u>Source: NEW Best Starts for Kids Health Survey</u> 	<u>At a minimum, expect to present as:</u> <u>American Indian/Alaska Native</u> <u>Asian</u> <u>Black/African</u>	<u>Q1. Is this child of Hispanic, Latino(a), or Spanish origin? Select ALL that apply.</u> <u>1 No, not of Hispanic, Latino(a), or Spanish origin</u> <u>2 Yes, Mexican, Mexican</u>

Appendix 1: Best Starts for Kids Indicators
and Racial and Ethnic Categories Available by Data Source

Updated July 13/September 7, 2016

<u>Indicator and Data Source</u>	<u>How Categories are Usually Reported:</u>	<u>How Information on Race and Ethnicity is Collected:</u>
	<p><u>American</u> <u>Hispanic/Latino</u> <u>Multiple race</u> <u>Native</u> <u>Hawaiian/Pacific Islander</u> <u>White</u></p>	<p><u>American, Chicano</u> <u>3 Yes, Cuban or Puerto Rican</u> <u>4 Yes, Another Hispanic, Latino(a), or Spanish origin (please specify)</u> _____</p> <p><u>Q2. What is this child's race? Select ALL that apply.</u> <u>1 White</u> <u>2 Black or African American</u> <u>3 Somali</u> <u>4 Ethiopian</u> <u>5 Other Black (write race)</u> <u>6 American Indian or Alaska Native (write name of tribe(s))</u> <u>7 Asian Indian</u> <u>8 Chinese</u> <u>9 Filipino</u> <u>10 Japanese</u> <u>11 Korean</u> <u>12 Vietnamese</u> <u>13 Other Asian (write race)</u> <u>14 Native Hawaiian</u> <u>15 Samoan</u> <u>16 Other Pacific Islander (write race)</u> <u>17 Some other race (write race)</u></p>
<ul style="list-style-type: none"> <u>Kindergarten Ready</u> <u>Source: WA KIDS, Office of the Superintendent of Public Instruction</u> 	<p><u>American</u> <u>Indian/Alaska Native</u> <u>Asian</u> <u>Black/African</u> <u>American</u> <u>Hispanic/Latino</u> <u>Multiple race</u> <u>Native</u> <u>Hawaiian/Pacific Islander</u> <u>White</u></p>	<p><u>More detailed information collected by schools, but not available to evaluators for analyses. Only aggregate data publically reported.</u></p>

5 to 24 Years

Appendix 1: Best Starts for Kids Indicators
and Racial and Ethnic Categories Available by Data Source

Updated July 13/September 7, 2016

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

Appendix 1: Best Starts for Kids Indicators
and Racial and Ethnic Categories Available by Data Source

Updated July 13/September 7, 2016

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

Appendix 1: Best Starts for Kids Indicators
and Racial and Ethnic Categories Available by Data Source

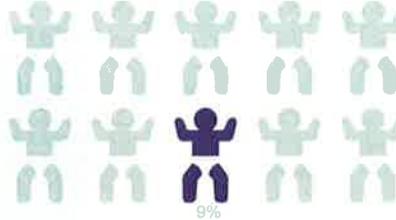
Updated July 13/September 7, 2016

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

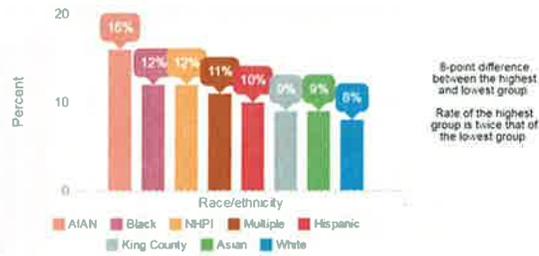
¹ Results-Based Accountability (RBA) is a methodology and set of tools for planning and taking action through which collective impact partnerships can measurably improve the lives of children, youth, families, adults and the community as a whole. RBA users are guided through a data driven decision making 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

King County (2014)



By race/ethnicity (2012-14 average)



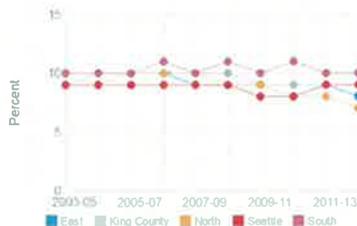
By neighborhood poverty level (2012-14 average)



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



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

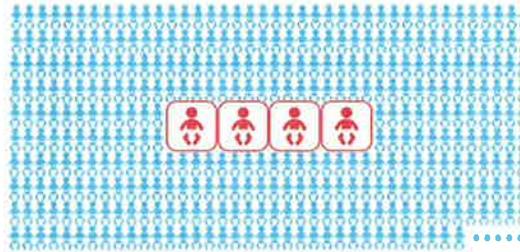


Definition: Gestational age less than 37 weeks
 Data source: Birth Certificate Data, Washington State Department of Health, Center for Health Statistics

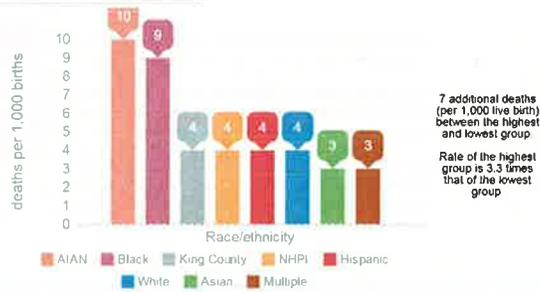


4 out of every 1,000 babies die within one year after birth

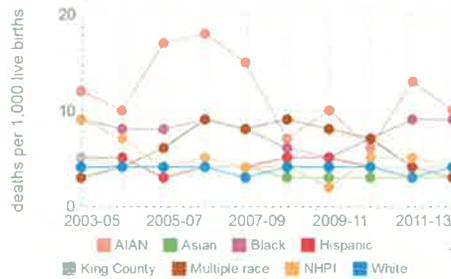
King County (2012-2014 average)



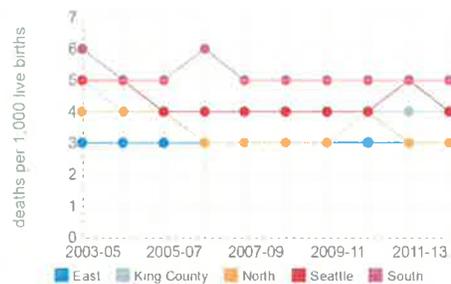
By race/ethnicity (2014)



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



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

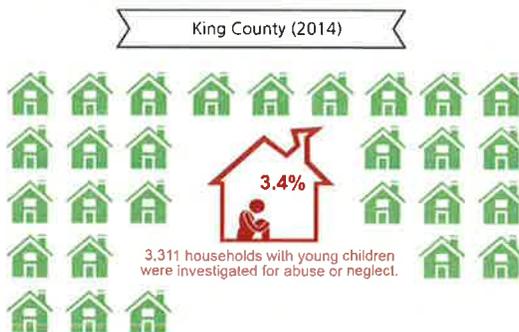


Definition: number of deaths in first year of life per 1,000 live births
 Data source: Linked Birth-Death Certificate Data, Washington State Department of Health, Center for Health Statistics ©2016



REDLINE

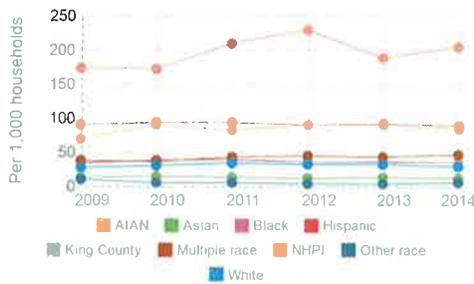
1 in 29 households with young children were investigated for abuse or neglect



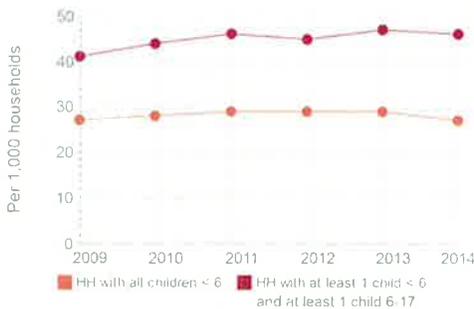
By race/ethnicity (2014)



Trend by race/ethnicity (2009-2014)

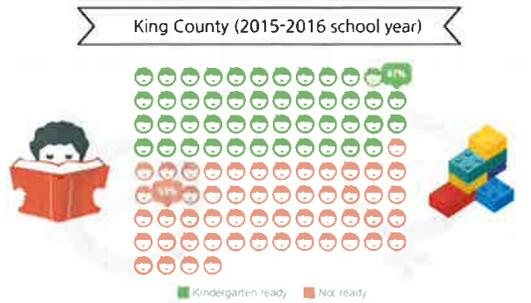


Trend by age of children (2009-2014)

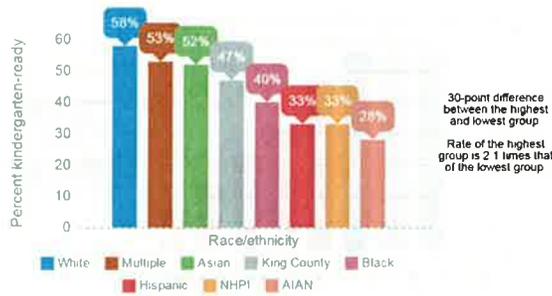


Database: Number of households with one or more investigations or assessments (i.e., screened in reports) per 1,000 households with a child 18 years and under
 Data Source: Partners for Our Children
 05/2016

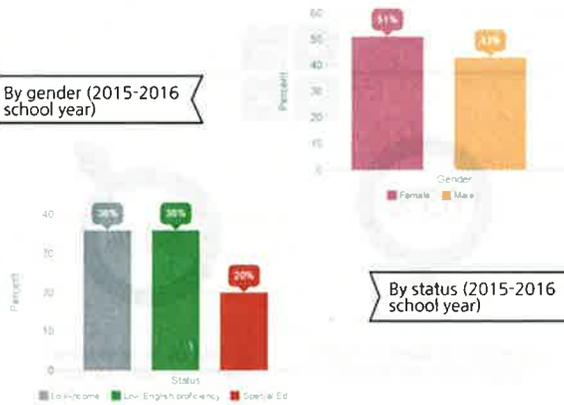
Less than half of King County children were ready for kindergarten



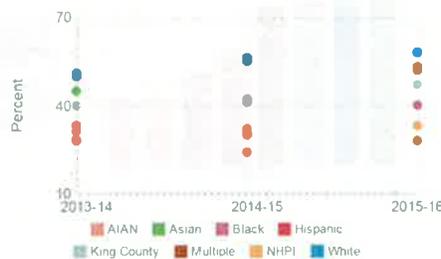
By race/ethnicity (2015-2016 school year)



By gender (2015-2016 school year)



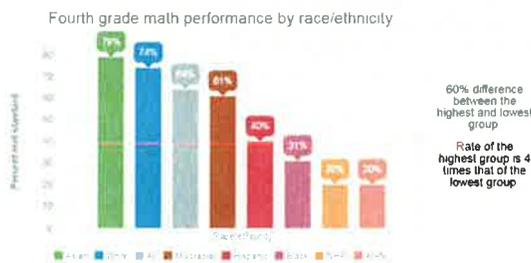
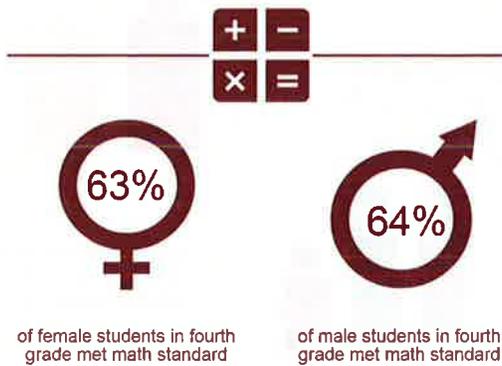
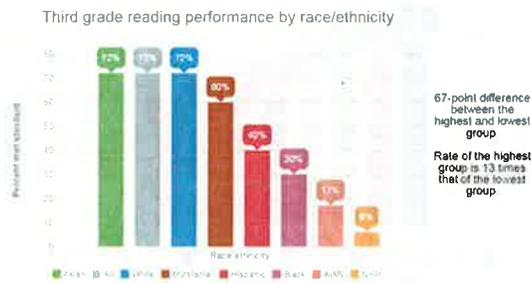
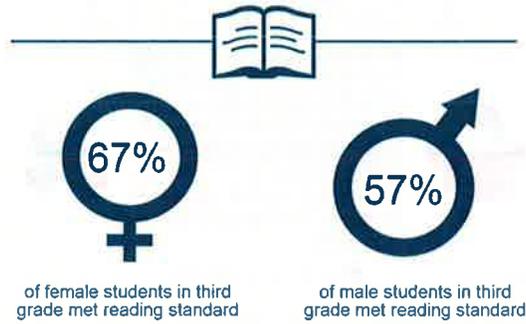
Trend by race/ethnicity (2013-2016)



Definition: Meet or exceed all 5 of the skills at the start of kindergarten in all 5 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)

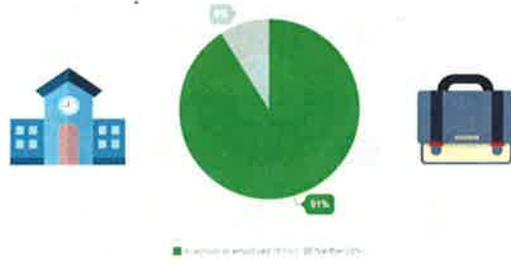


Definitions
 Percent of 4th grade students meeting or above 4th grade math level
 Percent of 4th grade students meeting or above 3rd grade reading level
 Data source: Smarter Balanced Assessment Consortium, Office of the Superintendent of Public Instruction
 05/2016

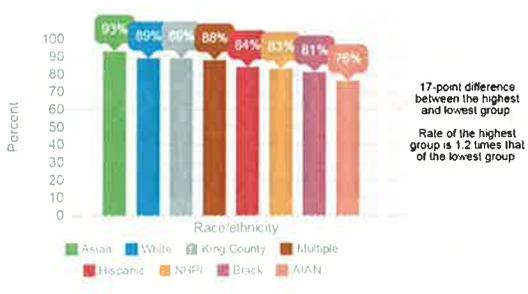


9 out of 10 King County young adults were enrolled in school or working

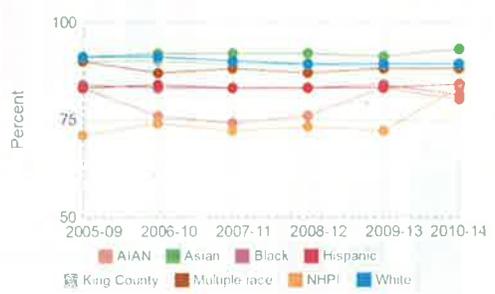
King County (2014)



By race/ethnicity (2010-2014 average)



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

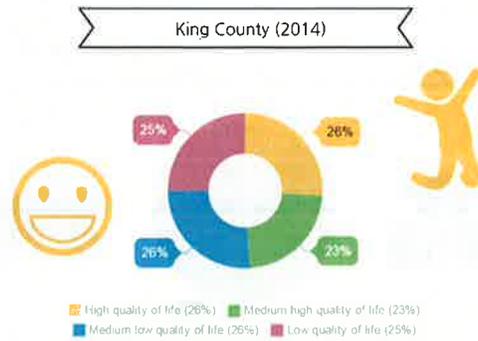


Trend by household income (2005-2014, 5-year rolling averages)

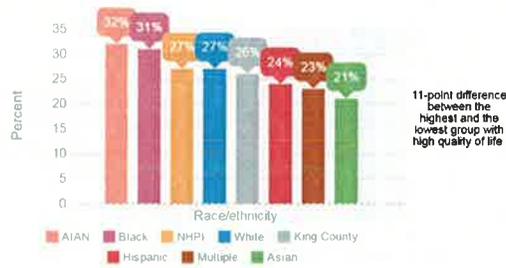


Definition: Youth and young adults between the ages of 16-24 who are in school or working
 Data source: PUMS, American Community Survey U.S. Census Bureau
 powered by **Piktochart**
 05 2016

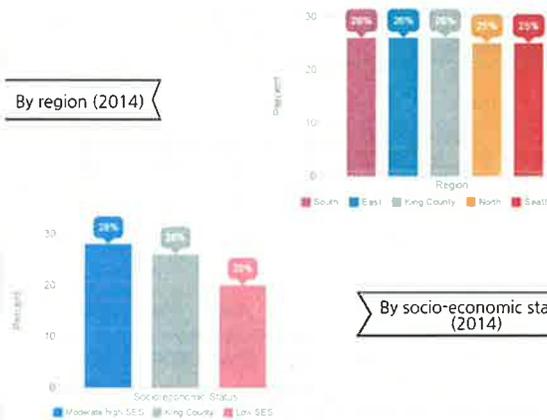
1 in 4 youth report a high quality of life



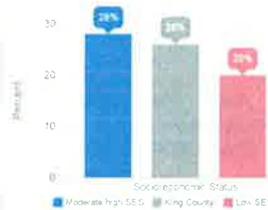
By race/ethnicity (2014)



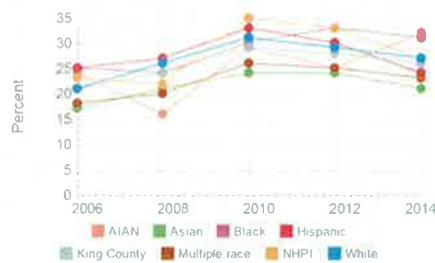
By region (2014)



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

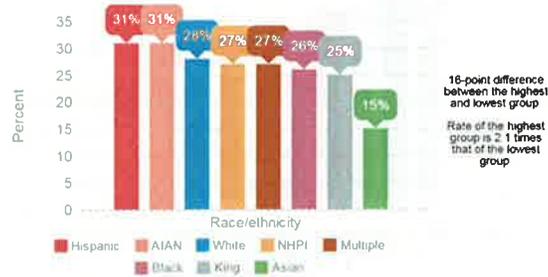


1 in 4 school-aged children used illicit substance in King County

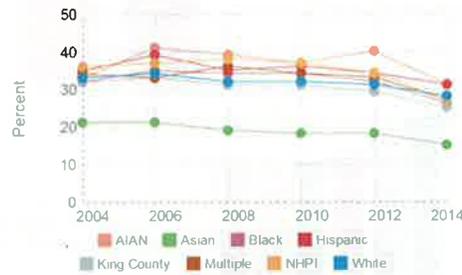
King County (2014)



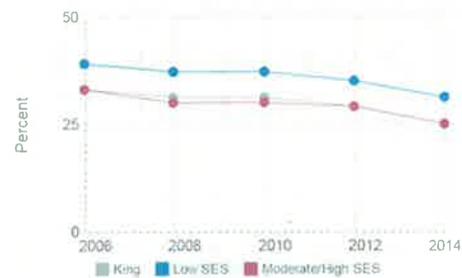
By race/ethnicity (2014)



Trend by race/ethnicity (2004-2014)



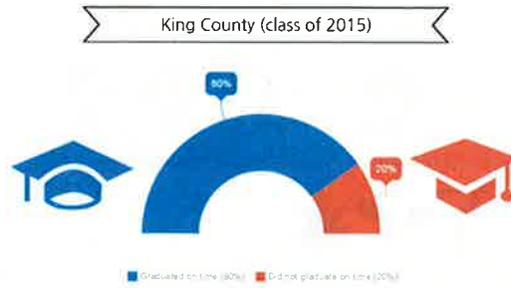
Trend by Socioeconomic status (2006-2014)



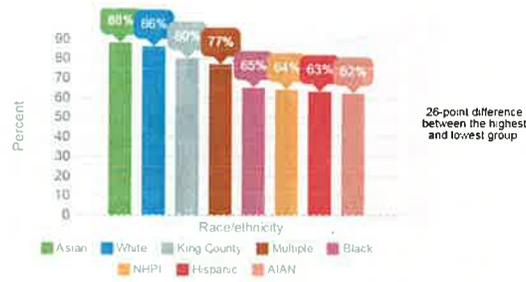
Definition: Self-reported use of alcohol, marijuana, painkiller, or any street drug in the past 30 days among 8th, 10th, and 12th grade students.
 Data source: Healthy Youth Survey 2004-2014. 05/2016



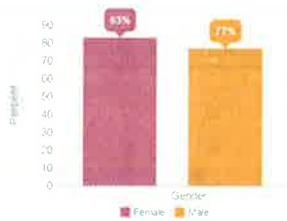
8 out of 10 students graduated on time from high school in 2015



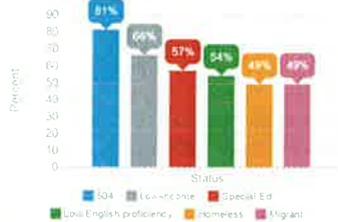
By race/ethnicity (class of 2015)



By gender (class of 2015)



By status (class of 2015)



Trend by race/ethnicity (2011-2015)



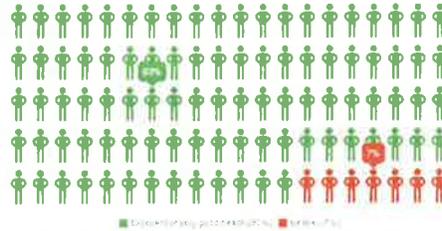
Definition: Completed high school within 4 years after starting 9th grade
 Data source: Office of the Superintendent of Public Instruction

03/2016

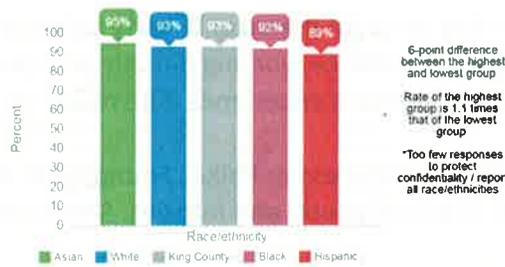


More than 9 out of 10 young adults are in excellent or very good health

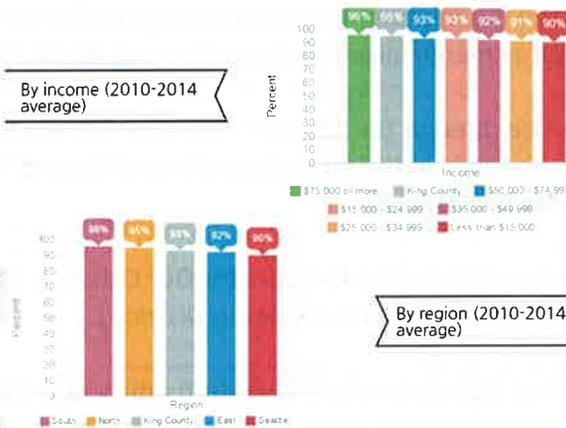
King County (2010-2014 average)



By race/ethnicity (2010-2014 average)



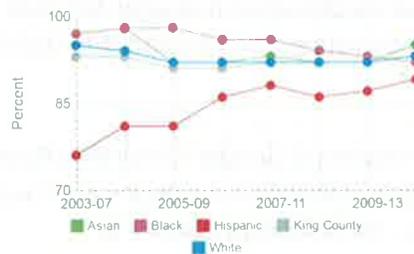
By income (2010-2014 average)



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

08/2016



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.

	<p>support “thrive in place” community benefits 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 <u>Race</u>, <u>Race</u>, <u>ethnicity</u></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> <ol style="list-style-type: none"> 1) Preserve community-based cultural anchors 2) Strong community leadership and civic engagement 3) Well-designed, safe, sustainable & resilient built environment with useful community space 	<p>Types of Strategies Emerging</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, 	<p>Headline Population Indicators</p> <ol style="list-style-type: none"> 1) % youth who have an adult to turn to for help 2) % engaged in civic activities <p>Additional Indicator Measures</p> <ul style="list-style-type: none"> • % adults with social and emotional support • % voter registration • % reduction incarceration, especially youth and young adults

	<p>advocacy, voting, community-based data collection, 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 RaceRace, ethnicity</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>Headline Population Indicators</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 	<p>Additional Indicator Measures</p> <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>	<ul style="list-style-type: none"> 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 	
<p>3) Increase healthy housing</p>	<ul style="list-style-type: none"> 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 libraries <ul style="list-style-type: none"> • Foreclosure prevention and home ownership 	
Result Four - All People are Healthy Regardless of Place or <u>RaceRace</u>, <u>ethnicity</u>		
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 <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 	Headline Population Indicators <ol style="list-style-type: none"> 1) Increase life expectancy 2) % physically active Additional Indicator Measures <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
1) Increase youth & young adult wellness and resilience		
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 Results-Based accountability 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~~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~~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.

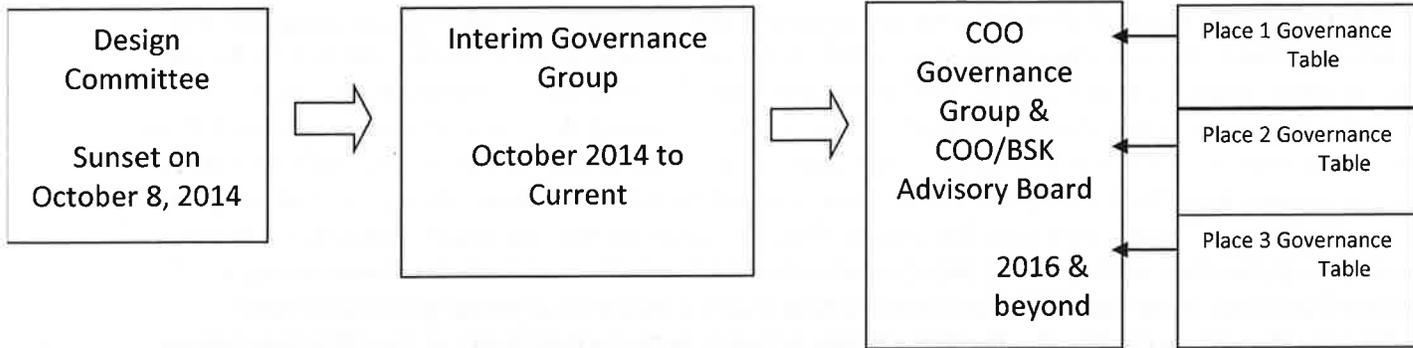
COO Founders, Design Committee and Interim Governance

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.

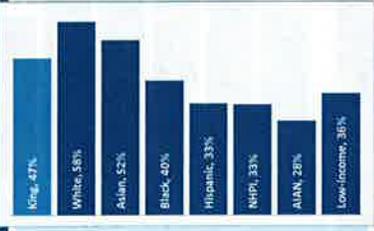
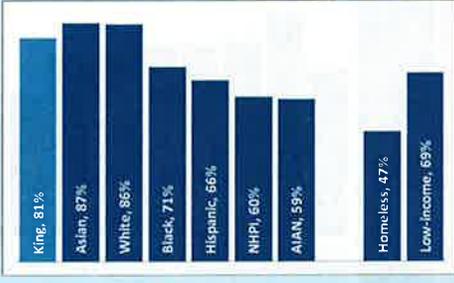
The COO Governance Group will provide oversight, decision making, strategic planning and cross-sector expertise regarding the broader COO partnership, which includes resources dedicated to COO from a number of other local and national private foundations, and other potential future funders. In the role 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.

REDLINE

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 Babies are born healthy and establish a strong foundation for lifelong health and well-being.	How do we measure Result? Healthy Birth Outcomes: <ul style="list-style-type: none"> Infant mortality Pre-term birth Kindergarten ready Child abuse/neglect Flourishing & resilient	Where are we now? 	What will we do to help turn the curve toward equity? Examples of funding approaches: <ul style="list-style-type: none"> Support for Parents, Families & Caregivers(2 Gen Approach): Expand home visiting to both evidence-based and promising practices 	How will we measure what we do? 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?
5 to 24 years				
Result 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.	How do we measure Result? Reading at 3rd grade level 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	Where are we now? 	What will we do to help turn the curve toward equity? Examples of funding approaches: <ul style="list-style-type: none"> Meeting the health and behavior needs of youth. Expand school based health centers (SBHCs) 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 	How will we measure what we do? 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, income.

Dashboard: Communities of Opportunity Part 1

Results	Population indicators	Baseline	Strategy informed by info & research on causes/solutions	Performance measures
Health				
Result All children, adults, and communities in King County are healthy	How do we measure Result? Life expectancy Youth and adult physical activity (youth data shown here)	Where are we now? 	What will we do to help turn the curve toward equity? <i>Examples of approaches:</i> <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) 	How will we measure what we do? <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?
Housing				
Result All children, adults, and communities in King County have quality/affordable homes	How do we measure Result? Households paying more than 50% of income for housing Involuntary displacement of local residents	Where are we now? 	What will we do to help turn the curve toward equity? <i>Examples of approaches:</i> <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 	How will we measure what we do? <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?

*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
Result All children, adults, and communities in King County thrive economically	How do we measure Result? Earn a living wage, as measured by being above 200% of poverty Youth and young adults who are either in school or working	Where are we now? 	What will we do to help turn the curve toward equity? Examples of funding approaches: <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 	How will we measure what we do? 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?
Result All children, adults, and communities in King County feel like they are part of a community	How do we measure Result? Youth have an adult to turn to for help Adults engaged in civic activities	Where are we now? 	What will we do to help turn the curve toward equity? Examples of funding approaches: <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 	How will we measure what we do? 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.

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)		<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) 	<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?
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		<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?

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



King County

Best Starts for Kids Youth and Family Homelessness Prevention Initiative Implementation Plan

Response to Ordinance 18088

~~May 9~~September 7, 2016

Department of Community and Human Services

Updated ~~May 9~~September 7, 2016

The Best Starts for Kids (BSK) Levy includes \$19 million for a Youth and Family Homelessness Prevention Initiative that is intended to “prevent and divert children and youth and their families from becoming homeless.” The BSK ordinance approved by the voters of King County, Ordinance 18088, directs the King County Executive to submit to Metropolitan King County Council for review and approval, an implementation plan relating to the Youth and Family Homelessness Prevention Initiative by March 1, 2016, which to the maximum extent possible, shall be developed in collaboration with the oversight and advisory board, referred to in this report as the Children and Youth Advisory Board.

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

This implementation plan provides: (I) the background showing the need for a homelessness prevention program in King County, (II) a description of potential linkages to existing programs, to demonstrate how this initiative could leverage and supplement existing efforts, (III) a description of the proposed model for the initiative, the Washington State Domestic Violence Housing First Initiative, (IV) the proposed BSK Youth and Family Homelessness Prevention Model and (V) the community process for developing the plan.

The plan may be amended by ordinance.

I. The Need: Youth and Family Homelessness in King County

During the 2016 annual One Night Count of people who are homeless in King County held on January 29, 2016, 4,505 people were found to be unsheltered, that is, living in places unfit for human habitation such as the streets, cars or Metro buses. Although the detailed demographic data from the 2016 One Night Count are not yet available, the 2015 detailed data are available

through the Homeless Management Information System (HMIS). The HMIS is the county-wide database that collects data on individuals and families receiving homeless services (e.g., shelter, case management and housing).

The 2015 One Night Count data reported that over 2,000 of the 9,776 people who access shelter or other homeless services were under age 17. Twenty-eight percent of the homeless population is families with children (approximately 2,800 people). Count Us In 2015, the survey of homeless youth and young adults, counted 134 unsheltered homeless young people and 824 who were unstably housed. These numbers represent young people who were staying in places unfit for human habitation, such as in cars or abandoned buildings; who were unstably housed, such as those who are staying on friends' couches; and who were in shelters or transitional housing.

The federal government uses a broader definition for counting homeless youth in the schools. In addition to defining homelessness as living in a place unfit for human habitation, shelter or transitional housing, under the McKinney-Vento Homeless Education Assistance Act, homelessness is defined as lacking a fixed, adequate place to sleep. This broader definition would include families or youth who are doubled up or couch surfing. (In King County's definition, young people who are couch surfing are defined as being unstably housed, but not literally homeless, and, as such, would be eligible to be served through the Youth and Family Homelessness Prevention Initiative.) Under the more expansive federal definition for counting homeless youth in schools, more than 6,000 students in King County public schools are homeless. Approximately 15 percent of these are not accompanied by an adult.

According to the 2013 Annual Homeless Assessment Report to Congress:¹

- 83 percent of homeless children have witnessed a serious violent event
- 47 percent have anxiety, depression or withdrawal

¹ The 2013 Annual Homeless Assessment Report (AHAR) to Congress
<https://www.hudexchange.info/resources/documents/ahar-2013-part1.pdf>

- 43 percent have to repeat a grade
- Homeless children are far more likely to have significant health issues.

Local research by Dr. Debra Boyer and others also indicates that youth and young people who are being sexually exploited or physically abused are at risk for homelessness, among other serious concerns.² Among youth who were released from Juvenile Justice and Rehabilitation Administration facilities in Washington, a recent study found that 26 percent are homeless within 12 months of being released. This same study also found that recidivism rates were higher for these youth than for youth having stable housing upon their release.³

The HMIS also showed that half of all people who become homeless were homeless for the first time, which is the case for 46 percent of all homeless families.⁴ An even higher number of unaccompanied youth were homeless for the first time, 64 percent.⁵ Accordingly, if homelessness can be prevented, the number of people who are homeless would decline substantially.

Demographic data from the HMIS demonstrate that there are several issues that must be addressed in developing a youth and family homelessness prevention program – the need to identify youth and young adults who are at risk of running away and subsequently becoming homeless due to sexual or physical abuse; the disproportionate numbers of people in racial and ethnic communities, including Native American/Alaskan Native, Native Hawaiian/Asian Pacific Islanders and African Americans, who become homeless; and the disproportionate risk of homelessness for youth who identify as lesbian, gay, bisexual, transgendered and queer (LGBTQ). Native Americans are seven times more likely to become homeless. African Americans are five times more likely to become homeless and Native Hawaiians/Asian Pacific Islanders three times more likely. Of the youth who are homeless, at least 20 percent of young

² Debra Boyer, PhD, City of Seattle Human Services Department, Who Pays the Price? Assessment of Youth Involvement in Prostitution in Seattle, June – 2008,

<http://www.prostitutionresearch.com/Boyer%20Who%20Pays%20the%20Price.pdf>

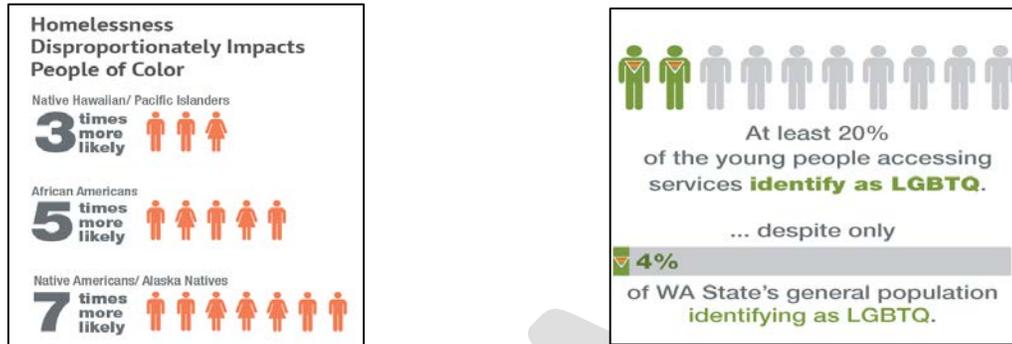
³ DSHS Research and Data Analysis Division, *Impact of Homelessness on Youth Recently Released from Juvenile Rehabilitation Facilities*, June 2013, RDA Report No. 11.191.

⁴ Homelessness in King County: Who, Why and What Can I Do? All Home, January 2016,

<http://allhomekc.org/wp-content/uploads/2016/01/AllHomeInfographicFull.png>

⁵ Count Us In 2016, King County's Point-In-Time Count of Homeless & Unstably Housed Young People, All Home, March 2016, <http://allhomekc.org/wp-content/uploads/2016/03/Count-Us-In-2016-Report-final-1.pdf>

people accessing services identify as LGBTQ, compared to 4 percent of the general population.⁶ Immigrants and refugees and survivors of commercial sexual exploitation and human trafficking are also at high risk of becoming homeless.



As discussed in more detail in the program model section, the Youth and Family Homelessness Prevention Initiative must address the disproportionality in race and ethnicity, as well as LGBTQ identification of people who become homeless.

II. Coordination with Existing Programs

Under state law,⁷ a levy lid lift proposition, such as Best Starts for Kids, may only supplement, but not supplant existing, funded programs.⁸ The Youth and Family Homelessness Prevention Initiative has been designed following the law, to supplement existing programs but not to supplant them. The initiative's focus on prevention for people who are at risk of homelessness, rather than on intervention for people who are already homeless, is a new service area for King County, and thus will not supplant any existing programs.

While it will not supplant existing programs, the initiative has been designed to coordinate with a number of existing, regional and County-funded programs. In particular, the initiative will

⁶ All Home Strategic Plan, June 2016, <http://allhomekc.org/wp-content/uploads/2015/09/All-Home-Strategic-Plan.pdf>

⁷ RCW 84.55.050

⁸ Existing funding is determined based on spending in the year in which the levy is placed on the ballot: in this case, County spending in 2015.

coordinate with emergency resource and referral programs, providing a way to identify people who are imminently at risk of homelessness, including youth who are being sexually or physically abused, or are at risk because they identify as LGBTQ. Listed below are several examples of existing programs that may be able to coordinate with the Youth and Family Homelessness initiative. These examples include, but are not limited to:

- **Safe Place.** Safe Place⁹ is an outreach program that provides immediate help and safety for youth in crisis. Local businesses and community organizations, including Metro buses, libraries and community centers, display a Safe Place logo to indicate they are part of the program. When a youth in crisis asks for help, the bus driver, librarian, or business staff quickly connect the youth to counselors at Auburn Youth Resources (South King County), YouthCare (Seattle), or Friends of Youth (North and East King County). The youth stays safely in place until the counselor arrives.

Coordinating the Youth and Family Homelessness Prevention Initiative with Safe Place could provide both a way to identify youth who are at imminent risk of homelessness and also expand the range of services the Safe Place counselors have available to provide to the youth they assist. Part of the training for agencies selected to participate in the Youth and Family Homelessness Prevention Initiative will be information about Safe Place, and how their local agencies can, in a geographically-focused way, coordinate with the Safe Place counselors to provide additional services to youth who are at imminent risk of homelessness.

- **Crisis Clinic.** King County's 2-1-1 service¹⁰ provides comprehensive information and referral for people in need of health and human services. The 2-1-1 staff are familiar with local and countywide programs and are able to refer people in need to appropriate programs.

The 2-1-1 system will be incorporated into the Youth and Family Homelessness Prevention Initiative in two ways. First, existing call volumes to 2-1-1 from different parts of the county will be used to inform the design of the Request for Proposals for agencies interested in participating in the initiative, to ensure that resources have been

⁹ <http://www.friendsofyouth.org/safeplace.aspx>

¹⁰ <http://crisisclinic.org/find-help/2-1-1-resources-and-information/>

allocated in the context of where need has been identified. Second, 2-1-1 staff will add the Youth and Family Homelessness Prevention Initiative to the list of available services and will be able to refer youth and family callers who are at imminent risk of homelessness to geographically and culturally appropriate providers.

- **Count Us In.** Count Us In is an annual survey conducted in collaboration with nearly 100 local youth-serving organizations, libraries, and community centers to identify youth and young adults who are either homeless or unstably housed (for instance, youth staying with a friend who fear they may be kicked out of their home). Youth and young adults who are identified as being unstably housed can be referred to the Youth and Family Homelessness Prevention Initiative for resources to avoid becoming homeless.
- **Project EQTY.** The Elevating Queer & Trans Youth Project (Project EQTY) works to build the capacity of homeless youth service providers in King County to meet the needs of LGBTQ homeless youth. The project was funded by the Pride Foundation with a grant from the Bill & Melinda Gates Foundation and is being implemented by the Northwest Network of LGBT Survivors of Abuse. Project EQTY is currently working to assist organizations with training regarding sexual orientation and gender identify intake policies, practices, and procedures; the intersection of violence and homelessness for LGBTQ youth; confidentiality best practices around sexual orientation, gender identity, and domestic and sexual violence; and connections to LGBTQ organizations and providers. Project EQTY will be a resource to agencies around the county assisting youth and young adults at risk of homelessness.

III. The Proposed Model: Washington State Domestic Violence Housing First Initiative

As King County explored approaches to prevent youth and family homelessness, staff reviewed a local model, the Washington State **Domestic Violence Housing First** Initiative.¹¹ This model, which was funded by the Bill & Melinda Gates Foundation and the Medina Foundation, has been rigorously evaluated and found to have successfully prevented family homelessness. This

¹¹ More information about the model can be found at <http://wscadv.org/projects/domestic-violence-housing-first>.

model was attractive to local funders because domestic violence is a leading cause of homelessness for families.

The Domestic Violence Housing First Initiative is a homelessness prevention program for survivors of domestic violence and their children, including survivors actively fleeing a domestic violence situation, and those who are on the brink of homelessness. At program entry, many program participants were facing unemployment and a lack of income due to the domestic violence situation they were experiencing. The Domestic Violence Housing First Initiative was piloted from September 2011 through September 2014 in Washington state with two cohorts (groups of clients). One cohort was in King County and the other was comprised of program participants located in the balance of the state. In King County, LifeWire and InterImCDA participated in the pilot.

Components of Domestic Violence Housing First model. The Domestic Violence Housing First Initiative had two basic components, which would be applied in the Youth and Family Homelessness Prevention Initiative. They are:

- **Case management/advocacy.** Each client who participated in the Domestic Violence Housing First Initiative received ongoing assistance from a case manager/advocate, who worked to help the client identify his/her needs and next steps to become more stable. Case management support provided through the Domestic Violence Housing First Initiative could be very narrow and temporary or somewhat longer term to meet the true needs of program participants, using a type of case management called progressive engagement (see below).
- **Flexible funding.** The Domestic Violence Housing First Initiative also provided flexible funding to participating clients to help them address the emergency needs that led to their risk of homelessness. Financial assistance could be used for a range of needs such as clothing for a job, cost of an employment-related license, a variety of housing and/or moving costs, cost to repair a car, urgently needed groceries and other expenses that may be impacting the safety and security of a family.

The experience of the Domestic Violence Housing First Initiative was that clients in general required very little financial assistance per household (average cost of \$1,250 per household) but that this financial assistance, combined with the case management support contributed to the safety, stability and well-being of clients and their families.

Evaluation of the Domestic Violence Housing First Initiative¹² found successful outcomes related to clients' ability to get and keep safe and stable housing. Nearly all program participants, including those with very low incomes, maintained permanent housing for a prolonged period of time:

- 96 percent were still stably housed 18 months after entering the program, allowing survivors to become self-sufficient quickly and without need for ongoing intensive services
- 84 percent reported an increase in safety for their family
- 76 percent requested minimal services from the domestic violence program at final follow-up
- Participants also expressed that housing stability had a profoundly positive effect on their children, improved the health and well-being for themselves and their children, and restored their dignity and self-worth.

The pilot program also focused on ensuring that services were culturally appropriate and delivered by a case manager/advocate who was from the same culture and spoke the same language as the participants. According to the evaluation, clients reported that working with an advocate who culturally and linguistically understood them was critical to getting the support they needed to become stable and enabling them to feel understood, accepted and comfortable telling their stories.

While some of the clients who participated in the Domestic Violence Housing First Initiative programs were youth, the program was focused primarily on adults fleeing domestic violence,

¹² <http://wscadv.org/resources/the-washington-state-domestic-violence-housing-first-program-cohort-2-agencies-final-evaluation-report-september-2011-september-2014/>

some of whom had children living with them. There is less research on successful programs preventing youth from becoming homeless. Nonetheless, the All Home Youth and Young Adult (YYA) Plan Refresh (May 2015) recommends prevention as a strategy to make youth homelessness rare, brief and one time. One of the strategies outlined in the Plan Refresh is “flexible funding to help YYAs live at home or with natural supports.”¹³ Applicability of this model to different population groups will be evaluated as the initiative is implemented.

IV. Proposed Youth and Family Homelessness Prevention Model

The Best Starts for Kids Ordinance 18088 provides the following guidance for the Youth and Family Homelessness Prevention Initiative:

"Youth and family homelessness prevention initiative" means an initiative intended to prevent and divert children and youth and their families from becoming homeless.

It is the intent of the council and the executive that funding for the youth and family homelessness prevention initiative will allow the initiative to be flexible, client-centered and outcomes-focused and will provide financial support for community agencies to assist clients.

Out of the first year's levy proceeds: 1. Nineteen million dollars shall be used to plan, provide and administer a youth and family homelessness prevention initiative.

Based on this guidance, stakeholder input and research on successful prevention models, King County’s Department of Community and Human Services (DCHS) staff worked with a Youth and Family Homelessness Prevention Model Planning Committee (Planning Committee) and the Children and Youth Advisory Board (CYAB) to develop the framework for the King County Youth and Family Homelessness Prevention Initiative. This section discusses both the overall program model, as well as specific implementation details that were recommended by the Planning Committee and the CYAB.

¹³ <http://allhomekc.org/wp-content/uploads/2015/09/Comp-Plan-Refresh-final-050515-with-appendices.pdf>

The proposed Youth and Family Homelessness Prevention Initiative will be based on the Washington State Domestic Violence Housing First Initiative. It will have a strong client-centered focus, including mobile **case management/advocacy** coupled with **flexible financial assistance** that is intended to address the immediate issue that is placing the family or youth at imminent risk of homelessness and build trust with the client. Key components to the Youth and Family Homelessness Prevention Model include:

- **Case management/advocacy** that is client-centered and uses a progressive engagement approach
- **Flexible funding** to address clients' immediate needs to prevent homelessness

Implementation of the initiative will be targeted to address the root causes of homelessness among youth and families.

Case Management/Advocacy

The agencies that demonstrated successful outcomes in the Washington State Domestic Violence Housing First Initiative understood the importance of supporting and advocating for clients through case management, and successfully made the shift to having a client-centered focus. That is, the family or youth must be asked, “What do you need so that you do not become homeless?”

This is a significant cultural shift for agencies, because many government assistance programs are based on a distrust of clients. For most programs, clients must prove that they meet program criteria and then are told what specific assistance they are eligible to receive even if they know something else will help them more. Because successful implementation of the proposed Youth and Family Homelessness Prevention Initiative model will entail changing organizational culture, training and learning circles will be part of the initiative's implementation.

Case management will be carried out through a method known as progressive engagement. Progressive engagement is a nationally-recognized best practice that provides customized levels of assistance to participants – providing the services needed, but not more than is needed to

achieve housing stability.¹⁴ Progressive engagement reserves the most expensive interventions for households with the most severe barriers to housing success, and offers less extensive support to those who need less assistance. Progressive engagement is a strategy to enable service delivery systems to effectively target resources and to enable the case manager/advocate to work with the client on the underlying issues that caused them to be at imminent risk of homelessness.

Under the Best Starts for Kids Youth and Family Homelessness Prevention Initiative, case manager/advocates will be mobile, meeting the clients at locations of their choice. This approach is different than other models where the case manager/advocate tends to be place-based.

Flexible Funding

The second major component of the proposed model is flexible funding to address clients' immediate needs. The Best Starts for Kids ordinance specifically states, "It is the intent of the council and the executive that funding for the youth and family homelessness prevention initiative ... will provide financial support for community agencies to assist clients."

In order to ensure that agencies administering the proposed initiative are equipped with the resources they need to be successful, sufficient funds will be provided to assure that agencies both have flexible funds available to meet client needs and also have the resources to hire experienced case manager/advocates.

In terms of the amount of flexible funding and case management needed, the Domestic Violence Housing First Initiative evaluation found that about one-third of the families served needed minimal support, one-third needed a medium touch, and one-third needed more intensive help. In recognition of the successful Domestic Violence Housing First program model, the goal to be achieved in the annual spending of funds by provider agencies shall be to split their funds 50/50, with half of the funding going to case managers and administrative costs and the other half going to flexible funds for clients. The County recognizes that this allocation will vary among

¹⁴ <http://www.endhomelessness.org/page/-/files/4.3%20Financial%20Assistance-Using%20a%20Progressive%20Engagement%20Model%20Kay%20Moshier.pdf>

agencies and therefore the intention is that this goal be achieved by looking at the aggregate spending of all provider agencies. The County further recognizes that this goal may be difficult to achieve in the first year of the program due to higher start-up costs. Consequently, this goal will start with the 2017 fiscal year.

Need for Adaptation and Flexibility for Preventing Youth Homelessness

While the Washington State Domestic Violence Housing First Initiative was successful with youth who were parenting and who were at risk of homelessness due to domestic violence, national research shows that other factors are more predictive of a youth becoming homeless, e.g., identifying as LGBTQ; being involved with the juvenile justice or foster care systems; or experiencing problems at school, such as suspensions or truancy (that may, over time, result in legal proceedings related to the Becca Bill).¹⁵ As a result, the CYAB and the Planning Committee recommended targeting the initiative to address these predictors of homelessness by collaborating with schools, organizations that work with LGBTQ youth, and organizations that work with youth involved in the juvenile justice system.

While these are the target areas for identifying youth at imminent risk of homelessness, this does not mean that the Youth and Family Homelessness Prevention Model would be administered by schools or the juvenile justice system. Rather, it is likely that nonprofits, community agencies or faith organizations would provide assistance and administer the funds, because they could provide services any time of day or night and be able to leverage additional supports. Any organization receiving the funds would have to show strong partnerships with the schools, the juvenile justice system and the juvenile dependency system.

Because the Domestic Violence Housing First Initiative was not tested on youth and young adult, the success of this model at assisting youth and young adults at risk of homelessness will be carefully monitored and evaluated, and adjustments proposed as needed.

In addition to providing feedback on the overarching program model, the Planning Committee and the CYAB both provided feedback on the specific program implementation details outlined below.

¹⁵ <http://www.kingcounty.gov/courts/JuvenileCourt/truancy.aspx>

Who is Eligible?

The program is intended for youth and families who are at *imminent* risk of homelessness. It is not intended for youth or families who are already homeless, nor is it intended for youth or families who are at risk for homelessness, but not facing *imminent* risk. An example of imminent risk of homelessness is a young person or family who has been staying on friends' or families' couches, but may have exhausted all welcomes and will be on the street next week. Additional examples might be a youth who the school counselor knows will be thrown out of their parents' house if they come out, a young person who contacts Safe Place or another resource because of sexual or physical abuse, a young person who has been identified as being at risk by a librarian, school staff or community center staff, a youth exiting the justice system whose family refuses to take the youth back home, or a young person who may be aging out of the foster care system and has no housing or employment plans in place. The case manager/advocate will have to utilize judgment and experience in making the determination.

The outcomes measurements will be critically important in determining if the targeting was done appropriately. If people who are at imminent risk of homelessness are prevented from becoming homeless, we will see a decrease in the number of people who are newly homeless.

Should the Money Be Divided Between Youth and Families?

The Planning Committee and CYAB advised that the money should not be divided among population groups. Many youth are parenting, and it is these young families who are often at imminent risk of homelessness. Because this program is intended to step away from rigid requirements, dividing the money and creating definitions and funding formulas for youth and families did not seem prudent.

What are the Eligible Uses of Funding? Should Anything be Excluded as Eligible from the Flexible Funds?

Any expenditure that will prevent someone from becoming homeless should be an eligible use of the flexible funds that will be part of the proposed initiative. As noted in both the ordinance and discussion above, case management and flexible funding combine to create the model that

will be used for the Youth and Family Homelessness Prevention Initiative. Agencies will employ rigorous financial oversight to track where flexible funds are applied. The County will evaluate whether certain types of expenditures are more or less successful in preventing a family or youth from becoming homeless.

How Much Money Should Be Awarded in 2016?

A total of \$3,166,667 is anticipated to be allocated for the remainder of 2016. For future years, there has been discussion about potential options to spend the funds down at a rate that would exhaust the \$19 million total prior to the end of the levy (so as to make as large an impact as possible given the high level of need); or to allocate the funds evenly over time. Rather than address this issue at the moment, the Council will make decisions about allocation for future years within the context of the budget process, with the expectation of a minimum appropriation of \$3,166,667 each year. This will enable the Council to consider initial implementation of the initiative and make decisions through the budget process.

Building organizational capacity and creating the organizational culture change will take time. As a result, the Planning Committee and CYAB recommended that the funding awards be three-year contingent commitments to agencies, meaning the agency will receive the money for all three years provided that the agency is achieving outcomes, participating in the learning circles and implementing the evaluation. It is hard for agencies to staff up and plan with annual commitments, and a three-year commitment will enable better staff recruitment and continuity for the agency and individuals seeking assistance. Finally, by making the three-year commitment contingent on achieving outcomes, the County will be able to reallocate the money if necessary, and the Council will have the opportunity to review program outcomes and evaluate both the amount of money to be appropriated and the program model to be used.

Extensive training, ongoing learning circles and a rigorous evaluation will be part of the program design assuring agency and program success. Therefore, it is anticipated that reducing the commitment will be a rare occurrence.

In the initial stages of the program, it is likely that the domestic violence organizations that have been operating this program successfully for several years with the Gates and Medina

Foundation money will be able to be up and running before organizations for which this initiative is new. Rather than awarding those agencies more money, the Planning Committee recommended that not all of the money be awarded at once in the first year, since the initiative will begin midyear anyway. Some of the funds from the first year will be reserved to grant additional funds to agencies that run out of the flexible funds before the next year's allocation.

The CYAB provided extensive feedback on how to assure that funds will truly address racial, ethnic and LGBTQ disproportionality in homelessness. Their advice included:

- For many communities, including Native Americans and Asian Pacific Islanders, County staff making personal contacts and going to community leadership will be important.
- Meet with faith community leaders in the African American community.
- Ask that culturally-specific communities include funding/grant/RFP announcements in their newsletters.
- Send information to leadership tables for targeted populations and ask that they disseminate information.
- Use social media.
- The frequency of the ask is as important as where and to whom the ask is made.
- Use the CYAB to disseminate information.

In addition to these suggestions from the CYAB, outreach should also be conducted to engage immigrant and refugee populations, as well as provider agencies that serve survivors of commercial sexual exploitation and human trafficking.

Should All Recipients Have Data Entered into a Database that can be Matched with the Homeless Management Information System?

All agencies receiving money will be required to enter client data into a database that will enable data matching with the HMIS. The County's Department of Community and Human Services (DCHS) has been working with the vendor for the HMIS system to create a separate module for the data from the Youth and Family Homelessness Prevention Initiative. DCHS has

confirmed with the King County Prosecuting Attorney's Office that the prevention module will not be subject to the state HMIS consent requirements. By entering client data into a system that can match with the HMIS system, the County will know if a youth or family who receives services from the Youth and Family Homelessness Prevention Initiative successfully avoided homelessness. Some agencies will need to be trained on the prevention database module and the County may need to provide additional funding for computers or other information technology support.

To protect the safety of domestic violence survivors, agencies serving survivors will not be required to enter individual identifiers in the prevention database module (e.g., name, social security number), though the agencies will retain this information in their own databases. The County will be working with an outside entity, potentially the current evaluator for the Domestic Violence Housing First Initiative, to match the domestic violence agency prevention module data with data in the HMIS. During implementation of the Domestic Violence Housing First Initiative, agencies were able to successfully evaluate whether domestic violence survivors became homeless after receiving intervention, while at the same time protecting survivors' data.

Should a Common Client Intake and Assessment Form Be Utilized?

A common intake form will be utilized for program participants so that there is consistent information collected for evaluation purposes. In addition, it is likely that the common assessment form used for Coordinated Entry for All (a new approach adopted by the All Home Coordinating Board) to access homeless housing will also be utilized.

How Will Initiative Success Be Measured?

The Youth and Family Homelessness Prevention Initiative will measure success in three ways:

1. The individuals served do not show up in HMIS for homeless services in the future (meaning they have been able to avoid homelessness).
2. There is a reduction in the number of youth and families who are newly homeless.

It is essential that both outcomes are measured because if the program measures only whether individuals show up in HMIS for homeless services or not, there is no way of

knowing whether those individuals ever would have become homeless. However, if there is also a reduction in the number of newly homeless youth and families, it is clear that agencies are targeting the right individuals and families.

3. In addition, the CYAB and the Planning Committee recommended that the County evaluate at least one other factor besides “not becoming homeless.” This third measure will be developed as part of the overarching dashboard that is developed for the Best Starts for Kids Levy general implementation plan.

Some of the suggestions for a third measure include additional outcomes for youth such as no further engagement with criminal justice system or increased educational attainment. For families, additional factors suggested include safety and self-determination. The Department of Community and Human Services evaluation team will analyze which factors are measurable and work with other BSK evaluation teams to have consistent measures of success. Additionally, several CYAB members recommended training so that all fund recipients understand LGBTQ issues and are able to provide equitable and competent care to LGBTQ clients.

To ensure success in meeting the diverse needs of the youth and families seeking assistance, the Executive will transmit a report on program outcomes to the Council by June 1, 2018. Program outcomes, as summarized in that report, will be used to determine appropriation amounts to be included in the 2019-2020 biennial budget, as well as whether the model used for the initiative should be changed for some or all population groups. This report will also include information about how the implementation of the initiative is addressing disproportionality in the risk of becoming homeless.

How Will Providers Be Trained?

Training will be provided to agencies receiving money under this initiative. The experience of the Washington State Domestic Violence Housing First Initiative was that developing a client-centered and outcomes-focused agency culture took extensive training and intentional organization effort and buy-in. For that reason, learning circles for agencies administering the funding will also be part of the program.

What Type of Agencies/Organizations Should Be Targeted for the RFP?

Since the goal of the Youth and Family Homelessness Prevention Initiative is to identify and intervene with youth or families who are at imminent risk of homelessness, the agencies receiving funding should be those most likely to already be working with families or youth most at risk of homelessness. When directly asked, the CYAB provided significant advice regarding the best way of assuring that the model funds were placed in agencies, organizations and geographic areas that would be able to identify families and youth *before* they became homeless and address the racial, ethnic and socioeconomic disproportionality in family homelessness, and the racial, ethnic and sexual orientation disproportionality in youth homelessness.

Both the Planning Committee and the CYAB recommended targeting the issues and systems that lead to homelessness, e.g., domestic violence, juvenile justice and the populations that are disproportionately likely to become homeless, e.g., Native Americans, African Americans, Asian Pacific Islanders and LGBTQ youth. It will be imperative for any agency receiving the funds to be able to demonstrate how the organization will administer the funds in a way that will address the extreme disproportionality of people of color who enter homelessness at a rate significantly greater than the general population. Similarly, organizations will have to show how they will address the disproportionality of LGBTQ youth who are at imminent risk of homelessness.

The Children and Youth Advisory Board also emphasized that small cultural or ethnic organizations should be targeted for the initiative. Suggestions ranged from partnering large and smaller organizations during the Request for Proposal (RFP) process, assuring application support. The Department of Community and Human Services has already been working toward implementing some of the suggestions to reduce barriers for small organizations. For example, staff have been partnering with the county's Risk Management Division to reduce insurance barriers for small agencies.

Examples of types of agencies that the CYAB suggested would be appropriate fund recipients or partner entities included:

- Domestic violence agencies
- Agencies serving youth, including youth homeless agencies
- Schools (particularly school counselors and those addressing absenteeism, expulsions and suspensions)
- Public utilities agencies, since delinquent utility payments can be a predictor of housing loss
- Culturally-competent/focused organizations
- Organizations serving LGBTQ youth
- Public Health and other health facilities and clinics
- King County education and employment programs
- Faith-based organizations
- Youth clubs and recreation centers
- Agencies serving families, particularly new moms
- Agencies serving youth who are involved in the juvenile justice system
- Food banks
- Regional Access Points for accessing housing/homelessness services
- “Natural helpers” in community, e.g., libraries, first responders as referral sources.

In addition to targeting specific types of organizations, the CYAB also discussed the need to recognize the difference between delivery of services in rural versus urban contexts. The County will pay special attention through the allocation process to geographically isolated areas that have limited access to wrap-around services, including developing strategies to coordinate with existing local providers. In order to make funds available to all areas of the County, County staff are considering releasing separate regional RFPs so that the initiative will be available county-wide and to account for the differences in how services may be delivered in an urban versus a rural area. If the County does not issue regional RFPs, the County will still ensure regional availability of the program and consider potential differences in service delivery between urban and rural areas. The chair of the Council shall appoint up to three persons to serve on each RFP scoring panel for this initiative. Each person appointed shall be a council district staff designated by a council member.

In addition, the County will hold regional bidders' conferences for interested providers to help them learn about the initiative and the program model. During 2016, the County will expend up to \$100,000 to contract with a consultant to provide targeted assistance on the Domestic Violence Housing First program model, LGBTQ awareness and to provide technical assistance to small organizations to help draft RFP responses. Training will be focused on small organizations, particularly those that serve disproportionately-affected populations, to help them prepare proposals that are responsive to the RFP. All successful bidders will receive training to implement the initiative with fidelity to the model as well as to understand what resources currently exist for families and youth so that connections can be made to those programs. Within six weeks after each RFP process under this initiative has been concluded, agencies and allocation amounts have been determined and contracts with provider agencies selected are signed, the executive must transmit to the council a report listing the provider agencies to receive funding allocations, as well as the amount of funding allocated to each agency, and a motion accepting the report.

In order to effectively meet the needs of youth and families who are at imminent risk of homelessness, King County will implement strategies to ensure that at-risk populations, including families and youth of color, immigrant and refugee families and youth, LGBTQ youth, and victims of domestic violence, commercial exploitation and human trafficking, have access to providers who are trained and competent in meeting the unique needs of these at-risk populations. Strategies shall include contracting with organizations with proven competency, as well as making training available to build capacity and competency of organizations. The annual report shall include an analysis of the strategies being implemented and the effectiveness of those strategies.

Administration, Fiscal Management, Monitoring and Evaluation

The Department of Community and Human Services will administer, monitor and evaluate the Youth and Family Homelessness Prevention Initiative. Monitoring will consist of both financial and programmatic audits.

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

With respect to data and evaluation, the data that will be collected will mirror what is being collected for other programs or strategies in the community so that this initiative will not introduce a new data set being collected in the community.

Reports on program outcomes will be transmitted to the Council at least annually, by June 1 of each year, with the first report one year from the effective date of this ordinance and the second starting with June 2018. In addition, County staff will provide the Council with regular status briefings at the relevant committee on the model, agency implementation, and client outcomes.

If the Best Starts for Kids general implementation plan approved by Council includes a provision requiring annual reporting, program outcomes for the Youth and Family Homelessness Prevention Initiative ~~may~~ shall be reported within that annual report. However, the initial program outcomes report for the Youth and Family Homelessness Prevention Initiative required to the Council by June 1, 2018, in an earlier section of this implementation plan, will be required to be transmitted as a stand-alone report to guide the Council in determining the efficacy of the Domestic Violence Housing First model for future funding.

While it is understood that evaluation of the Youth and Family Homelessness Prevention Initiative will be conducted through the general Best Starts for Kids evaluation, and that evaluation model has yet to be determined, DCHS may wish to consult with the Washington State Institute for Public Policy¹⁶ or similar research and public policy organizations to develop a model and protocols for evaluation. DCHS will seek to obtain philanthropic funding to secure

¹⁶ <http://www.wsipp.wa.gov/>

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

IV. Collaboration with the Children and Youth Advisory Board and Homelessness Prevention Model Planning Committee

Ordinance 18088 directs the County Executive, to the maximum extent possible, to develop the Youth and Family Homelessness Prevention Initiative in collaboration with the Children and Youth Advisory Board (CYAB). The Children and Youth Advisory Board members were approved by King County Council and became official on January 25, 2016. The Executive convened the CYAB on February 9, 2016, for an orientation, at which time the CYAB reviewed the Youth and Family Homelessness Prevention Initiative in an unofficial capacity. The Children and Youth Advisory Board reviewed the initiative again at its first official meeting on February 23, 2016, at which time they made formal recommendations about the Youth and Family Homelessness Prevention Initiative.

Because of the short time between approval of the CYAB and the March 1, 2016, deadline to submit the Youth and Family Homelessness Prevention Implementation Plan, executive staff also convened a Youth and Family Homelessness Prevention Model Planning Committee (Planning Committee) to advise on the design for the plan. The Planning Committee met three times in January and February 2016 to help guide the implementation plan. Members of the committee (an * indicates that the individual is also a member of the Children and Youth Advisory Board) include:

Alison Eisinger

Seattle King County Coalition on Homelessness

Edith Elion

Atlantic Street Center

Melinda Giovengo	YouthCare
Terry Pottmeyer*	Friends of Youth
Kira Zylstra	All Home
	King County Department of Community and Human
	Services
Hedda McLendon	City of Redmond
Colleen Kelly	City of Seattle
Jason Johnson	Washington State Coalition Against Domestic Violence
Linda Olsen	Raikes Foundation
Katie Hong*	Public Health
TJ Cosgrove	LifeWire
Maria Williams	LifeWire
Barbara Langdon*	Kent School District
Calvin Watts*	City of Seattle
Isabel Munoz	City of Seattle
Leilani Della Cruz	King County Coalition Against Domestic Violence
Merrill Cousins	Medina Foundation
Aana Lauckhart	



KING COUNTY

1200 King County Courthouse
516 Third Avenue
Seattle, WA 98104

Signature Report

May 10, 2016

Ordinance 18285

Proposed No. 2016-0156.4

Sponsors Kohl-Welles

1 AN ORDINANCE relating to the best starts for kids youth
2 and family homelessness prevention initiative
3 implementation plan.

4 STATEMENT OF FACTS:

5 A. Ordinance 18088 submitted to the voters of King County a proposition
6 known as the "best starts for kids levy," authorizing a regular property tax
7 levy in excess of the levy limitation for six consecutive years,
8 commencing in 2016, at a rate not to exceed fourteen cents per one
9 thousand dollars of assessed value in the first year and with an increase of
10 up to three percent in the five succeeding years, for the purpose of funding
11 prevention and early intervention strategies to improve the health and
12 well-being of children, youth and their communities.

13 B. The levy included nineteen million dollars to plan, provide and
14 administer a youth and family homelessness prevention initiative.

15 C. Ordinance 18088 also directed the executive to submit to the
16 metropolitan King County council for review and approval an
17 implementation plan relating to the youth and family homelessness
18 prevention initiative by March 1, 2016, which, to the maximum extent

19 possible, shall be developed in collaboration with the oversight and
20 advisory board.

21 D. The oversight and advisory board, referred to in this statement of facts
22 as the children and youth advisory board, under the guidance of the
23 department of community and human services, provided input on the
24 development of the implementation plan, which is Attachment A to this
25 ordinance. Before that input, the executive convened a planning group of
26 citizens and stakeholders, several of whom are members of the children
27 and youth advisory board, to help shape the plan.

28 E. The growing homelessness crisis shows the need for this youth and
29 family homelessness prevention initiative. During the 2016 annual One
30 Night Count of people who are experiencing homelessness, which was
31 held on January 29, 2016, four thousand five hundred five people were
32 unsheltered.

33 F. Executive Constantine declared a state of emergency for homelessness
34 on November 2, 2015.

35 G. The Homeless Management Information System, the database of
36 people accessing homeless services and housing, shows that fifty percent
37 of all people accessing homeless services are homeless for the first time.
38 For 2014, the most recent year for which detailed data are available, forty-
39 six percent of families accessing homeless services were homeless for the
40 first time and sixty-four percent of homeless youth were homeless for the
41 first time.

42 H. The data in the Homeless Management Information System also show
43 that people of color and lesbian, gay, bisexual, transgendered and queer
44 ("LGBTQ") youth are also disproportionately represented in the homeless
45 youth population. Young people of color make up fifty to sixty percent of
46 the homeless youth population, although people of color make up only
47 twenty-nine percent of King County's overall population. At least twenty
48 percent of the youth accessing homeless services identify as LGBTQ,
49 while only four percent of Washington's general population identify as
50 LGBTQ.

51 I. The Homeless Management Information System data showed that for
52 newly homeless families, of those who report their race or ethnicity,
53 thirty-one percent report that they are white and forty-seven percent report
54 that they are black or African American. The remaining twenty-two
55 percent report another ethnic or racial group, with the largest group
56 reporting multiple races or ethnic groups.

57 J. The services outlined in the youth and family homelessness prevention
58 initiative implementation plan will provide services to youth and families
59 before they become homeless through client-centered, outcomes-focused
60 case management and flexible financial assistance.

61 K. The services identified in the implementation plan will address the
62 disproportionality in race, ethnicity and LGBTQ orientation in people who
63 are newly homeless by allocating funds to provider organizations and

64 agencies that will easily be able to identify families and individuals who
65 are at imminent risk of homelessness.

66 L. In 2010, Ordinance 16948 transformed the county's work on equity and
67 social justice in order to achieve equitable opportunities for all people and
68 communities. The services identified in the implementation plan are
69 intended to meet the goals of King County's Equity and Social Justice
70 Plan.

71 BE IT ORDAINED BY THE COUNCIL OF KING COUNTY:

72 SECTION 1. For the purposes of this ordinance, "youth and family homelessness
73 prevention initiative" means an initiative intended to prevent and divert children and
74 youth and their families from becoming homeless.

75 SECTION 2. The family and youth homelessness prevention initiative
76 implementation plan, updated September 6, 2016, Attachment AB to this ordinance, is
77 hereby approved.

78 SECTION 3. ~~One year from the effective date of this ordinance~~By May 27, 2017,
79 the executive shall submit to the metropolitan King County council a report describing
80 the people served and outcomes of the youth and family homelessness prevention
81 initiative. No additional reporting is required in 2017. By June 1, 2018, the executive
82 shall transmit a program outcomes report for the youth and family homelessness
83 prevention initiative independent of any report for the entire best starts for kids levy
84 ordinance. Thereafter, by June 1 of each year, until June 1, 2022, the executive shall
85 include reporting for the youth and family homelessness prevention initiative in any
86 annual report for the entire best starts for kids levy ordinance. Any report required by

87 this section shall be filed in the form of a paper original and an

REDLINE

88 electronic copy with the clerk of the council, who shall retain the original and provide an
89 electronic copy to all councilmembers.

90

KING COUNTY COUNCIL
KING COUNTY, WASHINGTON

J. Joseph McDermott, Chair

ATTEST:

Anne Noris, Clerk of the Council

APPROVED this _____ day of _____, _____.

Dow Constantine, County Executive

Attachments: [A-B. Youth and Family Homelessness Prevention Initiative Implementation Plan, Updated September 6, 2016.](#)