

**Public Hospital District #2**  
**Board Special Meeting Agenda**  
JUNE 9, 2017  
12:00 to 4:30 PM  
Verdant Community Wellness Center

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- |    |   |  |              |
|----|---|--|--------------|
| 1. | Call to order & lunch served<br>- Goals for today's meeting   | Deana &<br>Robin   | 12:00 -12:10 |
| 2. | Current Strategic Plan, Priorities and Process<br>- Review strategic plan and priorities<br>- Grant \$ by category<br>- Current grant funding criteria  | George   | 12:10- 12:35 |
| 3. | Grant Criteria Discussion<br>- Feedback on process & criteria<br>- Other items for consideration<br>- Special RFPs/initiatives  | Robin &<br>George  | 12:35 - 1:25 |
| 4. | Break   |  | 1:25 - 1:40  |
| 5. | Prioritiy Areas and "Big Idea" Opportunities<br>- Survey results<br>- Healthcare Access<br>- Building a Resilient and Restorative Community<br>- System Improvements for High Utilizers<br>- Co-Funding Opportunities | Robin<br><br>Sandra, George,<br>PSCC<br>ChildStrive<br><br>CHART video, Robin<br><br>Robin | 1:40 - 3:30  |
| 6. | Value Village<br>- Review data sources and insights so far<br>- Community Conversations   | Robin  | 3:30 - 4:00  |
| 7. | Commissioner discussion & final decisions of the day  | All  | 4:00-4:30    |

**PUBLIC HOSPITAL DISTRICT NO. 2 OF SNOHOMISH COUNTY, WASHINGTON  
VERDANT HEALTH COMMISSION**

**SPECIAL MEETING  
June 9, 2017  
12:00 p.m.  
Verdant Community Wellness Center**

**Commissioners  
Present**

Deana Knutsen, President  
J. Bruce Williams, M.D., Secretary  
Fred Langer, Commissioner  
Bob Knowles, Commissioner (1:05 p.m. arrival)  
Karianna Wilson, Commissioner (12:45 p.m. arrival)

**Staff**

Robin Fenn, Superintendent  
George Kosovich, Assistant Superintendent  
Lisa King, Finance Director  
Jennifer Piplic, Marketing Director  
Sue Waldin, Community Wellness Program Manager  
Sandra Huber, Outreach Specialist  
Karen Goto, Executive Assistant

**Guests**

Jim Welsh/Mary Cline-Stively/Terry Clark, ChildStrive  
Alexandra Hendgen, Puget Sound Christian Clinic  
Members of the community

**Call to Order**

The Special Meeting of the Board of Commissioners was called to order by President Knutsen at 12:17 p.m.

**Letter to State Auditor**

Dr. Fenn notified the board that Verdant's response letter to the State Auditor's Office for the 2015 accountability audit will be sent via electronic copy and postal mail on June 9, 2017.  
Dr. Fenn will also email a copy of the letter to all commissioners. No direct response will be given to the media.  
Commissioner Langer suggested that a community partner could perhaps write a letter of support for Verdant to the local media.  
President Knutsen suggested that an endorsement be made by the Fire Prevention, Bicycle Safety, and Swim Lessons groups.  
There was interest in making a video that can be used to support and promote Verdant's health and safety programs in the community.  
Motion was made, seconded and passed

unanimously to accept the Verdant response letter to the State Auditor.

**Current Strategic Plan,  
Priorities & Process**

Mr. Kosovich presented the current strategic plan, priorities and process for Verdant (E:37:17).

**Grant Criteria  
Discussion**

Commissioners discussed their preference for evidence-based criteria but are open to other criteria for program evaluation. Commissioner Williams suggested we discuss this at the December 2017 board retreat with our facilitator. Dr. Fenn will work with Mr. Kosovich to evaluate the current criteria and will follow-up with this at the July 2017 board meeting.

**Priority Areas & "Big  
Idea" Opportunities**

Dr. Fenn presented the results of the board & staff survey (E:39:17). Commissioners discussed gaps in services for men age 45 to 65 and for immigrants and refugees (E:40:17).

Commissioner Williams noted that addiction is a cause of hospital re-admissions and suggested that Verdant employ an RN or MPH who deals with addictions and can do educational programming, advocacy, and facilitate entry to treatment. All commissioners and staff agreed that this type of work is needed for the community.

Commissioners explored Verdant's readiness to go in-house instead of only funding external partners to do this work.

Continued conversations will need to occur before the decision to hire in-house staff can be made. Dr. Fenn will engage Swedish Edmonds in strategic planning on this idea and will evaluate other opportunities based on community need.

Ms. Huber shared some of the barriers to access and opportunities that undocumented immigrants face in the community.

Ms. Alexandra Hendgen of Puget Sound Christian Clinic shared with the commissioners where the healthcare gaps and needs for services are in the hospital district (E:41:17).

ChildStrive guests shared an idea on building a resilient and restorative community (E:42:17). They also announced that the Gates Foundation will be featuring ChildStrive's Nurse-Family partnership program at their visitor center in Seattle.

Dr. Fenn shared the CHART program that was done by Snohomish County Human Services along with other agencies in Everett as an example of a system improvement for high utilizers (E:43:17).

Dr. Fenn also shared a co-funding opportunity for Verdant with the Hazel Miller Foundation (E:44:17). The board approved Dr. Fenn & Mr. Kosovich to explore future co-funding opportunities.

Commissioners discussed next steps from this retreat (E:45:17).

**Value Village**

Discussion tabled for a future meeting.

**Commissioner  
Discussion**

None

**Adjourn**

The meeting was adjourned at 4:37 p.m.

**ATTEST BY:**



\_\_\_\_\_  
President

  
\_\_\_\_\_  
Secretary



## Public Hospital District No. 2, Snohomish County / Verdant Health Commission

### Goals for the Day

E: 37:17  
6.9.2017

#### ***Where Have We Been?***

- Review of strategic plan and priorities
- Review of current grant proposal review criteria

#### ***What Else Do We Know?***

- Review of survey results
- Presentations of opportunities in key priority areas
- Overview of Hazel Miller/Premiera/United Way discussions
- Overview of Value Village community conversations/data to date

#### ***Where Are We Going?***

- Decision regarding enhancing current grant proposal review criteria
- Direction regarding moving forward in targeted areas
- Decision on collaborative funding
- Direction about continuation of original Value Village plan



## Public Hospital District No. 2, Snohomish County / Verdant Health Commission

### **Strategic Plan Sections**

- A. Mental/Behavioral Health
- B. Childhood Obesity
- C. Long-term Infrastructure
- D. Access to Healthcare
- E. Dental
- F. Other Prevention, Seniors, Care  
Coordination & Community Paramedic



## Public Hospital District No. 2, Snohomish County / Verdant Health Commission

### **A. Verdant Mental/Behavioral Health Programs**

#### Support At Risk Youth & Families:

- Student Support Advocates, THS, CHS Youth Counseling (600+ served per year)

#### Safety Net Counseling Programs:

- PSCC & YWCA Counseling (245 served)



## Public Hospital District No. 2, Snohomish County / Verdant Health Commission

### **B. Verdant Childhood Obesity Programs**

- Move 60!, Move 60! Teens, Boys & Girls Clubs  
Healthy Habits, CampFire
- 2,745 served in 2016, Move 60! Expansion planned  
for 2017-18 school year
- Recent RFP

## **C. Verdant Long Term Infrastructure Improvements**

- Bike2Health
- Woodway Recreation Project
- Indoor Recreation Project Assessment
- Building Healthy Community Fund Projects on hold until 2018

## **D. Behavioral Health Programs Continued**

### **New Approaches, Innovation, Capacity:**

- Integration project through CHS w/EFM & CHC (225 served)
- Compass Community Paramedic (250 served)
- Evergreen Detox Center (under construction, goal to serve 1,000 in year 1)



## Public Hospital District No. 2, Snohomish County / Verdant Health Commission

### **D. Improve Treatment/Access to Healthcare Programs**

- Prescription Drug Assistance Program (150 served)
- Project Access Northwest (192 served)
- PSSC Mobile Medical Clinic (260 served)



## Public Hospital District No. 2, Snohomish County / Verdant Health Commission

### **E. Improve Dental Access**

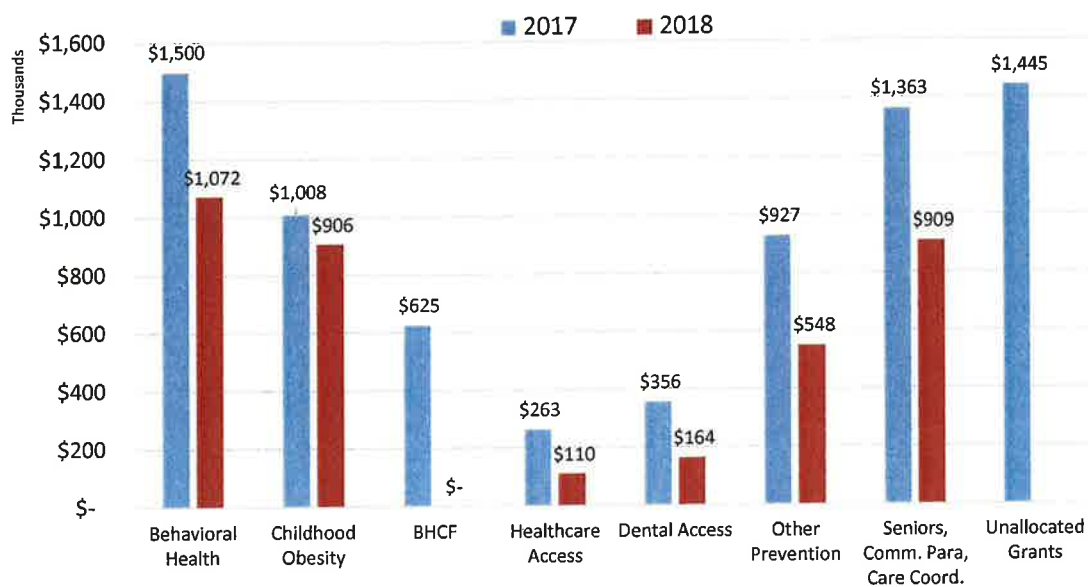
- MTI Mobile Dental Clinic + Vehicle Purchase (720 individuals served per year)
- Community Health Center of Snohomish County (300 individuals)
- Senior Services/ CHL Geriatric Dental Program (105 served)
- Puget Sound Christian Clinic Dental Expansion (Goal of 1,600 patient visits in year 1)





## Public Hospital District No. 2, Snohomish County / Verdant Health Commission

Verdant Committed Grant Funds (\$k)



## Public Hospital District No. 2, Snohomish County / Verdant Health Commission

### Current Grant Review Criteria (Handout)

Verdant Health Commission Proposal Summary

A	B	C	D	E	F	G	H	I	J	K
		Request for funding			Scoring					
							Score	Comments	Connection to Top Priority Issue	Recommendation
Name	Description	Yr 1	Yr 2	Yr 3						
Example Health Program	Brief Program Description	\$	\$	\$	1. Connect to mission & priorities	0: Does not address a Verdant funding priority area (prevention, access to care, education/empowerment, policy & advocacy) 10: Somewhat addresses Verdant priority area, but connection is indirect/lacks clarity 20: Clear and direct connection to Verdant priority	20		Connected or not to top Verdant Priority in Strategic Plan	Recommendation: full funding, partial funding, more info, not recommended for funding.
					2. Need & service to district residents	0: Does not clearly serve a significant proportion of district residents 10: Serves district residents, but need for service not clear or compelling 20: Serves significant proportion of district residents, clear and compelling need for services	20			
					3. Evidence-based, measurable results	0: Not clear that program can achieve stated outcomes, not evidence-based 10: Somewhat clear program can meet outcomes, limited evidence-based methods 20: Clear that program can meet outcomes, strong use of evidenced-based methods	10			
					4. Clear budget, use of funds, leverage	0: Budget not at all reasonable and/or is inconsistent with program services 10: Budget somewhat reasonable and/or use of funds not completely clear 20: Budget very reasonable, demonstrates leverage of other resources, clear and consistent use of funds	20			
					5. Sustainability, innovation, partnerships	0: Program fails to demonstrate sustainability, partnerships, or innovative practices. 10: Demonstrates at least one of the following: innovative practices, clear sustainability, or partnerships 20: Demonstrates all: innovative practices, clear sustainability, and use of partnerships	0			
					Total		70			

## **Access to Healthcare Opportunities**

### **1. Medicaid/Apple Health System**

- Dental & Healthcare Access
- Role of Federally Qualified Health Centers (FQHCs)

### **2. Uninsured/Underinsured**

- FQHC's
- Free Clinics
- Dental

## **About FQHC's**

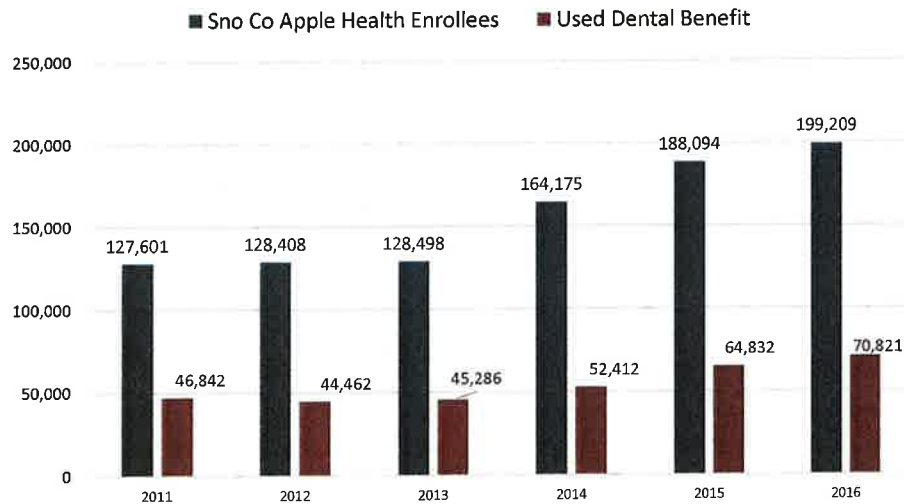
- A. Receive federal grants or are a Tribal Organization
- B. Eligible for encounter payment and grant programs

## **Local Impact**

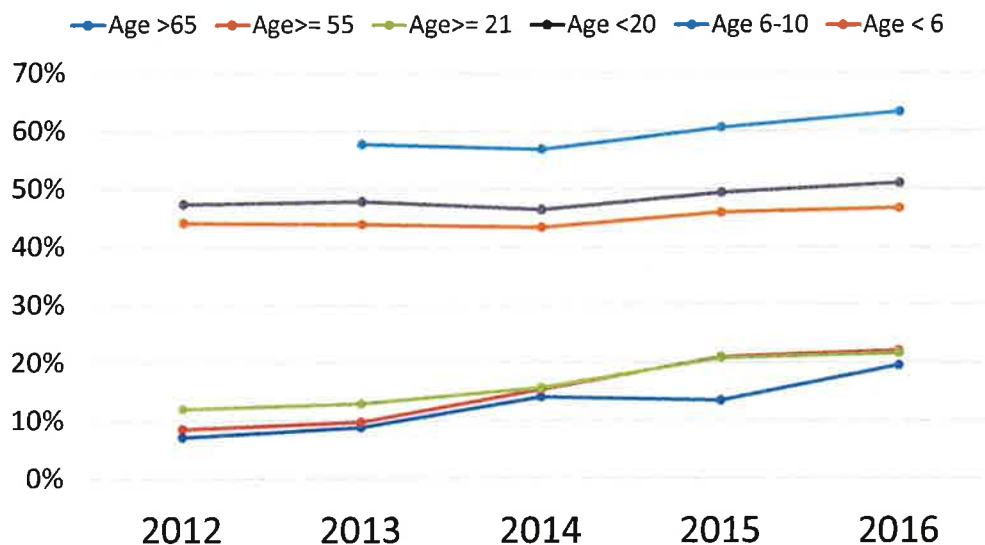
- A. CHC of Snohomish County operates Lynnwood & Edmonds Clinics
- B. Other Clinics: ICHS in Shoreline, HealthPoint in Bothell, Sea Mar & CHC in South Everett
- C. Sea Mar Behavioral Health Clinic in Lynnwood

Patients Served by CHC Edmonds & Lynnwood Clinics	2014	2015	2016
Medical	13,309	13,470	17,661
Dental	8,131	10,690	11,079
Notes: Edmonds clinic opened August 2014 and Lynnwood remodeled in 2015			

### Snohomish County Apple Health Dental Usage



% of Sno Co Medicaid Enrollees Using Dental Benefit



## Perspectives on Health Access

A. Community Perspectives on Access  
(Sandra)

B. PSCC Clinic (Alexandra)

## **Healthcare Access Opportunities**

- A. Expand FQHC capacity
- B. Safety-net clinics
- C. Other system improvements

## **Building a Resilient and Restorative Community**

### **ChildStrive Presentation**



# Strategic Plan 2016-2019

## *at a glance*



HEALTH COMMISSION  
SERVING SOUTH SNOHOMISH COUNTY

**Mission:** To improve the health and well-being of our community.

**Vision:** To be a sustaining public resource improving the health and well-being of South Snohomish County, collaboratively and creatively working to meet the needs of our community.

### Community Program Goal: Long-term Prevention

#### A. Increase Mental Health & Decrease Adverse Childhood Experiences (ACEs)

1. Identify key family & youth risk factors for improvement
2. Identify, invest in new evidence-based prevention programs and initiatives
3. Evaluate funded programs, determine adjustments

#### B. Reduce Childhood Obesity

1. Measure & track community-level childhood obesity results
2. Evaluate funded programs, determine adjustments

#### C. Create Long-term Improvements that Support Healthy Lifestyle

1. Explore indoor rec facility (study complete)
2. Expand active transportation & recreation opportunities

### Community Program Goal: Treatment/Access to Healthcare

#### D. Improve Treatment/Access to Healthcare

1. Identify & support capacity improvements for behavioral health system
2. Establish stronger connection with healthcare providers
3. Explore Geriatric Center for Excellence
4. Evaluate funded programs, determine adjustments

#### E. Improve Dental Care Access

1. Increase dental patient visits for uninsured residents
2. Decrease area emergency room visits from dental causes

Program Pa Schedule  
as of Ju... 2017

	Budget 2017	A. Mental Health	B. Childhood Obesity	C. Long-term Healthy Lifestyle	D. Treatment/ Healthcare Access	E. Dental	Other Prevention	Other Seniors, Comm. Para, Care Coord.	Program End	Budget 2018
<b>7100 . Grants</b>										
Committed										
Center for Human Services Counseling	\$ 165,000	X							Dec-17	\$ -
CHC Behavioral Health Integration	\$ 25,000	X							Feb-17	\$ -
ChildStrive Nurse Family Partnership	\$ 280,000	X							Dec-18	\$ 280,000
Domestic Violence Services Teen Prevention	\$ 22,266	X							Jun-18	\$ 11,133
Edmonds Community College Veteran's Support	\$ 30,774	X							Jul-17	\$ -
Edmonds Schools Student Support Advocate	\$ 395,000	X							Dec-19	\$ 395,000
Edmonds Schools/AMS Equipping Students to Thrive	\$ 50,000	X							Dec-18	\$ 50,000
PSCC Mental Health Counseling Program	\$ 25,000	X							Aug-18	\$ 25,000
Therapeutic Health Services Youth Behavioral	\$ 100,000	X							Jun-17	\$ -
YWCA Children's Domestic Violence	\$ 25,000	X							Jul-16	\$ 12,500
YWCA Mental Health Counseling	\$ 25,000	X							Dec-18	\$ 25,000
Center For Human Services/EFM Integration	\$ 95,050	X							Feb-20	\$ 95,050
Center For Human Services/CHS Integration	\$ 38,996	X							May-20	\$ 66,850
Boys & Girls Club Healthy Habits	\$ 246,235		X						Aug-18	\$ 184,676
Compass Health CP Program	\$ 222,870	X							Jul-18	\$ 111,435
Campfire	\$ 50,000		X						Dec-17	\$ -
City of Lynnwood Move 60: Teens!	\$ 73,729		X						Dec-17	\$ -
Edmonds School District Move 60!	\$ 595,377		X						Aug-20	\$ 721,561
Girls on The Run Expansion	\$ 11,000		X						Itd	\$ -
City of Mountlake Terrace Kids Krew	\$ 10,000		X						Itd	\$ -
Prescription Drug Assistance Program	\$ 50,000				X				Jun-19	\$ 50,000
Project Access Northwest	\$ 90,000				X				Jun-18	\$ 45,000
PSCC Mobile Medical Clinic	\$ 96,000				X				Dec-17	\$ -
CHC of Snohomish County Dental Program	\$ 100,000					X			Dec-18	\$ 100,000
MTI Mobile Dental Program	\$ 66,000					X			Aug-18	\$ 44,000
PSCC Dental Clinic	\$ 190,000					X			Jun-19	\$ 20,000
3rd Grade Swim Lessons	\$ 50,000						X		Sep-17	\$ -
Alzheimer's Association	\$ 57,677						X		Apr-19	\$ 86,509
Brain Injury Alliance Support Program	\$ 30,000						X		Jun-18	\$ 12,500
Cascade Bicycling Club Advanced Basics	\$ 32,000						X		Dec-18	\$ 32,000
Community Paramedic	\$ 344,000							X	Dec-18	\$ 344,000
FD3/OMF Veteran's Project	\$ 89,240							X	Nov-19	\$ 89,240
Korean Women's Association Everyday Prevention	\$ 60,000						X		Dec-17	\$ -
Edmonds Senior Center Enhanced Wellness	\$ 82,600							X	Sep-17	\$ -
Kindering Early Intervention	\$ 138,106						X		Sep-18	\$ 103,654
PEPS	\$ 29,250						X		Apr-19	\$ 29,250
Puget Sound Kidney Center	\$ 48,000						X		Dec-18	\$ 40,000
Seattle Visiting Nurses Flu Vaccines	\$ 30,000						X		Mar-18	\$ -
Northwest Parkinson's Foundation	\$ 20,000						X		Dec-19	\$ 20,000
Senior Services Center for Healthy Living	\$ 634,040							X	Sep-18	\$ 475,530
Senior Services Care Coordination	\$ 135,000							X	Dec-17	\$ -
American Diabetes Association	\$ 15,000						X		Dec-18	\$ 10,000
Wonderland Development Center	\$ 149,500						X		Dec-19	\$ 149,500
American Red Cross Family Fire Prevention	\$ 5,000						X		May-18	\$ 5,000
Cocoon House	\$ 60,000						X		Dec-18	\$ 60,000
LLS Transportation Assistance	\$ 15,000				X				Dec-19	\$ 15,000
<b>Total Committed</b>	<b>\$ 5,102,705</b>	<b>\$ 1,499,956</b>	<b>\$ 986,341</b>	<b>\$ -</b>	<b>\$ 251,000</b>	<b>\$ 356,000</b>	<b>\$ 724,628</b>	<b>\$ 1,284,780</b>		<b>\$ 3,709,388</b>
<b>Not Committed (Available to Spend)</b>	<b>\$ 1,397,295</b>									
<b>Total Grants</b>	<b>\$ 6,500,000</b>									
<b>7300 . Internal Programs</b>										
Committed										
Verdant Healthier Community Conference (Budget)	\$ 57,000									
Needs Assessment and Evaluation (Budget)	\$ 20,000									
VWCW Programs (budget)	\$ 125,600						X			
VOAWW 211 Community Resource Advocate	\$ 78,646							X	Dec-17	
<b>Total Committed</b>	<b>\$ 281,246</b>						<b>\$ 202,600</b>	<b>\$ 78,646</b>		
<b>Not Committed (Available to Spend)</b>	<b>\$ -</b>									
<b>Total Internal Programs</b>	<b>\$ 281,246</b>									
<b>7200 . Supt. Discretionary</b>										
Committed										
Engaging Community Voice Workshop	\$ 1,734						X		one-time	
CAFE Event (Edmonds Senior Center)	\$ 5,000							X	one-time	
Leadership Snohomish Step Up Racial Equity Event	\$ 5,000						X		one-time	
Cedar Way/MLT Sk	\$ 300		X						one-time	
City of Edmonds Health & Fitness Expo	\$ 2,000		X						one-time	
<b>Total Committed</b>	<b>\$ 14,034</b>		<b>\$ 2,300</b>							
<b>Not Committed (Available to Spend)</b>	<b>\$ 35,966</b>									
<b>Total Discretionary Programs</b>	<b>\$ 50,000</b>		<b>\$ 2,300</b>							
<b>7500 . Building Healthy Communities Fund</b>										
Committed										
Woodway Recreation Campus Renovation	\$ 625,000			X					Jan '17 final post	
<b>Total Committed</b>	<b>\$ 625,000</b>									
<b>Not Committed (Available to Spend)</b>	<b>\$ 375,000</b>									
<b>Total BHCF Programs</b>	<b>\$ 1,000,000</b>		<b>\$ 20,000</b>	<b>\$ 625,000</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>		
<b>7400 . One Time Events</b>										
Turning Point - Back to School Health Fair	\$ 12,000								one-time	
<b>Total Committed</b>	<b>\$ 12,000</b>				<b>\$ 12,000.00</b>					
<b>Not Committed (Available to Spend)</b>	<b>\$ 48,000</b>									
<b>Total One Time Events Programs</b>	<b>\$ 60,000</b>									
<b>TOTAL</b>	<b>\$ 7,891,246</b>	<b>\$ 1,499,956</b>	<b>\$ 1,008,641</b>	<b>\$ 625,000</b>	<b>\$ 263,000</b>	<b>\$ 356,000</b>	<b>\$ 927,228</b>	<b>\$ 1,363,426</b>		



Feb 29:11  
5.24.2017

	Children age 0-3	Children age 3-12	Children age 13 to 17	Young adults age 18-24	Seniors age 65+	Veterans	Homeless	Uninsured	Disabled (developmentally or physically)	Those with mental health issues	Those with addiction issues	Physicians	Other health care providers (e.g., allied health, nurses, physician assistants)	Social service providers (including mental health and substance use providers)	Law enforcement and first responders	Adults with chronic health conditions	Children (under age 18) with chronic health conditions	Frequent users of emergency services (including the emergency department)	Patients the hospital is unable to appropriately discharge back to the community
No Need for Funding/Programming	0.0%	0.0%	0.0%	0.0%	9.1%	9.1%	9.1%	9.1%	0.0%	0.0%	9.1%	9.1%	0.0%	0.0%	27.3%	9.1%	9.1%	9.1%	0.0%
A Little Need for Funding/Programming	54.5%	54.5%	9.1%	18.2%	18.2%	18.2%	9.1%	9.1%	18.2%	18.2%	9.1%	63.6%	45.5%	9.1%	18.2%	9.1%	27.3%	36.4%	9.1%
Some Need for Funding/Programming	36.4%	36.4%	45.5%	54.5%	54.5%	27.3%	45.5%	18.2%	63.6%	9.1%	9.1%	18.2%	45.5%	54.5%	45.5%	54.5%	54.5%	18.2%	54.5%
Great Need for Funding/Programming	9.1%	9.1%	45.5%	27.3%	18.2%	45.5%	36.4%	63.6%	18.2%	72.7%	72.7%	9.1%	9.1%	36.4%	9.1%	27.3%	9.1%	36.4%	36.4%

### What big ideas do you have for VCWC programming?

#### Commissioners:

- None
- Continued engagement of our priorities with Dental and Mental Health - we could do another RFP for either or both.
- Mental health center of excellence networked with first responders, law enforcement, health providers, and hospital; women's health center of excellence; leveraged food programs for school age children (before school, after school, summer) and other possible food based programs for young adults; homeless program based on best practices networked with community resources. These are all multi-year plans where Verdant would work with other community and government groups to leverage resources and expertise. Am open to other ideas.

#### Staff:

- The impact of the current political situation on stress levels for youth at schools and the impact on their learning abilities or their use of drugs and alcohol to cope. Maybe in house support (as in at the schools) in a way that doesn't single anyone out.
- More in the area of youth mental health support, including one-time sessions for parents around specific issues or topics. What are we seeing that's causing stress for youth, and therefore impacting parents, and what can we do about it?
- Better engagement of providers: offer more CME/CEU at VCWC. Get our VCWC programming better aligned with our strategic priorities. More classes specific to substance use/mental health. Support groups for veterans' families.
- Engage with substance use providers to support residents in the district in accessing needed services
- Expand training for professionals and parents around treatment and resources for internet overuse and addiction Support for the LGBTQ community via provider trainings and community events
- Programs that reach a diverse community in terms of gender, age, & ethnic group.

### What big ideas do you have for the Value Village property?

#### Commissioners:

- I am open to ideas, I am not in favor of anything that is related to mental health services for adults. I could see something around child services. I could also see keeping as is until there is a compelling reason to develop.
- Open to all possibilities, but don't think we should operate a facility of any kind.
- I do not have one specific idea for the property but would like the plan to be part of a bigger vision connected to our program priorities.

#### Staff:

- Youth behavioral health, inpatient or space for counseling and group sessions (or both)? Preferably a place run by another organization. I don't think we want to manage usage (if there are scheduling needs) in another facility, at least not without staffing support.
- Integrated community programs with a focus on behavioral health
- 1. A drop-off center for people under the influence. This is where law enforcement could bring someone who was high or inebriated instead of taking them to the ER or jail. It could be attached to a detox center that offered detox for adults and youth. Would also have counseling rooms where providers could do AOD/MH treatment. 2. A larger version of VCWC but with an upstairs that is leased out or given to providers including a women's health clinic or a clinic that focuses on veterans' health issues. NOT a hotel. NOT a MOB. NOT apartments.
- Behavioral Health Services for youth and adults Learning Lab to support lifestyle changes for chronic disease prevention to include culinary instruction, nutrition education, exercise, mindfulness, and personalized health coaching. Idea based on research out of Harvard School of Public Health
- Something that will benefit the community that pays taxes into the PHD2; not something for other service providers.
- Facility with a Behavioral/Mental Health Focus including Substance Abuse for Youth or Seniors

### Perceived Need for Future Funding/Programming



E: 41:17  
5.24.2017

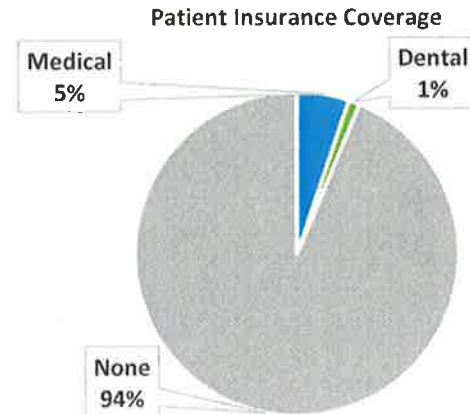
## HEALTHCARE GAPS

As a safety-net clinic, PSCC focuses on serving those who fall in the **unprotected areas** of our healthcare system. In Washington state, approximately **half a million** residents lack access and this is a critical issue.

Uninsured/Underinsured

Up to 300% FPL

At Risk Populations



## SERVICES: MEDICAL | DENTAL | MENTAL HEALTH

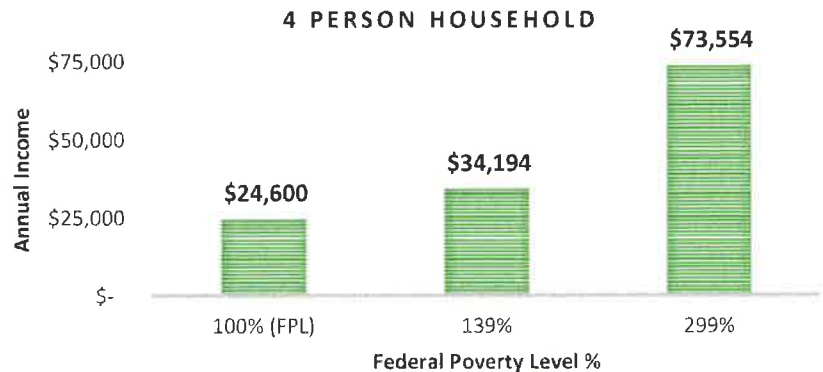
We see the greatest need for **comprehensive primary healthcare** in the community. We provide services that are consistent with a focus on **breaching existing barriers** to care.

Integrated Care

Individualized Case Management

Relational Approach

No or Low Cost



## COMMUNITY REACH

Together we are stronger and more successful. Integrity of the most unavailable services comes first. We **avoid duplication** of what is already being provided by others and put an emphasis on **partnerships**.

87% direct programming

7% administration

6% fundraising



Community Support

Volunteer Model

Host Sites, Key Locations

**ChildStrive believes that lasting change requires more than providing direct service to one child.**

We know that childhood experiences and toxic stress impact the health and success of families for generations to come. We are committed to a restorative framework because we know that by looking beyond the individual and supporting a healthy family and community we can positively impact a family's trajectory for generations to come. A restorative approach requires supporting and engaging the whole child, the whole family, and the whole community.

ChildStrive partners with families to support young children's success in daily life and in the community. Our work is family centric, community based, and informed by Neuroscience. ChildStrive is the only organization in Washington State that provides this unique continuum of programs to families, including Early Intervention, Parents as Teachers, Nurse-Family Partnership, and Community Engagement.

**Connect with Us**

**Contact a Program or Service**

Looking for support for your family?  
Give us a call today.  
425.245.8377

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RESTORATIVE PRACTICE  
RESILIENCE  
MINDFULNESS  
INFANT MENTAL HEALTH  
PARENT COACHING  
NATURAL LEARNING

## Engage Early Expand Possibilities Empower the Future

### ChildStrive's Approach to Healthy Development

ChildStrive uses a number of practices proven effective through research. These practices are applied across all programs and together provide an approach that is highly effective at building the competence, confidence and **RESILIENCE** of families while maximizing the healthy development of their children.

**RESTORATIVE PRACTICES** build healthy communities, increase social capital, reduce the impact of crime, repair harm, and restore relationships. The fundamental premise is that people are more likely to be happier and make positive changes when we do things with them, rather than for them.

**MINDFULNESS** gives parents concrete tools to manage stress when facing challenges. Reducing stress prevents children's exposure to toxic stress, which is proven to negatively impact development. Ability to manage stress is key to familial resilience.

**INFANT MENTAL HEALTH** supports the parent/child relationship to promote infant wellbeing during the period of our most rapid brain development, birth to three years.

**PARENT COACHING** allows families to build on the skills and knowledge they already have through reflective questions that help parents practice problem-solving, identify their strengths, and discover their own parenting path.

**NATURAL LEARNING** allows children and families to explore in their natural environment and learn through connections with their closest family members. Parents are able to see how their children learn in their own home and how to support that learning.



*"I cannot say enough about ChildStrive. Their positive influences early on create a lifetime of possibilities. Our son would not be who he is today without them."*  
ChildStrive Alumni Parent

### ChildStrive has helped families build a different future for more than 50 years. Our evidence-based practices and programs work with families and community to establish a trajectory of success.

**Early Intervention** provides in-home services to families with children who have a developmental delay or disability. Our family-centered approach sends specialized educators, therapists, and counselors to work with families in their home or childcare.

**Nurse-Family Partnership** pairs specially trained nurses with first-time mothers in their first or second trimester of pregnancy. Our nurses work with moms to make healthy lifestyle choices, strategize the steps to realize their goals, and develop strong parenting skills.

**Parents as Teachers** strengthens families through in-home parenting support. The program focuses on serving families who are experiencing low income, unstable housing, domestic violence, traumatic events, or other unusual family circumstances.

**Community Engagement** partners with childcare centers, homeless shelters, and community programs to work with families who are at-risk due to economic hardship or other life trauma. The program helps ensure that children are progressing toward school readiness and have the tools needed for a successful future.

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# ChildStrive

Little Steps to Big Possibilities

Jim Welsh, Executive Director

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ChildStrive  
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# Strategic Intention

ChildStrive understands that lasting change requires more than providing direct service to a single child. We know that childhood experiences and toxic stress impact the health and success of families for generations to come. We are committed to a restorative framework because we know that by looking beyond the individual and supporting a healthy family and empowered community we can positively impact a family's trajectory for generations to come.

A responsive and restorative approach requires supporting and engaging the whole child, the whole family, and the whole community.



# Strategies for Action



# Empower Competent and Confident Families



**Providing stable, responsive, nurturing relationships for children and families can prevent and reverse the damaging effects of toxic stress, racial inequalities, and poverty. Using proven practices allows us to best support resilience in families.**

## ChildStrive Programs

- Early Intervention
- Nurse-Family Partnership
- Parents as Teachers
- Community Engagement

## Approaches & Practices

- Restorative Practice
- Mindfulness
- Parent Coaching
- Reflective Supervision
- Infant Mental Health

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# Develop Innovative Practices



**Restorative Practice and Mindfulness are evidence-based approaches that are effective in supporting health and well-being and enhance our current practices.**

**Restorative Practice is based on strong relationships, the premise that the community is responsible for the well-being of its members, and the belief that everyone has and deserves dignity and worth.**

**Mindfulness reduces anxiety, depression, and stress which leads to more intentional choices and better understanding of impact on others.**

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# Facilitate a Responsive Restorative Community



**Communities can work together to eliminate the unnecessary and damaging factors that put families at risk and strengthen the conditions for all children to succeed.**

- Build a Community Coalition
- Establish a Common Conceptual Framework and Language
- Identify and Implement Partnership Strategies to Maximize Impact

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# Build a Resilient and Flexible Organization



**Organizations are sustainable, accountable and stronger when they invest in their own resilience using the same proven strategies that are used when delivering services to families.**

## Four Pillars of Infrastructure

- Leadership
- Change Management
- Planning/Implementation
- Restorative Practices

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# Definitions

## Intent Based Leadership / Leader-to-Leader Behavior

"Embedding the capacity for greatness in the people and practices of an organization and decoupling it from the personality of the leader:" – David Marquet

Leaders can release decision making Control when they are able to trust that their organization's members have the Competence and Clarity to do make decision on the job well and in the best interest of the organization.

Leadership is a choice, not a position.

## Bridges Change Model

Focuses on transition, not change; a subtle but important difference.

- Change is something that happens to people, even if they don't agree with it. Transition is internal: it's what happens in people's minds as they go through change.

The model highlights three stages of transition that people go through when they experience change.

- Ending, Losing, and Letting Go.
- The Neutral Zone.
- The New Beginning.

\*created by change consultant, William Bridges, and was published in his 1991 book "Managing Transitions."

## Restorative Practice

A social science, participatory learning and decision making. The fundamental premise of Restorative Practice is that people are more like to be happier, more productive, and make positive changes when people in positions of authority do thing WITH them, rather than TO or FOR them.

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# Questions?



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## Introduction

ChildStrive seeks to achieve a big vision based upon the importance of community and the rigor of evidence-based practices in building resilience. Central elements of our Strategic Plan include utilizing Restorative Practice to anchor and align community partnerships using the learning of a “live laboratory” to continually improve impact, building evaluation, research and policy into the project from the start, and building a replicable system of care to improve broad health outcomes in the community.

ChildStrive partners with families to support young children’s success in daily life and in the community. What began in 1964 as an effort to provide early education to unserved children and support for their parents, has grown into a well-respected organization which supports 2,000 families each year. These families face unique challenges related to parenting a child with, or at risk for, developmental delay. They have a desire to face challenges to parenting and have a desire to get their infants, toddlers, and preschoolers off to the best start possible, establishing a trajectory of success. We are proud that our organization, services, and programs are all evidence-based and have a proven record of success. ChildStrive is the only organization in Washington State that provides this unique continuum of programs including Early Intervention, Nurse-Family Partnership, Parents as Teachers, and Outreach to Vulnerable Families.

This document outlines the strategic framework which is the result of a board retreat that included our staff as well as community stakeholders. It describes our focus on long-term community impact, our growth goals in the areas of services, organizational flexibility and resilience, and expanded partnerships. Through it we seek to define our big vision and the steps we will take to achieve it.

## Conceptual Framework

The early years, conception through age three, are increasingly recognized as foundational to a child’s long-term health and achievement. Unfortunately, many children face huge obstacles right from the very start due to overwhelming stressors within the family. These stressors can include the changing roles of parenthood, learning to deal with explosive health care costs and insurance issues, or an unexpected life/job change. If these challenges are not addressed, the social and emotional health of the entire family can be impacted. When a family faces additional risk factors, including poverty and racial inequity, the impact is compounded. Exposure to these stressors puts children’s health at risk and impacts their ability to reach their potential while altering the life trajectories of generations to come.

Research shows that providing stable, responsive, nurturing relationships for children and families can prevent and reverse the damaging effects of toxic stress, racial inequities, and poverty. Identifying protective factors, like concrete support in times of need, can lead to more positive social adjustment, higher academic attainment, and improved health outcomes. This, in turn, correlates to reduced crime and greater economic self-sufficiency. Communities can work together to eliminate the unnecessary and damaging risk factors that put families in jeopardy and strengthen the conditions for all children to succeed.

ChildStrive, known for its highly collaborative culture, is committed to building a resilient and restorative community that is informed by neuroscience. We will accomplish this work by utilizing a two generation family and community-centric approach. We embed the concepts of strength-based and relationship-based services in our work and create an environment of continuous learning.

Therefore, we are committed to work together to identify families very early in their child's life who need extra support to thrive. Then we will work to engage them in the services that they need including those that address the needs of all members of the family. This will require strong partnerships to work together in a way that doesn't overwhelm families, but instead feels consistent and supportive. In this way, addressing the needs of at least two generations simultaneously, we can help build resilience in families and ultimately in the community.

ChildStrive serves families from pregnancy up to Kindergarten. Our work with families focuses on the months and years that are most critical to brain development. Through this focus we help vulnerable families achieve what every parent wants - to help their children fulfill their potential. We also take advantage of the neuroscience which confirms that healthy brain development during pregnancy and in the first three years of life is essential and that when infants and toddlers are exposed to toxic stress, including child abuse and neglect, their brain architecture and even their genetic makeup is negatively impacted. This negative impact can continue for generations.

Our work creates significant return on investment. We turn each dollar spent into many dollars saved as families avoid homelessness, poverty, addiction, chronic health problems, and out of home placements. We have a unique perspective on what families need to thrive as well as the many challenges they face. Our long standing experience in delivering evidence-based practices and programs helps us understand what is required for fidelity to these effective models of service delivery and how our organization has been strengthened because of this achievement.

Focusing on internal organizational strength and resilience allows us to expand our vision regarding community impact and to dream big about the ways we can harness the power of community partners to enhance our own efforts and magnify the results. The work we do at ChildStrive prevents adverse childhood experiences and maximizes early learning opportunities. We need our community partners to assist us in addressing the issues with which parents struggle, and which make parenting more challenging. Working in partnership, we can move beyond family resilience into community resilience.



## Strategic Intention

ChildStrive is committed to building a Resilient and Restorative Community that is informed by Neuroscience. We will accomplish this work by utilizing a Family and Community Centric approach. We embed the concepts of strength-based and relationship-based services in our work and create an environment of continuous learning.

ChildStrive understands that lasting change requires more than providing direct service to a single child. We know that childhood experiences and toxic stress impact the health and success of families for generations to come. We are committed to a restorative framework because we know that by looking beyond the individual and supporting a healthy family and empowered community we can positively impact a family's trajectory for generations to come.

A responsive and restorative approach requires supporting and engaging the whole child, the whole family, and the whole community.

## Action Agenda

### Strategy #1 Build a flexible and resilient organization

*Organizations are sustainable, accountable and stronger when they invest in their own resilience using the same proven strategies that are used when delivering services to families.*

#### Plan:

- Improve capacity to strengthen infrastructure at ChildStrive in order to provide community leadership and quality services to families.
- Integrate the 4 pillars of infrastructure – Leadership, Change Management, Planning/Implementation, and Restorative Practice.

#### Outcomes:

- Create an integrated, replicable model and curriculum for organizational infrastructure and share with partner organizations.
- Create a research, evaluation and policy component to support replication.

### Strategy #2 – Empower confident and competent families

*Providing stable, responsive, nurturing relationships for children and families can prevent and reverse the damaging effects of toxic stress, racial inequalities, and poverty. Using proven practices allows us to best support resilience in families.*

#### Plan:

- Improve capacity to serve Families through services tailored to help achieve their goals.
- Foster an integrative and consistent service delivery approach across ChildStrive, deepening practices including Parent Coaching, Mindfulness, Reflective Supervision and Infant Mental Health.

#### Outcomes:

- Decrease timeline to enter services
- Increase capacity to provide appropriate services to meet family needs
- Decrease the impact of toxic stress, racial inequalities and poverty.

**Strategy #3 – Develop innovative practices**

*Restorative Practice and Mindfulness are evidence-based approaches that are effective in supporting health and well-being and enhance our current practices.*

*Restorative Practice is based on strong relationships, the premise that the community is responsible for the well-being of its members, and the belief that everyone has and deserves dignity and worth.*

*Mindfulness reduces anxiety, depression, and stress which leads to more intentional choices and better understanding of impact on others.*

**Plan:**

- Share language, values and practices across the service community
- Integrate a program of mindfulness parenting strategies to give parents concrete tools to manage stress leading to increased resilience.
- Improve capacity to build resilience in families and in the South Snohomish community.

**Outcomes:**

- Develop a program of mindfulness parenting strategies designed to improved family outcomes
- Prevent and mitigate toxic stress which leads to chronic health conditions
- Share practices with partners to improve family and community resilience

**Strategy #4 – Facilitate a responsive and restorative community**

*Communities can work together to eliminate the unnecessary and damaging factors that put families at risk and strengthen the conditions for all children to succeed.*

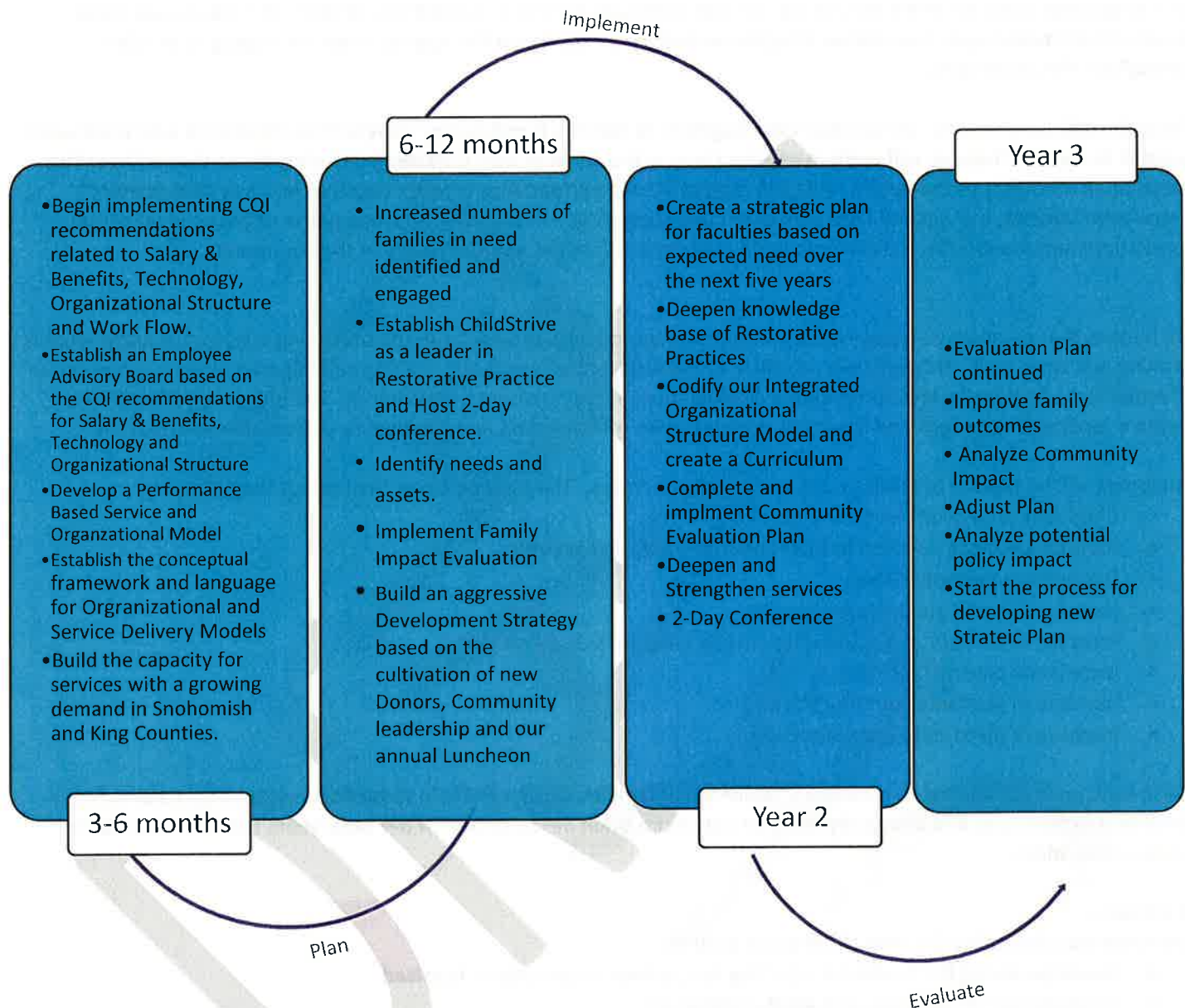
**Plan:**

- Build a community coalition
- Establish a common conceptual framework and language
- Identify and implement community impact and partnership strategies to maximize social investment

**Outcomes:**

- Identify partners and begin steering committee
- Provide annual 2-day Restorative Practice conference for community
- Complete Gap/Asset Plan
- Cultivate investors

## Timeline



## Outcomes, and Milestones

Expanding access to appropriate services at ChildStrive and potentially at other organizations, will be necessary due to the growth in Snohomish and King Counties and our assumed success at identifying families and engaging them in services. In addition, ensuring that all partner organizations are utilizing proven practices (Restorative and others) to best impact families will be important. This includes strengthening their organizational capabilities. In order to achieve this, ChildStrive will develop an integrated leadership/planning program to share with partner organizations. Components of this are explained in the Definitions section of this plan.



We will reach out to the families in the community that we seek to serve, in order to learn from them what supports and services will help them, how these services can be most helpful to them, and what barriers exist currently to receiving the help they need. Important in this information-gathering will be listening carefully to the priorities of these families and being clear about what we believe we can and cannot do for them through this project. We will design these conversations based upon Restorative Practice so that they experience the approach we are hoping to provide throughout the community.

Through coalition partners, we will also work together to identify families very early in their child's life who need extra support to thrive. Then we will work to engage them in the services that they need including those that address the needs of all members of the family. This will require strong partnerships to work together in a way that doesn't overwhelm families, but instead feels consistent and supportive. In this way, addressing the needs of at least two generations simultaneously, we can help build resilience in families and ultimately in the community.

We believe that planning a strong evaluation component into this project from the beginning will help us know what is working and what isn't. This will help us utilize a "live laboratory" approach, making adjustments as we go to improve effectiveness. Regular review of the data will allow those in the moment adjustments. The ultimate goal will be to create a replicable approach and data that demonstrates effectiveness and can lead to publishable information.

Outcomes will be related to families and community partners. They will be along the lines of the following:

- Child meets developmental milestones
- Parents are more involved in their children's play and activities
- Decrease in parental stress
- Increase in social supports for families
- Increase in parents' understanding of their children's development
- Increase in parents' confidence
- Increase in positive communication
- Increase in up-to-date immunizations

These outcomes are aligned to measuring resilience in families which results in reduction in toxic stress and Adverse Childhood Experiences and ultimately leads to maximum brain development in the early years that are essential for success of children.

#### Milestones:

Important milestones for the next three years include:

- Development of the coalitions – getting ten partner organizations involved
- Development of the Gaps and Assets evaluation
- Development of the Plan, including evaluation of impact
- Training in Restorative Practices
- Increase in capacity of services
- Increase in numbers of families identified who need support
- Increase in engagement of families who need support
- Development of a program of mindfulness parenting strategies
- Development of an integrated leadership/planning model and curriculum
- Sharing both mindfulness and leadership/planning with partner organizations
- Continued expansion of the coalition
- Continued deepening of use of proven approaches including Restorative Practices



## Summary

ChildStrive's core belief is based upon the importance of community and the rigor of evidence-based practices in building resilience. This belief led ChildStrive to seek collaborative partnerships to achieve positive community health impact.

Important components in our plan are: 1) the inclusion of a foundational approach of Restorative Practice that will bring shared language, values and approaches to partner agencies and continuity to families; 2) creating a "live laboratory" to learn what works and what doesn't to enhance and improve impact; 3) building evaluation, research and policy into the project from the start; and 4) the ability to build a replicable system of care that improves the health of the community and results in publication.

Finally, our plan is aligned with other efforts in the community and the state, including the following:

- The Casino Rd. Initiative seeks similar outcomes in the Casino Rd. area of Everett.
- A potential Cornerstone Partnership with Verdant Health Commission.
- The state initiative called "First 1,000 Days" seeks similar outcomes and processes across the state and is connected with the Harvard Center on the Developing Child.
- United Way of Snohomish County is seeking to fund collaborative projects that create community impact and take a two-generation approach to working with families.
- At the state level, changes to integrate Department of Early Learning, Children's Administration, and parts of the Department of Social and Health Services are underway to serve children and families more effectively.

ChildStrive's unique portfolio of services and strategic intent puts us on the leading edge of these changes. These efforts are an acknowledgement of the importance of families with young children to reach their full potential while altering the life trajectories of generations to come.

## Definitions:

### Integrated Organizational Structure:

Failure to properly invest in a rigorous, intentional integrated organizational model often leads to reduced impact and even failure by the organization attempting to impact change. We believe fundamentally that investment in our organizational structure and leadership culture deeply impacts the quality of services we provide to families. We aim to nurture community, optimism, opportunity, and hope among families in our care, and we must therefore nurture those same qualities for our employees. We must encourage individual initiative, innovation, and risk-taking among our staff, so our staff will in turn support the same potential in the families we serve. Our Intent-based leadership approach puts a high value on empathy.

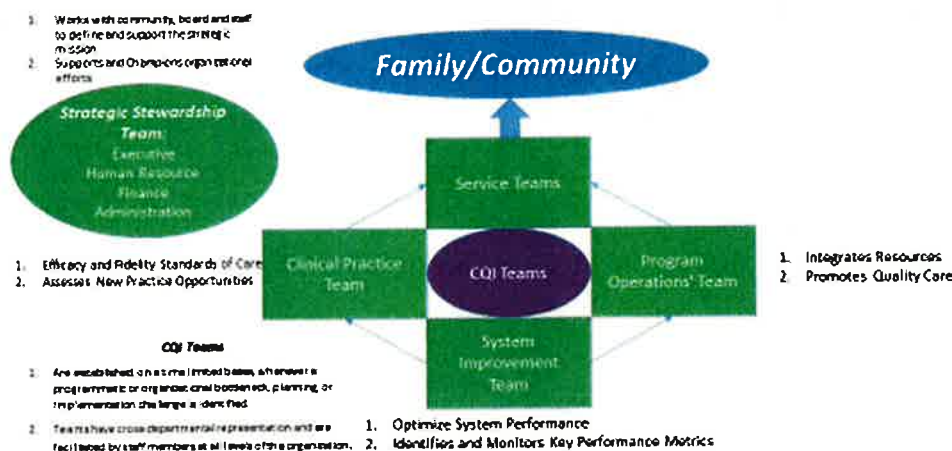
The intent of ChildStrive's organizational structure is to:

- Absorb and manage change
- Enable resiliency
- Promote consistency and common expectations across programs
- Build talent within the organization
- Provide cross-departmental supports

The structure ensures that programs are not separated in silos and staff members at all levels have the accountability, responsibility, and capability to make sound decisions. The leadership structure provides staff at all levels the opportunity to learn and grow in both experience and expertise. There is both vertical and horizontal integration—supported by our Continuous Quality Improvement process (see below), and all staff are expected to take on a leadership role. “Manager” and “leader” are not synonymous; in fact, in the leader-to-leader approach, managers take on a support role to nurture leadership qualities in their staff. This system of support moves upward and outward through the levels of the organization.

## Operational Structure

### *Working Together to Build a Stronger Community*



**Leadership:**

Intent-based Leadership (also known as a leader-to-leader model) is a leadership approach developed by David Marquet that increases effectiveness and develops leadership skills at all organizational levels. The leader-to-leader approach acknowledges every team member as a leader and an expert. Information is democratized, so that every team member has the clarity and the skills to make decisions. The model puts ownership and confidence in the hands of every team member, removing the fear of failure, increasing tolerance for mistakes, and encouraging risks. The pillars of this approach are:

- Control. Give control, don't take control.
- Competence. Create technical competence in the workplace.
- Clarity. Be honest, public, and clear about the organization's goals.
- Courage. Resist the urge to follow cultural stereotypes of the "in charge" leader.

ChildStrive uses these pillars of leadership to develop skills at all levels of the organization. Conversely, when members of the organization lack clarity, they rely on authoritative leaders who make decisions for them. This removes decision-making power from those who are closest to the information upon which decisions should be made.

**Bridges Transition Model:**

Because accepting change is often difficult, scary, and non-linear, ChildStrive augments the Stages of Change with the Bridges Transition Model of change management. The Bridges Model was published in 1991 by William Bridges in his book "Managing Transitions." Bridges differentiates between "change" and "transition," noting that change is something that happens to people, often whether they like it or not. Transition, on the other hand, is the process that happens within people as they work through ambivalence toward accepting and supporting change. Bridges identifies three stages of accepting change:

- Stage 1: Ending, Losing, Letting Go. This stage is characterized by fear, denial, anger, sadness, disorientation, frustration, uncertainty, and a sense of loss.
- Stage 2: Neutral Zone. This stage is characterized by resentment, skepticism, low morale, low productivity, and anxiety about one's role, status, or identity.
- Stage 3: The New Beginning. This stage is characterized by high energy, openness to learning, and renewed commitment to the change.

By identifying these stages and normalizing the feelings that often accompany each stage, the model supports follow-through while promoting creativity and clarity.

The Stages of Change provides both a framework for assessing readiness, as well as a practical means of matching services to the family's needs. The Bridges Model provides a vocabulary and skill set to manage both organizational change along with the family and community to help resolve the normal ambivalence associated with accepting change.

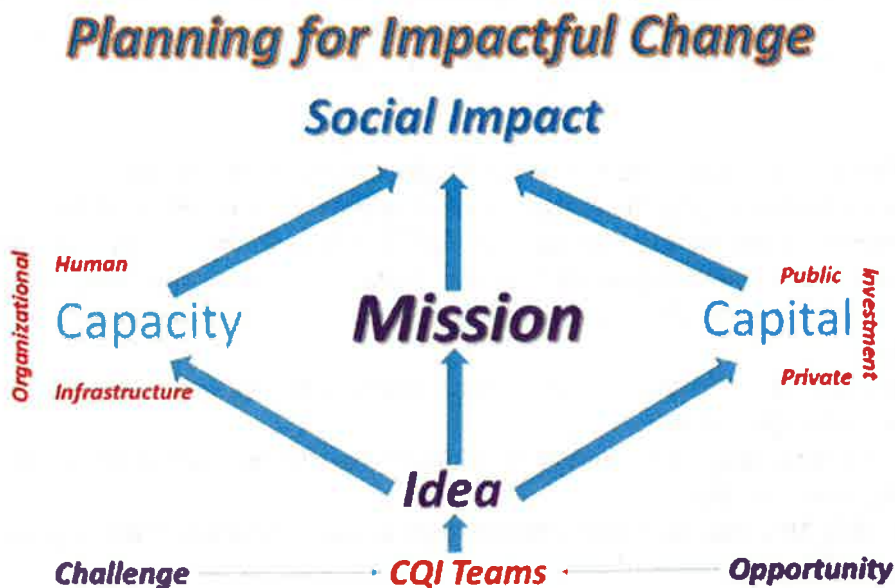
**Planning/Implementation:**

Continuous Quality Improvement (CQI) is a strategy to implement and operationalize both the leader-to-leader model and organizational change management. Using David Fettermen's Empowerment Evaluation approach, ChildStrive's CQI program is guided by the following principles:

- Improvement – help people improve program performance
- Community ownership – value and facilitate community control
- Inclusion – invite involvement, participation, and diversity
- Democratic participation – open participation and fair decision making
- Social justice – address social inequities in society

- Community knowledge – respect and value community knowledge
- Evidence-based strategies – respect and use both community and scholarly knowledge
- Capacity building – enhance stakeholder ability to evaluate and improve planning and implementation
- Organizational learning – apply data to evaluate and implement practices and inform decision making
- Accountability – emphasize outcomes and accountability

CQI teams are established whenever a programmatic or organizational bottleneck, planning, or implementation challenge is identified. CQI teams have cross-departmental representation and are facilitated by staff members at all levels of the organization. Each team has a charter and meets regularly to assess progress toward goals that are established by the group. The process puts evaluation into the hands of staff members, under the premise that the more actively staff members are engaged in the CQI process, the more likely they are to participate in making decisions and taking actions based on their findings.



#### Neuroscience:

The science of early brain development can inform investments in early childhood. These basic concepts, established over decades of neuroscience and behavioral research, help illustrate why child development—particularly from birth to five years—is a foundation for a prosperous and sustainable society. The basic architecture of the brain is constructed through an ongoing process that begins before birth and continues into adulthood. Early experiences affect the quality of that architecture by establishing either a sturdy or a fragile foundation for all of the learning, health and behavior that follow. In the first few years of life, 700 new neural connections are formed every second. After this period of rapid proliferation, connections are reduced through a process called pruning, so that brain circuits become more efficient. Sensory pathways like those for basic vision and hearing are the first to develop, followed by early language skills and higher cognitive functions. Connections proliferate and prune in a prescribed order, with later, more complex brain circuits built upon earlier, simpler circuits. The brain is most flexible, or “plastic,” early in life to accommodate a wide range of environments and interactions, but as the maturing brain becomes more specialized to assume more complex functions, it is less capable of reorganizing and adapting to new or unexpected challenges. For example, by the first year, the parts of the brain that differentiate sound are becoming specialized to the language the baby has been exposed to; at the same time, the brain is already starting to lose the ability to recognize different sounds found in other languages.

Although the “windows” for language learning and other skills remain open, these brain circuits become increasingly difficult to alter over time. Early plasticity means it’s easier and more effective to influence a baby’s developing brain architecture than to rewire parts of its circuitry in the adult years.

#### ChildStrive Practice Model:

ChildStrive currently utilizes a number of practices proven effective through research. These practices are applied across all programs and together provide an approach that is highly effective at building the competence, confidence and resilience of families while maximizing the healthy development of their children. These practices include:

- Natural Learning Environment:

Providing services to families with very young children in the child’s natural learning environment is more effective than in other settings for a number of reasons. Very young children learn through exploring their environment and through interacting with their closest family members. Utilizing their environment, toys and primary relationships in the setting where they are most comfortable speeds learning. Parents are able to see how their child learns in the home and how to support that learning. Parents become more comfortable with getting on the floor and playing with their children. They don’t have to try to generalize from one setting to another.

- Parent Coaching:

ChildStrive staff are trained in a reflective questioning parent coaching approach. Through this approach staff ask questions that help parents realize how much they know about their children and their family. They realize that they are good at problem-solving and that they already know how to support their children’s development. This gives them confidence to learn even more and to work on hard goals. Rather than telling parents what to do, we help them discover their own path. This approach supports and builds upon the strengths and knowledge of each family and promotes independence.

- Transdisciplinary/Primary Coach:

Children develop in a holistic way. They work on all areas of development at once and each area of development is supported by development in other areas. Children also don’t develop in isolation – all family members are involved, including the pets. Providing services by a “Primary Coach” who works with the whole family and the whole child is most effective. A family may have a Speech and Language Pathologist (SLP) as their Primary Coach, and if the child has issues in another area of development like social-emotional development, the SLP is able to support the child and family in that area as well. The SLP may consult with the counselor on the team or even bring the counselor to a home visit to meet the child and family and help the Primary Coach and the parent make a plan for addressing the social/emotional issues. This approach provides continuity for the parents and maintains a strong relationship between our staff member and the parents. As all learning is relationship-based, this provides optimal support for families. In this way, each ChildStrive staff member works with the whole child and the whole family.

- Reflective Supervision

Working with children and families in their homes can be demanding on the professional involved. While staff always have a plan for the home visit, it is sometimes difficult to predict what will going on in the home. In addition, the intimate setting allows the professional to know much more about how the families operates and what is really happening in the family. Reflective supervision is the regular collaborative reflection between a service provider (clinical or other) and supervisor that builds on the supervisee’s use of her thoughts, feelings, and values within a service encounter. Reflective supervision complements the goals and practices of Restorative Practices. Supervisor and supervisee meet regularly (for example, for an hour weekly or monthly) to discuss what is going well (family and provider strengths) as well as challenges. The case and direction of discussion are chosen by the supervisee, who is guided by the supervisor to examine her feelings or thoughts about the case and use this awareness to better serve the client. The relationship between supervisor and supervisee in reflective supervision models the desired relationships



between provider and client in a therapeutic/helping relationship. In particular, the relationship is based on collaboration, choice, trust, and accountability.

- Infant Mental Health

Research tells us that the most rapid brain development occurs during the first three years of life. An infant's positive attachment to her or his primary caregivers is the foundation for healthy social emotional and cognitive development. The presence of a secure, nurturing relationship between a child and his or her primary caregivers protects the developing brain. Conditions such as parental depression, extreme poverty, substance abuse or domestic violence in the home can sometimes threaten the quality of early attachment relationships. If such conditions and life events, known as Adverse Childhood Experiences (ACEs), are not attended to the developing brain can suffer actual damage. Such brain damage can result in life-long behavioral, learning, and physical health problems. However, early identification and intervention, including supporting the resiliency and competency of the caregiver, can have powerful positive effects and prevent children from developing more serious disorders as they grow. Infant and Early Childhood Mental Health is a field of practice devoted to promoting healthy social and emotional development, preventing future mental health problems, and treating mental health problems of very young children in the context of their families. Support services usually take place in child/caregiver dyads, offering opportunities for positive outcomes for both the child and the caregiver. Caregivers learn to better understand the meaning of their child's behavior, as well as appropriate ways to respond. They also learn to reflect on how their own unresolved issues contribute to their relationship with the child. Even caregivers and babies not experiencing trauma can benefit from the coaching and family support that infant and early childhood mental health services can provide.

- Mindfulness and Mindfulness Parenting Strategies:

Mindfulness means maintaining a moment-by-moment awareness of our thoughts, feelings, bodily sensations, and surrounding environment. Mindfulness also involves acceptance, meaning that we pay attention to our thoughts and feelings without judging them—without believing, for instance, that there's a "right" or "wrong" way to think or feel in a given moment. Though it has its roots in Buddhist meditation, a secular practice of mindfulness has entered the American mainstream in recent years. Large population-based research studies have indicated that the practice of mindfulness is strongly correlated with greater well-being and perceived health. This is applicable to society at large as well as specific settings such as workplaces and schools. Studies have also shown that rumination and worry contribute to mental illnesses such as depression and anxiety, and that mindfulness-based interventions are effective in the reduction of both rumination and worry. Mindfulness parenting strategies give parents concrete tools to manage stress. The ability to manage stress while raising an infant or toddler is central to resilience. Parents we serve face stressors that are not easily understood. Having tools to reduce stress can help parents prevent exposing their infants and toddlers to toxic stress that is proven to negatively impact development and can create long-term negative results. Parents' ability to manage stress can be key to lasting parental resilience and to preventing child abuse and neglect.

Resilience:

Resilience is the ability to overcome serious hardship. Children who do well in the face of serious hardship typically have a biological resistance to adversity and strong relationships with the important adults in their family and community. Resilience is the result of a combination of protective factors. Neither individual characteristics nor social environments alone are likely to ensure positive outcomes for children who experience prolonged periods of toxic stress. It is the interaction between biology and environment that builds a child's ability to cope with adversity and overcome threats to healthy development. The capabilities that underlie resilience can be strengthened at any age. The brain and other biological systems are most adaptable early in life. Yet while their development lays the foundation for a wide range of resilient behaviors, it is never too late to build resilience. Age-appropriate, health-promoting activities can significantly improve the odds that an individual will recover from stress-inducing experiences. For example, regular physical exercise, stress-reduction practices, and programs that actively build executive function and self-regulation skills can improve the abilities of children and adults to cope with, adapt to, and even prevent adversity in their lives.

Adults who strengthen these skills in themselves can better model healthy behaviors for their children, thereby improving the resilience of the next generation.

Restorative Practice:

Restorative Practice, which evolved from Restorative Justice, is a new field of study that has the potential to positively influence human behavior and strengthen civil society around the world. Restorative Practice builds healthy communities, increases social capital, reduces the impact of crime, decreases antisocial behavior, repairs harm and restores (or builds) relationships. We have chosen this conceptual framework for the following reasons: Restorative Practice (RP) is relevant across the life span; RP integrates developments from a variety of disciplines and fields including education, psychology, social work, criminology, sociology and organizational development and leadership; and Current research, investigation and inquiry are driving theory development and practice enhancement. The fundamental premise of Restorative Practice is that people are happier, more cooperative and productive, and more likely to make positive changes when those in positions of authority do things **with** them, rather than **to** them or **for** them.

Toxic Stress:

Toxic stress response can occur when a child experiences strong, frequent, and/or prolonged adversity—such as physical or emotional abuse, chronic neglect, caregiver substance abuse or mental illness, exposure to violence, and/or the accumulated burdens of family economic hardship—without adequate adult support. This kind of prolonged activation of the stress response systems can disrupt the development of brain architecture and other organ systems, and increase the risk for stress-related disease and cognitive impairment, well into the adult years. When toxic stress response occurs continually, or is triggered by multiple sources, it can have a cumulative toll on an individual's physical and mental health—for a lifetime. The more adverse experiences in childhood, the greater the likelihood of developmental delays and later health problems, including heart disease, diabetes, substance abuse, and depression. Research also indicates that supportive, responsive relationships with caring adults as early in life as possible can prevent or reverse the damaging effects of toxic stress response.

**Links:**

Harvard Center on the Developing Child: <http://developingchild.harvard.edu>

David Marquet "Intent Based Leadership": <http://www.davidmarquet.com>

David Fetterman "Empowerment Evaluation": <http://www.davidfetterman.com/empowermentevaluation.htm>

William Bridges "Managing Change": <https://www.mindtools.com/pages/article/bridges-transition-model.htm>

International Institute of Restorative Practice: <http://www.iirp.edu/>

<http://www.iirp.edu/what-we-do/what-is-restorative-practices>

# ChildStrive

Little Steps to Big Possibilities

June 5, 2017

Verdant Health Commissioners  
Verdant Health Commission Wellness Center  
4710 196<sup>th</sup> St.  
Lynnwood, WA 98036

Dear Commissioners:

ChildStrive is honored to share our vision of the future with you. Like you, we imagine a time when South Snohomish County is healthy in all ways. We seek to partner with Verdant Health to fund and lead a long-term, community program with far reaching impact. We believe that together with the community, we can achieve our shared vision.

The enclosed concept paper and attachments is current documentation of our new strategic direction. The conceptual framework came out of a retreat we had with members of our board, staff and community partners last November. The ChildStrive Board of Directors will approve a strategic plan based upon these concepts by July 1, 2017.

ChildStrive's long history of quality services in South Snohomish County positions us to partner with Verdant on a big vision project focused on long term health impact as opposed to more traditional program-based funding focused on output. We are energized by a clearer focus on community impact.

Some of the takeaways from this paper are:

- Increasing access to and engagement in needed services for the community's most vulnerable families
- The emphasis on the role of family and community
- The focus on indicators of long term community health
- The incorporation of Restorative Practice into our work
- The importance of community collaboration and our role as leaders from a neuro-developmental, two generation perspective.
- The integration of a robust organizational leadership and change management model
- The desire to have an independent evaluation to help articulate a replicable model with policy implications and the potential for publication

There are definitions in the end of the concept paper and examples of impact on families in Attachment B that will likely be helpful.

Thank you for your consideration of this unique opportunity. We look forward to discussing it with you.

Sincerely,

  
Jim Welsh  
Executive Director

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## Strategies

The strategies included below will allow us and our community partners to achieve the goal of building a resilient and responsive community. Each strategy represents activities at ChildStrive and within the Verdant Health District. It is these activities for which we seek support.



The following are our initial plan of activities and associated outcomes:

## Our Action Agenda

### **Strategic Intention**

ChildStrive is committed to building a Resilient and Restorative community that is informed by Neuroscience. We will accomplish this work by utilizing a Family and Community Centric approach. We embed the concepts of strength-based and relationship-based services in our work and create an environment of continuous learning.

ChildStrive understands that lasting change requires more than providing direct service to a single child. We know that childhood experiences and toxic stress impact the health and success of families for generations to come. We are committed to a restorative framework because we know that by looking beyond the individual and supporting a healthy family and empowered community we can positively impact a family's trajectory for generations to come.

A responsive and restorative approach requires supporting and engaging the whole child, the whole family, and the whole community.

### **Strategy #1 Build a flexible and resilient organization**

*Organizations are sustainable, accountable and stronger when they invest in their own resilience using the same proven strategies that are used when delivering services to families.*

Plan:

- Improve capacity to strengthen infrastructure at ChildStrive in order to provide community leadership and quality services to families.
- Integrate the 4 pillars of infrastructure – Leadership, Change Management, Planning/Implementation, and Restorative Practice.
- Create a research, evaluation and policy component to support replication.

#### **Outcomes:**

- Increase organizational resilience at ChildStrive and with partner organizations
- Demonstrate the effectiveness of the proposed approaches
- Increase replication of the proposed approaches

### **Strategy #2 – Empower confident and competent families**

*Providing stable, responsive, nurturing relationships for children and families can prevent and reverse the damaging effects of toxic stress, racial inequalities, and poverty. Using proven practices allows us to best support resilience in families.*

Plan:

- Listen to parents about what supports they need, how to make services most helpful, and what barriers exist currently to receiving help
- Improve capacity to serve South Snohomish County Families through services tailored to help achieve their goals by adding staff members in Early Intervention and Parents as Teachers Foster an integrative and consistent service delivery approach across ChildStrive, deepening practices including Parent Coaching, Mindfulness, Reflective Supervision and Infant Mental Health.

#### **Outcomes:**

- Decrease timeline to enter services
- Increase capacity to meet family needs
- Decrease the impact of toxic stress, racial inequalities and poverty.

### **Strategy #3 – Develop innovative practices**

***Restorative Practice and Mindfulness are evidence-based approaches that are effective in supporting health and well-being and enhance our current practices.***

***Restorative Practice is based on strong relationships, the premise that the community is responsible for the well-being of its members, and the belief that everyone has and deserves dignity and worth.***

***Mindfulness reduces anxiety, depression, and stress which leads to more intentional choices and better understanding of impact on others.***

#### **Plan:**

- Share language, values and practices across the service community
- Integrate a program of mindfulness parenting strategies to give parents concrete tools to manage stress leading to increased resilience.
- Share practices with partners to improve the community's capacity to build resilience in families and in the South Snohomish community.

#### **Outcomes:**

- Prevent and mitigate existing toxic stress which leads to chronic health conditions
- Increase resilience in families, service providers and the broader community

### **Strategy #4 – Facilitate a responsive and restorative community**

***Communities can work together to eliminate the unnecessary and damaging factors that put families at risk and strengthen the conditions for all children to succeed.***

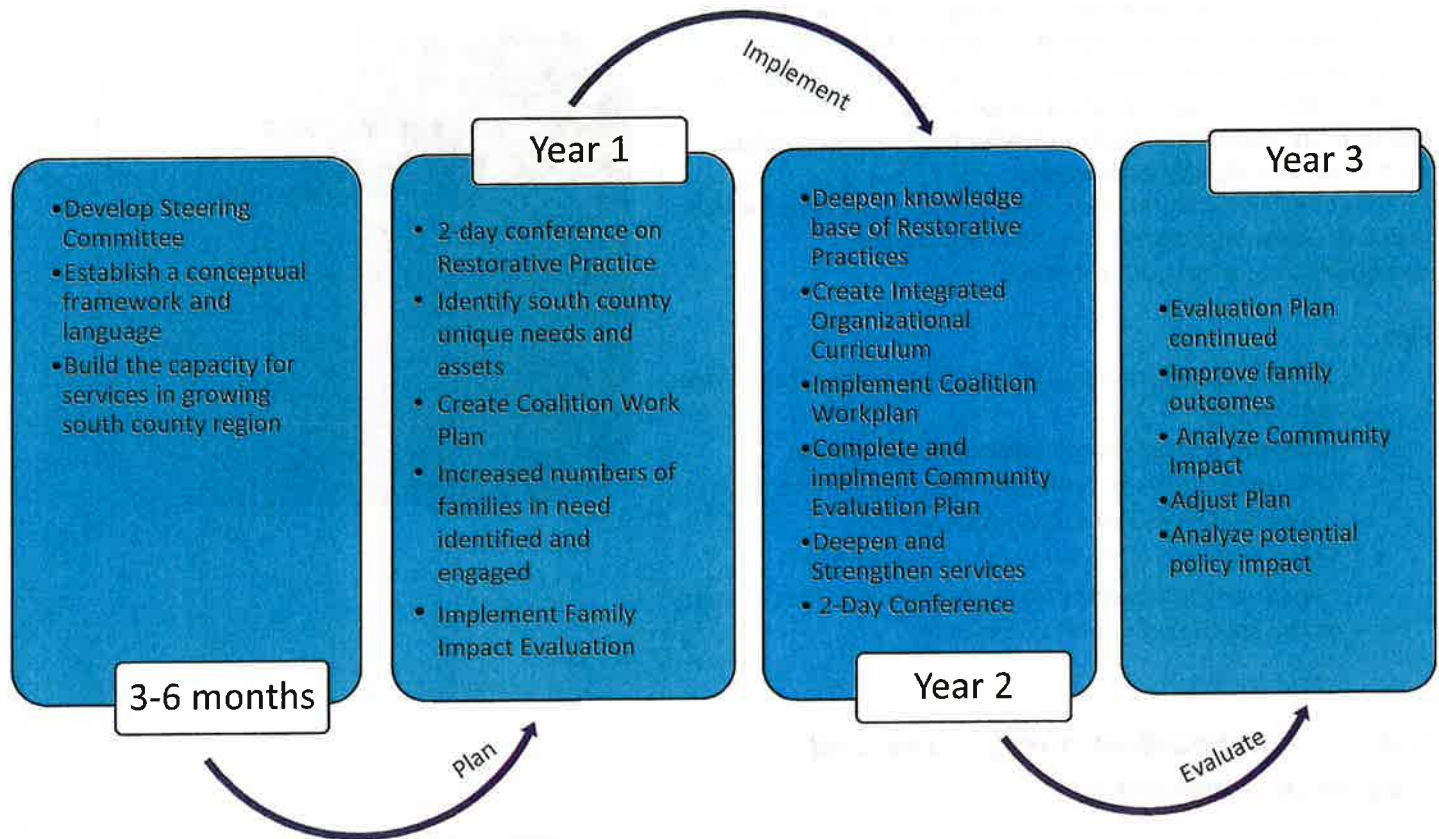
#### **Plan:**

- Build a community coalition
- Establish a common conceptual framework and language based in Restorative Practice
- Identify and implement community impact and partnership strategies to maximize social investment

#### **Outcomes:**

- Partners form steering committee
- Community partners attend an annual 2-day Restorative Practice conference
- Increase shared understanding of community gaps and assets
- Increase funding for these efforts

### Timeline (approximately July 2017 – December 2019)



### Activities, Outcomes, and Milestones

#### Activities:

ChildStrive, in partnership with Verdant, will build a coalition of community providers. See Attachment A for a list of potential partners. We will begin with those most interested in this approach and with whom we have strong relationships, and build out from that start. The coalition is essential in setting the stage for shared planning and creating a culture that is consistent with Restorative Practice. In Detroit, where a local community has embarked on a similar project, they learned that in order to embed these approaches and make it sustainable, restorative practices must become part of the culture. They also are discovering the potential of their project to align systems.

We will provide Restorative Practice training for partners (and are already beginning that process this summer) to provide a baseline understanding of this approach. Then, through the coalition, we will work with partners to deepen their understanding and use of the practices. We will learn together with the support of the International Institute of Restorative Practices, the nation's largest provider of restorative practices professional development and the world's only graduate school dedicated to the practices. A link to this institute can be found in the Resources section of this paper.

We will reach out to the families in the community that we seek to serve in order to learn from them what supports and services will help them, how these services can be most helpful to them, and what barriers exist currently to receiving the help they need. Important in this information-gathering will be listening carefully to the priorities of these families



and being clear about what we believe we can and cannot do for them through this project. We will design these conversations based upon Restorative Practice so that they experience the approach we are hoping to provide throughout the community.

Through coalition partners, we will work together to identify families very early in their child's life who need extra support to thrive. Then we will work to engage them in the services that they need including those that address the needs of all members of the family. This will require strong partnerships to work together in a way that doesn't overwhelm families, but instead feels consistent and supportive. In this way, addressing the needs of at least two generations simultaneously, we can help build resilience in families and ultimately in the community.

Expanding access to appropriate services at ChildStrive and potentially at other organizations, will be necessary due to the growth in South Snohomish County and our assumed success at identifying families and engaging them in services. In addition, ensuring that all partner organizations are utilizing proven practices (Restorative and others) to best impact families will be important. This includes strengthening their organizational capabilities. In order to achieve this, ChildStrive will develop an integrated leadership/planning program to share with partner organizations. Components of this are explained in the Definitions section of this paper.

We believe that planning a strong evaluation component into this project from the beginning will help us know what is working and what isn't. This will help us utilize a "live laboratory" approach, making adjustments as we go to improve effectiveness. To accomplish this, the partners can build upon work ChildStrive has undergone to gather data to measure the impact of our work on families and the community. Through this work, the coalition will identify the indicators that need to be measured and a protocol for gathering the data. Regular review of the data will allow those in the moment adjustments. The ultimate goal will be to create a replicable approach and data that demonstrates effectiveness and can lead to publishable information.

We also believe that an external evaluation of the entire project will allow Verdant to gather objective information that we believe will support publication of the results.

#### Outcomes:

Aspirational, long term (three to five years) outcomes include:

- Reduction in Adverse Childhood Experiences for children in South Snohomish County
- Reduction in obesity and other chronic illnesses in children living in South Snohomish County
- Decrease in addiction among citizens of South Snohomish County
- Increase in kindergarten readiness in Edmonds School District
- Decrease in suspensions/expulsions in Edmonds School District
- Decrease in juvenile justice involvement in South Snohomish County
- Decrease in Child Abuse and Neglect open cases in South Snohomish County
- Increase in GED, certification and other education and training for adults in South Snohomish County
- Decrease in poverty in South Snohomish County
- Increase in ability to measure return on investment of this integrated approach

The ability to establish baseline data and ongoing measurement will be an important task of this project and may shape the indicators we are able to measure.

Shorter term outcomes will be related to families and community partners and will be established by the coalition. They will be along the lines of the following:

- Child meets developmental milestones
- Parents are more involved in their children's play and activities
- Parents have increased ability to manage stress
- Families have increased social supports
- Parents have increased understanding of their children's development
- Parents have increased confidence
- Families have increased positive communication



- Children are up-to-date on immunizations

These outcomes are aligned to measuring resilience in families which results in reduction in toxic stress and Adverse Childhood Experiences and ultimately leads to maximum brain development in the early years that are essential for success of children. Attachment C is the survey currently being developed by ChildStrive to measure these indicators. It can be adapted by the coalition.

#### Milestones:

Important milestones for the project include:

- Development of the coalition – getting ten partner organizations involved
- Creation of the steering committee
- Development of the Gaps and Assets evaluation
- Development of the Plan, including evaluation of impact
- Training in Restorative Practices
- Increase in ability to serve more families
- Increase in numbers of families identified who need support
- Increase in engagement of families who need support
- Development of a program of mindfulness parenting strategies
- Development of an integrated leadership/planning model and curriculum
- Sharing both mindfulness and leadership/planning with partner organizations
- Continued expansion of the coalition
- Continued deepening of use of proven approaches including Restorative Practices

#### Summary

ChildStrive's core belief is based upon the importance of community and the rigor of evidence-based practices in building resilience. This belief led ChildStrive to seek a collaborative partnership with Verdant Health Commission to achieve positive community health impact. We seek a cornerstone partner to demonstrate the efficacy and return on investment of this community initiative.

Important components in our proposal are: 1) the inclusion of a foundational approach of Restorative Practice that will bring shared language, values and approaches to partner agencies and continuity to families; 2) creating a "live laboratory" to learn what works and what doesn't to enhance and improve impact; 3) building evaluation, research and policy into the project from the start; and 4) the ability to build a replicable system of care that improves the health of the community and results in publication.

Finally, this project is aligned with other efforts in the community and the state, including the following:

- The Casino Rd. Initiative seeks similar outcomes in the Casino Rd. area of Everett.
- The state initiative called "First 1,000 Days" seeks similar outcomes and processes across the state and is connected with the Harvard Center on the Developing Child.
- United Way of Snohomish County is seeking to fund collaborative projects that create community impact and take a two-generation approach to working with families.
- At the state level, changes to integrate Department of Early Learning, Children's Administration, and parts of the Department of Social and Health Services are underway to serve children and families more effectively.

ChildStrive's unique portfolio of services and strategic intent puts us on the leading edge of these changes and with the strong partnership of Verdant Health, can help South Snohomish County align with these community efforts to achieve broad health outcomes for families and the community. These efforts are an acknowledgement of the importance of families with young children to reach their full potential while altering the life trajectories of generations to come.

## Resources

### **Definitions:**

#### Integrated Organizational Structure:

Failure to properly invest in a rigorous, intentional integrated organizational model often leads to reduced impact and even failure by the organization attempting to impact change. We believe fundamentally that investment in our organizational structure and leadership culture deeply impacts the quality of services we provide to families. We aim to nurture community, optimism, opportunity, and hope among families in our care, and we must therefore nurture those same qualities for our employees. We must encourage individual initiative, innovation, and risk-taking among our staff, so our staff will in turn support the same potential in the families we serve. Our Intent-based leadership approach puts a high value on empathy.

The intent of ChildStrive's organizational structure is to:

- Absorb and manage change
- Enable resiliency
- Promote consistency and common expectations across programs
- Build talent within the organization
- Provide cross-departmental supports

The structure ensures that programs are not separated in silos and staff members at all levels have the accountability, responsibility, and capability to make sound decisions. The leadership structure provides staff at all levels the opportunity to learn and grow in both experience and expertise. There is both vertical and horizontal integration—supported by our Continuous Quality Improvement process (see below), and all staff are expected to take on a leadership role. “Manager” and “leader” are not synonymous; in fact, in the leader-to-leader approach, managers take on a support role to nurture leadership qualities in their staff. This system of support moves upward and outward through the levels of the organization.

#### Leadership:

Intent-based Leadership (also known as a leader to-leader model) is a leadership approach developed by David Marquet that increases effectiveness and develops leadership skills at all organizational levels. The leader-to-leader approach acknowledges every team member as a leader and an expert. Information is democratized, so that every team member has the clarity and the skills to make decisions. The model puts ownership and confidence in the hands of every team member, removing the fear of failure, increasing tolerance for mistakes, and encouraging risks. The pillars of this approach are:

- Control. Give control, don't take control.
- Competence. Create technical competence in the workplace.
- Clarity. Be honest, public, and clear about the organization's goals.
- Courage. Resist the urge to follow cultural stereotypes of the “in charge” leader.

ChildStrive uses these pillars of leadership to develop skills at all levels of the organization. Conversely, when members of the organization lack clarity, they rely on authoritative leaders who make decisions for them. This removes decision-making power from those who are closest to the information upon which decisions should be made.

#### Bridges Transition Model:

Because accepting change is often difficult, scary, and non-linear, ChildStrive augments the Stages of Change with the Bridges Transition Model of change management. The Bridges Model was published in 1991 by William Bridges in his book “Managing Transitions.” Bridges differentiates between “change” and “transition,” noting that change is something that happens to people, often whether they like it or not. Transition, on the other hand, is the process that happens within people as they work through ambivalence toward accepting and supporting change. Bridges identifies three stages of accepting change:

- Stage 1: Ending, Losing, Letting Go. This stage is characterized by fear, denial, anger, sadness, disorientation, frustration, uncertainty, and a sense of loss.

- Stage 2: Neutral Zone. This stage is characterized by resentment, skepticism, low morale, low productivity, and anxiety about one's role, status, or identity.
- Stage 3: The New Beginning. This stage is characterized by high energy, openness to learning, and renewed commitment to the change.

By identifying these stages and normalizing the feelings that often accompany each stage, the model supports follow-through while promoting creativity and clarity.

The Stages of Change provides both a framework for assessing readiness, as well as a practical means of matching services to the family's needs. The Bridges Model provides a vocabulary and skill set to manage both organizational change along with the family and community to help resolve the normal ambivalence associated with accepting change.

#### Planning/Implementation:

Continuous Quality Improvement (CQI) is a strategy to implement and operationalize both the leader-to-leader model and organizational change management. Using David Fettermen's Empowerment Evaluation approach, ChildStrive's CQI program is guided by the following principles:

- Improvement – help people improve program performance
- Community ownership – value and facilitate community control
- Inclusion – invite involvement, participation, and diversity
- Democratic participation – open participation and fair decision making
- Social justice – address social inequities in society
- Community knowledge – respect and value community knowledge
- Evidence-based strategies – respect and use both community and scholarly knowledge
- Capacity building – enhance stakeholder ability to evaluate and improve planning and implementation
- Organizational learning – apply data to evaluate and implement practices and inform decision making
- Accountability – emphasize outcomes and accountability

CQI teams are established whenever a programmatic or organizational bottleneck, planning, or implementation challenge is identified. CQI teams have cross-departmental representation and are facilitated by staff members at all levels of the organization. Each team has a charter and meets regularly to assess progress toward goals that are established by the group. The process puts evaluation into the hands of staff members, under the premise that the more actively staff members are engaged in the CQI process, the more likely they are to participate in making decisions and taking actions based on their findings.

#### Neuroscience:

The science of early brain development can inform investments in early childhood. These basic concepts, established over decades of neuroscience and behavioral research, help illustrate why child development—particularly from birth to five years—is a foundation for a prosperous and sustainable society. The basic architecture of the brain is constructed through an ongoing process that begins before birth and continues into adulthood. Early experiences affect the quality of that architecture by establishing either a sturdy or a fragile foundation for all of the learning, health and behavior that follow. In the first few years of life, 700 new neural connections are formed every second. After this period of rapid proliferation, connections are reduced through a process called pruning, so that brain circuits become more efficient. Sensory pathways like those for basic vision and hearing are the first to develop, followed by early language skills and higher cognitive functions. Connections proliferate and prune in a prescribed order, with later, more complex brain circuits built upon earlier, simpler circuits. The brain is most flexible, or “plastic,” early in life to accommodate a wide range of environments and interactions, but as the maturing brain becomes more specialized to assume more complex functions, it is less capable of reorganizing and adapting to new or unexpected challenges. For example, by the first year, the parts of the brain that differentiate sound are becoming specialized to the language the baby has been exposed to; at the same time, the brain is already starting to lose the ability to recognize different sounds found in other languages. Although the “windows” for language learning and other skills remain open, these brain circuits become increasingly difficult to alter over time. Early plasticity means it's easier and more effective to influence a baby's developing brain architecture than to rewire parts of its circuitry in the adult years.

### ChildStrive Practice Model:

ChildStrive currently utilizes a number of practices proven effective through research. These practices are applied across all programs and together provide an approach that is highly effective at building the competence, confidence and resilience of families while maximizing the healthy development of their children. These practices include:

- Natural Learning Environment:

Providing services to families with very young children in the child's natural learning environment is more effective than in other settings for a number of reasons. Very young children learn through exploring their environment and through interacting with their closest family members. Utilizing their environment, toys and primary relationships in the setting where they are most comfortable speeds learning. Parents are able to see how their child learns in the home and how to support that learning. Parents become more comfortable with getting on the floor and playing with their children. They don't have to try to generalize from one setting to another.

- Parent Coaching:

ChildStrive staff are trained in a reflective questioning parent coaching approach. Through this approach staff ask questions that help parents realize how much they know about their children and their family. They realize that they are good at problem-solving and that they already know how to support their children's development. This gives them confidence to learn even more and to work on hard goals. Rather than telling parents what to do, we help them discover their own path. This approach supports and builds upon the strengths and knowledge of each family and promotes independence.

- Transdisciplinary/Primary Coach:

Children develop in a holistic way. They work on all areas of development at once and each area of development is supported by development in other areas. Children also don't develop in isolation – all family members are involved, including the pets. Providing services by a "Primary Coach" who works with the whole family and the whole child is most effective. A family may have a Speech and Language Pathologist (SLP) as their Primary Coach, and if the child has issues in another area of development like social-emotional development, the SLP is able to support the child and family in that area as well. The SLP may consult with the counselor on the team or even bring the counselor to a home visit to meet the child and family and help the Primary Coach and the parent make a plan for addressing the social/emotional issues. This approach provides continuity for the parents and maintains a strong relationship between our staff member and the parents. As all learning is relationship-based, this provides optimal support for families. In this way, each ChildStrive staff member works with the whole child and the whole family.

- Reflective Supervision

Working with children and families in their homes can be demanding on the professional involved. While staff always have a plan for the home visit, it is sometimes difficult to predict what will going on in the home. In addition, the intimate setting allows the professional to know much more about how the families operates and what is really happening in the family. Reflective supervision is the regular collaborative reflection between a service provider (clinical or other) and supervisor that builds on the supervisee's use of her thoughts, feelings, and values within a service encounter. Reflective supervision complements the goals and practices of Restorative Practices. Supervisor and supervisee meet regularly (for example, for an hour weekly or monthly) to discuss what is going well (family and provider strengths) as well as challenges. The case and direction of discussion are chosen by the supervisee, who is guided by the supervisor to examine her feelings or thoughts about the case and use this awareness to better serve the client. The relationship between supervisor and supervisee in reflective supervision models the desired relationships between provider and client in a therapeutic/helping relationship. In particular, the relationship is based on collaboration, choice, trust, and accountability.

- Infant Mental Health

Research tells us that the most rapid brain development occurs during the first three years of life. An infant's positive attachment to her or his primary caregivers is the foundation for healthy social emotional and cognitive development. The presence of a secure, nurturing relationship between a child and his or her primary caregivers protects the

developing brain. Conditions such as parental depression, extreme poverty, substance abuse or domestic violence in the home can sometimes threaten the quality of early attachment relationships. If such conditions and life events, known as Adverse Childhood Experiences (ACEs), are not attended to the developing brain can suffer actual damage. Such brain damage can result in life-long behavioral, learning, and physical health problems. However, early identification and intervention, including supporting the resiliency and competency of the caregiver, can have powerful positive effects and prevent children from developing more serious disorders as they grow. Infant and Early Childhood Mental Health is a field of practice devoted to promoting healthy social and emotional development, preventing future mental health problems, and treating mental health problems of very young children in the context of their families. Support services usually take place in child/caregiver dyads, offering opportunities for positive outcomes for both the child and the caregiver. Caregivers learn to better understand the meaning of their child's behavior, as well as appropriate ways to respond. They also learn to reflect on how their own unresolved issues contribute to their relationship with the child. Even caregivers and babies not experiencing trauma can benefit from the coaching and family support that infant and early childhood mental health services can provide.

- Mindfulness and Mindfulness Parenting Strategies:

Mindfulness means maintaining a moment-by-moment awareness of our thoughts, feelings, bodily sensations, and surrounding environment. Mindfulness also involves acceptance, meaning that we pay attention to our thoughts and feelings without judging them—without believing, for instance, that there's a "right" or "wrong" way to think or feel in a given moment. Though it has its roots in Buddhist meditation, a secular practice of mindfulness has entered the American mainstream in recent years. Large population-based research studies have indicated that the practice of mindfulness is strongly correlated with greater well-being and perceived health. This is applicable to society at large as well as specific settings such as workplaces and schools. Studies have also shown that rumination and worry contribute to mental illnesses such as depression and anxiety, and that mindfulness-based interventions are effective in the reduction of both rumination and worry. Mindfulness parenting strategies give parents concrete tools to manage stress. The ability to manage stress while raising an infant or toddler is central to resilience. Parents we serve face stressors that are not easily understood. Having tools to reduce stress can help parents prevent exposing their infants and toddlers to toxic stress that is proven to negatively impact development and can create long-term negative results. Parents' ability to manage stress can be key to lasting parental resilience and to preventing child abuse and neglect.

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Restorative Practices, which evolved from Restorative Justice, is a new field of study that has the potential to positively influence human behavior and strengthen civil society around the world. Restorative Practices builds healthy communities, increases social capital, reduces the impact of crime, decreases antisocial behavior, repairs harm and restores (or builds) relationships. We have chosen this conceptual framework for the following reasons: Restorative Practice (RP) is relevant across the life span; RP integrates developments from a variety of disciplines and fields including education, psychology, social work, criminology, sociology and organizational development and leadership; Current research, investigation and inquiry are driving theory development and practice enhancement; The fundamental





## Introduction

ChildStrive seeks a collaborative partnership with Verdant Health Commission to achieve a big vision based upon the importance of community and the rigor of evidence-based practices in building resilience. As a cornerstone partner, Verdant can help us demonstrate the efficacy and return on investment of this vision. Central elements of the proposal include:

- utilizing a Restorative Practice framework to anchor and align community partnerships
- using knowledge gained from the “live laboratory” of community services to continually improve impact
- building evaluation, research and policy into the project from the start
- building a replicable system of care to improve broad health outcomes in the community

This document outlines our strategic framework which is the result of a board retreat that included our staff and community stakeholders. It describes our focus on long-term community impact; our growth goals in the areas of services, organizational flexibility and resilience; and expanded partnerships. Through it we seek to define our big vision and the steps we will take to achieve it.

ChildStrive partners with families to support young children’s success in daily life and in the community. What began in 1964 as an effort to provide early education to unserved children and support for their parents, has grown into a well-respected organization which supports 2,000 families each year. These families face challenges to parenting and have a desire to get their infants, toddlers, and preschoolers off to the best start possible, establishing a trajectory of success. We are proud that our organization, services, and programs are all evidence-based and have a proven record of success. ChildStrive is the only organization in Washington State that provides this unique continuum of programs including Early Intervention, Nurse-Family Partnership, Parents as Teachers, and Outreach to Vulnerable Families.

ChildStrive serves families during pregnancy to Kindergarten. Our work with families focuses on the months and years that are most critical to brain development. Through this focus we help vulnerable families achieve what every parent wants - to help their children fulfill their potential. We also utilize the neuroscience which confirms that healthy brain development during pregnancy and in the first three years of life is essential and that when infants and toddlers are exposed to toxic stress, including child abuse and neglect, their brain architecture and even their genetic makeup is negatively impacted. This negative impact can continue for generations.

Our work creates significant return on investment. We turn each dollar spent into many dollars saved as families avoid homelessness, poverty, addiction, chronic health problems, and out of home placements. We have a unique perspective on what families need to thrive as well as the many challenges they face. Our long standing experience in delivering evidence-based practices and programs helps us understand what is required for fidelity to these effective models of service delivery and how our organization has been strengthened because of this achievement.

Focusing on internal organizational strength and resilience allows us to expand our vision regarding community impact and to dream big about the ways we can harness the power of community partners to enhance our efforts and magnify the results.

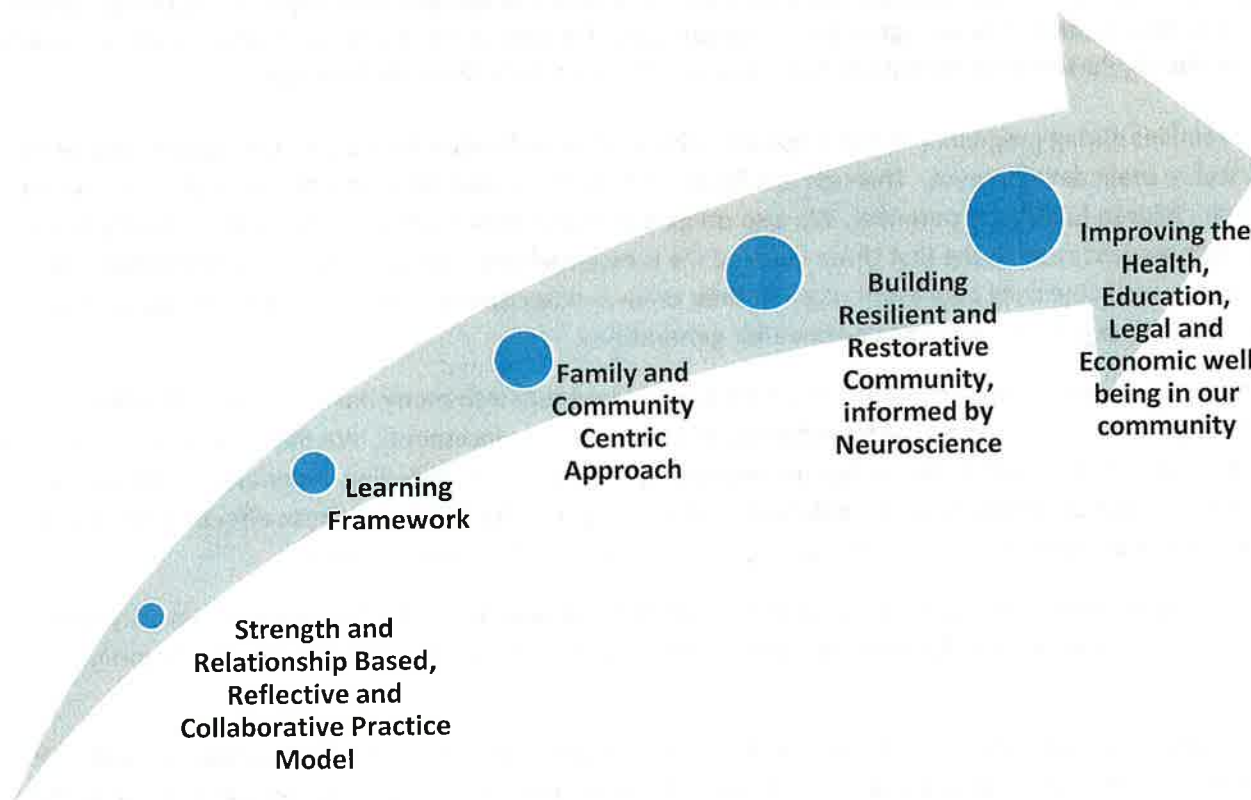
The work we do at ChildStrive prevents adverse childhood experiences and maximizes early learning opportunities. We need community partners to assist us in addressing the issues with which parents struggle - issues that make it harder to parent successfully. Working in partnership we can move beyond family resilience into community resilience.

**ChildStrive is committed to focusing on Community Impact that results in a community which is physically, socially, legally, and economically strong and healthy by building a resilient, restorative community informed by neuroscience.** Reducing toxic stress and building resilience in families with young children will prevent child abuse and neglect while maximizing the miraculous period of brain development that takes place in the preschool years. Making families and the community the center of our focus allows us to accomplish our vision of a healthy and prosperous community.

### **Return on Investment**

We will provide multiple levels of intervention, each promoting resilience of young children, families and the community. As noted by Nicola Preston, a lecturer for the International Institute for Restorative Practice, “Our early experiences shape the architecture of the developing brain and lay the foundations of sound mental health. Disruptions to this developmental process can impair a child’s capacities for learning and relating to others, with lifelong implications. Restorative Practices, by improving children’s environments of relationships and experiences, can build sturdy brain architecture, which supports learning capacity throughout the lifespan.” On the child and family level, early identification and engagement in appropriate supports will allow parents to get their children off to a great start – maximizing the early phase of brain development, preventing Adverse Childhood Experiences, and providing a return on investment higher than at any other time of life (according to James J. Heckman, Noble Memorial prize winner in economics). The next level is a coalition of services providers who have strong relationships built upon Restorative Practices. This will provide consistency in working with families and each other, including qualities such as motivating, empathizing, and working together to make positive change within our own organizations, our collaborative partners and the families we serve together. Two family examples of the potential impact of this approach can be found in Attachment B. The final level is a community that responds consistently in a respectful, non-judgmental manner, seeking to repair harm rather than punish, while holding community members accountable for their actions. While the return on investment has yet to be measured for projects utilizing this integrated approach, South Snohomish County has the opportunity to be among the first to do so.

### **Strategic Intention**



premise of Restorative Practice is that people are happier, more cooperative and productive, and more likely to make positive changes when those in positions of authority do things **with** them, rather than **to** them or **for** them.

#### Toxic Stress:

Toxic stress response can occur when a child experiences strong, frequent, and/or prolonged adversity—such as physical or emotional abuse, chronic neglect, caregiver substance abuse or mental illness, exposure to violence, and/or the accumulated burdens of family economic hardship—without adequate adult support. This kind of prolonged activation of the stress response systems can disrupt the development of brain architecture and other organ systems, and increase the risk for stress-related disease and cognitive impairment, well into the adult years. When toxic stress response occurs continually, or is triggered by multiple sources, it can have a cumulative toll on an individual's physical and mental health—for a lifetime. The more adverse experiences in childhood, the greater the likelihood of developmental delays and later health problems, including heart disease, diabetes, substance abuse, and depression. Research also indicates that supportive, responsive relationships with caring adults as early in life as possible can prevent or reverse the damaging effects of toxic stress response.

#### **Links:**

Harvard Center on the Developing Child: <http://developingchild.harvard.edu>

David Marquet "Intent Based Leadership": <http://www.davidmarquet.com>

David Fetterman "Empowerment Evaluation": <http://www.davidfetterman.com/empowermentevaluation.htm>

William Bridges "Managing Change": <https://www.mindtools.com/pages/article/bridges-transition-model.htm>

International Institute of Restorative Practice: <http://www.iirp.edu/>

<http://www.iirp.edu/what-we-do/what-is-restorative-practices>

## Attachment A

Initial thoughts about community coalition partners (in no particular order):

- Verdant Health Commission
- YWCA
- Center for Human Services
- Community Health Clinic
- Edmonds School District
- Edmonds Community College
- Goodwill
- Swedish
- Cities of Lynnwood, Mountlake Terrace, Brier, Edmonds
- Snohomish County Human Services
- Law enforcement
- First responders
- Other medical providers in the area
- Coordinated Entry – Homeless Project Navigators
- Addiction Treatment – Evergreen and THS
- Health District
- Medicaid Plans – Molina, Coordinated Care, Community Health Centers, United and Amerigroup
- DSHS – Community Services Office
- Children's Administration
- Churches
- Food banks
- South County Resource Center
- Compass Health
- Wonderland
- International Institute for Restorative Practices
- University of Washington Mindful Parenting

## Examples of the Difference Restorative Practice Makes

In our vision of the future, we see a community that embraces and utilizes Restorative Practices in all facets of life. Whenever there is a harm, a crime, an issue, even a misunderstanding, the response is restorative. Individuals are active stewards of their community. They are accountable and also humane, respectful, and emphasize listening, understanding and having strong relationships. Harm is righted, not through punishment, but through repair.

The following family stories paint a picture of how things are now and how we imagine they could be in the future. Names are changed to protect privacy.

### **The Smiths**

The Smiths were struggling. They were behind in their rent payment, and Kim Smith was just coming to terms with the PTSD her husband was exhibiting after his Army service. Their two year old son, Pete, was acting out in child care. Pete had already been kicked out of a previous child care because of his aggressive behavior and since they used subsidies from the state to pay for child care, the choices of centers was limited in their area. Kim called her ChildStrive Early Intervention provider in a panic when the current child care said they might not be able to keep Pete any longer. Our staff member offered to consult with the child care about how to work with Pete to prevent his expulsion. The child care center director said that their staff really didn't have time for the consultation and that she believed that they were not going to be able to keep Pete in care. Our staff member reiterated what we could offer, but learned a week later from a distraught Kim that Pete had been expelled from care. She was scrambling to find care and was considering asking her neighbor to keep him even though she had some concerns about how the neighbor cared for her own children. The stress that the family was experiencing was making Pete's aggressive behavior worse, but Kim had few options because if she missed more work she would lose her job.

Imagine if this situation happened in a place where all parties involved utilized a Restorative Practice approach. In that scenario, the child care center director would reach out to the parents and the others involved in Pete's life, including our staff member, the YWCA case manager helping them with their housing instability and even Pete's physician. Imagine that all were invited to a Restorative Conference where the issues about Pete's behaviors were explored in a non-judgmental way and everyone in the conference was able to explain their perspective while all other participants listened. Kim and her husband would learn about the harm that Pete was causing at the center, and the center staff would learn about the stresses the family was dealing with and the impact on Pete's behavior. They also would learn all that Pete's parents were doing to help Pete. Finally, resources to support Pete at the child care center would be shared and a plan created. All parties would agree to support Pete, the child care center and Pete's parents through this difficult time in order to help him succeed at the center. All parties also would agree to come back together in a few months to see how the plan was working. Pete's parents would leave the conference feeling more confident, but also thinking about how to repair the harm done to others as a result of Pete's behavior. Important relationships in Pete's life were restored. By not assigning blame to any of the parties involved, room for reconciliation was created and past harms were repaired.

### **The Jones**

Dorothy Jones had just had her first child, Rachel, when she realized that she had to leave Rachel's dad who was increasingly abusive to her and she feared would harm Rachel. Dorothy built a plan to escape with the support of her nurse from the Nurse-Family Partnership program and an advocate from Domestic Violence Services. Her life was very chaotic, caring for her infant and working as a baker while



trying to stay safe from her abuser. During this time she missed some appointments with Rachel's pediatrician at a local clinic. Knowing that the well child visits and immunizations were important, she contacted the clinic to reschedule. That is when she learned that she was on "probation" for no-showing for appointments. She was not allowed to schedule any appointments for six months. She could get off probation if she went to a drop in clinic and waited until Rachel could be seen, but between the transportation, her work and the thought of spending the day at a drop in clinic with an infant, Dorothy didn't think she could do that. She thought she might have to go to the Emergency Department to get Rachel's immunizations. Finally, her NFP nurse contacted the clinic and tried to get them to make an exception to probation due to the circumstances that led to Dorothy's no-shows. After many phone calls, the clinic agreed to another appointment for Rachel only if the nurse agreed to come with Dorothy and Rachel to ensure they made it. Dorothy felt very demeaned by the whole experience and wished she could change clinics, but she didn't have the time or energy to find another doctor willing to take Medicaid.

But, imagine if the clinic took a Restorative Practice approach. They would have reached out to Dorothy after her first no-show to learn what was happening. Rather than taking a punitive approach, they would have listened carefully to what was going on and worked to accommodate Dorothy by scheduling an appointment in their clinic near the shelter where Dorothy was staying and at a time that worked better for Dorothy's work schedule. They would have reached out to the NFP nurse and worked with her to support Dorothy. They would have been respectful and supportive, ensuring Dorothy's continued partnering with them for the health of her child, and Rachel would receive her immunizations and well-child visits from a trusted physician not an Emergency Department.

**In Detroit, whole neighborhoods are employing a Restorative Practice approach to rebuilding their city. "By focusing on youth, the Restorative Practice work will have an impact for generations to come. The relationships we hold with one another are the backbone of the community. Forging strong relationships and learning how to effectively manage conflict will be critical to Detroit's comeback." Tonya Allen, CEO of the Skillman Foundation, funding Detroit's Restorative Practice Community work. While our issues may be different here, we can take a similar approach in South Snohomish County and establish a culture of Restorative Practice.**



Snohomish County, WA

Human Services



SAFESTREETS



## CHronic Utilizer Alternative Response Team (CHART)

Initial Evaluation  
April 2016

### What Is CHART?

Throughout Everett, many of our most vulnerable and marginalized residents utilize services that span multiple systems including law enforcement, the jail, the emergency departments, emergency medical services (EMS), social service agencies, the courts, and homeless shelters. Many of these individuals have overlapping legal, health, mental health, and substance use issues that result in repeated, expensive, and avoidable contact with the health care, emergency medical services, crisis care, legal, and criminal justice systems.

CHART is a team of criminal justice, emergency response, social service, and research partners who collaborate in an effort to reduce the impact of chronic utilizers on those systems. By taking a systematic approach, our goal is to create an individualized plan that will have a positive and measurable impact on the use of those resources without simply shifting costs from one partner organization to another. The primary goal of CHART is to decrease the system impacts associated with the disproportionate overlapping service utilization by these individuals; however, we anticipate that our efforts will also positively impact the lives of those identified for participation in CHART.

### Who Are on the CHART Teams?

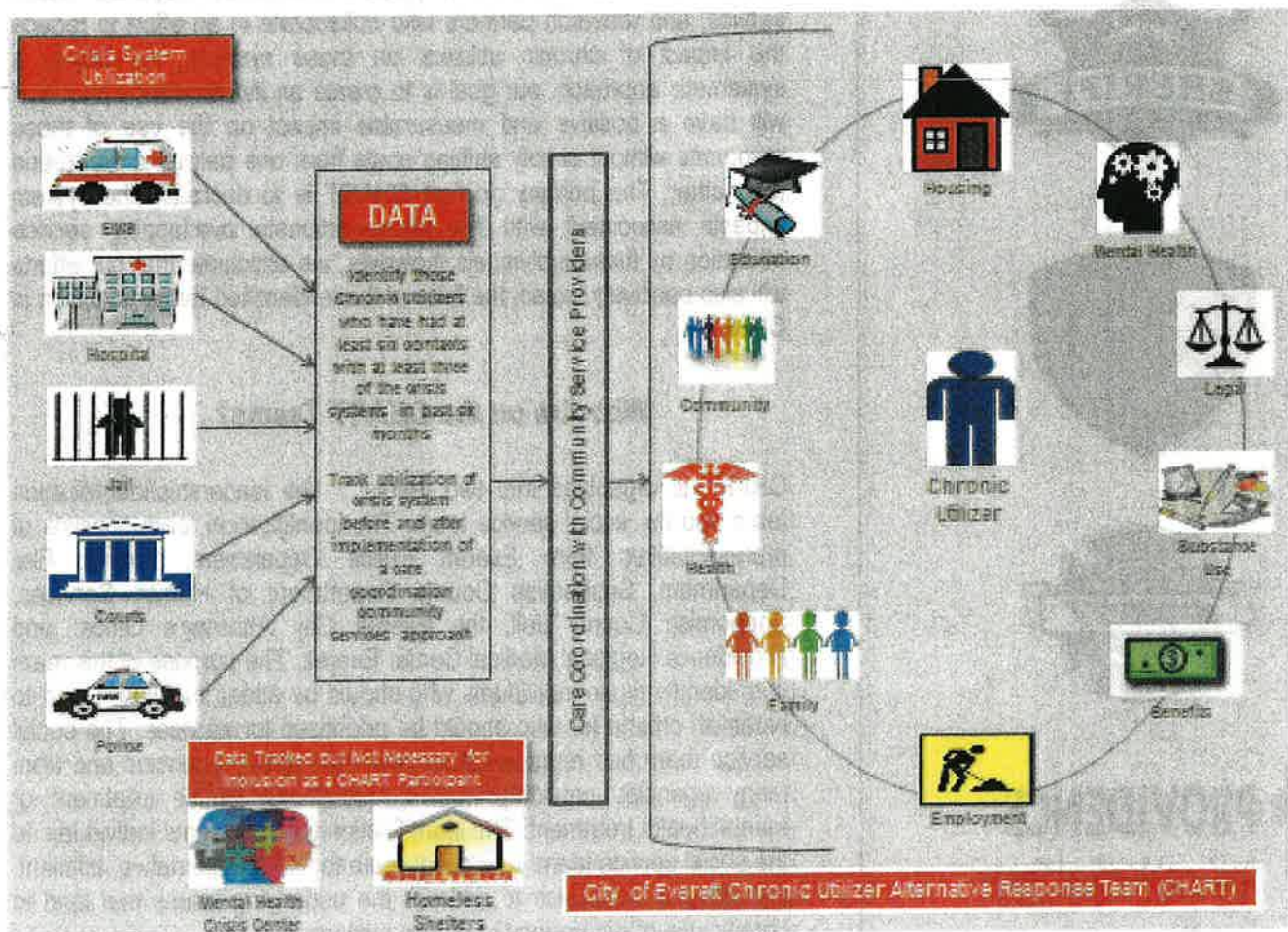
CHART is organized into two teams: the leadership/identification team and the social service team. The identification team consists of representatives from Everett Police Department, Everett Fire Department, Snohomish County Department of Human Services, Snohomish County Jail, the Everett City Attorney's Office, and Providence Regional Medical Center Everett. The purpose of this team is to identify those individuals who should be added to CHART and to establish criteria for who should be prioritized for services. The social service team has representatives from the above agencies and from many agencies providing housing, substance abuse treatment or mental health treatment. The identification team presents individuals to the social service team, who collaborate to find an alternative, efficient, and effective approach to address the underlying issues that lead to chronic use of emergency response systems.

## How Are Individuals Identified for CHART?

Individuals are identified by members of the identification team based on the frequency and severity of the individual's contact with the various systems. First, an individual is identified by a one of the emergency response agencies on the identification team. Second, the individual's utilization of each of the respective systems is examined to determine the impact across the entire criminal justice and emergency response systems. The team then decides together if an individual should be added to the CHART program using the following criteria: in the prior six months, the individual must have at least six contacts with the emergency response system and must have at least one contact with three of the core agencies (police, jail, fire, courts, emergency room.)

## What Happens When a Person Is Identified for Participation in CHART?

Identified individuals sign a release to have their case discussed at social service team meetings held every other week. Each of the partner agencies commits resources to implementing the proposed plan (such as exceptional booking, quashing of warrants, and transport to alternative locations other than jail/hospital when possible) and works to keep the team updated of any changes. Because the focus of our efforts is on system cost-reduction and efficiency, CHART individuals are not required to do anything to participate; however, the team seeks to collaborate with the identified individuals when possible to accomplish goals that mutually benefit the affected systems and improve the circumstances that led the individual's use of system resources.





## ***How Does CHART Measure Success?***

By comparing each individual CHART participant's utilization of the criminal justice, crisis care, legal, and emergency medical services systems prior to program participation and after participation in CHART, we will be able to determine the impact the program has on the overall system. We will be successful if we are able to reduce the frequency of contacts by participants with these respective systems. Participation in CHART will be measured from point the core team determines an individual should be in CHART. The CHART individual will be on the "active" CHART list for as much time as necessary but may be moved to an "inactive status" after a period of 60 days with no or minimal contact with the affected systems. All CHART individuals will be tracked long term to measure success.

***"We need alternatives to traditional policing. Everett Police Department is committed to working with our community partners to help improve the outcomes for those in our city who are most vulnerable while at the same time continuing our emphasis on public safety."***

***~Deputy Chief  
Everett Police Department***

***"By improving our response to the chronic utilizers who use a disproportionate amount of our time and resources, we free those resources up for everyone else who needs our help."***

***~Assistant Fire Chief of EMS  
Everett Fire Department***

***"I'm back on my feet because people gave me a hand up. They hold me accountable but they're also helping me out."***

***~CHART Participant***

***"The answer isn't to call police to haul people out of our sight. We have to help people go in the right direction or the cycle never ends."***

***~Corrections Bureau Chief  
Snohomish County Sheriff's Office***

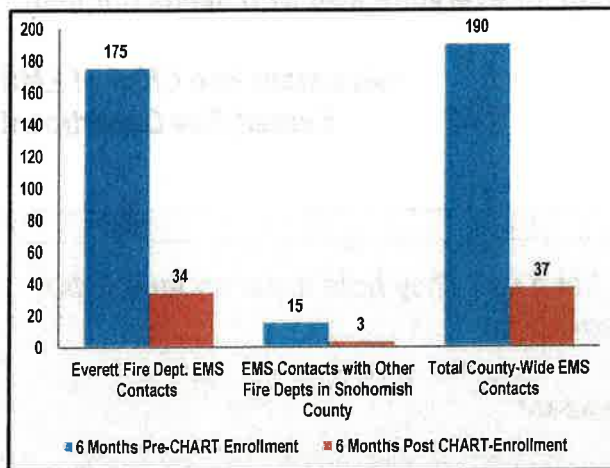
## Evaluation of Program to Date

As of April 2016, there were six CHART participants who had been in the program at least six months allowing for a comparison of their utilization of crisis services for their six months prior to program enrollment to their six months after their initial CHART enrollment dates.

### Contacts with Emergency Medical Services (EMS)

Between the six months pre-CHART enrollment and the six months post-CHART enrollment, documented contacts with Everett Fire Department EMS **decreased 80.6%** from **175 contacts** to **34 contacts**. Contacts with EMS from other fire departments within Snohomish County **decreased 80.0%** from **15 contacts** to **3 contacts**. Overall, county-wide EMS contacts dropped from **190** in the pre-CHART period to **37** in the post-CHART enrollment period for total **decrease of 80.5%**.

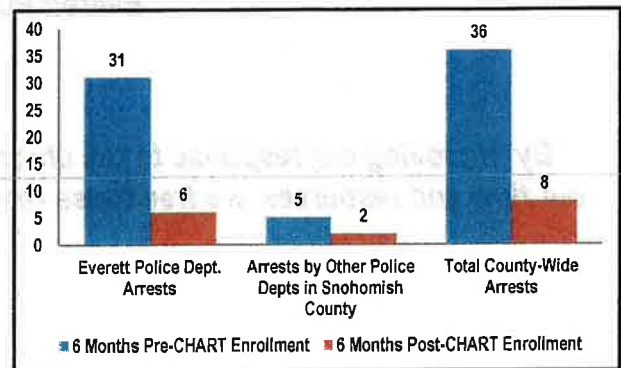
### EMS Contacts: Six Months Pre-CHART Enrollment vs. Six Months Post-CHART Enrollment



### Criminal Justice Involvement

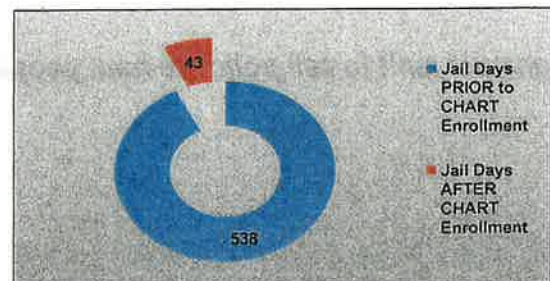
Arrests made of CHART participants by Everett Police Department **decreased 80.6%** between the six months pre-CHART enrollment and the six months post-CHART enrollment from **31 arrests** to **6**. Arrests of CHART participants by other law enforcement agencies in the county **decreased 60%** from **5** to **2**. Overall, county-wide arrests of CHART participants dropped **77.8%**.

### Arrests: Six Months Pre-CHART Enrollment vs. Six Months Post-CHART Enrollment



The number of days spent in the Snohomish County Jail for CHART participants **decreased 92.0%** from **538** in the pre-CHART enrollment period to **43** in the six months post-CHART enrollment. Additionally, the amount billed to Everett Police Department for jail days for CHART participants dropped from **\$28,356** to **\$6,300**, a **decrease of 77.8%**.

### Number of Days in Snohomish County Jail: Six Months Pre-CHART Enrollment vs. Six Months Post-CHART Enrollment

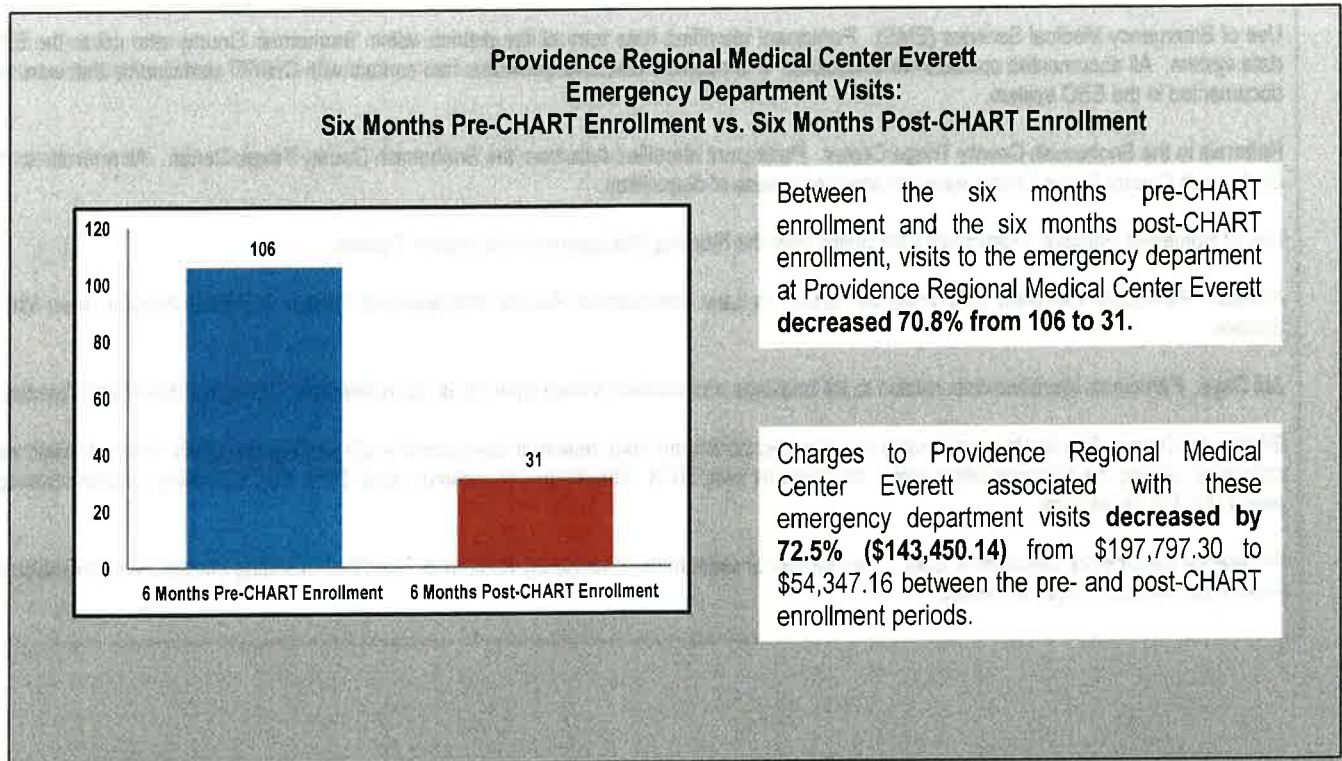




### Contacts with Other Crisis Services

Referrals to the Snohomish County Triage Center, a center for crisis mental health issues, **decreased 100%** from **4 referrals** pre-CHART enrollment to **zero referrals** post-CHART enrollment.

While there were few documented stays at an area homeless shelter in the pre-CHART enrollment period, this number also **decreased from 3 documented stays to 1** in the post-CHART period.



### Members of the CHART Leadership Team

**Anthony Aston**  
Corrections Bureau Chief, Snohomish County Sheriff's Office

**Tim Key**  
Assistant Chief of EMS, Everett Fire Department

**Michael Braley**  
North Administrative Sergeant, Everett Police Department

**Mark StClair**  
Deputy Chief, Everett Police Department

**Kaitlyn Dowd**  
Embedded Social Worker, Everett Police Department

**Kim Williams**  
Chief Operating Officer, Providence Regional Medical Center  
Everett

**Robin Fenn**  
Research Manager, Snohomish County Department of Human  
Services

**Julie Zarn**  
Regional Director, Emergency and Critical Care Services  
Providence Regional Medical Center Everett

**Hil Kaman**  
Assistant City Attorney, Everett City Prosecutor's Office

**Technical Notes:**

All analysis of data was conducted by the Research Division of the Snohomish County Human Services Department. Data for this report were analyzed in April 2016.

For questions about data and analysis, contact Robin Fenn, Research Manager, Snohomish County Human Services Department at [Robin.Fenn@snoco.org](mailto:Robin.Fenn@snoco.org).

**Use of Emergency Medical Services (EMS):** Participant identified data from all fire districts within Snohomish County who utilize the ESO data system. All documented contacts were included. It is possible that EMS providers had contact with CHART participants that were not documented in the ESO system.

**Referrals to the Snohomish County Triage Center:** Participant identified data from the Snohomish County Triage Center. All referrals to the Snohomish County Triage Center were included regardless of disposition.

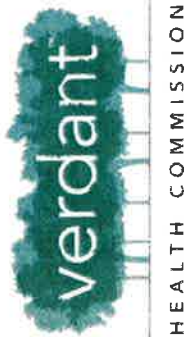
**Use of Homeless Shelters:** Participant data pulled from the Housing Management Information System.

**Arrests:** Participant identified data listed as "arrest" in Law Enforcement Record Management System (LERMS) through New World System

**Jail Days:** Participant identified data related to jail bookings and number of days spent in jail as pulled from COTS and New World System

**Billable Jail Days:** The Snohomish County Jail provided participant data related to days spent in jail and agency billed. Amount billed was calculated utilizing the following billing rates: for calendar year 2013: \$65.94/day; for calendar year 2014, \$66.63 per day; and for calendar year 2015, \$84.00 per day.

**Providence Emergency Department Data:** The number of visits to the emergency department and their resulting charges were provided by Providence Medical Center of Everett.



## Verdant Health Commission Board of Commissioners/Staff Retreat 9 June 2017

### Overview of Hazel Miller/Premera/United Way Discussions

- Initial conversations with Premera and United Way
- Hazel Miller/VHC Focus Groups:
  - 3 groups
  - 18 participants
  - “wish list”:
    - HOUSING!
    - Better collaboration/communication between silos
    - Wrap around services
    - More community education on homelessness
    - Schools/EMS/Law enforcement resources
    - More BH treatment

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6.9.2017



## Verdant Health Commission Board of Commissioners/Staff Retreat 9 June 2017

### What Now?

- Decision regarding enhancing current grant proposal review criteria
  - Recommendation: RF and GK to revamp criteria and present to full board for approval at July BOC meeting *December retreat instead*
- Direction regarding moving forward in targeted areas
  - Recommendation: RF and GK to explore programming/grants related to each of the presentation-areas recommended by the BOC *PSCC Child Care*
- Decision on collaborative funding
  - Recommendation: RF and staff to continue conversations with other community funders and investigate future co-funding opportunities
- Direction about continuation of original Value Village plan
  - Recommendation: RF and staff to continue following plan developed in March 2017 with a data update to be provided to BOC at July meeting

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6.9.2017