



## King County

### Department of Community and Human Services

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## FINAL PROCUREMENT PLAN

### Veterans and Human Services Levy: 4.3

### Prevention and Early Intervention Programs

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#### 1. Goal (Overarching Investment Strategy)

The Veterans and Human Services Levy Service Improvement Plan (SIP) set a goal of strengthening families by reducing risk of involvement in the child welfare and justice systems by increasing strong maternal-child attachments, connections to community and/or extended families, and other indigenous supports (Page 24 of SIP).

#### 2. Objective (Specific Investment Strategy)

Expand the availability of programs that promote healthy early development through responsive, nurturing caregiver-child relationships and improve language and culturally-based access to services. *Support healthy early childhood development and parenting* (Page 25 of SIP).

In the Veterans & Human Services Levy guidance adopted by the King County Council, the importance of investing in prevention activities is clearly expressed through commitment of \$1.5 million annually for programs that promote healthy early childhood development, thus preventing problems that eventually result in criminal justice system involvement and homelessness.

#### 3. Population Focus

The population focus for this procurement plan is King County families with young children—primarily under the age of five—who live in environments where stressors are particularly high.

Examples include families who are living in poverty, families of active duty Guard and Reservists that have/are/will serve our country, families where one or both parents are unemployed or under-employed, families with domestic violence involvement, families experiencing homelessness, and families struggling with substance abuse or mental health problems. Additionally, for some families, limited English proficiency or being new immigrants/refugees can lead to stresses that interfere with healthy child development.

#### 4. Need and Population to be Served

Research has proven that healthy interactions between parents and children in the early months and years of life are linked to the prevention of child abuse and neglect and later prevent children's involvement in the criminal justice system. Findings also suggest that in early childhood there exists a critical, time-limited window of opportunity for both the reception of enriching and strengthening input and for preventing dysfunctional and destructive behavior from occurring. The early years of 0-5 are the most vulnerable for influencing development of the brain in providing executive function, which is the foundation for learning, control of emotions and the capacity for reflective thinking.

One of the most effective ways to ensure positive outcomes for children is to ensure that parents and other caregivers are provided the support, information, education, and resources needed to make choices and take actions that build strong and healthy families. Research shows that prevention and early intervention approaches are key strategies to address risk factors that families face. Healthy and strong families decrease future need for government funding in areas such as medical services, remedial education and the criminal justice system.

Research demonstrates that child abuse and neglect affect children of every age, race, and income level. However, research has identified specific factors that are associated with an increased risk of child abuse and neglect. These studies have also demonstrated that when multiple factors are present, families are at risk. The National Child Welfare Association has identified at risk families to include:

- a. Young mothers and fathers unprepared for the responsibilities of raising a child
  - 575 births to mothers 19 years of age or younger paid by Medicaid occurred in 2004 (see table below)
- b. Single parents with little support
  - 51,323 single parent homes in King County (*2000 U.S. Census*)
- c. Families placed under stress by poverty, domestic violence, unemployment, mental health, divorce, or social isolation
  - 11.2% of King County families live in poverty –(*A Matter of Need, South King Council of Human Services*)
  - It is estimated that 1 in 4 women will experience domestic violence. The majority of these victims have children. –(*Public Policy Office of the National Coalition Against Domestic Violence*)
- d. A concern overlying these risk factors is the influence of racism and disproportionality
  - African American children are three times more likely, and Native American children are seven times more likely than Caucasian children to be involved in referrals that are accepted for investigation by Child Protective Services. (Clegg & Associates, Inc. *Racial Disproportionality in the Child Welfare System in King County, Washington*)

Families at risk live in every community of the County. While the highest percentages of families at risk occur in South King County and Seattle, both East and North King County are home to significant numbers of families at risk. Families at risk often live in concentrated pockets such that are located throughout King County. Focusing on these

concentrated pockets within communities will prove to be the most effective strategy toward supporting families at risk.

**First time births paid by Medicaid in King County, 2004**

<b>Health Planning Area</b>	<b>Number of first births to mothers 19 years of age or younger</b>
Burien & Des Moines/Normandy Park, Tukwila/SeaTac & White Center/Blvd Park	133
Kent & Covington/Maple Valley	110
Auburn & SE King County	83
Renton & Cascade/Fairwood	65
Federal Way	45
Ballard, Fremont/Green Lake, Shoreline, North Seattle, NE Seattle & NW Seattle	37
Beacon Hill, Georgetown, South Park & SE Seattle	36
Bellevue & Issaquah/Sammamish	27
Downtown/First Hill, West Seattle & Delridge	25
Bothell/Northshore & Kirkland	14
<b>Total</b>	<b>575</b>

Data Source: Washington State Department of Health, Birth Certificate Data

**Where Children and Families Reside**

<b>Region</b>	<b>Households with children*</b>	<b># of children residing in each region**</b>	<b>% children living below 100% of federal poverty level***</b>
North	17,850 (8.8%)	33,936	6.2%
Seattle	49,000 (24.3%)	93,520	14.5%
East	54,450 (27%)	101,635	4.7%
South	80,600 (39.9%)	161,555	11.4%

\*Data Source – A Matter of Need, South King Council of Human Services – Actual number and percent share of KC household with children

\*\*Data Source – A Matter of Need, South King Council of Human Services

\*\*\*Data Source – Communities Count 2005

**5. Funds Available**

Veterans Levy: \$0

Human Services Levy: \$493,000 per year (2006 dollars)

2007 dollars are divided equally over the remaining four years of the Levy.

**6. Program Description**

This proposal lays out a framework for the process to implement prevention strategies called out in the Levy. This will be accomplished by a competitive Request for Proposal (RFP) process. The King County Children and Family Commission, which resides at Public Health-Seattle & King County, will provide oversight, develop the RFP design and be responsible for all the contracting functions related to these funds.

The prevention framework is built around strategies that promote an integrative approach that fosters the protective factors related to strong families while reducing family risks and deficits. Evidence-based models built on promoting parents' strengths have been proven to be more effective in engaging high risk families (Protecting Children by Protecting Families, 2006).

The framework includes a variety of theoretical evidence-based or promising approaches for supporting parents and caregivers. Although each program may utilize unique strategies, the final result is expected to advance the common goal of strengthening of families to promote the healthy development of young children. This achieved, more children will be school ready, there will be a reduction in child abuse and neglect, and ultimately a reduction of involvement in the criminal justice system and the reduction of the risk of homelessness.

The allocation of the funds will occur through an RFP process. The RFP will solicit proposals from contractors that can demonstrate the ability to achieve the desired outcomes outlined in the overview below. All applicants will be expected to demonstrate their capacity to expand their existing program, conduct community based outreach and marketing of the program, implement the chosen program model with fidelity, identify specific indicators that address the program outcomes, and collect the data required in the Levy evaluation. The RFP will be divided into three investment areas.

<p style="text-align: center;"><b>Investment Area</b></p> <p style="text-align: center;">Separate RFP's will be released for each investment area</p>	<p style="text-align: center;"><b>Allocation Process</b></p>	<p style="text-align: center;"><b>Proposed Amount to be awarded</b> (2006 dollars)</p>
<p><b>1. Home Visiting Programs</b> to support the healthy interactions between parent and child in the early months and years of life. Research has shown the link between these programs and the prevention of child abuse and neglect and later prevention of a child's involvement in the criminal justice system.</p> <p><b>Expected Outcomes:</b></p> <ul style="list-style-type: none"> <li>• Parents participating in the program, who are identified with parental stress, will have interventions offered</li> <li>• Children and pregnant women will have access to health care and be linked with a medical provider</li> </ul>	<p>Funds will be allocated through a competitive RFP process and open to any evidence based infant home visiting program in King County with a proven track record of achieving the expected outcomes</p>	<p style="text-align: center;">\$270,000 (43%)</p>

<sup>1</sup> Program designs other than NFP are eligible to apply. NFP expansion not subject to RFP because to maintain fidelity of program it must be delivered by Public Health nurses. Other evidence-based approach provides a similar service through a different model and is delivered by trained professionals and para-professionals. The eligibility requirements of these models also have a broader target population than NRP.

<ul style="list-style-type: none"> <li>• Increase school readiness</li> <li>• Families participating will increase positive parenting skills to prevent child abuse and neglect</li> <li>• Parents participating in the program will delay their second pregnancy for a minimum of two years after the first pregnancy</li> </ul> <p><b>Approach</b> – expand capacity of evidence-based home visiting programs that target first time new parents and their infants. <sup>1</sup></p> <p><b>Indicators:</b> Programs that respond to the RFP will define indicators that address desired outcomes.</p>		
<p><b>2. Training</b> for caregivers and staff that work with high risk children under the age of five and their families. Training in evidence based curricula has been shown to improve staff skills and help create high quality environments in which children and families learn and grow.</p> <p><b>Outcomes:</b></p> <ul style="list-style-type: none"> <li>• Increase school readiness</li> <li>• Increase children’s healthy social-emotional development</li> <li>• Increase responsive, nurturing caregiver relationships</li> </ul> <p><b>Approach:</b> Identify evidence based best practice curricula and training programs that have shown to address the desired outcomes. Invite agencies that working with at risk children and families to participate and utilize the evidence based training and curricula.</p> <p><b>Indicators:</b> Programs responding to the RFP will define indicators that address desired outcomes.</p>	<p>Two step process:</p> <p><b>Step One:</b></p> <p>Competitive RFP process to identify interested best practice curricula and training programs to provide training to program staff that care for at-risk children and families.</p> <p><b>Step Two:</b></p> <p>Simple application process to identify specific community based organizations that are committed to participating in the training and committed to the implementation of the evidence based curricula</p>	<p>\$176,593 (29%)</p> <p>Approximately \$94,000 will be available for contracting with organizations to provide the training and technical assistance. The remaining \$82,593 will be available for stipends to programs that care for at risk children and families to train their staff in evidence based curricula</p>

<p><b>3. Improve Access</b> to services for immigrants/refugees new to this county who are experiencing language and cultural isolation.</p> <p><b>Outcomes:</b></p> <ul style="list-style-type: none"> <li>• Expand programs that are embedded with in the immigrant/refugee communities</li> <li>• Increased access to cultural and linguistically appropriate services that link families to resources</li> <li>• Increased cultural competency of existing organizations through consultation, collaboration and sharing of resources</li> </ul> <p><b>Approach:</b> Contract with community based programs that are embedded in the immigrant/refugee communities they serve.</p> <p><b>Indicators:</b> Programs that responding to the RFP will define their indicators that address desired outcomes.</p>	<p>Funds will be allocated through a competitive RFP process and open to agencies that are located within or work with communities with a high number of recent immigrant families.</p>	<p>\$75,000 (12%)</p>
<p>Subtotal</p>		<p><b>\$521,593</b> (\$417,275 – 2008) (\$104,318 – 2007)</p>
<p>Public Health indirect</p>		<p><b>\$94,657</b> (15.3%)</p>
<p>Total</p>		<p><b>\$616,250</b> (\$493,000 – 2008) (\$123,250 – 2007)</p>

The SIP calls out examples of specific program models to consider for investment and a description of each of these models follows. It is important to note these models are examples and do not preclude other evidence-based programs from applying for these funds.

***Investment area # 1 – Home Visiting***

Parents as Teachers (PAT) program is an international early childhood parent education and family support program serving families throughout pregnancy until their child enters kindergarten, usually age 5. The program is designed to enhance child development and school achievement through parent education accessible to families. PAT has been identified as a model program by Strengthening America’s Families as an effective family program for prevention of delinquency. In King County PAT has been integrated into the Healthy Start home visiting program serving first time high risk parents under the age of twenty three.

The program provides: 1) *personal visits*-- personal visits (monthly, bi-weekly or weekly) where the home visitors share age-appropriate child development information with parents, help them learn to observe their own child, address their parenting concerns, and engage the family in activities that provide meaningful parent/child interaction; 2) *group meetings*-- parent group meetings provide opportunities to share information about parenting issues and

child development; 3) *screening*-- periodic screening for early identification of developmental delays or health, vision and hearing problems provides regular review of each child's developmental progress, identifies strengths and abilities as well as areas of concern that require referral for follow-up services, and increases parents' understanding of their child's development; and 4) *resource network*—home visitors help families identify and connect with needed resources, and overcome barriers to accessing services. Programs take an active role in establishing ongoing collaborative relationships with other organizations that serve families.

Reason for inclusion: Independent evaluations of the PAT program show that children in Parents as Teachers at age 3 are significantly more advanced in language, social development, problem solving and other cognitive abilities, than comparison children. PAT children score higher on kindergarten readiness tests and on standardized measures of achievement are more confident in their parenting.

### ***Investment Area # 2: Curricula and training programs for those who care for children***

Promoting First Relationships (PFR) is a prevention program for people who work with high risk children and families. The program is dedicated to promoting children's social-emotional development through responsive, nurturing caregiver-child relationships.

The Promoting First Relationships Curriculum covers issues critical to supporting and guiding caregivers in building nurturing and responsive relationships with children. Service providers working with high risk families are trained in the use of practical, effective strategies for promoting secure and healthy relationships between caregivers and young children (birth to 3 years). The training program gives providers the in-depth knowledge, tools, and strategies to positively influence these first relationships.

Reason for inclusion – Program evaluations have shown change in providers perspectives on children's emotional needs, enabling them to be more empathetic, giving them new strategies for dealing with behavioral issues, and a better appreciation the important role they play in the child's social and emotional development.

The Incredible Years (IY) are research-based, proven effective programs for reducing children's aggression and behavior problems and increasing social competence at home and at school.

The Incredible Years: Parents Series is a comprehensive set of curricula designed to promote social competence and prevent, reduce, and treat aggression and related conduct problems in young children. The interventions that make up the parent training program are guided by developmental theory concerning the role of multiple interacting risk and protective factors in the development of conduct problem.

Reason for inclusion – The series has been subject to numerous randomized control evaluations, has evidenced excellent effectiveness, and has attained high overall ratings.

### Family, Friend and Neighbor Care (FFN) – Play and Learn Groups

At a Play and Learn Group, children and their caregivers participate in planned age appropriate activities. Each group is led by a facilitator trained in child development, who plans and leads the activities. The trainer also provides caregivers with information and resources to enhance their ability to care for children and help them be ready for success in school. Play and Learn Groups typically meet once or twice a week for 2-3 hours in neighborhood locations, such as community centers, family service centers, and churches and other religious institutions. These groups are offered free of charge.

Reason for inclusion – listed as "What Works" in Child Trends Guide to Effective Programs for Children and Youth: Education and Cognitive Development: Home Visiting”

### ***Investment Area #3: Increase access to services for low-income, non-English speaking immigrant/refugee families by decreasing the cultural and linguistic barriers they face.***

A modest investment of levy funds will be made available to support program(s) that help limited and non-English speaking individuals and families in accessing appropriate services and navigating through those service systems. This investment will also address cultural competency of existing organizations through consultation, collaboration and sharing of resources. Examples of services to be offered include referral information, reference materials, assistance in completing application forms, follow up, and family support services. An existing program doing this type of work is the “cultural navigation program” in east King County.

## **7. Coordination/Partnerships and Alignment Within and Across Systems**

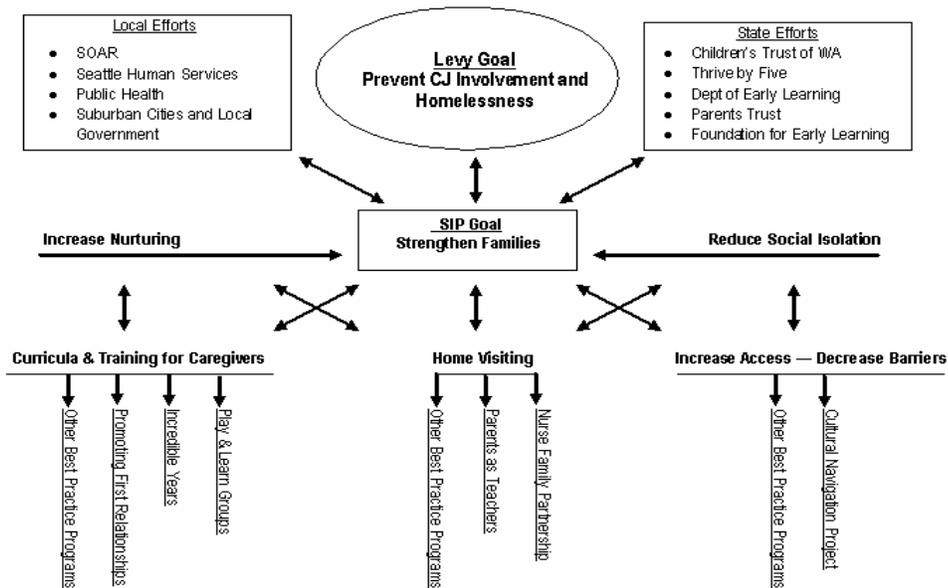
The work of the projects funded with these dollars will align and coordinate with local and state efforts that are committed to strengthening families. Locally, the community partnership SOAR is the center-point for early learning collaborative work in King County. The work is driven by the Action Agenda for Early Learning. The goals of the Action Agenda that align with the levy are: encourage the nurturing of children, prevent problems, intervene early if problems arise, and strengthen early care and education systems. SOAR is governed by a partnership council of stakeholders and leaders from local organizations, local governments, suburban cities, businesses and community coalitions. Housed at United Way of King County, SOAR is funded by four partners: United Way of King County, the City of Seattle Human Services Department, King County Children and Family Commission, and King County Developmental Disabilities Division. SOAR strives to connect, convene and catalyze communities around common goals and strategies, to create alignment between systems, sectors, organizations, providers and practice, and ensure that King County’s children succeed in school and in life.

Also, projects are encouraged to coordinate and collaborate with formal and informal caregivers when the child spends time in child care settings outside the parental home.

There are a number of state-wide organizations that are making investments that align with this levy goal, and coordination with them will be critical in building a system that supports strengthening families. The organizations are:

- Children’s Trust of Washington (formerly Washington Council for the Prevention of Child Abuse and Neglect) has received money to expand best practice home visiting programs throughout the State. Staff of Children’s Trust have agreed to coordinate with the CFC in making these investments in King County.
- Thrive By Five – a new public-private partnership that has been created to assure that all children are school ready. Since it is still in the early stages of development the specific alignment is yet to be determined.
- Department of Early Learning (DEL) – a new state department that will focus on the early learning needs of children. One of their high priorities is the improvement of caregiver training and increased quality of childcare. They are still in the process of clarifying their specific work so how they align with levy work is yet to be determined.
- Parent Trust – offers a variety of education and support services to families.
- Foundation For Early Learning – provides parents, parents-to-be, and caregivers with reliable information on how to encourage their babies’ and toddlers' ability to learn.

Coordination Flow Chart



## 8. Timeline

<b>Activity: Year One</b>	<b>Q3 2007</b>	<b>Q4 2007</b>	<b>Q1 2008</b>	<b>Q2 2008</b>
Final Review of Procurement plan by Regional Human Services Levy Oversight Board (RHSLOB)	X			
Release of the Request for Proposal (RFP) for Homevisiting, Organizations to provide train, and Access	X			
Complete review of proposals and final selection of projects		X		
Negotiation and complete contracts		X		
Start-up of projects			X	
Release Request for Application to participate in the training in evidence-based curriculum.		X		
Complete review of applications and final selection			X	
Negotiate and complete contracts			X	
Projects fully operational				X

## 9. Provider Selection / Contracting Process

Separate RFP's will be release for each investment area. Each investment area will also have independent review teams. The following selection and contracting process will be utilized for the three investment areas.

The approach for selection of organizations and programs to be funded will be a competitive Request for Proposal (RFP) process that includes a written application, site visit and/or interviews. An information/bidders conference will be held for prospective applicants to ask questions and receive technical assistance regarding the requirements of the RFP. The RFP will ask for a complete Logic Model that will become the basis of the contract between the provider and King County. The review team will include representatives from the Human Service Levy Oversight Board, CFC, and come from diverse backgrounds in experience, culture, language, expertise, and geographic representation. The recommendations from the review team will be sent to the Director of Seattle King County Department of Public Health, who acts on behalf of the County Executive, who authorizes the final funding awards to the selected projects. Agencies/organizations applying for the home visiting, training, and access dollars will utilize this process.

Once the evidence-based curriculum(s) are selected, agencies that work with families and children under the age of five will be invited to apply for the training stipends. This process will include a short two-page application process to identify specific community based organizations that are committed to participating in the training and committed to the implementation of the evidence based curricula. The selection process will be similar to the process described above; the written application will just be shorter.

Proposed parameters of the RFP include the following:

- Projects must be an expansion and/or enhancement of an existing program (e.g., serve more people in a program that meets desired outcomes; expand to unmet geographic areas; apply program in settings not yet served, etc.)

- Applicants must demonstrate how they will provide culturally competent services. The most competitive projects will utilize staff or volunteers who are representative of the populations they serve. This should include the use of bilingual and bicultural staff and/or volunteers.
- Applicants must demonstrate how they will effectively conduct community based outreach and marketing of the program
- Applicants must demonstrate that at-risk families live in the geographic area(s) they propose to serve
- Applicants must agree to work with Levy evaluators and propose appropriate assessment tool.

All successful applicants will be required to comply with the general county contract requirements.

### **10. Geographic Coverage**

All of King County with emphases on areas that can demonstrate specific need or high cluster of at risk families.

### **11. Funding/Resource Leverage**

Please see the proposed budget in item # 5. Note that the recommendation is that the majority of the prevention/early intervention dollars be invested in research-based best practice programs that have proven results. These programs, if implemented with fidelity, will provide measurable outcomes that prevent future use of the criminal justice system and reduce child abuse and neglect. The inclusion of the \$493,000 from 2007 has been distributed evenly over the four remaining years of the Levy funds. The distribution follows the overall percentage for each investment area.

The ongoing success of any community based program is dependent upon leveraging of federal, state, and local governments, philanthropy and/or private funding. Each funded program will be encouraged to leverage other government and/or private funding to assure sustainability of the program. The suggested leverage amount is 35% of the program's total budget. RFP respondents will be assessed and scored, in part, on the extent of leveraged dollars in their budgets.

The newly formed Washington State Thrive by Five private-public partnership has expressed interest in the promoting and advancement of some of the evidence-based models referenced in this document. Coordination and collaboration with Thrive by Five will occur as they unfold their areas of future investment.

### **12. Evidence-based or Best Practice**

The SIP calls out examples of specific evidence-based program models for investment consideration. These models are listed below with acknowledgement. It is important to note these models are examples and do not preclude other evidence-based programs from applying for these funds. The models below will be the standard in which other models will be measured.

### Parents as Teachers

Listed as a model program by “Strengthening America's Families: Effective family programs for prevention of delinquency”.

- Listed as a proven and promising practices by Promising Practices
- Listed as a best practice by the Center for Substance Abuse Prevention
- Listed as an “Educational Program that Works” by the National Diffusion Network

### Promoting First Relationships

Health Care for the Homeless Network and the Department of Family and Child Nursing at the University of Washington partnered in 1999 in utilizing the PFR approach with significant results. These are reported in “Topics in Early Childhood Special Education: Training Personnel to Promote Quality Parent-Child Interaction in Families Who Are Homeless” (Vol. 20, Issue 3, Fall 2000). The article reports the significant change in provider behavior resulted due to the training.

### The Incredible Years

- Selected by the U.S. Office of Juvenile Justice and Delinquency Prevention as an "exemplary" best practice program and as a "Blueprints" program.
- Selected as a "Model" program by the Center for Substance Abuse Prevention (CSAP)
- Recommended by the American Psychological Division 12 Task force as a well-established treatment for children with conduct problems.

### Family Friend and Neighbor

A Play and Learn Network was launched in January 2006, a collective of 11 organizations that host 49 Play and Learn groups to help families, friends and neighbors get the support and information they need to assist in the healthy development of the children in their care. This effort has been evaluated by Organizational Research Services and has shown the following promising results.

- 72% reported increasing knowledge about their role in helping children prepare for school, what to expect of children at different ages or how children learn through playing.
- 59% reported decreased isolation through talking or sharing ideas about caregiving/parenting with another adult.
- 77% reported changing what they do with the children in their care because of what they learned at Play and Learn groups.

## **13. Disproportionality Reduction Strategy**

The CFC will conduct an intensive outreach process in announcing and distributing RFP for levy funded programs. CFC funding policy dictates that priority for funding be given to geographic areas in King County with disproportionate levels of involvement in the criminal justice system and/or high levels of poverty. One of the RFP requirements will ask applicants to address disproportionality and provide specific strategies that they will utilize in the provision of services and in conducting community outreach.

In an effort to ensure cultural competence and address issues of institutional racism priority will be given to contractors that provide service with staff who are representative of the

population they serve or can demonstrate successfully working with these communities in the past.

#### **14. Dismantling Systemic / Structural Racism**

The dismantling of systemic and structural racism has been a priority of the CFC for the past fifteen years. The CFC's RFP and contracting process are reviewed annually by the CFC's Funding Committee to assure that they are accessible and address issues of institutional racism. The contracting process is scrutinized to ensure it is as inclusive as possible and does not perpetuate institutional racism. A recent example is the equalization of the written requirements and the verbal presentation when applying for funds through a competitive RFP process. Technical assistance is also provided to grassroots organizations that have no experience in formal RFP processes.

#### **15. Cultural Competency**

As noted earlier, the dismantling of systemic and structural racism has been a priority of the CFC for the past fifteen years. The CFC conducts outreach and extensive recruitment efforts to ensure the Commission has a diverse composition. Staff and Commissioners have undergone training on cultural competence and institutional racism. The Commission has provided cultural competence training opportunities and technical assistance to contract agencies. In addition priorities is given to applicants that:

- Provide outreach, services and trainings at locations within the communities being served and at settings where children and families are found; their homes, family support centers, childcare centers, homeless shelters, and schools. The services will be available at times that allow working parents to participate.
- Offer a range of choices and level of service to all and the staff and families will work together to determine what services will be provided.
- Eliminate barriers to receiving services by providing transportation if needed, taking the service to the family when appropriate, and providing services in the family's native language.
- Hire bilingual/bicultural staff.
- Provide decentralized points of entry to access services.
- Document training and technical assistance around Cultural Competence

#### **16. Improvement in Access to Services**

With a limited number of prevention/early intervention programs throughout King County, the support of the Veterans and Humans Services funds will allow for the expansion of existing programs to penetrate deeper within the existing service areas and expand more broadly into new communities. The expansion of the home visiting program will increase the number of families able to be served and will also expand the geographic service area. The training programs will make available ongoing opportunities to provide in-depth knowledge, tools, and strategies to parents, childcare providers, and family friend and neighbor caregivers, to positively influence these first relationships, and reduce children's aggression and behavior problems at home and in childcare settings. The linkage to appropriate resources for recent immigrants is a growing need in King County. The Levy investment will allow for the expansion of these pilot programs to other regions within King County.

## **17. Outcomes**

The outcomes for the home visiting investment will be:

- Parents participating in the program, who are identified with parental stress, will have interventions offered
- Children and pregnant women will have access to health care and be linked with a medical provider
- Increase school readiness
- Families participating will increase positive parenting skills to prevent child abuse and neglect
- Parents participating in the program will delay their second pregnancy for a minimum of two years after the first pregnancy

The outcomes for the curricula and training programs for those who care for children will be:

- Increased school readiness
- Increased children's healthy social-emotional development
- Increased responsive, nurturing caregiver relationships

The outcomes for improved language and culturally based access to services will be:

- Expand programs that are embedded within the immigrant/refugee communities
- Increased access to cultural and linguistically appropriate services that link families to resources
- Increased cultural competency of existing organizations through consultation, collaboration and sharing of resources

## **18. Process and Outcome Evaluation**

We will work with the evaluators to measure the effect of the Levy on process issues such as startup activities, contracting processes, collaboration and system level changes that occur, and on the outcomes listed above. We will require proposals submitted through the RFP process to develop logic models that demonstrate how their activities and indicators support the larger goals of the Levy.