

Best Starts for Kids Assessment Report

October 2020



King County

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II. Executive Summary

In November 2015, voters put their trust in King County to create a place where all children can achieve their full potential. They authorized the Best Starts for Kids initiative (Best Starts), a six-year property tax levy that provides resources and opportunities for kids to grow up happy, healthy, safe, and thriving. At the heart of this initiative are the voice of community and a commitment to racial equity. For all of King County to prosper, regardless of race and place, Best Starts invests early, from pregnancy and early childhood through young adulthood. Best Starts also advances equity in systems and policies that affect the well-being of children, families, young adults, and their communities.

Best Starts began implementation in 2017, after the King County Council approved the *Best Starts for Kids Implementation Plan* (Implementation Plan) in November 2016, in Ordinance 18373.¹ King County invests approximately \$400 million to support children and families in five investment areas: Invest Early, Sustain the Gain, Communities of Opportunity, Youth and Family Homelessness Prevention, and Results Focused and Data Driven.

Through partnerships with 383 community-based organizations (CBOs), Best Starts helped launch over 570 new programs for children, families, and communities, all of which are led by community. Across its investment areas and programs, Best Starts provides direct services to more than 425,000 children, youth, and parents/caregivers. Responding to variation in health outcomes, expected lifespan, and poverty rates in different communities, 52 percent of the children, youth, and families that Best Starts serves reside in South King County zip codes. Reflecting Best Starts' response to harmful and consistent experience of racial-ethnic inequity in King County, people of color represent 64 percent of those using Best Starts-funded direct services. By intentionally investing in communities of color, Best Starts connects children and families to services; reduces health disparities; and increases access to supports for success. Past policies have created the inequity in King County today, and current policies can correct inequity for future generations.

The King County Executive and Metropolitan King County Council will soon consider whether and in what form a renewal levy should go to the voters. To begin the discussion and planning process, the County Council passed Motion 15651² on July 7, 2020, requesting an assessment report from the County Executive. Motion 15651 is attached as Appendix A. This assessment report will inform the County Council's upcoming deliberations on a potential ballot measure renewing Best Starts.³ This report also responds to the County Council's request via Motion 15651 to analyze the existing initiative and propose new or modified strategies in a renewed Best Starts. This report includes:

- An assessment of how Best Starts levy proceeds are being allocated, the status of strategy and program implementation, design or policy changes, challenges and outcomes;

¹ Ordinance 18373, Metropolitan King County Council (2015) [\[LINK\]](#)

² Motion 15651, Metropolitan King County Council (2020). [\[LINK\]](#)

³ Ibid.

- An analysis of the context and impact of the Best Starts levy–funded goals, strategies, and programs outlined in Ordinance 18088,⁴ by geography, investments, implementation, and preliminary measurement changes that communities and families are experiencing;
- An analysis of how Best Starts investments have impacted the advancement of equity and social justice, and have changed systems or policies of racial and other forms of oppression;
- Recommendations for improving Best Starts if voters approve the levy;
- An analysis on how the goals of Best Starts align with the King County Strategic Plan,⁵ Equity and Social Justice Strategic Plan,⁶ the Health and Human Services Transformation Plan,⁷ the King County *Youth Action Plan*,⁸ and how Best Starts’ goals advance the goals set forth in the Mental Illness and Drug Dependency (MIDD)⁹ Behavioral Health Sales Tax fund, and the Veterans, Seniors and Human Services Levy (VSHSL).¹⁰

Background

Best Starts Historical Summary

From its inception, Best Starts has been by and for the people of King County. Throughout 2015–2016, Best Starts developed the Implementation Plan by drawing upon the expertise of King County communities via multiple engagement efforts, the Best Starts Science and Research panel, and the Children and Youth Advisory Board (CYAB), which is a group of King County stakeholders, researchers, and community leaders who represent diverse geographic and cultural perspectives and serve an oversight and advisory function.

Goals and Strategy Frameworks

Together with Best Starts leadership, these community members and experts identified and advanced a number of foundational guidelines, frameworks, and recommendations to shape implementation planning, implementation, and measurement of impact. These include:

- **Equity:** Racial equity is at the heart of all Best Starts work. The CYAB developed an equity statement to shape its oversight of Best Starts and to advise the County Executive and County Council. The statement, which informed the *2016–2022 King County Equity and Social Justice Plan*,¹¹ includes the following:

⁴ Ordinance 18088, Metropolitan King County Council (2015). [\[LINK\]](#)

⁵ King County Office of Performance, Strategy and Budget (2015). *King County Strategic Plan*. [\[LINK\]](#)

⁶ King County Executive’s Office of Equity and Social Justice (2016). *Equity and Social Justice Strategic Plan*. [\[LINK\]](#)

⁷ King County Executive and Health and Human Services Transformation Panel (2013). *King County Health and Human Services Transformation Plan*. [\[LINK\]](#)

⁸ King County Youth Action Plan Task Force (2015). *King County Youth Action Plan*. [\[LINK\]](#)

⁹ Behavioral Health sales tax initiative. [\[LINK\]](#)

¹⁰ Veterans, Seniors and Human Services Levy. [\[LINK\]](#)

¹¹ King County Executive’s Office of Equity and Social Justice (2016). *Equity and Social Justice Strategic Plan*. [\[LINK\]](#)

- Equity is an ardent journey toward well-being as defined by the affected.
- Equity demands sacrifice and redistribution of power and resources in order to dismantle systems of oppression, heal continuing wounds, and realize justice.
- To achieve equity and social justice, we must first root out deeply entrenched systems of racism.
- Equity proactively builds strong foundations of agency, is vigilant for unintended consequences, and boldly aspires to be restorative.
- Equity is disruptive and uncomfortable and not voluntary.
- Equity is fundamental to the community we want to build.
- **Investment Areas:** Best Starts outlined investments in five key areas:
 - **Invest Early:** Support pregnant individuals, babies, very young children during their critical developmental years, and their parents, with a robust system of support services and resources that meet families where they are: home, community, and in child care.
 - **Sustain the Gain:** Continue the progress made with school- and community-based opportunities for children to learn, grow, and develop through childhood, adolescence, and into adulthood.
 - **Communities of Opportunity:** Support communities to create safe, thriving places for children to grow up.
 - **Youth and Family Homelessness Prevention Initiative:** Prevent young people and their families from losing housing.
 - **Results Focused and Data Driven:** Use data and evaluation to know what strategies are benefiting children and communities.

These investment areas align with the upstream philosophy and goals of Best Starts. The largest investment is made in prenatal and early childhood family supports, because the science shows that the earlier investments are made, the greater the return for the child's development and subsequently for society. Research also demonstrates that prevention efforts, made during key developmental stages or transition points in a young person's life, sustain the gains made earlier in life. Best Starts strengthens these early gains with a substantial investment in youth and young adult programs. And because families best succeed in thriving communities, Best Starts supports entire communities. Evaluation and data help tell this story.

- **Protective Factors:** Best Starts emphasizes the importance of increasing promotive and protective factors within families and communities, and reducing risk factors. Many of Best Starts’ investments focus on increasing the good and decreasing the bad. For a full list of protective factors, please see Section VI. B, “Goals and Strategy Framework for Best Starts.”
- **Measures:** As a results-focused and data-driven initiative, Best Starts is committed to ensuring that it is making progress on its three central goals and in using data to improve service delivery, ensure accountability, and support strategic learning and decision making. Best Starts’ measurement uses population indicators, which assess the well-being of children, youth, families, and communities throughout King County overall. Best Starts also uses performance accountability through performance measures, which assess the well-being of the children, youth, families, and communities whom Best Starts–funded programs directly serve.

Together, these guidelines, frameworks, and recommendations from the communities served as the foundation for implementing Best Starts.

Departmental Overview

The investments, programs, and frameworks outlined in the Implementation Plan are designed to be administered through a close, collaborative partnership between King County’s Department of Community and Human Services (DCHS) and Public Health–Seattle and King County (PHSKC). The two departments share an important vision: to expand access to critical human services in order to improve overall health and well-being, create thriving communities, and eliminate disparities throughout King County. DCHS and PHSKC jointly administer Best Starts, blending a public health approach. Best Starts focuses on population-level changes,¹² with a human services approach, to deliver individual social supports across the entire County. DCHS and PHSKC collaborate on inter- and intra-departmental alignment in processes such as contracting. Coordination helps Best Starts partners experience a more unified and coherent engagement with the County.

Foundational Guiding Policies, Plans, and Initiatives

King County’s work is guided by a commitment to making a welcoming community where every person can thrive. Best Starts builds upon current plans and investments by developing its theoretical framework and programs on the following King County policies, plans, and initiatives.¹³

- **King County Strategic Plan:** The *King County Strategic Plan, 2010–2014: Working Together for One King County*, approved in Ordinance 16897 in 2010, outlines residents’ priorities for reforming county government, by strengthening fiscal decision making, and establishing a countywide vision for creating a diverse and dynamic community with a healthy economy.
- **Equity and Social Justice Strategic Plan:** The *2016–2022 Equity and Social Justice Strategic Plan*, created by King County’s Office of Equity and Social Justice, outlines strategies for King County to become a more equitable employer, service provider, and regional partner.

¹² See pg. 21 for discussion of headline and secondary indicators.

¹³ Text adapted from the *Puget Sound Tax Payers Accountability Account Report (2020)*, pg. 18.

- **Health and Human Services Transformation Plan:** The *King County Health and Human Services Transformation Plan*, accepted by King County Council in Motion 13943 in 2013, outlines methods to transform how individuals and families engage in health and human services, by focusing on both the individual and family level, and the community or systems level.
- **Youth Action Plan:** The *Youth Action Plan (YAP)*, approved by King County Council in Ordinance 17738 in 2014, outlines priorities for the County’s young people. These priorities inform King County’s investments in services and programs across the full continuum of children, youth, and young adults. It stipulates that the well-being of children, youth, young adults, and families should not be predicted by their race, ethnicity, gender, sexual orientation, ability, geography, income, or immigration status.
- **Essential King County’s Health and Human Services Investments:** Best Starts, MIDD, and VSHSL support service networks for the region’s human service, physical and behavioral health, and housing needs programs; services; and regional innovations that cross the lifespan and address service gaps.
- **Puget Sound Taxpayer Accountability Account:** The Puget Sound Taxpayer Accountability Account (PSTAA), created as an amendment to the 2015 State Transportation Revenue Package by the Washington State Legislature, requires that funds be drawn from a percentage of sales and use taxes collected from Sound Transit 3-related construction projects. This percentage is to be used for educational services for youth who are low income, homeless, or in foster care, or for other vulnerable populations.
- **Children and Families Strategy Task Force:** The King County Council passed Motion 15521¹⁴ in September 2019, establishing the Children and Families Strategy Task Force, which is a diverse group of experts who explore strategies to make high-quality child care more affordable and accessible.

Current Demographic Context

An estimated 654,000 infants, children, and young adults up to age 24 live in the County, making up 30 percent of the population. While many in King County are thriving, there are significant disparities, by race and place and in birth outcomes. Some children and youth are in danger of being left behind:

- Approximately one-third of pregnant women in King County do not receive the recommended levels of prenatal care;
- Infant mortality is four times higher in some areas of King County than others;
- Across the County, the percentage of children, age five and under, living in poverty is as low as 6 percent in some regions and as high as 26 percent in others;

¹⁴ Motion 15521, Metropolitan King County Council (2019). [\[LINK\]](#)

- One in five adolescents is overweight or obese, and only 22 percent of adolescents receive the recommended levels of physical activity.
- Twenty-nine percent of adolescents report having depressive feelings, and 25 percent report using alcohol or other illicit drugs.¹⁵

Half of King County residents under age 18 are people of color, who contend with notable inequities that place them at risk for homelessness and juvenile detention. Unaccompanied youth and young adults account for about 8 percent of the total homeless population. Over 50 percent homeless youth and young adults are young people of color. Black/African American youth make up approximately 50 percent of those in King County youth detention, five times their rate of representation in the general population. Racism continues to plague the legal system, which must be confronted and disrupted to ensure that all children and youth in the County are supported to achieve their potential.

Community Engagement

Best Starts prioritizes equitable decision making and sharing power with communities that are historically most harmed by government policies and systems. Equitable decision making and power sharing require community engagement and community voice.

To continue its commitment to community voice, it is imperative that Best Starts sustains its engagement with the community through various media and advisory groups. Best Starts' online presence includes several outlets, such as the Best Starts website,¹⁶ blog,¹⁷ newsletter, social media accounts (Facebook, YouTube, and Twitter), and the online versions of Best Starts annual reports.¹⁸ In engaging with communities, Best Starts aims to share failures alongside successes so that it may course-correct where needed.

Prior to 2016, King County had data on births, but faced a significant information gap on very young and school-age children. In fall 2016, King County released the first Best Starts for Kids Health Survey (BSKHS).¹⁹ Engaging community-based partners to help interpret and frame BSKHS results within cultural and community contexts was essential to giving Best Starts a full understanding of these results. Best Starts engaged King County residents and organizations across nine communities in "data dives," in 2018, to make meaning of the quantitative results.

Best Starts endeavors to listen and learn from a diverse range of youth and young adults. The CYAB, which champions youth representation, informs Best Starts' choices and goals. The Communities of Opportunity (COO) Governance Group (GG) ensures that COO²⁰ investments are consistent with levy requirements, are effective, and are transparent to the public.

¹⁵ Best Starts for Kids Indicator Dashboard. [\[LINK\]](#)

¹⁶ Best Starts for Kids website. [\[LINK\]](#)

¹⁷ Best Starts for Kids blog. [\[LINK\]](#)

¹⁸ Best Starts for Kids annual reports. [\[LINK\]](#)

¹⁹ Best Starts for Kids Health Survey. [\[LINK\]](#)

²⁰ Ordinance 18220, Metropolitan King County Council (2015). [\[LINK\]](#)

Report Methodology

This report is a collaboration between DCHS and PHSKC, reflecting the subject matter expertise and data from each department. The development of the assessment report involved widespread community feedback acquired throughout the planning stage, through strategy-specific surveys, quarterly reports, learning circles, and two general listening sessions in August 2020 during the Best Starts virtual summit. Best Starts also invited communities to give feedback through a survey conducted in July 2020. All Best Starts program managers wrote, presented strategy briefings, and synthesized feedback from community-based partners with their own insights from challenges, lessons learned, and recommendations, to inform this report.

Assessing the Context and Impact of Best Starts for Kids Implementation

Analysis of Investments by Geographic Area

Best Starts investments have directly addressed regional, racial, and economic disparities in King County. Drawing from targeted universalism, which indicates that universal goals can be achieved by meeting the specific needs and circumstances of the most systemically disadvantaged communities, Best Starts has invested the most resources in regions of King County with the highest concentration of young people, young people living in poverty, and families of color. Service-distribution data mapping shows that Best Starts services reach youth and families throughout the entire County, including many in rural zip codes and unincorporated areas. The highest proportion of service participants live primarily in Southwest King County, South Seattle, White Center, Federal Way, Kent, and Skyway. These areas overlap with zip codes of the highest poverty and/or population density. High proportions of Best Starts service participants also live in Redmond and parts of Bellevue.

Progress of Levy Implementation

As Best Starts completed the implementation of the first levy, across its investment areas there were both successes and challenges along the way, ranging from Best Starts' community-informed design to its formation of new partnerships and its launch of innovative programming.

Theoretical frameworks, along with community feedback from Best Starts' original planning phase, guided Best Starts on how to design its investment areas and strategies, and how to select specific programs. Best Starts developed these strategies using a life course approach, which ranges from the prenatal stage to age 24. Best Starts advances each investment area through a number of strategies and programs, as outlined in Table 1 below, and puts them into effect through:

- Partnerships between King County and CBOs selected through a competitive procurement process, as mandated in Ordinance 18088;²¹

²¹ "The majority of levy proceeds from the voter-approved Best Starts for Kids levy is intended to go to community partners to provide services in the community. As the levy is being implemented, the County's goal is to ensure that diverse communities and small organizations, including those that are using emerging and innovative approaches to provide services, are able to access moneys in order to provide culturally appropriate services in King County. The County intends to collaborate with these organizations and help evaluate innovative new programs or services so that promising practices become proven practices. Services for children and youth will

- Program components that focus on direct services;
- Program components that focus on systems development and/or changes.

improve as agencies and organizations working with children and youth have opportunities for training, building organizational and system capacity and sufficient resources to administer programs and services.”

Table 1
Investment Areas, Strategies, and Programs

Investment Area	Strategies	Programs
Invest Early	<ul style="list-style-type: none"> ▪ Support parents, families, and caregivers ▪ Screen children to prevent problems, intervene early, and effectively link to treatment ▪ Cultivate caregiver knowledge ▪ Support high-quality child care (at home and in centers, licensed and unlicensed) 	Innovation Fund
		Home-based Services
		Community-based Parenting and Supports
		Parent/Peer Supports
		Information for Parents and Caregivers
		Child-care Health Consultation
		Developmental Screenings for All Very Young Children
		Early Intervention Services
		Systems Building for Infant and Early Childhood Mental Health
		Workforce Development
		Investment in Public Health—Seattle and King County’s Maternal-Child Health Services
		Lead and Toxics
		Help Me Grow Caregiver Referral System
Sustain the Gain	<ul style="list-style-type: none"> ▪ Build resiliency of youth, and reduce risky behaviors ▪ Help youth stay connected to their families and communities ▪ Meet the health and behavior needs of youth ▪ Help young adults who have had challenges successfully transition into adulthood ▪ Create healthy and safe environments for youth ▪ Stop the school-to-prison pipeline 	Trauma-informed and Restorative Practices
		Youth Development
		Out-of-school Time
		Family Engagement
		School-based Health Centers
		Healthy and Safe Environments
		School-based Screening: Brief Intervention and Referral to Treatment/Services (SB:SBIRT)
		Transitions to Adulthood
		Stopping the School-to-Prison Pipeline
		Adolescent Immunizations
Communities of Opportunity	<ul style="list-style-type: none"> ▪ Support priorities and strategies to facilitate collaboration with communities that have much to gain ▪ Engage multiple organizations in institutional, system and policy change 	Places: Awards to Community Partnerships
		Institutional, System and Policy Change
		Learning Community
Youth and Family Homelessness Prevention Initiative	Prevent youth and family homelessness	Youth and Family Homelessness Prevention Initiative
Results Focused and Data Driven		Internal and external measurement and evaluation

From 2019 through June 2020, Best Starts began implementation of each of these programs. Appendix B outlines progress on performance measures for each investment area.

- **Across Invest Early programs, There Are Many Implementation Successes:** CBOs have rapidly scaled services; Best Starts has begun to change the prenatal-to-five field by centering language and culture in program and systems work; programs have increased capacity in data collection, early childhood content knowledge and practice, and organizational operations; and community stakeholders have engaged in more decision-making processes.
- **Within the Sustain the Gain Programs, There Are Many Successes:** Black/African American, Indigenous, and people of color design, lead, and evaluate programs; programs are developed in close partnership, with a shared spirit of problem solving; and youth and young people are building leadership skills and creating curricula and workshops tailored to serve their peers.
- **Communities of Opportunity Continues to Experience Great Success:** Partners collaborated across sectors and drew on community strengths; they gathered data to seek solutions; and community leadership capacity is growing.
- **Within the Youth and Family Homelessness Prevention Initiative, Data Has Identified Great Success:** Case managers built capacity through training, and the Youth and Family Homelessness Prevention Initiative is effectively using data for practices and to measure long-term success.

Best Starts has also made significant progress in making changes within King County government, including the following milestones: hiring a workforce that is more representative of King County’s many diverse communities; selecting and contracting with community-based partners for vital Best Starts programs and services; developing and putting into place infrastructure and systems changes; and including community in the evaluation of the impact of Best Starts investments. In particular, the initiative is driving a number of changes in the county infrastructure, including strengthening collaboration and alignment across two county departments, DCHS and PHSKC; increasing accessibility of application processes; and reducing the complexity and burden of contracting processes with CBOs.

Implementation Challenges

While the initiative achieved many successes, Best Starts had to navigate and overcome a number of challenges. The key challenges include:

- **Shifting County Policies and Processes:** Working in an equitable way with community-based providers required a shift in how King County operates. Best Starts made many transformational changes to county infrastructure that strengthened its ability to work effectively with communities and small CBOs, such as adding outside review panelists to the RFP review process, lowering insurance minimums, and streamlining reporting requirements. In some circumstances, incorporating these changes delayed implementation timelines.

- **Balance between King County Staffing and Community-based Organizations:** Best Starts had to maximize staffing to meet both internal and CBO needs, as well as conduct community-based work.
- **Building the Capacity of Small, Community-based Providers:** Funders have historically underinvested in small, community-based providers, especially racially and culturally based organizations.²² Without adequate funds, CBOs have been unable to invest in infrastructure for key organizational functions. Best Starts worked with CBOs to support them in meeting county requirements and in strengthening their own organizational capacity.
- **Building the Field of Capacity Builders, Systems Coordinators, and Intermediaries:** Best Starts sought to leverage knowledge of local and statewide intermediaries to help implement components of county systems. Best Starts learned that many partners lacked theory and practice in equity and/or the infrastructure needed to scale countywide supports.
- **Large Partner Institutions Struggled to Make Changes:** Best Starts encountered barriers working with other large systems, as they are slower to implement changes.
- **Quality Evaluation and Performance Measurement Require Shared Tools, Shared Agreements, Access to Data Systems, and High Organizational Capacity:** To collect, report, and share high-quality data, and to look at impacts across systems, Best Starts partners need data-sharing agreements, which often take a long time to put in place.
- **Paying for Full Program Costs and Advancing Living Wages:** Best Starts prioritized covering the full costs of programs and encouraged organizations to provide living wages for staff. In some instances, this contributed to pay disparities that needed to be addressed at the systems level.
- **COVID-19 Required Rapid Shifts in Implementation and Supports:** The COVID-19 pandemic presented Best Starts with unprecedented challenges, as it impacted all areas of program implementation and evaluation. Best Starts staff and its community-based partners played a vital role in supporting families during the crisis. COVID-19 will significantly affect Best Starts' ability to measure and demonstrate impact.

While Best Starts contended with several significant challenges throughout the course of implementation, including an unanticipated global pandemic, Best Starts and CBOs persisted in advancing their work in close partnership to one another.

²² Cohen S. "Philanthropy Has a Race Problem." *Forbes.com* (2020). [\[LINK\]](#); Sullivan, P. "In Philanthropy, Race Still a Factor in Who Gets What, Study Shows." *The New York Times* (2020) [\[LINK\]](#); Dorsey, C., Kim, P., etc. "Overcoming the Racial Bias in Philanthropic Funding." *Stanford Social Innovation Review* (2020). [\[LINK\]](#)

*Analysis of Investments by Strategy*²³

The Implementation Plan outlined the need for flexibility in funding to adjust to the needs of the community.²⁴ Best Starts made multiyear, instead of one-year, investments, as multiyear investments allow for more program stability for CBOs to make corrective actions and deliver long-lasting impact. The result is a shift of contract allocations from the early years to the later years of the levy. It was expected that Best Starts would have a ramp-up in spending as programming began. Over the six-year levy, revenues will total approximately \$408.2 million, and expenditures will total \$387 million, leaving a remaining fund balance of \$21.6 million. Through 2020, the total revenues collected are expected to be \$332.3 million, which is 81 percent of projected revenues. Through 2020, the total spending life to date of the levy will be \$283.1 million, or 73 percent of the total expenditures. Aside from the rainy-day reserve, CBOs and funded partners committed to spending the remainder of levy revenue by the end of 2021. Competitive RFP processes determined most of the commitments made to CBOs and funded partners.

Best Starts has tracked all changes in allocations, as well as staffing underspend, and outlined those in full in this report. For each year there was underspend, staff worked with directors to reallocate dollars to the community.

Changes Experienced by Children and Families

Preliminary measurement for Best Starts shows that the initiative is on track, already demonstrating several promising outcomes in systems changes and early outcomes in family and community changes. In addition, Best Starts is directly addressing racial disparities and racial disproportionalities in outcomes for children, youth, young adults, and communities. By intentionally investing in communities of color, Best Starts connects children, youth, and families to services that are on the path of reducing health disparities and increasing access to supports for success. Across all Best Starts programs, the overarching theme of addressing racial disparities is embedded within the following key changes described below:

- Across all investment and program areas, Best Starts provided direct services to over 425,000 children, youth, and parents/caregivers. ParentChild+, which is funded in part by Best Starts, funded 17 new community-specific groups. It also measured an increase in kindergarten-readiness skills among participating children from 16 percent, at the beginning of the program, to 72 percent, after they had been in the program for two years.
- For youth and young adults enrolled across Transitions to Adulthood employment and education programs, 77 percent of those who completed the program stayed in school, graduated, or enrolled in higher education.
- Through Best Starts' Early Support for Infants and Toddlers (ESIT) strategy, 44 percent more children received early intervention and support for developmental delays between 2015 and 2019. Over the four-year period that ESIT organizations received Best Starts funding, they served

²³ *Strategy* is the language requested by the Motion. As outlined in *the Best Starts for Kids Implementation Plan*, Best Starts investments are structured by investment areas and programs.

²⁴ *Best Starts for Kids Implementation Plan* (2016), pg. 13. [\[LINK\]](#)

over 10,760 children and families.

- Trauma-informed and Restorative Practices (TIRP) works with schools, school districts, and CBOs to implement innovative, community-centered solutions, with an emphasis on racial equity. At the end of their first school year, 94 percent of participating students improved their school attendance.
- Best Starts' strategies supported 24,000 health care providers, child-care providers, community health workers, and others, with improved training and opportunities for skills development to benefit over 260,000 children and youth.
- COO-supported capacity building and community events have grown to support over 60,000 participants. They have also supported more than 1,564 community members to serve in leadership roles, and engaged hundreds of other community members to provide expertise and recommendations regarding the impacts of policy and systems changes to the health and well-being of their children and families.
- King County's Youth and Family Homelessness Prevention Initiative is working as part of a coordinated system to prevent homelessness before it occurs. Of the more than 9,200 people served, nine out of 10 households did not enter the homelessness system while enrolled, and 92 percent of those who exited the program did not require homelessness services the year after exiting.

Impact of Investments in Advancing Equity

Equity is the guiding force of all Best Starts for Kids' work. From the beginning, the initiative recognized the power and resilience that marginalized communities hold, and considered how King County could support the dreams they have for their children, youth, and families. This meant actively partnering with communities each step of the way, from conceptualizing the vision and programs of Best Starts to equipping funded organizations with the tools to succeed. However, this was only one part of the equation. In order to truly achieve results on the ground, Best Starts advanced equity through the following methods:

- **Investing in Community-led programming:** Best Starts funded and provided capacity building to support program development, implementation, and sustainability rooted in community strengths, needs, and values.
- **Making Significant Policy and Systems Changes:** Best Starts supported a redesign of Public Health's Parent-Child Health programming to be more responsive to community needs; supported policy development to invest in child care; provided policy guidance; and facilitated community input to expand the County's investment in child care. Best Starts is also advancing the King County Executive and Board of Health's Resolution 20-08²⁵ action on racism as a public health crisis.

²⁵ Resolution 20-08, Board of Health (2020). [\[LINK\]](#)

- **Shifting County Infrastructure and Practices:** Best Starts has hired staff that is more representative of communities; made the procurement process more accessible; created contracts that pay for the work; and created a more consistent county experience for CBOs by coordinating across departments and divisions.
- **Utilizing Participatory Evaluation:** The Best Starts evaluation team listened to the community and utilized community-responsive and community-participatory methods for evaluating programs.

Capacity Building and Technical Assistance

In addition to investing in programs and systems change efforts, Best Starts provided CBOs technical assistance for RFPs and ongoing capacity-building supports. The purpose of technical assistance is to eliminate the linguistic, cultural, and procedural barriers that might prevent qualified organizations from seeking government funding. The purpose of capacity building is to strengthen CBOs, support sustainability, and to make sure they are set up for success in managing government funds. The community valued both efforts. Forty percent of organizations that received technical assistance had never applied for King County funding before, and capacity-building supports are in high demand.

Recommendations

Best Starts is young in years, and bold in its mission and vision. In a short time, Best Starts has made a number of transformational shifts in how the County does business. It has also successfully launched 27 community-led program areas, which are already demonstrating positive impacts. Together, Best Starts and the community have made a difference. But it is clear more work needs to be done to build upon this strong foundation.

Best Starts–funded community-based partners have pivoted to respond to the global pandemic. Best Starts has listened and adjusted its way of doing business to meet the current needs of communities and families. It has become clear that the pandemic exacerbates the systemic racial, economic, and social disparities that people of color experience.

In June 2020, the King County Executive and the Public Health–Seattle and King County Director declared racism a public health crisis. The statement recognizes that the disparate health impacts of COVID-19 are due to the concurrent crisis of racism. It recognizes the urgency of the County to implement a racially equitable response and to bring resources to where they are needed most, as indicated by the community.²⁶

The Executive makes five recommendations that build upon the strengths of Best Starts for Kids and the analysis reflected in this assessment report. These recommendations are developed from community input collated during the life of the current levy, and from the guidance of the CYAB. Learnings and stories shared by funded CBOs, gathered during the 2020 Best Starts community survey; feedback from constituents during the 2020 Best Starts Summit listening sessions; and an examination of evolving county policies and priorities also informed the recommendations. Below are the five recommendations:

²⁶ *Public Health Insider* (2020). “Racism Is a Public Health Crisis.” [\[LINK\]](#)

- **Recommendation 1:** Keep Leading on Equity: Center the voices of Black/African American, Indigenous, and people of color (BIPOC) in investment and program decisions in order to reflect community knowledge and to deepen programming in Best Starts areas most impacted by systemic and racial oppression.
- **Recommendation 2:** Maintain Long-term Goals and Strategies while Refining Programs and Measures: Sustain the current levy’s emphasis on upstream transformation by maintaining goals, allocations, and strategies as outlined in the *Best Starts for Kids Implementation Plan*, approved in Ordinance 18373,²⁷ while refining performance measures, community involvement, and programming within each strategy.
- **Recommendation 3:** Strengthen the Care for Children and Youth: Increase investment in child care and youth strategies to support educational advancement and economic prosperity in the region.
- **Recommendation 4:** Build Stronger Systems: Strengthen coordination across programs, initiatives, levies, and funded partners to increase efficiency and to benefit all families and children across the region, particularly those most in need.
- **Recommendation 5:** Expand the Role of Youth: Modify the Children and Youth Advisory Board structure to promote more youth participation.

Despite the headwinds of change facing the region, Best Starts continues to make meaningful impacts in the community.²⁸ Now more than ever, Best Starts’ work is essential in advancing toward a racially just King County. From the beginning, Best Starts strived to invest in organizations that were for and by the community, in order to make the County a place where every child has the opportunity to achieve their full potential, regardless of geography, race/ethnicity, gender, sexual orientation, immigration status, disability, and language. The first years of the levy have laid the groundwork for reaching this goal. Now it is time to build from Best Starts’ achievements and results to date, refine and adapt certain aspects of its work to respond to changing conditions and needs, and deepen the levy’s impact on advancing equity and racial justice in this region. If renewed, Best Starts will continue to create lasting impacts for the children, youth, and families in King County.

²⁷ Ordinance 18373, Metropolitan King County Council (2016). [\[LINK\]](#)

²⁸ For discussion on Changes Experienced by Children and Families, see pg. 115 of this report.

III. Background

In November 2015, voters put their trust in King County to create a place where all children can achieve their full potential. They authorized the Best Starts for Kids initiative (Best Starts), a six-year property tax levy that provides resources and opportunities for kids to grow up happy, healthy, safe, and thriving. At the heart of this initiative are the voice of community and a commitment to racial equity. For all of King County to prosper, regardless of race and place, Best Starts invests early, from pregnancy and early childhood through young adulthood. Best Starts also advances equity in systems and policies that affect the well-being of children, families, young adults, and their communities.

The King County Executive and King County Council are now considering whether a renewal levy should go to the voters, and in what form. To begin the discussion and planning process, the County Council passed Motion 15651²⁹ on July 7, 2020, which requested an assessment report from the County Executive. The assessment report will help inform conversation on a potential renewal of Best Starts. This report also responds to the County Council's request to analyze the existing initiative and consider new or revised strategies for a renewed Best Starts. This report includes:

- An assessment of how levy proceeds are being allocated, the status of strategy and program implementation, design or policy changes, challenges and outcomes;
- An analysis of the context and impact of the Best Starts levy-funded goals, strategies, and programs, as outlined in Ordinance 18088,³⁰ with specific attention to geography, investments, implementation, and preliminary measurement of changes that communities and families are experiencing;
- An analysis of how Best Starts investments have impacted the advancement of equity, social justice, and have changed systems or policies of racial and other forms of oppression;
- Recommendations for improving Best Starts if voters approve the levy; and
- How the goals of Best Starts align with the *King County Strategic Plan*,³¹ *Equity and Social Justice Strategic Plan*,³² the *Health and Human Services Transformation Plan*,³³ the *King County Youth Action Plan (YAP)*,³⁴ and how these goals advance those set forth in the Mental Illness and Drug Dependency (MIDD)³⁵ Behavioral Health Sales Tax initiative, the Veterans, Seniors and Human

²⁹ Motion 15651, Metropolitan King County Council (2020). [\[LINK\]](#)

³⁰ Ordinance 18088, Metropolitan King County Council (2015). [\[LINK\]](#)

³¹ King County Office of Performance, Strategy and Budget (2015). *King County Strategic Plan*. [\[LINK\]](#)

³² King County Executive's Office of Equity and Social Justice (2016). *Equity and Social Justice Strategic Plan*. [\[LINK\]](#)

³³ King County Executive and Health and Human Services Transformation Panel (2013). *King County Health and Human Services Transformation Plan*. [\[LINK\]](#)

³⁴ King County *Youth Action Plan Task Force* (2015). *King County Youth Action Plan*. [\[LINK\]](#)

³⁵ Behavioral Health sales tax initiative. [\[LINK\]](#)

Services Levy (VSHSL), Family and Child Care Task Force,³⁶ and Puget Sound Tax Payer Accountability Account (PSTAA).³⁷

A. Best Starts for Kids Historical Summary

Development of Implementation Plan

From its inception, Best Starts has been by and for the people of King County. Between July and December 2015, Best Starts and community-based partners convened six large community gatherings and held multiple community conversations through focus groups and interviews, engaging over 1,000 community residents. In April and May 2016, county staff returned to the community for additional assistance, requesting that community members review and respond to Best Starts' draft priorities, strategies, and implementation design. Best Starts timed these conversations so as to solicit ideas for the *Best Starts for Kids Implementation Plan* before submitting it to the County Council in June 2016. Because of these transparent conversations with community members, the Implementation Plan is richer, more robust, and more reflective of the community's vision of themselves and of the beloved community they wish to see.

King County Ordinance 18217³⁸ established the Children and Youth Advisory Board (CYAB) in January 2016 to oversee Best Starts and the Youth Action Plan (YAP).³⁹ The CYAB represents an array of King County residents with geographically and culturally diverse perspectives. Executive Constantine appointed, and the King County Council confirmed, these 40 experts, stakeholders, researchers, and community leaders. The CYAB serves in an oversight and advisory role, providing recommendations on the distribution of Best Starts funds, and works with the Best Starts team to ensure that all communities in King County have a voice. The CYAB also played a critical role in the formation of the *Best Starts for Kids Implementation Plan*.

The Best Starts Science and Research⁴⁰ panel served in a consulting role for the county staff and the CYAB. This ad hoc group of science and practice experts reviewed recommendations in the *Best Starts Implementation Plan* to ensure they aligned with research and scientific evidence.

Based on extensive input from the community and the CYAB, the *Best Starts for Kids Implementation Plan*⁴¹ lays out the following guiding principles for the design of the initiative, which includes the framing of investment areas, strategies, and programs.⁴² Best Starts:

³⁶ King County Family and Child Care Task Force (2019). [\[LINK\]](#)

³⁷ State of Washington, RCW 43.79.520. Puget Sound Taxpayer Accountability Account (PSTAA) State of Washington, RCW 43.79.520. [\[LINK\]](#)

³⁸ Ordinance 18217, Metropolitan King County Council (2016). [\[LINK\]](#)

³⁹ King County Youth Action Plan Task Force (2015). King County *Youth Action Plan*, pg. 27. [\[LINK\]](#)

⁴⁰ *Best Starts for Kids Implementation Plan* (2016), pg. 139. [\[LINK\]](#)

⁴¹ *Best Starts for Kids Implementation Plan* (2016) pg. 18. [\[LINK\]](#)

⁴² See Graphic 3 on pg. 21 for further explanation.

- Focuses investments on diverse community-based organizations (CBOs) to promote racial equity and to decrease racial disparities and disproportionality;
- Encourages innovative programs, built on the experiences of community-based partners and the needs and priorities of community residents;
- Invests in early childhood, which offers opportunities for multigenerational approaches and draws on the strengths of families and communities;
- Increases protective factors and builds resilience in children, youth, and families across the County;
- Emphasizes children’s and youth’s positive development within relationships and community, in addition to preventing negative outcomes and providing *early* interventions;
- Connects children and families to the resources and services they need.

The CYAB developed an equity statement in April 2016, which informed the *2016–2022 King County Equity and Social Justice Strategic Plan*.⁴³ CYAB members use the statement to help shape their oversight of Best Starts and to advise the County Executive and County Council:

- Equity is an ardent journey toward well-being as defined by the affected.
- Equity demands sacrifice and redistribution of power and resources in order to dismantle systems of oppression, heal continuing wounds, and realize justice.
- To achieve equity and social justice, we must first root out deeply entrenched systems of racism.
- Equity proactively builds strong foundations of agency, is vigilant for unintended consequences, and boldly aspires to be restorative.
- Equity is disruptive and uncomfortable and not voluntary.
- Equity is fundamental to the community we want to build.

The equity statement, along with the guiding principles, holds the Best Starts team accountable to ensure equity is at the heart of its work. With these principals in mind, Best Starts, through the life of the levy, invests approximately \$400 million to support county families and children in five investment areas:

- **Invest Early:** Support pregnant individuals, babies, and very young children during their critical developmental years, and their parents, with a robust system of support services and resources

⁴³ King County Executive’s Office of Equity and Social Justice (2016). Equity and Social Justice Strategic Plan. [\[LINK\]](#)

that meets families where they are: home, community, and in child care.

- **Sustain the Gain:** Continue progress made with school- and community-based opportunities for children to learn, grow, and develop through childhood, adolescence, and into adulthood.
- **Communities of Opportunity:** Support communities to create safe, thriving places for children to grow up.
- **Youth and Family Homelessness Initiative:** Prevent young people and their families from losing housing.
- **Results Focused and Data Driven:** Use data and evaluation to know which strategies are benefiting children and communities.

Quantitative and qualitative data inform the work of Best Starts. This helps King County and its community-based partners to maximize communities' strengths and assets, and to address gaps and needs identified by the communities. Best Starts for Kids Ordinance 18088⁴⁴ articulates the imperative to focus on data and outcomes.

B. Goals and Strategy Framework for Best Starts

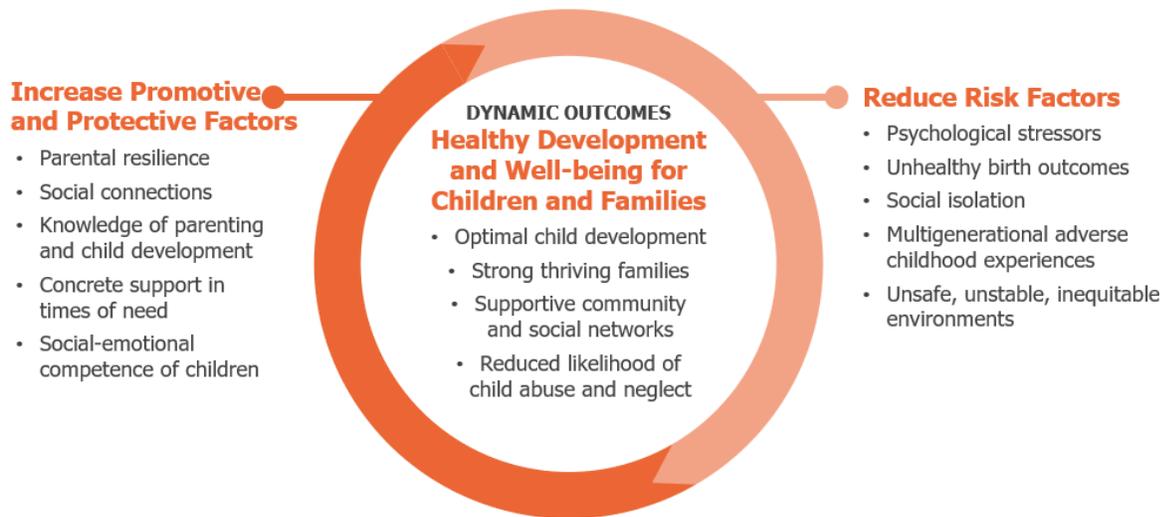
According to scientific research, if children are to reach Best Starts' goal of growing up happy and thriving, they need positive activities in their life. Best Starts emphasizes the importance of increasing promotive and protective factors within families and communities, as well as reducing risk factors. The graphics below (adapted from the Center for the Study of Social Policy–Youth Thrive)⁴⁵ illustrate how Best Starts' work is conceptualized through a protective-factors frame.⁴⁶ Graphics 1 and 2 depict the anticipated outcomes for Best Starts' investments: an increase of the positive activities (protective factors on the left), a decrease of negative factors (on the right), and how these lead to dynamic outcomes in the middle. This framework holds true across the age spectrum, from the prenatal stage to age five, as seen in Graphic 1, and age five to 24, as seen in Graphic 2. Many of the Best Starts' investments are focused on increasing the good, protective factors for all families in King County, a focus that holds true to Best Start's value of looking upstream.

⁴⁴ Ordinance 18088, Metropolitan King County Council (2016).[\[LINK\]](#)

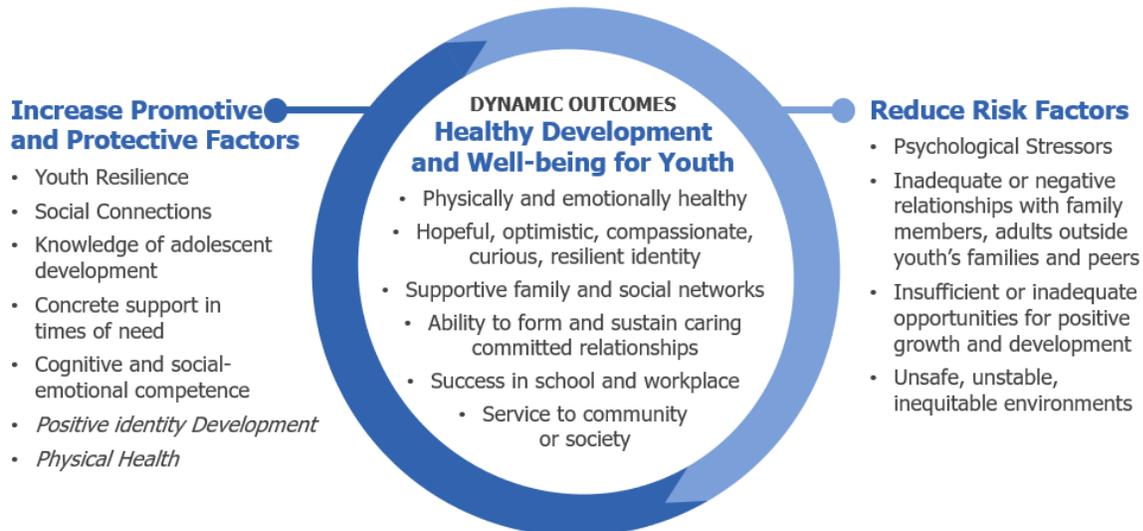
⁴⁵ Center for the Study of Social Policy–Youth Thrive. [\[LINK\]](#)

⁴⁶ With a commitment to promotion, prevention, and early intervention, Best Start emphasizes the importance of increasing the factors proven to protect children, youth, families, and communities from the adverse effects of traumatic experiences, toxic stress, and adverse childhood experiences (ACEs), factors that can impact healthy development and well-being. Best Starts also works to reduce risk factors to increase the likelihood of achieving the outcomes sought. *Best Starts for Kids Implementation Plan* (2016), pg. 42. [\[LINK\]](#)

Graphic 1
Theoretical Framework (Prenatal–5)



Graphic 2
Theoretical Framework (5–24)



Adapted from Center for the Study of Social Policy – YOUTH THRIVE

These theoretical frameworks, along with community feedback from Best Starts' original planning phase, led Best Starts to design its investment areas and strategy array, and have guided the selection of specific programs. Best Starts developed these strategies using a life course⁴⁷ approach, ranging from

⁴⁷ Epidemiologists use a life course approach to study physical and social hazards during gestation, childhood, adolescence, young adulthood, and midlife that affect chronic disease risk and health outcomes in later life. This approach aims to identify the underlying biological, behavioral, and psychosocial processes that operate across the lifespan (Kuh and Ben-Shlomo, 1997). [\[LINK\]](#)

the prenatal stage to age 24. Graphic 3 shows how this theoretical framework is practically applied to creating investment areas, programs, and eventually funding decision.

Table 2
Investment Areas, Strategies, and Programs

Investment Area	Strategies	Programs
Invest Early	<ul style="list-style-type: none"> ▪ Support parents, families, and caregivers ▪ Screen children to prevent problems, intervene early, and effectively link to treatment ▪ Cultivate caregiver knowledge ▪ Support high-quality child care (at home and in centers, licensed and unlicensed) 	Innovation Fund
		Home-based Services
		Community-based Parenting and Supports
		Parent/Peer Supports
		Information for Parents and Caregivers
		Child-care Health Consultation
		Developmental Screenings for All Very Young Children
		Early Intervention Services
		Systems Building for Infant and Early Childhood Mental Health
		Workforce Development
		Investment in Public Health—Seattle and King County’s Maternal-Child Health Services
		Lead and Toxics
		Help Me Grow Caregiver Referral System
Sustain the Gain	<ul style="list-style-type: none"> ▪ Build resiliency of youth, and reduce risky behaviors ▪ Help youth stay connected to their families and communities ▪ Meet the health and behavior needs of youth ▪ Help young adults who have had challenges successfully transition into adulthood ▪ Create healthy and safe environments for youth ▪ Stop the school-to-prison pipeline 	Trauma-informed and Restorative Practices
		Youth Development
		Out-of-school Time
		Family Engagement
		School-based Health Centers
		Healthy and Safe Environments
		School-based Screening: Brief Intervention and Referral to Treatment/Services (SB:SBIRT)
		Transitions to Adulthood
		Stopping the School-to-Prison Pipeline
		Adolescent Immunizations
Communities of Opportunity	<ul style="list-style-type: none"> ▪ Support priorities and strategies to facilitate collaboration with communities that have much to gain ▪ Engage multiple organizations in institutional, system and policy change 	Places: Awards to Community Partnerships
		Institutional, System and Policy Change
		Learning Community
Youth and Family Homelessness Prevention Initiative	Prevent youth and family homelessness	Youth and Family Homelessness Prevention Initiative
Results Focused and Data Driven		Internal and external measurement and evaluation

Headline Indicators

Best Starts' vision is that all youth are happy, healthy, safe, and thriving. It is essential for Best Starts to accurately report on how its investments actualize this vision. Best Starts collects both quantitative and qualitative data, and values them equally, recognizing that impact can be measured in both numbers and stories. Best Starts uses the Results-based Accountability framework (RBA)⁴⁸ to track whether people are experiencing better outcomes over time due to Best Starts–funded programs. RBA asks three questions: How much did you do? How well did you do it? Is anyone better off?

The RBA framework calls for the development of headline indicators, which are aspirational, population-level changes that a program or initiative would like to effect (such as an increase in kindergarten readiness among children in King County). In 2016, the CYAB and community-based partners vetted a set of headline indicators that informed the *Best Starts for Kids Evaluation and Performance Measurement Plan*, which the County Council accepted in Motion 14979.⁴⁹ All of Best Starts' investment strategies work to accomplish these headline indicators, and Best Starts measures and discusses them in annual reports.⁵⁰

Best Starts determined these headline indicators and developed its Implementation Plan according to data that illustrates the current unacceptable state of health and well-being for many children and youth, and the significant disparities experienced by children and youth of color.⁵¹

Investing in these strategies over time, along with other local investments, will achieve the headline indicators.

Appendix B lists the headline indicators that encompass the full age range, from prenatal to 24, and the community. Appendix B also includes a full explanation of the technical definitions and a list of supporting secondary indicators.

Because it takes many years to achieve headline indicators, Best Starts also uses secondary indicators, which are shorter-term outcomes that research states are intermediate steps toward achieving a headline indicator.

C. Departmental Overview

The King County departments of Community and Human Services (DCHS) and Public Health–Seattle and King County (PHSKC) share an important vision: to expand access to critical human services in order to improve overall health and well-being, create thriving communities, and eliminate disparities throughout King County. Through Best Starts for Kids, King County has an opportunity to build upon current plans and investments to realize this vision.

⁴⁸ *Best Starts for Kids Evaluation and Performance Measurement Plan* (2017). [\[LINK\]](#)

⁴⁹ Motion 14979, Metropolitan King County Council (2017). [\[LINK\]](#)

⁵⁰ Best Starts for Kids Annual Report (2019). [\[LINK\]](#)

⁵¹ *Best Starts for Kids Implementation Plan* (2016), pg. 16. [\[LINK\]](#)

Department of Community and Human Services

DCHS manages a broad range of programs and services to help the County’s most vulnerable residents and to strengthen its communities. The mission of DCHS is to provide equitable opportunities for people to be healthy, happy, self-reliant, and connected to community. DCHS administers housing and homelessness investments, behavioral health treatment, and human services. To do so, it draws upon many different federal, state, and local funding streams to support and promote a more comprehensive system of care and supports for King County residents. Among these, DCHS oversees and stewards the revenues from the voter-approved Best Starts for Kids levy and Veterans, Seniors and Human Services levy (VSHSL), and the County Council–approved MIDD⁵² tax. Community-based organizations (CBOs) provide most services via contracts.

Public Health–Seattle and King County

PHSKC is the metropolitan health department serving all of King County. The mission of PHSKC is to eliminate health inequities and maximize opportunities for every person to achieve optimal health. Overarching goals include: all children are born healthy and thrive; adults live long and healthy lives; and that communities support health for all. PHSKC implements and provides certain services as part of MIDD and VSHSL initiatives. PHSKC leads the Health and Medical Area Command (HMAC) incident command structure, which is currently responding to the novel coronavirus. DCHS and PHSKC jointly administer Best Starts through a cross-departmental approach. This approach allows for stronger alignment and the ability to realize goals in the following ways:

- Blending DCHS’ and PHSKC’s focus on population-level changes and human services approach to deliver social supports for the entire County;
- Leveraging existing expertise and infrastructure in each department;
- Creating concrete opportunities for cross- and intra-departmental alignment in processes such as contracting, financial reports, and contract support site visits, which lead to greater efficiencies and a more consistent experience for community-based partners.⁵³

Through this alignment come opportunities to embed equity and social justice (ESJ) in cross-departmental policies and structures, such as in procurement, contracting, hiring, and contract monitoring. This leads to greater diversity among funded partners and more trust between the community and local government.⁵⁴

⁵² MIDD is referred to in King County Code and related legislation as the Mental Illness and Drug Dependency Fund tax, or levy.

⁵³ See pg. 116 for further discussion of changes for families and communities.

⁵⁴ See pg. 133 for further discussion on Best Starts Impact on Equity and Social Justice.

D. Foundational Guiding Policies, Plans, and Initiatives

King County is committed to making a welcoming community where every person, business, and organization can thrive. Best Starts emulates this commitment by developing its theoretical framework and programs on the following King County policies, plans, and initiatives.⁵⁵

King County Strategic Plan

In 2010, the King County Council unanimously approved Ordinance 16897, adopting the *King County Strategic Plan, 2010–2014: Working Together for One King County*. The plan was created with input from thousands of residents and county employees, acquired over an 18-month period and developed in collaboration with the County Council and the County’s separately elected officials. The plan focuses on reforming county government by improving customer service and partnerships and finding ways to bring down the cost of government.⁵⁶

The strategic plan embodies the priorities of King County residents and the values of elected King County officials. Designed to guide decisions in times of prosperity and fiscal challenge, it also established a countywide vision for creating a diverse and dynamic community, with a healthy economy. The first phase of the Best Starts implementation, and its work going forward, matches these goals.

Equity and Social Justice Strategic Plan

The King County Strategic Plan included ESJ,⁵⁷ making it a formal component of the County’s work. That same year, the County Council approved Ordinance 16948,⁵⁸ which established the Determinants of Equity: the social, economic, geographic, political, and environmental conditions in which people are born, grow, live, work, and age. Improving these conditions are necessary to a fair and just society.

In 2015, the King County Executive established the Office of Equity and Social Justice (OESJ). The following year, OESJ produced the *2016–2022 Equity and Social Justice Strategic Plan*.⁵⁹ More than 700 employees and 100 local organizations contributed data, evidence, and practices, which informed strategies for King County to become a more equitable employer, service provider, and regional partner.

The ESJ Strategic Plan is based on the belief that a false sense of universal prosperity threatens King County’s future. While many people in King County do prosper, a closer look at how benefits are distributed across the region shows deeply entrenched social, economic, and environmental inequities. Equity requires that every person has access to the benefits of society, regardless of race, ethnicity, gender, religion, sexual orientation, ability, or other aspects of their identity. As such, King County is committed to removing barriers that limit some residents’ ability to fulfill their potential. The Best Starts initiative and its funded programs are one step toward making this vision a reality.

⁵⁵ Text adopted from the *Puget Sound Tax Payers Accountability Account Report*, pg. 18.

⁵⁶ King County Office of Performance, Strategy and Budget (2015). King County Strategic Plan. [\[LINK\]](#)

⁵⁷ *King County Equity and Social Justice Plan 2010–2014*. [\[LINK\]](#)

⁵⁸ Ordinance 16948, Metropolitan King County Council (2010). [\[LINK\]](#)

⁵⁹ King County Office of Performance, Strategy and Budget (2015). *The Determinants of Equity: Identifying Indicators to Establish a Baseline of Equity in King County*. [\[LINK\]](#)

Health and Human Services Transformation Plan

As directed by Motion 13768, DCHS and PHSKC, along with a community advisory group and the King County Executive's Office, collaborated to create the *King County Health and Human Services Transformation Plan*,⁶⁰ which the King County Council accepted by Motion 13768⁶¹ in July 2013. The plan seeks to improve health and well-being of King County residents and to create conditions that allow them to achieve their full potential through a focus on prevention. To this end, King County seeks to transform the way individuals and families engage in health and human services by focusing on two impact levels: the individual and family level, and the community or system level.

The Health and Human Services Transformation Plan highlighted an imbalance in King County investments, which historically tipped heavily toward responding to crises and emergencies, rather than addressing root causes. As a result of the adoption of this plan, King County committed to investing upstream. Early interventions are well positioned to improve health and socioeconomic outcomes for vulnerable populations, especially when reinforced with other social services. This results in higher rates of high school and postsecondary education, and higher incomes for the individuals benefiting from such interventions.⁶² To that end, Best Starts focuses on investing in promotion, prevention, and early intervention.

Youth Action Plan (YAP)

In 2014, the King County Council passed Ordinance 17738,⁶³ which called for the development of the YAP⁶⁴ to set priorities for serving the County's young people. A task force, representing a broad range of organizations with expertise and experience with infants, children, and youth, and reflecting King County's geographic, racial, and ethnic diversity, worked together to complete the YAP in April 2015. The plan informs the County's investments in services and programs across the full continuum of children, youth, and young adults.

The YAP stipulates that the well-being of children, youth, young adults, and families should not be predicted by their race, ethnicity, gender, sexual orientation, ability, geography, income, or immigration status. Furthermore, policy development, services, and programming should intentionally include diverse youth voices, and voices of people affected in meaningful ways by policies and services. The YAP serves as a policy frame for Best Starts and is overseen by the CYAB (see page 39).

Essential King County's Health and Human Services Investments

Revenue from Best Starts, MIDD, and VSHSL constitutes a substantial portion of King County's local health and human service investments. These initiatives and their dedicated revenues provide vital services to those most in need in King County. They support service networks for the region's human

⁶⁰ King County Executive and Health and Human Services Transformation Panel (2013). *King County Health and Human Services Transformation Plan*. [\[LINK\]](#)

⁶¹ Motion 13768, Metropolitan King County Council (2013). [\[LINK\]](#)

⁶² Urban Institute (2015). "The Promise of Early Interventions for Improving Socioeconomic Outcomes of Black Men." [\[LINK\]](#)

⁶³ Ordinance 17738, Metropolitan King County Council (2014). [\[LINK\]](#)

⁶⁴ King County Youth Action Plan Task Force (2015). *King County Youth Action Plan*. [\[LINK\]](#)

service, physical and behavioral health, and housing needs. They support programs, services, and regional innovations that cross the lifespan and address service gaps. They also advance King County residents’ access to 14 key community factors that King County has identified that every person needs to thrive, referred to in the King County Determinants of Equity Report.⁶⁵

The County administers Best Starts,⁶⁶ the MIDD behavioral health sales tax fund,⁶⁷ and VSHSL⁶⁸ according to County Council–approved implementation plans. The plans set out distinct, complementary goals, intended results, and program arrays for each of the three initiatives. According to their implementation plans, the core purposes of each initiative are as follows:

Table 3
Core Purposes of Best Starts, MIDD, and VSHSL from Implementation Plans

Best Starts for Kids	Mental Illness and Drug Dependency Behavioral Health Sales Tax Initiative	Veterans, Seniors and Human Services Levy
Improve the health and well-being of all King County residents by investing in promotion, prevention, and early intervention for children, youth, families, and communities.	Ensure that people living with, or at risk of behavioral health conditions, are healthy, have satisfying social relationships, and avoid involvement with criminal justice.	Achieve healthy living, housing stability, financial stability, social engagement, service system improvement, and service system access for veterans and military-service members and their respective families, seniors and their caregivers, and other vulnerable populations.

Puget Sound Taxpayer Accountability Account

Voters approved the Puget Sound Taxpayer Accountability Account (PSTAA) and the Sound Transit 3 (ST3) ballot measure during the November 2016 elections in King, Pierce, and Snohomish counties. The measure funded the expansion of the regional public transit system, including extending the Link light rail system to Tacoma, Federal Way, Everett, Issaquah, Ballard, and West Seattle. ST3 investments are projected to total \$53.8 billion.

⁶⁵ King County Determinants of Equity (2015). [\[LINK\]](#)

⁶⁶ *Best Starts for Kids Implementation Plan* (2016). [\[LINK\]](#)

⁶⁷ *Mental Illness and Drug Dependency (MIDD) Implementation Plan*. [\[LINK\]](#); Mental Illness and Drug Dependency Implementation Plan Approval, Motion 15093, March 2018. [\[LINK\]](#); Mental Illness and Drug Dependency Implementation Plan Adoption, Ordinance 18768, July 2018, [\[LINK\]](#).

⁶⁸ *Veterans, Seniors and Human Services Levy (VSHSL) Implementation Plan* (2018). [\[LINK\]](#)

The Washington State Legislature created PSTAA as an amendment to the 2015 State Transportation Revenue Package. The state requires⁶⁹ PSTAA funds, drawn from a percentage of sales and use taxes collected from ST3-related construction projects, be used for educational services. These services seek to improve outcomes in early learning, K–12, and postsecondary education for youth who are low income, homeless, or in foster care, or part of other vulnerable populations.

In 2017 and 2019, the King County Council respectively passed Motions 15029 and 15492⁷⁰ to provide guidance for development and implementation of PSTAA programming. Motion 15029⁷¹ identified guiding principles and potential strategies appropriate for PSTAA investment.

PSTAA funds go to King, Pierce, and Snohomish counties, based proportionally on the population of each county that lives within Sound Transit’s jurisdictional boundaries. Sound Transit estimates that King County will receive \$318 million in funding between 2019 and 2035, with funding amounts based on the ST3 project timeline. Given that planned construction activity varies over the 15-year lifespan of the account, uneven distribution of funds is expected over the period.⁷² Access to high-quality early learning, K–12 supports, and postsecondary education complements the full age range of support that Best Starts offers.

Children and Families Strategy Task Force

In 2018, the King County Women’s Advisory Board⁷³ released a report identifying child care as a major need for King County families. The County Council passed Motion 15521⁷⁴ in September 2019, establishing the Children and Families Strategy Task Force, a diverse group of experts who explored strategies to make high-quality child care more affordable and accessible based upon the King County Woman’s Advisory Board report. The task force acquired feedback from families, child-care providers, caregivers, and key systems experts on the challenges of accessing child care and on identifying possible employer-led solutions. The task force transmitted a full report with its recommendations to the King County Council in October of 2020.

E. Current Demographic Context

Although King County is a prosperous region, some children and youth are in danger of being left behind. Approximately 25,000 children are born in King County every year (see Table 4); one out of every five county residents is under age 18. Half of King County residents under age 18 are people of color.⁷⁵ Table 5 shows that roughly 45 percent of children living in King County live below 200 percent of the Federal Poverty Level (FPL). This reflects the extent of the financial struggles many families in King County face. Best Starts aims to explicitly reduce disproportionate inequities. Currently there are an

⁶⁹ State of Washington, RCW 43.79.520. Puget Sound Taxpayer Accountability Account (PSTAA) State of Washington, RCW 43.79.520. [\[LINK\]](#)

⁷⁰ Motion 15492, Metropolitan King County Council (2019). [\[LINK\]](#)

⁷¹ Motion 15029, Metropolitan King County Council (2017). [\[LINK\]](#)

⁷² Ibid.

⁷³ King County Women’s Advisory Board. [\[LINK\]](#)

⁷⁴ Motion 15521, Metropolitan King County Council (2019). [\[LINK\]](#)

⁷⁵ Communities Count. [\[LINK\]](#)

estimated 654,000 infants, children, and young adults up to age 24, who live in the County, making up 30 percent of the entire county population. About 254,000 households in King County have children.

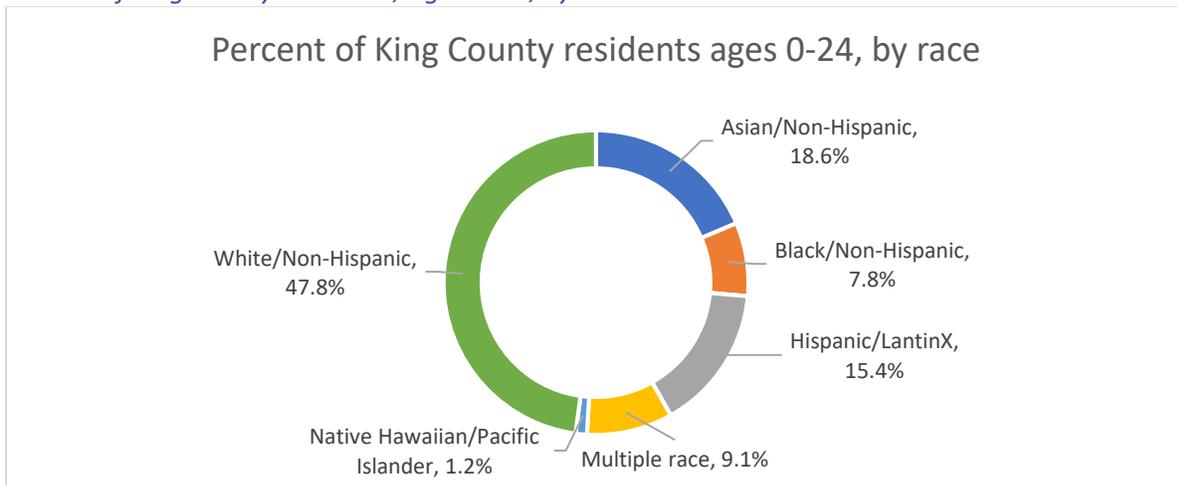
Table 4
Population Estimates in King County of People under the age 24⁷⁶

Age Group	Number of people	Percent
<1	26,000	4%
1–4	101,100	15%
5–9	130,100	20%
10–14	126,800	19%
15–17	74,700	11%
18–19	52,600	8%
20–24	142,600	22%

Estimated counts are rounded to the nearest 100.

The percentage of the County’s population that is between ages 0 and 24 within each race group are shown in Graphic 3 below. It is important to note that for youth and young adults 24 and under, the majority are of color, and children of color face many different disparities.

Graphic 3
Percent of King County Residents, Ages 0–24, by Race⁷⁷



⁷⁶ Data Source: Washington State Office of Financial Management, 2019. Population Estimates. Analyzed July 2020.

⁷⁷ Data Source: Washington State Office of Financial Management, 2019 Population Estimates, Analyzed July 2020.

Table 5

Percent and Estimated Number of People Ages 0–24 in King County with Household Income <100% and <200% FPL, 2019⁷⁸

	<100% FPL		<200% FPL	
	Percent	Estimate	Percent	Estimate
Estimate ⁷⁹	14.5%	94,500	29.1%	190,400

Along with the financial insecurities of this portion of the population, the following statistics also drive the work of Best Starts:⁸⁰

- Approximately one-third of pregnant women in King County do not receive the recommended levels of prenatal care;
- Infant mortality is four times higher in some areas of King County than others;
- Across the County, the percentage of children age five and under living in poverty is as low as 6 percent in some regions and as high as 26 percent in other regions;
- One in five adolescents is overweight or obese, and only 22 percent of adolescents receive the recommended levels of physical activity.
- Twenty-nine percent of adolescents report having depressive feelings, and 25 percent report using alcohol or other illicit drugs.

All too often, children and youth of color are left behind and do not receive services before a crisis occurs. Young people of color make up at least 50–60 percent of all youth and young adults experiencing homelessness.⁸¹ In 2020, the One Night Count in King County revealed 5,523 individuals lack shelter. Another 6,228 individuals were in emergency shelters and transitional housing, for a total of 11,751 homeless individuals throughout the County. Unaccompanied youth and young adults account for about 8 percent of the total homeless population (n = 955). Over 50 percent are young people of color. There are 1,190 families with children that are currently experiencing homelessness.⁸² This represents 3,743 people and 32 percent of the homeless population. Over 70 percent of the family members are people

⁷⁸ Estimated counts are rounded to the nearest 100. Data sources: poverty estimates from U.S. Census Bureau, American Community Survey PUMS (2014–2018); population data from WA State Office of Financial Management.

⁷⁹ The Confidence Interval (CI), also known as “error bars,” is the range of values that includes the true value 95 percent of the time.

⁸⁰ Best Starts for Kids Indicator Dashboard. [\[LINK\]](#)

⁸¹ Count Us In 2020. [\[LINK\]](#)

⁸² Ibid.

of color.⁸³ These figures do not represent the thousands of households that are marginally housed, that is, living one adverse event away from homelessness.⁸⁴

The juvenile legal system is another area where the disparities experienced by Black/African American youth are most blatant, with too few youth receiving appropriate services before a crisis occurs. Black/African American youth make up approximately 50 percent of those in King County youth detention, five times their rate of representation in the general population. Racism continues to plague the legal system, which must be confronted and disrupted to ensure that all children and youth in the County are supported to achieve their potential.

Best Starts is partnering with the Zero Youth Detention initiative to further King County's work in eliminating disparities in the juvenile legal system.⁸⁵ In addition, through the Youth and Family Homelessness Prevention Program, and many promotion and prevention programs, such as Youth Development and Out of School Time, Best Starts is working to keep youth and families stay in their homes.

F. Current and Ongoing Impact of COVID-19

As Best Starts fully implemented programming in the first quarter of 2020, the COVID-19 public health crisis gripped the country. At the time of this writing, the full picture of how this crisis will play out is unknown. In addition, it is unclear if and how communities, schools, businesses, and governments will move forward. It is times like these that Best Starts is called to support the vulnerable communities with stable funding. This new reality reshapes where and how Best Starts services are provided to the community. In the short term, services have shifted from providing in-person enrichment programs to providing basic needs, such as rental assistance, food, masks, cleaning supplies, and virtual supports. Best Starts' community-based partners need funds to meet these dramatically changed needs.⁸⁶

Even before the Governor's Stay Home, Stay Healthy order,⁸⁷ Best Starts and its funded community-based partners understood they would have to be flexible in order to support the health and well-being of their workforce. Recognizing that it is not possible to fulfill all of Best Starts contractual obligations as envisioned, these partners are finding alternative ways to do their work within COVID-related restrictions. At the same time, they are making new efforts to meet pandemic-related needs.

Magnifying the public health crisis is an ensuing economic recession. As businesses close, government revenues drop and services slow. These effects ripple across the County, especially in low-income communities, whose residents may rely on service jobs that no longer exist. In this context, Best Starts is an essential funder to provide ongoing supports for children, youth, young adults, and families. While Best Starts is funded through relatively stable local property taxes, other County- and state-funded

⁸³ Ibid.

⁸⁴ Ibid.

⁸⁵ Zero Youth Detention Data Dashboard. [\[LINK\]](#)

⁸⁶ Communities Count. [\[LINK\]](#)

⁸⁷ Governor Jay Inslee, Stay Home, Stay Healthy Order, March 23, 2020. [\[LINK\]](#)

services are more susceptible to the ebb and flow of the regional economy. Revenue variability impacts the stability of Best Starts strategies, some of whose funding is braided with federal and state money, in programs like Early Support for Infant and Toddlers (ESIT)⁸⁸ and School-based: Screening Brief Intervention and Referral to Services (SB:SBIRT).⁸⁹ Best Starts was designed to build on existing systems and programs. When funding for these programs declines or is unstable, Best Starts' own foundation must be strengthened to continue to serve the people of King County through tough economic times.

It is essential that King County supports communities and for CBOs to rebound successfully after the crisis abates. This means the County must provide stable funding and act as a trusted partner. Throughout the pandemic, the team of Best Starts Capacity Builders,⁹⁰ who provides organizational supports, continues their work with the same organizations as before the crisis. It is also offering extra services: assisting with obtaining federal funding through Small Business Association (SBA) loans and the federal Payroll Protection Program (PPP); providing webinars on how to conduct meetings virtually; and technical assistance for fiscal matters, such as setting up cost centers. This additional support is essential to ensuring the sustainability of funded CBOs. In addition, Communities of Opportunity (COO) shifted its system and policy change grants to support the community response to the dual pandemics of COVID-19 and racism. This way, the most impacted communities are leading their own efforts for a just recovery.

Concurrent with the COVID-19 crisis is a great social upheaval that centers racial justice in light of the United States' 400-year history of racism.⁹¹ Black/African American people face disproportionate rates of violence and murder at the hands of law enforcement. A Black/African American person is three times more likely than a white person to be killed by police.⁹² This violence bears significant adverse health impacts on Black/African American community members at large, including their emotional well-being. A recent study found that a negative encounter with law enforcement is associated with increased mistrust of medical care.⁹³ The disproportionate impact of COVID-19 on Black, Indigenous, and people of color (BIPOC) is the latest in a history of inequitable health impacts. Best Starts is one way the County is working to combat, and course-correct these disparities.

G. Community Engagement

Best Starts prioritizes equitable decision making and sharing power with communities that are historically most harmed by government policies and systems. Best Starts also aims to share failures alongside successes so that it may course-correct where needed. To continue Best Starts' commitment

⁸⁸ ESIT provides services that enable children, from birth to age three, with developmental delays or disabilities.

[\[LINK\]](#)

⁸⁹ School-based: SBIRT addresses the needs of middle school students through a universal screening tool. [\[LINK\]](#)

⁹⁰ See pg. 140 of this report for further discussion of capacity-building investments and supports.

⁹¹ "New Analysis Shows Pronounced Racial Inequities among COVID-19 Cases, Hospitalizations and Deaths." Public Health Blog (May 1, 2020). [\[LINK\]](#)

⁹² Schwartz, G., Jahn J. "Mapping Fatal Police Violence across U.S. Metropolitan Areas: Overall Rates and Racial/Ethnic Inequities, 2013–2017." Plos One (2020). [\[LINK\]](#)

⁹³ "Experiencing Police Brutality Increases Mistrust in Medical Institutions, Impacts Health." Lehigh University (January 2020). [\[LINK\]](#)

to community voice, it is imperative that Best Starts sustains its engagement with the community through various media.

Best Starts' online presence includes several outlets, such as the Best Starts website,⁹⁴ blog,⁹⁵ newsletter, social media accounts (Facebook, YouTube, and Twitter), and the online version of the Annual Report.⁹⁶ Best Starts presents information about itself and announces funding opportunities, success stories, and in-depth series on the impact of various Best Starts strategies on the blog. The newsletter and social media posts provide further information and news.

Best Starts reached out to community in many ways: The Best Starts for Kids Road Show;⁹⁷ an open house for the prenatal–5 programs;⁹⁸ drop-in hours at local libraries⁹⁹ for community members to learn more about Best Starts and to access technical assistance. Each year, Best Starts staff joins colleagues from other county departments to participate in the annual town halls conducted in King County's nine community service areas, and in many other summer festivals and cultural events.¹⁰⁰

The CYAB is key to facilitating Best Starts' commitment to engaging authentically with the youth it serves. Likewise, the Communities of Opportunity (COO) Governance Group (GG),¹⁰¹ which also serves as the COO Best Starts Advisory Board, ensures that COO investments are consistent with levy requirements, are effective, and are transparent to the public. As a model for shared power and decision making, the GG advises COO on the development and implementation of strategies, as guided by the values of authentic community engagement, equity, respect, and partnership.

Community Engagement with Data

Best Starts relies on data, both quantitative and qualitative, to paint a picture of the County broadly, and to gain deeper knowledge of communities that have been historically underrepresented.

Prior to 2016, King County had data on births, but faced a significant information gap on very young and school-age children. In fall 2016, King County released the first Best Starts for Kids Health Survey (BSKHS).¹⁰² Nearly 12,000 families participated in the 2017 and 2019 BSKHS, expanding Best Starts'

⁹⁴ Best Starts for Kids website. [\[LINK\]](#)

⁹⁵ Best Starts for Kids blog. [\[LINK\]](#)

⁹⁶ Best Starts for Kids annual reports. [\[LINK\]](#)

⁹⁷ Best Starts for Kids Road Show was a total of nine community-services town hall meetings; eight Best Starts–hosted outreach and engagement events; and over 20 presentations to community-based partners and groups (e.g., South King County Human Services Coalition). An outreach and engagement webinar also took place, engaging more than 500 people. [\[LINK\]](#)

⁹⁸ Best Starts Open House. [\[LINK\]](#)

⁹⁹ Libraries included Seattle, Burien, Shoreline, Eastside, Duvall, North Bend, Vashon, and Muckleshoot.

¹⁰⁰ Events such as the Seattle Indian Days Powwow, Burien Pride, Umoja Fest, Cambodian New Year, Dragonfest, Timber, Go Green Movie Night, El Cine in el Parque, Backyard Movies in Carnation and Ravensdale, and back-to-school events in Rainer Beach, SeaTac, and Kent.

¹⁰¹ Motion 18442, Metropolitan King County Council (2016). [\[LINK\]](#)

¹⁰² Best Starts for Kids Health Survey. [\[LINK\]](#)

knowledge base and assisting Best Starts in making well-informed decisions and investments. The data is also publicly available on the BSKHS website,¹⁰³ and is used by CBOs, school districts, and researchers.

Engaging community-based partners to help interpret and frame BSKHS results within cultural and community contexts is essential to giving Best Starts a full understanding of these results. Best Starts engaged King County residents and organizations across nine communities in “data dives” in 2018 to make meaning of the quantitative results. Data dives provided Best Starts opportunities to reconnect with its stakeholders and community leaders, who may have initially helped spread the word about BSKHS. These individuals were able to review survey results; help interpret the findings through their community knowledge; and foster community ownership of the data.¹⁰⁴

Best Starts also launched a Language Community Liaison program to strengthen connection to specific language communities, many of whom have been historically underserved or underrepresented in King County. And Best Starts hosted a virtual summit with nearly 700 participants over 4 days in August 2020.

Consultation to Inform Assessment Report

Best Starts consulted with stakeholders, including, but not limited to, the regional policy committee during the briefing and discussion of this assessment report in July 8, 2020. In the same month, Best Starts released a survey to hear from the community on what they felt has gone well and what modifications to Best Starts they wished to see. A summary of the findings from the survey are included in Appendix D. During the Best Starts virtual summit, in August 2020, Best Starts also arranged two different listening sessions to hear from participants on what they felt has gone well and what they would like to see improved. Best Starts also conducted a community survey in July 2020. Although the survey was open to the community at large, the majority of the respondents were Best Starts–funded CBOs. Most of the comments encouraged Best Starts to stay the course with its strategies and to push the initiative to do even better at keeping racial equity at the forefront of its design and decision making.

Overview of Key Findings on Community Engagement to Date

As outlined in the CYAB equity statement, initiatives like Best Starts must be defined and designed by the affected; they must be represented at the decision-making table. Thus far, input from the community has:

- Shaped the Request for Proposals (RFP) process to be more accessible (this is a work in progress);
- Introduced a multigenerational approach to the Implementation Plan (versus a two-generational approach);
- Allowed Best Starts to better understand the data collected;

¹⁰³ Best Starts for Kids Health Survey. [\[LINK\]](#)

¹⁰⁴ The data dives used the community café model. [\[LINK\]](#)

- Pushed the County to be nimbler and more responsive;
- Sometimes made conflicting asks (for example, one group may want to invest more in child care, and others in youth programs);
- Compelled PHSKC and DCHS to challenge the status quo (for example, looking at contract boilerplate through an ESJ lens; examining the County’s language around intellectual property);
- Reinforced the idea that true partnership takes time, intentionality, and authentic listening.

H. Report Methodology

This report is a collaboration between DCHS and PHSKC, reflecting subject matter expertise and data from each department. The development of this report involved widespread community feedback acquired throughout the planning stage, through strategy-specific surveys, quarterly reports, learning circles, and two general listening sessions in August 2020 during the Best Starts virtual summit. Best Starts also invited communities to give feedback through a survey conducted in July 2020. Although the survey was open to the community at large, many of the respondents were Best Starts–funded CBOs. Most of the comments from the survey and listening sessions encouraged Best Starts to maintain its current strategies and to do even better at keeping racial equity at the forefront of its design and decision making.

In addition, Best Starts program managers presented strategy briefings and synthesized feedback from community-based partners and their own learning regarding successes, challenges, lessons learned, and recommendations to inform this report. These analyses incorporated quantitative, qualitative, financial, and program data, and drew from available information at the time of this report’s drafting. Community feedback from surveys and listening sessions, conversations with current funded partners, discussions with the CYAB informed recommendations. The time periods covered by each type of data vary based on reporting timeframes, as shown in Table 6:

Table 6
Timelines

Information Type	Timeline
Qualitative Data	Initiation of program to December 2019 (unless otherwise noted)
Financial Data	November 2016–June 30, 2020
Program Information (Including qualitative data)	January 1, 2017–June 30, 2020

Both the CYAB and the COO GG reviewed and provided feedback on this report through briefings, development of the recommendations, and in reviewing drafts of this report. Their feedback was instrumental in the development of the final report and their ideas are reflected herein.

IV. Assessing the Context and Impact of Best Starts for Kids Implementation

Best Starts for Kids began implementation in 2017, after the approval of the Implementation Plan by the King County Council in November 2016 in Ordinance 18373. Since then, the initiative has funded 570 programs, and as of January 1, 2020, has reached over 425,000 babies, children, youth, and families throughout the County with community-driven programming. As outlined in greater detail below, Best Starts-funded community-based partners have embraced creating more opportunities for all young people in King County.

The initiative has made significant progress. Community has led the way in shaping the initiative and providing leadership to put equity at the heart of the work. Partnering with community ensures contracting and RFP processes are more reflective of community needs. Best Starts drives several county infrastructures changes, including strengthening collaboration and alignment across two county departments, Department of Community and Human Services and Public Health; increasing accessibility of application processes; and reducing the complexity of contracting processes with community-based organizations (CBOs).

As requested by Motion 15651,¹⁰⁵ the subsequent sections of this report provide an overview of Best Starts investments, organized by geography and by Best Starts investment areas and programs.¹⁰⁶ Following this information is a description of progress made to date on key programs for each of the investment areas outlined in the Implementation Plan: Invest Early, Sustain the Gain, Youth and Family Homelessness Prevention, Technical Assistance and Capacity Building, and Communities of Opportunity. Included in these descriptions are preliminary measurement of changes experienced by families and communities, and an analysis of the impact of investments in advancing equity and social justice by changing systems and policies of racial and other forms of oppression.¹⁰⁷

A. An Analysis of Investments by Geographic Area

King County aims to create a diverse and dynamic community where all people can thrive.¹⁰⁸ However, systemic barriers, as well as current policies and practices, prevent some communities from achieving this vision. Barriers include inequitable access to services, and not enough services to meet the needs of all individuals, families, and communities. Historical underrepresentation of communities of color in the policymaking that determines how and where health and human services are delivered persists.

¹⁰⁵ Motion 15651, Metropolitan King County Council (2020). [\[LINK\]](#)

¹⁰⁶ For the purpose of this report, the implementation timeline, that is, the time period over which Best Starts activities were implemented, is January 1, 2017, through June 30, 2020. The measurement timeline, that is, the time period over which data was collected, analyzed, and reported, is January 1, 2017, through December 31, 2019. Due to the required submission date of the assessment report, Best Starts was not able to include the data collected from the period January 1, 2020, through June 30, 2020.

¹⁰⁷ Motion 15651, Metropolitan King County Council (2020). [\[LINK\]](#)

¹⁰⁸ King County Office of Performance, Strategy and Budget (2015). King County Strategic Plan. [\[LINK\]](#)

Inequities that impact health, wellness, and opportunity, from accessing housing to jobs remain.¹⁰⁹ These, in turn, create disparities based on such factors as race, ethnicity, gender, sexual orientation, immigration status, disability, language, and age. These factors also intersect with income and affordable housing access, which further increase disparities based on geographic location.

How Best Starts Services Are Distributed Geographically across the County

To combat these disparities, Best Starts services are distributed geographically in ways that advance equity and social justice (ESJ), follow the Best Starts for Kids Implementation Plan, respond to community ideas and feedback, and reflect the results of competitive procurement processes. Best Starts operates with a consistent, overarching commitment to undo historical inequities that impact King County’s residents and communities.¹¹⁰ However, Best Starts alone is not sufficient to fully connect all of King County’s over two million residents to the services they need. Therefore, King County deploys Best Starts resources to promote equitable access for the populations facing the largest disparities in health and well-being, ones often linked to poverty.¹¹¹

A targeted universalism approach guides Best Starts’ service distribution. With this method, Best Starts can offer universal benefits by deploying services specific to the varying needs and circumstances of each group or community. Target universalism considers communities and populations experiencing rapidly increasing challenges, and ensures that opportunities for children, youth and families are available in the communities where they are needed the most.¹¹²

Geographic Reporting Methodology

This report’s analysis of Best Starts investments by geographic area is consistent with the methodology used in the Human Services Geographic Equity Plan transmitted to the King County Council in December 2019.¹¹³ As requested by Motion 15651, this section shows the distribution of the zip codes of participants served through Best Starts–funded programs in 2017–2019, and includes an accompanying summary analysis.¹¹⁴

¹⁰⁹ King County Executive’s Office of Equity and Social Justice (2016). Equity and Social Justice Strategic Plan, pg. 30.

[\[LINK\]](#)

¹¹⁰ *Best Starts for Kids Implementation Plan* (2016). [\[LINK\]](#)

¹¹¹ Office of Disease Prevention and Health Promotion, Social Determinants of Health. [\[LINK\]](#)

¹¹² *Best Starts for Kids Implementation Plan* (2016), pp. 37–38. [\[LINK\]](#)

¹¹³ *Human Services Geographic Equity Plan* (2019), as required by Ordinance 18835, Section 84, Proviso P2. [\[LINK\]](#)

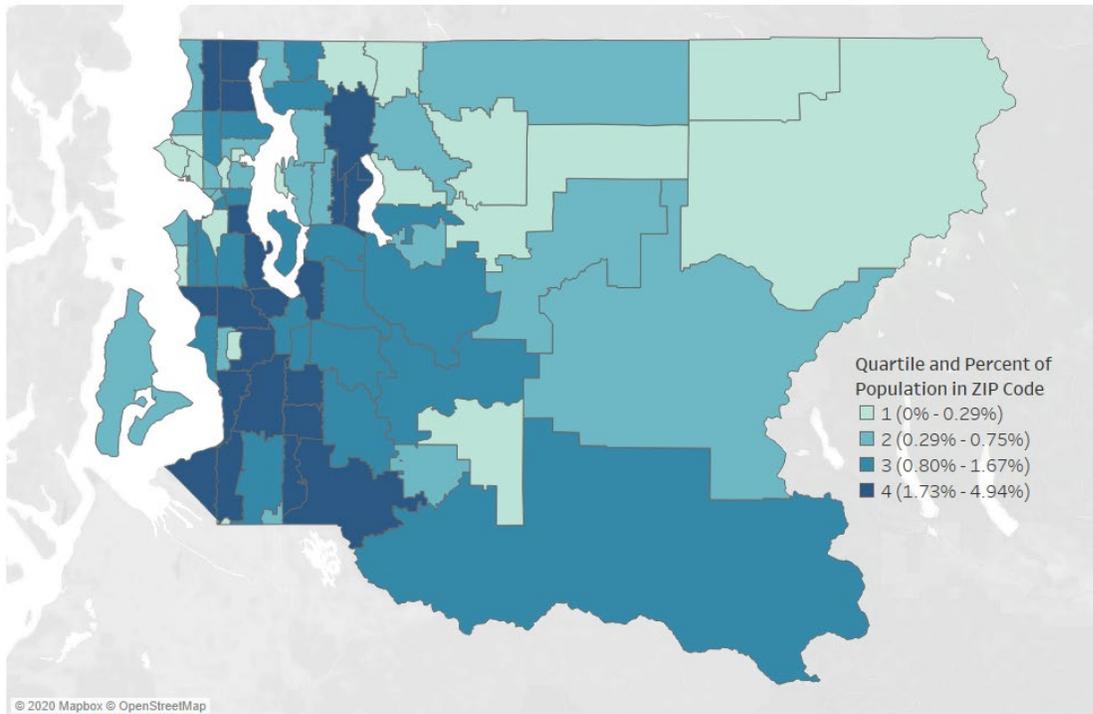
This report updates the HSGEP’s analysis to include Best Starts’ service participant data from 2017 through 2019. To generate this view of service distribution, evaluators first determined the percentage of all children and families who lived in each of King County’s 91 zip codes and were served by Best Starts programs in 2017, 2018, and/or 2019. Next, they ordered the zip codes by lowest to highest percentage of service participants and segmented that information into quartiles, creating four groups with increasing percentages of people served. In Map 1, the quartiles display the distribution of people by zip code using a heat map format.

¹¹⁴ The following parameters inform the data reported: Zip code–level data is available at the individual level for some but not all Best Starts–funded programs. Programs that intend to foster system- or community-level change on service provision and programs collect data anonymously (such as programs that serve survivors of domestic violence). They do not collect individual-level information and so they will not be included in the analysis. Evaluators have deduplicated data where available. In addition to the system- or community-level data collection, some programs provide aggregate-level data about service participants per zip code, while others collected individual-level data.

Best Starts’ distribution of services, as shown in Map 1 below, illustrates targeted universalism. The darker colors represent a higher concentration of people served; the lighter colors represent a lower concentration. As discussed earlier, on pages 28–31 of Current Demographic Context, Best Starts services are most concentrated where higher concentrations of young people, young people living in poverty, and communities of color live.

Map 1

Distribution among Zip Codes of 2017–2019 Best Starts Service Participants



As shown in Map 1, Best Starts services reach youth and families throughout the entire County, including many in rural zip codes and unincorporated areas. Shown in the darkest color, quartile 4 represents the highest proportion of Best Starts service participants. They live primarily in Southwest King County, South Seattle, White Center, Federal Way, Kent, and Skyway, areas with some of the highest poverty and/or population density in the County. High proportions of Best Starts service participants also live in Redmond and parts of Bellevue. Shown as quartile 3 on the map, the second-highest proportions of Best Starts service participants reside in parts of Southeast King County, including the areas around Enumclaw, Maple Valley, Issaquah, and in parts of inner northeast King County, including Bothell and Kirkland.

Overarching Findings and Potential Drivers

Higher concentrations of Best Starts services in Southwest King County and South Seattle reflect Best Starts’ focus on ongoing, community-wide efforts that address serious needs. Places where Best Starts

serves more people are the same places where people experience the greatest disparities in health and well-being, as shown in the Communities of Opportunity (COO) composite index map¹¹⁵ and through other indicators like higher rates of infant mortality, child poverty,¹¹⁶ and free- or reduced-meal program eligibility.¹¹⁷ The COO map includes social, economic, and health indicators, such as poverty, unemployment, housing conditions, life expectancy, frequent mental distress, and avoidable hospitalizations. By increasing services in Southwest King County, where the highest proportion of the County's residents of color live,¹¹⁸ Best Starts seeks to counter historically inequitable access to resources and to pursue the County's vision of racial equity and social justice.¹¹⁹

Best Starts' distribution of services also responds to regional trends in gentrification and displacement. As low-income residents are displaced from other parts of the County, or are unable to find housing they can afford, lower-income families have moved to South King County. This drives the need for Best Starts to address the regional imbalance of services, as services are often more available in neighborhoods where it now costs more to live.¹²⁰

Next Steps in Data Collection, Analyses, and Reporting

To make data about service participants, program performance, and outcomes more readily available, and to support the capacity for more robust analyses, DCHS launched a new data system called Client Outcomes Reporting Engine (CORE) in January 2020.¹²¹ In addition, Best Starts added a short series of questions to all Request for Proposals in 2019 to capture where organizations proposed to provide services, by both zip code and physical address, if applicable. As a result, certain geographic information about funding and contracts may be extracted to inform service improvement efforts and ensure that Best Starts services continue to be distributed in ways that advance equity and social justice.

B. Progress of Levy Implementation

Since 2017, Best Starts has made tremendous progress by investing in programs that address economic, racial, and other inequities so that parents and caregivers have more opportunities to give their kids the best start in life. Investments have built upon the strength and resilience of King County's communities and the commitment to the kids who live there. Envisioned in the *Best Starts Implementation Plan*, Best Starts has launched all 27 program areas that advance the strategies outlined within the plan (see Tables 1 and 2). Collectively, program areas support 570 individual community-level programs that serve families and children, prenatal through age 24, as well as their communities. Best Starts has also achieved a number of successes in *how* it works: prioritizing equity, centering communities, building the capacity of small CBOs, and changing systems. Finally, especially for programs whose implementation is

¹¹⁵ Communities of Opportunity Composite Index. [\[LINK\]](#)

¹¹⁶ *Best Starts for Kids Implementation Plan* (2016), pg. 25. [\[LINK\]](#)

¹¹⁷ Communities Count free/reduced price meal eligibility 2016–17, and King County Community Health Needs. [\[LINK\]](#)

¹¹⁸ Assessment 2018/19. 97 King County GIS Center Census Viewer, Race: People of Color layer.

¹¹⁹ *Human Services Geographic Equity Plan* transmitted to the King County Council on December 12, 2019, as required by Ordinance 18835, Section 84, Proviso P2.

¹²⁰ Regional Affordable Housing Task Force (2018). [\[LINK\]](#)

¹²¹ For further discussion, please see *Human Services Geographic Equity Plan* (2019), pg. 52.

further along, Best Starts has demonstrated changes for families and communities as a result of its investments.

This section provides an overview of the implementation progress made in each of the program areas. As detailed in the Background section of this report, Best Starts is structured around five key investment areas: Invest Early, Sustain the Gain, Communities of Opportunity, Family and Youth Homelessness Prevention, and being results-focused and data-driven. Each Best Starts investment area includes a number of programs that advance the strategies outlined in the *Best Starts Implementation Plan*, implemented through:

- Partnership between King County and CBOs, as selected through a competitive procurement process, in accordance with direction from Ordinance 18088,¹²²
- Program components that focus on direct services; and/or
- Program components that focus on systems development and/or changes.

Research shows that program implementation is developmental and occurs in stages.¹²³ It is not until a program achieves full implementation that the data will begin to reflect changes for families and communities. Best Starts program areas were launched at different times and had varying levels of planning and infrastructure already in place before launching. As a result, the status of implementation of Best Starts programming can vary. Best Starts uses the following classifications to demonstrate which a program's current stage of implementation, and what type of data is available for reporting:¹²⁴

- **Laying the Groundwork:** Internal work required to award funding, including hiring county staff, developing requests for proposal, and finalizing contracts with CBOs.
- **Building Momentum:** CBOs have contracts with King County and are beginning their work. The program may have started delivering services, but performance data is not yet available.
- **Delivering Impact:** In this phase, the program is actively delivering services, and there are at least two quarters of performance data from 2019 to report.

¹²² Ordinance 18088 states, in part: "The majority of levy proceeds from the voter-approved Best Starts for Kids levy is intended to go to community partners to provide services in the community. As the levy is being implemented, the county's goal is to ensure that diverse communities and small organizations, including those that are using emerging and innovative approaches to provide services, are able to access moneys in order to provide culturally appropriate services in King County. The county intends to collaborate with these organizations and help evaluate innovative new programs or services so that promising practices become proven practices. Services for children and youth will improve as agencies and organizations working with children and youth have opportunities for training, building organizational and system capacity and sufficient resources to administer programs and services."

¹²³ National Implementation Research Network. [\[LINK\]](#)

¹²⁴ These implementation stages are outlined in the Best Starts for Kids Annual Report (2008), pg. 34. [LINK](#)

To support this process, Best Starts makes multiyear investments when establishing new partnerships and launching new programs and projects. During the writing of the *Best Starts for Kids Implementation Plan*, CBOs gave strong feedback that they would like Best Starts to award multiyear contracts to recognize that building impactful programs takes time.¹²⁵ This long-term partnership strategy is a departure from King County’s past method of contracting for services, and reflects Best Starts’ commitment to community needs.

The remainder of this section provides a summary of implementation progress made for each program area in Best Starts, organized by investment areas: Investing, Sustain the Gain, Communities of Opportunity, and Youth and Family Homelessness Prevention Initiative.

Invest Early

Fifty percent of Best Starts investments were allocated to support promotion, prevention, and early intervention programs for children under five, pregnant people, and parenting families.¹²⁶ The Investing Early category is structured around four key strategies that are advanced by nine different programs.¹²⁷ The table below provides an overview of the Investing Early strategies, programs, and estimated funding allocations across the life of the levy.

Table 7
Invest Early Strategies and Programs

Invest Early Strategies
<ul style="list-style-type: none"> ▪ Support parents, families, and caregivers; ▪ Screen children to prevent problems, intervene early, and effectively link to treatment; ▪ Cultivate caregiver knowledge; ▪ Support high-quality child care (at home and in centers, licensed and unlicensed).
Invest Early Programs
Innovation Fund
Home-based Services
Community-based Parenting and Supports
Parent/Peer Supports ¹²⁸
Information for Parents and Caregivers ¹²⁹
Child-care Health Consultation
Developmental Screenings for All Very Young Children
Early Intervention Services
Systems Building for Infant and Early Childhood Mental Health
Workforce Development
Investment in Public Health—Seattle and King County’s Maternal-Child Health Services

¹²⁵ *Best Starts for Kids Implementation Plan*. [\[LINK\]](#)

¹²⁶ Ordinance 18088, Metropolitan King County Council (2015). [\[LINK\]](#)

¹²⁷ *Best Starts for Kids Implementation Plan*, pp. 9–10. [\[LINK\]](#)

¹²⁸ Parent/Peer Supports was consolidated into “Community-based Parenting and Peer Supports” in implementation.

¹²⁹ Information for Parents and Caregivers was consolidated into “Community-based Parenting and Peer Supports” in implementation.

Help Me Grow Caregiver Referral System
Lead and Toxics

INNOVATION FUND

Program description: Through the Innovation Fund (IF), Best Starts provides funding and dedicated capacity-building support to CBOs to develop, evaluate, and rapidly improve on new or adapted approaches to serve expecting parents and parents of children from birth to age five.¹³⁰ These prenatal-to-five investments provide a comprehensive set of programs to serve families in the County, yet Best Starts acknowledges that existing programs do not meet all needs and that communities must take the lead in identifying solutions to address them. For IF, Best Starts selected 13 community-based partners through a single RFP process. IF focuses on creating more equitable and accessible service systems; supporting families directly through advocacy, cultural navigation, and connection to resources. This program also supports service providers in a variety of ways, including through cohort-based learning, mentorship, coaching, and collaboration across professions. Innovations in systems and service-provider supports will ultimately benefit children and families.

For example, the Birth Bundle Project coordinates prenatal supports across service providers to help connect immigrant, refugee, and families of color living in South and King County to a full range of birthing supports, including doula, midwifery, and lactation support services. By collaborating as a team of providers, this project helps eliminate barriers to access for families.

Implementation Progress: IF includes innovative project design and implementation.

Best Starts selected CBOs to design and implement innovative projects in September 2018. In October 2018, community-based partner design teams began participation in an intensive six-month development phase with Frontiers of Innovation (FOI), an initiative of Harvard University’s Center on the Developing Child. During the development phase, CBOs used the FOI IDEAS Impact Framework¹³¹ and individualized FOI supports to develop a theory of change, program materials, and an evaluation plan. Throughout 2019, CBOs consulted FOI technical assistance providers for one to two hours per month and collectively drew upon the expertise of 232 community stakeholders to co-create innovations. CBOs started implementing innovations and data collection for evaluation in April 2019. As they began, they used early evaluation data to rapidly improve their work. As of December 2019, IF projects have reached 275 individuals.

Table 8

Innovation Fund Program Summary

Program Component	Implementation Stage	Total Amount Contracted	# of Partners Selected	# Served
Innovation Fund	Building momentum	\$4,991,860	13	275

¹³⁰ The capacity-building supports described here are specific to IF. These capacity-building supports operate outside of the general Best Starts Capacity-Building program.

¹³¹ IDEAS Impact Framework. [\[LINK\]](#)

Selected Successes: IF achieved key successes in capacity-building systems change to promote equity and developed best practices for innovation.

- Both CBOs and capacity builders strengthened their work through co-creation approaches. CBOs cited several benefits to participation in the innovation development process. They formed new partnerships to enhance innovations, engaged new community stakeholders in designing innovations, and built knowledge using the IDEAS Impact Framework.¹³² The project’s capacity-building partner, FOI, also built capacity as a result of working with Best Starts and CBOs. FOI developed an equity statement, explored how to better integrate equity practices into their theory and practices.
- IF projects are positioned to drive systems change. IF supports many CBOs that are advancing approaches to improving equity and inclusion in large systems. Examples include programs that redefine pathways and supports across higher education; service provider collectives seeking to support organizational policy change; cross-organizational partnerships seeking to integrate service delivery; and an academy seeking to build policy-advocacy skills to promote inclusion of children with disabilities.
- IF works to leverage best practices that promote capacity building and the innovation development process. To advance this work, Best Starts convened a work group that catalogued innovation, program development, and support efforts that span across Best Starts programs. Best Starts is currently developing a guide to document learning, best practices, and ways of work that can serve as a resource for other Best Starts staff, and the field more broadly.

HOME-BASED SERVICES

Program description: Home-based Services (HBS) provides relationship-based support to expecting parents, and parents of children, from birth to age five, in the places they live. Through HBS, well-trained home visitors provide information, resources, and social connection to parents in order to support healthy births, positive parenting, child development and growth, safe home environments, and school readiness.¹³³ In this program area, Best Starts built a continuum of services that includes a range of national, evidence-based and evidence-informed home-visiting models. This continuum also includes home-based programs that are designed and implemented by specific cultural communities in King County, called community-designed programs. This approach enables Best Starts to have broad reach through easily replicated models while also meeting the needs of specific communities through culturally centered programs.

¹³² These successes were shared within semi-annual interviews, and quarterly data reports came from IF community-based partners.

¹³³ Kendrick, D., et al. “Does Home Visiting Improve Parenting and the Quality of the Home Environment?” *Archives of Disease in Childhood*, (2000) pp. 82, 443–451.

Thirty-nine community-based partners deliver five evidence-based models¹³⁴ and ten community-designed models.¹³⁵ Across these programs, bilingual and/or bicultural services are available in 25 languages. They include birthing supports, parent-child interaction information and modeling, and infant and early child mental health treatment. Services are customized to different age groups, from the prenatal period through age five.

Implementation Progress: HBS includes two implementation components: 1) service delivery and 2) capacity building, technical assistance, and workforce supports.

- **Evidence-based, evidence-informed, and Parent-Child + service delivery:** Evidence-based and evidence-informed programs launched data collection and services between October 2017 and January 2018. Building on well-established infrastructure in the state and County, these services scaled rapidly, growing from 984 families served in January 2018 to 2,980 in December 2019. As of December 2019, these programs are already delivering impact and have achieved measurable progress.
- **Community-designed service delivery:** In October 2018, community-designed programs began developing home-based models with the support of capacity-building support providers. As a result, this program component is in the building momentum phase. These programs launched services and data collection in July 2019. By December 2019, the programs had enrolled 320 families. Across all programs, families received a total of over 162,000 home visits.
- **Capacity-building, technical assistance, and workforce supports:** To support the workforce in the course of implementation, Best Starts matched all HBS providers with coaching to assist with model development and/or improvement, assessment of data and organizational capacity, and development of capacity-building plans.¹³⁶ Many programs strengthened their services by integrating developmental screening. Programs participated in training, accessed screening kits, and provided developmental screening for all children enrolled in programs. Many programs supported staff retention and program quality through participation in Best Starts' no-cost reflective consultation, infant and early childhood mental health trainings, newly launched home-visiting community of practice, and home-visitor field readiness trainings. As a result of capacity-building supports, community-designed programs have well-defined, culturally responsive program models they can use as a staff-training tool, marketing resource, and as a foundation for deeper evaluation efforts. In addition, they have developed data-collection and reporting tools; implemented new, customizable databases; created data-collection protocols; and built staff data skills.

¹³⁴ Programs include 17 Parent-Child + programs, six Parents As Teachers programs, three Child-Parent Psychotherapy programs, two Community-based Outreach Doula programs, one Early Head Start Home-based program.

¹³⁵ The ten community-designed home-based programs include: Learn and Raise Program, LEAP, Sheeko Sheeko Prenatal, Bebes!, Iraqi Early Learning and Family Support, Birth Doula Services, Little Keys, Somali Centering Motherhood Project, De Colores, Daybreak Star Doulas.

¹³⁶ The capacity-building supports described here are specific to Home-based Services. These capacity-building supports operate outside of the general Best Starts capacity-building program.

Table 9

Home-based Services Program Summary

Program Component	Implementation Stage	Total Amount Contracted	# of Partners Selected	# Served
Parent-Child +	Delivering impact	\$9,997,884	17	2,508 families in 2019
Evidence-based & Evidence-informed programs	Delivering impact	\$16,388,719	12	472 families in 2019
Community-designed programs	Building momentum	\$5,975,003	10	320 families
Capacity-building and technical assistance	Building momentum	\$839,605	5	22 programs

Selected Successes: HBS achieved a number of successes in serving families, changing the field, and providing workforce supports.

- Families are building skills and connecting to resources. On average, 16 percent of children served by Parent-Child + programs scored highly on an assessment of behaviors associated with school readiness at the beginning of their first year in the program; for children completing their second year in the program, 72 percent scored highly on the same assessment. Nearly two-thirds of families receiving evidence-based and evidence-informed home-visiting services received a timely developmental screen, and 74 percent of families received referral to needed services and supports.
- Best Starts is changing the field of home visiting by centering language and culture within programs. Nationally, and in Washington, most funding is allocated for evidence-based and evidence-informed home-visiting models.¹³⁷ While these are strong programs, they have rarely been tested in communities of color, and the curricula frequently reflect white cultural norms.¹³⁸ Best Starts made the state’s first significant investment in home-based programs that communities themselves developed. These programs are currently engaged in a rigorous planning process to support the documentation of their own models. Through this work, the field is starting to acknowledge the value of community-based models:
 - United Indians of All Tribes Foundation shared their community-designed model, Daybreak Star Doulas, at the National Home Visiting conference, which has historically featured

¹³⁷ 2019 Washington State Home Visiting Scan. [\[LINK\]](#)

¹³⁸ Matthews, K., Jordan, I. “Our Children, Our Workforce: Why We Must Talk About Race and Racism in Early Childhood Education” (2019). [\[LINK\]](#)

evidence-based models.¹³⁹

- Washington included community-designed programs in the state’s Home Visiting Scan, a move that acknowledges their vital role in the state’s home-visiting landscape.¹⁴⁰
- HBS staff partnered with the Migration Policy Institute to develop a policy brief outlining the importance of funding community-designed programs for dual-language-learner families.¹⁴¹
- Programs actively engage in workforce supports. Research correlates home-visitor retention with access to reflective supervision and positive work environments.¹⁴² Best Starts supported the workforce by providing reflective consultation and peer support opportunities. To date, 12 programs are participating in reflective consultation groups, and 10 are participating in the Home-based Services Partnership Group, which makes systems improvement recommendations based on the voices of practitioners of color. In addition, Best Starts recently launched a home-visitor community of practice to facilitate culturally responsive peer learning across programs.

COMMUNITY-BASED PARENTING SUPPORTS

Program description: The Community-based Parenting Supports (CBPS) program builds on the strengths of community trust and networks to provide expecting parents, and parents of children, ages 0–5, with information, resources, and peer support in order to enhance maternal-child health, positive parenting, and child social-emotional development. Thirty-seven community-based partners implement a breadth of services in community settings, including health care clinics, child-care and early learning centers, religious institutions, community centers, and others. Across partners selected, bilingual/bicultural services are provided in 20 languages. CBPS services include:

- Basic Needs Resource Brokering (BNRB) and dissemination of food, car seats, and diapers;
- Kaleidoscope Play and Learn (KPL), neighborhood-based groups, where families sing, read, and play together;¹⁴³
- Parent/Caregiver Information and Support (PCIS) programs, where parents/caregivers find information and peer supports in community settings; prenatal support for Black/African American, Pacific Islander, Native, and Indigenous communities through Supportive Pregnancy Care groups;¹⁴⁴
- Breastfeeding peer counseling and Supportive Pregnancy Care for Black/African American, Pacific Islander, Native, and Indigenous communities.

¹³⁹ 2019 Home Visiting Summit Presentation. [\[LINK\]](#)

¹⁴⁰ Washington State Home-Visiting Scan (2017). [\[LINK\]](#)

¹⁴¹ Migration Policy Institute, publication forthcoming.

¹⁴² *Region X Home Visiting Workforce Study*, (2019) pp. 124–138. [\[LINK\]](#)

¹⁴³ Child Care Resources. [\[LINK\]](#)

¹⁴⁴ March of Dimes Supportive Pregnancy Care. [\[LINK\]](#)

Implementation Progress: CBPS includes two implementation components: 1) service delivery and 2) capacity building and technical assistance.

- **Service delivery:** CBPS includes many different programs. Two of these, BNRB and KPL, began implementation and data collection in February and September 2018, respectively, and are now delivering impact. From their launch through 2019, BNRB partners disseminated 3.3 million diapers, formula, car seats, and “Good Food” bags. From its launch through 2019, KPL served over 24,000 people, with 90 percent of parents reporting that they felt better supported as a parent as a result of participation.

PCIS programs are currently building momentum. Prior to implementation, PCIS programs began developing models with capacity-building support providers in October 2018. They launched service delivery and data collection in July 2019 and were serving 244 families by the end of the year. The two remaining CBPS programs, Supportive Pregnancy Care and breastfeeding peer supports, launched in May 2019 and are laying the foundation for full implementation. Data on early implementation shows that programs have trained 31 Black/African American, Pacific Islander, Native, and Indigenous practitioners in the Supportive Pregnancy Care model, and 67 Black/African American, Pacific Islander, Native, and Indigenous breastfeeding peer counselors. Services launched in early 2020.

- **Capacity-building and technical assistance:** In addition to funding direct services, CBPS invested in capacity building and model-specific technical assistance to support high-quality, culturally responsive design and implementation of community-based programs.¹⁴⁵ Through the capacity-building RFP, CBPS selected partners to deliver individualized capacity-building supports to PCIS community-based partners for program planning and development, data-focused capacity building, and organizational capacity building. CBPS also contracted with Child Care Resources, the developer and local and national consultant for KPL, for technical assistance on how to implement the KPL program in community settings.

Table 10

Community-based Parenting Supports Summary

Program Component	Implementation Stage	Total Amount Contracted	# of Partners Selected	# Served
Basic Needs Resource Brokering	Delivering impact	\$2,126,458	3	47,202 children
Kaleidoscope Play and Learn	Delivering impact	\$2,016,428	23	24,222 people

¹⁴⁵ The capacity-building supports described here are specific to Community-based Parenting Supports. These capacity-building supports operate outside of the general Best Starts capacity-building program.

Program Component	Implementation Stage	Total Amount Contracted	# of Partners Selected	# Served
Parent/Care giver Information & Support	Building momentum	\$2,993,250	9	218 caregivers
Supportive Pregnancy Care	Laying the foundation	\$1,317,250	1 ¹⁴⁶	31 people trained
Breastfeeding Peer Supports	Laying the foundation	\$886,250	1	67 people trained

Selected Successes: CBPS has achieved a number of successes in building the capacity of organizations and cultivating a workforce to better serve Black/African American, Pacific Islander, Native, and Indigenous communities.

- CBPS expanded basic needs resources in the context of COVID-19. Best Starts doubled its investment in the funding of basic supplies to respond to a rapid increase of those in need resulting from COVID-19. In addition, Best Starts issued over 400 tablet computers with 12 months of Internet service to CBPS programs to keep staff and families connected to one another during the pandemic.
- Programs increased the workforce of Black/African American, Pacific Islander, Native, and Indigenous breastfeeding experts. Black/African American, Pacific Islander, Native, and Indigenous communities in King County experience disproportionately poor birth outcomes and have low rates of breastfeeding. Moreover, the County has few culturally specific services for these communities, due in part to systemic inequities in the workforce. By training 67 Black/African American, Pacific Islander, Native, and Indigenous breastfeeding peer counselors, and supporting 18 on a path to credentialing as International Board-Certified Lactation Consultants, CBPS partners are reshaping the field of breastfeeding supports for women of color.
- Programs built capacity in key areas. As a result of capacity-building supports, all PCIS programs have well-defined, culturally responsive program models they can use as a staff-training tool, marketing resource, and as a foundation for deeper evaluation efforts. In addition, they have developed data-collection and reporting tools; implemented new, customizable databases; created data-collection protocols; and built staff data skills.¹⁴⁷

¹⁴⁶ A single organization serves as the lead partner that coordinates six other organizations. Those include Journey Midwife Services, Rainier Valley Midwives, Pacific Islander Health Board, Center for Indigenous Midwifery, Open Arms Perinatal Services, API Chaya.

¹⁴⁷ Data gathered from capacity-building support provider reports.

CHILD CARE HEALTH CONSULTATION

Program description: Child Care Health Consultation (CCHC) delivers expert training and coaching to child-care providers to promote optimal health, safety, and development of children in child-care settings, via multidisciplinary teams of health care providers, mental health professionals, nutritionists, and others. PHSKC has supplied CCHC throughout the County for over 35 years, supported by braided city and county funds. Through Best Starts, PHSKC selected seven community-based partners to strengthen the cultural responsiveness of CCHC services by tailoring supports to different communities and cultures. PHSKC also more intentionally engaged with Family, Friend, and Neighbor (FFN)¹⁴⁸ child-care providers and nonlicensed providers. FFN and nonlicensed providers are more difficult to reach and have been historically underserved. Some Best Starts–funded CCHC partners deliver the core PHSKC program model, using licensed nurses and a mental health consultant. Others deliver innovative pilots that use community-specific approaches embedded in the values and norms of the community, such as a holistic view of health and safety.¹⁴⁹ CCHC is customized to Black/African American, Chinese, Eritrean, Ethiopian-Oromo, and Somali communities, and its services are available in nine languages and/or dialects.

Implementation Progress: CCHC includes three implementation components: 1) service delivery, 2) program quality, and 3) community engagement and systems development.

- **Service delivery:** CCHC community-based partners launched services in late 2018 after a six-month period of hiring staff, developing program components, and creating curricula. An external evaluator worked with Best Starts to design an in-depth evaluation of CCHC and build the data-collection capacity of its providers. Data collection began in April 2019. In May through December 2019, CCHC community-based partners reached 871 licensed centers, child-care providers, and informal caregivers.
- **Program quality:** Throughout the course of implementation, CCHC programs strengthened program quality through Best Starts supports. CCHC consultants attended Best Starts lead and toxics trainings, and exposure assessments, to help child-care providers reduce toxic exposure, which can cause neurological and other health impacts. Many programs participated in Best Starts’ no-cost reflective consultation and infant and early childhood mental health trainings. These trainings promote a trauma-informed approach to care and help prevent expulsion from child-care settings.
- **Community engagement and systems development:** Best Starts advanced CCHC systems development work by selecting a community-based partner to gather stakeholder input and

¹⁴⁸ FFN care is any regular, nonparental care that is not a licensed center, program, or family child-care home. “Understanding Family, Friend, and Neighbor Care in Washington State: Developing Appropriate Training and Support.” [\[LINK\]](#)

¹⁴⁹ These nine languages are Amharic, Cantonese, English, Mandarin, Oromo, Somali, Spanish, Taishanese, and Tigrinya.

develop a set of recommendations to strengthen workforce supports, data systems, connections and referrals among providers, and community awareness about CCHC. From May 2018 through June 2020, the systems development partner held six large summits and over 40 smaller community events to gather input from 270 child-care providers, child care health consultants, early learning providers, and funders to develop recommendations for improving the CCHC system in King County. Once submitted, Best Starts will review the report and recommendations internally with subject matter experts and leadership, select priority recommendations for implementation, and release an RFP to select community-based organizations to lead the implementation projects.

Table 11
Child Care Health Consultation Program Summary

	Implementation Stage	Total Amount Contracted	# of Partners Selected	# Served
CCHC Direct Services	Delivering impact	\$7,052,085	7	3,171 services impacting 12,000 children in care
CCHC Systems Building	Delivering impact	\$749,978	1	274 participants engaged in activities

Footnote: 2019 activities only.

Selected Successes: CCHC achieved a number of successes in responding to community needs.

- CCHC expanded the County’s reach to underserved providers and communities. FFN child-care providers are difficult to reach because they are not connected to the formal, regulated child-care system (unless they are receiving subsidy payments). Many are also limited English speaking and do not view themselves as child-care providers, so they tend not to access professional development resources. Community-informed child-care health consultation models were effective in reaching these underserved provider populations. Nearly half of providers reached with child-care health consultation to improve the quality of informal care were FFN providers. Evaluation data also shows that FFN caregivers and licensed family home providers found community through CCHC and valued the chance to share challenges with and learn together with other providers.¹⁵⁰
- Providers reported increased capacities. Seventy-six percent of child-care providers who received CCHC consultation reported an increase in their ability to enhance the health and

¹⁵⁰ Best Starts for Kids, Child Care Health Consultation Year 1 Evaluation Report. Conducted by Cardea Services. December 2019.

safety of the child-care environment.

- CCHC provided vital resources in response to the COVID-19 pandemic. CCHC partnered with Child Care Resources to procure and distribute over \$500,000 in necessary COVID-19 prevention supplies to child-care centers, FFN, and other informal care. This enabled child-care providers to operate more safely and remain open during the pandemic.

DEVELOPMENTAL SCREENINGS FOR ALL VERY YOUNG CHILDREN

Program description: The Developmental Screenings for All Very Young Children (DSVYC) program provides information, training, tools, and connections among providers to ensure that all King County children receive high-quality developmental screening throughout early childhood. Through developmental screening, early childhood practitioners systematically look for and monitor signs that a young child may be delayed in one or more areas of development.¹⁵¹ Identifying such developmental delays is critical to connecting children to early intervention services. The DSVYC program aims to normalize talking about development, builds family understanding of developmental milestones, and connects families to resources if necessary. Since Best Starts is working toward universal developmental screening of all children in the County, screenings will be administered in any context a professional interacts with a child. This includes various healthcare, early learning, and community settings. Twenty-five community-based partners implement the core components of this work. Partners customized developmental screening tools and implementation for Black/African American, Chinese, Pacific Islander, Somali, and Vietnamese communities.

Program implementation: DSVYC includes four implementation components: 1) developmental screening training and tools, 2) a landscape analysis and strategic plan for said screening and referral, 3) cultural adaptations and pilots of developmental screening tools, and 4) projects that advance the goals outlined in the strategic plan.

- **Developmental screening training and tools:** Beginning in March 2018, Best Starts contracted with developmental screening experts to deliver trainings to early childhood providers throughout the County. Through 2018 and 2019, these experts delivered 20 trainings on child development, developmental milestones, screening, and programs for adapting tools to be culturally meaningful to the 643 DSVYC providers. Among those who participated, 88 percent reported increased confidence in their ability to discuss a developmental concern with a family. DSVYC also disseminated 150 free screening kits to practitioners to begin screening families.
- **Landscape analysis and strategic plan:** Best Starts worked closely with a research partner to conduct a landscape analysis and strategic plan. The purpose was to catalog existing screening and referral resources across King County, identify gaps and inequities, and advance recommendations to build a universal screening and referral system. From February 2018 to January 2020, the research partner gathered data using community-based participatory research methods and worked with community stakeholders to interpret findings. The research partner used community data to develop systems-building recommendations and submitted

¹⁵¹ Ages and Stages Questionnaires. [[LINK](#)]

them to Best Starts in late 2019. These recommendations directly informed the community and systems-building effort and the final Request for Proposals, “Expanding Help Me Grow: Partnerships to Support Families with Young Children,” which is a collaboration between DSVYC with Help Me Grow King County to implement screening and referral projects.¹⁵²

- **Developmental screening pilots:** Developmental screening pilots support the implementation of innovative approaches to improve communities’ access to developmental screening. Nine CBOs piloted innovations to expand or improve developmental screening and referrals efforts in communities that have not traditionally had reliable access, by implementing screening for culturally and linguistically diverse communities, training culturally specific providers, and creating cultural adaptations to screening tools. Community-based partners launched the design and data collection for pilots in May 2018 and began screening in November 2018. Through this work, projects reached seven new cultural communities and provided over 1,400 screenings across the County.¹⁵³
- **Community-based systems building:** Through this work, community-based partners carry out developmental screening projects that advance strategic planning recommendations described above to provide access to culturally responsive screening and referral opportunities; family-friendly ways to navigate referrals for services that support early development; and additional supports for early learning providers to provide the best screening experiences possible. The 15 community-based partners selected are currently finalizing contracts with the County and will soon begin to lay the groundwork for implementation and data collection.

Table 12

Developmental Screenings for All Very Young Children Program Summary

	Implementa tion Stage	Total Amount Contracted	# of Partners Selected	# Served
Landscape Analysis & Strategic Plan	Delivering impact	\$1,118,000	1	N/A
Developmental Screening and Referral Pilot Projects	Delivering impact	\$3,522,559	9	1,466
Expanding Help Me Grow King County: Partnerships to Support Families with Young Children	Laying the groundwork	\$4,188,061	15	Not yet available

¹⁵² DSVYC partnered with Help Me Grow to launch community-based systems-building projects through the RFP Partnerships to Support Families with Young Children. DSVYC coordinated with Help Me Grow because the purpose of screening is to identify potential resources a child may need to thrive developmentally. Once identified, there needs to be a referral system in place to support the family in reaching needed resources. The referral system in King County will be Help Me Grow.

¹⁵³ A commonly used developmental screening tool. [[LINK](#)]

Selected Successes: DSVYC achieved a number of successes in engaging communities in systems development and improving accessibility of screening for communities of color, and refugee and immigrant communities.

- Diverse stakeholders shaped the landscape analysis and strategic plan. The early childhood field commonly focuses on pediatricians as the primary purveyors of developmental screening. Best Starts centered the voices and experiences of a diverse group of parents/caregivers and providers in shaping the landscape analysis, including kinship or foster-family support providers, home visitors, statewide policy experts, researchers, and others. In addition, DSVYC held three focus groups in Amharic, Hindi languages, Spanish, and provided surveys in Chinese, English, Russian, Somali, Spanish, Ukrainian, and Vietnamese. DSVYC also drew upon the 12-member Community Expert Council (CEC)¹⁵⁴ to provide input on instrument development, implementation, and facilitating connections to stakeholders. This resulted in a community-centered strategic plan for this program.¹⁵⁵
- Developmental screening pilots increased access for refugee and immigrant communities. Traditional developmental screening tools tend to use assessment scenarios that are not meaningful or effective across all cultures. DSVYC's developmental screening language pilots provided translation and culturally relevant scenarios to assess child development, so Black/African American, Chinese, Somali, and Vietnamese communities can more easily benefit from screening, early identification of developmental delays, and connection to resources.
- Best Starts expanded local screening capacity. Best Starts contracted with the national developer of the Ages and Stages (ASQ) screening tool to deliver train-the-trainer seminars, and Best Starts provided scholarships to early childhood practitioners to attend. King County now has a local training cadre of 50 new ASQ trainers who represent over 12 languages across all sectors that serve children and families.

EARLY SUPPORT FOR INFANTS AND TODDLERS PROGRAM

Program description: Early Support for Infants and Toddlers (ESIT) provides children with identified developmental delays and/or disabilities access to therapeutic interventions, such as audiology, nutrition and feeding services, occupational therapy, physical therapy, psychological services, and speech-language therapy. ESIT also provides resource referral and coordination and individualized family service planning. These services are available in the child's home, child care, or other community-based settings. For more than 20 years, King County has provided ESIT services, which is a federal entitlement, through braided federal, state, and local funding. With Best Starts funding, ESIT increased the number of children served, funded culturally responsive services to reach communities experiencing service gaps

¹⁵⁴ The contracted research partner formed a 12-member Community Expert Council (CEC) to guide the landscape analysis. This ensured ideas for improving systems were guided by the community. The research partner worked to form the CEC in collaboration with Developmental Disabilities and Early Childhood Services and WithinReach. The CEC advisors represented diverse regions of the County. They included parents, providers, experts from many fields, and systems thinkers. The CEC provided critical input through each phase of data collection. This included input on instrument development, implementation, and facilitating connections to stakeholders. [\[LINK\]](#)

¹⁵⁵ Strategic Plan: Developmental Screening, Referral, and Connections to Services. [\[LINK\]](#)

and racial disparities, supplemented state funding to providers to ensure they are adequately compensated, and strengthened training opportunities for practitioners.

Implementation Progress: ESIT includes two implementation components: 1) service delivery and 2) systems development.

- **Service delivery:** Because ESIT already had in place infrastructure and a pool of service-delivery providers, the County Council waived procurement requirements for existing ESIT providers, and Best Starts launched expanded programming and data collection in November 2016.¹⁵⁶ ESIT providers increased the number of children served by 44 percent (5,643) in 2019, compared to 2015 (3,921). Ninety percent of children received an evaluation and service plan within 45 days of service, an important quality benchmark.¹⁵⁷ In August 2019, Best Starts renewed these contracts through an RFA process and filled critical service gaps by selecting partners to implement:
 - New services in isolated geographic communities such as Skykomish;
 - Culturally relevant services in two underserved geographic communities, Auburn and Tukwila;
 - Infant mental health services in Black/African American, African, and Native communities.

Contracts for new services started in January 2020, and Best Starts is currently laying the groundwork for these program enhancements, with implementation and data collection anticipated by May 2021.

- **Systems development:** Throughout implementation, Best Starts supported service delivery by providing racial equity training, funding professional development, and convening stakeholder groups to inform policy and practice. ESIT practitioners attended equity trainings focused on creating and retaining a workforce reflective of communities, diversifying board members and volunteers, and reaching underserved families. ESIT practitioners also gained scholarships to attend key professional development conferences, such as the annual Zero to Three conference.¹⁵⁸ Best Starts convened both the King County Interagency Coordinating Council and the Family Involvement Committee (FIC), which includes diverse parents/caregivers who use ESIT services, to inform and shape internal strategic planning and evaluation.

¹⁵⁶ Ordinance 18409, Metropolitan King County (2016) authorized the first full Best Starts for Kids budget, setting forth certain requirements, including competitive procurement as a basis for Best Starts for Kids contract awards. King County's ESIT contracts were amended to include Best Starts funding without additional procurement requirements. This requirement was waived for the ESIT program for a period of three years. As the waiver period closed, Best Starts completed an RFA procurement process. [\[LINK\]](#)

¹⁵⁷ ESIT data from Department of Early Learning Early Support for Infants and Toddlers (ESIT) database.

¹⁵⁸ Zero to Three. [\[LINK\]](#)

Table 13

Best Starts—funded Early Supports for Infants and Toddlers Program Summary

Program Components	Implementation Stage	Total Amount Contracted	# of Partners Selected	# Served
Early Support for Infants and Toddlers	Delivering impact	\$9,275,053	13	10,767
Early Support for Infants and Toddlers RFA	Delivering impact	\$1,632,490	13	Begins in 2020
Early Support for Infants and Toddlers Expansion	Laying the groundwork		3	N/A

Selected Successes: The ESIT program achieved a number of successes in improving social-emotional development, responding to emergent family needs, and centering community in systems planning.

- Children are strengthening social-emotional development. Seventy-four percent of children enrolled in ESIT made progress in positive social-emotional development, and 76 percent are taking action to meet needs.
- ESIT responded to family need by transitioning to virtual services in the COVID-19 pandemic. Prior to the COVID-19 pandemic, all ESIT services were provided in person. Best Starts staff responded quickly to the pandemic, ensuring that all families were provided with computer tablets, and provided training on the transition to virtual services, and addressed the decrease in referrals to ESIT services by designing specific outreach to hospitals, primary care providers, family support programs, and others. ESIT providers have started to see an increase in referrals since outreach began.¹⁵⁹
- Community stakeholders shaped systems planning. King County Interagency Coordinating Council and FIC provided significant input on ESIT’s strategic planning process in 2019 and on the evaluation plan for this program in 2020. In the first stage of strategic planning, stakeholders reviewed system data and elevated concerns about inequities, shared their priorities, gave input on the ESIT logic model, and supported the development of six strategic priorities. Based on this input, the evaluation plan will include equity-focused contract benchmarks to ensure accountability.

¹⁵⁹ ESIT data from Department of Early Learning Early Support for Infants and Toddlers (ESIT) database, Referral Counts Report.

SYSTEMS BUILDING FOR INFANT AND EARLY CHILDHOOD MENTAL HEALTH (SBIECMH)

Program description: Systems Building for Infant and Early Childhood Mental Health (SBIECMH) provides access to training, reflective consultation, and infant mental health endorsement (IMH-E) to build the capacity of early childhood practitioners to support the social-emotional development of children. Social-emotional health is the ability of a child to form close relationships with adults and peers, manage and express a full range of emotions, and explore the environment and learn. This ability is the foundation for brain development and self-regulation. Building the knowledge and capacity of the workforce is vital to a child’s social-emotional development, as practitioners in the field believe that a strong relationship between a provider and parent help support a strong relationship between a parent and child, often called parallel process. Best Starts selected three partners through three RFPs to coordinate different aspects of systems design and implementation.

Implementation Progress: SBIECMH includes four implementation components: 1) a landscape analysis and strategic plan for infant mental health systems building, 2) infant mental health training for early childhood practitioners, 3) reflective consultation for early childhood practitioners, and 4) infant mental health endorsement for early childhood practitioners.

- **Landscape analysis and strategic plan:** A research partner launched the landscape analysis and strategic plan in September 2018 to catalog existing infant mental health resources across King County, identify gaps and systemic inequities, and advance recommendations to build a system of infant mental health supports for early childhood professionals. To gather data, the research partner conducted focus groups in multiple languages with specific cultural communities and engaged multiple stakeholders, including families, providers, and relevant systems partners.¹⁶⁰ This program area is currently building momentum and data collection will be completed in August 2020. A strategic plan will be submitted to Best Starts in February 2021.
- **Infant mental health training:** Trainings are designed to build knowledge in foundational concepts of attachment and self-regulation, to foster confidence, to explore implicit bias, to engage more deeply with families, and to build capacity in self-reflection. Contracted infant mental health experts launched trainings for early childhood practitioners in July 2019. Through December 2019, trainers delivered 5 trainings to 153 practitioners, addressing reflective supervision, attachment theory, trauma-informed practice, infant mental health 101, and self-care during the COVID-19 crisis.
- **Reflective consultation:** Reflective Consultation is a guided support to enhance reflective practice, that is, the ability of a practitioner to explore their own thoughts, feelings, ideas, beliefs, and intentions behind their work. RC improves provider engagement with families and reduces burnout. In 2019, SBIECMH established a pool of 17 reflective consultants, implemented a process to support practitioner participation, and conducted outreach with providers to cultivate understanding of the benefits of participation in reflective consultation. As of December 2019, over 460 practitioners are accessing reflective consultation.

¹⁶⁰ Department of Children, Youth, and Family and the Department of Health.

- Infant mental health endorsement (IMH-E):** IMH-E is a credential that acknowledges the expertise an early childhood practitioner develops through formal education, training, reflective consultation, and practice. To become endorsed, applicants register in a data system, gather documentation of education, training, and work experience, and submit a portfolio for review to the Washington Association of Infant Mental Health (WA-AIMH). Best Starts invested in building organizational capacity at WA-AIMH, and in January 2019, WA-AIMH hired additional staff to provide cohort-based technical assistance to applicants and process endorsement applications. As of December 2019, 21 practitioners were engaged in pursuit of IMH-E. As a component that is still building momentum, “how well” and “better off” data is not yet available.

Table 14

Systems Building for Infant and Early Childhood Mental Health Program Summary

Program Component	Implementation Stage	Total Amount Contracted	Partners Selected	# Served
Infant/Early-Childhood & Family Mental Health Landscape Analysis and Strategic Plan	Building momentum	\$558,000	1	NA
Systems Coordination and Consultation	Building momentum	\$1,539,665	3	460 participants

Selected Successes: SBIECMH achieved a number of successes in strengthening equity and cultural responsiveness of multiple elements of the infant mental health system.

- Best Starts helped build system capacity to better serve practitioners of color and bilingual/bicultural practitioners. There are few practitioners of color and few multilingual practitioners in the field on infant mental health, especially in King County. Among the reflective consultants in the County’s contracted pool, only two are BIPOC and only two are multilingual.
 - Best Starts supported WA-AIMH in recruiting and hiring a Spanish-speaking coordinator. In addition, WA-AIMH is now implementing the endorsement database in Spanish. Best Starts has also conducted extensive engagement in communities of color through trust building and active listening. As a result of these efforts, there is a notable increase in endorsement applications from practitioners of color, including those from African American, Chinese, Latinx, and Somali communities.
 - Best Starts worked with trainers to intentionally and deliberately center race equity and cultural differences in raising children in IMH trainings.
 - Fourteen of 17 white reflective consultants have participated in intergroup dialog with a facilitator, as coordinated by Best Starts. This has increased awareness of white privilege, implicit bias, and anti-racist practice among these reflective consultants to

better serve practitioners of color.¹⁶¹

- Best Starts trained a diverse group of supervisors in reflective supervision to better support staff. Reflective supervision is the regular collaborative reflection between a service provider and supervisor that builds on the supervisee's use of her thoughts, feelings, and values within a service encounter.¹⁶²
- Best Starts is changing the field of infant mental health by centering equity and culture in programs. National leaders, including trainers and the Alliance for Advancement of Infant Mental Health, are consulting with Best Starts staff on countywide implementation of reflective consultation, training content that centers race equity, and shifting organizational culture from action orientation to reflective orientation.

WORKFORCE DEVELOPMENT

Program description: Workforce Development (WD) provides training, technical assistance, and peer learning opportunities for early childhood practitioners in building knowledge, skills, confidence, self-care, and resilience to optimally serve children and families. For children and families to form trusting relationships with the early childhood practitioners who serve them, workers themselves must be supported, especially those serving families who experience trauma, institutional racism, and lack of opportunity. WD serves all early childhood practitioners,¹⁶³ including home visitors, child-care providers, doulas, social workers, mental health providers, and others. WD training, technical assistance, and peer learning focus on building competency in three content areas: racial equity, infant and early childhood mental health,¹⁶⁴ and healthy child development.

Implementation Progress: WD includes three implementation components: 1) systems coordination, 2) large trainings, and 3) workforce collaboratives.

- **Systems coordination:** Best Starts selected two systems coordinators to lead the development, ongoing logistical management, and alignment of trainings with the State Training and Registry System (STARS)¹⁶⁵ and continuing-education accreditation for each of the three implementation components. Systems coordinators launched in March 2019. They put into place key conceptual frameworks, including a logic model, an evaluation plan, and Best Starts–trainer competencies. They also put into place infrastructure components, including trainer subcontracts, invoicing,

¹⁶¹ Facilitator Survey disseminated by the trainer.

¹⁶² From Best Practice Guidelines for Reflective Supervision. [[LINK](#)]

¹⁶³ For the purposes of this assessment report, *early childhood practitioners* is defined as any professional servicing children from prenatal stage to age five.

¹⁶⁴ Workforce Development coordinated closely with Infant and Early Childhood Mental Health to support practitioners in accessing reflective consultation.

¹⁶⁵ STARS is a Washington State–mandated training program for child-care providers. STARS is a career development system designed to improve child care through basic and ongoing training for child-care providers. The Department of Children, Youth and Families (DCYF) administers the STARS Registry, a web-based database that tracks provider records. [[LINK](#)]

and a data system. In June 2019, systems coordinators led a train-the-trainer event to support cross-learning across all WD competencies.

- Large trainings and post-training support:** Best Starts contracted with 18 trainers to build knowledge, skills, and confidence of early childhood practitioners in WD competency areas through large-group trainings. From October 2019 to December 2019, WD delivered three trainings to 161 practitioners. Trainings cover topics such as: Foundational Equity, Equity-driven Approaches to Talking with Families About Their Child’s Development, Trauma-informed and Healing-centered Engagement for Racial Equity, Operationalizing a Racial Equity Toolkit, Cultivating the Genius of Black Children, Engaging Fathers, and COVID-19: Equity and Social Justice in a Pandemic. As a component that is building momentum, “how well” and “better off” data is not yet available.
- Workforce collaboratives:** Best Starts selected 11 workforce collaboratives, which are groups of early childhood practitioners who share a commonality, such as a workplace; a cultural, racial, or geographic community; and/or a role type (e.g., home visitor). The first workforce collaborative began receiving training in July 2019. As of June 2020, a total of eight collaboratives began receiving trainings designed for the specific collaborative. To make participation feasible, collaboratives also received financial support for potential barriers to successful participation, such as interpreter support. As a component that is building momentum, “how well” and “better off” data is not yet available.

Table 15
Workforce Development Program Summary

Program Components	Implementation Stage	Total Amount Contracted	# of Partners Selected	# Served
Systems Coordination and Training Facilitators	Building momentum	\$2,460,025	2 systems coordinators, 18 training applications	255 ¹⁶⁶
Workforce Collaboratives	Building momentum	\$382,068 ¹⁶⁷	11	29

Selected Successes: WD achieved a number of successes in building the competency of trainers, in making available trainings of interest to practitioners, and in empowering workforce collaboratives to drive their learning.

- Best Starts helped build a capacity of trainers for WD. As an equity-centered initiative, Best Starts works to ensure all partners embed equity in their work. Some trainers had expertise in

¹⁶⁶ This number served includes Infant Mental Health trainings, which were provided in collaboration with the Infant Mental Health strategy.

¹⁶⁷ This is the approximated budget dedicated toward workforce collaboratives, based on initial discussions of needs, but can be adjusted to be responsive to the emergent needs of the collaborative.

equity, but many did not. Through development of shared trainer competencies and cross-training, Best Starts helped strengthen the region's pool of early childhood–practitioner trainers on equity-driven practices so that they can more effectively serve King County's diverse workforce. In addition, Best Starts paired trainers in one competency area with trainers in another to create trainings that truly integrated the central competency areas, with equity at the forefront.

- Early childhood practitioners eagerly joined trainings. Trainings and workshops filled up within minutes of registration opening, and systems coordinators maintained long waiting lists. Practitioners reported positive feedback on training quality and expressed the need and demand for more equity-driven content that they often cannot find in other early childhood trainings.
- Workforce collaboratives drove their learning agendas. Workforce collaboratives actively drove their own professional development plans. They worked with systems coordinators to identify emergent areas of training needs, to articulate concrete learning objectives, and to select trainers who best fit their communities. For example, one collaborative expressed how important it was to have a trainer who identified as part of the deaf-and-hard-of-hearing community. In response, systems coordinators worked with Best Starts to find appropriate trainers.

HELP ME GROW CAREGIVER REFERRAL SYSTEM

Program description: Help Me Grow (HMG) is a resource and referral system that informs families about, and connects them in a timely way to, resources and supports they need to thrive. HMG is a national, evidence-based model¹⁶⁸ that includes four vital components: 1) family and community-based partnership, 2) centralized access, 3) service provider and professional partnership, and 4) data collection and evaluation. Best Starts is adapting a core component of the national model, designing an approach that uses coordinated access, rather than centralized access. Coordinated access acknowledges that many marginalized communities do not acquire resources through a single, centralized source, such as a call center, but instead rely on trusted community-based partners, or navigators, to help them get what they need. Best Starts selected 30 community-based partners through two RFPs to pilot the development and implementation of different elements of the Help Me Grow system. Resources are available in 23 languages and cultures.

Implementation Progress: HMG includes three implementation components: 1) capacity building in the HMG model, 2) community engagement to inform systems design, and 3) community-based systems building. Best Starts began to advance development of King County's HMG system in 2018 after supporting the launch of all Best Starts prenatal-to-5 programs so that programs were fully operational before connecting into a referral system.

- **Capacity-building in the Help Me Grow Model:** Best Starts contracted with WithinReach, HMG's WA state affiliate, to build the County's understanding of the HMG model. Throughout 2017 and

¹⁶⁸ The Help Me Grow system model. [[LINK](#)]

2018, WithinReach coached and provided consultation to Best Starts to help staff learn about the components of the model and implementation of the state system. To ensure the inclusion of linguistically and culturally relevant services in King County, Best Starts and WithinReach engaged already-existing centralized access and resource referral points, such as 2-1-1, and coordinated with state and local call centers, directories, and databases.

- **Community engagement to inform systems design:** The purpose of community engagement is to center the voices of families, especially those from communities of color and refugee and immigrant communities, in designing the HMG system. Best Starts laid the foundation for the development of King County’s HMG system in 2018 and 2019 through a series of intensive community engagement efforts. HMG hosted community cafés and talking circles in 13 different languages and communities, and administered a survey in 9 languages. Over 300 parents/caregivers and 170 children provided input at community convenings, and 130 parents/caregivers responded to the survey. Best Starts used the communities’ recommendations to inform adaptations to the national HMG model and to shape the requests for proposals for community-based systems building.
- **Community-based systems building:** Community engagement findings recommended implementation of systems elements through CBOs, rather than through county infrastructure. HMG advanced community-based systems building through Vroom Community Connectors¹⁶⁹ and by expanding HMG partnership projects. Vroom Community Connectors is an early learning tool that helps families play a proactive role in their children’s early brain development through every day “brain-building” moments. It launched a services and data collection in October 2018. Vroom Community Connectors rapidly adapted materials and built relationships in Latinx and Somali communities, and by December 2019 reached 245 families. In June 2020, Best Starts funded 27 projects, which are poised to begin laying the foundation for a variety of services. Among these is referral and linkage coordination that connects families to a range of services that address families’ holistic needs; a Family Connection Pilot Program that provides “warm handoffs” to serve entire families and their full range of needs where they live and play; and other projects that begin or expand screening and referral services for families in their language and cultural context. Data collection for expanding HMG projects will begin in January 15, 2021.

¹⁶⁹ Vroom is a nationwide initiative that introduces creative tools for inspiring families to turn shared moments between caregiver and child into brain-building moments. Vroom, with its parent-friendly, parent-facing language, can maximize the strengths and resources of families, within communities. [\[LINK\]](#)

Table 16

Help Me Grow Program Summary

Program Components	Implementation Stage	Total Amount Contracted	# of Partners Selected	# Served
Vroom Community Connectors	Delivering impact	\$150,000	2	245 in 2019
Expanding Help Me Grow King County: Partnerships to Support Families with Young Children	Building momentum	\$5,372,809	27	N/A
WithinReach	Building momentum	\$250,000	1	N/A

Selected Successes: HMG achieved successes partnering with both community and state systems.

- King County’s Help Me Grow System is community driven. Best Starts’ approach to developing King County’s HMG system centered community by gathering extensive input from families to design the system and measurement framework, and by partnering with CBOs to learn from and implement different elements of a screening and referral system. Centering community resulted in a more equitable and innovative approach to coordinated access.
- Best Starts is coordinating with larger systems. Best Starts was instrumental in helping coordinate and expand a statewide system of HMG. For the King County HMG system to be successful, it must connect into an operational statewide system. Best Starts co-chaired Essentials for Childhood,¹⁷⁰ a statewide child abuse prevention work group that convenes partners for coordination and collaboration, and to align systems, programs, and policies. Through this work, Best Starts helped secure a full-time employee to advance HMG systems work at the state level, and to access federal and private funding.

PUBLIC HEALTH–SEATTLE AND KING COUNTY’S MATERNAL-CHILD HEALTH SERVICES

Program description: Through Public Health–Seattle and King County’s (PHSKC) maternal-child health (MCH) programming, public health professionals provide a range of vital supports at home, clinic, and community settings to pregnant individuals and parenting families to meet basic needs, improve health outcomes, and strengthen family stability. These include:

- **Nurse-Family Partnership (NFP):** Through NFP, nurses provide first-time mothers-to-be with education and support starting in early pregnancy through the child’s second birthday.¹⁷¹

¹⁷⁰ Essentials for Childhood initiative. [\[LINK\]](#)

¹⁷¹ Nurse-Family Partnership Program Description. [\[LINK\]](#)

- **Parent-Child Health (PCH):** Through the Special Supplemental Program for Women, Infants and Children (WIC), Maternity Support Services (MSS), Infant Case Management (ICM), staff deliver health screenings, nutrition and health education, breastfeeding support, benefits to purchase nutritious foods and to access medical and other resources to help infants thrive.
- **Perinatal Hepatitis B Prevention Program (PHBPP):** PHBPP works with pregnant people who are infected with the Hepatitis B virus to help prevent the spread of the virus to their infants and families.
- **Family Planning and Community-based Health Educators (FPCBHE):** FPCBHE delivers education and access to birth control, pregnancy testing and counseling, sexually transmitted infection services, and breast and cervical cancer screenings.
- **Kids Plus (KP):** Through KP, a multidisciplinary team of nurses and social workers address the health and social needs of children and families experiencing homelessness.

PHSKC has delivered MCH services for many years, but these were reduced by budget cuts post-recession through 2014. Best Starts restored funding to many MCH services. MCH programs implemented Best Starts funds with a focus on addressing racial disparities in health outcomes and in increasing access to health services. Because these were existing services, all MCH programs are currently delivering impact.

Implementation Progress: MCH programs funded through Best Starts include the five program areas described below.

- **NFP:** Throughout implementation, NFP stabilized existing services and increased services to the Somali community. In early 2017, NFP hired two Somali nurses and added services for an additional 40–48 families.
- **PCH:** Throughout implementation, PCH leveraged Best Starts funds to expand access and reduce barriers for communities of color. PCH engaged Black/African American, Burmese, East African, Latinx, Somali, homeless, and rural communities in dialogue, and integrated their recommendations into service delivery changes. PCH also launched a program called Family Ways, which began a development process mid-2019.
- **FPCBHE:** With Best Starts funds, FPCBHE maintained clinical supports and restored bilingual health educators, enabling an expansion of services to vulnerable communities in King County.
- **PHBPP** integrated supports with PHSKC’s MCH programs and conducted information sessions with Best Starts’ prenatal-to-5 CBOs, and other community-based partners, to expand access to newly developed, culturally responsive web-based prevention materials.
- **KP:** With Best Starts funds, KP stabilized existing services, enhanced their model by partnering with shelter emergency staff to provide behavioral health consultation to keep families

sheltered and in reach of health care services. KP deepened its partnership with Mary’s Place, thereby increasing outreach and services to additional shelter facilities.

Table 17

Public Health–Seattle and King County Maternal-Child Health Programs Summary

Programs	Implementation Stage	Total Amount Contracted	# of Partners Selected	# Served
NFP	Delivering impact	\$2,965,312	NA	240 children
PCH ¹⁷²	Delivering impact	\$12,172,399	NA	14,719 (MSS/ICM); 41,173 (WIC) in 2019
FPCBHB	Delivering impact	\$10,948,817	NA	5,573 people through direct services; 24,033 people reached through professional development or outreach
PHBPP	Delivering impact	\$847,000	NA	735 infants
KP	Delivering impact	\$3,295,769	NA	738 people

Selected Successes: MCH achieved a number of successes in increasing responsiveness and accessibility of programs to underserved communities.

- PCH identified the need for development of a new program model, Family Ways, which centers Black/African American, Asian Pacific Islander, Native, and Indigenous communities in design and implementation. Staff launched a multidisciplinary design team in July 2019, which includes community-based partners, and has made significant progress in developing a culturally responsive perinatal supports model.
- More families accessed hepatitis B testing. PHBPP engaged prenatal providers who have not been historically engaged in hepatitis B prevention, such as doulas, licensed midwives, and home visitors. In 2018, enhanced communication and outreach programs led to a 10 percent increase in the proportion of eligible infants who completed serology testing, ensuring at-risk infants are not infected and are immune from hepatitis B.
- More families who are experiencing homelessness were able to acquire health care through behavioral health supports. KP launched a new pilot project that provided nearly 250 hours of behavioral health consultation to shelter staff. These expanded supports helped build awareness so that the staff could better respond to families and keep families in shelter. By staying in shelters, families can continue to benefit from KP health care services.

¹⁷² Includes Best Starts funding for MSS, ICM, WIC, and Family Ways.

LEAD AND TOXICS PROGRAM

Program Description: The Lead and Toxics Program (LTP) works to prevent childhood lead poisoning, and to identify and reduce exposures to other environmental toxics, equitably increasing healthy life years lived and reducing long-term chronic disease. The Best Starts team successfully leverage \$2M in federal Centers for Disease Control¹⁷³ Childhood Lead Poisoning Program Prevention Program (CLPPP) grant funds to assure effective integration with Best Starts activities across strategies particularly in communities most historically impacted by health inequities. Community partners drive the work to provide immediate opportunities that promote optimal learning, growing, and playing in home and in childcare environments. This work integrates with Best Starts funded community-based supports for parents, home-based services, childcare health consultations, Help Me Grow, and schools to offer innovate supports for children, youth and their families. Examples of interventions include in-language peer-to-peer training, improving access to early intervention services for lead poisoned children, and providing safer product alternatives such as distribution of free non-toxic nap mats and green cleaning kits to childcare providers

Selected Successes: Lead and Toxics Program had a number of successes in partnering and educating with the funded FTEs through Best Starts:

- The partnerships with the community-based organizations have successfully increased blood lead testing, reduced toxic exposures, and mitigated the impact of toxics on the development of young children and families.
- Educated thousands of pediatric providers across multiple provider organizations and healthcare systems including Virginia Mason, Swedish, Polyclinic, and UW/Harborview through presentations and social media. Best Starts contracted with King County Medical Society to initiate 14 provider-sponsored community-based lead testing events during the back to school season and provided over 200 tests.
- Improved the quality of the relationship between medical providers and early childhood support providers including partnering with Best Starts Developmental Disabilities & Early Childhood Supports and Harborview Pediatrics to make elevated blood lead level an automatically qualifying diagnosis for ESIT services. This change removes the need for additional screening and improves access to important developmental services (maybe Juliette has a reference).
- Partnered with community organizations to develop and execute a four-part train-the-trainer on lead poisoning prevention that focused on related systems information and policy/regulations. A total of 23 community trainers participated who in turn trained 48 community members using in-language translated materials across 8 different language groups.

¹⁷³ Center for Disease Control: The CDC is a United States federal agency under the Department of Health and Human Services. Its main goal is to protect public health and safety through the control and prevention of disease, injury, and disability in the US and international.

Sustain the Gain

Thirty-five percent of the Best Starts investments helps children and youth, ages five to 24, to sustain the gains from early childhood and transition successfully into adulthood.¹⁷⁴ In the *Best Starts for Kids Implementation Plan*, the Sustain the Gain approach is structured around six key strategies that are advanced through fourteen programs. Best Starts consolidated some of them during implementation where their work aligned thematically under a single program.¹⁷⁵ Table 18 shows the original program outlined in the *Best Starts for Kids Implementation Plan*, and the final program that was implemented.

Table 18
Sustain the Gain Strategies and Programs

Sustain the Gain Strategies	
<ul style="list-style-type: none"> ▪ Build resiliency of youth, and reduce risky behaviors; ▪ Help youth stay connected to their families and communities; ▪ Meet the health and behavior needs of youth; ▪ Help young adults who have had challenges successfully transition into adulthood; ▪ Create healthy and safe environments for youth; ▪ Stop the school-to-prison pipeline. 	
Sustain the Gain Programs as Outlined in the Implementation Plan	Sustain the Gain Programs as Implemented
Trauma-informed Schools and Organizations	Trauma-informed and Restorative Practices
Restorative Justice Practices	Trauma-informed and Restorative Practices
Healthy Relationships and Domestic Violence Prevention for Youth	Youth Development
Out-of-school Time	Out-of-school Time
Youth Leadership and Engagement Opportunities	Youth Development
Mentoring	Youth Development
Family Engagement and Support	Family Engagement
Positive Identity Development	Youth Development
School-based Health Centers	School-based Health Centers
Healthy and Safe Environments	School-based Health Centers
Screening and Early Intervention for Mental Health and Substance	School-based Screening, Brief Intervention and Referral to Treatment/Services (SB:SBIRT) ¹⁷⁶

¹⁷⁴ King County Ordinance 18088

¹⁷⁵ Trauma-Informed Schools and Organizations were linked with Restorative Justice Practices, as the latter should take place in environments that recognize the impact of trauma on children and youth’s behavior. With Youth Development, the original four programs in the Implementation Plan (Healthy Relationships and Domestic Violence Prevention for Youth, Youth Leadership and Engagement Opportunities, Mentoring, and Positive Identity Development) would likely have yielded the same cohort of CBOs applying for funds. Many such programs also incorporate more than one element of the originally envisioned four programs. Combining these four Best Starts programs allowed CBOs to respond to one RFP without breaking up programming for different funding streams.

¹⁷⁶ SB: SBIRT stands for School-Based: Screening Brief Intervention and Referral To (SBIRT) services/treatment. This School Based model differentiates from the original SBIRT model that only focuses on substance use. This model is

Supporting Youth to Stay in School	Helping Youth and Young Adults Transition to Adulthood
Supporting Opportunity Youth	Helping Youth and Young Adults Transition to Adulthood
Stopping the School to Prison Pipeline	Stopping the School to Prison Pipeline
Adolescent Immunizations	Adolescent Immunization (Now: The King County Child Health Improvement Partnership)

TRAUMA-INFORMED AND RESTORATIVE PRACTICES

Program description: Trauma-informed and Restorative Practices (TIRP)¹⁷⁷ supports schools and school partners to create safe, welcoming environments where students facing adversity or trauma have trusted adults with whom they can confide. After an initial mini-grant to 98 community-based organizations (CBOs) in 2017 for program development, Best Starts awarded multiyear funding to 32 CBOs¹⁷⁸ in 2018 for program implementation.

Since then they have worked with 55 schools in 10 districts to transform the schools’ institutional culture so that students do not experience additional trauma within the school community and instead receive the support they need to build resilience and a positive identity. TIRP partners work in the following categories:

- Improving school culture;
- Including culturally relevant curricula and programming;
- Positive identity development; and
- Building capacity to address the impacts of trauma and racism in the educational institution.

The CBOs saw the schools as active partners with whom they built trusting relationships and made joint decisions. School administration and faculty participated in trainings on racial trauma and restorative practices, positive approaches to school discipline, and ways to repair, heal, and restore relationships. They replaced traditional discipline models, such as detention and suspension, with restorative justice programs that promoted conflict resolution and social-emotional learning.

Students themselves participated in culturally relevant programming. They joined mentoring circles, cultural identity development groups, and American history electives that highlighted the contributions of people of color. Through these offerings, they learned a wide range of skills, including self-regulation, advocacy, and community organizing. Students who needed assistance with conflict resolution joined

designed to promote wellness; prevent substance use; intervene early when concerns arise; and change policies and systems to support students and their families.

¹⁷⁷ Trauma-informed and Restorative Practices links two programs under the *Best Starts for Kids Implementation Plan*: Trauma-Informed Schools and Organizations with Restorative Justice Practices. Together, they provide a holistic approach to serving children and youth who have historically experienced racism and trauma in school and other community settings.

¹⁷⁸ Two community-based partners canceled their TIRP contracts after program implementation began. There are currently 30 funded CBOs.

healing circles that included their teachers, staff, and parents. Services for students took place at school sites during school hours or in support of school-day activities.

Finally, parents gained information and resources. CBOs hosted workshops on how to advocate for their children's educational outcomes, and led community meetings that helped parents organize in order to influence school policies. They taught immigrant and refugee parents the basics of the school system and how to navigate it.

Implementation Progress: For TIRP's mini-grants, the 98 Best Starts–funded CBOs included school districts, K–12 schools, behavioral health providers, and early learning providers. Despite the different settings in which they operated, they reported that partnership was key to success: Community organizations and schools must have trusting relationships that allow for power sharing and joint decision making.

For the CBOs that received the 2017 mini-grant but did not go on to receive the larger subsequent TIRP award, the process nevertheless inspired them to continue promoting trauma-informed and restorative practices. Some successfully advocated for policy and system changes in their institutions through the work they accomplished with their mini grants.

The CBOs that received larger awards began providing services in August 2018. Recognizing that they sought to transform decades of institutional practices, which had resulted in disproportionate, negative outcomes for youth of color, CBOs decided to do their work differently. Rather than launching services independently, then occasionally convening for shared learning, they joined forces first. Calling themselves “The Village,” they developed a shared vision and principles and formed a decision-making steering committee to guide their work.

The Village's collective approach affected data collection for their work. The standard practice for performance evaluation is for each CBO to develop a set of performance measures tailored to its individual program. While the CBOs followed this path, they also advocated for collective performance measures that they believed would better capture the full sweep of their accomplishments. When the COVID-19 pandemic prompted them to develop new emergency scopes of work in 2020, they used the opportunity to create collective performance measures.

In order to hone their practice, the CBOs divided themselves into five learning cohorts according to the category of services they provided (e.g., trainings or healing circles). They met monthly to share lessons learned, and identified ways they could promote systems change, advance equity in practices, and scale up effective approaches.

Table 19

Trauma-informed and Restorative Practices Program Summary

	Implementation Stage	Total Amount Contracted	# of Partners Selected	# Served
Mini-Grants	Complete	\$938,518	98	N/A ¹⁷⁹
Large Awards	Delivering impact	\$18,400,000	30	4,834

Selected Successes: The TIRP CBOs’ collective approach generated new ways of collaboration that fostered community ownership, greater coordination, communication, and efficiency.

- **CBOs built their intra- and inter-organizational coordination capacity.** Many of the partners whom TIRP funds are small, community-based organizations that have historically lacked access to capacity building that built the infrastructure of other larger organizations. The Village employed a communication platform called Basecamp that not only helped these CBOs accomplish administrative tasks but coordinate with one another. Basecamp allowed them to submit invoices, monthly reports, and supporting documentation to the County. Basecamp also allowed them to share questions, updates, and resources with the entire Village, or with one’s learning cohort.
- **CBOs successfully reached families during the COVID-19 lockdown.** After schools closed in March 2020 due to COVID-19, CBOs were able to reach students and families that schools themselves could not. They connected students to virtual education programs, and families to resources so they could meet their basic needs. CBOs continue to provide culturally responsive curricula and social-emotional support to students during the lockdown.

YOUTH DEVELOPMENT

Program Description: Best Starts’ Youth Development program collaborates with schools and community-based partners to offer support in one of four main areas: 1) mentoring, 2) leadership development, 3) positive identity development, and 4) healthy relationships to prevent domestic violence.¹⁸⁰

Youth Development’s community-based partners offer a wide array of programs that further these four goals, from the arts and music to civic engagement and youth advocacy. One program pairs girls of color with professionals of color for immersive science, technology, engineering, and math (STEM) and arts experiences. Another offers peer support groups for youth to address the issues that affect their lives, such as elder care, dating violence, or homelessness. Services are designed to take place in a variety of

¹⁷⁹ Best Starts did not track the number of people served in the mini grants because they funded planning activities that did not directly result in people receiving services.

¹⁸⁰ Youth Development encompasses four programs in the *Best Starts for Kids Implementation Plan* (Healthy Relationships and Domestic Violence Prevention for Youth, Youth Leadership and Engagement Opportunities, Mentoring, and Positive Identity Development). Best Starts consolidated them under the Youth Development umbrella, as many youth-serving organizations run programs that incorporate more than one of the four elements. This allowed Best Starts to create one RFP to which CBOs could respond, rather than four.

community spaces, including coffee shops, community centers, and places of worship or virtually during COVID-19.

Implementation Progress: Best Starts awarded 32 organizations to begin services, along with data collection, in 2017. In the following two full years of programming, 7,767 unduplicated individuals participated. Twenty-five community-based partners also expanded their programs to engage with and support underserved racial and ethnic populations, rural communities, domestic violence survivors, LGBTQ youth, and youth with disabilities.

Table 20
Youth Development Program Summary

	Implementation Stage	Total Amount Contracted	# of Partners Selected	# Served
Youth Development	Delivering impact	\$12,500,000	32	7,767

Selected Successes: The Youth Development program has yielded successes on multiple levels. Best Starts offered providers adequate funding that yielded stability and the ability for providers to pursue transformation beyond basic service delivery.

- **Best Starts increased community-based partners’ organizational capacity.** Consistent funding from Best Starts has offered its partners stability and allowed them to hire more staff, recruit more volunteers, and serve more people.
- **Youth Development community-based partners collaborated with one another on joint projects.** The community-based partners launched quarterly learning circles in 2018, where they received technical assistance from Best Starts staff, shared resources, and identified opportunities to partner. Kandelia (formerly Vietnamese Friendship Association) and Young Women Empowered offered joint job readiness classes. Gender Diversity, an organization that serves LGBTQ youth, and Arc of King County, which serves youth with disabilities, developed a cross-training series to better serve LGBTQ youth who have disabilities.
- **Community-based partners also formed partnerships with organizations outside of Best Starts.** The Coalition of Refugees from Burma, which provides after-school tutoring, reached out to the school where its program is located, the school district, and other youth organizations in their community to provide a wider array of services of academic support to the youth.
- **Community-based partners elevated youth leadership in their programs.** In many instances, young people actively participated in co-creating curricula, designing and facilitating workshops, and elevating the voices of their peers. Youth from The DOVE Project led classes on healthy relationships and sexual health for hundreds of middle school students. The Mockingbird Society’s youth participants developed curricula for community trainings and spoke publicly on issues such as youth homelessness and foster care.

OUT OF SCHOOL TIME

Program Description: Out of School Time (OST) expanded King County’s out-of-school learning and enrichment opportunities for children between ages 5 and 13, increasing the quality and quantity of such programs, particularly in underserved geographies. The strategy awarded 32 community-based partners that lead before- and after-school, weekend, and summer programs that cover a rich array of topics: tutoring and homework support, educational enrichment, visual and performing arts, social and emotional learning (SEL), and cultural activities.

More than a decade of research shows that high-quality out-of-school programs are directly linked to children’s and youth’s academic gains, social-emotional well-being, and improved health. They also counter “summer learning loss,” in which students forget one to three months’ worth of academic content that they learned the previous year.¹⁸¹ This is especially crucial for low-income youth, for whom cumulative years of summer learning loss widen their achievement gap with higher-income youth.¹⁸²

Best Starts contracted with School’s Out Washington (SOWA), an organization with 30 years of experience supporting out-of-school programs, as the intermediary to run the RFP process and support the awarded CBOs. SOWA provides technical assistance to programs to adhere to the Washington State Quality Standards for Afterschool and Youth Development Programs, and builds systems of out-of-school care in communities so that children have access to comprehensive enrichment.¹⁸³

Given Best Starts’ and SOWA’s commitment to racial equity and supporting underserved communities, two types of applicants received funding for OST services:

- Groups of two to six organizations that formed a place-based collaborative to provide comprehensive programs in communities that lack them; and
- Organizations led by people of color (POC), focused on strengthening program capacity and reach for culturally responsive programs for and by underserved communities of color.

Implementation Progress: Because a network of out-of-school programs already existed in King County, Best Starts and SOWA commissioned a landscape scan of current OST programming in King County. Two months later, the completed scan shed light on where programs already exist, the potential demand for additional programs, and the barriers families face in reaching them. Next, Best Starts and SOWA held community meetings in summer 2017 to gather input on ways to improve programs.

From there, they held a competitive bidding process. The 32 awarded CBOs began services and data collection concurrently in mid-2018. In its first two years, the strategy enrolled more than 8,078 children and youth who participated in more than 109,000 hours of programming in 2018 and 2019.

¹⁸¹Schools Out Washington [\[LINK\]](#)

¹⁸² Schools Out Washington [\[LINK\]](#)

¹⁸³ Schools Out Washington [\[LINK\]](#)

SOWA provided in-depth, ongoing support to CBOs, beginning with an assessment of their program quality and capacity that helped them develop a plan for improving services. SOWA followed up on this initial work by providing group trainings, individual coaching, and quarterly learning circles.

Table 21

Quality Out of School Time Program Summary

	Implementation Stage	Total Amount Contracted	# of Partners Selected	# Served
Landscape Scan	Completed in August 2017	\$70,000	1	N/A
Out-of-School Programs	Delivering impact	\$16,683,004	32	8,078 ¹⁸⁴

Selected Successes: In the past few years, OST strove to strengthen the capacity of individual organizations, and solidify partnerships serving entire communities.

- **Best Starts increased organizational capacity at multiple levels.** Most of the organizations in the place-based collaboratives had never worked together. As a result, SOWA provided facilitation to help them navigate major decision points and conflicts, including agreeing on data-sharing practices, joint goal setting, and communications. More than 90 percent of the CBOs reported gains in their ability to serve children and youth. Additionally, all of the POC-led organizations reported gains in their program capacity and infrastructure.
- **CBOs are successfully reaching underserved youth.** In 2019, 84 percent of OST participants were youth of color. About 80 percent qualified for free or reduced-price lunch, and 30 percent were English language learners.¹⁰
- **Youth are demonstrating positive social-emotional coping behaviors.** In the 2018-19 school year, 82 percent of participating youth experienced academic and social-emotional improvements. For example, they were able to use mindfulness techniques to help them calm their emotions, and to reflect intentionally about challenges they encountered and their successes in managing those situations.

FAMILY ENGAGEMENT

Program Description: Family Engagement strengthens familial ties through different life circumstances, developmental transitions, and shifting relationships. The strategy funds two different types of programs:

- Catholic Community Services’ (CCS) Kinship Services, an established program that supports adult caregivers of children and youth, ages zero to 24, that BSK expanded geographically; and
- New programs that Best Starts named Positive Family Connections that serve middle and high schoolers, and their families.

¹⁸⁴ This figure captures the total number of children and youth enrolled in programs, but it is not possible to deduplicate the data.

In 2019, Best Starts expanded CCS’s Kinship Services to reach families in rural areas of King County, which were experiencing a sharp increase in kinship caregiving. Kinship caregivers are grandparents, aunts and uncles, or other adults who step in to raise children and youth in their families when their parents are unable to care for them. Because these children do not enter the foster care system, these families do not receive financial or social services support from the state. Until Best Starts’ contribution, CCS had funding only from the City of Seattle, limiting its services to city boundaries. CCS helps families find financial, housing, medical, food, transportation, and other supports, and connects them to counseling and peer support groups.

In early 2020, Best Starts ran a competitive bidding process to fund Positive Family Connections programs, selecting 20 CBOs to support families undergoing a particular life transition: As children become teenagers and form identities separate from their parents, the needs on both sides change dramatically. Just as no two families are alike, the CBOs each work with families in different circumstances. Southeast Youth and Family Services works to bridge the cultural divide that many immigrant and refugee parents feel with their children who grow up in America. Two other programs serve families that have experienced the trauma of separation, either through foster care and adoption or incarceration.

Implementation Progress: In partnership with CCS, Best Starts is supporting 209 kinship caregivers to promote healthy relationships between them and the children and youth in their lives. Best Starts funds kinship camps, support groups, and social events.

For the Positive Family Connections programs, the awarded CBOs are adapting their way of work to COVID-19, switching from physical to mostly virtual services. They are also in the process of finalizing performance measures for their evaluation plans. They will soon join quarterly learning circles.

Table 22
Family Engagement Program Summary

	Implementation Stage	Total Amount Contracted	# of Partners Selected	# Served
Support for Kinship Caregivers	Delivering impact	\$1,150,000	1	209
Positive Family Connections	Building momentum	\$ 4,730,000	20	TBD

Selected Successes: Although the successes of Family Engagement’s recently launched Positive Family Connections partners are still to come, Best Starts’ support for kinship caregivers has already resulted in much-needed support for families.

- **Best Starts brought opportunities for social connections to rural families.** Program participants have shared the significance of meeting and bonding with other families in kinship-care arrangements through sleepaway camps and ongoing peer support groups. In these environments, children whose family arrangements were unlike those of traditional families did

not feel the need to explain why they were different. Adults could share information about resources, which can be more challenging to find in rural areas. During the COVID-19 lockdown, families continue to engage one another via teleconference, with CCS participating to learn about their changing needs and provide support.

- **Families received concrete help during the COVID-19 pandemic.** In response to changing needs as families went into quarantine, CCS developed an emergency scope of work under its Best Starts contract. The organization shifted its funding to help pay rent and provide grocery gift cards for newly unemployed caregivers. Families also received assistance in applying for unemployment benefits.
- **Best Starts funding meets families' legal needs.** Prior to COVID-19, families sought legal support regarding attaining legal guardianship of the children in their care, and in response to legislative changes in guardianship and power of attorney. Amid the pandemic, many older caregivers feared they might leave their children without proper caregivers should they become ill, so CCS helped them develop their wills.

SCHOOL-BASED HEALTH CENTERS

Program Description: School-Based Health Centers (SBHCs) builds on a 30-year Public Health-Seattle and King County (PHSKC) program¹¹ that provides comprehensive medical, mental health, and dental services in school settings to children and adolescents who would otherwise go without care. SBHCs are a proven strategy for increasing students' educational and health outcomes, including in school performance, grade promotion, and high school completion. They also decrease such health risks as teenage pregnancy, poor diet, inadequate physical activity, physical and emotional abuse, and substance abuse.¹⁸⁵ Prior to Best Starts, the City of Seattle funded 29 such clinics within city limits, and only two others operated in Highline.

From 2017 to 2019, Best Starts:

- Opened three new centers in Bellevue, Renton, and Vashon Island schools,¹² where 3,360 students attended in September 2017;
- Provided enhancement funds to 15 other SBHC locations to fill gaps in services for students; and
- Pursued partnerships with health care providers to offer more services in SBHC locations.

Implementation Progress: A competitive process in February 2017 resulted in funding for three new clinics: International Community Health Services in Bellevue, HealthPoint in Renton, and NeighborCare Health on Vashon Island. In addition to funding for operations, the clinics also received \$645,000 in capital funds to offset construction costs for the new clinic sites.

Services and data collection for this work began in fall 2017. In 2018, students made 5,732 visits to the three centers. The following year, the centers saw more than a 15 percent increase, with 6,749 visits. Services were available to all students, with interpreters when needed.

¹⁸⁵ *Best Starts for Kids Implementation Plan*, pg. 73. [\[LINK\]](#)

The SBHC program provided ongoing technical assistance, clinical guidance, training and other support to the new centers. The three community-based partners had already provided services at other school-based health centers, so they were not only familiar with the model but with one another. PHSKC and SBHC managers held monthly meetings to improve their practice. Staff also participated in quarterly professional development trainings and in peer meetings.¹⁸⁶

Not long after services at the three new clinics began, Best Starts ran another competitive process for other existing clinics to receive enhancement funds. Fifteen sites received funding to pay for mental health and substance-use prevention and intervention, as well as to pay for health educators, patient navigators, and clinic coordinators. The funds also enabled them to more deeply engage students by tailoring their services to their unique needs. For example, International Community Health Services’ Seattle World School clinic site offered culturally and linguistically reflective behavioral health services for its mostly immigrant and refugee students.

Table 23
School-based Health Clinics Program Summary

	Implementation Stage	Total Amount Contracted	# of Partners Selected	# Served
School-based Health Center RFP	Capital and SBHC service delivery	\$4,480,000	3 clinics	2,549
Enhancement Funds	Enhancing SBHC service delivery and mental health model of care	\$685,500	7 clinics in 15 sites	N/A

Selected Successes: While the SBHC model has a long-established system in the City of Seattle, Best Starts both expanded and strengthened this safety net to span a greater portion of King County. Best Starts also influenced the way this work has traditionally been done, and has attracted other funders and partners to reach more students.

- **King County’s SBHC was the model for a statewide network.** Drawing on the expertise and experience of King County school-based health centers, the Kaiser Foundation has released planning and start-up funds to establish clinics in schools all over Washington State.¹⁸⁷ The foundation modeled its program after many of the County’s requirements, including which services to provide. Best Starts-funded clinics offered guidance and advice to Kaiser-funded ones. Kaiser will continue to fund the establishment of new school-based health centers, and Best Starts’ SBHC work has primed other clinics to be strong applicants for future funding.
- **SBHC added dental services.** Arcora Foundation, which provides free dental services to people who cannot afford private care, awarded capital funding for three clinics that run SBHC centers. Best Starts complemented those dollars with funding for equipment, systems reporting, and

¹⁸⁶ The content of such meetings varied from medical care to coordinating among schools to racial equity.

¹⁸⁷ Kaiser Permanente, 2019. [\[LINK\]](#)

one-on-one support for staff. Nearly half of Medicaid-eligible children across Washington State do not receive oral health care, so Best Starts' SBHC along with Arcora can fill the gap for students who face barriers to needed dental care.

- **Clinic staff have deepened student engagement.** Best Starts funding made it possible for clinic coordinators and health educators to expand their roles to include community outreach. By connecting directly with families, they were able to build relationships with different family members and identify resources to support families' social needs. This had the overall effect of enhancing students' and families' engagement and trust in their schools.

HEALTHY AND SAFE ENVIRONMENTS

Program Description: Healthy and Safe Environments (HSE) helps people maintain their health and reduce their risk of disease and injury by improving the spaces in which people live, learn, work, and play. The program funds efforts to create structural and institutional change through the development of new models, toolkits, programs, and policies, often in partnerships across multiple organizations.

HSE focuses on the following four areas:

- Healthy food and access to food;
- Physical activity;
- Unhealthy substances and dangerous products; and
- Safe and health-promoting environments.

Beginning in 2017, 19 community-based partners, including schools, school districts, and CBOs, launched a diverse range of policy and systems efforts in multiple settings. One partner established an emergency safety plan for child-care centers on Vashon Island that affect more than 500 children a year. Another adopted new policies that allowed more than 15,000 young people gain access to healthy food during their program hours.

Programs that served teenagers elevated their leadership skills so that the teenagers themselves could address the problems in their communities. For example, through the Snoqualmie Community Network, students developed a norms campaign to combat alcohol and drug use, and saw a 6 percent drop in the 30-day use rate of marijuana among tenth graders.

Implementation Progress: HSE held a competitive RFP process in March 2017, with services beginning in July 2017. Data collection began the following month.

HSE community-based partners participated in two cohort meetings to learn about one another's work. Their individual scopes of work were unique, so Best Starts provided individual coaching about how to effect policy- and system-level change. For example, Highline youth participating in the Food Empowerment Education Sustainability Team's (FEEST) program did not simply create and vet recipes for weekly school menus. To ensure lasting change in how Highline public schools provide healthy food options, the youth developed relationships with school board members. These board members now

meet with them for ongoing support and exchange of ideas on a quarterly basis. The impact of this work has extended to 33 sites and 19,000 students.

By 2019, the 19 HSE community-based partners had worked with 260 organizations, businesses, and community leaders on projects that impact nearly 200,000 children and youth across King County.

Table 24
Healthy and Safe Environments Program Summary

	Implementation Stage	Total Amount Contracted	# of Partners Selected	# Served
Healthy and Safe Environments	Delivering impact	\$3,990,000	19	183,046

Selected Successes: Best Starts funding gave HSE community-based partners the opportunity to focus on long-term policy and systems change in King County.

- **HSE community-based partners felt Best Starts supported their ability to implement systems-level work.** HSE was the first Best Starts strategy to release an RFP in 2017. Contracts lasted three years through 2020 and were extended through the end of the levy (December 2021). This gives partners financial stability, sustainability, and time to engage in policy and systems change.
- **To extend their impact, community-based partners developed toolkits, led trainings, and provided technical assistance to others on policy adoption or program implementation.** For example, Seattle Children’s Playgarden offers an inclusive, outdoor oasis for children of all abilities in South Seattle, as children with disabilities are less likely to engage in physical activity. With Best Starts funding, Seattle Children’s Playgarden developed a toolkit and led workshops on how to replicate such play spaces, training 54 organizations since 2017.

SCHOOL-BASED SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT/SERVICES (SB:SBIRT)

Program Description: School-based Screening: Brief Intervention, and Referral to Treatment/Services (SB:SBIRT) is a public health approach¹⁸⁸ to prevent substance use and to promote social-emotional health in students. Participants voluntarily share information about their health and well-being so that their school interventionist¹⁸⁹ can connect them to services when needed. The model contains three elements:

- **Screening:** Students complete a self-directed, web-based, universal screening tool called Check Yourself SB-Tool.
- **Brief intervention:** If there is a concern in any of the responses, a school interventionist (e.g., a school counselor) engages students and their caregivers to offer support and information about

¹⁸⁸ Best Starts uses the SB:SBIRT model through a license agreement with Reclaiming Futures, the model’s developer, and Portland State University.

¹⁸⁹ This could be a school counselor, community-based counselor, nurse, and/or SBIRT coordinator.

resources.

- Referral: The school interventionist refers students with identified needs to services.

Best Starts focused its SB:SBIRT funding on middle schools. As middle schoolers enter adolescence, many experience increased mental health needs. About half of students who struggle with such issues demonstrate signs and symptoms by the time they are 14 years old, yet few have access to help. Schools are in a prime position to promote well-being and to be first responders.¹⁹⁰

The SB:SBIRT screening process, which takes about 30 minutes, allows entire classrooms and even entire grades to undergo screening at the same time. Caregivers can choose for their children not to participate, and the students themselves may decline to proceed in the moment as well.

Students receive immediate feedback after they complete the screen that addresses the harmful effects of marijuana on teenage health, the importance of sleep, a comparison of their behavior with those of their peers, and tips for behavior change when applicable. Those not engaging in risky behavior received positive reinforcement from the screening. Some districts convened these students in groups or restorative circles to follow up on their general well-being and provide resources where needed.

The schools established protocols and timelines for meeting with students who acknowledged concerns, such as suicide ideation, self-harm, or feeling threatened or harassed. Referrals for mental health needs ranged from the school nurse and counselor to social services and psychiatric evaluation. They could also include other resources, such as job opportunities, tutoring, mentorship programs, and food and clothing.

Implementation Progress: Best Starts divided funding into two phases:

- Planning grants: School districts participated in training and technical assistance to explore the SB:SBIRT framework and develop an implementation plan.
- Implementation grants: Districts installed the model in their schools and participated in learning collaboratives.

In May 2017, superintendents in all King County school districts received Requests for Invitations (RFI), inquiring about their interest in implementing SB:SBIRT in their respective middle schools. Thirteen school districts, encompassing 56 schools, confirmed their participation, and each school received \$9,999 to create implementation plans. All schools that completed an implementation plan were subsequently eligible to apply for larger multiyear awards in early 2018. In the end, 45 schools in 12 districts launched SB:SBIRT that same year.

School districts engaged in extensive learning over the years. District leaders and administrators participated in learning collaboratives on model implementation, evaluation, and quality assurance.

¹⁹⁰ Best Starts for Kids *Implementation Plan*, pg. 76. [\[LINK\]](#)

School counselors, community providers, and SB:SBIRT coordinators formed their own collaboratives to explore topics, such as secondary trauma, and to practice motivational interviewing.

Prior to COVID-19-driven school closures, districts made strides in widening both access and use of the screen. It is now available in Spanish and will be translated into three more languages that the districts select. By 2019, ten districts had implemented universal screening across an entire grade. The capacity to offer it to all students decreases stigma around mental health needs.

With funding from Best Starts and the Conrad Hilton Foundation, Seattle Children’s Research Institute performs data collection and evaluation for SB:SBIRT. They will issue an evaluation of early findings in 2021.

Table 25
School-Based Screening, Brief Intervention, and Referral to Services

	Implementation Stage	Total Amount Contracted	# of Partners Selected	# Served
SB:SBIRT Small Grants 2018 Best Starts	Complete	\$534,945	13 School Districts	N/A
SB:SBIRT Large Grants (Braided Best Starts/MIDD) 2018–2021	Delivering impact	\$13,400,000	12 Districts Year 1, 11 Districts Year 2	10,814 students

Selected Successes: Undoubtedly, the most significant success of SB:SBIRT is the fact that students with previously unknown mental health needs are sharing them through this mechanism and receiving support. At the same time, the implementation of SB:SBIRT itself has yielded more coordination and partnerships to better serve young people’s well-being.

- **SB:SBIRT successfully identified hundreds with previously unknown needs.** Of the 2,614 students who completed the screen during the 2018–19 school year:
 - 362 students reported some level of internal stress but had not exhibited any external signs.
 - 71 percent of students who reported suicide ideation were connected to services.
 - Prior to school closures, nearly half of the 8,200 who participated in the 2019–20 school year had received brief interventions, and 15 percent received a referral.
- **SB:SBIRT has increased social and professional connections at multiple levels.** Students reported feeling more connected to their schools. Schools, school districts, and CBOs improved their coordination to one another. School-based partners assert that better coordination leads to improved systems of support for students and improvements to students’ health and well-

being, which in turn improves their academic performance. This is in line with existing research conducted in other school settings.¹⁹¹

- [SB:SBIRT coordinated activities with county, state, and philanthropic partners](#). SB:SBIRT and Best Starts' Trauma-informed and Restorative Practices (TIRP) coordinated services in one school. SB:SBIRT also collaborated with MIDD and the state Community Prevention and Wellness Initiatives improve service access for students. The program also leveraged a grant from the Conrad N. Hilton foundation to supplement the Best Starts funding for process and impact evaluation.

HELPING YOUTH AND YOUNG ADULTS TRANSITION TO ADULTHOOD

Program Description: Education and Employment Referral supports youth and young adults facing challenges to complete high school, obtain post-secondary education, or secure employment. The strategy supports mostly young adults, ages 16–24, who fall in at least one of the following categories:

- Young adults who have interacted with one or more systems, including behavioral health, child welfare, public assistance, and the criminal legal system;
- Young adults experiencing homelessness;
- Young adults who are not working or not in school;
- Young adults belonging to one or more groups that experience historically low rates of graduating on time and transitioning to post-secondary education (e.g., low-income youth, youth of color, or youth with disabilities, English Language Learners).

Post-secondary education is key to living wage jobs, but about 2,000 students, disproportionately low-income and of color, drop out of school each year in King County.¹⁹² Research by Washington STEM shows that by 2024, almost 90 percent of living wage jobs in the County will require some kind of post-secondary education.¹⁹³ Meanwhile, the region continues to import highly educated talent. In Seattle, for example, 80 percent of newcomers are college graduates.¹⁹⁴

¹⁹¹ The School-Wide Positive Behavioral Interventions and Supports (SWPBIS) framework, which helped inform the SB:SBIRT model, has a large body of research indicating that developing systems and supports to meet children's behavioral needs improves their concentration, social-emotional functioning, and pro-social behavior. One study found that students in SWPBIS schools were 33 percent less likely to receive an office discipline referral compared to students in other schools. (CP Bradshaw, TE Waasdorp, & PJ Leaf. Effects of School-Wide Positive Behavioral Interventions and Supports on Child Behavior Problems. *Pediatrics*, 130, 1136-1145. Doi: [10.1542/peds.2012-0243](https://doi.org/10.1542/peds.2012-0243).)

¹⁹² Best Starts *Implementation Plan*, pg. 78.

¹⁹³ Washington STEM, [\[LINK\]](#)

¹⁹⁴ Seattle Times, [\[LINK\]](#)

Implementation Progress: Prior to Best Starts, King County worked with multiple partners to create the County’s re-engagement system, including the Community Center for Education Resources, United Way of King County, the Raikes Foundation, and the Ballmer Group. Together, they established 16 education and employment re-engagement sites throughout King County. Best Starts built on this foundation by funding new programs and supporting existing ones.

Since 2017, Best Starts funded the following:

Contracted Services with Community-based Organizations

- **Educational and employment services:** In 2017, Best Starts issued an RFP to select CBOs to help youth with historically low graduation rates to complete high school/secondary school and go on to post-secondary education. Five CBOs began services in 2018.
- **Behavioral health services:** In 2017, recognizing that young adults who face barriers to educational success would benefit from more than only academic content, a second RFP identified partners to provide behavioral health services (substance-use disorder and mental health counseling) to young adults enrolled in a King County re-engagement site. Sixteen re-engagement sites throughout King County offer education and employment services, where many of the young people also need behavioral health services. Four CBOs began providing services at those sites in 2018.

King County Programs

- **Peer connectors (ReConnect to Opportunity):** Many young people do not know about the services available to them in King County. With Best Starts funding, the County hired a team of peer connectors in 2017 who help young people identify the education and employment services that best meet their goals. Peer connectors are themselves young adults who had overcome similar challenges and are now county employees.
- **Support finding employment (Career Launch Pad):** Originally a pilot program that the Ballmer Group funded, Best Starts stepped in to continue funding in 2018 after it showed promising results. Five county employees on DCHS’s Children, Youth and Young Adults Division’s (CYA) direct services team assist young people at re-engagement sites in finding and maintaining employment. They also help young people explore post-secondary options and careers.

Existing Programs for Youth Experiencing Homelessness

- **Support finding employment and internships (Clear Path to Employment):** Because previous funding sources had ended, in 2018 the King County Council mandated that Best Starts fund three CBOs¹⁹⁵ to help youth and young adults experiencing homelessness to obtain employment and internships. Services also include job readiness trainings and career exploration.

¹⁹⁵ The three organizations are Accelerator YMCA, Friends of Youth, and YouthCare.

Data collection began in 2017 for the peer connectors program and in 2018 for contracted services with CBOs.

Table 26
Education and Employment Referral Program Summary

	Implementation Stage	Total Amount Contracted	# of Partners Selected	# Served
Contracted Services	Delivering impact	\$3,140,000	9	966
Peer Connectors	Delivering impact	\$400,000 (to CYYAD)	N/A	1,107
Career Launch Pad	Delivering impact	\$930,000 (to CYYAD)	N/A	294
Clear Path to Employment	Delivering impact	\$400,000	3	181

Selected Successes: Through its multipronged approach to serve youth and young adults with a diverse set of needs, Education and Employment is making a positive impact on their lives.

- **Young people are experiencing beneficial outcomes.** Best Starts selected CBOs that would center their services around young people of color, young people with disabilities, young people of refugee or immigrant status, young people experiencing homelessness, and young people involved with the legal system. Overall, they are showing strong, positive outcomes. In 2019, 77 percent of young people who participated in an education program stayed in school, graduated, or enrolled in post-secondary education.¹⁹⁶ Others have increased employability after completing an internship or job readiness training. Seattle Education Access performed its own evaluation of the program and determined that services were especially effective for young men of color.
- **Young adults are securing higher than minimum wages.** In 2019, young people completing Career Launch Pad earned an average wage of \$14.90 per hour, compared to the Washington State minimum wage of \$12.00 per hour.
- **Young adults are receiving more holistic support.** CBOs have noted that the past few years revealed youth are more open to receiving counseling services when those services are co-located with their education and employment services.
- **The peer connector project gained national recognition from the Aspen Institute’s National Opportunity Youth Forum.**¹⁹⁷ King County is one of a few places in the nation that has such a project.

¹⁹⁶ Best Starts evaluation data, 2019.

¹⁹⁷ The Aspen Institute Forum for Community Services: Youth Leadership. [\[LINK\]](#)

STOPPING THE SCHOOL TO PRISON PIPELINE

Program Description: Stopping the School to Prison Pipeline (SSPP) supports efforts to dismantle the “school-to-prison pipeline” and replace it with “school-to-life-success pathways” so that youth and young adults, ages 12–24, can live up to their full potential. Systemic and institutional racism have long pushed a disproportionate percentage of Black/African American, Indigenous young people, and young people of color, toward the criminal legal system. While all Best Starts programs contribute to stemming this tide, SSPP serves the young people who need the support immediately to redirect them toward healing and pursuing their aspirations with the full support of their communities.

Best Starts collaborated with other county departments and community-based partners to provide strategic direction for the gamut of programs serving young people at risk of or already engaged in the juvenile justice or criminal legal systems. Starting in 2017, Best Starts fully or partially funded and managed contracts for a variety of programs and pilot projects that served 12- to 24-year-olds and their families. Because these individuals were at different points of interaction with the legal system, these efforts met them where they were to support and redirect them on a path to success.

Implementation Progress: Below are the programs that Best Starts has funded, categorized by the type of service they provide. The first three are pilot projects led by other county departments. The remaining are Best Starts programs that featured a competitive RFP process to select community-based partners.

- **Community Services for First-time Felony Filing:** In 2019, the Prosecuting Attorney’s Office (PAO), Best Starts, and other county partners initiated a pilot project to divert youth with a first-time felony filing to community services in order to reduce or drop their charge.²¹ Called the Community Empowered Disposition Alternative and Resolution (CEDAR) program, it funded a PAO-selected community navigator who met with youth and their families before connecting them to the relevant community supports.
- **Alternative to Filing Charges:** The Theft 3 and Mall Safety (T3AMS) pilot project²² launched in April 2017 to provide an alternative to filing charges against youth who shoplift, damage property, or engage in other misconduct at the Westfield Southcenter Mall in Tukwila. Instead, community-based partners connect them to mentoring, academic support, and employment assistance. The County Executive office’s juvenile justice equity steering committee selected the partners. This pilot is the first known program in the country to work with youth in this manner.
- **Education Re-Engagement.** In 2019, Best Starts provided one year’s funding for an existing PAO program that provides culturally appropriate, academic re-engagement workshops, and mentoring services for Latinx youth with truancy status. School districts collaborate with the community-based partners who lead the workshops, ensuring meaningful follow-up on the status of the students. For this program, which preceded the Best Starts levy, Best Starts funded the PAO-selected community-based partners and chose any additional partners.

- **Outreach and Case Management:** Best Starts contributed to existing DCHS outreach and case management program with services to youth and young adults at risk of or involved in the juvenile justice system. The program lasted from 2016 to 2019.¹⁹⁸
- **Mentoring:** Best Starts and DCHS jointly funded mentoring services between 2016 to 2019 for youth who were at risk or involved in the juvenile justice system.¹⁹⁹
- **Prevention/Intervention/Re-Entry:** Beginning in 2016, this program funded outreach workers to support youth at schools with the highest suspension, expulsion, and drop-out rates. Case managers facilitated restorative practices, peace circles, and cultural education and training for school staff as alternatives for suspension. The program also recruited churches, nonprofits, and the private sector to employ young adults who have been incarcerated, involved with gangs, or are at very high risk of criminal engagement.
- **Community Supports:** Best Starts led two RFP processes for positive cultural identity development.
 - The first, launched in 2017, focused primarily on serving Black/African American, Latinx, Native, Indigenous, and East African young people who come from generational racial oppression and continue to experience it. The program also supported young people who had experienced parental incarceration, foster care, homelessness, sex trafficking, or other traumas. The ultimate goals were to help them complete high school, attend post-secondary education, find employment, and develop a positive cultural identity.
 - The second, launched in 2019 as a complementary investment, focused on supporting young women in the Latinx and Indigenous communities who had a high potential to be or were involved in the criminal legal system. The community-based partners supported their building positive cultural identity, with an added emphasis on unlearning sexism and toxic masculinity.

Best Starts worked with all community-based partners to develop performance measurement and evaluation plans. The community-based partners meet monthly to receive support in contracting with and navigating county requirements, a highly demanded support because many have had little prior experience collaborating with government. They also participate in trainings and workshops on a wide range of topics, such as housing supports and food access, and more recently, how to prevent COVID-19 transmission while providing services.

¹⁹⁸ The funding for the Outreach and Case Management and mentoring programs reached the three-year, County Council-mandated limit for any Best Starts contract period. Two new RFPs called Community Supports funded similar but broader programs.

¹⁹⁹ Ibid.

Table 27

Stopping the School to Prison Pipeline Program Summary

	Implementation Stage	Total Amount Contracted	# of Partners Selected	# Served
Stopping the School to Prison Pipeline	Delivering impact	\$26,200,000	29	2,168

Selected Successes: SSPP sought to connect, support, and bring to the table the people who could make the greatest impact in serving youth and young adults.

- Best Starts funded culturally reflective organizations that can reach youth whom mainstream organizations might not be able or willing to serve. The partners working with Best Starts are members of the community who engage and support young people in a way that honors their heritage and identities.
- Best Starts funding and support helped CBOs build their organizational infrastructure and staff. Many of the CBOs in SSPP that had previously relied on an all-volunteer staff were able to hire paid staff for the first time. Once they began to provide services to youth, Best Starts also provided technical assistance and contract monitoring to build stronger administrative infrastructure and capacity.
- SSPP centered community in its RFP design and partner selection process. SSPP proactively partnered with community members, including youth and young adults, to design the RFP and review applications. During information sessions while the RFP was open, volunteer grant writers provided interested applicants guidance on how to write their applications. Interviews of potential partners took place at their sites.
- Best Starts is supporting CBOs to mobilize for collective action. Organizations that apply for funding often view one another as competitors rather than partners. Best Starts has pushed the message that everyone is stronger together than apart in effectively serving marginalized communities. Thirty to 40 direct service staff representing many CBOs met in person once a month to foster collaboration, care for one another, build knowledge, share critical feedback, and identify collective goals for systems change. When communities locked down due to COVID-19, the CBOs embraced their collective strength to pool resources. For example, in order to deliver food and basic supplies to families, one organization offered up their van while others pooled their goods. Together, they delivered items to one another’s clients.

THE KING COUNTY CHILD HEALTH IMPROVEMENT PARTNERSHIP (FORMERLY ADOLESCENT IMMUNIZATIONS)

Program Description: The King County Child Health Improvement Partnership (KCHIP) is a pediatric improvement partnership (PIP), a regional collaboration of public and private partners that collaborate to:

- Address systemic barriers to quality health care for children and adolescents;
- Collaborate to advance quality improvement in pediatric health care settings.

This program, initially called Adolescent Immunizations, began with a narrower vision of ensuring that youth and young adults receive the full complement of recommended immunizations, including the one to prevent human papillomavirus (HPV).²⁰⁰ The scope of work was also narrower, focusing largely on improving quality of care in pediatric clinics. However, achieving and maintaining higher levels of immunization required addressing broader systemic barriers to vaccine delivery, such as breakdowns in the chain of vaccine supply, young people’s access to health care, and hesitancy in individuals to vaccinate.

King County looked to the National Improvement Partnership Network (NIPN), which provides a model for supporting sustainable improvement in the pediatric health care system. The model not only allows participants to address multiple areas of child and adolescent health care but would allow for collaboration and shared learning, with a network of more than 20 regional PIPs across the country.

The partnership consists of an advisory arm and an action arm: The steering committee guides the work and sets priorities of the partnership while the action arm supports learning collaboratives to implement quality improvements in clinics.

Best Starts contracted with the Washington State Chapter of the American Academy of Pediatrics, in May 2019, to lead this effort in partnership with Seattle Children’s Hospital. Best Starts funding supports the administrative infrastructure of KCHIP and the KCHIP Adolescent Immunization Learning Collaborative, which aims to improve coverage rates for HPV, Tdap, and meningococcal vaccines among King County adolescents.

Vaccines are broadly recognized as one of the most effective health interventions available, but adolescents often fall behind in their recommended vaccinations.²⁰¹

Implementation Progress: The KCHIP steering committee began meeting in October 2019. It comprises 14 partners representing pediatric primary care, SBHC, culturally specific health boards, Medicaid-managed care, and county and state health and education departments. The committee has met four

²⁰⁰ HPV is the virus that causes cervical, oral, anal, and other genital cancers in people.

²⁰¹ Best Starts for Kids 2019 Annual Report, pg. 20. [\[LINK\]](#)

times, convening quarterly to address topics they agreed affect young people’s health: immunizations, social determinants of health, behavioral health, and racism as a public health crisis.²⁰²

Around the same time, the KCHIP Adolescent Immunization Learning Collaborative kicked off the first of four Best Starts–funded learning cohorts. Each one lasts nine months, featuring medical staff from at least five pediatric clinics that complete a curriculum that KCHIP faculty developed to improve clinic practice. In addition to training, the medical staff receive coaching, and benefit from being part of a community of clinics working toward the same goals. Data collection for this program mainly tracks the work of the learning collaborative.

Table 28
King County Health Improvement Partnership Program Summary

	Implementation Stage	Total Amount Contracted	# of Partners Selected	# Served
KCHIP steering committee and learning collaborative	Delivering impact	\$440,000	1	11,000 adolescent patients

Selected Successes: While KCHIP was able to tackle some of the challenges in its original scope of work, the COVID-19 pandemic forced it to quickly pivot to address its consequences on pediatric care.

- KCHIP ensured a steady vaccine supply. Prior to the KCHIP steering committee meeting, clinics frequently ran out of vaccines, especially the HPV vaccine. The steering committee identified the barriers in the supply chain, and because committee members include key decision makers, they were able to remove those barriers and renew the vaccine supply.
- KCHIP developed messaging to promote continued pediatric care during the lockdown. The COVID-19 pandemic caused well-child visits and vaccination coverage rates to plummet for all children, ages 0–18. This significantly increases the risk of future outbreaks of vaccine-preventable diseases. In response, the KCHIP immunization learning collaborative created communication strategies and materials for pediatric clinics to encourage families to immunize their children and continue vital wellness visits. These materials also included the safety precautions clinics are taking to minimize risk of exposure to the coronavirus.
- KCHIP leveraged funds to expand its learning collaborative beyond King County. The Washington State Department of Health, which hopes to create a statewide learning collaborative, is funding the participation of five clinics in Spokane alongside King County’s current cohort of five clinics. Spokane has experienced similar challenges with HPV vaccination completion rates among young people.
- KCHIP’s learning collaborative is expanding beyond King County. KCHIP leveraged other funding sources to expand the work across the state. The Washington State Department of Health is

²⁰² King County Resolution 20-08, June 2020 [LINK](#)

funding the participation of five clinics in Spokane alongside King County’s current cohort of five clinics.

Communities of Opportunity

In 2014, King County and the Seattle Foundation²⁰³ formed a public-private partnership called Communities of Opportunity (COO), to change policies and conditions in communities where people experience the lowest outcomes in health and well-being.²⁰⁴ Given the inequitable distribution of power and resources in King County, the partnership is increasing its focus on solutions led by Black/African American, Native, and Indigenous communities, and other communities of color. When Best Starts launched, 10 percent of its investments funded this partnership. Table 29 depicts the strategies and program areas outlined in *the Best Starts Implementation Plan*.

Table 29
Communities of Opportunity Strategies and Programs

Communities of Opportunity Strategy Areas	
<ul style="list-style-type: none"> support priorities and strategies to facilitate collaboration with communities that have much to gain; engage multiple organizations in institutional, system and policy change 	
Communities of Opportunity Programs as Outlined in the Implementation Plan	Communities of Opportunity Programs as Implemented
Community Partnerships	Places: Awards to Community Partnerships
Institutional, System and Policy Change	Institutional, System and Policy Change
Learning Community	Learning Community

Program Description: COO seeks to ensure that all King County residents, regardless of where they live or their race or ethnicity, experience improvement in outcomes in the following four “result areas”: 1) health outcomes, 2) affordable housing, 3) economic opportunity, and 4) community connections.

Implementation Progress: COO funds community-driven, multisector solutions within three implementation components. The first two invest in individual CBOs to change the policies and conditions that contribute to inequitable outcomes in health and well-being. The third supports these efforts by providing training and capacity building in CBOs and testing innovative solutions.

- **Community partnerships:** COO selected nine place-based cultural community-based partnerships in RFP processes in 2015 and 2018. Within these partnerships are about 60 organizations that participate in one of the following:

²⁰³ As a cofounding partner, Seattle Foundation provided leadership and staff support to COO and exceeded its initial commitment of \$500,000 per year to COO, from 2014 through 2018. The foundation recently renewed and increased its annual commitment to COO programs to \$600,000 per year from 2019 through 2023.

²⁰⁴ COO uses an index that ranks the health and well-being of residents from highest to lowest percentiles, grouped by deciles. The index is a composite of measures that include life expectancy, and prevalence of obesity, smoking, diabetes, frequent mental distress, adverse childhood experiences, unemployment, poor housing, and income/poverty. *Best Starts for Kids Implementation Plan*, pp. 85, 92. [\[LINK\]](#)

- Place-based equity work in the Rainier Valley, SeaTac-Tukwila, White Center, Kent, Seattle’s Central Area, and the Snoqualmie Valley;
 - Geographically dispersed cultural communities for Indigenous peoples (the Seattle Urban Native Nonprofits collective), or the transgender community (Transgender Economic Empowerment Coalition), and for the Latinx community (Comunidad Latina de Vashon).
- **Institutional, systems, and policy change:** Beginning in 2015, COO made funding awards to more than 100 organizations, individually or within coalition, through competitive RFP processes. Partners work in a wide variety of areas, including housing protections, consumer rights, criminal justice reform, language access for students, educational supports for students of color, and the inclusion of culturally relevant and healthy menu items in schools.
 - **Learning Community:** The Learning Community funds activities to promote capacity building in learning circles, trainings, and workshops on topics such as data and evaluation, strategic communications, and conflict resolution; and through innovative solutions and models that take equity-based work to greater scale. In 2019, COO funded its first innovations pilot on commercial affordability through a competitive RFP process.

In 2018, COO launched a baseline evaluation process that collected and analyzed data on equity indicators as well as CBO activities that aim to affect COO’s four result areas.²⁰⁵

Table 30
Communities of Opportunity Program Summary

	Implementation Stage	Total Amount Contracted ²⁰⁶	# of Partners Selected ²⁰⁷
Place-based Funding to Community Partnerships	Delivering impact	\$14,300,000	9 partnerships with 68 organizational participants
Institutional, Systems, and Policy Change	Delivering impact	\$8,100,000	Awards involving 100 CBOs
Learning Community	Building momentum	\$1,900,000	5 capacity-building contracts

Note: COO programs are considered Best Starts systems development programs.

Selected Successes: COO investments demonstrate that when communities organize around equity-based solutions to pressing problems, systemic change is indeed possible.

²⁰⁵ Baseline COO evaluation reports and discussion of equity indicators can be found on the Equity in Action webpage. [\[LINK\]](#)

²⁰⁶ Total Amount Contracted includes Best Starts funding, only. Seattle Foundation has provided an additional \$5 million to COO contracts (see 2017, 2018, 2019 Best Starts annual reports).

²⁰⁷ The number of partners served is not included for systems development.

- CBOs built hundreds of partnerships with sustained funding from COO. Partnership, a central tenet for COO’s model of change, requires collaboration and coalition building, which, in turn, require partners to build trusting relationships with one another. COO recognizes that this takes time, so funding should remain consistent over several years. In 2019, CBOs reported developing 390 new relationships and strengthening 160 existing ones.²⁰⁸
- CBOs leveraged COO investments to secure funding from other public and private investors for community-owned projects. For example, partners in the Rainier Valley secured \$13 million in equity for the Opportunity Center at Othello Square and White Center partners secured \$6.5 million for their affordable housing and community hub project.²⁰⁹
- Partners gathered new data to drive strategies and solutions. COO funding enabled a coalition of human service providers in the Snoqualmie Valley to create A Supportive Community for All (SCFA). In 2019, SCFA completed the area’s first-ever community needs assessment, a high-quality, regional data resource with contributions from more than 530 residents and 20 service providers through in-person community events and an online survey. on the specific needs and assets of their community.²¹⁰ Another COO funded program formed a community action team in a neighborhood surrounding a new light rail station in the Rainier Valley. They engaged 2,000 residents and businesses to envision their future landscape. used that shared vision to advocate with policymakers on the station development.²¹¹
- COO funding supports models of innovation for new, productive, local food systems that connect community members to leadership training, jobs, and local, culturally relevant, healthy food. The Rainier Beach Action Coalition (RBAC) partnered with the Ethiopian Community Center in Seattle to host a new, seasonal Neighborhood Farm Stand stocked by local farmers of color. RBAC also leveraged community assets and COO funding to secure capital for community space, including land ownership.²¹² The Food Innovation Network (FIN) Food Business Incubator launched 12 businesses through 2019. FIN’s Spice Bridge at Tukwila Village, a new food hall that accommodates 20 food businesses with a commercial kitchen, five food retail stalls, and a community dining area, is set to open in later this year.
- Community leadership and capacity are growing. Participation in COO-supported capacity building and community events doubled between 2018 and 2019, from 19,354 to 41,107 participants. CBOs reported that 1,564 community members served as issue experts and leaders on advisory boards and task forces. One CBO brings together formerly incarcerated people to work on system reform in their own communities.

²⁰⁸ 2020 Mid-Year Grantee Report.

²⁰⁹ Ibid.

²¹⁰ A Supportive Community for All, Sno-Valley Data. [\[LINK\]](#)

²¹¹ Puget Sound Sage, Graham Street: A Community-driven Neighborhood Vision. [\[LINK\]](#)

²¹² Rainier Beach Action Coalition Food Innovation Center. [\[LINK\]](#)

- COO partnerships and partners used their knowledge, skills, and leadership to advance affordable housing, community development, and anti-displacement efforts. CBOs successfully launched learning cohorts to build organizational capacity in real estate and housing development, educated decision makers about homelessness, housing instability, protections for renters, and secured land for affordable housing. Many have also worked to minimize the displacement of residents, businesses, and cultural communities.

The Youth and Family Homelessness Prevention Initiative

The Best Starts for Kids Ordinance 18088 directed the County Executive to submit to the County Council an implementation plan for the Youth and Family Homelessness Prevention Initiative by March 1, 2016. The initiative took initial property tax collections of \$21 million to distribute across the remaining years of the levy.²¹³ Table 31 outlines the strategies and programs as outlined with *the Best Starts Implementation Plan*.

Table 31
Youth and Family Homelessness Prevention Initiative Strategies and Programs

Youth and Family Homelessness Prevention Initiative Strategies
▪ prevent youth and family homelessness
Youth and Family Homelessness Prevention Initiative Program Areas
Youth and Family Homelessness Prevention Initiative

Program Description: The Youth and Family Homelessness Prevention Initiative (YFHPI) assists young people and families with children at imminent risk of homelessness to secure long-term housing. Best Starts funds 25 CBOs to provide services in more than 25 languages, with highly skilled case managers assisting in housing searches and connections to employment resources. The YFHPI supports young people and families in two ways: 1) immediate crisis response to homelessness, and 2) support for attaining long-term housing stability. Case managers use flexible funding to pay for past-due and current rent, security and utility deposits, moving or relocation expenses, or other financial assistance that directly supports long-term housing stability. Case managers receive ongoing, one-on-one support, which they find especially helpful when struggling to find long-term, stable housing for their clients. They meet monthly in learning circles to share best practices.

Case managers enter client data into a system customized for YFHPI. The information helps them assess whether families and young people remain stably housed after receiving their services and helps case managers adapt practices to improve outcomes. In addition, King County has partnered with the

²¹³ There was immediate community feedback that the amount was not enough to adequately fund this work. In response, Best Starts allotted an additional \$50,000 to each of the 25 community-based partners. Increases in property tax revenues since 2016 cover this additional \$2.5 million.

University of Notre Dame to participate in a Randomized Control Trial (RCT)²¹⁴ to examine the long-term success of the YFHPI model. The RCT is complete, and results will be available in late 2021.

Table 32

Youth and Family Homelessness Prevention Initiative Program Summary

	Implementation Stage	Total Amount Contracted	# of Partners Selected	# Served
Youth and Family Homelessness Prevention Initiative	Delivering impact	\$21,000,000	25	9,226

Selected Successes: YFHPI had many successes.

- The YFHPI model is successful at keeping people stably housed. To date, 90 percent of all households served during the course of the initiative remain housed.²¹⁵
- Extensive training for case managers helps them secure long-term housing stability for their clients. The challenges that young people and families face are complex. In addition to monthly learning circles, case managers also met with community consultants to learn how they can help reduce disparities and disproportionality in outcomes for Black/African American young people and families in the homeless system. They gained an understanding of the sustained, systemic challenges that Black/African American young people and families face.²¹⁶
- King County’s partnerships with other regional organizations creates a system offering diverse supports for families and young people. King County collaborates with the United Way of King County’s Family Resource Exchange²¹⁷ where, eight times a year, people experiencing homelessness or at imminent risk of homelessness receive a wide array of services in a single location: YFHPI case management, shelter care, haircuts, job searches, and public benefits. King County also works with the Housing Justice Project²¹⁸ to stabilize families going through an eviction process.

Implementation Challenges

As enumerated throughout this section, Best Starts programs and services have achieved many successes. As Best Starts is working to launch transformative programming, expand services, create new partnerships, and improve systems, the initiative has also encountered some challenges.

²¹⁴ The largest randomized control study of its kind to study effectiveness of case management and fiscal support versus fiscal support only. [\[LINK\]](#)

²¹⁵ Best Starts for Kids Annual Report (2019). [\[LINK\]](#)

²¹⁶ *Youth and Family Homelessness Report* (2018). [\[LINK\]](#)

²¹⁷ King County Family Resource Exchange. [\[LINK\]](#)

²¹⁸ The Housing Justice Project. [\[LINK\]](#)

- **Shifting County Policies and Processes:** Working in an equitable way with community-based providers required transformational changes to county infrastructure, which strengthened its ability to work effectively with communities and small CBOs. These changes often preceded advancing program work because they needed to be implemented prior to contracting with providers. In some circumstances, this delayed implementation timelines. For example, the County shifted to performance-based contracts, requiring considerable up-front coordination, resulting in less burdensome contracting processes for community-based providers.
- **Balance between King County Staffing and Community-based Organizations:** Best Starts had to maximize staffing to meet both internal and CBO needs, as well as conduct community-based work. Best Starts' work has been shaped by principles that drive extensive engagement with communities in the implementation and improvement of programs and systems, ongoing infrastructure support to Best Starts' community-based partners, and policy and process changes at the County. Establishing trust, identifying barriers, and troubleshooting solutions are time and resource intensive. Best Starts staffing levels needed to be increased to implement the complex, community-based work that Best Starts does. Best Starts addressed this by securing additional consulting support where possible and additional finance staff positions in the County's 2019-20 budget. In a renewed levy, additional staffing capacity will need to be added to make Best Starts' scope of work sustainable for staff.
- **Building the Capacity of Small, Community-based Providers:** Public and private funders have historically underinvested in small, community-based providers, especially racially and culturally based organizations.²¹⁹ Without adequate funds, small CBOs have been unable to invest in vital infrastructure for key organizational functions, such as financial management, human resources, data system development, fundraising, leadership, and others. Best Starts strategically prioritized funding small, culturally based organizations because of their capacity to reach and serve children, youth, and families in their respective communities. However, many small organizations had not yet implemented internal processes to meet rigorous financial and evaluation requirements. In order to collect, collate, and report high-quality data to Best Starts for the purposes of performance measurement, shared data collection tools needed to be developed, as did the capacity of organizations to use those tools. Best Starts worked intensively to support programs through individual consultation with program managers, individual technical support from evaluation staff and evaluation supports.
- **Building the Field of Capacity Builders, Systems Coordinators, and Intermediaries:** As a newly launched initiative, Best Starts sought to leverage the subject matter knowledge of local and statewide experts to help implement vital components of BSK systems. As a result, Best Starts

²¹⁹ Cohen S. "Philanthropy Has a Race Problem." *Forbes.com* (2020). [\[LINK\]](#); Sullivan, P. "In Philanthropy, Race Still a Factor in Who Gets What, Study Shows." *The New York Times* (2020) [\[LINK\]](#); Dorsey, C., Kim, P., etc. "Overcoming the Racial Bias in Philanthropic Funding." *Stanford Social Innovation Review* (2020). [\[LINK\]](#)

contracted with several partners across all investment areas to serve as intermediaries²²⁰ systems coordinators, and/or capacity builders. Best Starts quickly learned that many of these partners lacked foundational theory and practice in equity work and/or the infrastructure needed to scale their supports countywide. While Best Starts anticipated relying on these partners to lead vital components of the work right away, in many circumstances Best Starts staff ended up devoting considerable effort to build the knowledge and capacity of these partners. In some circumstances, Best Starts worked with intermediaries, systems partners, and capacity builders to strengthen their infrastructure and/or equity capacity and they are well-positioned to lead the scope of work. In others, Best Starts had to terminate contracts and find new contractors or lead the work within the County.

- **Large Partner Institutions Struggled to Make Changes:** Many Best Starts programs included systems-building and/or systems-changing components. These included changes to King County systems, but also to other large systems over which King County had no direct decision-making purview, such as school districts and health care systems. Several Best Starts programs reported that they encountered barriers working with other large systems, and that systems were very slow to implement change. Specifically, large institutions had difficulty partnering effectively with and serving communities, implementing culture shifts and practice changes, and sharing data. At times, this meant CBO partners took on larger roles in Best Starts projects in place of institutional entities.
- **Quality Evaluation and Performance Measurement Require Shared Tools, Shared Agreements, Access to Data Systems, and High Organizational Capacity:** In order to collect, report, share high-quality data, and look at impacts across systems, Best Starts programs and community-based partners needed to enter into data-sharing agreements. Data-sharing agreements provide a framework for understanding why data will be shared with King County, what data elements will be shared, and how this data may be used. These agreements take months or even years to negotiate. Community-based partners need to have the capacity to engage in discussions around data sharing. Best Starts' programs and community-based partners also need shared measurement tools to understand impacts across programs. In many cases, these tools do not exist or are not culturally relevant. Therefore, Best Starts is investing in foundational activities to ensure that it is using culturally relevant, science-based tools to measure changes. Those tools are still in development. Finally, systems changes are an important component of implementation, but it is challenging to measure envisioned outcomes due to a lack of access to data systems, and data may not always be available in formats compatible with Best Starts' needs.
- **Paying for Full Program Costs and Advancing Living Wages:** When making funding decisions, Best Starts prioritized covering full costs of programs, especially for small, culturally specific CBOs that might not have otherwise been able to implement the work. This approach was an

²²⁰ Intermediary organizations "support the provision of services by another organization rather than providing direct services itself." Honig, M. I. "Managing from the Middle: The Role of Intermediary Organizations in the Implementation of Complex Education Policy." Annual Meeting of the American Educational Research Association, Seattle, WA (2001). [\[LINK\]](#)

important first step on the path to supporting living wages for community-based partners; however, it also came with challenges. Best Starts learned that some programs were paying Best Starts-funded staff different wages than those funded through other revenue streams. Other organizations used the concern of disparate wages among similar staff to make a case for not increasing staff wages. In a renewed levy, Best Starts will continue to collaborate across funding areas and with private funders to support across-the-board raises to staff wages of these programs.

- **COVID-19 Required Rapid Shifts in Implementation and Supports:** The COVID-19 pandemic presented Best Starts with unprecedented challenges that impacted all areas of program implementation and evaluation. Best Starts serves many of King County’s most vulnerable families, who were among the first to lose employment and who have been disproportionately impacted by COVID-19. Best Starts mobilized quickly to respond to emergent community needs and to adjust contracting, monitoring, and evaluation procedures. Best Starts staff immediately connected community-based partners to COVID-19 prevention resources from the Centers for Disease Control and Public Health–Seattle and King County. These included webinars, fliers, and online resources in multiple languages. Staff then collaborated with programs to gather data from community-based providers on emergent needs. In response, Best Starts:
 - Increased funds for basic needs and provided grocery gift cards;
 - Purchased and disseminated computer tablets with wireless subscriptions to staff of CBOs and families in the community;
 - Provided webinars on virtual family engagement family stress, and intimate partner violence, and managing family loss;
 - Purchased and disseminated cleaning supplies for child-care centers;
 - Created centralized resource repositories;
 - Connected families to food; and
 - Distributed PPE to community-based partners.

Best Starts also worked closely with programs to understand how their services were changing in the context of COVID-19, in order to adjust programs, contracts, and data collection to reflect this.

While Best Starts staff and community-based partners played a vital role in supporting families during the crisis, COVID-19 will significantly impact measurement and Best Starts will continue to monitor impacts.

While Best Starts contended with several significant challenges throughout the course of implementation, including an unanticipated global pandemic, staff persisted in advancing the work in

close partnership with CBOs. The key to success in addressing and overcoming these challenges was Best Starts' flexibility and continual engagement with, and partnership with communities. With each obstacle Best Starts encountered, staff and leadership worked to come up with innovative solutions to meet community needs. This approach is clearly reflected in Best Starts investments.

C. An Analysis of Investments by Strategy²²¹

Expenditure and Revenue History

Between November 2015 and December 2021, Best Starts will have invested more than \$387 million to promote the health and well-being of King County's children, youth, families, and communities. The *Best Starts for Kids Implementation Plan* outlined the need for flexibility in funding to adjust to the needs of community.²²² The value of flexibility and the need to pivot are reflected within this expenditure analysis. Best Starts seeks to carry out the goals of King County's Equity and Social Justice (ESJ) Strategic Plan,²²³ the guiding principles gathered intentionally through community conversations.²²⁴

Because Best Starts' is brand new levy, program areas launched at different times and had varying levels of planning and infrastructure already in place before launching. The result was a shift of contract allocations from the early years to the later years of the levy. It was expected that Best Starts would have a ramp up in spending as programming began. As described in the Section IV. B., "Progress of Levy Implementation," Best Starts uses the following stage-based framework to describe implementation: laying the groundwork, building momentum, and delivering impact. This framework aligns with expenditures, as initial spending was necessarily lower in the beginning of the levy and increased as groundwork was established. The section below provides an analysis of the spending trends.

LAYING THE GROUNDWORK

In November 2015, voters approved Best Starts for Kids. The collection of revenues from property tax began in 2016. Ordinance 18088²²⁵ directed initial levy collections to be distributed in four ways: planning for Best Starts, Youth and Family Homelessness Prevention, Maternal and Child Health programs, and reserve funds. The King County Executive allocated planning dollars, hired two staff to conduct community engagement, plan services, and prepare the *Best Starts for Kids Implementation Plan*, which was due June 2016. In addition, Motion 18285 directed the Youth and Family Homelessness Prevention Initiative (YFHPI)²²⁶ to submit an implementation plan in March 2016. Of the initial levy proceeds, \$19 million were collected for YFHPI programming to be distributed over the life of the levy. As indicated in this report, \$2 million were added later, for a total of \$21 million dedicated to YFHPI.

²²¹ Strategy is the language requested by the Motion. As outlined in the *Best Starts for Kids Implementation Plan*, Best Starts investments are structured by Investment Areas and Programs. This section reports on investments by Investment Areas and Programs.

²²² *Best Starts for Kids Implementation Plan* (2016), pg. 13. [\[LINK\]](#)

²²³ King County Executive's Office of Equity and Social Justice (2016). Equity and Social Justice Strategic Plan. [\[LINK\]](#)

²²⁴ *Best Starts for Kids Implementation Plan* (2016), pg. 20. [\[LINK\]](#)

²²⁵ Ordinance 18088, Metropolitan King County Council (2016). [\[LINK\]](#)

²²⁶ Ordinance 18285, Metropolitan King County Council (2016). [\[LINK\]](#)

Ordinance 18088 funded \$3.5 million for the Maternal and Child Health programs at Public Health Centers,²²⁷ and established Best Starts’ rainy day reserve with \$11 million.

In November 2016, the King County Council passed the *Best Starts for Kids Implementation Plan* through Ordinance 18373,²²⁸ and the work of funding other programs began. Best Starts refers to this as laying the groundwork, which includes hiring county staff to manage funding, develop requests for proposal (RFPs), and finalize contracts with community-based organizations (CBOs). In November 2016, Best Starts began to hire program management staff, engage CBOs in program planning, and develop a new contracting framework with a focus on equity.

BUILDING MOMENTUM

During 2017, Best Starts hired staff and ran multiple competitive requests for proposals (RFPs). Best Starts partnered with the community to identify approaches to RFPs that would help achieve ESJ goals. Best Starts’ new approaches include setting longer windows of time for CBOs to respond to RFPs and inviting community-based partners and other stakeholders to join hiring panels and contract-award committees. During 2017 and 2018, Best Starts built momentum through contracting with CBOs and starting work within the community. Best Starts committed to programs chosen primarily through competitive RFP processes.²²⁹ This planning took time, but Best Starts’ intentional approach was critical to success.

DELIVERING IMPACT

Most of Best Starts’ programs were delivering impact in 2019 and 2020. *Delivering impact* means CBOs are actively delivering services and that there are at least two quarters of performance data to report. As indicated above, there was a shift of contract allocations from the early years to the later years of the levy. There were also onetime allocations. Approximately \$8 million of the reallocation was in onetime investments, which provided opportunities to enhance existing programs. Onetime investments like the Universal Developmental Screening Landscape Analysis²³⁰ or the Infant Mental Health Landscape Analysis²³¹ helped inform Best Starts on how to by documenting community needs. Pilot projects such as Help Me Grow²³² transpired to help inform how to best inform systems building and future funding allocations. Best Starts released an RFP for these pilots in February 2020. CBOs finalized contracts by August 2020. Funds will be spent by December 2021.

Best Starts for Kids Financial Summary

Graphic 4 depicts Best Starts’ financial summary between the years of 2016 and 2021, with actual revenues and expenditures through 2019 and the expected revenue and spending rate through 2021. As indicated, collected revenues increased from \$59 million in 2016 to \$76 million in 2021, while

²²⁷ Public Health Centers run by Public Health–Seattle and King County. [\[LINK\]](#)

²²⁸ Ordinance 18373, Metropolitan King County Council (2016). [\[LINK\]](#)

²²⁹ *Best Starts for Kids Implementation Plan* (2016), pg. 20. [\[LINK\]](#)

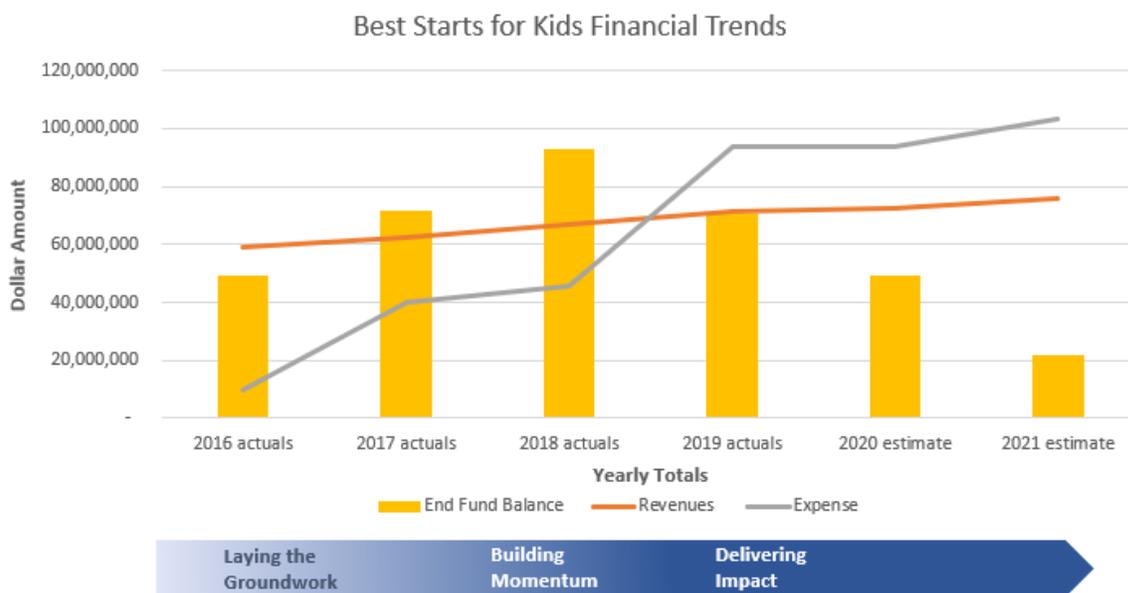
²³⁰ Best Starts for Kids Blog, “Plan for Universal Developmental Screening Pilots” (2019). [\[LINK\]](#)

²³¹ Best Starts for Kids Blog, “Infant Mental Health Landscape Analysis” (2018). [\[LINK\]](#)

²³² Best Starts for Kids Blog, “Help Me Grow King County” (2019). [\[LINK\]](#)

expenditures gradually increased and peaked in 2021, at approximately \$103 million per year.²³³ Over the six-year levy, revenues will total approximately \$408.2 million, and expenditures will total \$387 million, leaving a remaining fund balance of \$21.6 million. Through 2020 the total revenues collected are expected to reach \$332.3 million which is 81% of projected revenues. Through the 2020 the total spending life to date of the levy will be \$283.1 million or 73% of the total expenditures. This balance provides a rainy-day fund²³⁴ of just under 90 days of expenditures. Graphic 4 shows how the fund balance peaks at \$93 million at the start of 2019 and then lowers to \$21.6 million at the end of 2021. These spending trends align with the process of laying the groundwork, building momentum, and delivering impact. It was expected that Best Starts would have a ramp-up in spending as programming began.

Graphic 4
*Best Starts for Kids Financial Summary*²³⁵



²³³ Based on Office of Economic Forecasting and Analysis (OEFA) August 2020 Forecast.

²³⁴ "Special levy funds (funds whose major revenues are based on voter-approved levies) should plan for a rainy-day reserve at the end of the levy period equal to 90 days of expenditures," from pg. 21 of *King County Comprehensive Financial Management Policies*. [\[LINK\]](#)

²³⁵ As of June 30, 2020.

INVESTMENT AREAS

As detailed in Ordinance 18088,²³⁶ the Best Starts levy is designed to be divided into four investment areas, with directed initial levy collections for YFHPI. Prevention and early intervention are the most effective and least expensive ways to address the most serious problems. Science explains that lifelong problems can often be prevented by investing generously in children under age five and making strategic investments at critical points in young people’s development before age 24.²³⁷ Therefore, Best Starts prioritizes promotion and investing early in children, young people, families, and communities. Best Starts also engages in systems and policy development so that all communities in King County can thrive and prosper regardless of race or place. Table 33 illustrates these investment areas.

Table 33
Investment Strategy Summary

Investment Strategy	Investment Description	Amount as Directed in Ordinance 18088 ²³⁸
Invest Early	Support pregnant individuals; babies; very young children during their critical developmental years; and their parents, with a robust system of support services and resources that meet families where they are: home, community, and in child care.	50%
Sustain the Gain	Continue progress made, with school- and community-based opportunities for children to learn, grow, and develop through childhood, adolescence, and into adulthood.	35%
Communities of Opportunity	Support communities to create safe, thriving places for children to grow up.	10%
Results Focused and Data Driven	Use data and evaluation to know what strategies are benefiting children and communities.	5%
Youth and Family Homelessness Initiative ²³⁹	Prevent young people and their families from losing housing.	\$21 million

ACTUAL EXPENDITURES

Over six years, Best Starts will invest more than \$387 million across the five investments areas listed in Table 33. Through the 2020 the total spending life to date of the levy will be \$283 million or 73% of the total expenditures. Best Starts made multiyear, instead of one-year, investments, as multiyear investments allow for more program stability: CBOs can take corrective action and deliver long-lasting impact. The result was a shift of contract allocations from the early years to the later years of the

²³⁶ Ordinance 18088, Metropolitan King County Council. [\[LINK\]](#)

²³⁷ Heckman, James J. and Stefano Mosso. “The Economics of Human Development and Social Mobility.” *Annual Review of Economics* 6.1 (2014): 689–733.

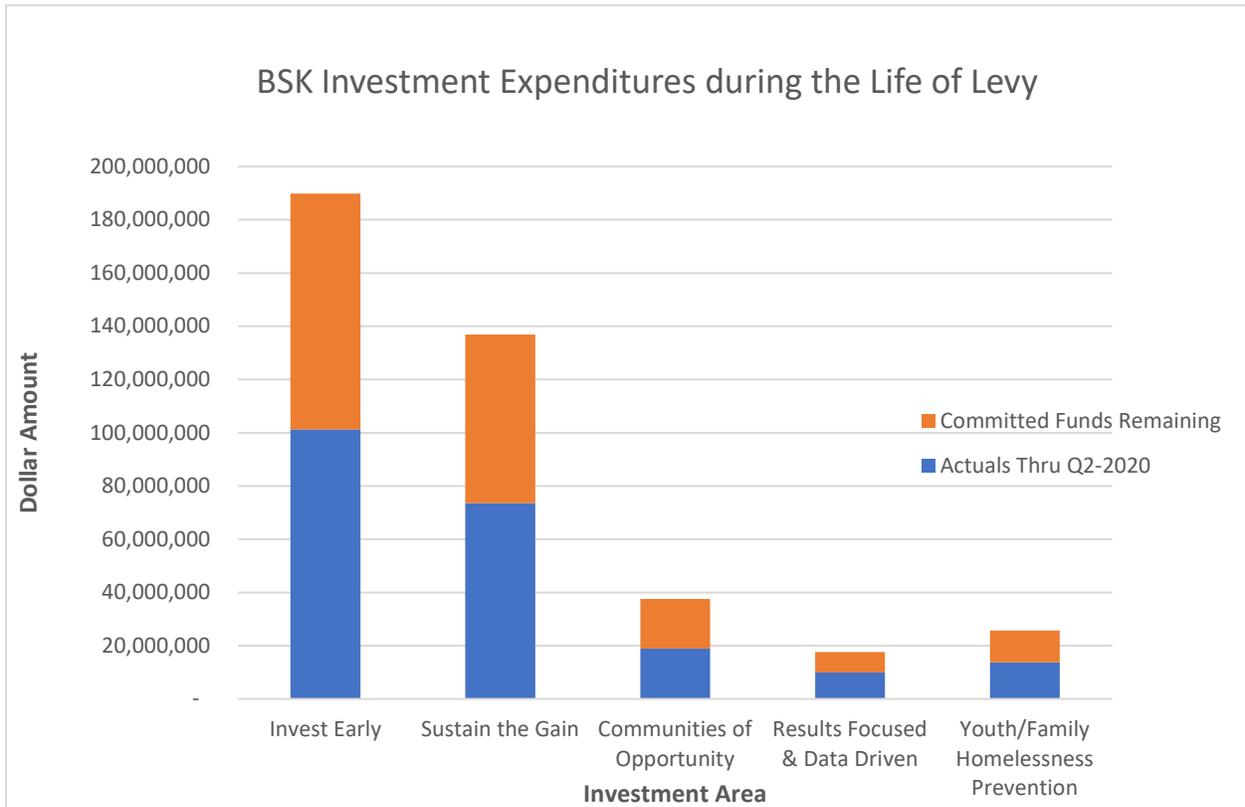
²³⁸ Ordinance 18088, Metropolitan King County Council. [\[LINK\]](#)

²³⁹ As described above, Ordinance 18088 directed investing \$19M from 2016 revenue, and \$2M were added in 2017 to support additional program needs.

levyAside from the rainy-day reserve, the remainder of levy revenue is committed to be spent by CBOs and funded partners by the end of 2021. Graphic 5 depicts the program expenditures in each of the investment areas and the remaining amount committed to spend through 2021.

Graphic 5

Best Starts for Kids Investment Expenditures during the Life of Levy



Invest Early: The total actual expenditures for Invest Early through June 30, 2020, is \$101.3 million. During late 2017 and early 2018, Best Starts released several RFPs for Investing Early. As outlined in the Progress of Levy Implementation Section of this report, some programs within this strategy are still building momentum, which was expected.

It is intentional to fund capacity building first, which resulted in a shift in contract allocations for service delivery from the early to later years of the levy. For example, in October 2018, home-based and community-designed programs began developing models with the support of capacity-building support providers. To ensure quality design, programming with families did not launch until December 2019.

Two services under Community-based Parenting Supports,²⁴⁰ Supportive Pregnancy Care²⁴¹ and breastfeeding peer supports, launched in May 2019. Their RFP was released later, due to a community request for a pause between RFPs, as Best Starts had recently released multiple RFPs in rapid succession.

All remaining dollars are allocated and committed to CBOs. Best Starts leadership communicated to CBOs and internal and external stakeholders that annual amounts in contracts may shift after December 2021, as these onetime expenditures and pilot projects will expire. Refer to Appendix C for greater detail on program-level expenditures.

Help Me Grow is a resource and referral system that informs families about, and connects them in a timely way to, supports they need to thrive. During the first two years with Best Starts, Help Me Grow planned with state and local partners to better understand how to build a system that elevates family voice in King County and allows for state alignment. After significant planning, community-based partners recommended pilots to best understand how to build this system. Best Starts released an RFP for these pilots in February 2020, then executed contracts for system-building pilot projects in August 2020, with funds to be spent by December 2021.

The Workforce Development program provides training, technical assistance, and peer learning opportunities to support early childhood practitioners in building knowledge, skills, confidence, self-care, and resilience to optimally serve children and families. Workforce Development intentionally launched after most other program areas, in order to ensure that newly hired staff of Best Starts–funded programs could access this training.

Systems Building for Infant and Early Childhood Mental Health provides access to training, reflective consultation, and infant mental health endorsement to build the capacity of early childhood practitioners to support the social-emotional development of children. Best Starts allocated contracts through 2020 and will renew them in 2021. A onetime analysis of the needs of infant mental health training and consultation in King County was conducted and will be released in late 2020. This document will serve as a source for systems planning and identification of funding strategies in 2022, if voters renew the levy.

Strategy-level Changes and Reallocation of Levy Proceeds

Within allowable allocations under Ordinance 18088, Best Starts made allocation changes to two significant Invest Early program areas through June 2020, to meet programming needs. As outlined in the Best Starts Implementation Plan,²⁴² flexibility with funding is an important value; these changes supported better programming. The table below outlines the changes and the decision-making process.

²⁴⁰ See pg. 45 of this report.

²⁴¹ Ibid.

²⁴² *Best Starts for Kids Implementation Plan* (2016), pg. 13. [\[LINK\]](#)

Table 34

Invest Early Reallocation of Levy Proceeds Summary

Program	Change	Decision-making Process
Workforce Development	2018 <ul style="list-style-type: none"> ✓ Moved Workforce Development (\$4.8M) from Public Health–Seattle King County (PHSKC) to Department of Community and Human Services (DCHS). 	<ul style="list-style-type: none"> ✓ Consultation with program staff and division directors determined the Developmental Disabilities and Early Childhood Supports Division (DDECS) had a system of workforce development to build upon. ✓ Universal Landscape Analysis revealed that training in UDS was a Workforce issue. RFP released in 2020 included developmental screening and workforce trainings.
	2020 <ul style="list-style-type: none"> ✓ \$800K toward Universal Developmental Screening (UDS) funds held in DDECS. 	
Help Me Grow Caregiver Referral System	2018 <ul style="list-style-type: none"> ✓ Moved Help Me Grow Caregiver Referral System (\$2.7M) from DCHS to PHSKC, Office of the Director (ODIR). 	<ul style="list-style-type: none"> ✓ Program management moved to ODIR to leverage staff expertise and policy work. ✓ PHSKC’s PCH programs were a go-first strategy for Help Me Grow, connecting clients already engaged in PCH services to needed resources and referrals in CBOs.
	<ul style="list-style-type: none"> ✓ Moved \$650K per year from Help Me Grow Caregiver Referral System to Parent Child Health (PCH) programs in the Community Health Services Division (CHW). 	

Sustain the Gain: The total dollar amount expended for Sustain the Gain through June 30, 2020, is \$73.5 million. Several Sustain the Gain staff released RFPs to the community during late 2017 and early 2018.

The following examples demonstrate the intentional approach to the planning and time required for ramping up programming. All remaining dollars are allocated and committed to CBOs. Best Starts leadership communicated to CBOs and internal and external stakeholders that annual amounts in contracts may shift after December 2021. Refer to Appendix C for greater detail on strategy and program-level expenditures.

Family Engagement consists of two programs, one of which was implemented in 2018. The other was one of the last RFPs released for the levy and was only recently developed and implemented. Contracts began May 1, 2020, and include plans to expend available funds by the end of 2021. Best Starts

launched Family Engagement later to better hear and understand community partners on how Family Engagement should be designed.

Trauma Informed and Restorative Practices initially launched with mini-grants. This approach helped Best Starts grow in partnership with the community and learn lessons that led to a larger, more successful RFP with schools and CBOs.

Strategy-level Changes and Reallocation of Levy Proceeds

Best Starts made allocation changes to three Sustain the Gain program areas through June 2020, within the allowable allocations under Ordinance 18088,²⁴³ as discussed in the Best Starts Implementation Plan.²⁴⁴ Below, Table 35 outlines the decisions made and the decision-making process.

Table 35
Sustain the Gain Reallocation of Levy Proceeds Summary

Strategy Area	Change	Decision-making Process
Youth Development	2017 ✓ Youth Development (\$12.5M) RFP combined four programs: Mentoring, Leadership Development, Positive Identity Development, and Building Healthy Relationships.	✓ Through consultation with community and program staff, Best Starts understood that it was easier for CBOs to have only one program area that captured Youth Development.
Transitions to Adulthood	2017 ✓ Moved \$500K from contracts to add Peer Connectors. ²⁴⁵ 2018 ✓ Added Career Launchpad ²⁴⁶ to DCHS. 2019 ✓ Added Clear Path ²⁴⁷ to Employment in DCHS.	✓ County Council removed expenditure restriction barring this, in Ordinance 18766. ²⁴⁸ ✓ Budget Supplemental Ordinance 18766 ²⁴⁹ allocated Best Starts funding. ✓ 2019–20 Budget Ordinance 18835. ²⁵⁰

²⁴³ Ordinance 18088, Metropolitan King County Council. [\[LINK\]](#)

²⁴⁴ *Best Starts for Kids Implementation Plan* (2016), pg. 13. [\[LINK\]](#)

²⁴⁵ See pg. 80 of this report.

²⁴⁶ Ibid.

²⁴⁷ Ibid.

²⁴⁸ Ordinance 18766, Metropolitan King County Council (2018). [\[LINK\]](#)

²⁴⁹ Ibid.

²⁵⁰ Ordinance 18835, Metropolitan King County Council (2018). [\[LINK\]](#)

Strategy Area	Change	Decision-making Process
Stopping the School to Prison Pipeline	2019 ✓ Added CEDAR ²⁵¹ (Prosecuting Attorney’s Office).	✓ Budget Supplemental Ordinance 18766. ²⁵²

Communities of Opportunity (COO): COO expended \$18.9 million through June 30, 2020.

From 2017 to 2019, COO’s investment focus was in place-based and cultural community partnership, and toward institutional, systems-, and policy-change activities. The need to sequence investments and prioritize awards to CBOs in these strategy areas first meant that the Learning Community²⁵³ investments were deferred until 2019–2020. This sequencing allowed for COO to shift this funding to increase the Policy and Systems Change strategy in order to respond to the COVID-19 pandemic and the declaration of racism as a public health crisis.²⁵⁴ COO is on track to spend all remaining dollars before the end of 2021.

Strategy-level Changes and Reallocation of Levy Proceeds

Best Starts made allocation changes to COO program areas through June 2020, within the allowable allocations under Ordinance 18088,²⁵⁵ as discussed in the Best Starts Implementation Plan.²⁵⁶ Below, Table 36 outlines the decisions made and the decision-making process.

Table 36

Communities of Opportunity Reallocation of Levy Proceeds Summary

Strategy Area	Change	Decision-making Process
Communities of Opportunity	2020 ✓ COO shifted \$1.75M from Learning Community strategy to Policy and Systems’ resilience and response funding, due to the dual pandemics of COVID-19 and racism.	✓ Through consultation with staff and community, the COO Governance Group ²⁵⁷ approved the shift in funding, which leveraged \$250K from the Seattle Foundation.

Youth and Family Homelessness Prevention Initiative (YFHPI): YFHPI was a launch-first initiative for Best Starts, with \$19 million allocated out of the first year of levy revenues to fund its six-year plan. Because of community feedback, Best Starts increased funding to each of the 25 awarded community-based partners. The County Executive’s branch also increased the YFHPI budget by \$50K annually, in 2017. The additional \$2 million projected to be spent during the life of the levy were made possible by increases in property tax revenues. These increases brought the total amount from \$19 million to \$21 million over the life of the levy. This strategy is on track to spend dollars through the end of 2021.

²⁵¹ See pg. 80 of this report.

²⁵² Ordinance 18766, Metropolitan King County Council (2018). [\[LINK\]](#)

²⁵³ Best Starts for Kids blog, “Community of Opportunity Learning Communities” (2020). [\[LINK\]](#)

²⁵⁴ Resolution 20-08, Board of Health: Racism Is a Public Health Crisis (June 2020). [\[LINK\]](#)

²⁵⁵ Ordinance 18088, Metropolitan King County Council. [\[LINK\]](#)

²⁵⁶ *Best Starts for Kids Implementation Plan* (2016), pg. 13. [\[LINK\]](#)

²⁵⁷ Ordinance 18442, Metropolitan King County Council. [\[LINK\]](#)

Strategy-level Changes and Reallocation of Levy Proceeds

One change to allocations in the YFHPI strategy area occurred through June 2020. This change supported programming that allowed for more equitable staffing and for a larger number of staff to be retained. This is outlined in Table 37, below.

Table 37

Youth and Family Homelessness Prevention Initiative Reallocation of Levy Proceeds Summary

Strategy Area	Change	Decision-making Process
Youth and Family Homelessness Initiative	2017 ✓ Increased Youth and Family Homelessness Initiative contracts from \$100K to \$150K per year.	✓ Ordinance 18285 ²⁵⁸ required that awards be split 50/50 between case managers and flexible dollars to assist in preventing homelessness. Community provided feedback that it would not be possible to hire and retain staff with the current allocation, so DCHS increased the funding to adequately support case management while maintaining the mandated 50/50 split.

Evaluation: Between 2016 and June 30, 2020, \$10 million. Evaluation dollars were allocated while programming launched for strategy areas. The Best Starts data and evaluation team is a multidisciplinary group that includes master’s- and doctorate-level epidemiologists, social research scientists, demographers, and staff from Public Health–Seattle and King County, DCHS, and the King County Office of Performance, Strategy and Budget. The team is nationally known for their data analyses and evaluation expertise of large-scale community initiatives and has a strong record of using participatory approaches in designing and implementing evaluations. Together, these experts bring requisite quantitative and qualitative expertise, including the use of population and program data and systematic analysis of qualitative data. The evaluation budget pays for their time and allows for additional evaluators to be contracted through competitive processes. Best Starts had identified a need for technical assistance to support data collection of CBOs within their own organizations, and launched technical assistance more recently.

Strategy-level Changes and Reallocation of Levy Proceeds

There were no significant changes to allocations in the evaluation dollars.

REALLOCATING STAFFING UNDERSPEND TO COMMUNITY PROJECTS

After the *Best Starts for Kids Implementation Plan* and budget passed in November 2016,²⁵⁹ hiring began in January 2017. Hiring with an equity-centered approach took time; initially there were savings from staffing during 2017–2018 as new hiring took place. There was additional underspend in staffing during 2019 due to staff turnover and adjustments. These salary savings were distributed into the community,

²⁵⁸ Ordinance 18285, Metropolitan King County Council (2016). [\[LINK\]](#)

²⁵⁹ Ordinance 18088, Metropolitan King County Council (2016).

where program staff identified short-term and onetime spending opportunities in conversations between community-based partners and Best Starts staff.

For each year there was underspend, staff worked with the DCHS and PHSKC department directors to reallocate dollars into community-based programs. This section summarizes the redistribution of underspent administrative funding to onetime community projects.

2017–2018 Staffing Underspend of \$900,000 Available for Onetime Supports: Redistribution of salary savings from the 2017–2018 biennium provided additional support for the Best Starts–funded CBOs in the following ways:

- Best Starts programs disseminated information, nontoxic nap mats, and supplies to child-care centers to reduce the disproportionate impact of lead and toxics on children. This was done in partnership with the environmental lead integration team (\$300,000).
- School-based Health Centers piloted the addition of student or patient navigators to address the physical and mental health needs of children in marginalized communities. Navigators supported the development of community advisory groups to implement prevention and early intervention strategies (\$450,000).
- Capacity-building funding went to all Best Starts organizations that identified specific needs, via mini-grants that supported the organizations’ sustainability and compliance with King County requirements (\$150,000).

2019 Staffing Underspend of \$700,000 Available for Onetime Supports: Utilization of salary savings from 2019 provided additional support for Best Starts–funded communities in 2020, in the following ways:

- During the COVID-19 pandemic, Child Care Aware (CCA) and other child-care programs provided communities with basic supplies. CCA conducted a survey of provider needs, and set up procurement and delivery to sites across the state. Supplies included toilet paper, bleach, paper towels, soap, and no-touch thermometers (required for regular screening of staff and children). This funding met the needs of open child-care centers and Friend, Family and Neighbor Caregivers (\$526,000).
- Child Care Resources assisted in King County’s emergency child-care plan by identifying child-care providers who have vacancies, and matching essential personnel’s children to these vacancies. Best Starts partnered with Child Care Resources’ (CCR) to utilize the existing intake and referral systems to take calls from interested families, confirm their eligibility, and match them to an appropriate vacant slot (\$9,000).
- The Public Health Child Care Health Consultation team, which leads County-wide health consultation efforts supporting the COVID-19 response to support child care centers. Prior to this, the team supported only the City of Seattle child care centers but expanded county wide.(\$50,000).

- Best Starts distributed over 280 computer tablets and hotspots to allow for virtual home visits during the COVID-19 pandemic. These tablets and hotspots ensured home-based services can continue. King County distributed and worked with capacity builders to supply training and equipment (\$100,000).

Between November 2015 and December 2021, Best Starts will have invested more than \$387 million to promote the health and well-being of King County’s children, youth, families, and communities. Best Starts demonstrates flexibility and a focus on distributing dollars through an equity-centered approach. As Best Starts moves from laying the groundwork to delivering impact, and as onetime expenditures and pilots expire, Best Starts’ revenues and expenditures are expected to balance from year to year. D. Preliminary Measurement of Changes Experienced by Families and Communities

Overview and Context of Best Starts Evaluation and Performance Measurement Framework

Preliminary measurement for Best Starts shows that the initiative is on track. It is already demonstrating several promising outcomes in systems changes and beneficial early outcomes for families and communities. *The Best Starts for Kids Implementation Plan* underscores the importance of evaluation²⁶⁰ to ensure that the initiative is focused on achieving outcomes and to establish a comprehensive approach for all programs to track and report on their performance.²⁶¹ As detailed in the *Best Starts for Kids Evaluation and Performance Measurement Plan*, accepted by the County Council through Motion 14979²⁶² and described with more details in Appendix B of this report, Best Starts’ evaluation framework is guided by the vision that:

- Babies are born healthy and are given a strong foundation for lifelong health and well-being;
- Young people have equitable opportunities to progress through childhood safely and in good health;
- Communities offer safe, welcoming, and healthy environments.²⁶³

Best Starts Evaluation and Performance Measurement Plan uses population indicators to guide strategic decision making, and uses performance measures to quantify the activities and changes made for those directly served by Best Starts programs.

Best Starts’ implementation, measurement framework, and measurement tools center equity. Best Starts staff also evaluates how equity is being achieved based children’s and families’ experiences, as described below and in Section IV. B, “Progress of Levy Implementation.” If racial disparities are addressed and reduced, all children will have the opportunity to live up to their full potential. Addressing racial disparities is a key theme embedded within the following overarching changes

²⁶⁰ See *Best Starts for Kids Implementation Plan* (2016), pp. 97–105. [\[LINK\]](#)

²⁶¹ Please see Appendix B for an overview of Results-based Accountability and the Best Starts Measurement Framework.

²⁶² Motion 14979, Metropolitan King County Council (2017). [\[LINK\]](#)

²⁶³ See *Best Starts for Kids Implementation Plan’s* BSK Implementation – Guided by Data and Focused on Outcomes section (2016), pg. 26. [\[LINK\]](#)

experienced to date by families and communities across all Best Starts programming. These changes are:

- Children, youth, families, and communities are healthier and ready to succeed;
- Children, youth, and families in all King County communities have increased access to services and programs to support their full potential, particularly in the communities most impacted by racial disparities;
- Children, youth, families, and communities receive innovative services and programs that center community and culture in their design.
- A more confident, knowledgeable, skilled, and diverse workforce supports children, youth, families, and communities.

Research shows that it can take between four and 17 years of implementation for a health intervention to achieve expected outcomes.²⁶⁴ Best Starts is still in the beginning stages of this long-term implementation process. Guided by the science, many Best Starts programs are beginning to show early and intermediate outcomes that are expected to lead to lasting changes for children, families, and communities.

Best Starts invested in multiple programs focused on systems changes, based on the science that says that in order to reach and truly impact the most marginalized families and communities in King County, the County must shift how it works at the systems level. This investment is in accordance with Best Starts' guiding principles and Theory of Change.²⁶⁵ For implementation focused on systems changes, the length of time before measurable outcomes can be demonstrated for families and communities is even longer than the four–17 years described above.²⁶⁶ Thus, early and intermediate outcome measures, especially of changes that are intentionally advancing equity, are critical to understanding changes experienced by families and communities.

Changes Experienced by Children and Families: Key Themes across All Best Starts Programs

As requested by the County Council in Motion 15651, this report describes changes experienced by families and communities as a result of Best Starts services. It draws from established performance measures and community narrative reports to identify key cross-cutting themes across Best Starts strategies. This report includes an analysis of how both direct services and systems and policy changes contribute to changes for children and families.

²⁶⁴ Balas and Boren (2000). [\[LINK\]](#); Morris, Wooding, and Grant. [\[LINK\]](#); National Implementation Research Network. [\[LINK\]](#)

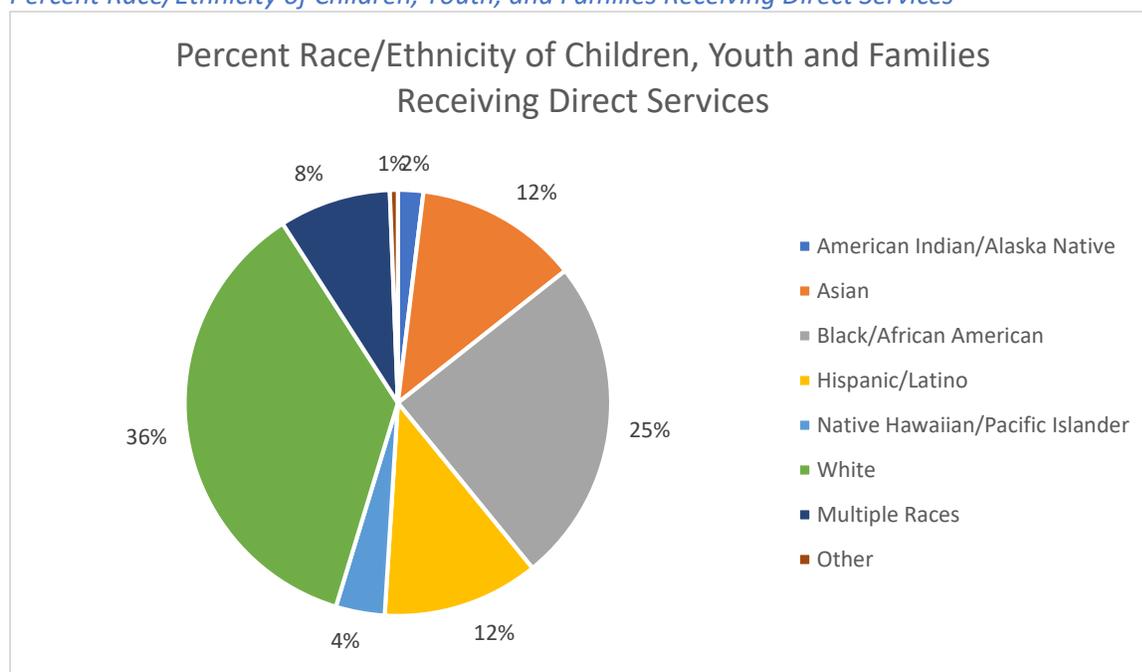
²⁶⁵ See the *Best Starts for Kids Implementation Plan* for a complete list of guiding principles, pg. 41. *Exploring Equity in Multisector Community Health Partnerships* (2018). The National Academies Press. [\[LINK\]](#); *National Partnership for Action to End Health Disparities*. U.S. Department of Health and Human Services, Office of Minority Health. [\[LINK\]](#)

²⁶⁶ *Committee on Community-based Solutions to Promote Health Equity in the United States* (2017). National Academies Press. [\[LINK\]](#)

King County residents experience significant differences in health outcomes by race and by place. Many disparities start before birth and persist, contributing to multigenerational disparities in long-term opportunity, success, and well-being. These sustained disparities impact us all.²⁶⁷ Communities of color experience disproportionate health outcomes, such as an infant mortality rate two or more times that of white infants, reduced kindergarten readiness, and lower life expectancy.²⁶⁸

By intentionally investing in communities of color, Best Starts connects children, youth, and families to services that reduce health disparities and increase access to supports for success. Across all investment and program areas, Best Starts provided direct services to over 425,000 children, youth, and parents/caregivers. As shown in Graphic 6, communities of color represent 64 percent of those benefitting from direct services. Of the children, youth, and families served, 52 percent reside in South King County zip codes. South King County contends with many of the region’s most inequitable health disparities and is home to 41 percent of the population that lives in poverty.²⁶⁹

Graphic 6
 Percent Race/Ethnicity of Children, Youth, and Families Receiving Direct Services



Best Starts is expanding access to services by partnering with communities to develop culturally relevant programs and to develop workforces to better serve community needs. These investments prepare and enhance CBOs’ ability to provide quality services, which ultimately impact the health and well-being of children, youth, and families.

²⁶⁷ *From Neurons to Neighborhoods: The Science of Early Childhood Development* (2002). The National Academies Press. [\[LINK\]](#); *National Partnership for Action to End Health Disparities*. U.S. Department of Health and Human Services, Office of Minority Health. [\[LINK\]](#)

²⁶⁸ See Best Starts populations indicators, above.

²⁶⁹ U.S. Census Bureau, American Community Survey, 2014–18. See poverty indicator. [\[LINK\]](#)

1. CHILDREN, YOUTH, FAMILIES, AND COMMUNITIES ARE HEALTHIER AND READY TO SUCCEED.

Best Starts' investments are grounded in science and research, which overwhelmingly indicate that investing in programs that focus on promotion, prevention, and early intervention will result in positive life outcomes for children, youth, and families, and the entire community as a whole.²⁷⁰ Quality experiences and healthy interactions early in a child's life have a lasting impact on development.²⁷¹ Family, school, and community environments that provide supportive, responsive relationships can prevent or reverse the impacts of adversity.²⁷² Best Starts investments have been building and implementing programs grounded in these principles.

COVID-19 will challenge the measuring of Best Starts' outcomes. For example, measuring changes in parent-child interactions commonly requires an observational tool that cannot be administered with families and CBO staff that do not have access to virtual platforms. Per their implementation timelines, many Best Starts–programs were set to gather and report on outcomes data for the year 2020. With gaps in the data, it will be more difficult to demonstrate the initiative's impacts. However, while work remains to be done to see long-term, generational impacts, many early successes demonstrate these investments are on the path to healthier communities and the greater readiness of children to succeed.

Invest Early: These programs are working to prevent disease and to support opportunities for the county's youngest residents.

- In King County, 26.5 percent of parents and caregivers with young children said it was hard to afford basics like food. For children living in households with an annual income below \$50,000,²⁷³ this increased to 50 percent or higher. Best Starts' Basic Needs–funded programs helped distribute almost 35,000 bags of healthy food for families in two years, with 80 percent of families reporting eating more fruits and vegetables.
- Perinatal Hepatitis B Prevention Program funds enhanced staffing and communication strategies among local health care providers working to prevent Hepatitis B among newborns. Between 2018 and 2019, Best Starts–funded expansion led to a 10 percent increase in the proportion of eligible infants who completed serology testing. This ensured that 100 percent of enrolled at-risk infants were not infected by this preventable disease.
- Evidence-based home-visiting programs, such as Nurse-Family Partnership, have decades of research showing that participation in their programs benefits children and their mothers.²⁷⁴ Children have fewer emergency room visits, show better cognitive and educational outcomes, are more ready for kindergarten, and experience lower rates of child abuse or neglect. Mothers

²⁷⁰ Center for the Study of Social Policy, *Strengthening Families: A Protective Factors Framework*.

²⁷¹ Heckman. [\[LINK\]](#)

²⁷² Shonkoff, Dr. Jack, Director. Center on the Developing Child, Harvard University. [\[LINK\]](#)

²⁷³ King County Best Starts for Kids Health Survey, 2017 and 2019 combined. [\[LINK\]](#)

²⁷⁴ See Executive Summary of *Home Visiting Evidence of Effectiveness Review*. September 2019; Updated December 2019. OPRE Report #2019-93. [\[LINK\]](#)

are more likely to be employed and less likely to need governmental assistance programs.²⁷⁵ Best Starts expanded multiple evidence-based home-visiting programs, and over 3,800 children have already enrolled in these multiyear programs.

One such evidence-based program, ParentChild+, funded 17 new community-specific groups, which served over 2,500 children across King County last year. Kindergarten readiness skills among participating children increased from 16 percent, at the beginning of the program, to 72 percent, after they had been in the program for two years. Such early successes are the stepping stones to ensure every child achieves their full potential. National research on ParentChild+ has demonstrated long-term impacts, such as improved school achievement test scores, higher social-emotional skills, and increased high school graduation rates.²⁷⁶

“A [mother] showed her resilient and committed spirit by remaining in the program and making most (if not all) of her prenatal appointments. She kept her visits with [the home visitor] too, and utilized the referrals and resources that she was given to better her life. She was able to save her money by using what she learned from budgeting classes offered in the community. She invested that money into improving her life and her son’s life ... She enrolled in school last year and has obtained her CNA. She is now earning more money and she continues to work full time while furthering her education and attending to her son’s needs.” (ParentChild+ home visiting staff)

Sustain the Gain: Many Sustain the Gain programs are seeing early academic successes, social-emotional improvements, and achievement of goals by youth and young adults.

- Best Starts’ School-based Partnerships strategy embraces a whole-child approach, reaching young people where they are, with in-school physical and mental health services and the promotion of social and emotional well-being. School-based Health Centers (SBHC) provide evidence-based preventive care and health services within the school building, making it easier for students to access health care. Seventy-five percent of students using SBHCs are passing all their classes, an indication that SBHCs contribute to long-term academic success. Other programs for school-age youth help change the school environment to be supportive of every student. At the end of their first school year in 2019, 78 percent of youth in Trauma-informed Restorative Practices (TIRP) reported an improved school climate and culture, and 79 percent felt more connected, valued, and/or safe. Ninety-four percent of these students improved their school attendance. These early outcomes, of improved identity development, increased social-emotional skills, and leadership-skill development, result in youth who are healthy, safe, and thriving.

These relationships and the resulting sense of community have positively impacted students’ confidence in their own abilities and self-worth... we’re starting to see shifts in student attitudes; students have become more confident and excited about the possibilities for their future after high school.” (TIRP community-based partner)

²⁷⁵ Ibid.

²⁷⁶ ParentChild+. [\[LINK\]](#)

- Out of School Time programs, serving an average of 937 students every day, support youth’s academic and social-emotional learning, as evidenced by increases in math and reading levels, and growth in social-emotional skills.
- System-level changes that support youth are taking place. The Boys and Girls Club of King County, a partner of Healthy and Safe Environments, has adopted healthy food policies and procedures to guarantee that the youth participating in their 30 club locations will be provided healthy snacks and meals. This benefits 26,000 annually served youth.
- Stopping the School to Prison Pipeline’s (SSPP) programs help young people at risk of or already engaged in the juvenile justice or criminal legal systems to build relationships and connect to resources. Eighty-four percent of those who completed SSPP’s Community Supports programs achieved their goals of increased school attendance, improved academic performance, or of applying for and getting a job.
- For youth and young adults enrolled across Transitions to Adulthood employment and education programs, 77 percent of those who completed the program stayed in school, graduated, or enrolled in higher education.

“[This program] allowed me to check out many different types of trades which allowed me to give myself a better idea of which route would be good for me. I learned trades math, I had physical training to prepare me to be fit for work ... how to prepare for an interview and how to better myself as a whole ... I had to adapt to a whole new lifestyle, waking up early[,] making sure my lunch is packed the night before work. Everyday I’m learning on the job; I give it 110 percent every day and listen to everything that’s being told to me. Honestly, I feel like I got really lucky at where I am employed at[.] It’s one of the best companys [sic] out there.” (Transitions to Adulthood participant)

Communities of Opportunity: In White Center, youth leaders of Food Empowerment Education & Sustainability Team (FEEST) conducted a pilot program at Evergreen High School in response to youth-identified barriers to accessing nutritious food. They developed a set of policy recommendations for the school district to improve nutrition for students, and provided 900 students daily access to nutritious snacks. When students had access to fresh, free fruits and vegetables, they reported positive outcomes for themselves and for the school culture and community. Seventy percent of students (332) surveyed reported an improved ability to learn. Among the most common improvements noted was an increase in energy and attentiveness. Sixty-five percent (310) reported improved moods during school. Teachers noticed a change, too: 87 percent reported a positive difference in their classroom environment, with the greatest improvements in energy, participation, and engagement.²⁷⁷

²⁷⁷ FEESTS’s Healthy Food Round Table: Results of the Snack Box Pilot Project at Evergreen High School, January 2020. Full Report: Healthy Snacks Improve Student Learning (Feb 17, 2020). [\[LINK\]](#)

“Ever since you guys brought these [showing off a crate of apples], I’ve focused more ... I’m getting better at my grades now, ‘cause of all this, right here.” (Edgar, Evergreen High School Student²⁷⁸)

Based on what they learned, FEEST developed a set of policy recommendations for the school district to improve nutrition for students, including: expanding the successful snack box program; registering the school in the Community Eligibility Program to make breakfast and lunch free for all students; and offering specific improvements to the way food is prepared in the school kitchens.

Youth and Families Homelessness Prevention Initiative (YFHPI): King County’s innovative program is working as part of a coordinated system to prevent homelessness before it occurs. Of the more than 9,200 people served by this program, nine out of 10 households did not enter the homelessness system while enrolled. Ninety-two percent of those who have exited the program did not require homelessness services in the year after exiting.

“Jim and his extended family of seven are enjoying their new home in West Seattle. With support from Tamara, his case manager with Open Doors for Multicultural Families, Jim navigated what can often feel like insurmountable barriers to finding a stable living situation. In March, Jim and his family moved into their new home.”²⁷⁹

2. CHILDREN, YOUTH, AND FAMILIES IN ALL KING COUNTY COMMUNITIES HAVE INCREASED ACCESS TO SERVICES AND PROGRAMS TO SUPPORT THEIR FULL POTENTIAL, PARTICULARLY IN THE COMMUNITIES MOST IMPACTED BY RACIAL DISPARITIES.

Best Starts–funded CBOs have provided new services or expanded existing services, by increasing their capacity and adding additional locations, to communities throughout King County, particularly to communities of color. Many CBOs have seen substantial boosts in the number of children, youth, and families who are enrolled in Best Starts programs and are benefiting from the services and new relationships.

Invest Early: Best Starts–funded Invest Early programs provided approximately 377,000 children, youth, and families with foundational supports that focus on promotion, prevention, and early intervention. Many programs are intentionally expanding services to reach communities that have historically lacked access to health and early learning services.

“We have expanded our program capacity to reach new early childhood education providers in Burien, Sea-Tac, Tukwila, and the Southcenter/Orillia neighborhood. We chose these areas because they are typically underserved communities, and consultation services in those areas have not been readily available.” (Child Care Health Consultation partner)

The following programs have seen greater numbers:

²⁷⁸ FEEST HFRT Snack Box Pilot Project. [\[LINK\]](#)

²⁷⁹ Best Starts for Kids Annual Report (2019). Link forthcoming.

- Basic Needs programs: In 2018, 16,700 children accessed healthy food and supplies, such as diapers, clothes, and car seats. By 2019, over 30,500 children were served, an 83 percent increase between 2018 and 2019.
- Through Best Starts' Early Support for Infants and Toddlers (ESIT) strategy, 44 percent more children received early intervention and support for developmental delays between 2015 and 2019. Over the four-year period that ESIT organizations received Best Starts funding, they served over 10,760 children and families.
- Best Starts expanded Kaleidoscope Play and Learn groups by 31 percent since 2018, bringing 13,739 families together in culturally appropriate groups to support their children's healthy growth and development in 2019.

Sustain the Gain: These programs served approximately 40,000 youth by providing them with programs that support social-emotional development, health, academics, and employability. Best Starts enabled many of these programs to hire new staff, partner with other organizations, and to expand their programming and their service locations to reach more youth in communities of color, rural communities, as well as LGBTQ youth and youth with disabilities.

Many partners have added new program components to enhance access. For example:

“Our services have expanded in several ways ... We added Friday activities in order to better meet client needs throughout the week. We also expanded our partnership with [a local health clinic] to include a weekly morning medical clinic in addition to the regular night clinic. Lastly, we also expanded availability of case managers who are cross trained in diversion and housing navigation ... These increases in service availability work to eliminate as many barriers as possible so that our youth have the tools and support they need to set and meet their goals.”
(Youth Development Partner)

Opportunities like these enabled many Sustain the Gain programs to grow their enrollment between 2018 and 2019, and provide services to more youth and young adults:

- Stopping the School to Prison Pipeline programs increased the number of participating youth by 81 percent, and connected over 1,400 youth and young adults to guidance and resources in their communities.
- School-based Health Center visits increased by 15 percent, providing more youth and young adults with physical and mental health services.
- Transitions to Adulthood education programs increased enrollment by 71 percent; more than 500 youth received support to stay in school, graduate, or attend higher education.
- Fifty-one percent more young people are participating in Youth Development programs, with over 7,700 youth participating in programs that support leadership skills, identity development, and healthy relationships.

Communities of Opportunity: COO’s partner, the Seattle Urban Native Nonprofits (SUNN) collective, is a 14-member leadership roundtable of grassroots and nonprofit health and human services organizations that serves the Native community. COO’s support enabled them to hold a continuous, sacred space together to discuss issues facing the Native community. As a result, SUNN has developed an Indigenous Framework for Policy and Systems Change that will improve outcomes for Native people in King County. This includes strengthening and enhancing the inherent skills of the SUNN member groups; developing a dedicated, motivated, and empowered base of community advocates; and fostering long-term sustainability and collective vision.

“The SUNN is an opportunity for the Native community to come together in greater collaboration and partnership. Seattle is a Native city and through SUNN, we hope to offer leadership and guidance for our region as it changes and expands. Native collaboration and focused leadership for our community will mean better outcomes for Native people and a better region for all.”²⁸⁰

Youth and Families Homelessness Prevention Initiative: The YFHPI specially addresses inequities experienced by people of color, who are disproportionately at a higher risk of experiencing homelessness.²⁸¹ The initiative has grown to serve more than 9,200 people since it launched in 2019, with 77 percent of the households served being people of color.

3. CHILDREN, YOUTH, FAMILIES, AND COMMUNITIES RECEIVE INNOVATIVE SERVICES AND PROGRAMS THAT CENTER COMMUNITY AND CULTURE IN THEIR DESIGN.

Many existing programs, curricula, and tools for children, youth, and families are embedded in white, U.S.-born cultural norms, values, and practices. Often, they have not been adapted and may not be appropriate for communities of color, refugee and immigrant communities, and/or LGBTQ communities. In multiple program areas, Best Starts invested in innovative, culturally responsive adaptation and/or community-designed approaches to programs, curricula, and tools, to make them more accessible and impactful. As a result of brainstorming with King County’s local communities and cultures, Best Starts was able to reach communities that often do not receive recommended services.

Invest Early: Developmental screening uses standard tools to assess children’s developmental progress. While recommended for universal use, only 23 percent of King County children received these screenings in 2017. Because these tools often include elements that are not meaningful or relevant in specific cultural communities, many refugee and immigrant families do not benefit from screening and miss the chance to identify developmental delays in their children. Therefore, Best Starts partnered with CBOs to adapt and implement culturally meaningful screening tools. Nine developmental screening pilot projects served children, families, and providers from 48 different racial/ethnic backgrounds. The screens were offered in 39 different languages. Eighty-eight percent of families who participated in the pilot received the referral to the developmental supports they needed. Ninety-seven percent of participants indicated that the final translation/adaptation was culturally meaningful.

²⁸⁰ COO Profile Report. [\[LINK\]](#)

²⁸¹ *Count Us In: Seattle/King County Point-in-Time Count of Individuals Experiencing Homelessness* (2020). [\[LINK\]](#)

“[Our program] has six screeners that speak eight different languages. These languages cover a large portion of the most commonly spoken African languages, as well as [for Afghani] communities. Due to varieties of the spoken languages within the African communities, together we have been able to break barriers that many organizations have in serving our communities. We have found that families and communities trust screeners who speak their same languages and come from their same countries of origin, with their personal information. [It] has been very sensitive to build this trust, as many of our communities still experience a lot of stigma around developmental disabilities or any type of perceived differences amongst children.”
(Developmental Screening partner)

This trust means that very young children are gaining needed early intervention services sooner, as more severe outcomes can be prevented when intervention starts at a younger age.

Best Starts has specifically invested in innovative, community-led programming. For example, Best Starts’ Innovation Fund supports 13 community-based partners by putting their ideas into practice through pilot projects. From a collaborative midwifery care model to an intergenerational approach to yoga, storytelling, and cultural navigation, these ideas rethink how communities can support families and caregivers with young children.

In another example, ten new community-led and community-designed home-visiting programs help families navigate the changes that come with a new baby, and provide services that help a family nurture their child.

“We have worked to expand the traditional thinking [of our culture] by stressing the importance of early brain development. We have introduced parents to learning ways to play and interact with their children to promote the children’s development and help prepare the children with the social and emotional skills they will need to succeed in kindergarten.” (Community-designed home-based partner)

“It’s so real! I really appreciate how Somali culture is wrapped up in all of it.” (Home-visiting partner)

Sustain the Gain: Innovative, community-led programs are critical supports to children as they enter school and grow into young adults. These programs build identity, empower youth, and provide safe, healthy spaces for them to connect with peers and supportive adults in and out of school. Sustain the Gain’s Healthy and Safe Environments investments in the Urban Native Education Alliance’s Clear Sky youth empowerment program provide intergenerational opportunities for Native youth and families to strengthen their Native identity. Their work was critical to having Licton Springs designated as the first landmark site honoring the Indigenous people of the Seattle area.²⁸² Youth Development partner API Chaya’s program centers youth voice and culture by including them in program planning.

“One major success from our program ... is the leadership and agency of our youth participants as they engaged their communities. From planning intergenerational community spaces to

²⁸² Best Starts for Kids blog. “Partner Highlight: Urban Native Education Alliance.” [\[LINK\]](#)

facilitating a wide variety of for-youth[,] by-youth spaces, the young people working with us are taking leadership in their community ... This huge success around agency was made possible by the healing, trust-building, interdependence-building work.” (Youth Development partner API Chaya)

As part of Youth Development, the Trail Coffee House, in North Bend, is creating safe spaces for youth through their barista-training and mentoring programs, in response to community-identified need.²⁸³

“This is just what young people in North Bend needed: a safe, healthy place. When you come here, you can expect to be treated well. Oh, and it’s fun.” (Former Two Rivers High School student)

TIRP works with schools, school districts, and CBOs to implement innovative, community-centered solutions, with an emphasis on racial equity. In TIRP’s school strategy, the community has focused on creating welcoming environments that allow students to bring their whole selves to the classroom: their unique strengths, social and emotional needs, and lived experiences.

“I think a big piece is students taking ownership for school culture and generating ideas and solutions for an environment that’s welcoming and inspiring and safe, and where we all feel appreciated. For example, the kindergarten scholars noticed that recess is a time when there can be peer conflicts, so they had a class meeting and generated solutions, and wrote me a letter.” (School staff speaking about TIRP)

“The middle school came alive with possibilities, opportunities, and self-awareness.” (Parent feedback on TIRP)

Communities of Opportunity: Displacement of low-income communities and communities of color throughout King County is a concern that COO addresses by funding community-based partners that prioritize finding community-centered, anti-displacement solutions at the household and community levels. Several have been successful in advancing innovative policy and systems solutions to ensure that BIPOC communities and low-income families can remain in King County:

- The Church Council of Greater Seattle successfully organized with the community for adoption of housing policies to protect renters in Burien. It hosted research sessions, where community members identified policy solutions necessary to address their local housing challenges. In 2019, Burien became the second city in King County to adopt Just Cause Eviction tenant protections.²⁸⁴
- As part of a comprehensive, community-driven, anti-displacement agenda, Crescent Collaborative developed a model “community preference policy” that would allow low-income people priority access to affordable housing in the neighborhoods of their historical and cultural

²⁸³ Best Starts for Kids blog. “This Is Just What Young People in North Bend Needed: Celebrating the Trail Youth Coffee House.” [\[LINK\]](#)

²⁸⁴ Ager, Joey. The Church Council of Greater Seattle. “Community-led Renter Policies Pass in Burien!” (2019). [\[LINK\]](#);

roots while also meeting fair housing requirements. The City of Seattle has embraced the concept and is exploring expanding the approach to other historically significant Seattle neighborhoods at risk of gentrification. The first building to open, with a community preference, reserved half of its 74 affordable units for people with long-standing ties to the neighborhood. One of the new residents, long-time Central District resident Luther Mitchell-Walker, said in a recent *Seattle Times* article,

*"I've been through so many ups and downs. I never thought I would have an apartment here. It's like a dream come true."*²⁸⁵

Youth and Families Homelessness Prevention Initiative: The YFHPI is part of an innovative randomized control trial that compares the effectiveness of providing case management and flexible funds versus financial assistance alone in preventing homelessness and achieving housing stability. This study is one of the first to explore homelessness prevention with a sample of individuals who are at imminent risk of homelessness. The results of this study, which will be available in late 2021, will inform decisions on how to design homelessness prevention efforts in King County.

4. A MORE CONFIDENT, KNOWLEDGEABLE, SKILLED, AND DIVERSE WORKFORCE SUPPORTS CHILDREN, YOUTH, FAMILIES, AND COMMUNITIES.

Best Starts has provided its CBOs with shared learning opportunities to deepen knowledge and skills in their service areas. Best Starts also offers capacity building support to help them develop infrastructure that would improve the quality of services and the means to hire a workforce that reflects their communities. In turn, this growing workforce is increasingly able to provide culturally competent, efficient, and effective services. All this results in a better-supported community.²⁸⁶

Invest Early: Knowledge and skill building are foundational to providing equitable services that support the growth and development of children and families. Providers are able to apply the most current practices and approaches to their work. Best Starts' Early Learning strategies supported 17,000 health care providers, child-care providers, other caregivers, community health workers, and others, with improved training and skills. This has supported healthy outcomes for over 70,000 children, many in communities of color. Examples include:

- One hundred and eighty-three doulas, home visitors, and others increased their skills around developmental screening tools. Eighty-eight percent of those who trained reported that their confidence in their ability to discuss a developmental concern with a family has increased.
- Best Starts engaged 460 early learning providers in reflective consultation, which offers skills and tools focused on providing the best service to families who face adversity.

²⁸⁵ Beekman, D. "This Project Is Trying to Reverse Gentrification by Bringing People Back to Seattle's Central District." *The Seattle Times* (2020). [\[LINK\]](#)

²⁸⁶ Calzada, E., & Suarez-Balcazar, Y. *Enhancing Cultural Competence in Social Service Agencies: A Promising Approach to Serving Diverse Children and Families*. Health and Human Services, Office of Planning, Research, and Evaluation (2014). De Vita, C. J., Fleming, C., Twombly E. C. "Building Capacity in Nonprofit Organizations: A Framework for Addressing the Problem." The Urban Institute (2001). [\[LINK\]](#)

“[Our] staff is participating in Reflective Supervision-structured support groups from trained facilitators over the past several months. Through this effort, staff have gained skills and tools to provide the best possible services to our families who face significant challenges and hardships... Reflective Supervision supports... direct-service staff to assess their thoughts, feelings, and values within a service encounter to better support the children and families we serve. This includes understanding implicit bias and how that influences service encounters and access to services.” (ESIT provider)

With Best Starts’ emphasis, CBOs delivering Invest Early programming have also expanded their workforce to be more representative of the communities they serve. This helps build meaningful relationships and trust, and increases program effectiveness.²⁸⁷

“Although we have a great deal of work to do in terms of the staff representing the population we serve, we have made significant progress in diversifying staff. Currently just under 20 percent of our staff identifies as non-white racially, which is up from less than 8 percent during the 2015-16 school year. We attribute this to changing our hiring practices, recruitment, interview and selection criteria, and expanding the types of positions offered to include more part-time and hourly positions. This school year we have hired four current and former ... [participant] family members.” (ESIT Provider)

- Best Starts funded 17 new ParentChild+ programs and expanded with new languages and new cultural communities. Eighty-four percent of ParentChild+ program coaches share the same native language, culture, and values as the families they work with, so that together they can support early learning successes for children.

“It’s actually very important for this program to have a home visitor from the same culture. We’re visiting people in their own home so we have to know about their traditions and values. It builds trust. [Our coordinator] recognized that her families observed Ramadan and fasted. She knew to take her shoes off before entering families’ homes. Plus, she appreciated that when families offered tea or treats, you accept. It’s considered highly offensive in Iraqi culture to refuse refreshments.”²⁸⁸ (ParentChild+ provider)

“We were able to hire a bilingual coordinator. We are now able to serve this population of providers more efficiently, and more importantly build more meaningful relationships with them. They have access to and can utilize the language they feel comfortable in to communicate with us, and we are able to provide both written and verbal materials to them in order to support their process.” (Workforce Development partner)

²⁸⁷ Calzada, E., & Suarez-Balcazar, Y. *Enhancing Cultural Competence in Social Service Agencies: A Promising Approach to Serving Diverse Children and Families*. Health and Human Services, Office of Planning, Research, and Evaluation (2014). [\[LINK\]](#)

²⁸⁸ Best Starts for Kids blog. “Culturally Relevant Home Visitors: Parent-Child Home Program Stories” (2019). [\[LINK\]](#)

Sustain the Gain: These programs are building capacity, within their workforce and with partners, to build healthy and safe environments for youth and young adults. Over 7,000 people participated in training and development opportunities to expand their knowledge and skills to promote well-being in youth. This ultimately benefited over 194,000 people. For example:

- The School-based: Screening Brief Intervention, and Referral to Treatment/Services (SB:SBIRT) program worked with staff who support middle school students. After attending learning collaboratives, 71 percent of counselors indicated that their knowledge of the SB:SBIRT competencies had improved. This ensures they have the tools and skills they need to support youth mental health.
- TIRP programs partnered with schools and CBOs to address systemic trauma and structural racism in the school system. This has resulted in 78 percent of youth reporting improved school climate and culture, and 79 percent reporting that they feel more connected, valued, and/or safe.

“We have been successful in building close ties with the staff and administration at [school] and therefore have been able to support in making some progress towards systems change this year. We held an all-staff training/conversation that facilitated the school in adopting a new support plan and discipline system. We have also heard from multiple staff members that they feel like the environment has shifted dramatically this year. This has certainly been a product of a lot of practices the school has been delving into, but the consistency of restorative practices and community building, we think, is starting to have a larger system-wide effect.” (TIRP community-based partner)

- Over 35 Sustain the Gain programs intentionally hired new staff in 2019, many of whom demographically reflect the youth they are serving.

“We have hired two [staff] to respond to an increase in referrals. The people that we hire are advocates in the juvenile and adult courts, [who help] young people stay out of the same prison industrial complex that staff themselves have been impacted by. Many of our staff normally would not be able to make a decent living wage, let alone work in this field, due to their criminal history and the trauma they’ve lived through. But we know and prioritize the fact that those closest to the problem are closest to solutions.” (Stopping the School to Prison Pipeline partner)

“As a young Eritrean American woman, [our new staff member] speaks one of the top languages in the neighborhood we serve. Because of her language skills and cultural connection, she has been able to quickly establish connections with the program youth and their families. With her presence and support, we are better serving our clients and forming deeper, and more intentional connections with our community.” (Youth Development partner)

Communities of Opportunity: COO partnerships help communities and families build skills by offering programs on entrepreneurship, such as Global-to-Local’s Food Innovation Network (FIN). FIN brings CBOs, educational institutions, local government, and community members together in SeaTac/Tukwila to address racial inequities in the food system. FIN’s Food Business Incubator pilot helped launch 12

businesses through 2019. FIN is now working to expand capacity at Spice Bridge at Tukwila Village, a new food hall opening in September 2020, which accommodates 20 food businesses with an affordable commercial kitchen, five food retail stalls, and a community dining area. This commercial kitchen allows entrepreneurs to prepare packaged foods, or food for catering and for farmers markets. The program has also helped entrepreneurs navigate the rapidly changing business climate, with small-business support and meal pick-up and delivery programs.

“What the Incubator program does for immigrant women is life-changing. I joined the program when my second baby was three months old. I was at a crossroads, not knowing if I wanted to rebuild my business or get a ‘real job.’ But FIN stepped in and gave me a platform to experiment and grow my brand at a very minimal cost to me. I speak for everyone when I say FIN has been a turning point for us all.”²⁸⁹

Youth and Families Homelessness Prevention Initiative: Learning circles and technical assistance allow CBOs to empower themselves and build knowledge and skills around quality service delivery. YFHPI sponsors monthly learning circles for providers to learn about communities that are disproportionately impacted by homelessness, and to offer support to one another. YFHPI community-based partners indicate that the learning circles and technical assistance have been foundational in building their capacity.

“The learning circles have helped me learn, grow, and expand my knowledge to provide better services to our clients.” (YFHPI provider)

“The value of this monthly learning circle is the best thing in this field. It’s best thing because you can learn new things and how to do case management efficiently.” (YFHPI provider)

YFHPI has also funded 25 case managers who demographically reflect communities disproportionately impacted by homelessness. This allows clients to identify with their case manager and more effectively navigate cultural and language barriers.

“I am from Congo. I lived in Nigeria as a refugee before I moved to the United States with my two children in November 2013. The life in America is not easy; you must be able to fight for yourself to become stable. ... I struggled to pay rent even though I was working. As a single mom with two kids in school, all of the bills fell to me.... I borrowed money and wasn’t able to pay it back. I got notices to leave my apartment if I couldn’t pay all of the rent I owed. I was scared and felt so alone. A friend told me about Mother Africa. From the first time, they were always so helpful and friendly to me. They understand me coming from my country, and they have people there that speak my first language (French). I was helped to secure my accommodation where I currently live. They helped me to pay past-due rent and then work on ways to get stabilized. I was helped with going to driving school and getting a license. Mother Africa also helped me find my current job, which pays more and is close to home. This month I celebrate a year anniversary at my job!” (Youth and Family Homelessness Prevention Initiative Client)

²⁸⁹ Food Innovation Network: A Program of Global to Local, 2019 Year in Review. [\[LINK\]](#)

Conclusion

Best Starts invests in children, youth, families, and communities by reducing impacts of inequities, increasing positive outcomes, and strengthening protective factors. While it is too early to see long-term impacts, Best Starts investments are already demonstrating that King County is on the path to healthier communities. Best Starts investments are expanding access to evidence-based, community-designed, innovative programs, and are helping build a diverse and knowledgeable workforce that reflects the community.

D. Impact of Investments in Advancing Equity and Social Justice

Equity is the guiding force of all Best Starts for Kids' work. From the beginning, the initiative recognized the power and resilience that marginalized communities hold, and considered how King County could support the dreams they have for their children, youth, and families. This meant actively partnering with communities each step of the way, from conceptualizing the vision and programs of Best Starts to equipping funded organizations with the tools to succeed. However, this was only one piece of the puzzle. In order to truly achieve results, Best Starts needed to work on multiple fronts: promoting policy and system change, shifting internal county processes, and supporting community ownership of their data and stories.

Best Starts promoted changes in policies and systems that reside beyond the initiative but nevertheless deeply affect the communities it serves, such as the racial inequities in maternal and infant health outcomes and the lack of quality, affordable childcare for working families. The COVID-19 pandemic has thrown into sharp relief these longstanding inequities, in particular, how racism plagues every facet of life for Black and Indigenous people and other people of color. As if the disproportionate rates of COVID-related morbidity and mortality were not enough, Black people are leading a social uprising to demand changes in the systems designed to oppress Black, Indigenous, and communities of color. Best Starts community partners and staff are instrumental in helping King County shape its response to these emerging issues.

Policy and systems change cannot be effective without internal change in how a system operates and interacts with the communities it serves. Best Starts sought to transform the way the county did business, starting with hiring people from communities, with lived experiences as people of color or as funding recipients, into leadership positions. These staff considered all aspects of how community-based organizations experience the county, honing in on bureaucratic details to promote changes that better served CBOs.

Finally, Best Starts worked closely with communities on all stages of data and evaluation. Communities have long called for greater ownership over evaluation, including what data to collect and how to measure success. Data, after all, tells their story: their needs, their challenges, and their achievements. The Best Starts evaluation team used community-based participatory methods, frequently engaging community members to gather and interpret information about the impact of their programs.

Below is a summary of how Best Starts advanced equity in the following areas:

- Community-led programming;
- Policy and systems change;
- County infrastructure; and
- Community-led data interpretation and evaluation;

Community-led Programming

The people of King County experience significant race- and place-based disparities in health outcomes that begin at birth and persist through one's life, resulting in disparities that compound across

generations. While Best Starts intentionally invests in communities of color to eliminate those disparities, it is the communities themselves that articulate what their needs are and determine how to best serve their people.

COMMUNITY-DESIGNED SERVICES AND APPROACHES

While all Best Starts' programs exist due to community input, the initiative funded and provided capacity building for unique programs that CBOs themselves designed. For example, Best Starts made Washington State's first significant investment in home-based programs that CBOs created to serve their individual community. CBOs relied on their understanding of their community's experiences, strengths, and culture to shape a service model that served them well.

Another program, Trauma Informed and Restorative Practices (TIRP), demonstrated how the County and awardees could equitably share power. TIRP formed a steering committee with decision-making authority that included CBO staff, Best Starts staff, parents, educators, young people, and other community members. The steering committee led the collective creation of the TIRP mission and vision statement, theory of change, and evaluation questions to guide their work.

COMMUNITY LANGUAGE LIAISONS

Recognizing that a language barrier isolates some communities in King County, Best Starts began a Language Community Liaison Pilot Program in 2018, where a trusted, community member partnered with Best Starts on three primary goals:

- Develop effective messaging for specific language communities;
- Identify appropriate communications channels for language communities;
- Engage communities through existing, trusted relationships.

The language liaisons were instrumental in supporting the Best Starts data, where community members helped interpret data that the County had collected. They also helped explain the work of Best Starts to new audiences. For example, for the 2018 Cambodian New Year celebration, the Language Community Liaison from the Khmer/Cambodian community created an audio recording that allowed event attendees to hear a brief "What is Best Starts for Kids?" introduction in Khmer.

REFLECTIVE CONSULTATION

A crucial element of supporting program work is supporting the workers who provide the services to children, youth, and families. Many of the fields they work in are traditionally low paying with high staff turnover. Staff often experience secondary trauma when working with clients who are processing their own trauma, and because Best Starts-funded programs hire from the communities they serve, these workers themselves are victims of racism and trauma.

Best Starts utilized a model called reflective consultation to help workers provide feedback and mutual support to one another and strengthen their practice. Best Starts funded professionally trained

reflective consultants to facilitate groups of workers in prenatal-to-5 programs so they could jointly navigate the stressors and challenges of their work and offer professional advice and emotional encouragement to one another.

Policy and Systems Change

In Motion 15651, King County calls for “changing systems and policies of racial and other forms of oppression.”²⁹⁰ Best Starts’ efforts in this arena have targeted well-known, deeply entrenched inequities in society. The initiative collaborated with PHSKC to improve maternal and infant health outcomes, where stark racial disparities appear. Another effort expanded working families’ access to quality childcare, a need that became especially urgent during the COVID-19 pandemic. Most recently, in response to the COVID-19 pandemic and social uprising against police brutality, Best Starts worked with county partners to issue a County declaration of racism as a public health crisis.²⁹¹

PARENT-CHILD HEALTH (PCH) SERVICES REDESIGN

As described on page 62 of this report, PHSKC is completing an overhaul of its Parent and Child Health (PCH) services,²⁹² which support families through education and counseling to have healthy pregnancies and positive parental and infant health outcomes. The primary goal of this redesign is to combat persistent health disparities by expanding access to existing services and utilizing a community-led process to create a new program for communities with the greatest disparities: Black/African American (U.S. born), Asian Pacific Islander, and Native/Indigenous people.

For existing programs, Best Starts and other PHSKC partners considered the barriers families face in utilizing services and redesigned them to meet families where they are. PCH programs will emphasize field rather than office visits, expand hours to include evenings and weekends, and feature a flexible scheduling model allowing clients to schedule same-day or next-day visits.²⁹³ The new program, called Family Ways, uses a peer support model to provide families pregnancy and parenting support, resource navigation, and connections to community networks and supports.²⁹⁴

CHILD CARE POLICY WORK

The Children and Families Strategy Task Force launched in 2019 to explore strategies to make high-quality child care more affordable and accessible in King County.²⁹⁵ Best Starts and the Children, Youth, and Young Adults Division in DCHS convened a diverse group of families, licensed child care providers,

²⁹⁰ Motion subsection A.1.e

²⁹¹ King County announcement of racism as a public health crisis (2020). [\[LINK\]](#)

²⁹² PCH services include Maternal Support Services (MSS), Infant Case Management (ICM), and the nutrition program, Women Children and Infants (WIC).

²⁹³ The new service delivery model will be implemented throughout 2020 and the 2021-22 biennium.

²⁹⁴ Family Ways will begin taking new clients in Q4 2020 or Q1 2021.

²⁹⁵ The King County Council passed Motion 15521[1] in September of 2019 establishing the Children and Families Strategy Task Force. Motion 15521, Metropolitan King County Council (2019). [\[LINK\]](#)

informal caregivers, and systems specialists to develop recommendations to the Executive and the Council.

Racial equity served as the foundation for the task force’s analysis, which encompassed the dearth of affordable child care options for low-income families and the near-poverty salaries of child care workers, who are overwhelmingly women and people of color. The Children and Families Strategy Task Force will recommend 20 strategies to address regional child care access and affordability challenges, and work toward a thriving and equitable child care and early learning system.²⁹⁶ Best Start partners in this work as it is foundational to supporting children and families.

RACISM AS A PUBLIC HEALTH CRISIS

Best Starts has been integral in the formation of the County’s declaration of racism as a public health crisis in June 2020.²⁹⁷ The statement recognizes that the disparate health impacts of COVID-19 are due to the concurrent crisis of racism. It recognizes the urgency of the County to implement a racially equitable response and to drive resources to where they are needed most, as indicated by community members.²⁹⁸ As County leaders look at different funding approaches to support other community agencies in the fight against racism and in the efforts to increase opportunities for people of color throughout King County, Best Starts remains a close partner in the work.

County Infrastructure

As a new initiative housed in two large departments in the County government structure, Best Starts was well-positioned to not only align practices across departments but to embed equity in the County’s traditional ways of work.

HIRING

Recognizing the need to hire people from the communities it aimed to serve, Best Starts designed a hiring process to better attract Black, indigenous, and other people of color (BIPOC) as applicants. The initiative developed job descriptions and candidate evaluation tools that identified applicants with deep knowledge of equity and social justice principles and practices, including the effects of place-, race-, and systems-based inequities on marginalized communities and populations. Interviewers evaluated candidates on their understanding of systemic racism and their experiences in putting equity principles to practice in their work. The interview panels themselves consisted of people from diverse racial and cultural backgrounds, including community members.

²⁹⁶ The Children and Families Strategy Task Force’s recommendations are due on September 30, 2020.

²⁹⁷ King County announcement of racism as a public health crisis (2020). [\[LINK\]](#)

²⁹⁸ *Public Health Insider* (2020). “Racism Is a Public Health Crisis.” [\[LINK\]](#)

ENHANCING THE PROCUREMENT PROCESS

During Best Starts' community engagement,²⁹⁹ CBOs frequently commented that King County's procurement processes were inaccessible and onerous. In response, Best Starts established the following protocols for its RFP process:

- Developed a standard template across all Best Starts RFPs
 - Required the use of plain language rather than jargon in its RFPs
 - Divulged the rating criteria for applications to promote transparency
 - Assigned more value in rating criteria for authentic reflection of and relationship with communities served
 - Valued community-driven data and stories equally as traditional data sources
- Provided adequate time for solicitation (no fewer than six weeks)
- Advertised opportunities in communities and via webinars and Best Starts' blog
- Provided free, culturally responsive technical assistance for all applicants to support their proposal development and submission³⁰⁰
- Instituted a mandatory bias-awareness training for all proposal reviewers for each review process. Other County divisions and initiatives have incorporated this practice in their RFP review process.

These changes resulted in a larger, more diverse pool of applicants for Best Starts funding. Many had never previously applied to the County for funding.³⁰¹

CREATING CONTRACTS THAT PAY FOR THE WORK

Historically, CBOs, specifically smaller organizations or volunteer work done in community, are not adequately funded (if funded at all). Best Starts strived to fund organizations at the level required to ensure better outcomes to those being served in the community. This has resulted in organizations receiving larger contracts to cover actual cost of programming, and some organizational operation. Best Starts partners work with County finance and contracting teams to continue to refine the processes to ensure that smaller CBOs get paid for the cost of services rendered.

INCREASED COORDINATION OF SYSTEMS SUPPORTS ACROSS DEPARTMENTS AND DIVISIONS

Best Starts helped break down administrative and programmatic silos across two departments, resulting in greater efficiencies and fewer barriers for community-based organizations.

²⁹⁹ See pg. 33 for further discussion of Best Starts' community engagement.

³⁰⁰ See pg. 140 for deeper discussion of Technical Assistance.

³⁰¹ Technical Assistance Evaluation report (2019), currently unpublished and can be furnished upon request. Blog post on the survey can be found here. [\[LINK\]](#)

- For its program and financial site visits to awarded CBOs,³⁰² county monitoring teams from each department coordinated to create shared monitoring tools and a centralized location for storing information about site visit findings.
- Best Starts has made significant progress in bringing departments together to standardize contract content and requirements.

Data and Evaluation

As with all other aspects of its work, Best Starts saw data and evaluation as an area for full partnership with communities. The initiative included communities in an effort to understand the state of well-being in the County’s families, to accurately interpret the information they shared, and define what success looked like for programs.

BEST STARTS FOR KIDS HEALTH SURVEY

To address a significant lack in data on young children in the County, the Best Starts for Kids Health Survey (BSKHS) asked families questions about the health, well-being, strengths, and needs of young children and their caregivers. To capture as many communities as possible, the survey was available in six languages (Chinese, English, Russian, Somali, Spanish, and Vietnamese). From September 2016 to January 2017, nearly 6,000 King County participated.

DATA DIVES

Families and service providers from nine communities attended data dives, in which participants “dive into the data” to interpret Best Starts for Kids Health Survey (BSKHS) results of respondents from the same cultural identity. Participants included parents (biological, adoptive, or guardians), caregivers, aunts, uncles, grandparents, and children who specifically identified as: Black/African American, American Indian/Alaska Native (AI/AN), Chinese American, Latinx, Lesbian, Gay, Bisexual, Trans, Queer, and Two Spirit (LGBTQ2S), Samoan, Somali American, and Vietnamese American.

PERFORMANCE MEASUREMENT AND EVALUATION PLANS

The Best Starts evaluation team worked with each funded CBO to create individual performance measurement and evaluation plans that made sense for the proposed program. The team also offered technical assistance to support organizations that needed more help with data collection and data analysis methods and techniques.

Conclusion

Since its inception, Best Starts for Kids strove to incorporate equity into every aspect of its development and implementation. While communities have benefited from new funding and saw greater efficiencies and ease in their experiences with the County, much work remains. Communities continue to confront systemic racism and other inequities the global pandemic has exacerbated, and the most recent social uprising has once again highlighted. Best Starts seeks to continue supporting families amid these

³⁰² *Best Starts for Kids Implementation Plan* (2016), pg. 13. [\[LINK\]](#)

turbulent times, responding to their changing needs, and undergirding their strengths to achieve community-wide health and well-being.

E. An Analysis of Levy Proceeds Used to Fund Technical Assistance and Capacity Building

Capacity-building and technical assistance (TA) programming within Best Starts is truly innovative for a public initiative. It exists because of the foresight of the King County Council, which added the dedicated funding to the Best Starts Implementation Plan and budget. Through surveys, listening sessions, and other forms of feedback, Best Starts learned that these additional supports for community-based organizations (CBOs) is one of the most praised parts of Best Starts. Increasing their confidence to apply for public funding and strengthening the organizations themselves will be one of the lasting impacts of Best Starts.

“[Best Starts] is miles ahead of a lot of institutions and organizations that are doing this work, [by] including the TA to apply for the funding. From the TA to the funding to the support [Best Starts] offers its partners now.” (Best Starts partner who received TA)

“The technical assistance offered by Best Starts has allowed us to start planning an audit of our curricula’s culturally responsive components. This work will enhance our programs and ensure the students and families we work with are truly leading and being reflected by and engaged in our work. This will contribute to changing systems and environments, at the grass-roots level, to take into account racial equity and social justice.” (Best Starts partner who received TA)

*Technical Assistance (TA)*³⁰³

One of Best Starts for Kids’ goals³⁰⁴ is to reach organizations that serve, and are led by, their own communities. Organizations that fit this description are most likely to know their communities best and therefore be able to design programs that will have positive impacts on their communities’ children, youth, and families. Best Starts recognizes that many organizations, and the communities they serve, have historically experienced barriers to accessing funding opportunities from government agencies such as King County. To address this, Best Starts provided free TA³⁰⁵ to remove linguistic, cultural, and procedural barriers.

Six TA providers serve Best Starts’ applicant organizations. They represent a wide range of skills, expertise, and language abilities. These providers help applicants determine if their programs are an appropriate fit for RFPs; help applicants navigate the proposal process, review drafts, refine budgets, and support them in authentically sharing their own stories of success and impact.

³⁰³ Technical assistance, in this instance, refers to support from county contractors to complete the Request for Application Process for Best Starts funds. Community members requested this type of assistance during the community feedback process while Best Starts developed its Implementation Plan.

³⁰⁴ *Best Starts for Kids Implementation Plan* (2016). [\[LINK\]](#)

³⁰⁵ Best Starts for Kids blog. [\[LINK\]](#)

Table 38

Technical Assistance Program Summary

	Implementation Stage	Total Amount Contracted	# of Partners Selected	# Served
Technical Assistance	Delivering impact	\$774,103	6	250 organizations / 4,100 hours

Selected Successes: In 2019, a master’s candidate from the University of Washington Community-oriented Public Health Practice, as a part of her internship, conducted an evaluation of Best Starts’ TA support.³⁰⁶ A series of surveys and focus groups, with both the contractors who provided the TA and the organizations who received it, found:

- Forty percent of organizations that received TA had never applied for King County funding before;
- Among survey respondents that received TA, 69 percent identified as a small organization (less than \$1 million annual budget);
- Providing free TA, as part of Best Starts’ intention to reach historically underfunded organizations, helped build or restore trust between King County and CBOs. Many CBOs expressed gratitude to King County for providing the free TA in an effort to reach them;
- 38 percent of organizations that received TA were awarded funds for the specific application for which they received TA, while 62 percent of organizations that received TA were awarded funds for at least one application. (These numbers differ because many organizations applied for multiple funding opportunities and used TA for some but not all of their applications.)

Capacity Building

Supporting CBOs and Best Starts partners is vital to achieving the Best Starts vision of babies born healthy, kids thriving, and young people growing up to be happy, healthy, successful adults. In order to make sure Best Starts’ partnered CBOs are successful in managing government funds, individual consultants and consultancies provide free support in the following areas: board development, finance, equity and racial justice, IT, human resources, legal, marketing/branding, organizational development, and data/evaluation support. Best Starts’ capacity-building effort began at the end of 2019, so this service is in the beginning stages of making an impact.

³⁰⁶ Technical Assistance Evaluation report (2019), unpublished and can be furnished upon request.

Table 39

Capacity-building Program Summary

	Implementation Stage	Total Amount Contracted	# of Partners Selected	# Served
Capacity Building	Building momentum/ delivering Impact	\$1.4 million	8	67 organizations

Selected Successes: During the formulation of the *Best Starts for Kids Implementation Plan*, it became clear that if Best Starts was to be successful in funding many new organizations, these organizations would need support beyond the initial TA. As a result, Best Starts’ plan included a groundbreaking capacity-building program to strengthen them. At the time, there were no examples of a local government attempting this at this scale, so much of Best Starts’ own capacity-building infrastructure had to be built from scratch. Despite this, the capacity-building program has experienced many successes.

- Best Starts and the capacity builders moved nimbly at the start of the COVID-19 crisis to serve organizations virtually and to introduce them to the Paycheck Protection Program³⁰⁷ and how to apply for it.
- Best Starts paired organizations with capacity builders that satisfied cultural and linguistic requirements and had expertise on appropriate subject matters.
- Best Starts launched a capacity-building mini-grants program to help CBOs with specific infrastructure needs in August 2020.
- Best Starts built an internal system with the capacity-building team to triage needs and to match CBOs with capacity builders.
- Best Starts and the capacity builders co-created and implemented an online tool that includes:
 - A database of CBOs and their requests; and
 - A tool to track work progress and to facilitate documentation and communication.
- Best Starts hired data and evaluation experts in King County to support CBOs in their performance measure and evaluation work, such as data collection, building data-reporting systems, or data analysis. Best Starts has also partnered with Communities Count to provide an ongoing series of free, accessible trainings at locations throughout King County to build organizations’ measurement and evaluation capacity.

³⁰⁷ Pay Check Protection Program (2020). [\[LINK\]](#)

Best Starts relies on the strengths of CBOs to create impact for families and community. CBOs indicate that capacity-building and technical assistance provides vital supports to strengthen their infrastructure, quality, and sustainability. This is essential work so that Best Starts investments continue to build on the progress made during the implementation of the first levy.

V. Recommendations for Best Starts Goal and Strategy Adjustments

In November 2015, King County voters put their trust in the County to invest resources to create a county where all children can achieve their fullest potential. The voice of the community, along with a commitment to racial equity, is at the heart of this initiative. Best Starts increases resources and opportunities to help kids grow up healthy, happy, safe, and thriving from before birth all the way to age 24. Best Starts prioritizes investing early in young children and the promotion of health and wellbeing for children, youth, young adults, and families. Best Starts also engages in system and policy development so that all communities in the region can thrive and prosper regardless of race or place. The goals of the initiative are to build upon the strengths of families and communities so that babies are born healthy and are given a strong foundation for lifelong health and well-being; young people have equitable opportunities to progress through childhood safely and in good health; and communities offer safe, welcoming, and healthy environments.

Best Starts is young in years but bold in its mission and vision. Earlier sections of this assessment report summarize the progress of the levy and changes experienced by children and families. Since 2016, when the County Council passed Best Starts' budget and *The Best Starts Implementation Plan*, Best Starts-funded partners have implemented over 570 programs that reached over 425,000 babies, children, and youth throughout the County. These programs have increased the protective factors that lead to health and well-being while decreasing the risk factors that can lead to poor health, homelessness, incarceration, and greater income disparity in King County. Best Starts' programs are based on community-led work and backed by science.³⁰⁸ The journey of Best Starts has been one filled with hope and learning. Together, Best Starts and the community have made a difference. But it is clear more work is necessary to build upon the strong foundation that Best Starts and its community-based partners have laid.

A. Current Context

The King County Executive and King County Council are now considering whether a renewal levy should go to the voters, and in what form, a renewal levy should go to the voters. To begin the discussion and planning process, the County Council passed Motion 15651³⁰⁹ on July 7, 2020, which requested this assessment report from the County Executive. This assessment report will help inform the County Council's deliberations on a potential ballot measure to renew Best Starts, and it responds to the Council's request to identify recommendations in a potentially renewed levy.

In the face of the global pandemic, Best Starts for Kids-funded partners pivoted swiftly to respond. Best Starts listened to these partners and adjusted its way of doing business to meet the current needs of communities and families. It has become clear that the pandemic exacerbates the systemic racial, economic, and social inequalities that people of color experience.

³⁰⁸ *Best Starts for Kids Implementation Plan* (2016), pg. 134. [\[LINK\]](#)

³⁰⁹ Motion 15651, Metropolitan King County Council (2020). [\[LINK\]](#)

In June 2020, King County Executive Dow Constantine and Public Health—Seattle and King County Director Patty Hayes declared racism a public health crisis.³¹⁰ Their statement recognizes that the disparate health impacts of COVID-19 are due to the concurrent crisis of racism. It recognizes the urgency of the County to implement a racially equitable response and to drive resources where they are needed most, as indicated by community members.³¹¹ It recognizes the urgent need to provide resources so that community-based organizations (CBOs) may develop solutions, use qualitative data from their own community, and develop shared, measurable accountability partners.

B. Recommendations

The Executive makes five recommendations that build upon the strengths and learnings of Best Starts. They developed these recommendations based on various sources: the progress outlined in the assessment report, community input gathered during the life of the current levy, guidance and input from CYAB board meetings, stories shared by funded CBOs, feedback gathered during the Best Starts community survey administered in June 2020, and feedback from constituents during the 2020 Best Starts Summit³¹² listening sessions. An examination of evolving county policies and priorities also informed the recommendations. Below are the five recommendations:

Recommendation 1: Keep Leading on Equity: Center the voices of Black/African American, Indigenous, and people of color (BIPOC) in investment and program decisions in order to reflect community knowledge and to deepen programming in Best Starts areas most impacted by systemic and racial oppression.

Recommendation 2: Maintain Long-term Goals and Strategies while Refining Programs and Measures: Sustain the current levy's emphasis on upstream transformation by maintaining goals, allocations, and strategies as outlined in the *Best Starts for Kids Implementation Plan*, approved in Ordinance 18373,³¹³ while refining performance measures, community involvement, and programming within each strategy.

Recommendation 3: Strengthen Care for Children and Youth: Increase investment in child care and youth strategies to support educational advancement and economic prosperity in the region.

Recommendation 4: Build Stronger Systems: Strengthen coordination across programs, initiatives, levies, and funded partners to increase efficiency and to benefit all families and children across the region, particularly those most in need.

Recommendation 5: Expand the Role of Youth: Modify the Children and Youth Advisory Board structure to promote more youth participation.

³¹⁰ Resolution 20-08 (June 2020). [\[LINK\]](#)

³¹¹ *Public Health Insider* (2020). "Racism Is a Public Health Crisis." [\[LINK\]](#)

³¹² Best Starts for Kids blog (2020). [\[LINK\]](#)

³¹³ Ordinance 18373, Metropolitan King County Council (2016). [\[LINK\]](#)

Table 40 demonstrates how each recommendation meets the requirements outlined in Motion 15651.³¹⁴

Table 40
Recommendations Requested by Motion 15651

Motion 15651 Recommendation Areas	Recommendation
a. how a renewed levy, or an increased or expanded levy, would deepen the current levy's work to dismantle systems of oppression, heal continuing wounds and realize justice for black, indigenous and people of color across all strategies;	Recommendation 1
b. whether to maintain or modify the Best Starts for Kids levy's three primary goals enumerated in the implementation plan approved in Ordinance 18373, which are to ensure that: babies are born healthy; County is a place where everyone has equitable opportunities for health and safety as they progress through childhood; and communities offer safe, welcoming and healthy environments that help improve outcomes for all of King County's children and families, regardless of where they live;	Recommendation 2
c. whether to maintain or modify the relative allocations of levy proceeds to each goal area;	Recommendation 2
d. whether a renewed levy, or an increased or expanded levy, should incorporate new or revised goals or strategies such as child care, recommendations from the children and families strategy task force or other county efforts focused on children and youth;	Recommendation 3
e. how a renewed levy would align and coordinate with programs such as: the Veterans, Seniors and Human Services levy; Mental Illness and Drug Dependency fund; Children and Families Strategy Task Force recommendations; the Puget Sound Taxpayer Accountability Account; and other federal, state and local funding streams and programs to integrate, align and avoid duplication of efforts;	Recommendation 4
f. whether a renewed levy should retain, or make modifications to, existing strategies that are intended to: support parents, families and caregivers; screen children to prevent potential problems and intervene early to link to treatment; cultivate caregiver knowledge; support high-quality childcare; build resiliency of youth and reduce risky behaviors; meet the health and behavior needs of youth; create healthy and safe environments for youth; help youth stay connected to their families and communities; help young adults who have had challenges successfully transition into adulthood; stop the school-to-prison pipeline; support priorities and strategies to facilitate collaboration with communities that have much to gain; engage multiple organizations in institutional, system and policy change; and prevent youth and family homelessness;	Recommendation 2
g. how a renewed levy would benefit the entire region while targeting resources to those most in need; and	Recommendation 4
h. whether a renewed levy should modify any, or any combination of, the role; the structure or the representation of the Children and Youth Advisory Board.	Recommendation 5

³¹⁴ Motion 15651, Metropolitan King County Council (2020). [\[LINK\]](#)

Recommendation 1

Keep Leading on Equity: Center the voices of Black/African American, Indigenous, and people of color (BIPOC) in investment and program decisions in order to reflect community knowledge and to deepen programming in Best Starts areas most impacted by systemic and racial oppression.

The recommendation below addresses subsection A.2.a of Motion 15651:³¹⁵

- a. *how a renewed levy, or an increased or expanded levy, would deepen the current levy's work to dismantle systems of oppression, heal continuing wounds and realize justice for black, indigenous and people of color across all strategies.*

Current Best Starts investments advance equity and social justice, and change systems, policies that perpetuate racism and other forms of oppression. Best Starts worked to ensure dollars distributed in the community focused on the principles outlined within the Implementation Plan.³¹⁶ Working in partnership with the community, Best Starts streamlined its RFP processes and shifted funding to investments driven by Black/African American, Indigenous, and people of color (BIPOC) communities. Best Starts requires that staff and community reviewing RFPs attend equity workshops,³¹⁷ and that qualitative and quantitative data analyses value community voices and stories equally. Best Starts continues to prioritize community engagement by listening to the empowered voices of the community as they lead the work. Two examples of community-designed and community-led work include community-designed home-based services³¹⁸ and work with Trauma-informed Restorative Practices.³¹⁹ Best Starts has begun this work, but there is more to do.

RACISM AS A PUBLIC HEALTH CRISIS ³²⁰

As county leadership considers options for redeploying funds to support CBOs in the fight against racism, it must expand opportunities for people of color throughout King County. There is a sense of urgency, vigilance, and demand for change. Best Starts champions policy and systems change by steering funding toward programs led by BIPOC communities.

CHILDREN AND YOUTH ADVISORY BOARD

As referenced in the Background Section, the Children and Youth Advisory Board Equity screen guides Best Starts' vision. This screen is shown in Table 41, below.

³¹⁵ Motion 15651, Metropolitan King County Council (2020). [\[LINK\]](#)

³¹⁶ *Best Starts for Kids Implementation Plan* (2016). [\[LINK\]](#)

³¹⁷ Request for proposal, a detailed specification of goods or services required by an organization, sent to potential contractors or suppliers.

³¹⁸ Best Starts-funded Home-based Services community-designed programs. [\[LINK\]](#)

³¹⁹ See "Learnings from Trauma-informed and Restorative Practices" on the Best Starts blog. [\[LINK\]](#)

³²⁰ Resolution 20-08 (June 2020). [\[LINK\]](#)

Table 41

Children and Youth Advisory Board Equity Statement-based Questions

CYAB Equity Statement-based Questions
<ul style="list-style-type: none">• Has this proposal been defined by the affected?• In what ways will this proposal lead to a redistribution of power?• How does this proposal help to root out systems of racism?• How does this proposal proactively build strong foundations of agency?• How is this proposal vigilant for unintended consequences?• How does this proposal aspire to be restorative?• What systems does this proposal disrupt and how?• How does this proposal help build a beloved community?

Equity work is the heartbeat of the Best Starts initiative. Examples of this ongoing effort are highlighted throughout this report. The CYAB Equity Statement-based Questions provide strong direction as Best Starts moves forward with a renewed commitment to equity. The goals listed below ensure strong outcomes for children, youth, and families. Best Starts commits to:

- Systematize equitable decision-making power, with the equitable spending of resources that reflects these values;
- Through policy and funding, ensure the representation of BIPOC leaders as they work to support children and families;
- Support communities, whose data is being collected, to lead on the interpretation of that data;
- Continue investing in community-led and community-driven efforts, as defined by the people who receive the programming;
- To elevate the voice of community;
- Identify gaps in services in order to further reach BIPOC communities;
- Promote opportunities for holding space for difference, conflict, and repair;
- Ensure that stories are crafted by those who are affected, and create understanding of who has the power to tell these stories;
- Encourage reflection, listening, and learning in partnership, with openness and willingness to change.

Recommendation 2

Maintain Long-term Goals and Strategies while Refining Programs and Measures: Sustain the current levy's emphasis on upstream transformation by maintaining goals, allocations, and strategies as outlined

in the *Best Starts for Kids Implementation Plan*, approved in Ordinance 18373,³²¹ while refining performance measures, community involvement, and programming within each strategy

The recommendation below addresses subsection A.2.a, b. and f. of Motion 15651:³²²

- b. *whether to maintain or modify the Best Starts for Kids levy's three primary goals enumerated in the implementation plan approved in Ordinance 18373,³²³ which are to ensure that: babies are born healthy; County is a place where everyone has equitable opportunities for health and safety as they progress through childhood; and communities offer safe, welcoming and healthy environments that help improve outcomes for all of King County's children and families, regardless of where they live;*
- c. *whether to maintain or modify the relative allocations of levy proceeds to each goal area;*
- f. *whether a renewed levy should retain, or make modifications to, existing strategies that are intended to: support parents, families and caregivers; screen children to prevent potential problems and intervene early to link to treatment; cultivate caregiver knowledge; support high-quality childcare; build resiliency of youth and reduce risky behaviors; meet the health and behavior needs of youth; create healthy and safe environments for youth; help youth stay connected to their families and communities; help young adults who have had challenges successfully transition into adulthood; stop the school-to-prison pipeline; support priorities and strategies to facilitate collaboration with communities that have much to gain; engage multiple organizations in institutional, system and policy change; and prevent youth and family homelessness[.]*

MAINTAIN PRIMARY GOALS, ALLOCATIONS, AND STRATEGIES

As detailed throughout this report, early outcomes and community feedback demonstrate that Best Starts' implementation has been successful to date. However, there is still more work to do to realize the initiative's full vision. During the 2020 Best Starts Summit,³²⁴ over 100 constituents joined a listening session and were asked how they might change Best Starts if a new levy were to pass. Overwhelmingly, the response was to maintain but deepen and amplify the current work. Best Starts staff has been collecting data and collaborating with community-based partners to make minor implementation refinements within existing program areas. Should the Best Starts levy be renewed, an updated Implementation Plan will be necessary. That plan will include final recommendations outlining refinements to Best Starts' programs. However, the current levy's primary goals, allocations, and strategies, as outlined in the Implementation Plan approved in Ordinance 18373, should be maintained.³²⁵ This section details these cornerstone components of Best Starts.

³²¹ Ordinance 18373, Metropolitan King County Council (2016). [\[LINK\]](#)

³²² Motion 15651, Metropolitan King County Council (2020). [\[LINK\]](#)

³²³ Ordinance 18373, Metropolitan King County Council (2016). [\[LINK\]](#)

³²⁴ Best Starts for Kids blog (2020). [\[LINK\]](#)

³²⁵ Ordinance 18373, Metropolitan King County Council (2016). [\[LINK\]](#)

GOALS

As described in Motion 15651, three goals, or results, drive Best Starts for Kids:

- Babies are born healthy and are given a strong foundation for lifelong health and well-being;
- Young people have equitable opportunities to progress through childhood safely and in good health;
- Communities offer safe, welcoming, and healthy environments.³²⁶

These goals, created in partnership with the community, have been guiding the work Best Starts does in ensuring that children, families, and communities thrive. These goals fully encompass what Best Starts works to achieve, and each continues to be a vital component. Even as Best Starts evaluates the inclusion of new strategies, those under consideration align with the three existing goals. ***The Executive recommends maintaining these current, overarching goals.***

ALLOCATIONS

Revenue for Best Starts is levied at 14 cents per \$1,000 in assessed property value.³²⁷ As outlined in the Implementation Plan, and in accordance with direction from Ordinance 18088,³²⁸ these funds were allocated across the Best Starts’ five investment areas, as follows:

Table 42
Best Starts Allocations across Investment Areas

Investment Area	Investment Allocation
Investing Early: Building a robust system of support for pregnant and parenting families, infants, very young children, and caregivers. These programs meet people where they are: at home, in the community, or wherever they are cared for.	50%
Sustain the Gain: Ensuring a child’s progress continues with school- and community-based opportunities to learn, grow, and develop, through childhood and adolescence and into adulthood.	35%
Communities of Opportunity: Supporting communities as they build safe, thriving places for children to grow up.	10%
Evaluation: Ensuring high quality and measuring success.	5%
Youth and Family Homelessness Prevention Initiative: Prevention of homelessness for youth.	\$21M

³²⁶ See *Best Starts for Kids Implementation Plan’s* BSK Implementation – Guided by Data and Focused on Outcomes section, pg. 26. [\[LINK\]](#)

³²⁷ Ordinance 18088, Metropolitan King County Council (2015). [\[LINK\]](#)

³²⁸ Ibid.

Allocations across investment areas align with the upstream philosophy and goals of Best Starts. The largest investment is made in prenatal and early childhood family supports, because the science shows that the earlier investing happens, the greater the return for both the child's development and for society. Best Starts then buttresses these early gains with a substantial investment in youth and young adult programming. Research demonstrates that prevention efforts, made during key developmental stages or transition points in a young person's life, help sustain the gains made earlier in life. And families best succeed in the context of thriving communities. Best Starts needs evaluation and data to tell this story. ***The Executive recommends maintaining current investment allocations as they are: 50 percent for Investing Early, 35 percent for Sustain the Gain, 10 percent for Communities of Opportunity, and 5 percent for Evaluation, aside from a fixed amount of \$21 million over six years for Youth and Family Homelessness Prevention Initiative.*** If new investments are added to a renewed levy to support new goals, strategies, and/or programs, they would be reflected in specific dollar amounts outside of the current allocations, as in the case of the Youth and Family Homelessness Prevention Initiative for the initial Best Starts levy. However, a discussion regarding allocations percentage adjustments would occur if an increase in investments was considered.

If Best Starts is renewed, the Executive recommends including in the ballot measure a provision that allows the levy to be included in any property tax exemption authorized by RCW 84.36.381,³²⁹ and any amendment that is adopted by the state legislature during the term of this levy. This technical change would allow some seniors on fixed incomes, persons with disabilities, veterans with disabilities, and other kinds of households to be exempted.

STRATEGIES

As described in the Implementation Plan, and in Section IV. B, “Progress of Levy Implementation,” of this report, Best Starts advances its goals through four Invest Early strategies, with 12 corresponding programs; six Sustain the Gain strategies, with seven corresponding programs; and a Communities of Opportunity strategy, with three corresponding programs. These strategies and programs are restated in Table 43 below.

³²⁹ RCW 84.26.381. [\[LINK\]](#)

Table 43
Investment Areas, Strategies, Programs

Investment Area	Strategies	Programs
Invest Early	<ul style="list-style-type: none"> ▪ Support parents, families, and caregivers ▪ Screen children to prevent problems, intervene early, and effectively link to treatment ▪ Cultivate caregiver knowledge ▪ Support high-quality child care (at home and in centers, licensed and unlicensed) 	Innovation Fund
		Home-based Services
		Community-based Parenting and Supports
		Parent/Peer Supports
		Information for Parents and Caregivers
		Child-care Health Consultation
		Developmental Screenings for All Very Young Children
		Early Intervention Services
		Systems Building for Infant and Early Childhood Mental Health
		Workforce Development
		Investment in Public Health—Seattle and King County’s Maternal-Child Health Services
		Lead and Toxics
		Help Me Grow Caregiver Referral System
Sustain the Gain	<ul style="list-style-type: none"> ▪ Build resiliency of youth, and reduce risky behaviors ▪ Help youth stay connected to their families and communities ▪ Meet the health and behavior needs of youth ▪ Help young adults who have had challenges successfully transition into adulthood ▪ Create healthy and safe environments for youth ▪ Stop the school-to-prison pipeline 	Trauma-informed and Restorative Practices
		Youth Development
		Out-of-school Time
		Family Engagement
		School-based Health Centers
		Healthy and Safe Environments
		School-based Screening: Brief Intervention and Referral to Treatment/Services (SB:SBIRT)
		Transitions to Adulthood
		Stopping the School-to-Prison Pipeline
		Adolescent Immunizations
Communities of Opportunity	<ul style="list-style-type: none"> ▪ Support priorities and strategies to facilitate collaboration with communities that have much to gain ▪ Engage multiple organizations in institutional, system and policy change 	Places: Awards to Community Partnerships
		Institutional, System and Policy Change
		Learning Community
Youth and Family Homelessness Prevention Initiative	Prevent youth and family homelessness	Youth and Family Homelessness Prevention Initiative
Results Focused and Data Driven		Internal and external measurement and evaluation

Best Starts selected these strategies and programs based on research and community input. As outlined in Section IV. D, “Preliminary Measurement of Changes Experienced by Children and Families,” of this report, early measurements show that these strategies and programs are already contributing to

positive changes for children and families. Children, youth, and families in all King County communities have increased access to services and programs that support their well-being. This is particularly true in the communities most impacted by racial disparities, where people are receiving innovative services that center their own culture. Preliminary data also indicates that a more confident, knowledgeable, skilled, and diverse workforce is supporting these children, youth, families, and communities. Overall, King County’s communities are healthier and ready to succeed. Best Starts is committed to continuing to invest in these strategies and the programs, so that the initiative can realize its full potential.

REFINEMENTS

If Best Starts is renewed, Best Starts will refine individual programs during implementation planning, using data, community input, and continuous learning to inform these refinements. An updated Implementation Plan will be necessary. That plan will include final recommendations on modifications to existing strategies. Refinements may include:

- Combining or consolidating strategies to maximize efficiency, promote responsiveness and accountability, or facilitate partnerships;
- Changing names of strategies, according to community feedback;
- Refining funding approaches in response to lessons learned from early results, updated data and science, and community feedback.

Research shows that it can take between four and 17 years of implementation for a health intervention to achieve expected outcomes.³³⁰ Best Starts is still in the early stages of this long-term process. As projected by research, many Best Starts programs are beginning to show the early and intermediate outcomes that are expected to lead to lasting changes for children, families, and communities. Based upon the above information and the analysis in this report, ***the Executive recommends sustaining the current levy’s emphasis on upstream transformation by maintaining goals, allocations, and strategies as outlined in the Implementation Plan approved in Ordinance 18373³³¹ while refining performance measures, community involvement, and programming within each strategy.***³³²

Recommendation 3

Strengthen Care for Children and Youth: Increase investment in child care and youth strategies to support educational advancement and economic prosperity in the region.

The recommendation below addresses subsection A.2.d., of Motion 15651:³³³

³³⁰ Balas and Boren (2000). [\[LINK\]](#); Morris, Wooding, and Grant. [\[LINK\]](#); National Implementation Research Network. [\[LINK\]](#)

³³¹ Ordinance 18373, Metropolitan King County Council (2016). [\[LINK\]](#)

³³² Ibid.

³³³ Motion 15651, Metropolitan King County Council (2020). [\[LINK\]](#)

- d. *whether a renewed levy, or an increased or expanded levy, should incorporate new or revised goals or strategies such as child care, recommendations from the children and families strategy task force or other county efforts focused on children and youth.*

Over the past several decades, King County families faced challenges in getting and affording child care for both very young and school-aged children. The challenge is multifaceted. Families struggle to afford the cost of care for children and youth, and the number of available slots for child care does not meet demand. The workforce of care providers, many of them women of color, is underpaid and often devalued.³³⁴ Children of color, children from low-income families, and children who have developmental delays or disabilities face increased barriers and are often shut out of the system, or have little access to care during the critical prenatal years through young adulthood.

CHILD CARE

In response to the growing awareness of the need for high-quality and affordable child care, the King County Council passed Motion 15521³³⁵ in September 2019, which established the Children and Families Strategy Task Force. The County Council requested that the task force explore a potential King County child-care assistance program. This may include the following components: increasing the number of child-care facilities and in-home providers, a voucher program for county employees, flexible telecommuting policies, and an infants-at-work program at county workplaces. The County Council also asked the task force to convene members of the business community to raise awareness on the challenges of accessing child care and to identify possible employer-led solutions. Through Best Starts policy and system change work, history with Child Care Health Consultation, and historical feedback indicating the need for child care, child-care policies have become more prevalent.

The impact of COVID-19 is vast and wide, but child-care providers are faced with the added responsibility of supporting virtual learning as King County school districts close their doors.³³⁶ As described in the PSTAA Implementation Plan, the COVID-19 pandemic has diminished the already scarce access to child care. As of April 1, 2020, 870 child-care sites across Washington State, with a licensed capacity of almost 43,000 children, shut down.³³⁷ Of those sites, 578 served almost 6,000 children who receive child-care subsidies through the Working Connections Child Care program.³³⁸ According to Child

³³⁴ Vogtman, J. and White, C. (2019). *Can We Rewrite the Shameful History of Undervaluing Child Care Workers?*

[\[LINK\]](#)

³³⁵ Motion 15521, Metropolitan King County Council (2019). [\[LINK\]](#)

³³⁶ Shapiro, N. "Hobbled by 100 Closures, Washington's Child Care Industry Thrust into De Facto Teaching." *The Seattle Times* (2020). [\[LINK\]](#)

³³⁷ Sen, T. "After Major Progress on Child Care, COVID-19 Could Collapse the System." *The Seattle Times* (2020).

[\[LINK\]](#)

³³⁸ Working Connections Child Care is a program of the Washington State Department of Children Youth and Families that helps families with low incomes pay for child care. When a family qualifies for child-care subsidy benefits and chooses an eligible provider, the state pays a portion of the cost of child care. The parent may be responsible for paying a copayment to their provider each month. [\[LINK\]](#)

Care Resources, 385 child-care programs have closed in King County, as of June 15, 2020.³³⁹ Notably, these data points change daily.

This lack of access to high-quality child care is a crisis affecting not only King County children and families but also their employers and the economy.³⁴⁰ In the past several decades, supply failed to meet demand, and growth in the cost of care has surpassed the rate of inflation.³⁴¹ There are 20 percent fewer family child-care providers now than there were five years ago. While the capacity of child-care centers has grown slightly, it pales in comparison to the population growth of children in need of care.³⁴² As cited in the Washington State Child Care Collaborative Task Force’s 2019 report,³⁴³ since 2014 the state gained 3,000 child care slots, but the population of children under age six grew by nearly 30,000.³⁴⁴

CHILD CARE WORKFORCE IN KING COUNTY

Children whose families are unable to access care miss out on the benefits of early learning, which is critical: A child’s brain develops more from birth to age five than during the remainder of the child’s school years.³⁴⁵ Educational achievement for young children and youth is at risk due to the lack of child care for children of all ages.

The search for a solution to the child-care crisis cannot be done alone. It will be critical to secure partnership and financial investment from federal, state, and private sectors for a long-term, sustainable solution of equitable access and affordability for all families. While King County cannot build and maintain a healthy and equitable child-care sector alone, there has been a lack of clear leadership and lack of political will at other governmental levels to address this growing crisis. A solution can no longer be delayed without exacerbating the disparities that currently plague region.

CARING FOR YOUTH

Out of School Time: More than a decade of research shows that high-quality out-of-school programs are directly linked to children’s and youth’s academic gains, social-emotional well-being, and improved health. These programs also counter “summer learning loss,” in which students forget between one to three months of what they learned the previous year.³⁴⁶

³³⁹ Brady, S., personal communication, June 16, 2020. Data collected by Child Aware of WA.

³⁴⁰ King County Women’s Advisory Board (2018). *Supporting King County’s Women, Families & Employers: Improving Child Care Access and Affordability Throughout King County*. [\[LINK\]](#)

³⁴¹ Ibid.

³⁴² Washington State Department of Commerce (2019). *The Mounting Costs of Child Care*. [\[LINK\]](#)

³⁴³ Washington State Department of Commerce Child Care Collaborative Task Force (2019). *Recommendations Report to the Legislature under SHB 2367, Laws of 2018*. [\[LINK\]](#)

³⁴⁴ Washington State Office of Financial Management (2019). *Estimates of April 1 Population by Age, Sex, Race, and Hispanic Origin, State Data Tables 2010–2018*. [\[LINK\]](#)

³⁴⁵ Brady, S., personal communication, June 16, 2020. Data collected by Child Aware of WA.

³⁴⁶ Brookings, Summer Learning Loss. [\[LINK\]](#)

Over 10 million U.S. children head to after-school programs when the school day ends for a safe place to stay, and spend a large part of their waking hours on campus. Out of School Time (OST) programs provide youth safety and supervision.³⁴⁷ Research shows that some OST programs can support student academic achievement and may play a role in reducing health disparities.³⁴⁸ OST runs before and after school, during the summer, and on holiday breaks for children ages 5–12, and are a critical support for working parents. Over 30 percent of children on the Working Connections subsidy are school age, yet most child-care discussions are only focused on children from birth to age five.³⁴⁹

OST expanded King County’s out-of-school learning and enrichment opportunities for children between ages five and 12 increasing the quality and quantity of such programs, particularly in underserved geographies. The strategy awarded 32 community-based partners that lead before- and after-school, weekend, and summer programs. These cover a rich array of topics: tutoring and homework support, educational enrichment, visual and performing arts, social and emotional learning (SEL), and cultural activities. However, the need continues to exceed the capacity, specifically for youth between the ages five and 12. The Children and Youth Advisory Board identified this gap and provided input to the Puget Sound Tax Payer Accountability Account (PSTAA) Implementation Plan. Exploring opportunities for expansion of OST, specifically for children between ages five and 12 is a step forward in addressing King County’s child-care crisis.

School Based Health Centers: The School Based Health Centers (SBHC) strategy builds on a 30-year PHSKC program³⁵⁰ that provides comprehensive medical, mental health, and dental services in school settings to children and adolescents who would otherwise go without care. Prior to Best Starts, the City of Seattle funded 29 such clinics within city limits, and two others in Highline. SBHCs are a proven strategy for increasing students’ educational and health outcomes, including school performance, grade promotion, and high school completion. They also decrease health risks, such as teenage pregnancy, poor diet, inadequate physical activity, physical and emotional abuse, and substance abuse.³⁵¹

Best Starts funding made it possible for clinic coordinators and health educators to expand their roles to include community outreach. By connecting directly with families, they were able to build relationships and identify resources to support families’ social needs. This had the overall effect of enhancing students’ and families’ engagement and trust in their schools. The need for SBHCs is great, as their work is important to youth’s health and well-being. Additional SBHCs are needed in the region to support youth in their schools.

³⁴⁷ “Out of School Time.” Center of Disease Control. [\[LINK\]](#)

³⁴⁸ “The Value of Out-of-School Time Programs.” Wallace Foundation. [\[LINK\]](#)

³⁴⁹ Schools Out Washington Advocacy. [\[LINK\]](#)

³⁵⁰ King County Public Health School-based Health Centers. [\[LINK\]](#)

³⁵¹ Ibid.

EDUCATION ADVANCEMENT AND ECONOMIC PROSPERITY

From the beginning, Best Starts identified child care, out-of-school time, and school-based health centers as significant needs in the community. Each of these strategies support the education and well-being of children and bring economic stability to the region.

The overall impact on working families is profound. Even before COVID-19, a 2019 study from the Institute for Public Policy and Economic Analysis found that employees' unmet child-care and out-of-school time needs resulted in an estimated annual, statewide loss of \$6.5 billion in direct and opportunity costs.³⁵² These challenges hindered job stability for parents and prevented them from seeking additional education or training that can lead to higher lifetime earnings and overall family success.³⁵³

In the initial levy design, Best Starts focused on child-care health consultation³⁵⁴ to support the safety and quality of existing child-care sites. Additional care for youth through out-of-school activities and School-based Health Centers all further contributed to their health and well-being. Best Starts will be able to enhance these services in a renewed levy. King County now has the opportunity to build upon its existing work through Best Starts for Kids, PSTAA, and other investments in children, youth, and families.

By demonstrating bold leadership, the County can support its youngest children and their families to thrive. ***Based upon research, data, and the impacts of the current context, the Executive recommends reviewing recommendations set forth by the Children and Family Strategy Task Force to support access to child care and to increase funding for out-of-school time for youth and for School-based Health Centers.***

Recommendation 4

Build Stronger Systems: Strengthen coordination across programs, initiatives, levies, and funded partners to increase efficiency and to benefit all families and children across the region, particularly those most in need.

The recommendation below addresses subsection A.2.g and e., of Motion 15651³⁵⁵:

- *g. how a renewed levy would align and coordinate with programs such as: the veterans, seniors and human services levy;³⁵⁶ mental illness and drug dependency fund;³⁵⁷ children and families strategy task force recommendations³⁵⁸; the Puget Sound Taxpayer Accountability Account³⁵⁹; and other federal, state and local funding streams and programs to integrate, align and avoid*

³⁵² Ibid.

³⁵³ *The Mounting Costs of Child Care*. Washington State Department of Commerce (2019). [\[LINK\]](#)

³⁵⁴ See pg. 47 of this report.

³⁵⁵ Motion 15651, Metropolitan King County Council (2020). [\[LINK\]](#)

³⁵⁶ Veterans, Seniors and Human Services Levy. [\[LINK\]](#)

³⁵⁷ MIDD Behavioral Health Tax Fund. [\[LINK\]](#)

³⁵⁸ Family and Child Care Task Force. [\[LINK\]](#)

³⁵⁹ Puget Sound Tax Payer Accountability Account. [\[LINK\]](#)

duplication of efforts;

- *e. how a renewed levy would benefit the entire region while targeting resources to those most in need[.]*

Coordination of county initiatives is important for Best Starts so that processes are more effective and efficient. If there is improved coordination and alignment within the County, it creates efficiency for funded partners and allows them to focus on providing high-quality services and programs throughout the County, especially in areas where the need is most pressing. Best Starts will continue to deepen its work in coordination as described below.

BEST STARTS, MIDD, AND VSHSL

Best Starts, MIDD, and VSHSL constitute a substantial portion of King County’s local health and human service investments and represent pieces to the same puzzle. Best Starts focuses on child and adolescent development; MIDD focuses on quality mental health and substance abuse supports; and VSHSL focusing on overall supports for vulnerable populations in the County. Each piece complements the others. Many times over the years, the three initiatives have worked hard to coordinate and align, borrowing from what works and learning from what doesn’t, to make the pieces more effective and equitable. Examples of how the initiatives work together range from the co-creation of CORE,³⁶⁰ which strives to align data collection to tell a more holistic story about locally funded programs and their impact; to the creation of School-based SBIRT,³⁶¹ which is a modification of a project started by MIDD and now cofunded by Best Starts; to the inclusion Best Starts RFP practices in the new VSHSL in order to increase the reach of funding to new partners. Through centralizing and aligning the contracting process, sharing resources, collaborating on site visits, the County creates similar processes for funded partners with multiple funding streams. This makes it easier for community-based organizations to do their work. CORE benefited from some of the results of this early work, including contract centralization and improved overall communication between efforts. Likewise, all the initiatives will have an opportunity to use the new processes and work in a more coordinated way. In a renewed levy, this type of alignment will deepen as the lessons from the original Best Starts levy are applied, and as strategies move into the next phase of maturity.

THE PUGET SOUND TAXPAYER ACCOUNTABILITY ACCOUNT

The Puget Sound Taxpayer Accountability Account (PSTAA) funds will be used to improve educational outcomes in early learning, K–12, and postsecondary education. After the PSTAA Implementation Plan and budget are approved and move into the next phase (anticipated in January 2021), DCHS’ Children Youth and Young Adult (CYA) division will coordinate PSTAA work. CYA is in the same DCHS division that leads Best Starts. Since PSTAA’s inception, those working on PSTAA and Best Starts have been in close conversation on how to best align, in order to complement and enhance services offered, rather than duplicate them. This work will deepen as PSTAA moves to implementation.

³⁶⁰ Client Outcome Reporting Engine. [\[LINK\]](#)

³⁶¹ Best Starts for Kids blog. “Screening, Brief Intervention, Referral to Screening” (2018). [\[LINK\]](#)

CHILD CARE POLICY

Efforts to broaden access to child care and early learning have failed to meet the growing need experienced by families. King County now has the opportunity to build upon its existing work through Best Starts for Kids, PSTAA, and other investments in children, youth, and families. By demonstrating bold leadership, the County can mobilize federal, state, and local partners, as well as private funders, in working collaboratively toward a healthy, equitable, and thriving child-care system for children in King County. Ongoing child-care policy work in partnership across King County will be critical.

ZERO YOUTH DETENTION

Zero Youth Detention (ZYP)³⁶² is King County's strategic plan to not only reduce the use of secure detention for youth, but to eliminate it. Informed by youth and their families, communities, and county employees whose work touches the lives of youth, the ZYP Road Map³⁶³ outlines practical solutions to help young people thrive, keep them from entering the juvenile legal system, divert them from further involvement with the legal system, and support strong, safe, and unified communities. ZYP's and Best Starts' partnered supports aim for promotion and prevention, so that fewer youth encounter the juvenile legal system in the first place. In the next levy, this partnership will continue to deepen through the alignment of programming, a focus on promotion and prevention, and opportunities to support school programs that realize the County Executive's vision of eliminating detention for youth.

All of King County initiatives, such as Best Starts, MIDD, VSHSL, PSTAA, ZYP, and HMAAC, are working together to coordinate in the following ways:

- Sharing data where possible and feasible to reach headline indicators;
- Leveraging community engagement;
- Sharing procurement and contracting approaches;
- Braiding funding and leveraging resources;
- Deepening racial equity in all facets of the initiatives, including county policies and procedures.

COMMUNITIES OF OPPORTUNITY

Although COO launched before Best Starts and now operates with Best Starts funds, the two initiatives share a natural intersection: that healthy and supportive communities are essential for children, youth, and families to grow and thrive. Best Starts and COO align in many ways and look forward to furthering their relationship in the next levy.

³⁶² King County Zero Youth Detention. [\[LINK\]](#)

³⁶³ The Road Map to Zero Youth Detention. [\[LINK\]](#)

STRATEGIES THAT BENEFIT THE WHOLE

Best Starts and Targeted Universalism: As laid out in the Implementation Plan,³⁶⁴ Best Starts is designed to implement two kinds of programs: universal strategies that benefit the whole region, across all communities and geographies, and also focused strategies that benefit specific communities in order to reduce the disproportionality that currently exists in the County.

When the community identifies obstacles that specific groups face, and then develops strategies to address those obstacles, the whole region benefits. By listening to the community and funding their strategies, Best Starts exercises targeted universalism. Targeted Universalism relies on the strengths and assets of the community.³⁶⁵

Supporting Organizations through Technical Assistance and Capacity Building: As described in Section IV B, the “Progress of Levy Implementation,” Best Starts offers free technical assistance without any restrictions for nearly all the competitive funding processes. This greatly increased the diversity of type of organization that applied for funding, and benefitted the whole region. For example, among survey respondents who received technical assistance, 69 percent identified as a small organization (less than \$1M annual budget). Among organizations that received technical assistance, 40 percent had never applied for King County funding before.³⁶⁶ Organizations also reported increased confidence in applying for funds through the draft review process, and demonstrated improved writing skills that conveyed clearly how their programs were a good fit for the funding opportunity.³⁶⁷ Even if organizations did not receive funding from Best Skills, they built skills and confidence to apply for other funding. Therefore, free technical assistance strengthened the systems of CBOs all over the County. CBOs also said that this support helped build their trust in King County and its commitment to equity.³⁶⁸

Hand in hand with technical assistance is the Best Starts Capacity Building program, which supports organizations after they receive Best Starts funds. This program helps set up systems that will ensure their longevity in the community. The opportunity to receive capacity building is open to all organizations. Supporting the nonprofit system across the County will be a legacy that will outlive Best Starts. The Best Starts Capacity Building program is proof that the sustainability of organizations is necessary to supporting children and families in a consistent way.

Small CBOs, especially culturally specific and BIPOC-led organizations, have historically not received the same level of investment of public or private dollars as white and mainstream organizations have. As a result of limited financial investment, many CBOs do not have well-resourced infrastructures. Best Starts–funded program staff, finance staff, and capacity builders have worked closely together with CBOs to strengthen their infrastructures. Best Starts teams have provided over 1,355 hours of technical

³⁶⁴ *Best Starts for Kids Implementation Plan* (2016), pg. 37. [\[LINK\]](#)

³⁶⁵ King County Executive’s Office of Equity and Social Justice (2016). *Equity and Social Justice Strategic Plan*, pg. 15. [\[LINK\]](#)

³⁶⁶ Technical Assistance Evaluation report (2019), currently unpublished and can be furnished upon request. A post on the survey can be found on the Best Starts for Kids blog. [\[LINK\]](#)

³⁶⁷ *Ibid.*

³⁶⁸ *Ibid.*

assistance to CBOs in 2018, and 1,969 hours in 2019.³⁶⁹ In addition, the multiyear funding provided by Best Starts has resulted in many new, strong programs across the County.

Partnerships, alignment, coordination, and community engagement are critical for all. ***The Executive recommends strengthening coordination across programs, initiatives, levies, and funded partners to increase efficiency, and benefit all families and children across the region, particularly those most in need.*** Best Starts will lean into its approach of building partnerships with community: listening, learning to identify needs, and working on new ways to increase partnerships. Building on past work and pivoting to opportunities as they arise will help strengthen the work of Best Starts if the levy is renewed.

Recommendation 5

Expand the Role of Youth: Modify the Children and Youth Advisory Board structure to promote more youth participation.

The recommendation below addresses subsection A.2.h., of Motion 15651:³⁷⁰

- *h. whether a renewed levy should modify any, or any combination of, the role; the structure or the representation of the children and youth advisory board.*

CHILDREN AND YOUTH ADVISORY BOARD

As outlined Section III, “Background,” the Children and Youth Advisory Board (CYAB)³⁷¹ is an oversight and advisory board comprising 35 King County experts, researchers, and community leaders, with geographically and culturally diverse perspectives. The CYAB represents community interests, provides advice and policy recommendations, and holds leaders accountable to practices that lead to more equitable outcomes.

The CYAB holds Best Starts accountable to bringing equity to the forefront of its work. The CYAB’s equity statement³⁷² continues to be a pillar for Best Starts. In addition, the group has contributed significantly to shaping Best Starts’ successes in serving the children, families, and communities of King County. The CYAB has:

- Successfully guided the creation of the *Best Starts for Kids Implementation Plan*,³⁷³ elevating equity in implementation and in its way of work at the board level;

³⁶⁹ Best Starts annual reports, 2018 and 2019. [\[LINK\]](#)

³⁷⁰ Motion 15651, Metropolitan King County Council (2020). [\[LINK\]](#)

³⁷¹ Children and Youth Advisory Board. [\[LINK\]](#)

³⁷² Children and Youth Advisory Board Statement. [\[LINK\]](#)

³⁷³ *Best Starts for Kids Implementation Plan* (2016). [\[LINK\]](#)

- Adopted the Children and Youth Equity statement³⁷⁴ for its own governance and to guide Best Starts Implementation, and influenced the language adopted in the 2016 King County Equity and Social Justice Strategic Plan;³⁷⁵
- Provided expertise on and representation from all walks of life, with geographically and culturally diverse perspectives, which informed Best Starts' RFPs and funding decisions;
- Provided strategic guidance for the measurement, outcomes, and evaluation plan;³⁷⁶
- Formed a youth justice committee, which has advised the County Executive and County Council on developing budgets that are restorative and redistributes power. This includes heeding the call to redistribute funds from law enforcement and the justice system to community-led support for healing, prevention, and restorative justice, via a public health approach;³⁷⁷
- Engaged with the leadership within the juvenile legal system³⁷⁸ by providing input into final design issues prior to the opening of a detention center. Ongoing engagement remains;
- Provided important feedback and guidance to the Puget Sound Tax Payer Accountability Account³⁷⁹(PSTAA) plan, regarding funding for children, youth, and education outcomes. CYAB will have an ongoing oversight role;
- Its Youth Leaders Committee fosters powerful youth and young adult participation on the CYAB, including undertaking a youth bill of rights and building a youth health board.

On August 14, 2020, the CYAB discussed the current structure of the board. Currently, Motion 18217³⁸⁰ outlines that three youth under the age of 24 must be appointed to the CYAB. Of course there may be more, but this requirement is important. Due to the success of the Youth Leaders Committee, the Executive recommends two changes to recognize the CYAB's youth participation: the addition of two more seats for youth under the age of 24 to serve on the CYAB, and the inclusion of stipends for the CYAB's youth members. All other structural elements of the board should remain consistent.

VI. Conclusion

When they designed and passed Best Starts for Kids, the residents of King County, the County Council, and the County Executive spoke with one voice, stating that they wanted to see all children in King County be able to achieve their full potential. For the past four and a half years, county staff and funded

³⁷⁴ See pg. 39 of this report.

³⁷⁵ King County Executive's Office of Equity and Social Justice (2016). Equity and Social Justice Strategic Plan. [\[LINK\]](#)

³⁷⁶ *Best Starts for Kids Implementation Plan* (2016), pg. 97. [\[LINK\]](#)

³⁷⁷ See July 2020 minutes. [\[LINK\]](#)

³⁷⁸ Adult and Juvenile Detention Director of Jail. [\[LINK\]](#)

³⁷⁹ Submitted to Metropolitan King County Council, June 30, 2020.

³⁸⁰ Motion 18217, Metropolitan King County Council. [\[LINK\]](#)

partners have worked tirelessly to set the stage and build the environment to make the vision of happy, healthy, safe, and thriving children, youth, and families a reality. While this work is just beginning, community feedback from initial evaluation results show that Best Starts is on the right path. Already, children, youth, families, and communities are healthier and more ready to succeed. They have increased access to services and programs to support their full potential, particularly in the communities most impacted by racial disparities. They are receiving innovative services from programs specifically designed to center community and culture. Children, youth, families, and communities are supported by a more confident, knowledgeable, skilled, and diverse workforce. With some modifications, Best Starts needs to keep building on these early successes and continue to make the initiative even stronger and more effective. Recommendations to continue leadership on equity; maintain long-term goals and strategies while refining programs and measures; strengthen care for children and youth; build stronger systems; and expand the role of youth build upon and enhance the levy's strong foundation include.

Despite the headwinds of change facing the region, Best Starts continues to make meaningful impacts in the community.³⁸¹ Now more than ever, Best Starts' work is essential in advancing toward a racially just King County. From the beginning, Best Starts strove to invest in organizations that were for and by the community, in order to make the County a place where every child has the opportunity to achieve their full potential, regardless of geography, race/ethnicity, gender, sexual orientation, immigration status, disability, and language. The first years of the levy have laid the groundwork for reaching this goal. Now it is time to build on Best Starts' achievements and results to date, refine and adapt aspects of its work to respond to changing conditions and needs, and deepen the levy's impact on advancing equity and racial justice in this region. If renewed, Best Starts will continue to create lasting impacts for the children, youth, and families in King County.

VII. Appendices

³⁸¹ For discussion on Changes Experienced by Children and Families, see pg. 115 of this report.

Appendix A

Motion 15651 BSK Assessment Report

title

A MOTION requesting the executive to prepare an assessment report to inform council deliberations regarding possible renewal of the best starts for kids levy.

Body

WHEREAS, in November 2015, King County voters passed the first best starts for kids levy to generate funding for a wide range of programs to support promotion, prevention and early intervention for King County's children, youth and families, and

WHEREAS, the goals of the existing best starts for kids levy are to ensure that: babies are born healthy; King County is a place where everyone has equitable opportunities for health and safety as they progress through childhood; and communities offer safe, welcoming and healthy environments that help improve outcomes for all of King County's children and families, regardless of where they live, and

WHEREAS, the best starts for kids levy was created to align with King County's equity and social justice principles and includes a focus on systems and policies change so that all communities in King County can thrive and prosper regardless of race or place, and

WHEREAS, fifty percent of the existing levy's proceeds are allocated to promotion, prevention and early intervention programs for children under age five and pregnant families, thirty-five percent are allocated to promotion, prevention and early intervention programs for children and youth ages five through twenty-four years old; ten percent are allocated to creating safe and healthy communities of opportunity; and five percent are allocated to evaluation of the best starts for kids initiative. The allocation has been beneficial in delivering services to populations in need of the services, and

WHEREAS, the best starts for kids levy will expire December 31, 2021, and

WHEREAS, the best starts for kids levy is a voter-approved, six-year levy lid lift, renewal of which requires voter approval of a ballot measure, and

WHEREAS, the best starts for kids levy distributes resources across the region, targeting investments to those most in need, and

WHEREAS, current events have underscored the urgency of the continued need to dismantle systems of racial and other forms of oppression which affect youth, families and communities in King County, like the school to prison pipeline, and

WHEREAS, over twenty-five thousand new babies are born in King County in each year, and

WHEREAS, while King County as a region is thriving, research shows that there are significant disparities in birth outcomes by race, geography and income, and some children and youth are in danger of being left behind, and

WHEREAS, infant mortality is four times higher in some areas of King County than others, twenty-nine percent of elementary age children are flourishing and resilient, thirty-three percent of adolescents report depressive feelings and twenty-four percent report using alcohol or other illicit drugs, and

WHEREAS, those disparities persist throughout a child's life course, contributing to sustained disparities in long-term success, and

WHEREAS, services supported by proceeds of the best starts for kids levy have directly addressed those disparities through promotion, prevention and early intervention, allowing King County's children, youth and families to be happy, healthy, safe and thriving, and

WHEREAS, sustained investment in funded strategies and programs is necessary to fully realize long-term beneficial impacts for children, families and communities, and

WHEREAS, the King County council is considering whether to submit to the qualified electors for their approval in 2021 a ballot measure to renew the best starts for kids levy, and

WHEREAS, the purpose of an assessment report is to support council awareness of initiative implementation and outcomes to inform deliberations regarding the potential ballot measure for a renewed levy;

NOW, THEREFORE, BE IT MOVED by the Council of King County:

A. The council requests that the executive submit for council review an assessment report of the best starts for kids levy-funded goals, strategies and programs. The assessment report submitted to council shall be developed in consultation with stakeholders, including, but not limited to, soliciting feedback from the regional policy committee, and shall include:

1. An assessment of how levy proceeds are being allocated, the status of strategy and program implementation, design or policy changes, challenges and outcomes. The report shall detail the context and impact of the best starts for kids levy-funded goals, strategies and programs outlined in Ordinance 18088, including, but not limited to:

a. an analysis of investments by geographic area, including maps or data summaries reflecting available zip code data of residence of clients or participants served;

b. an analysis of investments by strategy, including the rationale for and status of any unspent or reallocated levy proceeds;

c. progress of levy implementation;

d. preliminary measurement of changes experienced by families and communities;

e. an analysis of the impact of investments in advancing equity and social justice and changing systems and policies of racial and other forms of oppression; and

f. an analysis of levy proceeds used to fund technical assistance and capacity building; and

2. Recommendations that address the following:

a. how a renewed levy, or an increased or expanded levy, would deepen the current levy's work to dismantle systems of oppression, heal continuing wounds and realize justice for black, indigenous and people of color across all strategies;

b. whether to maintain or modify the best starts for kids levy's three primary goals enumerated in the implementation plan approved in Ordinance 18373, which are to ensure that: babies are born healthy; King County is a place where everyone has equitable opportunities for health and safety as they progress through childhood; and communities offer safe, welcoming and healthy environments that help improve outcomes for all of King County's children and families, regardless of where they live;

c. whether to maintain or modify the relative allocations of levy proceeds to each goal area;

d. whether a renewed levy, or an increased or expanded levy, should incorporate new or revised goals or strategies such as child care, recommendations from the children and families strategy task force or other county efforts focused on children and youth;

e. how a renewed levy would align and coordinate with programs such as: the veterans, seniors and human services levy; mental illness and drug dependency fund; children and families strategy task force recommendations; the Puget Sound Taxpayer Accountability Account; and other federal, state and local funding streams and programs to integrate, align and avoid duplication of efforts;

f. whether a renewed levy should retain, or make modifications to, existing strategies that are intended to: support parents, families and caregivers; screen children to prevent potential problems and intervene early to link to treatment; cultivate caregiver knowledge; support high-quality childcare; build resiliency of youth and reduce risky behaviors; meet the health and behavior needs of youth; create healthy and safe environments for youth; help youth stay connected to their families and communities; help young adults who have had challenges successfully transition into adulthood; stop the school-to-prison pipeline; support priorities and strategies to facilitate collaboration with communities that have much to gain; engage multiple organizations in institutional, system and policy change; and prevent youth and family homelessness;

g. how a renewed levy would benefit the entire region while targeting resources to those most in need; and

h. whether a renewed levy should modify any, or any combination of, the role; the structure or the representation of the children and youth advisory board.

B. The executive shall file the assessment report requested by this motion by September 30, 2020, in the form of a paper original and an electronic copy with the clerk of the council, who shall retain the original and provide an electronic copy to all councilmembers, the council chief of staff, the policy staff director and the lead staff for the committee of the whole and the regional policy committee, or their successors. The report shall be accompanied by a proposed motion accepting the report.

Appendix B

Best Starts is committed to ensuring that all of its strategies and programs are moving toward a vision of happy, healthy, safe, and thriving kids. The performance measures below were identified in partnership with funded partners, and the tables below summarize 2019 performance measures. The performance measures of 2019 reflect some programs that are in their early implementation stages and many programs that are fully delivering services.

In developing the implementation-planning process and the evaluation and performance measurement plan for Best Starts, Best Starts utilized a national framework¹ that starts with the difference you are trying to make, and working backward toward the strategies for getting there. This framework includes looking at population-level change and the impact of individuals and families directly served by our programs. Thus, the framework makes a distinction between *population accountability* through population indicators that assess well-being of all children, youth, families, and communities in King County, and *performance accountability*, through performance measures that assess well-being of the clients directly served by a specific Best Starts program. Best Starts is just one initiative that will *contribute* to improving population-level change, along with other sectors, funders, and partners in the community. For example, our headline indicator of increasing on-time high school graduation rates throughout King County is a way of quantifying how King County's youth are ready to succeed, yet this indicator depends on the long-term, collective work of Best Starts and many others: other local, state, and federal agencies, other local initiatives, and community-based organizations (CBOs) working together in alignment. For specific details on headline indicators, please see the *Best Starts for Kids Evaluation and Performance Measurement Plan* and annual updates in the Best Starts annual reports to County Council.

Best Starts is *accountable* for performance of Best Starts strategies (that is, for those directly served by a Best Starts–funded program). The impact of Best Starts strategies on children and families directly served by programs are quantified using performance measures. Performance measures are specific to a program and quantify things like how many children were served by a program, client satisfaction, and whether a program's goals were met. The population indicators and performance measures from 2019 are listed below, with additional details by demographic characteristics available online at www.kingcounty.gov/beststarts.

Best Starts of Kids Results

The results the Best Starts initiative hopes to achieve are:

1. Babies are born healthy and are provided with a strong foundation for lifelong health and well-being.
2. King County is a place where everyone has equitable opportunities to be safe and healthy as they progress through childhood, building academic and life skills to be thriving members of

¹ Clear Impact. "What Is Results-based Accountability?" [\[LINK\]](#)

their communities.

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

Headline Indicators

King County Council, the CYAB, and experts in the community provided critical input into the headline indicators in the Best Starts Implementation Plan. Headline indicators are aspirational, long-term measures that quantify Best Starts’ three overarching results. They are:

Table 1
Headline indicators

Invest Early (Prenatal–5 Years)	Sustain the Gain (5–24 Years)	Communities of Opportunity
The percentage of: <ul style="list-style-type: none"> • Babies with healthy birth outcomes • Children who are flourishing and resilient* • Children who are ready for kindergarten • Children who are free from child abuse or neglect 	The percentage of: <ul style="list-style-type: none"> • 3rd graders who meet reading standard • 4th graders who meet math standard • Youth who are flourishing and resilient* • Youth and young adults who are in excellent or very good health* • Youth who graduate from high school on time • Youth and young adults in school or working • High school graduates who earn a college degree or career credential • Youth not using illegal substances 	The percentage of: <ul style="list-style-type: none"> • Adults reporting good/excellent health • Youth have an adult to turn to for help • Individuals engaged in civic activities • Households paying <30% or <50% of their income for housing • Local residents who are displaced • Youth who eat fruit/vegetables at least 4 times/day • Households with income above 200% of poverty • Adults and youth/young adults in school or working

*Data Source is Best Starts for Kids Health Survey.

Secondary Indicators

Secondary indicators are supporting indicators that describe the status of children, youth, families, and communities in King County. Secondary indicators are population indicators that the science suggests are intermediate steps toward achieving the headline indicators, as aligned with the Best Starts’ programmatic approaches. Best Starts expects secondary indicators to *change faster and contribute to change* in the headline indicators. There are many interconnections between secondary and headline indicators across Best Starts strategies.

Table 2
Secondary Indicators

Invest Early (Prenatal–5 Years)	Sustain the Gain (5–24 Years)
<p>The percentage of:</p> <ul style="list-style-type: none"> • Babies who are breastfed* • Pregnant women receive recommended prenatal care • Families who are supported*† • Children are healthy* • Parents have knowledge of child development* • Child health care providers have knowledge of community resources • Child care/preschools are high quality* • Children are not expelled from child care/preschool*† • Children receive recommended health and developmental screenings*† • Children receive needed mental and behavioral health services* • Children receive recommended developmental services • Children have safe, stable, and nurturing relationships: construct includes several of above indicators† and <ul style="list-style-type: none"> ○ Reading and singing to children daily* ○ Free from Adverse Childhood Experiences* ○ High quality caregiver-child relationship in child care* ○ Housing stability* 	<p>The percentage of:</p> <ul style="list-style-type: none"> • Lower rate of adolescent births • Youth have supportive adults* • Youth believe in their ability to succeed • Youth are not chronically absent from school • Youth are getting good grades in school • Youth are completing 9th grade • Young adults participate in civic activity and are engaged • Youth are not justice system involved • Youth have positive social-emotional development* • Youth are not suspended/expelled from school • Youth are physically active • Youth have strong family relationships* • Youth have strong peer relationships • Youth have strong school relationships* • Youth live in supportive neighborhoods* • Youth and young adults are successful, beyond school or employment

*Data source is Best Starts for Kids Health Survey; †Components of safe, stable and nurturing relationships indicator.

Population indicators: Investing early (prenatal – 5 years)

Long-term population indicators and supporting indicators assess the well-begin of all children throughout King County.

Indicator	Improvement direction expected	King County population				Data source ²
		2014	2017	2018	2019 ¹	
Headline indicators						
Babies with healthy birth outcomes: infant mortality rate ³	Decrease	4.3	3.3	not avail.	not avail.	VS
Babies with healthy birth outcomes: preterm birth	Decrease	8.9%	9.1%	8.9%	not avail.	VS
Children who are flourishing and resilient	Increase	not avail.	60%	not avail.	63%	BSKHS
Children who are ready for kindergarten ^{4,5}	Increase	42.3%	58.1%	57.1%	55.5%	OSPI
Child abuse or neglect rate ⁶	Decrease	31.2	32.3	32.6	32.2	CW
Secondary indicators						
Babies who meet breastfeeding recommendations to feed exclusively to 6 months	Increase	not avail.	38%	not avail.	40%	BSKHS
Pregnant women receive recommended prenatal care	Increase	71.6%	74.2%	72.8%	not avail.	VS
Families who are supported ⁴	Increase	not avail.	76%	not avail.	72%*	BSKHS
Children are healthy	Increase	not avail.	92%	not avail.	92%	BSKHS
Parents have knowledge of child development	Increase	not avail.	75%	not avail.	73%	BSKHS
Child care/preschools are high quality ⁴	Increase	not avail.	97%	not avail.	98%	BSKHS
Children receive recommended health and developmental screenings ⁴	Increase	not avail.	23%	not avail.	17%*	BSKHS
Children receive needed mental and behavioral health services	Increase	not avail.	57%	not avail.	65%	BSKHS
Reading and singing to children daily ⁴	Increase	not avail.	71%	not avail.	72%	BSKHS
Free from Adverse Childhood Experiences ⁴	Increase	not avail.	92%	not avail.	92%	BSKHS

Notes:

Latest available data presented for all years. Some surveys are conducted every other year.

¹ Changes between 2014 and 2019 are not statistically significant unless denoted with an asterisk (*).

² Data sources include:

BSKHS = Best Starts for Kids Health Survey, conducted in even years only
 CW = child welfare data, via Partners for Our Children Child Well-being data portal
 OSPI = Office of the Superintendent of Public Instruction
 VS = vital statistics data, Washington State Department of Health.

³ Infant mortality is rate of deaths in the first year of life per 1,000 live births.

⁴ Components of safe, stable and nurturing relationships indicator.

⁵ Kindergarten readiness: trends cannot be assessed due to phased implementation rollout.

⁶ Child abuse or neglect data are rates of investigations and assessments per 1,000 households. Data for 2019 are through October 2019 only; latest available data.

Performance measures: Investing early (prenatal – 5 years)

Investment area & strategy	How much did we do?	How well did we do it?	Is anyone better off?		
Help Me Grow					
<ul style="list-style-type: none"> ● Help Me Grow Washington/ WithinReach in King County ¹ 	Baseline number and type of barriers to services tracked for families served by Help Me Grow Washington/ WithinReach in King County	352	In development *	In development *	
	Baseline number and type of referrals completed by Help Me Grow Washington/ WithinReach in King County	2,271			
	Baseline number of caregivers/ children that were provided services by Help Me Grow Washington/ WithinReach in King County	2,697			
	Baseline number of changes to the resource directory in King County annually by Help Me Grow Washington/ WithinReach in King County	877			
	Baseline number of service linkages tracked for families served by Help Me Grow Washington/ WithinReach in King County	2,697			
	Baseline number of unduplicated caregivers served by Help Me Grow Washington/ WithinReach in King County	1,394			
	Baseline number of unduplicated children served by Help Me Grow Washington/ WithinReach in King County	1,303			
<ul style="list-style-type: none"> ● Help Me Grow 	Number of Collaborators the Help Me Grow King County Core Team partnered back and forth with representing coalitions and organizations in different sectors	156	Percent of identified sectors engaged by Help Me Grow King County Core Team	63%	Percent expansion of resource directory to include child welfare, BSK, and other community-identified needs (in development) *
	Number of large community events/gatherings the Help Me Grow King County Core Team hosted or attended	27			
	Number of participants engaged through meetings/ gatherings the Help Me Grow King County Core Team hosted	445			
Developmental Promotion					
<ul style="list-style-type: none"> ● Ages and Stages Questionnaire (ASQ)/ Ages and Stages Questionnaire: Social Emotional (ASQ-SE) Provider Training 	Number of providers trained to administer the ASQ and/or ASQ-SE	183	Percent of providers with increased confidence in their ability to discuss a developmental concern with a family	88%	Not Applicable
			Percent of providers with increased confidence in their ability to explain why screening is important	93%	

Implementation status: ● Laying the groundwork ● Building momentum ● Delivering impact

Investment area & strategy	How much did we do?		How well did we do it?		Is anyone better off?	
Developmental Promotion						
● Developmental Screening: Language Access Pilots	Number of meeting participants	544	Percent of meetings that were culturally and linguistically reflective of communities served	93%	Percent of participants who indicated the final translation/adaptation was culturally relevant	97%
	Number of meetings held to support tool translation/adaptation	52			Percent of participants who rated final translation/adaptation as a high quality product	99%
● Developmental Screening: Screening Pilots	Number of children screened	1,466	Percent of families offered screening who accepted it	69%	Percent of families who reported screening process was a positive experience	96%
			Percent of screenings where person screening was a cultural/language match to child being screened	55%	Percent of families who were identified as needing a referral through screening and received that referral	88%
● Developmental Screening: Training Pilots	Number trained around developmental screening	339	Percent reporting increased knowledge around developmental screening	90%	Percent reporting increased confidence in using a developmental screening tool	88%
● Early Support for Infants and Toddlers (ESIT)	Number of children provided services	5,643	Percent of children with evaluation and service plan in place within 45 days from initial contact	90%	Percent of children with progress acquiring knowledge/skills	75%
			Percent of children with service start within 30 days	98%	Percent of children with progress in positive social/emotional development	74%
			Percent of children with transition meeting at least 90 days prior to child turning 3 to determine eligibility for school services	91%	Percent of children with progress in taking action to meet needs	76%
● Infant and Early Childhood Mental Health Endorsement (IECMH)	Number of providers who initiated the endorsement process	21	Percent of grantees who reported the endorsement process was responsive to their needs and experiences	*	Percent of grantees who reported an increase in confidence in their role as an IECMH provider	*
					Percent of grantees who experienced career benefits after earning their endorsement	*
● Infant and Early Childhood Mental Health Reflective Consultation	Number of reflective consultants	17	Percent of participants who reported that reflective consultation was respectful of their community's needs and experiences	*	Percent of participants who reported an increase in awareness of their own implicit biases as a result of participating in reflective consultation	
	Number of reflective consultation participants	460	Percent of participants who reported that reflective consultation encouraged them to further reflect on their practices		Percent of participants who reported being more empathetic in their relationships with children and families as a result of participating in reflective consultation	

Implementation status: ● Laying the groundwork ● Building momentum ● Delivering impact

Investment area & strategy	How much did we do?	How well did we do it?	Is anyone better off?				
Workforce Development							
● Capacity Building	Number of Best Starts learning community meetings for trainers and reflective consultants	6	Percent of trainers/reflective consultants who reported receiving a high level of support from systems coordinators	*	Percent of trainers/reflective consultants who reported making a positive change to their training or reflective consultation practice as a result of participation in this Best Starts strategy	*	
	● Large Group Trainings	Number of large group trainings	8	Percent of participants who reported training content was meaningful to their work with children and families	*	Percent of participants who reported an increase in knowledge related to equity as a result of the training	*
		Number of providers who participated in one or more large group trainings (duplicated)	314	Percent of participants who reported the training considered equity related to participants' diverse needs and experiences	*	Percent of participants who reported an increase in knowledge related to the promotion of infant and early childhood mental health (IECMH) as a result of the training (only reported for IECMH trainings)	*
		Number of providers who participated in one or more large group trainings (unduplicated)	255			Percent of participants who reported confidence in their ability to apply something new they learned from the training to their work	*
Number of trainers	15						
● Workforce Collaboratives	Number of providers who were members of a workforce collaborative	29	Percent of members who reported the training content met a need of their Workforce Collaborative	*	Percent of members who reported increased confidence that they have the skills to help families support their child's development as a result of the Workforce Collaborative	*	
					Percent of members who reported they have been able to apply learnings from the Workforce Collaborative to their work	*	
					Percent of members who reported increased peer support as a result of their Workforce Collaborative	*	
Home-Based Services							
● Community Designed	Number of children served	308	Percent of children receiving developmental services (in development)	*	Percent of families with increased protective factors (in development)	*	
	Number of families/caregivers served	320	Percent of families satisfied with services (in development)	*	Percent of mothers with positive birth outcomes (in development)	*	
	Number of group services completed	37					
	Number of home visits completed	1,812					

(continued on next page)

Implementation status: ● Laying the groundwork ● Building momentum ● Delivering impact

Investment area & strategy	How much did we do?		How well did we do it?		Is anyone better off?			
Home-Based Services								
● Community Designed (continued)	Number of service hours delivered	1,021						
	Number of service referrals completed	41						
	Number of staff trained	67						
● Evidence-Based/ Evidence-Informed	Number of caregivers served	624	Percent of caregivers who received an observation of caregiver-child interaction using a validated tool	65%	Percent of caregivers who show greater positive interaction with children than at baseline	21%		
	Number of children served	517	Percent of children with a timely screen for developmental delays using ASQ	62%	Percent of families connected to services based on a referral	74%		
	Number of families served	472	Percent of enrolled clients that received the model recommended number of home visits during the report period	74%	Percent of mothers who initiated breastfeeding	78%		
Percent of families enrolled from focus populations			72%					
● Parent Child Plus	Number of children served by Parent Child Plus	2,508	Percent of Parent Child Plus families matched with culturally relevant staff	84%	Percent of children with positive parent behavior scores at baseline year 1	29%		
	Number of families served by Parent Child Plus	2,508			Percent of children with positive parent behavior scores at end of year 1	49%		
	Number of visits completed by Parent Child Plus	88,069			Percent of children with positive parent behavior scores at end of year 2	78%		
Community-Based Peer and Parenting Support								
● Basic Needs Resources: Food	Number of families receiving Good Food Bags	2,591	Percent of survey respondents who rate overall experience with Good Food Bags as excellent	98%	Percent of survey respondents who report eating more fruits and vegetables	80%		
	Number of Good Food Bags distributed	15,451	Percent of survey respondents who report being food insecure in the past 12 months	93%			Percent of survey respondents who report positive effects of Good Food Bags for their children	40%
	Number of sites participating in Good Food Bag program	54	Percent of survey respondents who report usually using all fruits and vegetables in Good Food Bag	74%				
Percent of survey respondents who think program is a good way to increase healthy food access			92%					

Implementation status: ● Laying the groundwork ● Building momentum ● Delivering impact

Investment area & strategy	How much did we do?	How well did we do it?	Is anyone better off?			
Community-Based Peer and Parenting Support						
● Basic Needs Resources: Goods	Number of children and youth for whom partners request and receive resources	27,911	Number of individual items/ products distributed in King County	3,098,216	Percent of provider partners who agreed or strongly agreed that the provided goods has helped to reduce the number of missed client visits	49%
	Number of different types of program sites requesting and receiving resources	268	Percent of items/products distributed to South Region zip codes	29%	Percent of provider partners who agreed or strongly agreed that the provided goods has kept clients in their program longer	45%
	Number of households for whom partners request and receive resources	11,451	Percent of partner agencies sustaining partnership with resource broker over one year	96%	Percent of provider partners who agreed or strongly agreed that the provided goods increased communication by clients between scheduled visits	79%
	Number of provider partner agencies, programs, and program sites requesting and receiving resources	536	Percent of requested items distributed	99%	Percent of provider partners who agreed or strongly agreed that the provided goods positively influenced their organization and program budgets	72%
● Kaleidoscope Play and Learn	Unduplicated number of children, parents, and caregivers attending Kaleidoscope Play & Learn Groups	13,739	Percent increase in access (number of groups available) in Kaleidoscope Play & Learn Groups	27%	Percent of parents and caregivers who feel more supported as a parent or caregiver in their community	90%
			Percent increase in participation (number of people attending) in Kaleidoscope Play & Learn Groups	23%	Percent of parents and caregivers who increased understanding of their role in helping the child in their care be ready for kindergarten	80%
					Percent of parents and caregivers who read, look at books, or tell stories more often with the child in their care	80%
● Parent/Caregiver Information and Support	Number of families served	244	Percent of participants satisfied with services (in development)	*	Percent of families with increased protective factors (in development)	*
	Number of group meetings/ services held	129				
	Number of parents/caregivers served	218				
● Perinatal/Breastfeeding Peer Counseling	Number of completed Breastfeeding Peer Counseling trainings	2	In development	*	In development	*
	Number of organizations that received infrastructure development and capacity building support from Open Arms Perinatal Services	4				

(continued on next page)

Implementation status: ● Laying the groundwork ● Building momentum ● Delivering impact

Investment area & strategy	How much did we do?	How well did we do it?	Is anyone better off?	
Community-Based Peer and Parenting Support				
● Perinatal/Breastfeeding Peer Counseling (continued)	Number of people trained in Breastfeeding Peer Counseling	67		
	Number of people trained in the March of Dimes Supportive Pregnancy Care Model	31		
	Number of Perinatal Collaborative members that participated in community outreach events	7		
Public Health Programs				
● Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	Number of clients receiving WIC	47,119	Number of nutrition education services *	
			Number of referrals to preventive services *	
			Total food dollars for fresh fruits and vegetables \$1.7 million	
			Total food dollars for WIC farmers market nutrition program \$14,932	
			Total food dollars redeemed \$16.6 million	
● Perinatal Hepatitis B Prevention Program	Number of infants completing postvaccination serology testing	192	Percent of women enrolled before delivery 95%	
	Number of outreach sessions held with partners	16	Percent of women identified through enhanced lab reporting 66%	
	Number of women enrolled	187	Percent of infants completing postvaccination serology testing 85%	
	Number of women enrolled before delivery	177		
	Number of women identified through enhanced lab reporting	123		
			Number of infants completing postexposure prophylaxis (PEP) 150	
			Percent of infants completing postexposure prophylaxis (PEP) 89%	
			Percent of infants who tested negative for hepatitis B 100%	
● Nurse Family Partnership	Number of children served by NFP	711	Average visit length (hr) 1	
	Number of pregnant women and mothers served by NFP	306	Number of attempted visits to the mother 446	Birth outcomes: low birth weight (<2500 grams) 11%
			Number of completed visits to the mother 8,624	Birth outcomes: preterm birth 11%
			Number of telephone calls to the mother 410	Child health and development outcomes: child hospitalized 1+ times for injury or ingestion (among children 0-6) ² 0
			Number of visits to the mother cancelled by the client 446	Child health and development outcomes: child visited emergency room 1+ times for injury or ingestion (among children 0-6 months) 0
			Child health and development outcomes: child visited urgent care 1+ times for injury or ingestion (among children 0-6 months) 0	

(continued on next page)

Implementation status: ● Laying the groundwork ● Building momentum ● Delivering impact

Investment area & strategy	How much did we do?		How well did we do it?		Is anyone better off?	
Public Health Programs						
● Nurse Family Partnership (continued)	Number of visits to the mother cancelled by the nurse		*	Child health and development outcomes: current with immunizations	100%	
	Average number of referrals to other assistance (service linkages)		7	Child health and development outcomes: developmental screening	90%	
	Total number of referrals to other assistance (service linkages)		4,129	Child health and development outcomes: initiated breastfeeding	98%	
	Total visit contact time (hr)		*	Child health and development outcomes: number of children who may need further evaluation	0%	
● Family Planning Education	Number of clients reached through direct education & outreach to youth	21,833	Health education trainers "created an effective learning environment"	99%	Training participants increase skills	97%
	Number of direct education sessions and outreach activities	812				
	Number of technical assistance & professional development services clients	2,200				
	Number of technical assistance & professional development services sessions	113				
	Number of youth-servicing professional clients reached	2,200				
● Family Planning Services	Number of clients served by Family Planning Services	5,573	Percent of clients on a more effective contraceptive method ²	80%	Number of abortions prevented ²	320
			Percent of contraceptive users ²	86%	Number of chlamydia infections prevented	80
					Number of unintended pregnancies prevented ²	940
					Number of unplanned births prevented ²	440
				Total dollars of net savings ²	\$5,025,420	
● Maternal Support Services/Infant Case Management	Number of clients served by MSS/ICM	14,719	Number of linkages to ancillary support services	2,575	King County low birthweight (<2500 grams)	7%
	Visits delivered by MSS/ICM	34,521	Percent of total MSS/ICM provided by Public Health	*	MSS clients low birthweight (<2500 grams)	8.8%
● Kids Plus	Number of adults served by Kids Plus	108	Percent of children receiving a developmental screening or linked to early intervention (children 6 or younger)	67%	Number of children and adults in permanent housing/positive destination	57%
	Number of children served by Kids Plus	171				
	Number of clients (adults and children) served by Kids Plus	279				
	Number of households served by Kids Plus	79				

Implementation status: ● Laying the groundwork ● Building momentum ● Delivering impact

Investment area & strategy	How much did we do?	How well did we do it?	Is anyone better off?			
Vroom						
● Community Connectors	Number of Latinx and Somali parents introduced to Vroom as a result of outreach and engagement	245	Percent of Latinx and Somali partners reached who became Vroom Messengers	35%	Percent of Vroom Messengers or Parents integrating Vroom into existing programs that reach parents and caregivers	34%
	Number of Latinx and Somali participants in outreach events, engagement activities, and trainings	160	Percent of Vroom Messengers or Parents who have a positive perception of Vroom	94%	Percent of Vroom Messengers or Parents integrating Vroom into their everyday work	72%
	Number of outreach events led by Latinx and Somali Vroom Community Connectors	39			Percent of Vroom Messengers or Parents using the Vroom tools to engage with children	73%
					Percent of Vroom Messengers or Parents who report Vroom increases their focus on early brain development when working with parents	47%
Childcare Health Consultation						
● Service Delivery	Number of child care sites served by Childcare Health Consultation teams	871	Percent of child care providers and administrative staff served by CCHC teams that are satisfied with the services they received	98%	Percent of child care providers served by CCHC teams that report an increase in their ability to implement strategies that enhance the health and safety of the child care environment	77%
	Number of children receiving child care from child care providers served by Childcare Health Consultation teams.	11,980			Percent of child care providers served by CCHC teams that report increased knowledge of community resources	99%
	Number of child care providers served by Childcare Health Consultation teams	1,671			Percent of child care providers served by CCHC teams that report increased knowledge of consultation and training topics	93%
	Number of services provided by Childcare Health Consultation teams	3,171				
● System Development	Number of action items identified for early win and LEAN projects	30	Percent of participants who speak a language other than English	35%	Percent of participants who rate experience highly	95%
	Number of child care system development engagement activities	41				
	Number of participants in engagement activities	274				
	Number of recommendations identified through engagement activities and shared with stakeholders	7				

Implementation status: ● Laying the groundwork ● Building momentum ● Delivering impact

Investment area & strategy	How much did we do?	How well did we do it?	Is anyone better off?
Innovation Fund			
● Innovation Fund	Number of people who participated in and/or received one of the innovation strategies	275	In development *
	Number of people who helped to design or deliver one or more of the innovation strategies	232	In development *

* Not measured in 2019.

¹ The data were provided by HMG WA Within Reach to serve as a baseline for Help Me Grow King County. These services were not funded by Best Starts for Kids.

² Change in Statewide methodology between 2018 and 2019.

Implementation status: ● Laying the groundwork ● Building momentum ● Delivering impact

2019 Investing early program changes, successes, and challenges reported by partners

Best Starts for Kids asks all partners to answer a standard set of open-ended questions in addition to providing performance measure data. This helps us understand the stories behind the numbers. These questions are analyzed through a rigorous process to identify common themes for each question. Below are the most common themes we heard in 2019 along with quotes that illustrate each theme:

Theme	Partner Highlight
What <u>changes</u> have you made to your program or organization to better serve children, youth, families, or communities?	
Expanding programs to increase impact	"We have expanded our program capacity to reach new early childhood education providers in Burien, Sea-Tac, Tukwila, and the Southcenter/Orillia neighborhood. We chose these areas because they are typically underserved communities and consultation services in those areas have not been readily available." -Child Care Health Consultation Partner
Making programs more culturally relevant	"A key element of this success is focused on [our] commitment to diversity, equity, and inclusion. We have strengthened our hiring practices to acutely focus on recruiting staff from communities of color by participating in community recruitment fairs and events-based recruitment, as active members on the state's efforts to recruit more diverse candidates in early intervention, and by hiring an HR manager who is a person of color." -Early Support for Infants and Toddlers Partner
Increasing staffing for programs	"The hiring of 15 new doulas has allowed us to expand our services to more clients, increase our language capacity and ability to make cultural matches. These doulas are supported through our new mentorship program and have excelled through this more structured connection to experienced doulas." -Home-Based Services Partner
What is something you feel was a great <u>success</u> or help to accomplishing your program goals?	
Supporting youth and families in achieving positive outcomes	"...we conducted our first [program] group and that happened at [organization], which is a short-term shelter for families experiencing homelessness. I think it's a success because it worked, we could show up, we could deliver the curriculum, parents were there, and the families that are living there are facing many challenges, stressors and barriers, and so just the fact that we were able to run a group and do the full ten weeks was a success." -Innovation Fund Partner
Making programs more culturally relevant	"In order to achieve our goals: "SUPPORT, INVOLVE, ENJOY", 3 elements have been included during the parent-child time: interactive activities, parent educational workshop, support group and/or cultural/ festival events. For example... we had "Dragon Boat Festival" to help the children to know about the Chinese traditional culture and to develop an appreciation of their bi-cultural identity through the preservation of their cultural heritage; we also had Parent group to share their questions and concerns about child development, and to share their interests/ talents with other parents." -Home-Based Services Partner
Identifying and recruiting new program participants	"Parents are referring other parents! This speaks to their trust in the program and in our organizations to work well with their friends and family members. Many families are also asking to have their children re-screened again because they had such a positive experience with the first screening and learned so much about their child's development. Last parent gathering in June- it was even better attended and new parents came." -Developmental Promotion Pilot Partner
Making programs more equitable	"We were able to hire a bilingual coordinator. We are now able to serve this population of providers more efficiently and more importantly build more meaningful relationships with them. They have access to and can utilize the language they feel comfortable in to communicate with us and we are able to provide both written and verbal materials to them in order to support their process." -Workforce Development Partner
What is something you feel was a major <u>challenge</u> or barrier to accomplishing your program goals?	
Recruiting, retaining, and developing staff	"We are working closely with the broader organization in tackling the barriers/struggles each staff faces and address their needs. [Organization name] is developing a more competitive benefit packages. We have struggled to find and keep qualified candidates to fill the positions, with a culture and language match." -Home-Based Services Partner
Delivering program activities due to logistical issues	"The challenge is that how to make our group trainings more accessible to the grandparents. Most of the grandparents couldn't attend our workshops due to the transportation issue. Our clients spread all over King County. But there are only several families in one area." -Child Care Health Consultation Partner
Timing of programming and lack of time	"...the challenge is that when we do that work, especially around ceremony and spirituality and our elders, it's almost like we're not on our own timeline at that point in time. We're on the timeline of... time in a different sense, so things happen when they happen and they take as long as they need." -Innovation Fund Partner
What is something your organization did to make progress toward <u>changing a policy, system, or environment</u> as a result of your Best Starts program?	
Looking at systems in new ways to achieve outcomes	"We have had childcare providers that report back to us that they incorporate Vroom into their lesson plans. It is great to see the parents, care givers and child care providers are using and benefiting from Vroom." -Vroom Community Connector
Changing organizational or community policies and procedures	"We are contributing to the drafting of a joint memorandum in support of our COFA communities [Compact of Free Association, including Micronesia, the Marshall Islands, and Palau] to restore health care benefits and access to resources. [Organization name] has also formed a partnership with local community leaders and government entities to support the revision and negotiations of the COFA Health bill." -Developmental Promotion Pilot Partner
Making programs more equitable	"As mentioned, the picture survey of preferred produce was implemented and tallied. The results were shared with a number of the small immigrant and refugee farmers in King County... Then, we worked together to project the amount of bags we would share with the community, and assisted the farmers in creating crop plans for the 2019 growing season. We have been purchasing the majority of our produce from them this year, helping to grow and sustain their local businesses while providing vegetables and fruit that the community prefers most." -Community-Based Peer and Parenting Supports Partner

Population indicators: Sustaining the gain (5 – 24 years)

Long-term population indicators and supporting indicators assess the well-begin of all children throughout King County.

Indicator	Improvement direction expected	King County population				Data source ²
		2014	2017	2018 ¹	2019 ¹	
Headline indicators						
3rd graders who meet reading standard	Increase	61.7%	62.7%	65.5%	63.5%	OSPI
4th graders who meet math standard	Increase	63.9%	65.2%	64.2%	62.5%	OSPI
Youth who are flourishing and resilient	Increase	not avail.	29%	not avail.	29%	BSKHS
Youth and young adults who are in excellent or very good health	Increase	not avail.	87%	not avail.	86%	BSKHS
Youth who graduate from high school on-time	Increase	79.0%	80.5%	82.2%	87.4%*	OSPI
Youth and young adults in school or working	Increase	89%	93%	93%*	not avail.	ACS
High school graduates who earn a college degree or career credential ³	Increase	Range across KC districts: high: 77% low: 37% high: 78% low: 38% not avail. not avail.				ERDC
Youth not using illegal substances	Increase	75%	76% ⁴	76%	not avail.	HYS
Lowering the rate of adolescent births	Decrease	4.7	2.7	2.3*	not avail.	VS
Youth have supportive adults	Increase	75%	75% ⁴	74%	not avail.	HYS
		not avail.	84%	not avail.	86%	BSKHS
Youth believe in their ability to succeed	Increase	48%	49% ⁴	not avail. ⁵	not avail.	HYS
		—	—	53%	not avail.	HYS
Secondary indicators						
Youth are not chronically absent from school	Increase	86.5%	84.9%	85.7%	not avail. ⁵	OSPI
Youth are getting good grades in school	Increase	79%	80% ⁴	81%*	not avail.	HYS
Youth are completing 9th grade	Increase	73.6%	79.4%	79.7%	78.0%	OSPI
Youth feel safe at school	Increase	87%	86% ⁴	83%*	not avail.	HYS
Youth have strong school relationships	Increase	52%	53% ⁴	49%*	not avail.	HYS
Young adults participate in civic activity and are engaged	Increase	53%	43%	75%	49%	KC Elections
Youth are not justice system involved (number of filings) ⁶	Decrease	1,746	1,278	1,213	1,033	JIMS
Youth have positive social-emotional development	Increase	not avail.	72%	not avail.	76%	BSKHS
Youth are not suspended/expelled from school	Increase	3.1%	2.3%	2.5%	2.7%	OSPI
Youth are physically active	Increase	22%	21% ⁴	19%*	not avail.	HYS
Youth live in supportive neighborhoods ⁷	Increase	not avail.	49%	not avail.	51%	BSKHS

Notes:

Latest available data presented for all years. Some surveys are conducted every other year. Data year listed for academic data reflects academic year.

¹ Changes between 2014 and 2018 or between 2014 and 2019 are not statistically significant unless denoted with an asterisk (*).

² Data sources include:

ACS = US Census Bureau, American Community Survey
 BSKHS = Best Starts for Kids Health Survey, conducted in even years only
 ERDC = Washington State Education Research Data Center
 HYS = Healthy Youth Survey, conducted in even years only
 JIMS = Juvenile Information Management System
 OSPI = Office of the Superintendent of Public Instruction
 VS = vital statistics data, Department of Health

³ 2014 data show percent of graduates of the class of 2006 who have earned credentials by 2014 and 2017 data shows rate of credentials earned by class of 2009. Data are available at only the statewide and school district level; King County value shows the range for school districts within King County.

⁴ 2016 data; survey only conducted in even years.

⁵ No longer asked on survey or reported. Survey question on youth belief in their ability to succeed changed between 2016 and 2018.

⁶ Number denotes counts of filings per year.

⁷ Reflects all ages from 6 months through 5th grade.

2019 Performance measures: Sustaining the gain (5 – 24 years)

Investment area & strategy	How much did we do?		How well did we do it?		Is anyone better off?
Youth Development					
● Youth Development General	Number of youth/young adults enrolled	4,121	Percent of youth/young adults who completed services (services with start/end date)	72%	Percent of youth/young adults who feel hopeful and optimistic in the future, based on at least a one-unit increase on the Youth Development Executives of King County Future Orientation Scale between program enrollment and exit
			Percent of youth/young adults who engaged in programming in the most recent quarter (ongoing, long term services)	49%	
● Youth Development Relationships	Number of youth/young adults enrolled	1,746	Percent of youth/young adults who completed services (services with start/end date)	100%	Percent of youth/young adults with improved knowledge or skills related to healthy relationships
			Percent of youth/young adults who engaged in programming in the most recent quarter (ongoing, long term services)	26%	
School Partnerships					
● Trauma-informed Restorative Practices¹	Number of people participating in TIRP programs	4,834	Percent of participants who adopted trauma-informed practices/behavior	82%	Percent of participants reporting improved school climate and culture
		1,892	Percent of participants who assess the program positively	74%	Percent of students with improved attendance
	Percent of participants who feel more connected, valued and/or safe		79%	Percent of youth with strengthened sense of self, identity and empowerment	
	Percent of participants who increased their competencies, knowledge or skills		82%		
● School-Based Health Centers (SBHC)	Number of SBHC visits for medical and mental health services	6,749	Percent of SBHC users who received a standardized risk assessment ²	26%	Percent of SBHC users who are passing all classes ³
	Number of students who used SBHC medical and mental health services	1,181	Percent of SBHC users with depression receiving mental health counseling ²	26%	Percent of SBHC users with less than 10 absences per school year ³
			Percent of SBHC users with drug/alcohol issues receiving a brief intervention and/or referral ²	17%	
● Out-of-School Time (OST)	Number of youth served by program ²	1,555	Percent of OST awardees participating in quality supports ⁴	97%	Percent of OST awardees meeting goals or reporting gains around youth-level outcomes ⁵
	Average number of youth served daily ²	937			Percent of OST awardees who improved in one or more of their goals around social-emotional learning staff practices ⁵

Implementation status: ● Laying the groundwork ● Building momentum ● Delivering impact

Investment area & strategy	How much did we do?		How well did we do it?		Is anyone better off?	
School Partnerships						
● Screening, Brief Intervention and Referral to Treatment (SB-SBIRT)	Number of middle school students referred to services or resources ²	770	Number referrals provided with a status of "connected" ²	504	Percent of interventionists reporting improvements in SB-SBIRT Learning Competencies ⁵	71%
	Number of students whose caregivers opted them out of SB-SBIRT or did not opt-in ²	447	Percent of Tier 2 middle school students who received at least 1 Brief Intervention (BI) meeting ²	76%		
	Number of youth screened at SB-SBIRT middle schools ²	5,987	Percent of Tier 3 middle school students who received at least 1 Brief Intervention (BI) meeting ²	91%		
	Number of youth who received at least 1 Brief Intervention (BI) meeting ²	2,470				
	Percent of participating school districts that participated in all Learning Collaborative meetings ⁵	50%				
Healthy and Safe Environments						
● Healthy and Safe Environments	Number of people trained	3,302	Number of connections made or strengthened	260	Number of people who are potentially better off from new or improved policies or environments	77,224
	Number of trainings, workshops	195	Number of systems and environments improved	486	Number of policies changed	21
Adolescent Immunization						
● Child Health Improvement Partnership	Number of clinics participating in a learning collaborative	4	Completion rates for trainings and quality improvement support	*	Adolescent immunization completion (HEDIS measure)	*
	Number of adolescent patients of clinics participating in the learning collaborative	11,000	Percent of participants who felt their participation made a difference for their practice	*	Percent of practices' eligible patients who have initiated HPV vaccination	*
	Number of group trainings provided	5			Percent of practices' eligible patients who have completed HPV vaccination	*
					Rate of missed opportunities in participating practices	*
					Tdap vaccination rate among practices' adolescent patients	*
					MCV vaccination rate among practices' adolescent patients	*

Implementation status: ● Laying the groundwork ● Building momentum ● Delivering impact

Investment area & strategy	How much did we do?		How well did we do it?		Is anyone better off?	
Family Engagement						
● Family Support and Engagement	Number of caregivers enrolled	209	Percent of caregivers who felt the kinship services improved their situation "a lot" ⁶	38%	Percent of caregivers who felt their familiarity with resources "improved a lot" as a result of their contact with kinship services ⁵	41%
			Percent of caregivers who rated staff's sensitivity to their culture as "good" or "excellent" ⁶	96%		
Transitions to Adulthood						
● Behavioral Health in Re-engagement Centers	Number of youth/young adults screened	93	Percent of youth/young adults with an individual service plan within 30 days of enrolling in the program	36%	Percent of youth/young adults with reduced substance use and/or clinically improved depression and anxiety	55%
			Percent of youth/young adults making progress toward their service plan in the most recent quarter of programming	27%		
● Career Launch Pad	Number of youth/young adults enrolled	75	Percent of youth/young adults who completed job readiness training	59%	Percent of youth/young adults making \$13 or more per hour	71%
					Percent of youth/young adults placed into employment	60%
● Clear Path to Employment	Number of youth/young adults enrolled	181	Number of youth/young adults who completed pre-employment activities	83	Number of youth/young adults placed into unsubsidized employment at program completion	68
			Number of youth/young adults completing subsidized employment	27		
● Peer Connectors	Number of youth/young adults referred to the program	191	Percent of youth/young adults who re-engaged in school or employment	56%		
● Work Training Education	Number of youth/young adults enrolled	494	Percent of youth/young adults assessed within 30 days of enrollment	76%	Percent of youth/young adults who enroll into college or advanced training upon completing the program	44%
					Percent of youth/young adults who stay in school or graduate upon completing the program	34%
● Work Training Employment	Number of youth/young adults enrolled	61	Percent of youth/young adults gaining employment who make \$20 or more per hour	94%	Percent of youth/young adults gaining employment or entering postsecondary education upon program completion	31%
			Percent of youth/young adults who completed job readiness training	84%		

Implementation status: ● Laying the groundwork ● Building momentum ● Delivering impact

Investment area & strategy	How much did we do?	How well did we do it?	Is anyone better off?			
Stopping the School-to-Prison Pipeline						
● Community Empowered Disposition Alternative and Resolution (CEDAR)	Number of youth/young adults referred to the program	118	Percent of youth/young adults with 45 days or less between referral and case plan date	15%	Percent of youth/young adults with a lower disposition recommendation upon exiting the program	64%
	Number of youth/young adults enrolled	40				
● Community Supports	Number of youth/young adults enrolled	1,086	Percent of enrolled youth/young adults who were assessed within three sessions after enrollment	87%	Percent of youth/young adults achieving goal upon program completion	84%
			Percent of enrolled youth/young adults with a service plan within six sessions after enrollment	95%		
Credible Messengers⁷	No contract in 2019	*	No contract in 2019	*	No contract in 2019	*
● Mentoring⁸	Number of youth/young adults enrolled	97	Percent of all enrolled youth/young adults who made progress towards their service plan in the most recent quarter of programming	97%		
● Outreach and Case Management⁸	Number of new youth/young adults contacted through outreach services	142	Percent of all enrolled youth/young adults who made progress towards their service plan in the most recent quarter of programming	32%		
	Number of youth/young adults enrolled	101				
● Project SCOPE	Number of youth/young adults enrolled	74	Number of youth/young adults making progress toward their High School Diploma or GED in the most recent quarter of programming	5	Number of youth/young adults completing internships or summer program placements	14
			Number of youth/young adults placed in an internship or summer program	14	Number of youth/young adults gaining employment and/or attending college at program completion	0
● Theft 3 and Mall Safety	Number of youth/young adults contacted through outreach services	97	Percent of all enrolled youth/young adults who made progress towards their service plan in the most recent quarter of programming	100%	Percent of youth/young adults who achieved a service plan goal upon exit	63%
	Number of youth/young adults offered outreach services that subsequently enrolled in the program	45				

* Not measured in 2019.

¹ Data cover most recent reporting period, Aug - Dec 2019.

² Data cover most recent reporting period, Sept-Dec 2019.

³ Data cover Aug 16, 2018 – Aug 15, 2019.

⁴ Data cover Jan-Dec 2019.

⁵ Data cover Jan-June 2019 academic year.

⁶ Not all caregivers in the program participated in the survey. Responses come from approximately 35% of caregivers.

⁷ No contract in 2019.

⁸ Contracts ended Quarter 3, 2019.

Implementation status: ● Laying the groundwork ● Building momentum ● Delivering impact

2019 Sustaining the gain program changes, successes, and challenges reported by partners

Best Starts for Kids asks all partners to answer a standard set of open-ended questions in addition to providing performance measure data. This helps us understand the stories behind the numbers. These questions are analyzed through a rigorous process to identify common themes for each question. Below are the most common themes we heard in 2019 along with quotes that illustrate each theme:

Theme	Partner Highlight
What <u>changes</u> have you made to your program or organization to better serve children, youth, families, or communities?	
Expanding programs to increase impact	“With the increased allocations for elementary [School-Based Health Centers], the program was able to boost mental health FTE by one additional day at three sites... The additional coverage allowed providers to serve additional caseload students as well as better integrate with the school's systems and interventions, allowing for enhanced coordination and wraparound services.” -School-Based Health Centers Partner
Improving program implementation	“With all the community training and building, we were able to grow and deepen the curriculum and content... such as trauma-informed storytelling, circle keeping, [and] community-based accountability work... We have been learning how to better engage community from a place that recognizes that the skill, experience, and wisdom already exists in community - and our role is to cultivate a container for that resource to bloom.” -Youth Development Partner
Increasing staffing for programs	“We have hired two [staff] to respond to an increase in referrals... The people that we hire are advocates in the juvenile and adult courts helping young people stay out of the same prison industrial complex that staff themselves have been impacted by. Many of our staff normally would not be able to make a decent living wage, let alone work in this field, due to their criminal history and the trauma they've lived through. But we know and prioritize the fact that those closest to the problem are closest to solutions.” -Stopping the School-to-Prison Pipeline Partner
What is something you feel was a great <u>success</u> or help to accomplishing your program goals?	
Supporting clients in achieving positive outcomes	“We were able to successfully enroll youth onto the caseload and support them in finding subsidized and un-subsidized employment opportunities... Through a combination of [our program] and referrals from case managers, our career coordinators have been able to connect with young people throughout the agency. Once connected, they are able to support youth one-on-one, refer them to our employment programs to gain experience, and work with our employment specialist to find internship and employment opportunities that help them obtain un-subsidized employment.” -Transitions to Adulthood Partner
Partnering with organizations working toward similar goals	“[An organization] that provides educational services and therapies... contacted [us] requesting to provide a training to their staff so they can better serve the immigrant families that participate in their programs... The workshop included topics such as sanctuary cities, sensitive locations, [and] emergency safety planning. After the training, the participants expressed their interest in having [our organization's] technical advice to implement internal policies and procedures to protect the immigrant families they serve.” -Healthy and Safe Environments Partner
Making programs more equitable	“Students started planning for their social justice campaign; they chose to focus on disproportionate discipline in education. They created the hashtag #Don'tDisciplineMyMelanin. This campaign is intended to shine a light on disproportionate discipline practices and implementation in schools. Research shows that Black and Brown students are being disciplined at higher rates and receiving harsher punishments compared to their white counterparts.” -Trauma-Informed and Restorative Practices Partner
What is something you feel was a major <u>challenge</u> or barrier to accomplishing your program goals?	
Delivering program activities due to logistical issues	“[We] are forced to rely on program staff to transport our students to and from our program. This takes away from time that could be spent planning, entering data, and providing quality programming. Additionally, having a full-time van driver would expand the geographic area that we could provide transportation for, extending our range and helping us move with many of our families as they experience the effects of gentrification.” -Stopping the School-to-Prison Pipeline Partner
Recruiting, retaining, and developing staff	“Expansion of services has led to additional strains on staff capacity. This is an ever-present reality in nonprofit work. Our youth leadership group attendance has suffered in particular due to lack of staff presence when other emergent needs came up. This is the primary reason we created the [new] position.” -Youth Development Partner
Timing of programming and lack of time	“The biggest hurdle our team faces are the competing demands and limited time... During times of overlapping recruitment efforts, practice onboarding, steering committee meetings, learning collaborative cohort meetings, and management meetings, the team can feel stretched thin... The limited time from the team to manage and develop the program... limits the ability to redesign and adapt curriculum and tools on a continual basis to prepare for new content areas or for scalability.” -Adolescent Immunization Partner
What is something your organization did to make progress toward <u>changing a policy, system, or environment</u> as a result of your Best Starts program?	
Looking at systems in new ways to achieve outcomes	“[We launched] a community resource that captures and maintains critical data on Washington's youth-serving programs. From youth and staff demographics to funding streams and program content—this data shows us who's being served and where gaps exist. These big-picture insights... help providers use data to target and improve service delivery and measure impact over time.” -Out of School Time Partner
Changing organizational or community policies and procedures	“We developed a program for restorative practices to mitigate school sanctioned absences that was implemented second semester and has been presented to the school district to run next year in all district middle schools. This program will essentially reduce the amount of time students are out of school due to long-term suspensions and follows a procedure to help students reintegrate back into the classroom upon return to school.” -Trauma-Informed and Restorative Practices Partner
Changing organizational or community climate, culture, or physical spaces	“We are part of the [King County Open Space Equity Cabinet] that promotes safe and healthy environments. At our Community Health Fair we had our youth get involved in physical activity, such as basketball, jumping rope and Frisbee. We are combating unhealthy housing and building quality by informing the community about their lead skills and potential lead exposure and promoting safe cleaning habits.” -Healthy and Safe Environments Partner

COO population indicators: Place-based & cultural communities

Original place-based partnerships

Indicator	Improvement direction expected	King County average		Rainier Valley		SeaTac/Tukwila		White Center		Data source ²
		2014	2018 ¹	2014	2018 ¹	2014	2018 ¹	2014	2018 ¹	
Health										
Self-reported health: good to excellent (percent)	Increase	87.8	88.0	81.0	85.4	82.2	87.6	81.4	75.2	BRFSS
Eating fruits/veg. 4+ times/day in youth (percent)	Increase	24.6	20.6*	19.8	18.0	24.1	19.5	16.0	15.2	HYS ³
Housing										
Households paying less than 30% of income for housing (percent)	Increase	61.8	64.7*	53.0	60.8*	51.6	55.4	50.5	56.7	ACS
Households paying less than 50% of income for housing (percent)	Increase	83.7	83.8*	77.1	78.9	79.8	81.4	75.0	78.4	ACS
Residential Migration (percent of residents who moved out during the year) ⁴	N/A	6.2	4.9	6.2	4.9	6.2	4.9	7.1	5.2	APCD ⁵
Economic Opportunity										
Households with income below 200% of FPL (percent)	Decrease	24.4	20.7*	40.1	30.3	46.7	35.7*	46.5	35.1	ACS
Employed/in civilian labor force (percent)	Increase	92.8	95.5*	89.8	93.5*	89.5	93.9*	89.7	94.5	ACS
Youth age 16–24 in School/Employed (percent)	Increase	88.5	91.9*	88.1	95.9*	80.6	88.2	80.6	88.2	PUMS
Community Connection										
Adolescents with an adult they can talk with (percent)	Increase	74.9	74.4	65.6	63.5	63.0	65.9	49.4	65.5*	HYS ³
COO Composite										
Composite of eight indicators ⁶	Decrease	104.9	96.6	118.9	104.2	152.8	129.1	162.1	135.9	Multiple

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New place-based and cultural communities

Indicator	Improvement direction expected	King County average		Central Seattle		Kent		Snoqualmie/ North Bend/ Skykomish		Latino in (South KC)		American Indian/ Alaska Native		Data source ²
		2017	2018 ¹	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	
Health														
Self-reported health: good to excellent (percent)	Increase	88.0	88.0	85.0	87.1	83.1	82.7	88.1	88.7	73.3	72.5	76.2	75.9	BRFSS
Eating fruits/veg. 4+ times/day in youth (percent)	Increase	22.8	20.6*	23.1	17.8	21.5	18.5	20.7	23.1	19.7	17.9	26.7	27.0	HYS ³
Housing														
Households paying less than 30% of income for housing (percent)	Increase	65.4	64.7*	63.5	61.4	59.6	59.9	72.5	72.4	52.6	54.8	61.3	62.6	ACS
Households paying less than 50% of income for housing (percent)	Increase	85.4	83.8*	83.7	81.0	82.9	82.0	89.6	89.2	81.4	81.7	79.2	79.2	ACS
Residential Migration (percent of residents who moved out during the year) ⁴	N/A	5.3	4.9	8.2	7.2	4.9	4.6	4.5	4.3	N/A	N/A	N/A	N/A	APCD ⁵
Economic Opportunity														
Households with income below 200% of FPL (percent)	Decrease	22.0	20.7*	27.2	26.9	33.2	32.7	9.8	9.2	49.1	45.3	40.7	38.9	ACS
Employed/in civilian labor force (percent)	Increase	95.0	95.5*	95.7	95.4	93.5	94.1	96.1	96.2	94.8	95.7	92.1	92.2	ACS
Youth age 16–24 in School/Employed (percent)	Increase	91.2	91.9*	93.5	95.9	87.8	88.7	90.0	91.7	86.6	87.7	79.5	79.4	PUMS
Community Connection														
Adolescents with an adult they can talk with (percent)	Increase	75.4	74.4	75.0	75.3	70.8	68.2	77.9	80.3	62.4	58.9	69.4	71.4	HYS ³
COO Composite														
Composite of eight indicators ⁶	Decrease	99.4	96.6	94.4	94.5	132.2	130.9	97.3	95.6	148.1	144.6	177.7	175.6	Multiple

Notes:

Key changes to indicators in this year's report include the replacement of health indicators from the 2018 BSK annual report (life expectancy and leisure-time physical activity) with two new indicators (self-reported health and eating fruits/vegetables). Residential migration has been added as a new indicator. 2014 is the baseline year for the original place-based partnerships, which began in 2015; 2017 is the baseline year for the new place-based and cultural community partnerships, which were added in 2018.

Baseline data for 2014 and 2017 in this report may differ from the 2018 Best Starts for Kids annual report due to a number of changes: programming algorithm modification based on the most recent ACS API, a change in the geography for Rainier Valley, and use of single-year vs. two-year combined data for the Healthy Youth Survey. Two transposing errors in the COO composite have also been corrected and updated.

Additional information and data from the COO evaluation will be available in a separate COO evaluation report, to be available at www.coopartnerships.org.

¹ A statistically significant change (p<.05) from 2014 to 2018 or from 2017 to 2018 is denoted with an asterisk (*).

² Data sources include:

BRFSS = Washington State Department of Health, Center for Health Statistics, Behavioral Risk Factor Surveillance System, supported in part by the Centers for Disease Control and Prevention, Cooperative Agreements.

HYS = Washington State Healthy Youth Survey.

ACS = American Community Survey, U.S. Census Bureau.

APCD = All Payer Claims Database, Washington State Health Care Authority.

PUMS = The American Community Survey Public Use Microdata Sample (PUMS) files. U.S. Census Bureau.

³ 2016 data are presented for the 2017 column (HYS is administered on even years).

⁴ Residential migration is standardized for the amount of time a person spent in an area that year. A move is defined as changing zip codes in a given year within Washington state. King County average is the weighted mean of neighborhood outmigration. Formula: Number of moves out of a neighborhood in a year/total amount of person time observed in that neighborhood.

⁵ 2015 estimates are provided due to APCD data limitations in 2014.

⁶ The composite is the sum of eight indicators included in the composite used to select COO's original geographies. The composite includes life expectancy at birth, rates of obesity, smoking, diabetes, frequent mental distress, unemployment, 2+ poor housing conditions, and living below 200% FPL.

2019 Performance measures: Communities of Opportunity

Investment area & strategy	How much did we do?		How well did we do it?		Is anyone better off?	
Communities Matter						
<ul style="list-style-type: none"> Communities of Opportunity (COO) 	Number of events that COO partners held or participated in ¹	3,129	Resident leaders developed through COO ³	410	New partnerships developed in progress toward policy and/or systems change	77
	Number of people participating in COO events ²	39,903		New relationships or connections made in progress toward policy and/or systems change	324	
				Number of policies changed	7	
				People hired into jobs as a result of COO activities	376	

¹ Capacity-building events include workshops, trainings, seminars, and other learning or skills building opportunities. Community events include volunteering, community organizing, celebrations, mentoring, and civic engagement activities like town hall meetings.

² Number of people participating may include duplicates across events.

³ Adult and youth community leaders are residents who are supported by COO partner organizations to participate in work groups, boards, school leadership, organization, as issue experts, or are supported in their roles as community liaisons or mentors.

2019 Performance measures: Youth and Family Homelessness Prevention Initiative

Investment area & strategy	How much did we do?		How well did we do it?		Is anyone better off?	
Youth & Family Homelessness Prevention Initiative						
<ul style="list-style-type: none"> Youth & Family Homelessness Prevention Initiative 	Number of households enrolled in Preventions	1,890	The amount of financial assistance households received to help with past rent	\$1,836,930	Percent of households who enrolled in Preventions and stayed in stable housing	90%
	Number of individuals enrolled in Preventions	5,174	The average amount of financial assistance a household received	\$1,975		

Implementation status: ● Laying the groundwork ● Building momentum ● Delivering impact

Appendix C

Detailed Investment by Strategy and Program

Invest Early Expenditures

Investments, by invest area and strategy	Committed Investments	Actual to Q2 2020	Committed thru 2021
Invest early: Prenatal to 5 years	\$189,812,496	\$101,310,504	\$88,501,991
Help Me Grow	\$9,078,951	\$2,288,673	\$6,790,278
Developmental Promotion/Early Supports	\$37,147,779	\$20,431,731	\$16,716,048
Development Promotion	\$11,041,695	\$5,891,382	\$5,150,313
Early Supports for Infants and Toddlers	\$20,348,293	\$12,506,428	\$7,841,865
Infant Mental Health System	\$5,757,791	\$2,033,921	\$3,723,870
Workforce Development	\$6,175,965	\$1,486,195	\$4,689,770
Home-Based Services	\$47,506,962	\$26,237,575	\$21,269,387
Community-Based Parenting and Peer Supports	\$15,062,780	\$6,089,970	\$8,972,811
Public Health Direct Service	\$53,271,252	\$32,185,328	\$21,085,924
Maternal and Child Health - PHSKC*	\$52,411,679	\$31,504,126	\$20,907,553
Perinatal Hepatitis B Prevention Program	\$859,573	\$681,202	\$178,371
Child Care Health Consultation	\$11,055,600	\$6,604,071	\$4,451,529
Innovation Fund	\$8,822,656	\$4,928,250	\$3,894,406
Prenatal to 5 Direct Program Staff (included in program totals)	\$15,899,685	\$9,169,518	\$6,730,168
Prenatal to 5 Administration (included in program totals)	\$16,041,587	\$9,160,645	\$6,880,942
TA, Outreach and Capacity Building	\$1,690,551	\$526,982	\$1,163,569

Sustain the Gain Expenditures

Investments, by invest area and strategy	Committed Investments	Actual to Q2 2020	Committed thru 2021
Sustain the gain: 5 to 24 years	\$136,939,219	\$73,545,606	\$63,393,613
Youth Development²	\$18,555,927	\$11,325,183	\$7,230,744
School Partnerships	\$63,927,908	\$34,063,131	\$29,864,777
Trauma-Informed and Restorative Practices in Schools	\$24,418,816	\$13,004,806	\$11,414,010
Timely Response to Adverse Childhood Experiences	\$750,000	\$326,547	\$423,453
School-Based Health Centers	\$7,966,555	\$5,081,838	\$2,884,717
Out of School Time	\$18,762,860	\$10,180,248	\$8,582,612
Screening, Brief Intervention, and Referral to Services (SBIRT)	\$12,029,677	\$5,469,692	\$6,559,985
Family and Community Connections	\$14,719,138	\$6,144,682	\$8,574,456
Healthy and Safe Environments	\$5,266,641	\$3,828,320	\$1,438,320
Adolescent Immunization Improvement Partnership	\$2,000,000	\$953,893	\$1,046,107
Family Engagement	\$7,452,497	\$1,362,468	\$6,090,029
Transitions to Adulthood	\$13,072,487	\$7,337,283	\$5,735,204
Helping Young Adults Transition to Adulthood	\$6,286,487	\$4,219,442	\$2,067,045
Clear Path to Employment	\$1,200,000	\$423,207	\$776,793
Career Launchpad	\$3,586,000	\$2,041,052	\$1,544,948
Peer Connectors Project	\$2,000,000	\$653,582	\$1,346,418
Stopping the School to Prison Pipeline	\$23,987,814	\$13,810,542	\$10,177,273
Community Supports and Outreach and Case Managements	\$18,210,723	\$11,000,882	\$7,209,841
Project SCOPE	\$1,024,298	\$402,975	\$621,323
Theft 3 and Mall Safety Project (T3AMS)	\$4,152,793	\$2,072,118	\$2,080,675
CEDAR Program	\$600,000	\$334,567	\$265,433
Five to 25 Direct Program Staff	\$11,610,862	\$5,957,825	\$5,653,036
Five to 24 Administration	\$8,959,516	\$5,891,473	\$3,068,043
TA, Outreach and Capacity Building	\$2,425,944	\$864,785	\$1,561,159

Communities of Opportunity Expenditures

Investments, by invest area and strategy	Committed Investments	Actual to Q2 2020	Committed thru 2021
Communities Matter	\$37,596,189	\$18,905,021	\$18,691,168
Communities of Opportunity	\$31,857,316	\$15,030,805	\$16,826,511
Communities of Opportunity Direct Program Staff	\$3,839,825	\$2,716,689	\$1,123,136
Communities of Opportunity Administration	\$1,899,048	\$1,157,528	\$741,520

Youth and Family Homelessness Prevention Initiative

Youth and Family Homelessness Prevention Initiative	Committed Investments	Actual to Q2 2020	Committed thru 2021
Youth and Family Homelessness Prevention Initiative	\$21,436,154	\$13,799,844	\$7,636,310

Results Focused and Data Driven Expenditures

Investment Area	Committed Investments	Actual to Q2 2020	Committed thru 2021
Evaluation/Accountability Total	\$17,747,526	\$10,076,607	\$7,670,919
BSK Data and Evaluation	\$17,313,829	\$9,642,910	\$7,670,919
Metropolitan Park Districts	\$316,421	\$316,421	\$0
Election Costs	\$117,276	\$117,276	\$0

2020 Best Starts for Kids Survey Summary

Introduction

In July 2020, Best Starts for Kids launched a survey for partners, organizations, and community members to provide feedback about their experience with Best Starts. The following summary highlights quantitative data from Likert scale questions about respondents' experience with Best Starts and thematic analysis of open-ended questions. Information from the survey is meant to inform conversations about renewal and future community engagement efforts.

The top themes around what Best Starts is doing well include:

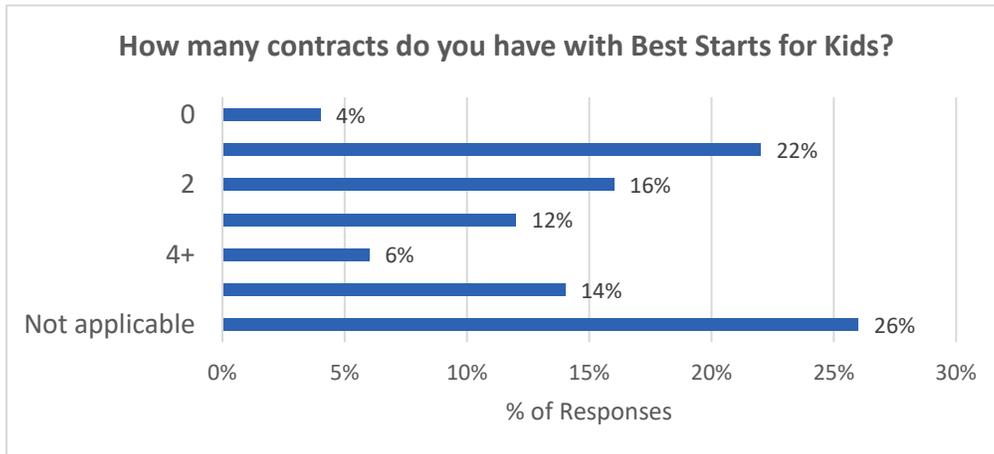
- Communication is consistent, clear, and features relevant content. Respondents enjoy content featuring Best Starts partners.
- The request for proposal application process has clear instructions, guidance, and concise questions. The process is relatively flexible and easy to navigate.
- Best Starts staff are responsive and provide a high level of support with contracts, invoicing, evaluation, and other program needs.
- Grantees value opportunities to come together and learn from one another through events and learning circles.
- Grantees appreciate the availability of technical assistance and capacity building from staff and contracted partners.

Even within the area that Best Starts is doing well, there are opportunities for improvement. The top themes about what could be improved include:

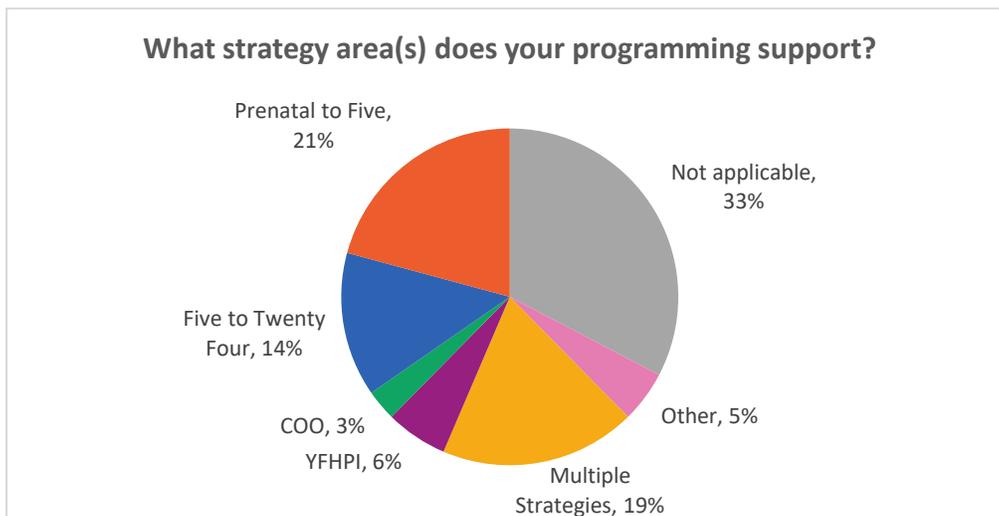
- Outreach and engagement activities need to be available throughout King County, consider multiple ways to engage residents, and engage more people.
- The request for proposal process should continue to be refined to make sure the process is straight forward and the requirements are informed with an equity lens.
- The level of support from program staff varies by strategy area. There is perceived high staff turnover and inconsistent grounding in equity practices which impacts the consistency of support. There is also variability in the quality of communication that occurs between Best Starts staff and grantees.
- Best Starts should increase the availability of capacity building and technical support.
- Performance measurement and evaluation data should have closer alignment to the intent of the program to better share the story of Best Starts.

Demographics

The survey had **170 responses** in total, with approximately 118 respondents indicating they hold a contract with Best Starts.¹



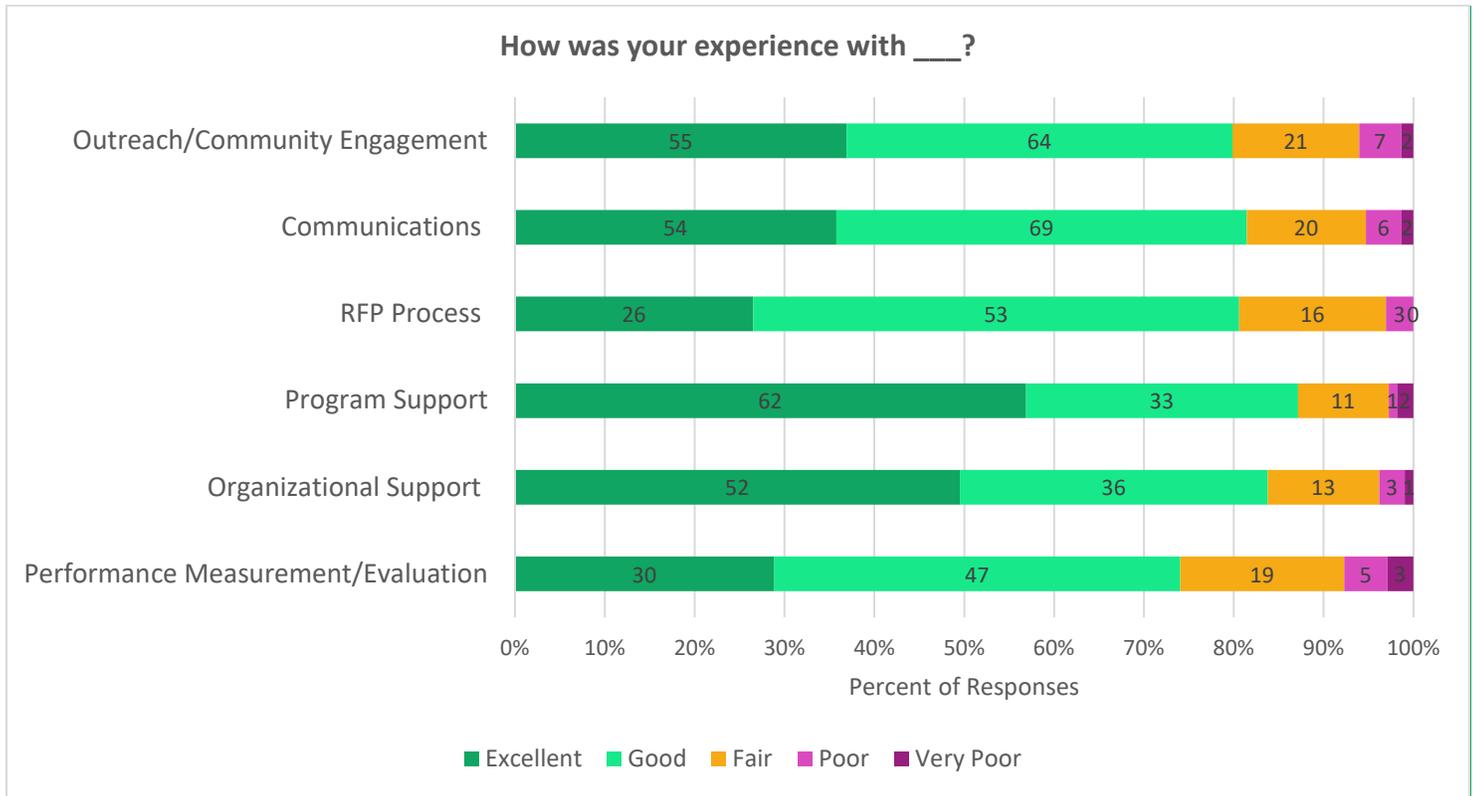
Respondents were asked to indicate which strategy area(s) their programming supports. About 33% of respondents did not complete this question because they either 1) did not apply for BSK funding or 2) did not complete the survey.



¹ Twenty-three respondents indicated they did not know how many contracts they were awarded. Of these, nine provided responses in the following questions that indicated they received funding. More than one representative from an organization may have responded to the survey.

Quantitative Data

Respondents were asked to rate their experience with six aspects of Best Starts, using a Likert scale ranging from Very Poor to Excellent.² Each question provided examples of the category. Respondents who indicated they did not receive a Best Starts contract did not answer questions related to program support, organizational support, or performance measurement and evaluation. Most respondents rated their experience with Best Starts as Good or Excellent.



² The number of responses differed with each question. “Not applicable” responses are not included in analysis.

Qualitative Data

Respondents were asked to describe what Best Starts did well and what could be improved for each topic area. Not every participant responded to each question³. Below are the top themes for each category.

What did Best Starts for Kids do well?

Outreach and Community Engagement

1. Shared learning opportunities and events

Respondents appreciate opportunities to connect with similar organizations to learn from others and grow their capacity. Events are held county-wide, including areas on the Eastside that are typically overlooked.

2. Use of channels for communicating information

Channels for disseminating information or resources are clear and effective. Virtual webinars are helpful during the COVID-19 pandemic in order to share resources and stay informed.

3. Outreach to communities and opportunities to provide feedback

Best Starts shows a commitment to including a variety of voices in planning and implementation conversations. Grantees and community members have opportunities to provide feedback and connect with Best Starts staff about their concerns.

Communications

1. Communication quality

Communication is consistent, clear, and features relevant content. Respondents enjoy content featuring Best Starts partners.

2. Use of communication channels

The variety and use of communication channels – including the Best Starts blog, Facebook, Slack, Basecamp, and email – provide different opportunities to access information.

Request for Proposals Application Process

1. Completing the application

RFP applications have clear instructions, guidance, and concise questions. Deadlines are communicated in advance, and the process is relatively flexible and easy to navigate.

2. Access to technical assistance and support during RFP process

Applicants benefit from technical assistance and support with completing the application and navigating ZoomGrants, including receiving feedback about their application.

3. Outreach and information sessions

Information sessions and outreach about Requests for Proposals help communities learn about the process and clarify questions.

³ Every respondent answer questions about outreach and engagement and communications. Only those who applied for a request for proposals answer questions related to the process. Only respondents who received a Best Starts contract answered questions related to program support, organizational support, and performance measurement and evaluation.

Program Support

1. Ongoing access to technical assistance and support

Best Starts staff provide support with contracts, invoicing, and other program needs. Grantees also have access to training, technical assistance, and capacity building opportunities, both internally and through contracted partners.

2. Communication and expectation setting by program team

Communication with the Best Starts team is timely and supportive. Goals, timelines, and expectations are communicated effectively.

3. Relationships with Best Starts staff

Grantees have strong relationships with Best Starts staff, citing that staff are responsive to the needs of their organizations, provide support with meeting deliverables, and serve as thought partners.

Organizational Support

1. Access to technical assistance and capacity building

Grantees have access to capacity building opportunities based on the needs of their organization.

2. Shared learning opportunities

Shared learning opportunities like Learning Circles and other cross-team meetings help grantees grow their partnerships with other Best Starts partners, learn best practices, and gain new skills.

Performance Measurement and Evaluation

1. Access to technical assistance and support

Grantees have access to technical assistance and support with data collection, reporting, and creating evaluation plans.

2. Expectation setting by evaluation team

Expectations and performance measurement goals are clearly communicated to grantees. Some respondents appreciate the level of flexibility, including the ability to develop their own measures and adapt program goals due to COVID-19 circumstances.

3. Mixed method approach to performance measurement

Grantees appreciate the ability to share both quantitative and qualitative information with Best Starts.

What aspects of Best Starts for Kids can be improved?

Outreach and Community Engagement

1. Increase outreach and engagement activities

Outreach and engagement activities need to be available throughout King County, consider multiple ways to engage residents, and engage more people. Some events are held at times when residents and program staff are unable to attend.

2. Promotion of Best Starts for Kids

Communication and promotion should be used to increase awareness in the general public about Best Starts. These communication efforts should be reflective of diverse communities.

3. Leading with equity

Best Starts needs to be intentional about bringing new, diverse voices to the table and engaging with diverse communities.

Communications

1. Variety of content

Communication content should include stories of programs, transparency of successes and challenges, and how Best Starts is impacting change in communities.

2. Internal coordination around communication

Best Starts shares a lot of information and it comes from different people. At times it can be difficult to know what information to prioritize or where to find additional information.

Request for Proposals Application Process

1. Completing the application

Request for proposal applications are confusing and formal. Effort needs to be taken to make sure the requirements and process are informed with an equity lens.

2. Lack of time to complete the process

There needs to be more time between the release of the RFP and when applications are due to be able to spend time writing the application and forming partnerships.

Program Support

1. Expectation setting by program staff

Best Starts could provide more clarity and consistency around goals, milestones, and program requirements.

2. Support from Best Starts staff

The level of support from program staff varies by strategy area. There is high staff turnover and inconsistent grounding in equity practices which impacts the consistency of support. There is also variability in the quality of communication that occurs between Best Starts staff and grantees. Best Starts staff need to remain flexible in the type of support they provide during COVID-19.

Organizational Support

1. Access to technical assistance and capacity building

Best Starts should continue to provide technical assistance, capacity building, and shared learning support for grantees. These supports should be refined to the specific organization's needs and be reflective of the communities being served.

Performance Measurement and Evaluation

1. Meaningfulness of data

The type of data being collected needs to have a closer match to the intent of the program for it to meaningfully tell the story of Best Starts.

2. Reporting requirements

The reporting process needs to be streamlined. The process feels cumbersome. Information is collected in different ways and requires a lot of documentation with a lot of administrative burden.

3. Data reporting expectations

Best Starts staff need to be clear with all data reporting expectations at the beginning of the project.

Conclusion

Most grantees rated each component of Best Starts as good or excellent, indicating that the processes and types of support provided by Best Starts is meeting the needs of grantees. There were several instances where the top themes for what is going well and what could be improved highlight varied grantee experiences. For example, some grantees felt that the request for application process was clear, while others felt the process was complicated. Best Starts can continue refine its processes to reflect equitable practices and strong staff support for grantees.