



# WASHINGTON STATE STRENGTHEN FAMILIES LOCALLY IMPLEMENTATION PLAN



Washington State Department of  
**CHILDREN, YOUTH & FAMILIES**

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## Section 1: Introduction

The Washington State Department of Children, Youth, and Families (DCYF) was created in 2017 to bring together the state's child-focused agencies into one cabinet-level agency with the intent of improving child and family well-being. DCYF's vision is to ensure that "Washington State's children grow up safe and healthy - thriving physically, emotionally, and academically, nurtured by family and community." DCYF merged the state's child welfare, early learning and juvenile rehabilitation agencies together to allow us to strive together toward this vision. DCYF partners with parents, community members, local community organizations, other state agencies, and philanthropic organizations to accomplish our goals.

## Key Strategies and Organizational Background

The Strengthen Families Locally (SFL) Initiative provides the opportunity for DCYF to engage with all of our partners and test out a method for interacting with families and local communities where there have been higher rates of child welfare involvement over time. The goals of Washington's SFL Initiative are to 1) Reduce rates of child maltreatment in target areas, 2) Reduce rates of foster care entry in target areas, 3) Increase community resilience in target areas, and 4) Develop replicable community-driven prevention model. To accomplish these goals, the proposed five-year project has four objectives: 1) Build strong multi-system collaborations with and in local communities to conduct assessment, planning and capacity-building; 2) Support development of continuum of information, services and supports to strengthen families locally; 3) Rigorously evaluate the overall project for effectiveness; and 4) Disseminate results.

This effort builds on the successes DCYF has had with our prevention work on the Strengthening Families Washington team (SFWA Team). The SFWA Team is the state lead for the Prevent Child Abuse America Washington State Chapter, the Washington State Children's Trust Fund and the Community-Based Child Abuse Prevention (CBCAP) designee for Washington State as well as the lead for the Maternal, Infant and Early Childhood Home Visiting (MIECHV) implementation. Each of these strands of work requires the utilization of a strengths-based approach to achieving work goals. The partnerships with our parent leaders, local service organizations and many other state agencies and leaders is essential to our work. Within our work, we have a strong orientation to the Center for the Study of Social Policy's (CSSP) Strengthening Families Protective Factors Framework. The SFWA Team is hoping to build on the methods we have used in Washington State with engaging families and communities in a highly specific way in four targeted locales to evaluate if this approach might reduce child maltreatment and reduce entry into the child welfare system. The details of the four target locales are discussed later in this section under 'Key Partners.' In designing this project, our evaluation lead utilized data from our state about the number of children in each locale who had the highest baseline maltreatment rates and divided the list by quintiles. The top quintile for our state represented 23 locales and four were selected at random. An initial outreach to the four communities identified partners in each locale that DCYF could begin to work with to develop these efforts.

Washington State has a long tradition of collaborative community-based prevention efforts. In 1992, Washington State established the state-level Washington State Family Policy Council which in turn gave rise to 40 local affiliates around the state called Community Public Health and Safety Networks. These local Networks were trained and mobilized over the years around preventing and mitigating adverse childhood experiences. In 2012, the state Legislature defunded all local councils in a budget reduction effort, although funding had been reduced substantially in years prior. The state elimination of the Washington State Family Policy Council meant the loss of the state-level coordination of efforts around preventing and mitigating Adverse Childhood Experiences (ACEs). Some of this work was maintained by local community networks and the ACEs Public Private Initiative (APPI) which was established in the same HB 1965 to create a nongovernmental public-private partnership to reduce adverse childhood experiences. APPI was charged to: 1) Identify and promote the use of innovative strategies based on evidence-based and research-based approaches and practices; and 2) Align public and private policies and funding with approaches and strategies which have demonstrated effectiveness. APPI implemented local community-based strategies of five community-based initiatives in five counties around the state (none were the four locales chosen for this project). The key staff who will help to lead the SFL project are strongly connected to national prevention partners, and have experience working in one or more of these historical community-based efforts in Washington to bring the learning from the past efforts to the current effort.

The evaluation plan will contain additional information about each of the constructs but one key area of this effort is community resilience. Due to the research design, DCYF will use a population level measure of resiliency to be able to look at change over time in each community and how that change compares in the target locales. Previous research in Washington State by Longhi, Brown, Barila, Reed, and Porter (2019)<sup>1</sup> has utilized the Healthy Youth Survey data to define community contextual resilience which includes the degree of support from family, friends, school data and neighborhood measures. These individual questions will be aggregated into a single measure for each locale and will allow our evaluation to review progress toward resilience. This is a measure with community-level data that Washington State is already familiar with and one of the only population level measures available for this project.

## Key Partners

Each of the four locales chosen for this project have existing community partnerships on which to build, that have mostly been forged for the purposes of intervention but may be leveraged for a community-based prevention approach.

- The Bremerton area has a reputable initiative that focuses on resiliency building and increased engagement of parents/professionals in the community to improve health outcomes for children/youth. Kitsap Strong began as a local Public Health and Safety

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<sup>1</sup> Longhi, D., Brown, M., Barila, T., Reed, S.F., and Porter, L. (2019) How to increase community-wide resilience and decrease inequalities due to adverse childhood experiences (ACEs): Strategies from Walla Walla, Washington. *Journal of Prevention and Intervention* (published online)

Network and has expanded and maintained local support for secondary prevention and intervention.

- In the Port Angeles area, there is a large-scale prevention effort in Clallam County called Prevention Works! that has a 20-year history of working to improve the future for children in Clallam County and to maximize funding opportunities. Many of their efforts are targeted around problem behaviors including substance abuse, child abuse and neglect and violence. They have refined their focus as community needs have changed but have always worked to implement the local prevention plan. This is currently a countywide effort and many service providers have worked across the whole county. Another service provider in the area, First Step Family Support Center, is part of the Prevention Works! efforts and was a strong collaborator in the local Public Health and Safety Network and has been a CBCAP-funded program several times. Their Executive Director has been a key member of the ACEs Public Private Initiative and frequently represents their community at a state level.
- In Spokane County, Spokane Regional Health District was the hub for the local Public Health and Safety Network previously and has spearheaded many localized initiatives in the Spokane area. They are uniquely positioned in their community and have extensive experience in mobilizing their community in Neighborhood Matters program that builds localized community efforts. They are also well-known for their 1-2-3 Care: A Trauma-Sensitive Toolkit for Caregivers of Children. Spokane also has an Accountable Communities for Health partnership led by Better Health Together. Their efforts around medical access and opioid prevention point to their hopes for primary prevention of child abuse and neglect.
- In Columbia/Stevens County, this rural community has a strong rural network of providers that mobilize and know each other very well. The primary agency that works on prevention and intervention is Rural Resources. Rural Resources is a Head Start partner as well as the local child advocacy center and general one-stop shop for family related services. Many of the services families need are offered through Rural Resources but they are part of a larger service area for many projects that include multiple counties. For example, their Accountable Community of Health is Better Health Together that serves Spokane County and Stevens County as well as five other counties.

## Team Description

The Washington State Strengthening Families Washington team is a prevention-focused team residing within the Family Support Services Division of DCYF. The team leads our Maternal, Infant, Early Childhood Home Visiting work with the Home Visiting Services Account and the other part of our team works on our Community-Based Child Abuse Prevention (CBCAP), Prevent Child Abuse America Washington Chapter, and the Washington State Children's Trust Fund. This work allows for in depth partnerships with communities to develop and implement primary and secondary prevention efforts for our state.

## Implementation Drafting Process



The key contributors to this implementation plan are Dr. Vickie Ybarra, Erinn Havig and Dr. Joy Lile with check-ins and support from community members, parents and TA providers who are familiar with this project. DCYF's Project Team began working on the implementation plan and discussing components with parents and community leaders as it was developing. As the initial draft was taking shape, DCYF held multiple meetings with stakeholders (community members, parents and DCYF leadership) to discuss the implementation and arrive to the final Implementation Plan. DCYF has also utilized meetings with our Federal Project Officer and the JB Associates to work through various components of the Implementation Plan. The Implementation Plan meetings were helpful in refining key ideas related to the strengths and challenges of this project. All meetings had to be held via virtual platform due to the COVID-19 pandemic.

## **Section 2: Problem Exploration and Target Area for Project Implementation**

### **Identified Problem**

The rate at which Washington's children enter the state's child welfare system was increasing steadily prior to the global COVID-19 pandemic. From 2012 to 2016, Child Protective Service intakes requiring a face-to-face response increased by 23%, from 31,405 to 38,677. This level of increase and this volume of accepted referrals suggest that in addition to individual and family-level services, community-level approaches to prevention are needed. Community-level approaches can help build resilience and supports for families before they interact with child welfare, and mobilize community level supports like volunteers, community businesses, faith-based organizations, neighbors and friends. Mobilizing the community can create environments where families' and childrens' needs are met before they enter into the high-risk categories that are used to identify most targeted interventions or programs. Children living in some local communities in Washington State are at higher risk for child maltreatment than others. The Washington State Department of Social and Health Services (DSHS) describes the geographic variation in numerous reports, whereby rates of child maltreatment are consistently higher in some communities even when you consider population size.

### **Target Area for Project Implementation**

The Research and Data Analysis (RDA) unit of DSHS has reported on indicators for prevention for communities across the state since 1997. Each year, RDA researchers release updated Community Risk and Protective Factor Profiles for communities across the state to help guide state and local efforts in the area of substance abuse prevention. Recently RDA began using the geographic unit they call "locale" – school districts or groups of school districts that, when added together, include 20,000+ residents. The locale was chosen as the initial unit of geography for this project because it is the smallest reported geographic unit with reliable rates of risk and protective factors reported over time.

The target population for the proposed project is children and families residing within at-risk, target neighborhoods within the four randomly selected target locales – Port Angeles, Bremerton, Columbia and Spokane locales in Washington State. Communities will engage with risk data that comes from the Department of Social and Health Services (DSHS) Community Risk and Protection Profiles in the categories of economic deprivation, child safety, low commitment to school, early initiation of problem behavior, violence, substance abuse and child/family health (see Table 3 of initial grant application). These data profiles are updated annually by DSHS’s RDA unit and are publicly available. DCYF will work with community locales to identify additional data that may be needed to better understand the identified risk categories. Some communities may also incorporate universally available approaches in their locale (e.g., volunteer mobilization, public awareness campaigns, etc.).

In Washington State, the primary metric used to monitor rates of child maltreatment for prevention planning is the rate of victims of child abuse and neglect in accepted referrals. This measure was derived and is continually reported on in cooperation with the state’s child welfare agency and has been utilized in aligned planning with DCYF’s Community-Based Child Abuse Prevention (CBCAP) funding. For 2017, RDA researchers reported on the rate of accepted child maltreatment referrals for 116 locales across the state with locale rates ranging from 5.84 to 68.26 child victims in accepted referrals per 1,000 children, compared to a statewide rate of 33.39. Twenty-three Washington locales are among those within the highest 20% of accepted referrals (the top quintile), with rates ranging from 49.18 to 68.26 victims in accepted referrals per 1,000 children. Of note, while these 23 locales are home to just 17% of the state’s children, they account for one-third of the state’s screened-in child maltreatment referrals. Following a thorough examination of the data, the Director of the DCYF Office of Innovation, Alignment, and Accountability (OIAA) for the DCYF (the designated state child welfare agency) identified the four locales for this project at random from among the 23 locales in Washington with the highest rates. The four locales chosen for this project all demonstrate rates of accepted referrals substantially higher than the state rate, and they have been so consistently since at least 2008.

The four targeted locales are Spokane, Bremerton, Port Angeles and Columbia (much of Stevens County). All communities have parent and community members as well as the local child welfare office engaged in the project. **Table 2** below (from the original grant) details a demographic profile of the children/families in the four target areas selected.

Table 2. Child/Family Demographic Characteristics in Target Communities					
	Bremerton	Spokane	Port Angeles	Columbia (Stevens)	WA State Average
Population under 18 years old	9,044	47,660	6,264	10,472	1,548,539
Foreign born	7%	5%	4%	3%	12%
White	66.0%	84.0%	88.0%	94.0%	73.9%

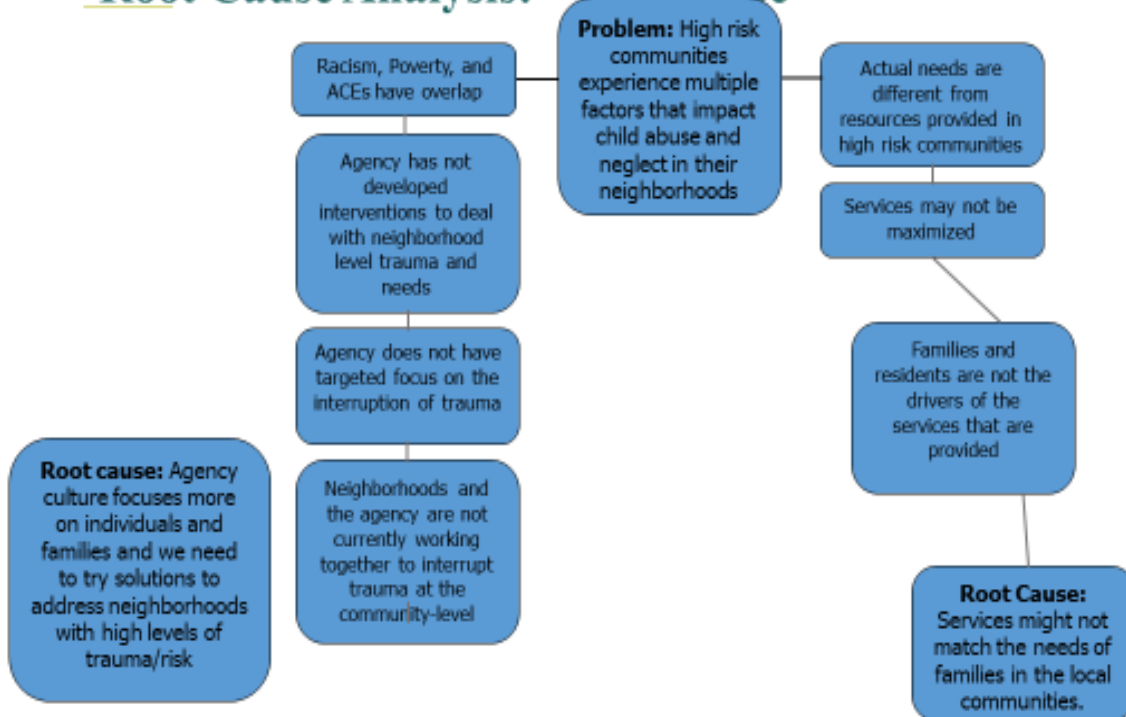
Black/African American	8.10%	2.50%	0.60%	1.3%	4.0%
American Indian/Alaskan Native	2.6%	1.50%	5.0%	6.9%	1.7%
Two or more races	2.7%	8.8%	5.2%	6.0%	7.8%
Hispanic or Latino of any race	4.8%	7.9%	6.0%	5.3%	15.2%
Single parent household	35.3%	33.5%	30.1%	23.5%	27.8%
% below federal poverty level	12.0%	11.8%	9.5%	10.1%	7.9%

## Root Cause Analysis

SFL built a theory of change that includes a root cause analysis, logic model and a “so that” chain to explore the root causes, assumptions, beliefs and expectations of this project. In this exploration, the project team is articulating that DCYF will be able to reduce the number of children entering foster care in these four community locales because addressing community-level interventions will allow the communities to address the root causes that are leading to children entering foster care such as poverty, systemic racism and community-level trauma.

The following graphics illustrate the thought process of the DCYF project team about our root cause in the form of a why tree and fishbone diagram. Our outcome chain is provided in section 3. Larger copies of the diagrams are contained in the appendix at the back of this document.

### Root Cause Analysis: “Why” Tree



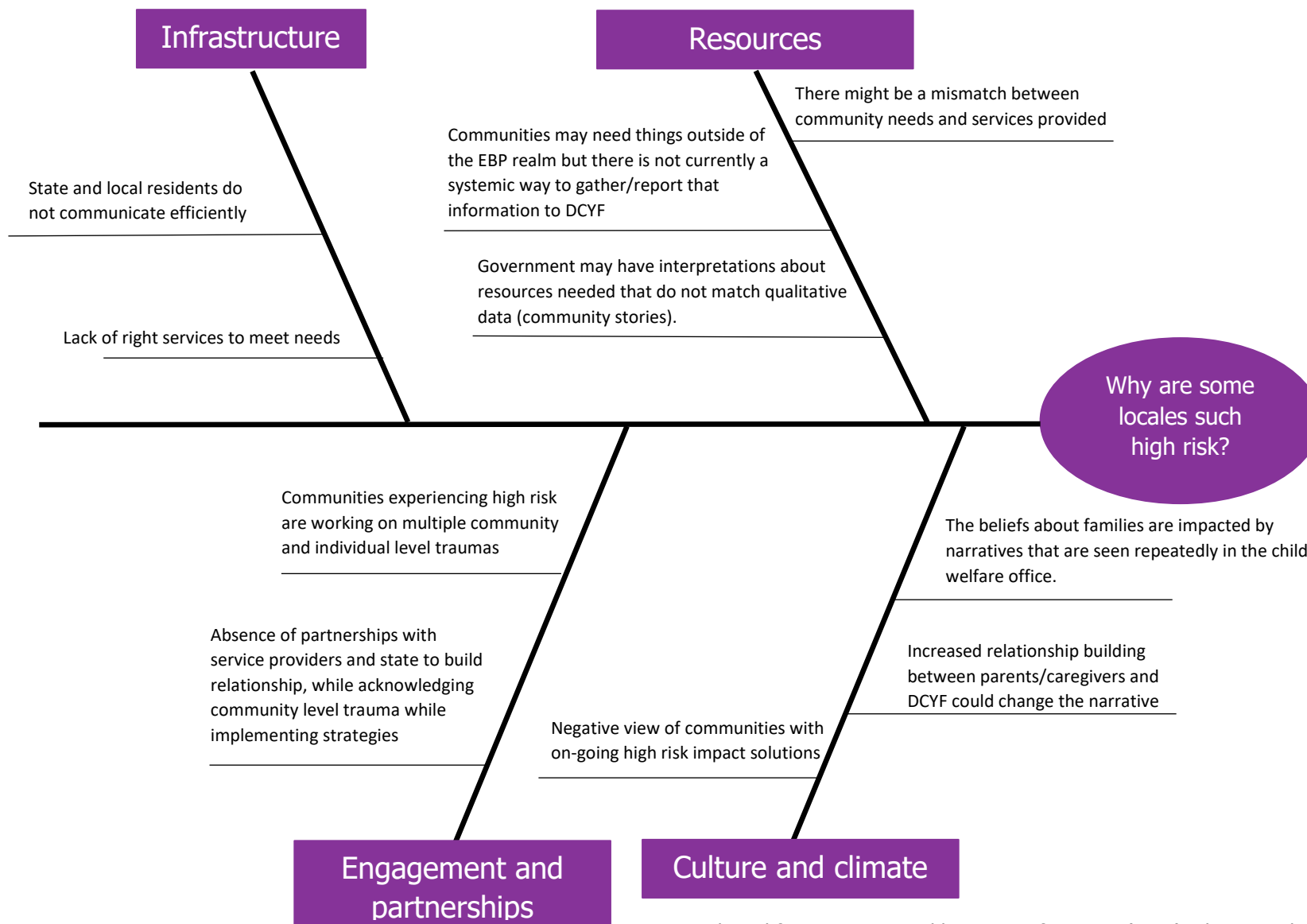
Adapted from: Capacity Building Center for States (2018). Change and implementation in practice: Problem exploration. Washington, DC: Children's Bureau, ACF, HHS – Slide developed by JBA for Grantee Meeting in December 2019, edited for problem exploration.



In creating the “Why” tree diagram (Appendix A), the DCYF project team began with the research that supported our application and combined that with the feedback the team received from the community in our implementation meetings. For the problem, “high risk communities experience multiple factors that impact child abuse and neglect in their neighborhoods,” there were two different root causes that the project team considered. One path led to a root cause that services might not match the needs of families in the local communities. In community conversations, one frustration that was expressed was that in a local community, the services that are provided or the service type is not matching the actual need in the community (e.g., the evidence-based parenting program that is only available after parents have had an intake to child welfare.) The DCYF project team believes that the community process under this project will allow the communities to explore the root causes like this one identify services that more closely match needs. DCYF hopes to build from existing agency resources and build new connections to expand services and to find pathways for innovation.

The DCYF project team also discussed the beliefs and values that might contribute to child referrals and removals. Washington State has a long history of learning about ACEs rates in the community through the Healthy Youth Survey data and the Behavioral Risk Factors Surveillance System data. There has been considerable work in our communities to raise awareness of the impacts of ACEs, through the former Family Policy Council and the Public Health and Safety Networks, as well as other local networks which have taken up this calling. Child welfare leaders considered how negative perceptions about poverty contributes to neglect referrals (the largest category of referrals) and how systemic racism contributes to families of color being referred more often and screened in to referrals. Factors related to family histories of poverty and trauma as well as living conditions (living closer together in apartments versus single-family houses) also contribute to child neglect and abuse referrals. The project team has talked about the existence of historic trauma, racism and adults and children who have experienced ACEs as part of the initial understanding of how DCYF will need to work with communities in a trauma-informed way. As a state agency, DCYF has regulations and strategies around how the agency interacts with the community and this project will allow DCYF to implement some of the best practice, trauma-informed methods at a mezzo and macro level. DCYF and community partners plan to be mindful about the role that these important contextual factors play for children and families in the local communities.

## Root Cause Analysis: Fishbone Diagram (also located in Appendix B)



Adapted from: Capacity Building Center for States (2018). Change and implementation in practice: Problem exploration. Washington, DC. Children's Bureau, ACF, HHS

The DCYF Project Team also worked on a root cause analysis using a fishbone diagram to explore why some locales are at such high risk compared to other locales. Some of the noted differences were engagement and partnerships – each community has a different structure for identifying needs of families and responding to those needs. There are many great strengths in the work that is going on in the communities and it is the hope that through this project, that everyone can learn more about community strengths and the ways that communities are responding to create local resilience.

There are also a variety of resources that each community has to leverage. Government entities provide evidence-based and performance-based contracts and programs for services, and local communities innovate and create their own services. This leads to a great variety of available services in each locale.

Currently due to the COVID-19 public health emergency, additional adaptations to services are being explored largely involving the use of telehealth or other electronic means to provide services. We anticipate continuing to adapt programs to meet the needs of families during the public health emergency and maintaining the highest quality service delivery and fidelity to program models possible while having the flexibility to keep families safe. Identifying the community needs and strategies and developing a local community strategy as part of the work together will help us adapt to local situations and develop innovative approaches to pandemic related needs through a community driven response.

Working closely with local community groups will help to further explore root causes within each locale. This step is part of the Implementation process because it is necessary to replicate in each community, as part of a community-designed and driven model. (See “Story Building” in section 4.)

## **Section 3: Theory of Change**

### **Goals**

Based on available demographics, it is evident that racial, economic and social inequities exist in these communities which serve to create barriers and challenges to families and influence high rates of child maltreatment and foster placement. To achieve our goal of “building strong multi-system collaborations with and in local communities to conduct assessment, planning and capacity-building,” implementation of this project will include partnering with local communities to better understand their needs, developing a shared understanding of the local root causes of inequities in the child welfare system through examination of data together, and designing responses that support systemic equity and holistic community engagement. The data and analysis conducted throughout this project in partnership with local communities will be reported along with evaluation results and disseminated to all partners. The process of community partnership will be documented so that it can be replicated in other locales.

Based on the root causes identified, DCYF defined the following **long-term goals** for this project:

1. Reduce rates of child maltreatment in target areas
2. Reduce rates of foster care entry in target areas
3. Increase community resilience in target areas
4. Develop replicable community-driven prevention model

To meet these goals, DCYF has designed an **outcome chain** linking the intended activities to intended outcomes.

### **Outcome Chain (larger version in Appendix C)**

**Intervention:** We implement community-based qualitative data collection and action planning processes

***So That***

Communities and the state can examine locale-level data and local stories about the causes of child abuse and neglect

***So That***

The unique strengths, needs, and trends for families and communities can be seen

***So That***

(1) Site specific strengths and barriers are recognized

**and**

(2) Site specific strategies are developed

**and**

(3) Needs of communities are understood across sites

***So That***

(1) Resources can be mobilized to meet community needs to prevent neighborhood level risk factors

**and**

(2) Resources can be mobilized to increase family and community resilience and supports

***So That***

Families and communities participate in services and programming implemented at the locale level

***So that***

(1) Children and families experience less abuse and neglect

**and**

(2) Children are less likely to enter foster care

***So That***

This model can be replicated in other communities and state programs

In summary, the DCYF Project Team believes that we can work with our local communities to reduce the need for children to enter foster care placements by implementing community based data analysis and capacity to utilize data. This strategy will allow communities and the state to examine and interpret local data with local communities/locales and identify the

unique strengths, needs and trends for families and communities. The DCYF Project Team working with contractors (facilitators and GIS/data supports) plans to utilize this data interpretation with the community to identify the strengths and needs of the community and to mobilize state and local resources accordingly based on neighborhood needs. Resource mobilization includes but is not limited to funding from this grant, services expansion of other DCYF programs into the four locales, and external funders. Additionally, our strengths-based approach suggests mobilization of community resources like volunteers and social networks, or re-design of local systems to better meet needs with existing supports. This is a tremendous opportunity to work together with state and local community entities to prevent child abuse and neglect and safely reduce the need for child removal and foster care. These endeavors will lead to increased resilience for families and communities, and a replicable model that DCYF can implement in partnership with other locales in Washington state.

## Section 4: Intervention

The SFL initiative is based off prior research-based community prevention programs that targeted the reduction of ACEs and child abuse through community engagement. These approaches are deeply rooted in community engagement principles. The overall strategy for this program (intervention design) follows a theoretical approach for community capacity building<sup>2</sup>:

1. *Pre-commitment phase*: a local body responds to outside authorities by doing what was required to secure and distribute funding for prevention programs run by specialized programs. This describes the current model that DCYF uses for prevention – distributing funding through a competitive process to local agencies. This process has typically had a needs assessment and readiness assessment that is completed by the local body in order to make the case for funding or a specific intervention or program. The SFL initiative will work differently from the usual process, which instead of working with the local organizations for a specific funding source or program will instead begin with existing relationships with contractors and parent leaders in the locales to guide the process.
2. *Commitment phase*: a common focus emerges from unique strengths and needs of the community and a few community leaders start working on common goals identified by residents and leaders as needing action. The SFL project is in the beginning stages of this phase, through engaging local partners who have already done some of the work to understand their own communities. Our implementation plan will move this phase forward and, hopefully, moving communities into the next phase.
3. *Shifting/persisting phase*: alignment and expansion of resources occurs and the community is able to articulate a theory of change involving different community sectors, orchestrated by a coalition of local leaders. DCYF, through SFL, hopes to help facilitate, and to work with local leaders to facilitate, robust Strong Community Networks (SCNs) within each of the locales that will come together to design and

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<sup>2</sup> Longhi, D., Brown, M., Barila, T., Reed, S.F., and Porter, L. (2019) How to increase community-wide resilience and decrease inequalities due to adverse childhood experiences (ACEs): Strategies from Walla Walla, Washington. *Journal of Prevention and Intervention* (published online)

implement effective strategies for reducing child maltreatment. The SCNs do not yet exist in communities but will be aligned and work with existing efforts. It is possible that some SCNs will be existing entities that adopt this project's purpose and goal in their work.

4. *Thriving phase*: the community's shared values, new ways of thinking and culture sustain the processes and principals that enable community efficacy and continuous innovation in times of stability as well as crisis. Developing robust and thriving SCNs that can function independently and with DCYF as a partner will enable communities to seek external funding and buy-in for sustainability planning.

DCYF drew inspiration for SFL from the following research-based projects that incorporated community-driven approaches to reducing family risk factors:

- The Durham Family Initiative (DFI)<sup>3</sup>
- Strong Communities for Children (SCC)<sup>4</sup>
- Community-Based Family Support (CBFS)<sup>5</sup>

Based on the results and recommendations from these research-based projects, DCYF staff identified six overarching principles for use in Washington's SFL Initiative:

1. The approach will be strengths based, culturally appropriate, inclusive (CBFS).
2. Mobilization will occur at multiple levels, including state government, local government, local non-profits, volunteers, schools, the faith community, etc., and will occur through a variety of means (DFI, SCC).
3. Develop trust and strengthen shared values (DFI, SCC).
4. Strengthen community organizations (SCC; CBFS).
5. Develop a continuum of information, services, and supports to strengthen families (DFI; SCC; DFI).
6. Target interventions for families with complex and co-occurring risks (CBFS).

Washington has a strong history of community-based development and best practices that will be built on in this effort. Because many community members have a long history of embarking on projects together, this SFL Initiative needs to honor the history and accomplishments of these collaborations as well as challenge the local communities to be innovative.

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<sup>3</sup> Daro, D., Huang, L. A., & English, B. (2009). The Duke Endowment Child Abuse Prevention Initiative: A Midpoint Assessment. Chapin Hall at the University of Chicago.

<sup>4</sup> McDonnell, J. R., Ben-Arieh, A., & Melton, G. B. (2015). Strong Communities for Children: Results of a multiyear community-based initiative to protect children from harm. *Child abuse & neglect*, 41, 79-96.

<sup>5</sup> Corwin, T., Pecora, P.J., and Ostrum, P. (2016) Community-based family support: Exemplars with implementation and evaluation strategies. *Casey Family Programs*.



The following table describes acronyms used in this plan:

Acronym	Full Name	Description
LAO	Local Activating Organization	At least one agency (to be identified) in each community with which DCYF will partner through a formal contracting process to implement SFL activities, including targeted intervention services and facilitating SCNs.
SCN	Strong Community Network	A network/coalition of agencies and community members in each locale that serves as a planning and steering committee for SFL activities in that community.
PLT	Prevention Leadership Table	A statewide working group comprised of staff DCYF, other state agencies and community partners which convenes for coordinated prevention planning efforts across the state.

The following table summarizes the activities of SFL, although many of the specific components of the intervention will be designed through a community-engaged process that is part of the intervention. It is important to note that, because of the community-driven nature of this work, specific evidence-based or promising programs have not yet been identified, and so many individual-level outcomes cannot yet be described.

Strategies, Programs, Practices, Services, Activities	Replicate, Adapt or Design (i.e., build from scratch)	Developer (Indicate "NA" if the component is "from scratch")	Core Components (i.e., essential features, functions)	Operational Definitions (i.e., specific activities, processes, etc.)	Benchmarks, indicators, measures used to demonstrate implementation	Individual Impact(s)	Collective impact(s)
1) Project theory and background	<input type="checkbox"/> Replicate <input type="checkbox"/> Adapt <input type="checkbox"/> Design	Corwin et al., 2016 <sup>2</sup> ; Daro et al 2009 <sup>3</sup>	<ul style="list-style-type: none"> <li>- Develop a clear theory of change</li> <li>- Develop common understanding across key public agencies in response to parents facing challenges</li> </ul>	<ul style="list-style-type: none"> <li>- Convene identified partners to provide feedback on Implementation Plan and develop shared understanding of project aims and community needs</li> </ul>	At least 1 state-wide meeting with identified partners with the first convenings happening in July/August about Implementation Plan		<ul style="list-style-type: none"> <li>- Relationship building</li> <li>- Establishing commitment among partners</li> <li>- Building shared understandings</li> </ul>
2) Convening and collaborating	<input type="checkbox"/> Replicate <input type="checkbox"/> Adapt <input type="checkbox"/> Design	Daro et al., 2009 <sup>3</sup> ; McDonnell et al., 2015 <sup>5</sup> ; "Identifying Potential Partners" <sup>6</sup>	<ul style="list-style-type: none"> <li>- Identify potential partners</li> <li>- Mobilize individuals and institutions through individual meetings, neighborhood activities, and community-wide events (includes both existing and new relationships)</li> </ul>	<ul style="list-style-type: none"> <li>- Engage existing partners to "snowball" participation</li> <li>- Strategic partnerships with family-serving agencies, schools, tribes, local government</li> <li>- Working with partners to engage parents in planning efforts</li> </ul>	<ul style="list-style-type: none"> <li>- At least 1 planning team meeting for each locale</li> <li>- Continual re-evaluation of partnerships to asses "who needs to be at the table?"</li> </ul>	<ul style="list-style-type: none"> <li>- Individual families from each locale are included in project planning; building individual resilience in those people</li> </ul>	<ul style="list-style-type: none"> <li>- Partnerships develop</li> <li>- DCYF local staff are integrating more into community</li> <li>- Organizations and supervisors strengthen work with families and within their communities</li> <li>- Authentic voice and input from parents and community members</li> </ul>

<sup>6</sup> The Center for Health and Health Care in Schools. (2018). *Partner, Build, Grow: An Action Guide for Sustaining Child Development and Prevention Approaches*. <http://actionguide.healthinschools.org/>

3) Story Building	<input type="checkbox"/> Replicate <input type="checkbox"/> Adapt <input type="checkbox"/> Design	Corwin et al., 2016 <sup>2</sup> ; McDonnell et al., 2015 <sup>5</sup> ; “Mapping Assets”, “Policy Barriers and Opportunities” <sup>6</sup> “Liberating Structures” <sup>7</sup> “Sensemaker” <sup>8</sup>	<ul style="list-style-type: none"> <li>- Community-driven identification of needs, strategies</li> <li>- Develop trust and strengthen shared values</li> <li>- Probe biases and un-represented perspectives</li> <li>- Map community assets</li> <li>- Map policy barriers and opportunities</li> <li>- Data collection, spatial analysis, and data coaching</li> </ul>	<ul style="list-style-type: none"> <li>- Bring together diverse groups for a series of conversations in each community</li> <li>- Utilize qualitative and group methods to design discussions around community needs</li> <li>- Group data collection and analysis activities including community mapping, story collecting, etc.</li> <li>- Theoretical models and frameworks to communicate concepts of equity and prevention</li> <li>- Identify service gaps</li> </ul>	<ul style="list-style-type: none"> <li>- 3-5 community meetings</li> <li>- Reports for each community illustrating the needs identified and target activities identified</li> <li>- “Harvest” reports that summarize the conversations in easy-to-read language and help communicate community needs and resources</li> </ul>	<ul style="list-style-type: none"> <li>- Individuals share stories of resilience</li> <li>- Individuals have voice in community decision making process</li> </ul>	<ul style="list-style-type: none"> <li>- Moving coalition into phase 2 (<i>Commitment</i>)</li> <li>- Develop local momentum and cohesion</li> <li>- Build shared trust between DCYF and community partners</li> <li>- Understanding of how personal stories connect to policy/community landscape</li> <li>- Diverse stories and data inform local and state efforts</li> </ul>
4) Action Planning (also previously called Qualitative data collection and sharing/exploration and planning)	<input type="checkbox"/> Replicate <input type="checkbox"/> Adapt <input type="checkbox"/> Design	Corwin et al., 2016 <sup>2</sup> ; Daro et al., 2009 <sup>3</sup> ; Longhi, et al. 2019 <sup>4</sup> ; McDonnell et al., 2015 <sup>5</sup> ; “Liberatory Design” <sup>9</sup>	<ul style="list-style-type: none"> <li>- Transform community norms and structures to support families</li> <li>- Culturally appropriate and inclusive strategies (sensitive to language and cultural norms, employing community members, peer</li> </ul>	<ul style="list-style-type: none"> <li>- Move from a larger, dispersed body towards formalized boards (SCNs) with roles and structures within each locale</li> <li>- Conduct participatory design processes that continue to engage the broader community as needed</li> </ul>	<ul style="list-style-type: none"> <li>- 3-5 community meetings with key partners (target numbers are 5-10 in each community with larger communities having broader representation.</li> <li>- LAOs identified</li> </ul>		<ul style="list-style-type: none"> <li>- Systems and services are designed by communities responsive to the unique and diverse context of the communities</li> <li>- Moving into phase 3 (<i>Shifting/persisting</i>)</li> </ul>

<sup>7</sup> Lipmanowicz, H., and McCandless, K. (2013) *The Surprising Power of Liberating Structures: Simple rules to unleash a culture of innovation*. Liberating Structures Press.

<sup>8</sup> <https://ourtomorrows.kucppr.org/>

<sup>9</sup> <https://nationalequityproject.org/services/consulting/liberatory-design>

			<p>support/para-professional roles, trauma-informed, etc.)</p> <ul style="list-style-type: none"> <li>- Collaboration across stakeholders</li> <li>- Engage liberatory processes in designing activities</li> <li>- Focusing on diverse activities including but not limited to: universal prevention; volunteer engagement; policy change</li> </ul>	<ul style="list-style-type: none"> <li>- Contract development with LAOs</li> <li>- Transition facilitation of SCNs to LAOs</li> </ul>	<ul style="list-style-type: none"> <li>- Reports with identified targeted interventions and other strategies and plans to contract with LAO described</li> <li>- SCN structure formalized through governance structure such as bylaws documents</li> </ul>		<ul style="list-style-type: none"> <li>- Communicate and refine shared understanding of issues</li> <li>- Develop leadership teams</li> </ul>
5) Implementation	<input type="checkbox"/> Replicate <input type="checkbox"/> Adapt <input type="checkbox"/> Design	N/A	<ul style="list-style-type: none"> <li>- Pilot test programs and strategies using implementation science approach</li> <li>- LAOs, funded through SFL, will implement activities/services in each locale with support from DCYF and community partners</li> <li>- LAOs will continue to facilitate SCNs</li> </ul>	<ul style="list-style-type: none"> <li>- Activities carried out as identified through community processes and specified in contracts</li> <li>- Continued iterative feedback and input from community members and families</li> </ul>	<ul style="list-style-type: none"> <li>- LAOs complete contract requirements</li> <li>- Contracts renewed on a yearly basis through implementation period</li> </ul>	<ul style="list-style-type: none"> <li>- Access to a variety of supports relevant to the needs and preferences of their families</li> <li>- Increased support and resilience, better partnership with child welfare systems, and lower rates of</li> </ul>	<ul style="list-style-type: none"> <li>- Leverage DCYF/CB funding to create new partnerships and funding streams locally</li> <li>- Communities offer high quality prevention services and supports for families</li> <li>- Work effectively as leadership bodies</li> <li>- Increased community resilience</li> </ul>

						child maltreatment and foster care placement	
6) Evaluating/reflecting	<input type="checkbox"/> Replicate <input type="checkbox"/> Adapt <input type="checkbox"/> Design	Corwin et al., 2016 <sup>2</sup> ; Longhi, et al. 2019 <sup>4</sup> ; PARTNER Network Analysis tool <sup>10</sup> , “Ripple Effect Mapping” <sup>11</sup>	<ul style="list-style-type: none"> <li>- Use iterative feedback loops to improve effectiveness: focus, leadership, learning, and results</li> <li>- Disseminate project results</li> <li>- Process moves beyond direct service, towards systems change</li> </ul>	<ul style="list-style-type: none"> <li>- Contract development with LAO will include localized evaluation plans for data collection and monitoring</li> <li>- Utilization of state DCYF service data</li> <li>- Collection of PARTNER indicators</li> <li>- Continual assessment of local leadership board processes</li> <li>- Opportunities for community input in evaluation efforts</li> </ul>	<ul style="list-style-type: none"> <li>- Individualized evaluation plans for each locale</li> <li>- Data collected as described in evaluation plans</li> <li>- Dissemination of results to stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>- Opportunities for voice in local decision making</li> </ul>	<ul style="list-style-type: none"> <li>- Moving into phase 4 (<i>Thriving</i>)</li> <li>- Practice is informed by qualitative and quantitative data for continuous improvement</li> <li>- Opportunities to leverage funds and build on momentum</li> <li>- Sustained partnerships</li> </ul>

<sup>10</sup> <https://partnertool.net/survey/>

<sup>11</sup> <https://ppe.cw.wsu.edu/ripple-effects-mapping/>

## Implementation Drivers

Implementation drivers that have potential to challenge or facilitate the project include ***influence factors, organizational factors*** and ***core implementation components***.

***Influence factors*** from the societal and cultural forces surrounding this project include:

- 1) ***Community buy-in for NEAR sciences and equity***. Many communities around Washington State are using the NEAR (Neuroscience, Epigenetics, Adverse Childhood Experiences and Resilience) toolkit<sup>12</sup> to learn about how social, political and economic forces have direct impacts on individual health and wellbeing through the life course. Considering necessary heightened awareness of racial inequities, it will be important to consider and integrate approaches in facilitation of meetings to support restoring justice as this may influence the way community partners show up to meetings. Many communities are also currently taking a close look at how they can re-structure policy and practice to incorporate equity and restore justice to those suffering from systemic racism. Taking a community-driven approach to repairing inequities in the child welfare system and working to reduce adverse childhood experiences is a well-timed aim in this environment.
- 2) ***Histories of contracting***. DCYF holds contracts with several existing agencies and tribal governments in the identified locales. LAOs may be identified who already contract with DCYF, or who are new to the contracting process. Relationships with some of these agencies have been strong, while relationships with others have been challenged by internal and external forces. In doing this work, the key staff need to be careful to cultivate relationships and develop partnerships with new agencies as well as existing agencies with the focus being on how DCYF can best support the solutions that the local community develops.
- 3) ***Leverageable funding from other sources***. In each locale, local funders targeting health and human services programs exist. The sustainability of some of the Strengthening Families Locally work and collaboration may depend on bringing local foundations to the table as partners, to help identify needs and support continued activities. DCYF, LOAs and SCNs will need to work closely with local funders to generate continued support and buy-in for sustainable outcomes.

***Organizational factors*** from within DCYF include:

- 1) ***COVID-19 related budget constraints***. This project was conceptualized during a period of expanding services in DCYF. Plans were in place to increase the budget for prevention and expand home visiting services over the next years, and the SFL project was designed to pilot a strategy for expanding services. However, due to the current budget climate and decreased revenues related to COVID-19, expansion efforts for the 2020-2021 budget cycle will likely be curtailed. Children's Bureau funding will allow DCYF to continue to test the SFL approach, in hopes that, by the project's completion, more funding will be available for expanding services and the SFL model can be expanded to other communities.

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<sup>12</sup> Developed by Dr. Robert Anda and Laura Porter, 2014, <https://www.aceinterface.com/>



- 2) *DCYF integration challenges.* DCYF as an agency was birthed in 2017, and comprised of three different existing agencies serving children, youth and families. Challenges still exist in integrating the work of these different groups, and of integrating prevention and intervention services with frontline Child Protective Services staff who are trained in intervention models. While DCYF cites prevention as a primary goal, prevention focused services comprise a small percentage of the DCYF budget. Hopefully, SFL outcomes will provide a strong case for increasing funding for prevention. Communicating the efficacy of prevention and getting buy-in from DCYF frontline staff will require care and skill.
- 3) *Shifting structures and processes.* As a new agency, some of DCYF's systems and policies are still under development or review. As a result, contracting processes can occasionally be challenging as DCYF staff try to balance the needs of the contractors with newly developed agency policies as well as state purchasing and contracting requirements. Added to this are contracting slow-downs caused by COVID-19 related budget constraints, furloughs and priorities. SFL key staff will need to stay up-to-date with issues and changes related to contracting and issuing funds to communities.

**Core implementation components** that may facilitate or impede implementation include:

- 1) *Competency drivers:*
  - a. Training for staff and community leaders on NEAR sciences, equity and other relevant topics related to prevention of child maltreatment.
  - b. Local consultants and contractors who may facilitate research-based and community-driven aspects of the project.
  - c. The results of the Workforce Study conducted recently for Home Visiting programs in Washington State, which can inform this project and inform the ways in which we work with and train frontline prevention workers.
- 2) *Organization drivers:*
  - a. Contract processes, which can take weeks or months to complete due to legal and fiscal considerations and reviews.
  - b. Access to DCYF data and reporting – we hope to shift the ways that communities can access DCYF and other state-level data, but this will involve changing processes within DCYF and garnering buy-in from teams across the agency.
  - c. Working from home/remotely, which is a new reality in response to COVID-19. DCYF anticipates that the majority of staff will continue to work remotely through 2020. This poses challenges in obtaining signatures on documents and collaborating successfully across the agency. It will be a new experience to building relationships with parents, providers, community and faith leaders over virtual meetings, especially when people are juggling more than ever and caring for family and community in new ways due to the COVID-19 pandemic. The efficacy of the intervention has not been tested remotely.
- 3) *Leadership drivers:*
  - a. Bureaucratic hierarchy, which is necessary in a government structure but which can present barriers to innovation.
  - b. Leaders' receptiveness to change, which can impact how innovation is received, and how innovative programs are replicated within a system.

## Section 5: Implementation Team(s)

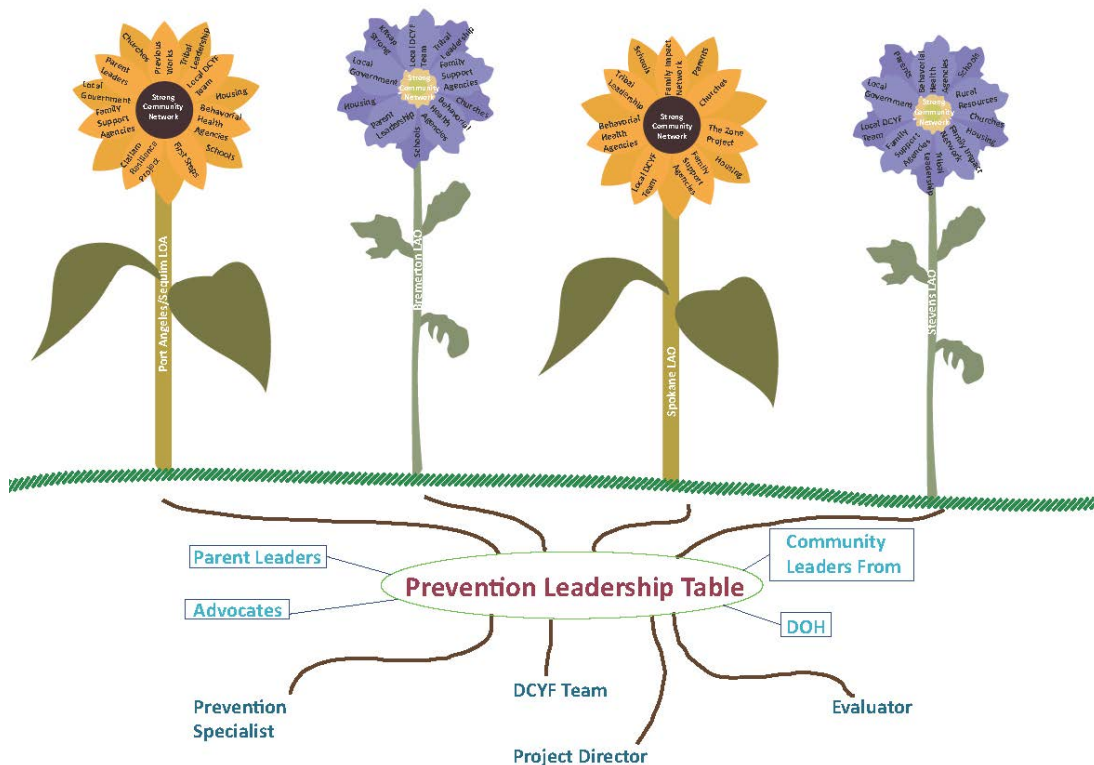
### Core Team

The Implementation Team for the SFL Initiative will be broad and far reaching with a state level group and four community groups.

DCYF benefits from having wide ranging organizational supports. A key component of this project is the evaluation that is led by Dr. Vickie Ybarra, Director of DCYF’s OIAA. The project director is Erinn Havig who is the Primary and Community Prevention Lead for the SFWA work. Also joining this project is a Community Prevention Specialist, Dr. Joy Lile. Dr. Lile will be working directly with the communities and the community networks to implement the intervention for broader community prevention through this project. We are anticipating hiring a Data Analyst to still be hired with this project.

This project is also developed with our key community partners including local community members and parent leaders. Parent leadership is a key work principle for the SFWA team and we have had parent leaders involved since the inception of this project. The project team is supported by agency leadership with a vision for increasing protective factors, individual and community resilience through increased focus on prevention, as outlined in the draft strategic plan for DCYF.

### Core Team Diagram (larger version as Appendix D)



The organizational chart describes the following components of the core team:

### *Soil and Roots*

The SFL Project Director (Erinn Havig/0.60 FTE) will oversee and develop relationships with the Community Prevention Specialist (Dr. Joy Lile/1.0 FTE), the Evaluator (Dr. Vickie Ybarra/0.10 FTE), the Data Analyst (to be hired/1.0 FTE) and other DCYF team members as needed (state and regional administration, Race, Equity and Inclusion team, Home Visiting, Early Support for Infants and Toddlers).

The director, along with other DCYF team members, will work with the Prevention Leadership Table (PLT). This leadership table will incorporate leadership from multiple levels, prevention experts and thought partners from across our state. As the needs of each community become more clear, the PLT will invite additional members to assist with that expertise area. DCYF has reached out to many state agencies and community partners to begin this work. For example, DCYF recognizes the important role that public libraries have in promoting community cohesion and has reached out to the State Library system as well as the public library districts in each locale to begin relationships related to this work. Other partnerships include faith systems, public health entities and local school districts.

The PLT will support implementation at the local level by sharing knowledge, devising joint strategies, coordinating efforts and acting as a sounding board for local projects. The PLT is not a board or a decision making body and its primary function is to provide support and advisement for implementation, planning, reflection and exploration in the event the project needs additional system level thought partners. For example, the PLT will help to determine whether a particular priority of a locale can be met with existing DCYF programming, and if not, can share knowledge and insights about the best approaches for said priority.

### *Stems*

The “Stems” of this project are the Local Activating Organizations (LAOs). LAOs will be selected through a procurement process and the LAOs work directly with DCYF through contracts, the content of which will be determined by Strong Community Networks in partnership with DCYF. LAOs will serve as a primary connection between the state DCYF office, the PLT and SCNs. As the project matures, LAOs will be responsible for facilitating SCNs.

### *Flowers - Strong Community Networks*

SCNs will be established through the Story Building process. We are in the process of exploring a qualitative tool such as SenseMaker to help with this Story Building process as it will be in between implementation and evaluation. A qualitative tool (like SenseMaker) would be used to collect stories from community locale residents through a story telling prompt. One example used by University of Kansas is the Our Tomorrows project (<https://ourtomorrows.kucppr.org/#sensemaking>), which asks residents to “tell a story about something that happened within the last week that helped or hurt you, your family or a family you know.” The person writing the story then categorizes their own story on a triangle about what type of story it is (for example: who helped the family and the triangle would have family, friends, government on the triangle points and there is a ball that the story author moves to

categorize). The stories are then collected in story packs and DCYF would support the community in engaging in the stories to identify what supports could help or are standing in the way. It also will help the SCNs be able to identify specific examples of community stories that demonstrate the data. The stories could then be categorized and looked at by the categories – for example, in the stories where government was helpful, what are the patterns and trends that are in the stories and what that might tell the community. They will include local family support agencies, schools, government, tribes, parents, faith-based communities and local DCYF office staff, as well as other partners identified through Story Building. They will have a formalized structure and roles to help ensure intentional inclusion and equity. The petals of each flower make up the community representatives who will serve on the SCN and/or support other aspects of the project in each community. Known agencies are identified in the diagram.

Community partners currently include the following:

BREMERTON	
Agency	Community role
Bremerton City Council	Local government
ESD/Early Learning	Early Learning community engagement
Kitsap Strong	Coalition for community resilience
Parent	
PORT ANGELES	
Role	Community role
First Step	Family support agency
Jamestown S’Klallam tribe	Tribal partner
Lower Elwha tribe	Tribal partner
Nurturing Families Childcare	Child care center
Prevention Works	Community prevention network
Clallam Resilience Project	Coalition for community resilience
SPOKANE	
Role	Community role
Better Health Together - Tribal Alliance	Eastern Washington Tribal Health Alliance
Catholic Charities Eastern Washington	Local foster care services provider
Empire Health Foundation - Tribal Alliance	Eastern Washington Tribal Health Alliance
Family Impact Network	Family support network provider
Parent	
Spokane Regional Health District	Health department
The Zone	Coalition for community resilience
United Way	Local funders/community network
STEVENS	
Role	Name
Better Health Together - Tribal Alliance	Eastern Washington Tribal Health Alliance
Catholic Charities Eastern Washington	Local foster care services provider
Empire Health Foundation - Tribal Alliance	Eastern Washington Tribal Health Alliance
Family Impact Network	Family support network provider
Rural Resources	Family Support Agency

Partners in this work will agree to, at a minimum, the six SFL principles laid out in Section 4. The PLT and SCNs may develop additional guiding agreements to facilitate their work. Relationships between DCYF and the LAOs will be supported by contractual agreement, for which contracts have not yet been developed. Additional MOUs will be developed with community partners as part of this process. The LAO identification facilitates the use of Children’s Bureau grant funds to be put into action. The MOUs will be a process to identify the supports and services that are provided in support of this project including data and resources and to formalize that relationship.

## **Section 6: Implementation Readiness and Capacity Building**

### **Organizational Capacity**

DCYF, the designated state child welfare agency, and CCDF (Child Care and Development Fund), lead agency administers substantial federal awards – including Title IV-E and CCDF. DCYF has the requisite capacity and experience to provide fiscal oversight of federal award funds. Although DCYF is relatively new, it is inheriting substantial capacity of both the state’s child welfare agency (Children’s Administration) and early learning agency (Department of Early Learning), including the staff, systems and capacity that go with them.

Washington’s SFL Initiative will be operated out of the agency’s Family Support Programs Division, which operates prevention programs – home visiting, early intervention, as well as Washington’s Community-Based Child Abuse Prevention (CBCAP) program. Prior to July 1, 2018, the Department of Early Learning successfully operated the state’s CBCAP program in its SFWA unit since 2012.

As a state cabinet agency, DCYF also holds a unique position on the Governor’s Health and Human Services (HHS) subcabinet. The HHS subcabinet is comprised of representatives from DCYF, Department of Health (DOH), Health Care Authority (HCA), DSHS and Health Benefit Exchange (HBE) and meets monthly to collaborate on strategic work at a high level. The HHS subcabinet is embarking on substantial collaborative work and is honing in on prevention as a strategy to achieve their shared goals around improved health and well-being of children and families and overall poverty reduction. This group provides another collaborative, multi-system opportunity to align the prevention activities in this proposed project with ongoing statewide prevention strategy and broad efforts to improve the health and well-being of children and families.

### **Readiness Assessment**

Implementation readiness is strong and will be one of the greatest assets to leverage opportunities for alignment with the work that Washington State has done in our past, as well as the vision of DCYF for the future and the strength of communities and parents in our community. The SFL Project Team has alignment in the project approach with the transtheoretical model of change, adapted by Edwards (2000)<sup>13</sup> to address community change.

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<sup>13</sup> Edwards et.al (2000). Community Readiness: Research to Practice. *Journal of Community Psychology*, 28 (3), 291-307.

This research and theoretical base provides a different strength – instead of assessing when the locales are ready, this project will work with the communities at the point they are at and then support the community development through their stages of change. Washington State has a long legacy of engaging in child abuse prevention and family strengthening efforts. Efforts like the implementation of federal CBCAP funds and the establishment of the Children’s Trust Fund in Washington State have allowed for investments since the 1980s in the capacity building of local organizations to implement prevention programs. Washington State also made significant state investments in community capacity building over the years in the Family Policy Council and the Public Health and Safety Networks, APPI and the Home Visiting Services Account, to name a few. Each of these efforts built community capacity to operate together and build relationships across systems for the benefit of families.

Washington State passed historic legislation in House Bill 1661 to establish DCYF in 2017. This work brought together the strengths from multiple child serving systems and created a new opportunity to work across our system to support families and access the highest quality research and practice supports to do this work. Washington State has an incredible network of partners and contractors that allow us to do this work in dynamic and changing ways.

In following the Children’s Bureau described Dimensions of Readiness and Capacity (Figure 5), we will explore each of the three areas in greater detail in this section.

## **1) Motivation**

One of the greatest strengths in this project is the excitement and readiness at the local community level. As DCYF talked with and engaged with partners, many examples of communities wanting to act were expressed. For example, several partners reflected that they know their community data is not great and that it is good to get resources but it is also frustrating to be working so hard and the needle not move on some of these indicators. Each of the community locales has tremendous strength in the work they have done to address aligned work – former Public Health and Safety Networks, prevention coalitions, family support programs – all are actively engaged in their community and work on the belief that change is needed.

There is motivation on the behalf of DCYF as well. In the prevention work such as CBCAP, DCYF has engaged in building the capacity of organizations one organization at a time. DCYF, and the CBCAP funding source before it came to DCYF, has supported more than 150 organizations in implementing capacity building efforts – building program logic models and evaluation plans and evaluating the effectiveness of the program in their community. This has led to a vast network of organizations in every community of the state that we have relationships with and have learned from. DCYF has recently engaged in an effort to utilize a portion of CBCAP funds to advance a strand of work in a different way. Identification of the perinatal mental health effort has allowed DCYF to invest in multiple organizations in a strategic way to work on a common effort across sites. These relationships and the desire to work more with the community members (parents and youth) to design community-based services and interventions provides a strong motivation for this work. DCYF and our prevention efforts are seeking to engage with



communities differently and act on community level efforts and ideas to utilize community strengths to meet the needs of that community with support from a state agency.

Overall, the SFL Initiative is a new opportunity for parents, families, communities, organizations and DCYF to engage differently. There is strong recognition that this effort will provide an opportunity to link community and state agency and work together toward achieving a common goal while recognizing community strengths. The funds from this grant source will allow for investments in efforts to make this work as successful as possible and the learning will allow us to refine this work over time and learn if this is a replicable model that could be further invested in. In a time where families and communities are experiencing tremendous levels of stress, we are aware of both the opportunity for embracing this partnership and the limitations that families and communities have to engage during crisis.

## **2) General or Foundational Capacity**

This funding provides the SFL Initiative with the ability to expand and maximize DCYF agency supports and invest in community organizations. The primary organization implementing this effort is DCYF. With our new agency status in 2017, DCYF is at the peak of opportunity. Many of the new agency bumps are in our past and there is a hopeful future on the horizon of the possibilities of the work that we can do together across program areas. There are many efforts in our agency that demonstrate this such as the Preschool Development Grant activities, a Child Welfare-Early Learning Liaison project, planning for the implementation of the Family First Prevention Services Act and some of the work with our Performance-Based Contracts to improve contracted services quality and outcomes in our agency.

DCYF gains two full staff positions in this funding stream to have additional capacity to engage directly with communities and their data. In the planning year, DCYF was successful in hiring one of these positions, the Community Prevention Specialist. Community organizations have consistently expressed that having access to their community data would greatly impact their ability to plan. This data is located within multiple systems and the hiring of the data analyst will assist in being able to locate the data for communities to help the communities plan and measure impact.

DCYF leadership is both innovative and receptive to the SFL Initiative. In bringing together diverse agencies that all serve the highest-risk families in the state, DCYF has aligned prevention efforts such as quality child care and home visiting to ensure these services are meeting the highest areas of need. The Project Evaluator, Dr. Vickie Ybarra, is the Director of DCYF's OIAA. Dr. Ybarra envisioned this strategy and evaluation plan for the original grant application. Her position and OIAA represent a new way that state government is able to work with and adapt to the needs of the agency and beyond, through research-driven approaches and alignment of evaluation protocols. DCYF also benefits from the leadership of Judy King who serves as the Family Support Programs Division Director. King's leadership has allowed for greater expansion of services, resources and supports to meet the needs of families across our state.

### **3) Strategy, Practice or Activity-Specific Capacity**

There are many strengths that the Washington State project has in the area of Strategy Capacity. As DCYF has begun to discuss this effort at multiple opportunities in our state since receiving the funding award, the interest and excitement for this project continues to build. There are many program champions – parents, aligned groups in the community, advocates and funders who are interested and excited about this approach. One advocate stated that “it feels right to finally be taking actions that align the state with communities” and that sentiment is one of the things partners and DCYF are excited about.

Washington State also has the legacy described above in Prevention and Community Networks that provide a foundation on which to build new innovation and strong partnerships. Additionally, Washington State has an extensive network of collaborators working on efforts that align with ACEs. This fundamental education about the impacts of trauma and how to build resiliency at the community level combined with this opportunity to work together with local communities is a unique strength for our partnered communities. This deep work has elevated knowledge of ACEs and their impacts across sectors and communities – many communities wanting to try out strategies to mitigate impact of ACEs or reduce intergenerational transmission of ACEs. We hope to build upon these strategies and continue to adopt and develop models for education around ACEs, Resilience and Trauma-Informed Care within DCYF and our local communities.

Overall, the SFL Initiative is uniquely poised to maximize the strengths in our state and leverage new opportunities. It is not anticipated that this effort will be perfect, but we have the foundational relationships in place to learn a lot together and to work collaboratively to maximize resources. Children and families need many supports right now and this project will be one venue to providing those supports.

## **Section 7: Initiating and Sustaining Implementation**

### **Project Sustainability Plan**

There are strong policy-level efforts in Washington State to dedicate resources to prevention activities, as evidenced by the passage of HB 1661 and the creation of DCYF, with prevention built into its foundation. As noted previously, the state Legislature has codified its intent to increase funding for direct prevention services such as state-funded preschool and home visiting for low-income families and their young children. Taken together with Washington’s long history of community-based prevention efforts, most notably the Public Health and Safety Networks and their progeny, these recent efforts indicate the overall fertile ground for continued and increased support for prevention efforts.

The challenge for the leaders of this effort, and in fact for the leaders of DCYF, will be to institutionalize the gains made with specific initiatives such as this so that they are as protected as possible during future budget downturns. To that end, if the project is successful in producing a robust, effective, Washington State model for community-based prevention that is embraced by communities and demonstrated effective in substantially reducing child

maltreatment, the leaders of this initiative will request state funding to expand the initiative to other communities in the state through the regular agency budget request process. DCYF has seen service expansion growth over the last several years in the variety of service offerings and the types. We anticipate that some of the services the communities will want to implement will be services that could be supported and sustained with existing funding targeted toward the communities. One example of this is DCYF receives federal and state funding for home visiting services and if a locale was wanting to expand home visiting services, DCYF, through this project, would partner with those teams to advocate for expanded services to those locations. This process – development, testing and institutionalization of innovation – is precisely what was envisioned in establishing OIAA in DCYF.

DCYF will pilot the SFL model in four locales. The activities in these locales could be considered “transformation zones,” as DCYF will explore new ways that local community agencies, parents, providers, local DCYF child welfare staff and statewide systems can work together in a different way to address the root causes of inequities in child welfare. DCYF’s ultimate goal in this endeavor is to develop a replicable community-driven model for child maltreatment prevention that can be implemented across the state in locales with high rates of CPS referrals and foster care intakes. Washington State does not have flexible state funding that is available to support community-based child abuse prevention at this time. The PLC and a strong communications approach with legislators, community leaders and philanthropists about the progress and impact of the grant will be critical for advancing the SFL work beyond the grant.

## **Section 8: Quality Assurance and Continuous Quality Improvement**

The DCYF Project Team has familiarity with the QA/CQI – Plan, Do, Study, Act model. For the SFL Initiative, there are multiple processes that will be occurring at the same time. In each community, the parents and partners of that community will be engaging in reviewing their community data, making a plan, implementing the plan, studying how it is going and then adjusting as needed to meet the goals. Simultaneously, the DCYF Project Team will work with parents, community members and key stakeholders to look at our own processes of engaging with the communities, how strategies are working and if we are achieving our goals. These are like individual gears that must work together.

Through this Community Collaborations Grant, DCYF was able to hire a Community Prevention Specialist who will implement the local efforts with the communities. This position will also hold the frame of the CQI process in the local community with regards to supporting the current stage of the community and making a plan for the next stage. Our team has to work in concert to know if the community-designed/selected intervention is having impact on the outcome. DCYF’s project team will work closely together to observe the indicators for each community strategy.

Well-functioning SCNs and the PLT will help us to conduct continuous quality improvement. Maintaining effective collective impact groups that have a clear understanding of their goals and implementation strategies can help us to continually assess implementation effectiveness and quality. Maintaining an adherence to the project’s principles (detailed in Section 4) and re-

visiting those principals on a regular basis will help keep the projects on track and ensure adherence to research-based approaches for community engagement. The PLT and the SCNs will review and assess adherence to the SF Principles at least quarterly via anonymous surveys and a group discussion. If adherence is found to be lacking in any area, we will work with local communities to make necessary changes. All data on quality assessment and improvement will be maintained in Dr. Ybarra's office (OIAA) in order to inform a replicable community-driven model. Dr. Ybarra will conduct a fidelity analysis of the components of the intervention with focus on what components are necessary/sufficient to produce the intended outcomes. This serves more as a community-wide assessment to inform the fidelity to the model and identifies which components are key in producing the desired outcomes.

Washington will administer a separate PARTNER online social network analysis tool<sup>14</sup> to collect and analyze data to improve collaboration within community collaborations. Network domains measured by the tool include frequency of interaction, strength and quality of interactions, strategic value, trust and reciprocity. The tool will be administered by SCNs and the PLT, with assistance from the Community Prevention Specialist and the Evaluator. The PARTNER social network survey will be deployed in fall of 2020, at baseline, as soon as approval is received from OPRE and the Washington State IRB (WSIRB). The DCYF Project Evaluator, in collaboration with local partner leaders, will distribute the survey link via email and encourage response. DCYF will share the results of the PARTNER analysis each year with local collaboration participants to identify potential areas for further leveraging partnerships and connections to accomplish community objectives. The Community Prevention Specialist, along with LAOs, will lead a discussion about the findings with each LAB and the PLT and develop strategies to improve partnerships in each community each year.

DCYF anticipates that there will be additional unknown factors that relate to the COVID-19 pandemic that will impact implementation. The original design of community meetings will need to be adapted and the types of services that families and communities will want and need will shift as well as the needs of families are shifting currently related to this crisis. For example, we will be unable to do the Story Building activities in person, so DCYF will need to find creative ways to engage families in this work. We are relying on our community partners to help shape the approach to Story Building, since they know the families they work with. DCYF will continue to use our internal check-ins and community partner meetings to navigate these contextual shifts and how they might impact implementation and the CQI process.

Data on QA and QCI will be collected and managed by the Evaluator and Data Analyst. The Evaluator, Data Analyst and Community Prevention Specialist will work together to ensure the data is usable to LAOs, SCNs and the PLT, by generating reports and framing regular group discussions around data findings.

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<sup>14</sup> <https://partnertool.net/survey/>

## Section 9: Communication and Dissemination

Project information will be disseminated to local child welfare staff in the locales and partners through the Prevention Leadership Table, Local Activating Organizations, and Strong Community Networks. PLT and SCN meetings will include time for partners and contractors to share their progress and get feedback to make improvements, a valuable technical assistance strategy. A goal of the SCNs will be to cultivate community buy-in on each local project, through engaging in dialogue with community members and seeking continue and iterative feedback to inform project activities. One activity of the LAOs may be to host annual events for the community to engage around SFL goals, objectives, and outcomes.

DCYF will disseminate the findings of the research project through conference presentations, agency-sponsored publications, a webpage on the DCYF website and annual agency reporting. There are multiple potential local and in-state conferences that may be relevant forums for this research including child welfare, early learning and public health-oriented conferences.

DCYF has developed digital and web-based communications about the project, including the creation of a graphics guideline for the project so that communications can be recognized as relating to SFL specifically, rather than other programs of DCYF. In the summer of 2020, DCYF developed a community flyer, PowerPoint presentation and letterhead for formal communications with community partners using the graphic identity of SFL. DCYF also began a weekly email communication to the growing list of identified partners to share project progress and opportunities for learning and connection. DCYF will also work toward the goal of creating an online presence for SFL, with an overview of the project, statewide and local contacts and any relevant publications. A beginning website is live and active and is the first beginnings of this effort. This website is located at: <https://www.dcyf.wa.gov/services/child-development-supports/sfwa/sf-locally>. DCYF's social media team will assist in generating interest in reports and publications.

An eventual goal is to link DCYF's SFL online presence to local efforts as well. Contracts with LOAs will include communication plans that involve some social media and web-based presence, as well as local contact and distribution lists managed by the LAOs.

For agency-sponsored publications, the Project Director and Project Evaluator will engage the DCYF Office of Communications to assist with design and branding of an annual briefing series that will highlight the findings each year. The team will also prepare an agency-sponsored culminating report and consider opportunities for journal publication such as *Child Abuse and Neglect* or conference presentations such as the National Conference on Child Abuse and Neglect. DCYF will include both the findings and process of the proposed research in its required annual reporting to the Legislature and Governor and as requested and funds are available, relevant state or national meetings and conferences.

## **Section 10: Technical Assistance Needs**

DCYF has benefited during the initial planning year by having time and resources from this grant especially as it relates to problem exploration and theory of change. As we move forward, building out our QA/CQI cycle and process will be essential. Many of the staff on the DCYF team have worked on projects with QA/CQI but this project will have four CQI processes from each local community as well as the Project Team CQI process. It would be helpful to have support in aligning the teeth of these various gears for the most efficient learning possible.

## Section 11: Work Plan and Timeline

### Pre-Implementation Phase (10-month Planning Period)

**Note:** Certain pre-implementation activities (e.g., pilot testing) may extend into or begin during the Implementation Phase

Activity/Task	Timeframe (Expected start and completion dates)	Milestone(s) (Specific deliverables or other indicators of task completion)	Person(s)/Team(s) Responsible (Lead person(s) or team(s)/sub-team(s))	Comments/Notes
Problem Exploration and Identification of Target Population				
TOC, Logic Model, Mini-Evaluation Plan submitted	April - June 2020	Submitting required docs.	Director, Evaluator, Community Prevention Specialist	
Meeting with identified partners	July 2020	Initial meeting with identified partners to	Director, Community Prevention Specialist	
Implementation Plan submitted	July 2020	Submitting required docs.	Director, Evaluator, Community Prevention Specialist	
Theory of Change				
	March - July 2020	Meeting with identified partners; TOC submitted	Director, Evaluator	
Design, Selection, and/or Adaptation of Strategies, Practices, Services, Activities				
"Story Building"	Sept. - Dec. 2020	meetings in locales to build community narratives	Director, Community Prevention Specialist	
Planning and LAB development	Dec. 2020 - Jan. 2021		Director, Community Prevention Specialist, SCNs	
Establishing Implementation Teams (e.g., hiring key staff, engaging implementation partners)				
Initial partner meetings	Jan. - Dec. 2020	Meeting with identified partners and inviting new partners to meetings, building relationships	Director, Evaluator, Community Prevention Specialist	
Hiring Community Prevention Specialist	March – June 2020	Hiring and onboarding	Director, Community Prevention Specialist	
Hiring Data Analyst	Aug. - Nov. 2020	Hiring and onboarding	Evaluator, Data Analyst	
Establishing PLT	Aug. - Dec. 2020	Establishing governing structures	Director, Evaluator, Community Prevention Specialist, PLT	

<b>Activity/Task</b>	<b>Timeframe (Expected start and completion dates)</b>	<b>Milestone(s) (Specific deliverables or other indicators of task completion)</b>	<b>Person(s)/Team(s) Responsible (Lead person(s) or team(s)/sub-team(s))</b>	<b>Comments/Notes</b>
Establishing SCNs	Dec. 2020 - Jan. 2021	Establishing governing structures	Director, Community Prevention Specialist, SCNs	
Identifying LAOs	Dec. 2020 - June 2021	Identifying LAOs who can contract to implement plan	Director, Community Prevention Specialist, SCNs, LAOs	Timelines may vary in different locales
<b>Implementation Readiness and Organizational Capacity Building</b>				
Planning with SCNs	Dec. 2020 - June 2021	Planning work, setting priorities and objectives	Director, Community Prevention Specialist, SCNs	Timelines may vary in different locales
LAO contracting and TA	Jan. - June 2021	Developing contracts to meet SCN objectives	Director, Community Prevention Specialist, SCNs, LAOs	Timelines may vary in different locales
<b>Site Selection</b>				
Target neighborhoods	Aug. - Dec. 2020	Identifying neighborhoods/agencies within locales that will be target intervention sites (part of Story Building)	Director, Community Prevention Specialist, SCNs, LAOs	
<b>Usability Testing (if appropriate)</b>				
Usability testing	Jan. - Dec. 2021	Testing new strategies	Director, Community Prevention Specialist, SCNs, LAOs	May look different in different communities
<b>Pilot Testing (if appropriate)</b>				
Pilot testing	July - Dec. 2021	Testing new strategies	Director, Community Prevention Specialist, SCNs, LAOs	May look different in different communities



## Implementation Phase (Last two months of year 1 and all subsequent grant years)

Activity/Task	Timeframe (Expected start and completion dates)	Milestone(s) (Specific deliverables or other indicators of task completion)	Person(s)/Team(s) Responsible (Lead person(s) or team(s)/sub-team(s))	Comments/Notes
<b>Start-up and Early Implementation</b>				
Initiating local activities	Jan. - Dec. 2021	Initiating activities based on LAO contracts	LAOs, Director, Community Prevention Specialist,	
<b>Scaling Up and Ongoing Implementation</b>				
LOA facilitates SCNs	June - Dec. 2021	LAO assumes facilitation of SCNs	Director, Community Prevention Specialist, SCNs, LAOs	Varies depending on community needs and readiness
Continuing work with SCNs and PLT	Jan. - Dec. 2022	Continued collaboration and TA	Director, Community Prevention Specialist, SCNs, LAOs, PLT	
<b>Fidelity Monitoring, Quality Assurance, and CQI</b>				
Quarterly assessment of networks	Jan. 2021 – Dec. 2024	Quarterly assessment of SCNs and PLT	Director, Community Prevention Specialist, Evaluator, Data Analyst, SCNs, LAOs, PLT	
contract assessment/renewal	Jan. 2021 – Dec. 2024	Annual contract re-assessment and renewal – in collaboration with SCNs	Director, Community Prevention Specialist, SCNs, LAOs	
evaluation data collection	Sept. 2020 – Dec. 2024	evaluation data collected from locales PARTNER tool collected (pre and yearly)	Evaluator, Data Analyst, SCNs, LAOs	
<b>Communication and Information Dissemination</b>				
Graphic identity	Aug. 2020	Develop unique identity for “Strengthening Families Locally”	Community Prevention Specialist with support from other DCYF staff and identified partners	
Outreach materials developed	Aug. 2020 and ongoing	Overview flyer, power point slides, and letterhead for newsletters and marketing developed	Community Prevention Specialist with support from other DCYF staff and identified partners	
Story building dissemination	Sept. – Dec. 2020	“Harvest” reports made available to community partners	Community Prevention Specialist	
Website development	Nov. 2020 – Jan. 2021	Site hosted on DCYF and/or partner sites dedicated to	Community Prevention Specialist with support	

Activity/Task	Timeframe (Expected start and completion dates)	Milestone(s) (Specific deliverables or other indicators of task completion)	Person(s)/Team(s) Responsible (Lead person(s) or team(s)/sub-team(s))	Comments/Notes
		SFL – overview of stories, partners, activities	from other DCYF staff and identified partners	
Data dashboard development	Jan. - June 2021	Developing and testing online dashboards to communicate DCYF data to partners	Data analyst, Evaluator, SCNs	
Reporting (including required progress reports to CB)				
Semi-annual reports due to Children’s Bureau	April 30 and Oct. 31 of each year	Reporting on the project progress and implementation	Project Director, Evaluator, Community Prevention Specialist	
Sustainability Planning				
Sustainability planning	Jan. 2023 – Dec. 2024	Working with local funders and DCYF budget processes to assure the continuation of successful activities and approaches	Director, Community Prevention Specialist, Evaluator, Data Analyst, SCNs, LAOs, PLT	

## **APPENDICES**

**Appendix A: Root Cause Analysis**

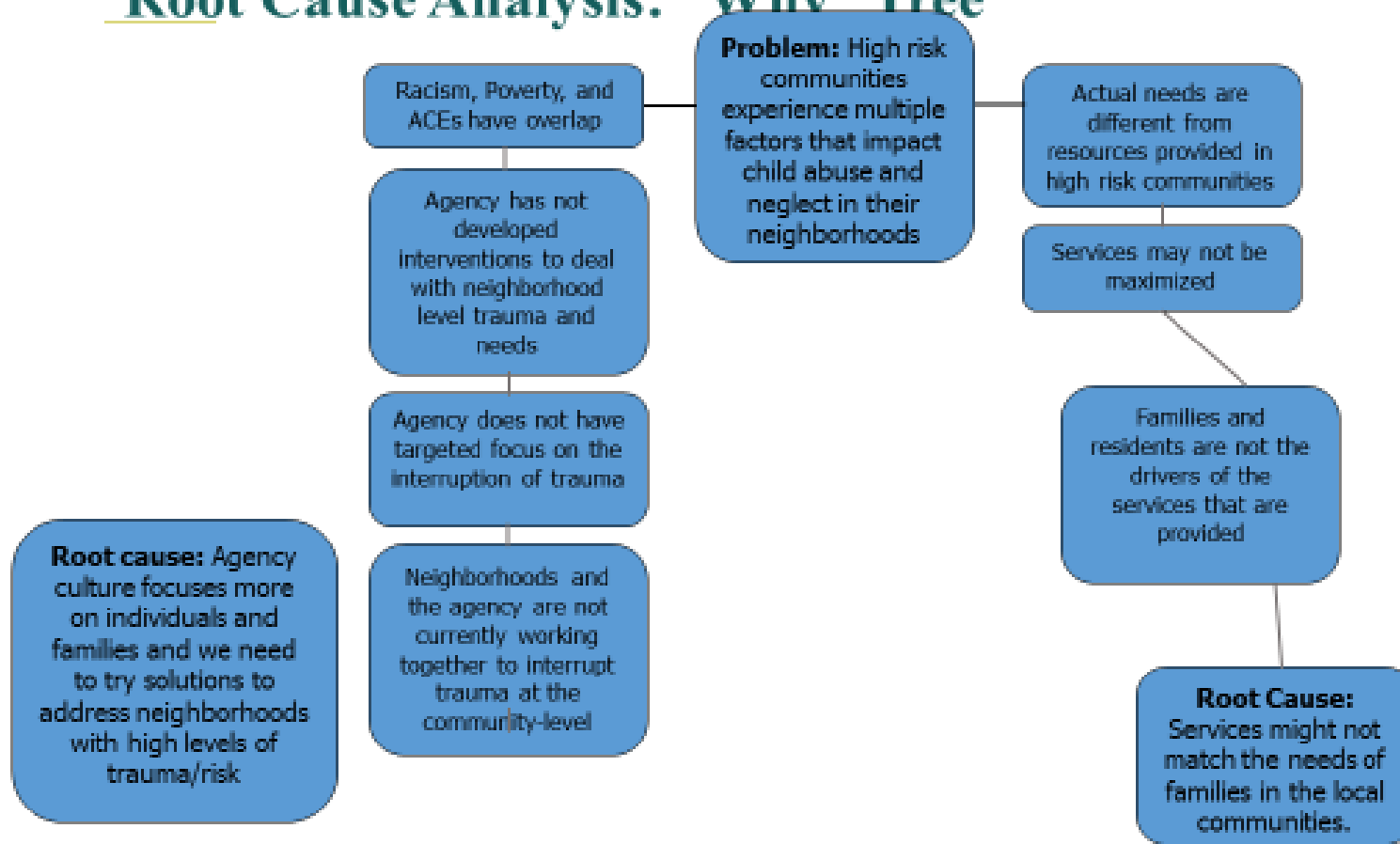
**Appendix B: Fishbone Diagram**

**Appendix C: Outcome Chain**

**Appendix D: Core Team Diagram**

## APPENDIX A: Root Cause Analysis

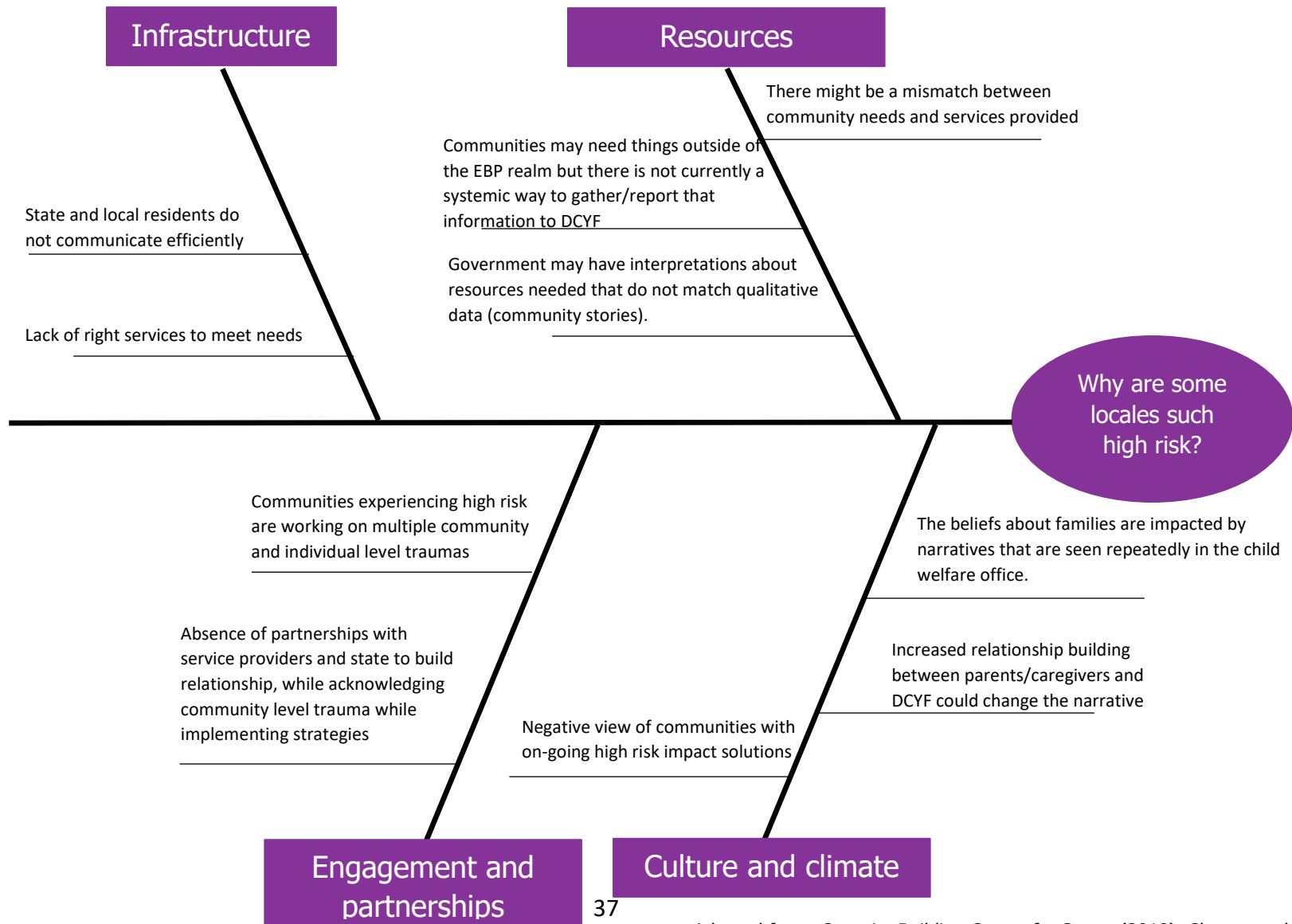
### Root Cause Analysis: “Why” Tree



Adapted from: Capacity Building Center for States (2018). Change and implementation in practice: Problem exploration. Washington, DC: Children's Bureau, ACF, HHS – Slide developed by JBA for Grantee Meeting in December 2019, edited for problem exploration.

# APPENDIX B: Fishbone Diagram

## Root Cause Analysis: Fishbone Diagram



## APPENDIX C: Outcomes Chain

**Intervention:** We implement community-based qualitative data collection and action planning processes

***So That***

Communities and the state can examine locale-level data and local stories about the causes of child abuse and neglect

***So That***

The unique strengths, needs, and trends for families and communities can be seen

***So That***

(1) Site specific strengths and barriers are recognized

**and**

(2) Site specific strategies are developed

**and**

(3) Needs of communities are understood across sites

***So That***

(1) Resources can be mobilized to meet community needs to prevent neighborhood level risk factors

**and**

(2) Resources can be mobilized to increase family and community resilience and supports

***So That***

Families and communities participate in services and programming implemented at the locale level

***So that***

(1) Children and families experience less abuse and neglect

**and**

(2) Children are less likely to enter foster care

***So That***

This model can be replicated in other communities and state programs

# APPENDIX D: Core Team Diagram

