Birth to 25 Advisory Board Meeting
Monday, January 4, 2021

Members Present: Beverly Bowen-Bennett, Christine McClendon, Dylan Tran, Dr. Harbir Juj, Kyle Paskewitz, Lauren Moore, Priscilla Lisicich, Rodney Robinson, Sharon Hanek, Sharon Shadwell, Tanya Durand, TJ Bohl
Members Absent: George Conzuelo, Gina Cabiddu (ex), Kristy Merritt (ex)
Staff: Stephanie Bray, Vy Yun

Call to Order and Updates
The meeting was called to order at 9:04 am.
- Stephanie notified members and guests that the meeting would start recording.
- Processing appointment resolutions to fill the District 3, Public Health, and K-12 Education positions.
- Council approved B-25 Advisory Board to be extended another year (ending December 2022).
- Council approved Tribal position to be added.

Approval of Agenda
Stephanie asked for a motion to approve the agenda. TJ motioned; Sharon H. seconded; motion approved.

Approval of Minutes
Stephanie asked for a motion to approve the August and November minutes. Priscilla motioned; Tanya seconded; motion approved.

B-25 Work Plan, Merita Irby and Nate Ross (The Forum)
Merita worked with B-25 members to update the Work Plan on the following:
- Outcomes: Pierce County Developmental Dashboard
- Community Goals
- Planning Decision Points
  (See attachments)

The following Task Teams were formed:

Child & Youth Outcomes Task Team: Beverly (Facilitator), Lauren (Documenter), Tanya, Sharon H, Sharon S, Priscilla, Dylan and Kyle
Engagement Strategy Task Team: George (Facilitator), Priscilla (Documenter), and Kyle.
- Vy will send out a doodle poll to schedule task team meetings.

Public Comment
- Director Moss reiterated Council has extended the Board to 2022 and added Tribal member position.
Good of the Order
   - Lauren thanked Merita for joining.

Adjournment
Meeting adjourned at 12:01 pm.
Planning Decision Points

• Child & Youth Outcomes & Indicators
  – Refine the “dashboard” – especially in 2020/2021
  – Hear what people are experiencing/needing - what our some of our partners doing right now that help to fill in the current picture.
  – Recommendation re: further community listening that this needs to host (e.g., town hall, survey, etc.)
  – What national data should we be reviewing that helps with the real-time picture?

• Populations of Focus within Pierce County

Task Team: Beverly (Lead Facilitator), Lauren (Lead Documenter) Tanya, SharonH, SharonS, Priscilla, Dylan, Kyle

• Outcomes-focused Planning Approach
• Engagement Strategy for “Communities Within” Pierce County
• Links to Existing Networks, Initiatives, etc.

Task Team: George (Lead Facilitator), Priscilla (Lead Documenter), Kyle
Today’s Work Session

• Outcomes Focused Planning for Children & Youth

• Community Engagement Strategy
A Big Picture Approach to Action Planning & Community Change

The recurring steps of Community Change Management:

- **Take Shape**: Structural Alignment
- **Take Aim**: Goal Alignment
- **Take Stock**: Shared Diagnosis
- **Target Action**: Mutually Reinforcing Activities
- **Track Progress**: Shared Measurement

The Big Picture Approach
<table>
<thead>
<tr>
<th>Birth to 25 Advisory Board</th>
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<tr>
<td>Pierce Co. Human Services Staff</td>
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Plan for leveraging existing coalitions, networks & initiatives

Plan for engaging communities within Pierce County

Whole Child Framing & Goals

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**Take Shape**

**Structural Alignment**
- Partnership Structures
- Backbone Support Organizations
- Linking to Existing Efforts

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**Take Aim**

**Goal Alignment**
- Engagement Strategy
- Big Picture Frameworks
- Communicating Big Goals

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**Take Stock**

**Shared Diagnosis**
- Identifying Needs & Resources
- Analysis Techniques
- Targeted Goals & Indicators

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**Target Action**

**Mutually Reinforcing Activities**
- Issue Integrated Logic Models
- Intervention Design & Selection
- Shared Action & Accountability

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**Track Progress**

**Shared Measurement**
- Partnership Evaluation
- Reflection & Improvement

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**Data Scan**

*Interpreting Data & Identifying Solutions with Community Input*

**Setting Priorities & Tracking Action**
Planning Decision Points

• Child & Youth Outcomes & Indicators
• Populations of Focus within Pierce County
• Outcomes-focused Planning Approach
• Engagement Strategy for “Communities Within” Pierce County
• Links to Existing Networks, Initiatives, etc.
Start with our goals for young people

Get specific about our community context

Then ask: What can we do as leaders?
How do we know if we are making a difference?

Leadership  Actions  Outputs  Local Conditions  Root Causes  Skills, Behaviors Identity, Agency

Including:
existing efforts  communities within  specific populations
Who have we engaged? (coalitions? providers? community?)
Where are our efforts focused? (specific geographies, age groups, issues?)
How well are we managing the community change process? Taking actions that:
• Align with our goals?
• Implement a powerful set of strategies?
• Address priority populations & communities?

Where are the supports located?
How well are the supports being provided?
• How accessible?
• How coordinated?
• How well-used?
• What is the quality of these supports?

Who are the youth in our community?
(what descriptors? age? family status? special needs?)
Where do these young people and their families live, work?
How well are the youth in our community doing:
• Academically & Vocationally?
• Emotionally & Physically?
• Socially & Civically?

How do we know if we are making a difference?
Outcomes

IN LARGE GROUP

How well are our children and youth doing?
What does “success” look like?

What skills, behaviors, attitudes, sense of identity, sense of agency would we see?
Goal for Our Children and Youth

To support the healthy growth, development and education of our children and youth prenatal through young adulthood so that they graduate from high school and succeed in life.
Steps to Success – Birth to 22

Healthy births
- Secure attachment to caregivers
  - Late or no Prenatal care

Effective parenting

Safe & nurturing families & communities
- Toxic Stress
  - Depression
  - Substance Abuse
  - Exposure to violence

Meeting educational standards
- Poor school attendance
- Non-proficient readers
- Discipline referrals/suspensions
- Not connected

Ready for school

Connectedness

Prosocial adolescent behaviors
- DJJ Referrals
- Teen pregnancy
- Adolescents substance use
- Idle youth (not working and not in school)

Career readiness

Graduation & successful entry to adulthood

• Birth to 22

The BIG PICTURE APPROACH

United For Brighter Futures
Steps to Success – Birth to 22

KEYS TO SUCCESS:
Effective Parenting
Safe & Nurturing Families & Communities

Born Healthy

Attached to Caregivers

Developmentally on Track

Ready for School

Healthy & Active

Meeting Educational Standards

Connected & Contributing

Behaving Prosocially

Career Ready

Graduating & entering adulthood successfully

• Late or no Prenatal care
• Toxic Stress
  ➢ Depression
  ➢ Substance Abuse
  ➢ Exposure to violence
• Poor school attendance
• Non-proficient readers
• Discipline referrals/suspensions
• Not connected

• DJJ Referrals
• Teen pregnancy
• Adolescents substance use
• Idle youth (not working and not in school)
Steps to Success – Birth to 22

KEYS TO SUCCESS:
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Born Healthy

Attached to Caregivers

Developmentally on Track

Ready for School

Healthy & Active

Meeting Educational Standards

Connected & Contributing

Behaving Prosocially

Career Ready

Graduating & entering adulthood successfully

• Low Birthweight

• Toxic Stress (in home/community?)
  ▶ Depression
  ▶ Substance Abuse
  ▶ Exposure to violence

• Poor school attendance
• Non-proficient readers
• Discipline referrals/suspensions
• Not connected

• On-time graduation
• Post-secondary credentials

• Involved in school & community life
• Djj Referrals
• Teen pregnancy
• Adolescents substance use

• Idle youth (not working and not in school)

• Height/weight appropriate
• Physically active
• Demonstrating good health habits

• Reading on grade level

• On-time graduation
• Post-secondary credentials

• Involved in school & community life
• Djj Referrals
• Teen pregnancy
• Adolescents substance use

• Idle youth (not working and not in school)
Birth to 22  Steps to Success

Steps to Success

The Steps to Success represent 6 domains of child and youth development – physical health, behavioral health, academic readiness, social/emotional well-being, career readiness and connection and contribution to community and society. These steps represent key markers of success that allows us to access developmental outcomes. As children and youth make their way up these stairs, we are able to track their progress or lack thereof. The indicators, or measures, for these different areas are shown above the stair steps in the green text for things we are trying to promote and orange text for things we are trying to prevent.

Understanding what this data looks like for different subpopulations within Palm Beach County is also essential. In order to achieve those outcomes, children and youth need key supports along the way, through a combination of effective parenting and safe and nurturing families and communities. A sample of possible measures are listed below.

Steps to Success & Supports for Success

**STEPS TO SUCCESS:**
Child & Youth Outcomes & Indicators

- Low Birth Weight
- Prematurity
- Toxic Stress
- Exposure to violence
- Developmental Delays
- Developmentally on Track
- Weight appropriate
- Physically active
- Reading on grade level (3rd & 10th)
- Poor school attendance
- Non-proficient readers
- Discipline referrals/suspensions
- Djj Referrals
- Teen pregnancy
- Adolescents substance use
- Demonstrating good nutrition & health habits
- Not connected
- Connected & Contributing
- Meeting educational standards
- Behaving prosocially

SUPPORTS FOR SUCCESS:
Effective Parenting | Safe & Nurturing Families & Communities

**ECONOMIC ACCESS:**
- Percentage of Families in Poverty
- Access to Housing
- Workforce and Job Development Opportunities
- Number and Percentage of Households receiving Food Stamps
- Access to Transportation

**PARENTING & ROLE MODELS:**
- Parenting stress (situational or chronic)
- Knowledge of Parenting and Child Development
- Support Services for Parents
### B. SAMPLING OF INDICATORS

<table>
<thead>
<tr>
<th></th>
<th>Early Childhood (0-5)</th>
<th>Grade School Age (6-10)</th>
<th>Middle School Age (11-14)</th>
<th>High School Age (15-18)</th>
<th>Young Adults (19-24)</th>
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<tbody>
<tr>
<td>Vocational</td>
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<td><strong>Idle Youth – not in work or in school</strong></td>
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<td>Civic Connection</td>
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<td><strong>Career Readiness</strong></td>
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<td>(or Disconnection)</td>
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<td></td>
<td><strong>DJJ referrals</strong></td>
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<td>Behavioral</td>
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<td><strong>Prosocial Adolescent Behaviors</strong></td>
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<td>/Mental Health</td>
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<td><strong>Avoiding Risky Behaviors</strong></td>
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<td><strong>Improving Behavioral/Mental Health</strong></td>
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<td><strong>Depression</strong></td>
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<td><strong>Exposure to Trauma/Violence</strong></td>
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<tr>
<td>Education</td>
<td><strong>3rd Grade Reading Proficiency</strong></td>
<td><strong>Meeting Educational Standards</strong></td>
<td><strong>H.S. seniors graduating with FCAT Reading Proficiency Increase High School</strong></td>
<td><strong>graduates who go on to post-secondary education</strong></td>
<td><strong>Idle Youth – not in work or in school</strong></td>
</tr>
<tr>
<td>Social Emotional</td>
<td><strong>Verified abuse &amp; neglect</strong></td>
<td><strong>Improving Social / Developmental Health</strong></td>
<td><strong>Connectedness</strong></td>
<td><strong>Teen Pregnancy</strong></td>
<td><strong>Risk Indicators</strong></td>
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<tr>
<td>Connection</td>
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<td></td>
<td><strong>Substance Abuse</strong></td>
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<tr>
<td>Physical Health</td>
<td><strong>Healthy birthweight</strong></td>
<td><strong>Avoiding Risky Behaviors</strong></td>
<td><strong>Healthy Growth &amp; Development</strong></td>
<td><strong>Obesity / Overweight</strong></td>
<td><strong>Increase Nutrition &amp; Exercise / Reduce TV</strong></td>
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<td></td>
<td><strong>Born Healthy</strong></td>
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**KEY:**
- Developmental Indicators
- Risk Indicators
<table>
<thead>
<tr>
<th>Category</th>
<th>Early Childhood</th>
<th>School Age</th>
<th>Middle School Age</th>
<th>High School Age</th>
<th>Young Adults</th>
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</thead>
<tbody>
<tr>
<td><strong>Vocationally, Culturally &amp; Civically Contributing</strong></td>
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<tr>
<td>Sense of Cultural Identity and ability to engage and celebrate across cultures</td>
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<tr>
<td><strong>Learning</strong></td>
<td>Kindergarten Readiness</td>
<td>3rd Grade Reading</td>
<td>9th Graders Academically on track</td>
<td>Graduation Rate (4 year)</td>
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<td><strong>Socially/Emotionally Connected</strong></td>
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<td>SEL Skills</td>
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<tr>
<td>Bullying</td>
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<td><strong>Behaviorally Healthy</strong></td>
<td>ACES</td>
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<tr>
<td>Depression &amp; Suicides</td>
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<td><strong>Physically Healthy</strong></td>
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<tr>
<td>Health Conditions e.g., asthma, obesity</td>
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<tr>
<td>Risk Behaviors e.g., marijuana, smoking, drinking, DUIs</td>
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<tr>
<td><strong>Safe &amp; Basic Needs Met</strong></td>
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<tr>
<td>Abuse // Out of Home Care</td>
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<tr>
<td>Homelessness &amp; Stable Housing</td>
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## Community GOALS

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Educated</th>
<th>Employed</th>
<th>Contributing to Community</th>
<th>Physically Healthy</th>
<th>Mentally/Emotionally Healthy</th>
<th>Socially Connected</th>
<th>Life Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Older Youth</strong></td>
<td>- Gets good grades&lt;br&gt;- Attained high school degree or GED&lt;br&gt;- Engaged in or completed college or workforce training&lt;br&gt;- Sets and completes goals&lt;br&gt;- Is prepared for the next step</td>
<td>- Engaged in workforce or career&lt;br&gt;- Has soft skills/social skills for interviews, work, and meetings&lt;br&gt;- Thinks about long-term career</td>
<td>- Volunteer&lt;br&gt;- Votes</td>
<td>- Committed to exercise or sports participation</td>
<td>- Connected to family&lt;br&gt;- Able to manage emotions</td>
<td>- Participates in afterschool clubs&lt;br&gt;- Has good social skills</td>
<td>- Financially literate with money management skills&lt;br&gt;- Pays bills responsibly</td>
</tr>
<tr>
<td><strong>High School Youth</strong></td>
<td>- Graduates high school&lt;br&gt;- Attends school regularly&lt;br&gt;- Identifies his/her strengths (academically or vocationally)</td>
<td>- Has a job*&lt;br&gt;- Participates in internship or workforce development</td>
<td>- Volunteers/&lt;br&gt;-involved in community service*&lt;br&gt;- Is a good role model&lt;br&gt;- Has good manner</td>
<td>- Makes healthy food choices&lt;br&gt;- Is active, exercises regularly&lt;br&gt;- Stresses the importance of good health</td>
<td>- Has self confidence&lt;br&gt;- Is self-aware&lt;br&gt;- Knows self&lt;br&gt;- Knows family&lt;br&gt;- Is resilient to ACES</td>
<td>- Attends out of school time activities and/or extracurriculars&lt;br&gt;- Has social skills&lt;br&gt;- Can establish and maintain boundaries</td>
<td>- Maintains self-sufficiency&lt;br&gt;- Can manage a bank account&lt;br&gt;- Is learning life skills</td>
</tr>
<tr>
<td><strong>Middle School Youth</strong></td>
<td>- Attends school regularly&lt;br&gt;- Has good study skills&lt;br&gt;- Has good behavior&lt;br&gt;- Has good grades&lt;br&gt;- Asks for help when needed&lt;br&gt;- Reads</td>
<td>- Is exposed to rising opportunities&lt;br&gt;- Participates in Mayor’s Youth Program</td>
<td>- Volunteers&lt;br&gt;- Completes chores</td>
<td>- Regular exercise&lt;br&gt;- Participates in sports&lt;br&gt;- Eats healthy food&lt;br&gt;- Participates in extracurricular and after-school activities</td>
<td>- Has a positive attitude&lt;br&gt;- Expresses feelings</td>
<td>- Selects positive peers&lt;br&gt;- Communicates with friends&lt;br&gt;- Is a leader not a follower</td>
<td>- Sets goals&lt;br&gt;- Is learning financial management&lt;br&gt;- Prays</td>
</tr>
</tbody>
</table>
Planning Decision Points

• Child & Youth Outcomes & Indicators
  – Refine the “dashboard” – especially in 2020/2021
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  – Recommendation re: further community listening that this needs to host (e.g., town hall, survey, etc.)

• Populations of Focus within Pierce County

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• Links to Existing Networks, Initiatives, etc.

  Task Team: George (Lead Facilitator), Priscilla (Lead Documenter), Kyle
Populations of Focus

IN SMALL GROUPS:

What are particular populations of children and youth that you need to make sure are understood, engaged and visible?
How do we know if we are making a difference?

Leadership     Actions     Outputs     Local Conditions     Root Causes     Skills, Behaviors Identity, Agency
Capacity

Including:
existing efforts communities within specific populations

Including:
existing efforts communities within specific populations

Including:
existing efforts communities within specific populations
The number of disconnected young adults, ages 16 to 24, who are neither working or in school was 15,300 in 2017.

1 in 4 Pierce County middle school youth report depressive symptoms. Pierce County high school students reported depression a rate of 36.9%.

Suicidal ideation (21.6% of youth reporting) is more common among Multiracial youth (29.3%), American Indian or Alaska Native and Native Hawaiian or Pacific Islander (25.3%) youth, and higher in girls (28.6%).

According to the Washington State Healthy Youth Survey, about 60% of 8th, 10th, and 12th graders report participating in afterschool activities, slightly lower than the state average.

Kindergarteners demonstrating school readiness in 6 of 6 areas:
- 38.9% (Clover Park)
- 55% (Tacoma)
FOR YOUR SPECIFIC OUTCOME

BRAINSTORM 8-10 WHYs?

YOUR SPECIFIC OUTCOME

WHY is it happening

WHY is it happening

WHY is it happening
YOUR SPECIFIC OUTCOME

WHY is it happening?

WHY is it happening?

WHY is it happening?

WHY is it happening?

. . .and WHY HERE?

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C. YOUR SPECIFIC OUTCOME

WHY is it happening?

. . . and WHY HERE?

. . . and WHY HERE?

. . . and WHY HERE?

#1 WHY?

#2 WHY?

#3 WHY?
Root Cause to Common Cause
## Community Goal

**Every child is supported and grows into a successful adult**

### Priority Outcomes

<table>
<thead>
<tr>
<th>Priority</th>
<th>Productive</th>
<th>Connected</th>
<th>Healthy &amp; Safe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Every baby is born healthy</td>
<td>All children enter kindergarten ready to succeed</td>
<td>All children achieve at or above grade level</td>
<td>Every youth completes post-secondary education</td>
</tr>
<tr>
<td>All children enter kindergarten ready to succeed</td>
<td>All children achieve at or above grade level</td>
<td>Every youth completes post-secondary education</td>
<td>All capable youth adults gain &amp; retain employment that provides self-sufficiency</td>
</tr>
</tbody>
</table>

### Indicators

#### CONNECTED
- Social
- Civic

#### HEALTHY & SAFE
- % babies born weighing more than 5 lbs 5 oz
- Immunization rates
- 6th graders consuming alcohol in past month

#### PRODUCTIVE
- Education
- Employment

- % children ready to enter kindergarten
- IREAD Passing Rates for 3rd grade
- % of population 25 years and over with a 2-yr Degree or Certificate
- % youth not in school working
- % starting/ not completing post-secondary
- % participating in positive activities
- Truancy or attendance rates

### Comments

- Consider adding “babies born healthy” as a priority outcome.
- Add a goal with one that speaks to gainful employment.
- Revisit the education and employment indicators selected.
- Add a new row to acknowledge the importance of these contributing outcomes to educational success.
- Begin with population-level indicators and then help programs identify their contribution.
LOCAL EXAMPLE: How we identified some INITIAL areas for common action

1. Started with Outcomes & Indicators
   - balanced out the picture (e.g., social/emotional health)
   - “voted with dots” to identify high interest starting points

2. Identified Root Causes & Local Conditions for each indicator

3. Identified “Common Causes” through clustering the underlying causes/conditions

4. Grouped these “Common Causes” into action areas and then worked to identify specific actions to address them.
Common Cause Analysis:
Are there any causes or conditions in common?

Lack of Trained Counselors
Lack of trained counselors

Education & training opportunities don't connect to available careers

Transportation options are insufficient
LOCAL EXAMPLE: How we identified some INITIAL areas for common action

1. Started with Outcomes & Indicators
   
   *balanced out the picture (e.g., social/emotional health)*
   *“voted with dots” to identify high interest starting points*

2. Identified Root Causes & Local Conditions for each indicator

3. Identified “Common Causes” through clustering the underlying causes/conditions

4. Grouped these “Common Causes” into action areas

5. Identified starting points for joint action
Bartholomew County
Common Cause Clusters

PARENT & FAMILY SUPPORTS
- Parent support/knowledge – behavior modification/management needs
- Lack of structured environment & supportive
- Educate parents on benefits
- Parental role
- Lack of parental/mentor support
- Lack of family support
- Lack of support system
- Lack of adult/parent support
- Lots of shift work
- Parental involvement difficult due to shift work employment
- Lack of individualized support
- Parent awareness & value of education
- Lack of parent experience

ACCESS AWARENESS
- Access to enrichment Times
  Transportation Knowledge of Existence
- Availability/Access
- Cost
- Awareness of financial/opportunities
- Lack of documentation
- Lack of documentation

TRANSPORTATION
- Transportation when bus missed (no car / don’t want to walk / city bus)
- Transportation
- Transportation
- Transportation

HOUSING / MOBILITY
- Lack stable home / move parent to parent / move nightly place to place
- Student housing
- High mobility between schools
- Transient population

theBIGPICTUREAPPROACH
Every child is supported and grows into a successful adult

**Priority Outcome**

1. Every baby is born healthy
2. All children enter Kindergarten ready to succeed
3. All children are physically, socially, and emotionally healthy
4. All children achieve at or above grade level
5. Every youth completes post-secondary education
6. All capable young adults gain and retain employment that provides self-sufficiency

**Priority Indicators**

1. % of babies born weighing more than 5 pounds 5 ounces
2. % of children ready to enter Kindergarten
3. IREAD passing rates for 3rd graders
4. High school graduation rates
5. % of population 25 years and over with a post-secondary degree
6. % of young adults above 200% poverty
7. % employed 6 months in the same job

**Local Conditions**

1. Lack of stable housing
2. Lack of transportation
3. Language barrier
4. Educational attainment
5. Parental involvement
6. Economic segregation
7. Basic needs
8. SENSE OF BELONGING

**Expanded Learning**

1. Access to enrichment
2. Transportation
3. Knowledge of existence
4. Availability/access
5. Cost
6. Awareness of financial opportunities
7. Lack of documentation
8. Parent involvement

**Economic Segregation**

1. Economic segregation
2. Economic disparity
3. Higher than average economic disparity
4. "Worse off, lower off"
5. Lack of transportation
6. Lack of mobility
7. Availability of existing local jobs
8. Lack of connected communities
9. Financial insecurity for households

**Sense of Belonging**

1. Lack of connection to social groups
2. Feeling unwelcome
3. Negative parent experience

**Expanded Learning**

1. Family supports
2. Transportation
3. Expanded learning - in school and out

**Starting Point**

1. Family Supports
2. Transportation

**Action Teams**

1. Improve parent supports
2. Improve transportation options
3. Reduce language barriers

**Expanded Learning**

1. Basic needs
2. Economic segregation
3. Increase sense of belonging
4. Expanded learning that leads to employability

The BIG PICTURE Approach
Thoughts?
Questions?
Reflections?
Start with our goals for young people

Get specific about our community context

Then ask: What can we do as leaders?
Take Action

1. What is the “common cause” condition that we can tackle together?

Brainstorm Solutions!!

2. What needs to happen to make a real difference?

Once you get a range of ideas, ask: “Who Could Do This”??

3. Action:
   - Off the Wall Solution == OTW
   - Lowest Cost Solution == ↓$ Impact
   - Most Impactful Solution == ↑Impact
   - A solution I could do today == TODAY!

4. WHO?
   - Are there key community partners? Name them!
   - Can young people & families work on this?
   - Does BGCMR have a part to play?
<table>
<thead>
<tr>
<th>Leadership Capacity</th>
<th>Actions</th>
<th>Outputs</th>
<th>Local Conditions</th>
<th>Root Causes</th>
<th>Skills, Behaviors, Identity, Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>including:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>existing efforts</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>communities within</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>specific populations</td>
</tr>
</tbody>
</table>
Communities Within

IN SMALL GROUPS:

What are the “communities within” Pierce County that must be engaged and visible in your planning and action?

Communities of geography?

of experience?

of interest
Coalitions & Networks

IN SMALL GROUPS:

What are the existing coalitions, networks, initiatives – moving trains and standing bodies – that help you connect to these communities? to systems and settings? to decision-makers, practitioners, families, young people?
Collective Impact is the commitment of a group of important actors from different sectors to a common agenda for solving a specific social problem at scale.

Big Picture planning is undertaken by groups at many levels.

<table>
<thead>
<tr>
<th>Overarching Leadership</th>
<th>FILL IN HERE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population Focused</td>
<td>Success By 6 * Thriving Seniors</td>
</tr>
<tr>
<td>Provider Network</td>
<td>Out-of-school Time (OST) Network</td>
</tr>
</tbody>
</table>
| Issue Coalition                            | Substance Abuse Coalition * Teen Pregnancy
                                           | Intimate Partner Violence * Child Abuse & Neglect |
| Neighborhood                                | Promise Neighborhoods * Neighborhood Association |

Where is your work?
How well are our children and youth doing? What does “success” look like?

<table>
<thead>
<tr>
<th></th>
<th>Early Childhood</th>
<th>School Age</th>
<th>Middle School Age</th>
<th>High School Age</th>
<th>Young Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Vocationally and Civically Contributing</strong></td>
<td>We lift the voices of even youngest children--commit to considering the impact of our decisions on young children and families</td>
<td>Understand community as group of people working together, their role too We lift the voices of children</td>
<td>Understanding of self and layers of identities Opportunities to give back to their community</td>
<td>Understanding of history and systems Opportunities to testify on public policy</td>
<td>Encouraged to bring their voice to public policy Knowledgeable about self-governance and government</td>
</tr>
<tr>
<td><strong>Learning</strong></td>
<td>Age appropriate strategies Community allows them to ‘catch up’ after COVID -- no make it the child’s deficit Eliminate disproportionalities in suspension and expulsion of children of color</td>
<td>Gaining knowledge of math, reading, and writing skills Achievement gap identified and closed</td>
<td>Achievement gap is closed Dedicated programming to teach SEL</td>
<td>Attending, engaged, relationships with positive adults. Happy with their education.</td>
<td>Prepared for adulthood, opportunities to contribute</td>
</tr>
<tr>
<td><strong>Socially/ Emotionally Connected</strong></td>
<td>and boys from child care and early learning settings</td>
<td>“Schoolhouse Rock”)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td></td>
<td>They are engaged in activities with peers/playing</td>
<td>See self as part of group, but also self as leader in their own life/decisions</td>
<td>Healthy friendships in and out of home.</td>
<td>Mentoring, friendships, family, teams, organizations, activities</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Healthy parent-child relationships (parents prepared and supported to provide predictable, consistent and nurturing care and to delight in child)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<p>| <strong>Behaviorally Healthy</strong> | Able to attend school daily Children are seen as contributing citizens | Healthy relationships, lower incidences of smoking/drug use, lower incidence of depression and anxiety | Lower suicide rates, lower incidence of depression and anxiety | Crime free lifestyle. Able to have outside relationships. |</p>
<table>
<thead>
<tr>
<th>Physically Healthy</th>
<th>Ability to manage conflict with peers and family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hitting milestones</td>
<td>Knowledge of physical Needs (exercise, diet, mental-physical health connection)</td>
</tr>
<tr>
<td>Healthy BMI</td>
<td>health education, consent, sex Ed Healthy BMI</td>
</tr>
<tr>
<td></td>
<td>Taking part in healthy physical activities, healthy eating habits, etc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Safe &amp; Basic Needs Met</th>
<th>Ability to manage conflict with peers and family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing stability</td>
<td>Knowledge of physical Needs (exercise, diet, mental-physical health connection)</td>
</tr>
<tr>
<td>Families meeting basic needs -- enables families to better focus on young children’s needs</td>
<td>health education, consent, sex Ed</td>
</tr>
<tr>
<td>Stable housing</td>
<td>Taking part in healthy physical activities, healthy eating habits, etc.</td>
</tr>
<tr>
<td>Sufficient food</td>
<td>Have a home</td>
</tr>
<tr>
<td>Stable housing</td>
<td>Working or attending school, able to meet current and future needs independently</td>
</tr>
<tr>
<td>Nutritious meals available</td>
<td></td>
</tr>
</tbody>
</table>
## Pierce County, Washington – Developmental Dashboard

<table>
<thead>
<tr>
<th>Category</th>
<th>Early Childhood</th>
<th>School Age</th>
<th>Middle School Age</th>
<th>High School Age</th>
<th>Young Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vocationally &amp; Civically Contributing</td>
<td>Kindergarten Readiness</td>
<td>3rd Grade Reading</td>
<td>9th Graders Academically on track</td>
<td>Graduation Rate (4 year)</td>
<td>Disconnected Youth</td>
</tr>
<tr>
<td>Learning</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Bachelor’s Degrees</td>
</tr>
<tr>
<td>Socially/ Emotionally Connected</td>
<td></td>
<td>SEL Skills</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bullying</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behaviorally Healthy</td>
<td>ACES</td>
<td></td>
<td></td>
<td>Depression &amp; Suicides</td>
<td></td>
</tr>
<tr>
<td>Physically Healthy</td>
<td></td>
<td></td>
<td></td>
<td>Health Conditions e.g., asthma, obesity</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Risk Behaviors e.g., marijuana, smoking, drinking, DUIs</td>
<td></td>
</tr>
<tr>
<td>Safe &amp; Basic Needs Met</td>
<td></td>
<td></td>
<td></td>
<td>Food Security</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Abuse // Out of Home Care</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Homelessness &amp; Stable Housing</td>
<td></td>
</tr>
</tbody>
</table>
## Populations

### Group 1:

**INITIAL THOUGHTS**

<table>
<thead>
<tr>
<th>Name</th>
<th>Focus Populations (e.g, adolescence, homeless)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lauren &amp; Beverly</td>
<td>Special needs parents/kids. Teachers and their view. (Beverly infants birth to 3).</td>
</tr>
<tr>
<td>Ralph</td>
<td>LGBTQ+ (Parents and Youth), Foster, Recently arrived immigrants, Special needs parents/kids</td>
</tr>
<tr>
<td>Tanya Durand</td>
<td>Children exp special needs, families exp foster system, families who are working poor (ALICE), first-time parents (especially those who experienced ACES themselves)</td>
</tr>
<tr>
<td>TJ</td>
<td>LGBTQ, Black, Youth of Color, Foster Care/Dependent children, Homeless, Poverty</td>
</tr>
<tr>
<td>Christine &amp; Beverly</td>
<td>Children living in and aging out of foster care, Children of homeless parents, Children of incarcerated parents</td>
</tr>
<tr>
<td>Dylan</td>
<td>Mckinney Vento youth, youth who’ve lost contact with schools, english language learners, refugee youth, ALICE</td>
</tr>
</tbody>
</table>

| Sharon Shadwell       | Zip code specific populations identified by Tacoma-Pierce Co. Public Health - [https://www.tpchd.org/healthy-places/public-health-data/maps](https://www.tpchd.org/healthy-places/public-health-data/maps)                                                                                                      |
|                       | Also related may be Department of Children Youth and Families (DCYF) data about locales with greatest risk for child welfare involvement (I believe this includes zip code(s) in Pierce Co.)                                                                                                                |
|                       | Neurodiverse children, youth, and parents                                                                                                                                                                                                       |
|                       | Military families with children/adolescents                                                                                                                                                                                                   |
|                       | Direct-service providers (e.g., behavioral health professionals, ECE and K12 teachers, etc.)                                                                                                                                                     |
| Kyle Paskewitz        | Single parent homes, kids living in foster care, kids living in joint/split custody, kids living with relatives (kinship care),                                                                                                                   |
GROUP SUMMARY

Populations of Focus:
LGBTQ youth
Special Needs
Foster Care
Black
Children and Youth of Color
Immigrant / Second Language
Homeless Youth
Children of Homeless Parents/Caregivers
Children of families who are ALICE (Asset Limited Income Constrained Employed) or below the Federal Poverty Level
Young people in specific geographies --

Sharon Hanek - Don’t forget there are families that would like guidance but do not want to be involved in programs they view to be “government” that will survey and collect data from them.
The number of disconnected young adults, ages 16-24, who are neither working or in school was 15,300 in 2017.

PART A: FULL GROUP -- ROOT CAUSE:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>I suspect young people are not finding success and lack hope in the current school environments. Special needs or “different” learners than the traditional format also contributes.</td>
</tr>
<tr>
<td>2.</td>
<td>No social-emotional connection with adults in school.</td>
</tr>
<tr>
<td>3.</td>
<td>Foster care transitions.</td>
</tr>
<tr>
<td>4.</td>
<td>Criminal system involvement + inability to achieve potential after minor offenses (can’t get education, job, lease..keeping them in cycle of poverty and crime).</td>
</tr>
<tr>
<td>5.</td>
<td>Behavioral health symptoms (e.g., depression, anxiety, substance use disorder) impacting ability to function in academic and/or vocational settings.</td>
</tr>
<tr>
<td>6.</td>
<td>Not an online learner--therefore NO academic answers right now.</td>
</tr>
<tr>
<td>7.</td>
<td>Unsafe or unstable home environment.</td>
</tr>
<tr>
<td>8.</td>
<td>Kids are re-learning material or doing busy work, not progressing.</td>
</tr>
<tr>
<td>10.</td>
<td>Parents/peers aren’t working or placing emphasis on education/future.</td>
</tr>
<tr>
<td>11.</td>
<td>Dysfunctional families / relationships / custodial conflict.</td>
</tr>
</tbody>
</table>

PART B: SMALL GROUP – LOCAL CONDITIONS

*Pick one “root cause” from the list above and ask: Why is it this way in Pierce County? Dig deep. Ask “why” four or five times. Then, pick another Root Cause and do the same.*
<table>
<thead>
<tr>
<th>Root Cause:</th>
<th>Fill in root cause from list above</th>
<th>Fill in root cause from list above</th>
<th>Fill in root cause from list above</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dysfunctional families / relationships / custodial conflict</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Why here?</td>
<td>Family court outcomes not appropriate for family</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Why Here?</td>
<td>Lack of services for fathers / non-custodial parents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Why here?</td>
<td>Lack of protection for parental rights / equal treatment in court</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Why here?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Kindergarteners demonstrating school readiness in 6 of 6 areas

38.9% (Clover Park)

55% (Tacoma)

PART A: FULL GROUP -- ROOT CAUSE:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Are expectations reasonable/ideal?</td>
</tr>
<tr>
<td>2.</td>
<td>Poverty higher in clover park</td>
</tr>
<tr>
<td>3.</td>
<td>Fewer preschoolers</td>
</tr>
<tr>
<td>4.</td>
<td>Poverty concentration and increased mobility of students (due to poverty and JBLM)</td>
</tr>
<tr>
<td>5.</td>
<td>Not enough access to high quality early learning programs</td>
</tr>
<tr>
<td>6.</td>
<td>We should be supporting parents pre-birth with parenting information about age appropriate development and play-based strategies. Where are the parenting groups and classes (example: Love and Logic)</td>
</tr>
<tr>
<td>7.</td>
<td>Lack of intergenerational educational success / ability to support education at home</td>
</tr>
<tr>
<td>8.</td>
<td>Lack of access to good nutrition</td>
</tr>
<tr>
<td>9.</td>
<td>Lack of universal pre-k that is QUALITY</td>
</tr>
<tr>
<td>10.</td>
<td>Need to connect childcare providers with schools to help smooth and successful transitions</td>
</tr>
<tr>
<td>11.</td>
<td>Exclusionary discipline practices (e.g., suspension, expulsion, isolation, restraint) in child care and early learning settings</td>
</tr>
</tbody>
</table>

PART B: SMALL GROUP – LOCAL CONDITIONS

Pick one “root cause” from the list above and ask: Why is it this way in Pierce County? Dig deep. Ask “why” four or five times. Then, pick another Root Cause and do the same.
<table>
<thead>
<tr>
<th>Root Cause:</th>
<th>Fill in root cause from list above</th>
<th>Fill in root cause from list above</th>
<th>Fill in root cause from list above</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parenting information/classes</td>
<td>Lack of quality Pre-K programming/preschool</td>
<td>Lack of good nutrition</td>
<td></td>
</tr>
<tr>
<td>Why here?</td>
<td>No in-person</td>
<td>Need public funding for Pre-K</td>
<td>Fewer food banks + transportation issues to get to food banks + food desserts</td>
</tr>
<tr>
<td>Why Here?</td>
<td>Online resources available, no need for-in person</td>
<td>Not enough high quality childcare--not a desirable business</td>
<td>Lack of community concern</td>
</tr>
<tr>
<td>Why here?</td>
<td>Practitioners using online to reach more people</td>
<td>Expensive to provide - not enough subsidy for lower-income families</td>
<td></td>
</tr>
<tr>
<td>Why here?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
1 in 4 Pierce County middle school youth report depressive symptoms. Pierce County high school students reported depression at a rate of 36.9%.

Suicidal ideation (21.6% of youth reporting) is more common among Multiracial youth (29.3%), American Indian or Alaska Native and Native Hawaiian or Pacific Islander (25.3%) youth, and higher in girls (28.6%).

PART A: FULL GROUP -- ROOT CAUSE:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Lack of investment in positive youth development programs including mentoring. No public policy that prioritizes investment in these programs.</td>
</tr>
<tr>
<td>2</td>
<td>Bullying, racial tensions, disconnect from teachers</td>
</tr>
<tr>
<td>3</td>
<td>Access to drugs to self-medicate</td>
</tr>
<tr>
<td>4</td>
<td>Conflicting home life/parent stressors</td>
</tr>
<tr>
<td>5</td>
<td>Kids want to go back to school (COVID closings)</td>
</tr>
<tr>
<td>6</td>
<td>Cyberbullying</td>
</tr>
<tr>
<td>7</td>
<td>Lack of positive caring adults in a child’s life</td>
</tr>
<tr>
<td>8</td>
<td>Kids are impacted by media / social media / politics / civil unrest</td>
</tr>
<tr>
<td>9</td>
<td>Parents are struggling with depression or other issues</td>
</tr>
<tr>
<td>10</td>
<td>Historical trauma</td>
</tr>
<tr>
<td>11</td>
<td>Lack of access to mental health services from professionals who are representative of the communities/families being served</td>
</tr>
</tbody>
</table>

*** I want to know where the data came from that says that suicidal ideation is higher in girls, and if it’s actually higher in Pierce County, why - as nationally numbers for boys and men are much higher almost universally across the board

PART B: SMALL GROUP – LOCAL CONDITIONS
Pick one “root cause” from the list above and ask: Why is it this way in Pierce County? Dig deep. Ask “why” four or five times. Then, pick another Root Cause and do the same.

<table>
<thead>
<tr>
<th>Root Cause:</th>
<th>Fill in root cause from list above</th>
<th>Fill in root cause from list above</th>
<th>Fill in root cause from list above</th>
</tr>
</thead>
<tbody>
<tr>
<td>Why here?</td>
<td>Lack of access to culturally relevant mental health services for adults and youth</td>
<td>Lack of investment in positive youth development initiatives/programs</td>
<td></td>
</tr>
<tr>
<td>Why Here?</td>
<td>Mental health services do not have sufficient diversity in their staff</td>
<td>Lack of agreement of political leadership to establish policy that supports an investment in prevention</td>
<td></td>
</tr>
<tr>
<td>Why here?</td>
<td>Funding does not prioritize communities of color that must be served</td>
<td>Too much focus on treatment and not enough on prevention and education</td>
<td></td>
</tr>
<tr>
<td>Why here?</td>
<td>LGBTQ communities are often not included</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Why here?</td>
<td>Insufficient training for service providers to provide culturally relevant services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Why here?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Engagement Strategy for “Communities Within” Pierce County

**FEEL FREE TO ADD IN.**

<table>
<thead>
<tr>
<th>Name</th>
<th>Communities/Geographies “within” Pierce County</th>
</tr>
</thead>
<tbody>
<tr>
<td>By School District…</td>
<td>(Superintendents group)</td>
</tr>
<tr>
<td>By Towns (Mayors group, Police Chiefs, Pierce County Cities and Towns Association (PCCTA))</td>
<td></td>
</tr>
<tr>
<td>RURAL (District 1, 2, 3, 7) - unincorporated</td>
<td></td>
</tr>
<tr>
<td>Black families/youth (Tacoma Urban League (trusted messenger to engage Black families/youth))</td>
<td></td>
</tr>
<tr>
<td>Asia Pacific Islander community (I would break this out even further, e.g., Native Hawaiian and Other Pacific Islander, Korean, Cambodian, etc.)</td>
<td></td>
</tr>
<tr>
<td>Latinx community</td>
<td></td>
</tr>
<tr>
<td>American Indian/Alaska Native families</td>
<td></td>
</tr>
<tr>
<td>Youth/families who have accessed behavioral health services (e.g., FYSPRT)</td>
<td></td>
</tr>
<tr>
<td>Russian immigrants</td>
<td>(Eastern European/Slavic - Polish, Ukraine, German, etc)</td>
</tr>
<tr>
<td>Low-income, low SES neighborhoods/communities</td>
<td></td>
</tr>
<tr>
<td>Business districts</td>
<td></td>
</tr>
<tr>
<td>Legislative Districts, City Council Districts, Neighborhood Councils</td>
<td></td>
</tr>
</tbody>
</table>
## Links to Existing Networks, Initiatives, etc.

**Take Shape**

**Take Aim**

**Take Stock**

**Target Action**

**Track Progress**

---

**Big Picture planning is undertaken by groups at many levels.**

<table>
<thead>
<tr>
<th>Overarching Leadership</th>
<th>Legislative Districts, Council Districts, City Councils, School Boards, Mayor’s Youth Task Force, Project PEACE (Tacoma), Economic Development Board, Chamber of Commerce, the ‘big orgs’ convened by City (UWT, UPS, THA, etc)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population Focused</td>
<td>Asia Pacific Cultural Center, Urban League, Centro Latino, NAACP, DCYF, educational groups, Puyallup Tribe, JBLM (military families), Non-Custodial Parents/Split Families, Homeless/At-Risk Youth, Child welfare involved families (e.g., foster care agencies, dependency court - Best for Babies, Parents for Parents, etc.)</td>
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<td>Provider Network</td>
<td>Behavioral Health Network for BIPOC communities, black infant health, Parentalink of Washington, Kids Mental Health Pierce County, Pierce County Counselors Association, Child care aware, FYSPRT (Family Youth Systems Partner Round Table), WCAAP (Washington Chapter of American Academy of Pediatrics), South Sound Military and Communities Partnership, PC Arts and Culture Execs-</td>
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<tr>
<td>Issue Coalition</td>
<td>WA Interagency Fatherhood Council, Health Equity Network, Project Child Success &amp; Help Me Grow,</td>
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<td>Neighborhood Councils, business districts, Safe Streets organized groups in unincorporated Pierce County, Tacoma, Bonney Lake, Gig Harbor, Lakewood, Family Support Partnership/Centers, Social media groups (Facebook, Nextdoor), Health Dept’s Communities of Focus, <em>First Five Fundamentals/Project Success</em></td>
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<td>Graduate Tacoma/Fdtn for Tac Students, Harvest PIERCE county, Youth Serving Agencies Network (YSAN), CPWI Coalitions, Community Based Coalitions - Opioid Prevention, Drug Free Communities, Child Care Strategies, Parent Advisory Group for Pierce County Juvenile Court, group--convened by project child success, Homeless Coalition, black infant mental health</td>
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