

PROPOSED BY: Health and Community Services _____

INTRODUCED: _____

RESOLUTION NO. _____

ADOPTING THE HEALTHY CHILDREN'S FUND IMPLEMENTATION PLAN

WHEREAS, The health and well-being of young children have been a priority in Whatcom County and central to the last two cycles of Whatcom County's Community Health Improvement Plan and community process (Healthy Whatcom, 2022); and

WHEREAS, In 2016, the Whatcom County Health Board declared the health and well-being of young children a particular focus of interest and has maintained that focus in collaboration with the Public Health Advisory Board; and

WHEREAS, In January 2020, the Whatcom County Council passed the Child and Family Action Plan and established the Child and Family Well-being Task Force to support the implementation of that plan; and

WHEREAS, In June 2022, the Whatcom County Council passed Ordinance 2022-045, which placed Proposition 5 on the November 2022 ballot to fund early learning & care programs, and increase support for vulnerable children; and

WHEREAS, In November 2022, Proposition 5, the Healthy Children's Fund, was approved by voters in Whatcom County and established a dedicated property tax for 10 years as outlined in Ordinance 2022-045; and

WHEREAS, The Healthy Children's Fund Ordinance 2022-045, Section 4, requires the fund administrator (Whatcom County Health and Community Services) develop and transmit for council review and adoption by ordinance an implementation plan for the Healthy Children's Fund; and

WHEREAS, The Healthy Children's Fund Implementation Plan, once effective, will govern the expenditure of the levy's proceeds and shall be submitted to the Council every 2 years as a part

of the budget (Exhibit A to this resolution); and

WHEREAS, Whatcom County Health and Community Services developed the Healthy Children's Fund Implementation Plan in consultation with the Child and Family Well-being Task Force, an existing community board established by the Whatcom County Council; and numerous community stakeholders across the community; and

WHEREAS, The Healthy Children's Fund Implementation Plan identifies the goals and strategies to be funded, eligible expenditures, fund allocation guidelines, fund distribution guidance and opportunities for leveraging resources with the use of the levy proceeds; and

WHEREAS, The Healthy Children's Fund Implementation Plan also includes a framework to measure the performance of the levy strategies in achieving their outcomes, including annual reporting on levy expenditures, fund administration, services and outcomes and external program evaluation and process audits, in accordance with Section 5 of Ordinance 2022-045; and

WHEREAS, Healthy Children's Fund outcomes include but are not limited to programs that increase: kindergarten readiness; affordable, high-quality, professional, and accessible early learning & care opportunities; support for our most vulnerable children; mental and behavioral health services; support for children experiencing homelessness; and support for vulnerable children's parents and caregivers; and

NOW, THEREFORE, BE IT RESOLVED by the Whatcom County Council that a Healthy Children's Fund Implementation Plan be accepted and approved, attached hereto as Exhibit A, and be administered by Whatcom County Health and Community Services under the authority of the County Executive.

APPROVED this ____ day of _____, 20__.

ATTEST:

WHATCOM COUNTY COUNCIL
WHATCOM COUNTY, WASHINGTON

Dana Brown-Davis, Clerk of the Council

(Name of current chair), Council Chair

APPROVED AS TO FORM:

(Name), Civil Deputy Prosecutor



Whatcom Healthy Children's Fund

Implementation Plan Years 1 & 2

March 2023

Whatcom County Health & Community Services

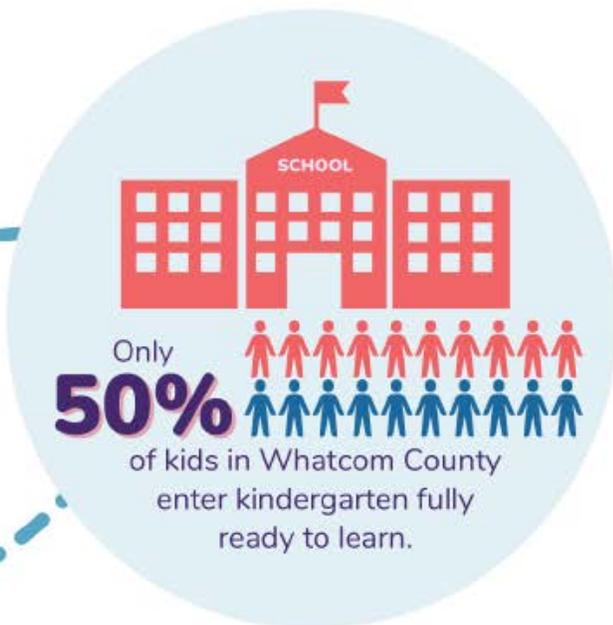
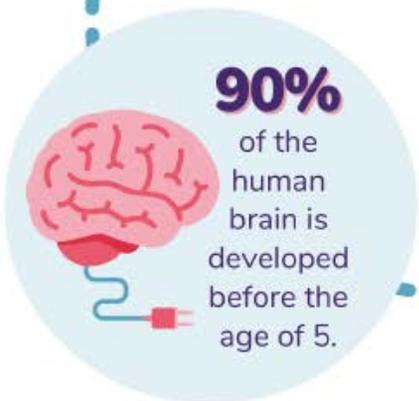
Healthy Children's Fund Implementation Plan

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Whatcom Healthy Children's Fund





Children who attend high-quality early learning & care are more likely to be on track with their reading skills by the third grade.

They are more likely to graduate high school and attend college, technical school, or training programs that lead to good jobs as adults.

For every dollar invested in early childhood programs, **between \$7 and \$13** are saved through benefits like lower incarceration rates and lower healthcare costs.

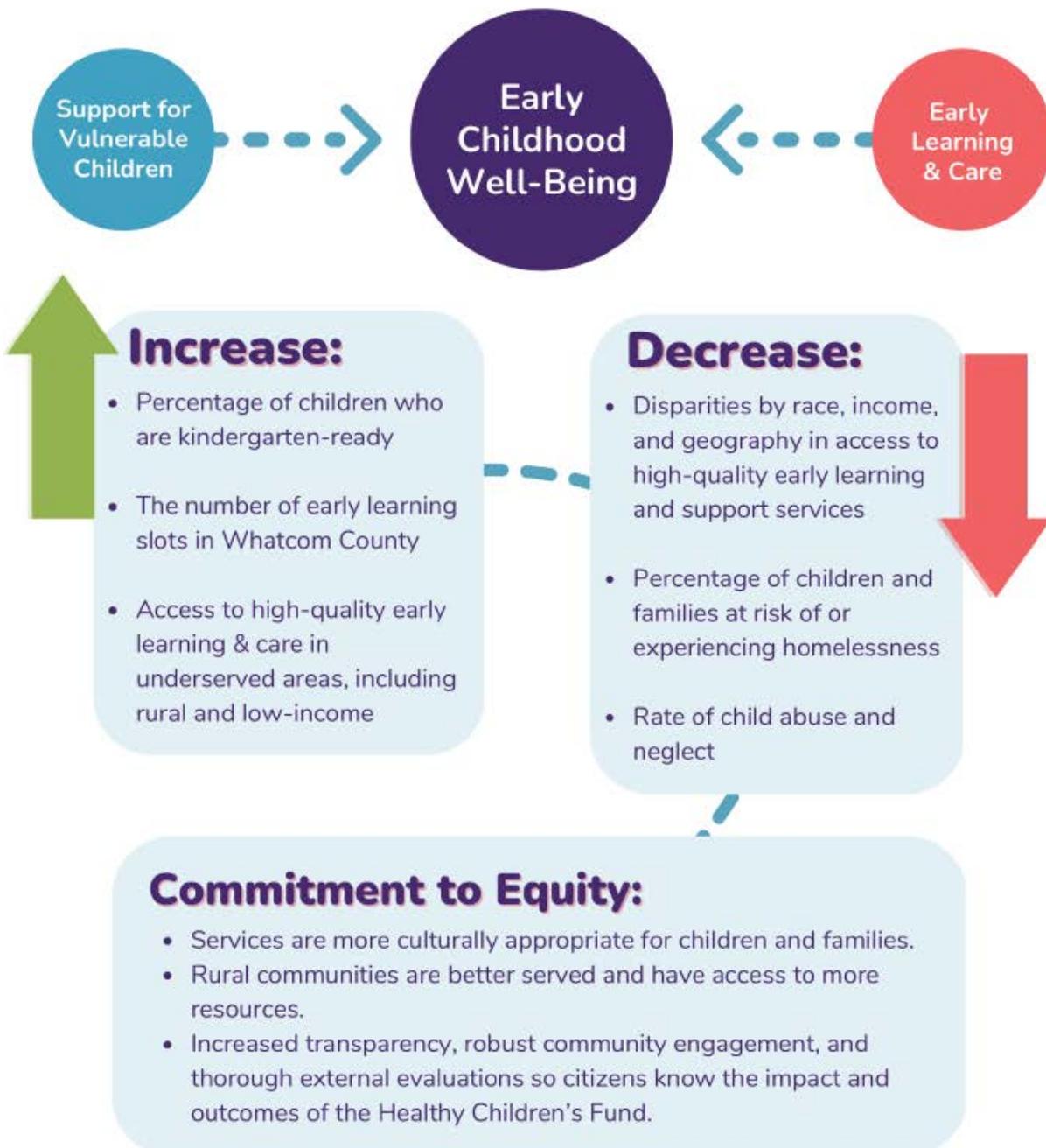


Early learning & care workers are essential, but their salaries have not kept up with the cost of living. Most earn minimum wage; **less than \$30,000 a year on average.**



Investment in early childhood well-being can have profound effects on children, families, and communities.

The Healthy Children's Fund is an effort to transform our community by providing critical, new resources for children and families.





**Whatcom Healthy
Children's Fund**

**Total amount of fund:
Nearly \$100 million
over 10 years**

- ✓ Build or expand early learning & care centers across Whatcom County
- ✓ Recruit and retain early learning & care educators
- ✓ Support new providers so they can provide high-quality early learning & care and stay in business
- ✓ Launch or expand early parenting programs such as peer support groups and home visits by nurses
- ✓ Launch or expand programs that divert families from homelessness
- ✓ Recruit more children's mental and behavioral health care workers
- ✓ Identify or build regional hubs to coordinate and access services



**More children are safe, healthy, and ready to learn;
families are strong, stable, and supported from the start;
and communities are welcoming and supportive places
for children and families to live, learn, work, and play.**

Visit [WhatcomCounty.us/4069/Healthy-Childrens-Fund](https://www.whatcomcounty.us/4069/Healthy-Childrens-Fund) for more information, resources and citations.

Introduction

Focusing on early childhood well-being forces us to look at the entire ecosystem in which a child lives—because no child exists in isolation. For children to be safe, healthy, and ready to learn, families must be strong, stable, and supported from the start, and communities must be welcoming and supportive places for children and families to live, learn, work, and play.

Early childhood is an opportunity to lay the foundation for lifelong health, and is an essential strategy for achieving racial equity. We know that if children have what they need to thrive in the early years, they are likely to continue to thrive throughout their lifetimes. If we can address **housing security** for our families with young children, we can prevent the toxic stress that accompanies homelessness. If we ensure our families with young children have access to quality, affordable **early learning & care**, we can contribute to positive learning experiences and family economic health. If we support the **mental health** needs of caregivers and young children, we can reduce the likelihood of mental health crises for youth or adults.

To achieve early childhood well-being, children and families need to have their basic needs met and beyond. They need to have support, love, and nurturing. Quality early learning & care and safe, stable housing are both essential elements for early childhood well-being. Positive mental health for children becomes positive mental health for youth and adults.

Research shows that for every dollar invested in early childhood programs, between \$7 and \$13 are saved in benefits to the community, including higher graduation rates, lower incarceration rates, and lower healthcare costs. Whatcom County currently spends only 2% of its budget on programs related to families but spends much more responding to situations involving severe mental illness, homelessness, and incarceration. This has impacts now as well as in the future: Over 85% of Whatcom County businesses reported staffing challenges because employees lack access to early learning & care.

Increased wages would help attract, train, and keep high-quality educators and providers for children in Whatcom County (Wolfes & Zilinsky, 2015). Early learning & care workers are essential, but their salaries have not kept up with the cost of living. Most earn minimum wage; less than \$30,000 a year on average.

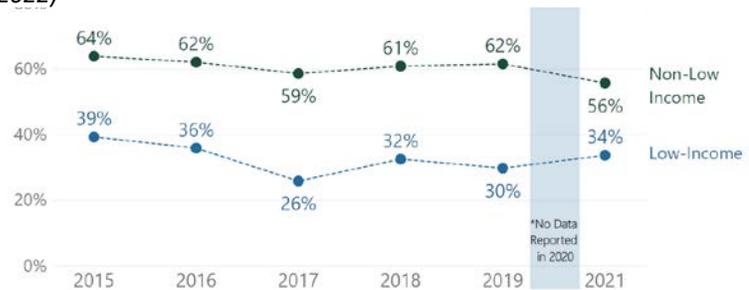
Two of the data points commonly used by communities to measure children’s well-being are kindergarten readiness and rates of child abuse & neglect. While data is imperfect and two data points cannot tell the full story of a child’s experience, these two data points can help us understand what experiences a child may have in their earliest years. The following figures demonstrate Whatcom County’s performance over the past several years. More about these data points can be found in the [Metrics and Evaluation](#) section of this document. In Figure 1, Kindergarten-readiness in Whatcom County was at 50.5% in 2021, and has been well below the Washington State target of 90% at least since 2015.

Figure 1. Kindergarten Readiness for Whatcom County, 2015-2021*: Average across all school districts (Washington Office, 2022)



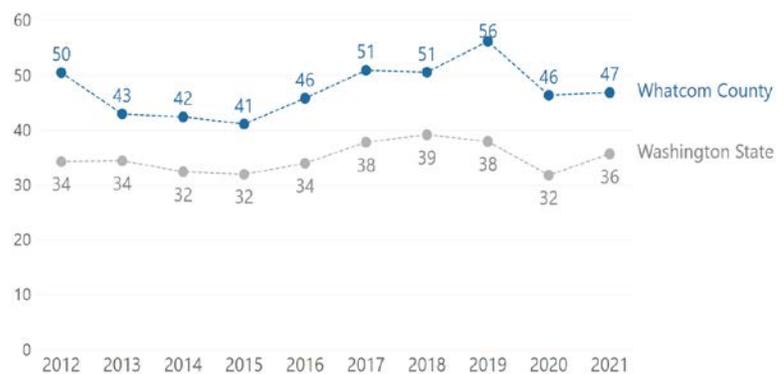
Disparities exist among some students. In 2021, only 33.7% of low-income students were kindergarten ready compared to 55.7% of their non-low-income peers.

Figure 2. Kindergarten Readiness for Whatcom County, by income, 2015-2021*: Average across all school districts (Washington Office, 2022)



Rates of child abuse and neglect continue to be higher for Whatcom County children compared to Washington State, as shown in Figure 3.

Figure 3. Victims of Child Abuse and Neglect in Accepted Referrals, 2010-2021: Number of victims per 1,000 children, age birth to 17 years (Facilities, 2022)



In 2020, Whatcom’s Child & Family Action Plan laid out a lofty goal for work addressing these issues:

“...all children are safe, healthy, and ready to learn; families are strong, stable, and supported from the start; and communities are welcoming and supportive places for children and families to live, learn, work, and play.” (Generations Forward et. al., 2020)

The Healthy Children’s Fund (HCF) is intended to help Whatcom County move closer to this vision by funding strategies that improve early learning and care and support vulnerable children and their families. These investments focus on preventing the conditions that lead to disparities and inequities for children and their support systems. They will lead to positive long-term outcomes for children, their families, and the community.

This plan describes the proposed implementation of the Healthy Children’s Fund, an investment estimated at nearly \$100 million from 2023-2032, specifically focusing on years 1 & 2.

To be as transparent as possible and set clear expectations, while distributing funding to the community is an extremely high priority, it will take time to launch. These initial years will be focused on launching the fund and building the necessary infrastructure, such as hiring staff and developing systems, to successfully implement and administer the fund. We will be releasing funding opportunities on a sequenced, phased approach and expect the first request for proposals for initially prioritized strategies in Fall 2023 and the initial distribution of funds in early 2024. (Please see the [Next Steps and Conclusion](#) for more information about how this impacts implementation and evaluation.)

Background

While the Healthy Children’s Fund was approved in 2022, the work began long before, when a group of committed community members came together to envision a beloved community where every child and family thrives. The health and well-being of young children have been a priority in Whatcom County since 2012, and central in the last two cycles of Whatcom County’s Community Health Improvement Process (Healthy Whatcom, 2022). A broad level of interest has been shared among community organizations, elected officials, health care, social service agencies, philanthropies, and businesses that recognize the critical importance of investing in early childhood.

As part of this momentum, in 2016 the Whatcom County Health Board declared the health and well-being of young children a particular focus of interest and has maintained that focus in collaboration with the Public Health Advisory Board. In January 2020, the Whatcom County Council passed the Child & Family Action Plan and established the Child & Family Well-being Task Force to support the implementation of that plan. In 2021, responding to increased needs due to the COVID-19 pandemic, community partners undertook several research and assessment processes to better understand the needs and gaps for children and families in Whatcom County. (See [Appendix I: Community Plans.](#))

In November 2022, Proposition 5, the Healthy Children’s Fund, was approved by voters in Whatcom County. Proposition 5 establishes Ordinance 2022-045, a dedicated fund to support young children and their families. The Healthy Children’s Fund builds off the work of many groups and plans related to the priorities of Early Learning & Care and Supporting Vulnerable Children. Investments are targeted toward meeting documented needs and addressing disparities across race, income, and geography in access to early learning & care and social services.

Recent Milestones

- **January 2018-April 2019** - Whatcom County completed its [Community Health Assessment](#) (Healthy Whatcom, 2019) and identifies housing for children and families, child and youth mental health, and early learning & care as key priorities.
- **2019** - Representatives from Whatcom participate in the Children’s Funding Institute and learning cohort about creating public funding streams in support of children.
- **February 4, 2020** - Whatcom County Council approved [Whatcom Working Toward Well-Being](#), also known as the Child and Family Action Plan (Generations Forward et. al., 2020). This plan confirmed a commitment to children and families, including adopting a “children and families first” approach for policy and funding decisions.
- **December 8, 2020** - Formation by ordinance of the [Child & Family Well-being Task Force](#) (Whatcom County Health & Community Services, 2022), which began meeting in March 2021.
- **2021** - Chuckanut Health Foundation convened the “Children’s Initiative” to align the work of various initiatives into legislation that would provide the funding and infrastructure required to change conditions for children and families in Whatcom County.
- **September 27, 2021** - Completion of [Whatcom County Child and Family Well-being Fiscal Map](#) (Chuckanut Health Foundation, 2021) focused on housing stability, economic stability, family and household strengthening, and systems coordination.
- **March 2022** - Completion of Whatcom County’s [Community Health Improvement Plan](#) (Healthy Whatcom, 2022), identifying strategies to address early childhood well-being, child and youth mental health, housing for children and families, and early learning & care.
- **2022** - The Children’s Initiative drafted the [Healthy Children’s Fund Ordinance](#) with feedback from various community groups, policymakers, county leaders, and parents, and integrated feedback into the ordinance.
- **June 7, 2022** - Whatcom County Council adopted an ordinance to submit Proposition 5 to voters, authorizing the county to lift the property tax limit for dedicated funding for early learning & care programs and increased support for vulnerable children (Whatcom County, 2022).
- **November 29, 2022** - The Whatcom County Auditor certified the election in which voters approved the Healthy Children’s Fund (Whatcom County Auditor, 2022).

Vision

Investment in early childhood well-being can have profound effects on children, families, and communities (Heckman, 2020). The Healthy Children’s Fund is an effort to transform our community by investing in children and families. After ten years and an investment of nearly \$100 million, we envision a broad range of impacts, including but not limited to:

- An increase in the percentage of kids entering kindergarten ready to learn.
- A reduction in the number of children experiencing abuse and neglect.

Early Learning & Care

- Reduce or eliminate waiting lists for early learning & care and support services.
- Early learning & care is affordable and families have high-quality options to choose from.
- An easy-to-use, comprehensive early learning & care network with regional hubs that are known for excellence and a thriving, professionalized early learning workforce.

Support for Vulnerable Children

- Families can access services and care at the time it is needed.
- Resources are available to support parents in pregnancy, newborns, and new parents/caregivers.
- Support for children and families at risk of or experiencing homelessness and more safe housing options.

Equity

- Decreased disparities by race, income, and geography in access to high-quality early learning & care and support services.
- Rural communities are better served and have access to more resources.
- Services are culturally appropriate for children and families.

Systemic

- County processes are efficient and easy to navigate for staff and partners.
- An organized, easy-to-use system for accessing resources where community partners work together, in tandem, for families.
- The fund serves as a model for government and partner accountability and transparency.

These are some, but not all, of the expected benefits of this \$100 million investment. The investments in 2023-2032 are expected to lead to long-term positive outcomes for children, families, and Whatcom County communities. Investment is prescribed by the Healthy Children’s Fund ordinance to fall under several priorities and focus areas (Whatcom County, 2022):

Priority: Early Learning & Care

Focus areas:

- **Accessible:** Expand early learning & care services that meet the varied needs of families and children. Geographic locations, ages of children, special needs, and a broad range of early learning & care scheduling needs (including emergency opportunities) will all be considered.
- **Affordable:** Decrease the cost of early learning & care experiences for both families and providers.
- **High-Quality:** Increase the quality of early learning & care experiences.
- **Professional:** Attract and retain quality early childhood educators.

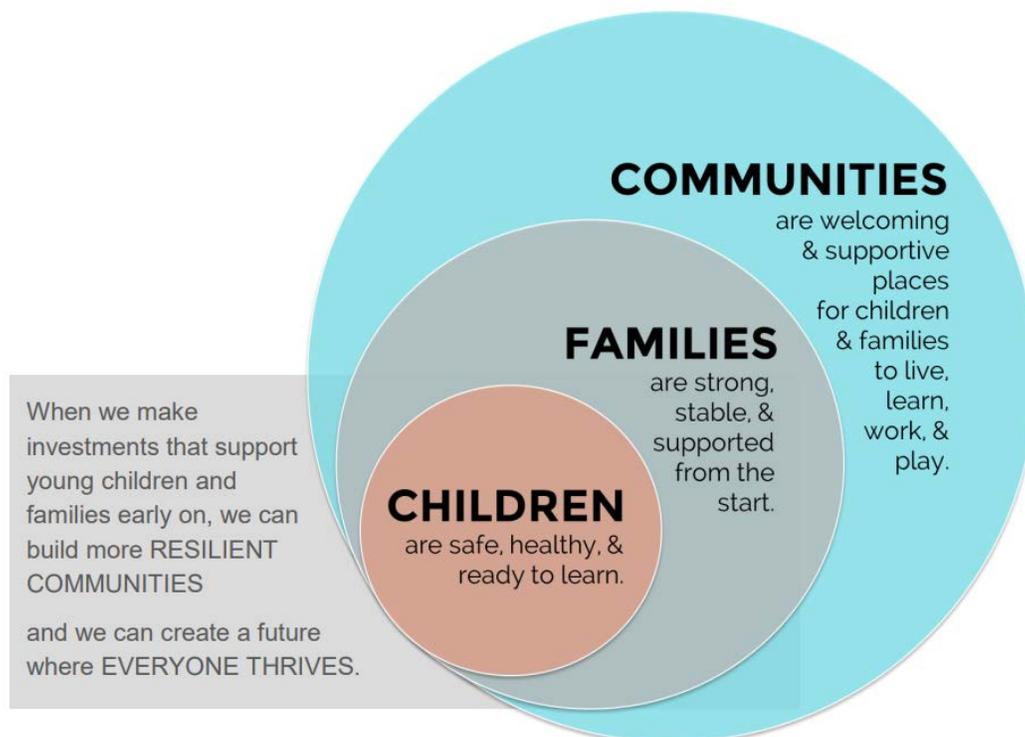
Priority: Supporting Vulnerable Children

Focus areas:

- **Expand Mental & Behavioral Health:** Expand mental & behavioral health services for vulnerable children and their families.
- **Prevent & Reduce the Trauma of Homelessness:** Reduce the instances of vulnerable children experiencing homelessness, through diversion and other preventative services and reduce the trauma associated with homelessness by supporting interim housing services and trauma-focused system reform directed at vulnerable children and their families.
- **Support Vulnerable Children’s Parents:** Expand support and services for families who have or are expecting children.

These focus areas are the mechanism through which the Healthy Children’s Fund will reach its outcomes, discussed in more detail in the [Metrics and Evaluation](#) section of this plan.

Figure 4. From *Child and Family Action Plan* (Whatcom County, 2020)



As in Figure 4, outcomes from these investments will affect not only children and families but the communities in which they live. Some specific anticipated outcomes include:

- Improved outcomes for kids in school and adulthood.
- Decreased spending on challenges those adults would have faced without intervention.
- Improved experience of community with decreases in crime, homelessness, etc.
- Decreased staffing challenges for businesses due to lack of access to childcare.
- Increased jobs and workforce participation by making early learning and mental & behavioral health careers more viable and attractive.

The long-term impact of these concerted, targeted investments will be profound and felt by the entire community.

Accountability and Guiding Principles

As stewards of public funding, the Whatcom County Government recognizes the importance of accountability and transparency and will build this into every aspect of our processes. Whatcom County Health & Community Services (WCHCS) will apply rigor and principles to the administration, implementation, and evaluation of the Healthy Children's Fund, to be a model for other similar funds. Additionally, we are committed to providing pathways and mechanisms for innovations based on community knowledge and evidence. We are obligated to change processes that currently do not contribute to achieving desired outcomes.

Whatcom County Government will provide **accountability** by focusing on the following guiding principles:

Transparency

- Communicating regularly on the Healthy Children's Fund webpage about how the funds are being used and the impact they are having.
- Working within county departments to surpass the limitations of the fund and government spending, and create a realistic scope of funding for community-wide programs and expectations for short-and long-term impacts and outcomes.
- Cooperating with an external independent evaluator for performance audits and oversight to identify and address recommendations for improvement.

Impact

- Using data-based decision-making to identify investments that will make the greatest impact on Whatcom County residents, both in the short- and long-term.
- Ensuring that funds are equitably distributed throughout the county, and have an impact on those disproportionately affected by the systemic issues these investments are meant to address.
- Reporting on programmatic and population-level data.

Learning

- Soliciting proposals for programs that employ community-based innovations.
- Evaluating programs, processes, and impacts regularly, at minimum on a two-year cycle.
- Taking action on the results of those evaluations promptly to ensure initiatives are producing the desired results, ending or modifying investments when needed, and adjusting fund administration accordingly.

Equity

Health equity is a guiding value of WCHCS, which adopted this definition in 2019 to guide its work:

According to Human Impact Partners, health equity means that everyone has a fair and just opportunity to be as healthy as possible. To achieve this, we must remove obstacles to health — such as poverty, discrimination, and deep power imbalances — and their consequences, including lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

In 2020, Whatcom County government passed the [Racism as a Public Health Crisis](#) resolution that outlines tangible steps to make progress toward racial equity, including becoming a member of the Government Alliance on Race and Equity and establishing the Whatcom Racial Equity Commission.

Whatcom County Government will apply equity values, practices, and commitments to all aspects of the Healthy Children's Fund, including data collection, identification of service priorities, contracting, program and service implementation, engagement, communication, and evaluation. Additionally, they will build on the Whatcom County Health & Community Services' new 2023-2027 Strategic Plan which requires it to formalize its practice of shared decision-making to ensure diverse community perspectives and those most impacted by decisions are partners in developing plans and practices.

Roles

Many roles are necessary to successfully implement the Healthy Children's Fund. Below, key roles and their responsibilities are outlined.

Whatcom County Council serves as the oversight body of the Healthy Children's Fund administration. The council will approve implementation plans, approve all contracts over \$40,000, receive evaluations and performance audits, and work with the Executive's Office on implementing recommendations.

Whatcom County Government ensures that the fund is used exclusively for legal, eligible services described in the ordinance, that anyone receiving funds complies with county purchasing procedures, and funds are administered effectively and efficiently. In particular, the Executive's Office will administer the process evaluation of the Healthy Children's Fund, as it will audit all of the county processes that support fund administration.

Whatcom County Health and Community Services (a department within Whatcom County Government) serves as the fund administrator of the Healthy Children's Fund. This department is responsible for developing the infrastructure and processes needed to ensure successful fund implementation. This role includes convening subject matter experts; proposing fund allocation strategies, processes, and logistical operations; ensuring community partners have the resources necessary to access and utilize funding successfully; partnering with community organizations and leaders in key areas; program and project evaluation; ensuring reliable and timely communication; and building relationships with underserved communities.

The Implementation Planning Team is composed of representatives from the government and community who drafted the Implementation Plan for years 1 & 2, based on the guidelines of the ordinance. This group met monthly from September through the plan's submission to Whatcom County Council in early February. The planning team formed an Ad Hoc Strategy Group in early December 2022 to examine the potential strategies for funding and make recommendations for initial investment. This team will sunset upon approval of the implementation plan for years 1 & 2. (For more information, see the [Implementation Planning Process](#) section and [Appendix III](#).)

The Implementation Team will form upon the approval of the implementation plan for years 1 & 2, to ensure the questions outlined in this document are answered and implementation is effective. The team will be composed of representatives from advisory bodies, such as the Child & Family Well-Being Task Force, Healthy Whatcom, and subject matter experts, including those with lived experience and who are impacted by the decisions and processes of the Healthy Children's Fund. This group will also focus on building relationships with new community partners, especially those within underserved areas and populations in Whatcom County.

Independent Auditors and Evaluators will, in collaboration with the Whatcom County Executive's Office and the Child & Family Well-being Task Force, be contracted to provide an independent, third-party evaluation of the fund administration, key funded programs, and the effectiveness of the fund overall.

The **Child & Family Well-Being Task Force** is a community advisory board established by the Whatcom County Council with responsibilities specified in the Healthy Children’s Fund ordinance. These responsibilities include collaborating to the maximum extent possible with the fund administrator to draft implementation plans; providing recommendations on fund allocation throughout the life of the levy; working collaboratively with the fund administrator and other key stakeholders to design and implement reporting processes to ensure successful, high-quality, and efficient evaluations; and writing and delivering an annual report to the public and Whatcom County Council. This report shall include progress toward agreed-upon goals, outcomes, and metrics. Learn more about the Task Force on the [Whatcom County website](#).

Subject Matter Experts and Advisory Groups are organizations, coalitions, and individuals with expertise and/or lived experience. These partners will be engaged as needed in various aspects of HCF implementation and evaluation, including as members of the Implementation Team. Examples include Healthy Whatcom, Perinatal Mental Health Task Force, the Whatcom Child Care Coalition, the Whatcom Racial Equity Commission, and more.

Implementation Planning Process

Ordinance 2022-045 states that Whatcom County Health & Community Services will be the fund administrator of the Healthy Children's Fund (Whatcom County, 2022) and requires the fund administrator to develop an Implementation Plan for years 1 & 2 to be reviewed by stakeholders, approved by County Council, and submitted to the County Executive by March 31, 2023.

The implementation plan should include:

- “a) Details of fund allocations across eligible expenditures and strategies, including as a percentage of the fund revenue;
- b) Working criteria for fund allocation to guide the contracting process for non-administrative expenses;
- c) An overview of the contracting process that includes opportunities for community members to provide input in to fund allocation decisions; and
- d) Opportunities for leveraging the fund and bringing in external resources to the county.” (Whatcom County, 2022)

Because of the short timeframe between the November 2022 election and the submission of the Implementation Plan in early February for approval by March 31, 2023, WCHCS began planning in August 2022 for its role as fund administrator. In the event Proposition 5 was approved, those additional months of planning would be necessary to successfully create an implementation plan by the deadline.

In August, WCHCS formed an Implementation Planning Team. The team was comprised of representatives from Whatcom County Health & Community Services, Executive's Office, Child and Family Well-Being Task Force, Healthy Whatcom, Proposition 5 ordinance drafting team, Whatcom Child Care Coalition, and various subject matter experts. The team's work was guided by the requirements outlined in the ordinance.

The Implementation Planning Team spent September, October, and November establishing a project management structure and approach, identifying components of the implementation plan, and developing a partner engagement strategy. The Implementation Planning Team met weekly to research other communities with dedicated funding for early childhood support and determine the best approach for Whatcom County.

In early December, workgroups of subject matter experts were convened to delve deeply into the individual plan components, building off our understanding of the current data, the science and research base, and community input on specific bodies of work to be funded through the Healthy Children's Fund. Their work informed the decisions and content of the draft implementation plan.

In January, the draft implementation plan was shared with advisory groups for input and feedback. The following groups were engaged:

- Child & Family Well-being Task Force
- Healthy Whatcom
- Whatcom Child Care Coalition
- Whatcom Public Health Advisory Board
- Proposition 5 ordinance writing group

- Business & Commerce Committee
- Whatcom Small City Mayors
- Local Chambers of Commerce

Their feedback was sought to ensure that the implementation plan reflects the priorities of Whatcom County residents and supports the achievement of the Healthy Children’s Fund vision. (See [Appendix II. Advisory Group Feedback Themes.](#))

For a roster of implementation planning team members, see [Appendix III.](#)

Spending Plan

Increasing early childhood well-being is a complex endeavor. To be successful, it requires multiple strategic investments to work in concert with each other while simultaneously implementing a public policy approach in line with economic market drivers.

The Healthy Children's Fund Implementation Plan is a culmination of numerous community plan development processes. Stakeholders from across the community—including early learning & care stakeholders, housing system and mental & behavioral health providers, and other relevant advisory bodies—were engaged in the development of the Child & Family Well-being Action Plan, the Healthy Whatcom: Community Health Improvement Plan, and other community plans focused on early childhood well-being. All of these plans informed and laid the foundation for the Healthy Children's Fund Implementation Plan. (See also [Appendix I: Community Plans](#).) In addition, the ordinance requires the Implementation Plan to be created with the advice of the relevant advisory groups, including the Child and Family Well-Being Taskforce, an advisory body with representation from local parents, businesses, foundations, early learning & care operators, and systems developers. (See the [Roles](#) section in this document.)

In implementing the Healthy Children's Fund, Whatcom County Government strives to meet the community's vision and goals, while abiding by all federal, state, and local laws and regulations. Many of the regulations that most impact the Healthy Children's Fund administration were designed to provide accountability for taxpayer dollars and prevent the gifting of public funds for private gain. To effectively serve the public's interest, Whatcom County must operate within the bounds of these laws and regulations while simultaneously maximizing the impact of the Healthy Children's Fund. At times, these two goals are in tension with one another. Whatcom County will take advantage of flexibility where possible when it furthers the goals of this plan. Still, it must adhere to legal and audit requirements as an ultimate principle of fund administration. WCHCS drafted this spending plan with this awareness while striving to meet the goals of the Whatcom County Council and voters.

The Healthy Children's Fund established a 10-year fund that is renewable after 10 years. The ordinance directs Whatcom County Health & Community Services to develop an implementation plan focusing on years 1 & 2 and the steps WCHCS will take to update the plan for subsequent years. Specific guidance on the Spending Plan from Ordinance 2022-045 (Whatcom County, 2022) includes:

- The Healthy Children's Fund must be used to increase: kindergarten readiness; affordable, high-quality, professional, and accessible early learning & care opportunities; and support for our most vulnerable children, including expanding mental and behavioral health services, preventing and reducing the trauma of children experiencing homelessness, and supporting vulnerable children's parents/caregivers¹.
- The initial 2-year Implementation Plan shall allocate no less than 55% and no more than 68% of levy revenue and proceeds to improving early learning and care and shall allocate no less than 20% and no more than 36% of levy revenue and proceeds to supporting vulnerable children.
- Money in the Healthy Children's Fund shall not be used in lieu of federal, state, county, city, or school district funding already committed for the purpose of providing outlined services (e.g. Behavioral Health Fund, American Rescue Plan Act (ARPA)).

¹ The term parents/caregivers is meant to be inclusive of all family structures (mothers, fathers, grandparents, guardians, etc.)

The Process to Identify Strategies for Years 1 & 2

The Implementation Planning Team identified 55 solutions from existing community processes and plans that address the factors impacting early childhood well-being in Whatcom County. (See [Appendix I: Community Plans.](#)) The 55 solutions were then organized into 9 theme areas with 23 strategies that impact the priority areas of Early Learning & Care and Supporting Vulnerable Children. (See [Appendix IV: Prioritized Strategy Matrix.](#))

To build the most comprehensive picture of the current landscape in Whatcom County, and build on the work already done through various community planning processes, subject matter experts and representatives from the Child & Family Well-Being Task Force, Healthy Whatcom, Proposition 5 ordinance writing group, Whatcom Child Care Coalition, Whatcom County Health & Community Services, Executive's Office, and other community organizations were invited to a workgroup, the Ad Hoc Strategy Group (see [Appendix III.](#)) The Ad Hoc Strategy Group convened in early December 2022 to examine the 23 potential strategies for funding. The underlying foundation of their work were the following specifications and assumptions:

Specifications

- Strategies must further the goals of prevention, early intervention, and disruption of the conditions that lead to inequities and disparities for families.
- All strategies should further the goals of being trauma-informed, anti-racist, and culturally responsive.
- Supporting vulnerable children can be done in the context of early learning & care settings and all efforts should be made to leverage these opportunities.
- Increasing access to early learning & care for all children in Whatcom County to reduce racial and economic disparities and to ensure all students receive the benefit of mixed-income classrooms.
- Meeting the needs of children and families requires early learning & care programs to address their physical, mental, and behavioral health needs.

Assumptions

- Different strategies are at different readiness levels for implementation; some are at the early stages of planning, some have plans in place but have not been implemented, and some expand and enhance existing programs and services that meet the goals of the Healthy Children's Fund.
- Strategies included in the portfolio include approximate, estimated cost ranges. These are for planning purposes only and to give a sense of scale. These may and likely will change as implementation proceeds and more information becomes available.
- The “details” for each strategy reflect the best, current understanding and are not necessarily exhaustive of all items that could be funded in that strategy. As projects develop, details may evolve to best serve that strategy.
- Later years’ portfolios will be based on the evaluation and adaptation of strategies based on learning from years 1 & 2.

The workgroup also drafted potential criteria to use when evaluating potential strategies. Feedback on the proposed criteria was collected via survey from the Child and Family Well-Being Task Force, Healthy Whatcom, and the Healthy Children's Fund Campaign Team. From that feedback, the final criteria were determined:

Criteria

- **Values:** Does this strategy address the needs of rural communities, BIPOC (Black, Indigenous, and people of color) communities, or both?
- **Expectations of Success:** Has this strategy been effective elsewhere? Or was it elevated through a documented community assessment, process, or plan?
- **Readiness:** Is this strategy ready to implement, for example, are cost estimates available or could they be readily developed?
- **Impact:** Will funding this strategy quickly and/or significantly impact our goal of improved outcomes for children and families?

The Ad Hoc Strategy Group developed cost estimate ranges, identified considerations for each strategy, and used the criteria above to independently evaluate strategies. Based on these analyses, the group developed the Prioritized Strategy Matrix. (See [Appendix IV.](#))

The Implementation Planning Team then mapped this prioritized matrix to the guidelines outlined by the ordinance – the percentage of funds that must be used for each priority area as well as the seven focus areas that must be addressed – to determine the recommended portfolio of strategies for funding in years 1 & 2.

The strategies in the following section were identified as the highest priority to launch in years 1 & 2. The remaining strategies are available in the Prioritized Strategy Matrix so that additional projects can be launched as community readiness improves and funds become available.

Leveraging ARPA Funds: Large Capital Investments

This Spending Plan was developed in the context of a wider funding environment. An important example of this is the American Rescue Plan Act (ARPA). Under the direction of the Whatcom County Council, Whatcom County has budgeted over \$8.1 million for the stabilization and expansion of child care, \$5.5 million of which is devoted to capital projects.

This commitment of ARPA funds to large capital investments was taken into consideration when determining HCF strategies to fund in years 1 & 2. These initial strategies do not have a significant focus on large capital investments because of this ARPA commitment. Years 3 and beyond may include this focus, once ARPA funding is no longer available. During the development of the next implementation plan, WCHCS will work with stakeholders to assess the necessity of using the HCF as leverage for large capital projects. (See [Opportunities to Leverage Funding](#) in this document for more information about ARPA funding.)

Fund Allocation

Revenues in Year 1, 2023, for the Healthy Children’s Fund are estimated in the amount of \$9,976,044. While revenue may change in Year 2 due to several factors, estimates in this document are based on the same revenue in 2024 as in 2023.

As indicated in the ordinance, 55-68% of revenues must be allocated to Early Learning & Care in the first two years of the fund, and 20-36% must be allocated to Supporting Vulnerable Children. This spending plan allocates 64%, \$12,800,000, of the estimated revenues to Early Learning & Care, and 27% to Supporting Vulnerable Children, \$5,356,400, during Years 1 & 2.

Table 5. Expected Revenue Allocation for Years 1-2: 2023-2024

| | Ordinance Allocation Requirements | Years 1 & 2 Estimated | |
|--|-----------------------------------|-----------------------|-------------|
| | | \$ | % |
| Administration (including up to 3% Evaluation) | 9% | \$1,795,688 | 9% |
| Priority Areas | 91% | \$18,156,400 | 91% |
| Early Learning & Care | 55-68% | \$12,800,000 | 64% |
| Supporting Vulnerable Children | 20-36% | \$5,356,400 | 27% |
| Total | 100% | \$19,952,088 | 100% |

The Healthy Children’s Fund ordinance allows for unspent funds to remain in reserves throughout the entire life of the levy. Under RCW 36.29.010(8), the Treasurer has authority to invest reserve dollars. WCHCS will seek Council approval to direct HCF investment proceeds back into the HCF fund. . The ability to roll over unspent funds for the next year will be necessary, particularly during the first year, as significant time will be needed to set up processes and systems and to implement the portfolio of strategies. Additionally, some strategies may necessitate large investments that could require the pooling of multiple years of funding. “It is intended that substantially all levy proceeds will be used for the purposes outlined in the Ordinance within the ten-year levy period, and reserves maintained after the ninth year of the levy must be supported by a formal statement justifying the need for the reserve.” (Whatcom County, 2022)

Spending of public dollars often lags contracting. For example, Whatcom County could use the Healthy Children’s Fund to contract to build a new child care center when APRA funds are no longer available. Because actual construction and reimbursement may not occur immediately upon contracting, funds would appear in reserves. For this reason, there will be times the fund maintains a significant reserve balance. WCHCS will make every effort to publish data on commitments, as well as expenditures to provide transparency into uncommitted reserve balances.

Spending on Administration is necessary to administer the fund. Where possible, Whatcom County Health & Community Services will leverage funds from other related funding sources (Behavioral Health Fund, Housing funds, Developmental Disabilities millage) to support administration. The Administration allocation in years one and two supports the infrastructure to administer contracts, provide subject matter expertise and technical assistance to providers, and ensure that outreach, education, and communication are embedded through staffing and external contracts. Because Ordinance 2022-045 Section 5 requires an independent performance audit of the Healthy Children’s Fund every other year, it also emphasizes the necessary development and foundation building to effectively provide both internal and contracted external program and process evaluation. Lastly, the fund includes significant investments in system integration to connect families to services, and software implementation to create transparency on performance measures. It is anticipated that the fund will underspend in year one because of the time needed to develop and award evaluation and consultant contracts, which is anticipated to happen in mid-2023 to early 2024.

Any unspent funds each year, except for planned and variable multi-year contracts, will be placed in the fund reserves to be used on programs and services, as dictated by the initial and subsequent implementation plans. During planning for years 3 & 4, fund allocation amounts will

be determined based on learning from years 1 & 2, feedback from advisory groups, emergent needs of the community, and changes to state and federal funding availability. In some cases, unspent funding may continue for the initially planned strategy; at other times, a subsequent allocation plan may reallocate funding for a different activity, subject to public processes.

While a portfolio of strategies is included below, and estimated amounts are included in the details of each strategy in the next section, “Years 1 & 2 Portfolio: Detailed Strategies,” those amounts are subject to change as more information becomes known and as the situation and environment changes before and as a strategy is implemented. No more than eight percentage points will transfer from Early Learning & Care to Supporting Vulnerable Children so that allocations still comply with the percentages required by the ordinance.

Table 6a. Healthy Children’s Fund Portfolio of Year 1 & 2 Strategies

| Strategies | Years 1 & 2 | |
|---|--------------|-----|
| | \$ | % |
| Early Learning & Care | \$12,800,000 | 64% |
| 1: Provide funds for small capital projects to expand, renovate, or repurpose buildings to increase early learning & care slots in a mixed-delivery system. | | |
| 2: Coordinate current and develop additional pathways to ensure a stable early learning & care workforce to deliver high-quality programs for children. | | |
| 3: Improve access to early learning & care through subsidies that reduce the cost of programs for children from families which are cost-burdened. | | |
| 4: Ensure access to early learning and care by promoting the expansion and retention of the early learning & care workforce. | | |
| 5: Create regional early learning & care hubs that include shared administrative services, colocated early learning and other services for children and families, and support for smaller providers in the County (i.e. the “hub and spoke model”). | | |
| 6: Support innovative approaches to meet various Healthy Children’s Fund goals related to Early Learning & Care. | | |
| Supporting Vulnerable Children | \$5,356,400 | 27% |
| 7: Recruit Mental & Behavioral Health Workforce to Whatcom County. | | |
| 8: Develop and/or expand resources and programs for families who disproportionately experience housing instability. | | |
| 9: Expand and enhance early parenting supports. | | |
| 10: Integrate and co-locate services via coordinated access to resource navigation using the Help Me Grow model. | | |

Table 7, below, describes how the portfolio will address each of the focus areas.

Table 7. Healthy Children’s Fund Portfolio of Year 1 & 2 Strategies by Focus Area

| | Focus Areas | | | | | | |
|---|-----------------|-----------------|-------------------|------------------|------------------------------------|--|----------------------------|
| | Access- ible | Afford- able | Profess- ional | High- Quality | Mental & Behavior- al Health | Prevent & Reduce Homeless- ness | Support- ing Parents |
| Strategies: Years 1 & 2 | | | | | | | |
| Early Learning & Care | X | X | X | X | X | | X |
| 1: Provide funds for small capital projects to expand, renovate, or repurpose buildings to increase early learning & care slots in a mixed-delivery system. | X | X | | | | | |
| 2: Coordinate current and develop additional pathways to ensure a stable early learning & care workforce to deliver high-quality programs for children. | X | | X | X | X | | |
| 3: Improve access to early learning & care through subsidies that reduce the cost of programs for children from families which are cost-burdened. | X | X | | | | | |
| 4: Ensure access to early learning and care by promoting the expansion and retention of the early learning & care workforce. | | X | X | | | | |
| 5: Create regional early learning & care hubs that include shared administrative services, colocated early learning and other services for children and families, and support for smaller providers in the County (i.e. the “hub and spoke model”). | X | | | X | X | | X |
| 6: Support innovative approaches to meet various Healthy Children’s Fund goals related to Early Learning & Care. | X | X | X | X | | | |
| Supporting Vulnerable Children | | | | X | X | X | X |
| 7: Recruit Mental & Behavioral Health Workforce to Whatcom County. | | | | | X | | X |
| 8: Develop and/or expand resources and programs for families who disproportionately experience housing instability. | | | | | X | X | X |
| 9: Expand and enhance early parenting supports. | | | | | X | | X |
| 10: Integrate and co-locate services via coordinated access to resource navigation using the Help Me Grow model. | | | | X | X | X | X |

Portfolio of Strategies for Years 1 & 2: Early Learning & Care

Early childhood development paves the way for success throughout a person's life, and the interactions young children have with their caregivers influence the constant brain development that takes place during children's early years. For parents, access to early learning & care can allow them to work more, attend school, and have lasting, positive effects on family economic security and opportunity. Researchers have found that access to more affordable, high-quality early learning & care produces a greater likelihood of improved health outcomes, increased future earnings, and reduced crime rates.

To ensure early learning & care programs meet the diverse and unique needs across Whatcom County, the HCF needs to have a robust mixed-delivery system. This system will allow parents/caregivers options between program delivery models so that children can participate in the program that best meets their needs, learning styles, and cultures. Early learning & care classrooms also provide opportunities to connect children and their families to support and services in areas such as mental and behavioral health, housing, and more.

The Science Behind The Focus Areas

Accessible

To realize the individual and societal benefits of reducing disparities, early learning & care must be affordable and accessible for all families. Accessibility is not only determined by cost, but by the number and diversity of programs available to meet individual family needs and preferences, flexibility in schedules, and geographic proximity. Support for businesses providing early learning & care is needed to ensure that increasing costs of care are not passed on to families. As stated by the 117th Congress, "Child care is infrastructure" ("H.R.1911", 2021). Just as roads enable access to essential resources and services, the availability of diverse, affordable, and accessible early learning & care options provides families with the freedom to participate in the workforce and society. Such an investment ultimately results in overall cost-savings and other societal benefits.

High-Quality

Relationships are critical to healthy child development and caregivers of all kinds must be able to engage in nurturing, meaningful interactions that foster optimal development. Wherever early learning & care occur, essential components of high-quality care include a safe, welcoming, and stable environment with an abundance of language-rich, responsive, and playful interactions. Small group sizes and high ratios of adults to children support effective interactions that lead to positive outcomes (Center on the Developing Child, *Early Childhood*, 2007).

Affordable

Participation by young children in educational environments can increase academic, cognitive, and social skills. A healthy brain structure shaped by enriched environments in early life enables children to be ready to learn as they enter kindergarten. Additionally, through participation in high-quality early learning environments, it's possible to reduce disparities in educational achievement, income, and even physical health between children from low-income backgrounds and those with high-income backgrounds (University of Wisconsin, 2022). Currently, the high cost of early learning & care is a disproportionate burden and unaffordable for low-income families despite early learning & care subsidies and early learning & care businesses operating on slim profit margins.

Professional

Early childhood educators with higher qualifications are associated with higher-quality learning environments (University of Wisconsin, 2022). Attracting and retaining quality staff requires adequate support for early learning & care educators and workers, including livable wages and the ability to pursue professional goals. Enhancing providers' skills and program quality benefits participating children. Professional development programs, curriculum enhancement, and specific skill training have been shown to improve a broad range of positive outcomes for children (Fisher, 2020).

“A growing body of work suggests that racially and economically diverse preschools have significant learning benefits, which some researchers say is not surprising given how much growth in preschool happens through playing and sharing with peers. “Children of all backgrounds learn more on average in racially and socioeconomically diverse preschool classrooms, and diverse early learning settings can help reduce prejudice among young children,” wrote Halley Potter, senior fellow at The Century Foundation, in a recent report that dives into that research and offers ideas for how the federal government can foster integration in universal preschool.” (Hurley, 2021)

HCF’s Early Learning & Care priority has four focus areas:

1. **Accessible:** Expand early learning & care services that meet the varied needs of families and children. Geographic locations, ages of children, special needs, and a broad range of early learning & care scheduling needs (including emergency opportunities) will all be considered in the development.
2. **Affordable:** Decrease the cost of early learning & care experiences for both families and providers.
3. **High-Quality:** Increase the quality of early learning and care experiences.
4. **Professional:** Attract and retain quality early childhood educators.

Considerations for Early Learning & Care Strategies:

- The Healthy Children’s Fund cannot be used in place of federal, state, county, city, or school district funding already committed for the purpose of providing outlined services (Whatcom County, 2022). To date, Whatcom County has committed \$8.1 million in ARPA funding for early learning and care, approximately \$5 million of which will be devoted to large capital projects to increase early learning slots. HCF spending will complement these ARPA capital investments by focusing largely on non-capital strategies in Years 1 and 2. This will expand resources to create a sustainable child care landscape and to ensure adequate staff to operate quality programs. Capital needs will be reevaluated for years 3 and beyond.
- Strategies are not listed in any particular order. Implementing these strategies will require the collaboration of many community partners, and we anticipate that strategies will have multiple recipients of funding identified through a competitive process. Detailed information can be found in the [funding mechanisms](#) section.
- All of the data needed to measure the effectiveness of the HCF does not yet exist. As data improves, metrics in each strategy area will be further refined. In addition to headline and secondary indicators, each strategy will also have program measures that will help evaluate the effectiveness of approaches and opportunities for growth.

Table 6b. Early Learning & Care Strategies, Year 1 & 2

| Strategies | Years 1 & 2 | |
|---|--------------|-----|
| | \$ | % |
| Early Learning & Care | \$12,800,000 | 64% |
| 1: Provide funds for small capital projects to expand, renovate, or repurpose buildings to increase early learning & care slots in a mixed-delivery system. | | |
| 2: Coordinate current and develop additional pathways to ensure a stable early learning & care workforce to deliver high-quality programs for children. | | |
| 3: Improve access to early learning & care through subsidies that reduce the cost of programs for children from families which are cost-burdened. | | |
| 4: Ensure access to early learning and care by promoting the expansion and retention of the early learning & care workforce. | | |
| 5: Create regional early learning & care hubs that include shared administrative services, colocated early learning and other services for children and families, and support for smaller providers in the County (i.e. the “hub and spoke model”). | | |
| 6: Support innovative approaches to meet various Healthy Children’s Fund goals related to Early Learning & Care. | | |

Strategy 1: Provide funds for small capital projects to expand, renovate, or repurpose buildings to increase early learning & care slots in a mixed-delivery system.

| | |
|---------------------------------|--|
| Focus Areas | Early Learning & Care (ELC): Affordable & Accessible |
| Objectives | Increase early learning & care slots by improving and/or expanding facilities in a variety of program models across the county, including rural locations, to ensure slots are accessible to underserved populations. |
| Details | <ul style="list-style-type: none"> • Support classrooms to increase the number of early learning & care slots, paying particular attention to age groups and areas of the county most in demand, through funding for facility startup, renovation, or expansion. • This can include converting extra space into an early learning & care program, as appropriate for licensing standards. • This generally does not include the construction of new buildings but would include things such as bathroom renovations, septic systems, etc. • Investments should complement other opportunities for facility improvements. |
| How we will measure our success | <p>Headline:</p> <ul style="list-style-type: none"> • Early learning & care slots per 100 infants, toddlers, and preschoolers. <p>Secondary:</p> <ul style="list-style-type: none"> • Number of parents/caregivers who have a demand for early learning & care report that they have access. • The number of early learning & care providers that report having a waitlist. <p><i>All measures are disaggregated by race, income, and geography as data is available.</i></p> |
| Opportunities to Leverage Funds | <ul style="list-style-type: none"> • Ensure providers can apply for and receive Washington State Department of Children, Youth, and Families (DCYF).small-capital and licensed-family home grants. • Complement Whatcom County's ARPA allocations for capital projects to ensure the expansion of varied program models. |
| Cost estimate for years 1 & 2* | ~\$500,000 |

*These estimates are based on current data and understanding and may shift as new information emerges and circumstances change. Any decrease will shift to reserves or to another strategy, while any increase would come from reserves or decreasing or eliminating another proposed strategy.

Strategy 2: Coordinate current and develop additional pathways to ensure a stable early learning & care workforce to deliver high-quality programs for children.

| | |
|-------------|---|
| Focus Areas | ELC: Professional, Accessible, High-Quality Support for Vulnerable Children (SVC): Mental & Behavioral Health |
| Objectives | <ul style="list-style-type: none"> ● Increase access by recruiting operators, educators, intervention specialists, and staff into the early learning & care field, especially those that increase diversity in the classroom. ● Provide more accessible pathways to a sustainable career through training and credentialing. ● Increase participation in early learning & care programs by improving the experience of children and families within such programs. ● Improve access to mental and behavioral health supports for children with specialized needs within the context of early learning and care. |
| Details | <p>Pathways will include recruitment, credentialing, and professional development. They must be accessible to a diverse workforce, identify and maximize state and local assets, include community-based options, and fill gaps in the system. Components of the early learning & care workforce development system should facilitate equitable access to the early learning & care field including scholarships, mentoring, and coaching.</p> <p>Planning and Infrastructure:</p> <ul style="list-style-type: none"> ● Identify current resources and gaps in the local professional development landscape. ● Coordinate and develop the local infrastructure necessary to improve access to and quality of professional development. ● The pathway should address recruitment of a diverse workforce, credentialing, training, and retention; track the efficacy of retention strategies; and work with providers to implement them effectively and make adjustments as needed. <p>Expand access to early learning & care credentialing through higher education and community pathways through avenues such as:</p> <ul style="list-style-type: none"> ● Recruiting potential early learning & care workforce. ● Support the development of a clear pathway for non-English speaking individuals to become early learning & care educators and providers, especially those that can communicate with children and families in their native language. ● Work with K-12 school district Career and Technical Education programs to include early learning & care as a career field. <p>Expand access to training, professional development, and integration of curriculum into programs across the county through avenues such as:</p> <ul style="list-style-type: none"> ● Offer financial planning and business modeling services to early learning & care centers. ● Expand access to Teaching Strategies Gold and quality coaching for programs engaged in Early Achievers. ● Increase the number of early learning and care programs that use the Since Time Immemorial and other BIPOC-created curricula. ● Train early learning professionals to better address the needs of vulnerable populations, including children with behavioral health needs, health issues, social needs, and non-English speaking families. |

| | |
|---------------------------------|--|
| | Provide training and technical assistance to potential early learning and care operators and those interested in expanding their programs. |
| How we will measure our success | <p>Headline:</p> <ul style="list-style-type: none"> ● Percent of credentialed early learning & care educators in Whatcom County. ● Percent of early learning & care programs enrolled in the Early Achievers Quality Rating System that has a rating of 3 or higher. <p>Secondary:</p> <ul style="list-style-type: none"> ● Number of early learning & care educators completing training or education provided by the local higher education system or community credentialing program ● Number of parents/caregivers who have a demand for early learning & care report that they have access ● Number of parents/caregivers who report having access to behavioral/mental health services for their children at their early learning & care program/location <p><i>All measures are disaggregated by race, income, and geography as data is available.</i></p> |
| Leveraging Funds | Numerous partners offer recruitment, credentialing, and training programs that can be coordinated. |
| Cost estimate for years 1 & 2* | ~\$1,500,000 |

*These estimates are based on current data and understanding and may shift as new information emerges and circumstances change. Any decrease will either shift to reserves or to another strategy, while any increase would come from reserves or decreasing or eliminating another proposed strategy.

Strategy 3: Improve access to early learning & care through subsidies that reduce the cost of programs for children from families which are cost-burdened.

| | |
|---------------------------------|---|
| Focus Areas | ELC: Accessible and Affordable |
| Objectives | <ul style="list-style-type: none"> • Improve access to early learning & care by providing program subsidies for families with children ages 0-5 who are cost-burdened by child care. • Build a plan to incrementally increase the affordability of care for low-income or income-constrained families each year until families are paying 7-10% of their household income. |
| Details | <ul style="list-style-type: none"> • Standardize an income eligibility scale in a subsidy program that prioritizes families paying the highest percentage of their household income. • United Way's ALICE (Asset Limited Income Constrained Employed) metrics could be used to help establish the parameters of the sliding scale. • Seattle's Child Care Assistance Program can be used as a model for subsidy implementation. • It is expected that a portion of funds will be used to plan and develop an equitable, effective process for allocating subsidies. |
| How we will measure our success | <p>Headline:</p> <ul style="list-style-type: none"> • Percent of median household income spent on early learning and care for a family with two children. • Early learning & care slots per 100 infants, toddlers, and preschoolers. <p>Secondary:</p> <ul style="list-style-type: none"> • Number of parents/caregivers who have a demand for early learning & care report that they have access. <p><i>All measures are disaggregated by race, income, and geography as data is available.</i></p> |
| Leveraging Funds | Must be implemented to complement Working Connections Child Care (WCCC) , the early learning & care subsidy program that helps income-eligible families with children pay for early learning & care administered by DCYF. |
| Cost estimate for years 1 & 2* | ~\$3,300,000 |

*These estimates are based on current data and understanding and may shift as new information emerges and circumstances change. Any decrease will shift to reserves or to another strategy, while any increase would come from reserves or decreasing or eliminating another proposed strategy.

Strategy 4: Ensure access to early learning & care by promoting the expansion and retention of the early learning & care workforce.

| | |
|---------------------------------|---|
| Focus Area | ELC: Professional & Affordable |
| Objectives | <p>Ensure programs have a stable workforce to run high-quality early learning & care programs.</p> <ul style="list-style-type: none"> • Retain current early learning & care educators and staff in the field by increasing wages. • Recruit additional early learning and care educators and staff by positioning it as a field with earning potential. |
| Details | <ul style="list-style-type: none"> • Explore and assess the feasibility of potential strategies, including wage subsidies. • Develop a plan to implement sustainable and effective strategies to meet the objectives with the goal of implementing the plan in years 2 & 3. • Explore innovative models to address workforce shortages, such as partnerships with education, multi-age settings, and apprenticeships. • Leverage the results of state and local wage subsidy pilot projects such as the Best Start for Kids' Workforce Demonstration Project. (King County, 2021) |
| How we will measure our success | <p>Headline:</p> <ul style="list-style-type: none"> • Percent of credentialed early learning & care educators in Whatcom County. • Average annual salary for full-time early learning & care educators compared to regional school system salary scales. <p>Secondary:</p> <ul style="list-style-type: none"> • Number of early learning & care providers reporting challenges with recruiting and retaining early learning & care educators. <p><i>All measures are disaggregated by race, income, and geography as data is available.</i></p> |
| Leveraging Funds | Leverage and align with Washington State efforts to increase wages. |
| Cost estimate for years 1 & 2* | ~\$2,050,000 |

*These estimates are based on current data and understanding and may shift as new information emerges and circumstances change. Any decrease will shift to reserves or to another strategy, while any increase would come from reserves or decreasing or eliminating another proposed strategy.

Strategy 5: Create regional early learning & care hubs that include shared administrative services, co-located early learning and other services for children and families, and support for smaller providers in the County (i.e. the “hub and spoke model.”)

| | |
|---------------------------------|--|
| Focus Areas | <ul style="list-style-type: none"> • ELC: High-Quality & Accessible • SVC: Mental & Behavioral Health and Supporting Parents |
| Objectives | <ul style="list-style-type: none"> • Increase access to early learning opportunities by increasing the number of child care slots across Whatcom County, prioritizing slots for underserved children, especially in rural communities. • Decrease early learning & care operational costs by establishing regional shared service hubs to increase the accessibility and quality of care for low-income children and their families. |
| Details | <p>Research, planning, and implementation to establish hubs, including where capital investments are needed, the number and type of providers for each geographic area, etc. Hub and spoke planning will take place regionally and in partnership with community stakeholders within that area to ensure the expansion plan reflects the unique demands and needs of the region. Key assets of the hub may include shared services determined by the needs of the early learning & care community. Examples include:</p> <ul style="list-style-type: none"> • Onsite early learning & care service delivery, including onsite mental and behavioral health providers to provide targeted interventions to children during working hours in early learning & care centers, and early parenting supports. • Shared administrative services including accounting, contract management, and accessing local and state child care resources. Help programs manage licensing needs and expectations with DCYF. • Support for business development, grant writing, contract management, etc. • Expanding the resources and coordinated system for families seeking early learning & care. <p><i>For this document, regions are defined by school district boundaries, and a hub is a model for shared services and support.</i></p> |
| How we will measure our success | <p>Headline:</p> <ul style="list-style-type: none"> • Early learning & care slots per 100 infants, toddlers, and preschoolers. • Number of early learning & care providers participating in a regional shared service hub. <p>Secondary:</p> <ul style="list-style-type: none"> • Number of early learning & care providers reporting an increase in sustainability. <p><i>All measures are disaggregated by race, income, and geography as data is available.</i></p> |
| Leveraging Funds | <ul style="list-style-type: none"> • Apply for shared service grants through DCYF. • Align with local efforts to expand family resource centers. • Utilize state-wide resources such as The Imagine Institute’s Shared Service Center program. • Leverage state funds by increasing the number of slots paid for by state subsidies. |
| Cost estimate for years 1 & 2* | ~\$4,500,000 |

*These estimates are based on current data and understanding and may shift as new information emerges and circumstances change. Any decrease will shift to reserves or to another strategy, while any increase would come from reserves or decreasing or eliminating another proposed strategy.

| Strategy 6: Support innovative approaches to meet various Healthy Children’s Fund goals related to Early Learning & Care. | |
|--|--|
| Focus Areas | ELC: Affordable, Accessible, High-Quality & Professional |
| Objectives | <ul style="list-style-type: none"> ● Increase the accessibility, affordability, quality, and professionalism of Early Learning & Care through innovative solutions for underserved populations, including but not limited to, low-income and/or rural areas with a lack of access across Whatcom County. ● Fund pilot programs and approaches that increase the evidence base and demonstrate impact on outcomes for underserved populations, including but not limited to, low-income and/or rural areas with a lack of access across Whatcom County. |
| Details | <p>Service providers and/or partners submit innovative projects that advance Healthy Children’s fund goals. Examples include:</p> <ul style="list-style-type: none"> ● Expand access to healthy foods through early learning & care centers, especially for Latinx families. ● Programs that offer support to low-income and vulnerable children in the context of early learning and care, such as in-classroom mental health or early intervention services. ● Community service providers partnering with early learning and care environments, such as therapy providers or early intervention. ● Expand partnerships with communities to include services (such as playgroups) in community-based settings. ● Increase programs’ access to culturally appropriate curriculum to reduce the cultural gap in kindergarten readiness. |
| How we will measure our success | <ul style="list-style-type: none"> ● The number of innovative solutions that demonstrate valid results. ● Improvement to one or more early learning & care focus areas (accessibility, affordability, quality, and professionalism). <p><i>All measures are disaggregated by race, income, and geography as data is available.</i></p> |
| Cost estimate for years 1 & 2* | ~\$950,000 |

*These estimates are based on current data and understanding and may shift as new information emerges and circumstances change. Any decrease will shift to reserves or to another strategy, while any increase would come from reserves or decreasing or eliminating another proposed strategy.

Portfolio of Strategies for Years 1 & 2: Supporting Vulnerable Children

Responsive, nurturing interactions and healthy environments provide a foundation for positive early childhood development, paving the way for success throughout a person's life. Strong, stable relationships with caregivers are essential to children's healthy development. Supporting children's social, emotional, and physical needs builds resiliency and prevents excessive activation of stress responses and the eventual physical and mental health problems that stem from chronic stress.

For families dealing with significant adversity from poverty, unstable housing, mental illness, disability, exposure to violence, or racism, the potential benefits of high-quality accessible early learning & care and comprehensive services are magnified (Center on the Developing Child, *The Impact and A Science-Based Framework*, 2007). Policies, programs, and interventions focused on optimizing early childhood development, stabilizing families, and minimizing exposure of children to serious adversity can have long-lasting positive impacts on the health and well-being of the community as a whole. Providing access to these services in the context of early learning & care leverages funds and other community resources, and increases access for children of working parents.

Housing is critical to overall childhood well-being. If we want children to enter kindergarten ready to learn and thrive, we must address safe and stable housing. Even further, experiencing homelessness causes trauma in children that has lifelong effects. Preventing and ameliorating that trauma is key to this work. A goal of the Healthy Children's Fund is to prevent homelessness for children and families, specifically to divert families from homelessness before it occurs.

Supporting parents/caregivers are the foundation of a healthy community. When parents/caregivers thrive, children can thrive. And when children thrive, only then can a community thrive.

The Science Behind The Focus Areas

Mental & Behavioral Health

Throughout a lifetime, many factors can affect mental health, including biological factors, life experiences such as trauma or abuse, and family history. In children and youth, it's normal to experience different kinds of emotional distress as they grow and mature. However, when symptoms persist, it may be more than a developmental occurrence. The consequences of prolonged untreated mental illness can include educational difficulties, social disengagement, risk of suicide, and the potential development of further mental health illnesses such as substance misuse.

Prevent & Reduce Homelessness

People thrive when they have safe, stable places to live. That means we feel secure, our homes and neighborhoods are free from hazards, and our communities provide us with what we need. Housing is the biggest expense in most family budgets, making housing affordability a significant factor in financial well-being. Homeownership has long been at the center of the American Dream, offering a way to build family wealth and stable, diverse communities (Milstein et al., 2020).

Supporting Parents/Caregivers

Mood and anxiety disorders are the primary complications of pregnancy and the postpartum period. About 10-20% of parents experience very distressing symptoms (Mughal, 2020). This can include feeling more sad, disconnected, worried, angry, or overwhelmed than usual. Parents of every culture, age, income level, and race can be affected. There are approximately 2,000 births per year in Whatcom County. If 10-20% experience postpartum depression (Whatcom Perinatal, 2022), that means up to 400 new parents will likely experience some sort of mood or anxiety disorder each year. Unfortunately, only about 15% of parents seek support for their symptoms (Whatcom Perinatal, 2022). That means up to 340 parents in Whatcom County may not get the help they need.

HCF’s Supporting Vulnerable Children priority has three focus areas:

- 1. Expand Mental & Behavioral Health Services** for vulnerable children and their families.
- 2. Prevent & Reduce the Trauma of Homelessness** through diversion and other preventative services and reduce the trauma associated with homelessness by supporting interim housing services and trauma-focused system reform for vulnerable children and their families.
- 3. Support Vulnerable Children's Parents/Caregivers** by expanding support and services for families who have or are expecting children deemed to be vulnerable.

Considerations for Supporting Vulnerable Children strategies:

- The term parents/caregivers is meant to be inclusive of all family structures (mothers, fathers, grandparents, guardians, etc.)
- Strategies are not listed in any particular order. Implementing these strategies will require the collaboration of many community partners, and we anticipate that strategies will have multiple recipients of funding identified through a competitive process. Detailed information can be found in the Funding Mechanisms section.
- All of the data needed to measure the effectiveness of the HCF does not yet exist. As data improves, metrics in each strategy area will be further refined. In addition to headline and secondary indicators, each strategy will also have program measures that will help evaluate the effectiveness of approaches and opportunities for growth.
- Vulnerable children are defined in the ordinance as “any children at greater risk of experiencing physical or emotional harm and/or experiencing poor outcomes because of one or more factors in their lives, including but not limited to homeless and foster children.

Table 6c. Supporting Vulnerable Children Strategies, Year 1 & 2

| Strategies | Years 1 & 2 | |
|---|-------------|-----|
| | \$ | % |
| Supporting Vulnerable Children | \$5,356,400 | 27% |
| 7: Recruit Mental & Behavioral Health Workforce to Whatcom County. | | |
| 8: Develop and/or expand resources and programs for families who disproportionately experience housing instability. | | |
| 9: Expand and enhance early parenting supports. | | |
| 10: Integrate and co-locate services via coordinated access to resource navigation using the Help Me Grow model. | | |

Strategy 7: Recruit Mental & Behavioral Health Workforce to Whatcom County.

| | |
|---------------------------------|---|
| Focus Areas | SVC: Mental & Behavioral Health and Supporting Parents/Caregivers |
| Objective | <ul style="list-style-type: none"> Expand behavioral and mental health services for vulnerable children, pregnant parents, and parents with young children. |
| Details | <ul style="list-style-type: none"> Support pilots and internship models that expand access to mental & behavioral health services for underserved children and families. Retain and/or develop mental health supports serving vulnerable populations with an emphasis on providers who represent our culturally diverse community. Increase the number of mental health professionals who specialize in perinatal mental health. Support providers to provide services to families who meet the criteria of or are enrolled in Apple Health (Medicaid). Hold listening/learning sessions to better understand how the county government can support local Medicaid providers. |
| How we will measure our success | <p>Headline:</p> <ul style="list-style-type: none"> Number and type of behavioral and mental health providers in Whatcom County that serve young children, per 0-5 population. Number and type of behavioral and mental health providers in Whatcom County that serve pregnant parents and parents with young children, per 0-5 population. Number of families on provider wait lists for behavioral health services. <p>Secondary:</p> <ul style="list-style-type: none"> Number of parental (prenatal to age 5) referrals conducted by the SEAS for mental health services. Number of parents/caregivers who report having access to behavioral/mental health services for their children at their early learning & care program/location. <p><i>All measures are disaggregated by race, income, and geography as data is available.</i></p> |
| Leveraging Funds | Leverage Whatcom County Behavioral Health Fund, State of Washington funding, and federal Medicaid dollars to ensure complementary services are funded as the workforce expands. |
| Cost estimate for years 1 & 2* | ~\$850,000 |

*These estimates are based on current data and understanding and may shift as new information emerges and circumstances change. Any decrease will shift to reserves or to another strategy, while any increase would come from reserves or decreasing or eliminating another proposed strategy.

| Strategy 8: Develop and/or expand resources and programs for families who disproportionately experience housing instability. | |
|---|--|
| Focus Areas | SVC: Prevent and Reduce Homelessness, Mental & Behavioral Health, and Support Parents/Caregivers |
| Objectives | Reduce the number of children experiencing a housing crisis or homelessness. |
| Details | <ul style="list-style-type: none"> ● Build family-centered problem-solving and advocacy to help a household identify practical solutions for stabilizing their housing quickly and safely, including assistance negotiating with property managers, navigating mainstream resources, and short-term, flexible financial assistance to avert a crisis (i.e. family “diversion”). ● Fund flexible housing stability supports that prioritize families actively seeking services through coordinated entry and/or other community housing assessments. ● Reform eligibility guidelines for housing services to center child well-being through racial equity and trauma-informed decisions and care. ● Partner with early learning & care centers and school districts with pre-K programs to identify children and families at risk of housing instability and connect them to services. |
| How we will measure our success | <p>Headline:</p> <ul style="list-style-type: none"> ● Percent of public-school students in grades Pre-K to 3rd experiencing a housing crisis. ● Number of families with children experiencing homelessness. <p>Secondary</p> <ul style="list-style-type: none"> ● Number of Whatcom families with children experiencing homelessness and actively seeking services through the Coordinated Entry Program. <p><i>All measures are disaggregated by race, income, and geography as data is available.</i></p> |
| Leveraging Funds | <ul style="list-style-type: none"> ● Coordinate funding from Whatcom County, the City of Bellingham, Washington State, and the U.S. Department of Housing and Urban Development Funding to maximize the use of dollars locally. ● Focus Healthy Children’s Fund dollars on those populations (such as families doubled up in housing) that may not be served with other funding regulated by the State or Federal government. |
| Cost estimate for years 1 & 2* | ~\$1,875,000 |

*These estimates are based on current data and understanding and may shift as new information emerges and circumstances change. Any decrease will shift to reserves or to another strategy, while any increase would come from reserves or decreasing or eliminating another proposed strategy.

Strategy 9: Expand and enhance early parenting supports.

| | |
|---------------------------------|--|
| Focus Areas | SVC: Mental & Behavioral Health & Supporting Parents/Caregivers |
| Objectives | Increase support and services for pregnant and parenting families, particularly those with vulnerable children. |
| Details | <p>Service providers and/or partners submit innovative projects that expand and enhance early parenting support. Examples include:</p> <ul style="list-style-type: none"> • Replicate and/or expand innovative, promising practices being implemented in Whatcom and other communities. • Expand the availability of birth and postpartum doulas. • Increase access to culturally responsive parenting supports (e.g. supports embedded in health care settings, etc.) • Increase opportunities for one-to-one and group peer support for parents, caregivers, and those expecting children (e.g. Program for Early Parent Support (PEPS) model, etc.) • Support expansion of home visiting models to support a greater number of families such as the universal “Welcome Baby” model, as well as targeted models such as the “Nurse-Family Partnership.” • Coordinate and provide resources and community-wide training on trauma-informed care, supporting LGBTQ+ youth, and equity/ anti-racist assessments and improvements. |
| How we will measure our success | <p>Headline:</p> <ul style="list-style-type: none"> • Well-child visits in the first 30 months of life. • Rate of Low Birth Weight infants, less than 2500 grams. • Percent of birthing people receiving adequate prenatal care.. • Percent of birthing people giving birth who received prenatal care in the first trimester of pregnancy. <p>Secondary</p> <ul style="list-style-type: none"> • Number of parents/caregivers who report that they have access to the parenting support services they need. • Percent of birthing persons who reported having a postpartum check-up. • Percentage of deliveries in which the birthing person is screened for a perinatal mood and anxiety disorder during pregnancy and during the postpartum period. <p><i>All measures are disaggregated by race, income, and geography as data is available.</i></p> |
| Leveraging Funds | <ul style="list-style-type: none"> • Whatcom County assistance for Nurse-Family Partnership and other parenting support programs. • Washington State and other grant funding for perinatal health services. |
| Cost estimate for years 1 & 2* | ~\$1,875,000 |

*These estimates are based on current data and understanding and may shift as new information emerges and circumstances change. Any decrease will shift to reserves or to another strategy, while any increase would come from reserves or decreasing or eliminating another proposed strategy.

Strategy 10: Integrate and co-locate services via coordinated access to resource navigation using the Help Me Grow model.

| | |
|---------------------------------|--|
| Focus Areas | SVC: Mental & Behavioral Health, Prevent & Reduce Homelessness, and Support Parents/Caregivers |
| Objectives | <ul style="list-style-type: none"> • Increase access to wraparound services • Decrease barriers to accessing services for families and children. • Expand behavioral and mental health services and supports for vulnerable children and pregnant and parenting families with vulnerable children. |
| Details | <ul style="list-style-type: none"> • Build on promising practices and successes from the state-wide Help Me Grow network, SEAS (single entry access to services), and other Whatcom County resources. • Implement coordinated systems to access resources, and expand access to mental health services for pregnant and parenting families. • Strengthen coordination to identify families experiencing or at risk of housing instability including those who are doubled-up or otherwise under-housed. • Increase the number of family resource center locations or access points for pregnant and parenting families with a priority on providing access to those populations that currently experience the greatest barriers. • Embed community health workers and/or social workers into settings such as medical clinics that primarily serve low-income families for access to wraparound support services. |
| How we will measure our success | <p>Headline:</p> <ul style="list-style-type: none"> • Number and type of behavioral and mental health providers in Whatcom County that serve young children, per 0-5 population. • Number and type of behavioral and mental health providers in Whatcom County that serve pregnant parents and parents with young children, per 0-5 population. <p>Secondary:</p> <ul style="list-style-type: none"> • Number of parents/caregivers who report having access to behavioral & mental health services for their children at their early learning & care program/location. • Number of parents/caregivers who report that they have access to the parenting support services they need. <p><i>All measures are disaggregated by race, income, and geography as data is available.</i></p> |
| Leveraging Funds | <ul style="list-style-type: none"> • Washington State and Whatcom County Behavioral Health fund. • Grant funding supporting state-wide Help me Grow Network. |
| Cost estimate for years 1 & 2* | ~\$757,000 |

*These estimates are based on current data and understanding and may shift as new information emerges and circumstances change. Any decrease will shift to reserves or to another strategy, while any increase would come from reserves or decreasing or eliminating another proposed strategy.

Funding Mechanisms

Regarding the funding distribution process for the Healthy Children's Fund, Ordinance 2022-045 (Whatcom County, 2022) requires:

- The County shall ensure that the Healthy Children's Fund is used exclusively to sustain an increase in overall public expenditures for eligible services as set forth in this ordinance. Money in the Healthy Children's Fund shall not be used in lieu of federal, state, county, city, or school district funding already committed for the purpose of providing outlined services.
- All service providers, vendors, and subcontractors of the Healthy Children's Fund shall be selected by fund administrators in compliance with [Whatcom County Purchasing System Code \(WCC\) 3.08](#).
- Working criteria for fund allocation will guide the contracting process for non-administrative expenses.

Funding opportunities for the Healthy Children's Fund will be based on the priorities and strategies outlined in the Spending Plan as well as the values and intent highlighted in the ordinance, and consistent with federal, state, and local law. Funding opportunities will establish measurable outcomes towards stated goals, as well as uphold the value of being community-centered and offer opportunities for innovative approaches by new and/or less established providers. Policies and procedures for funding mechanisms will be developed and documented over the first two years and shared with the public and prospective applicants. This funding guidebook for the Healthy Children's Fund is intended to support applicants with eligibility, guidelines, applications, contracts, and compliance, and will be similar to other Washington State municipality funding guidebooks. (City of Bellevue, 2019; Seattle Human Services, 2022)

Funding Eligibility

All funding opportunities must align with HCF funding criteria and goals and in all cases shall be subject to the limitations and restrictions of federal, state, and local law. Funding opportunities (described below) over \$40,000 will be advertised through the county's traditional competitive, open bid process, with exceptions as may be provided for under Whatcom County purchasing policies (WCC 3.08.060). While formal bid requirements may not be required for projects or services under \$40,000, all awards including those not subject to formal bid requirements will be selected based on adherence to identified criteria and the best use of available funds. Funding opportunities are intended for a wide range of operators to develop and provide eligible services throughout Whatcom County. Eligible applicants shall include those operators and service providers who support strategies in the HCF priorities of Early Learning & Care and Support for Vulnerable Children. Eligible operators and service providers may include non-profit, for-profit, private, and public entities, higher education programs, and/or early learning & care providers that can meet Whatcom County contracting requirements. Specific eligibility criteria will be based on the requirements of each funding opportunity. All contractors and subcontractors must adhere to anti-discrimination and child protection laws and policies.

While some of the funds will be accessible universally, the majority of the funds will prioritize equitable access for traditionally underserved communities. This includes but is not limited to, areas located outside of the city of Bellingham, low-income children and families, and community members experiencing the greatest barriers.

Funding will be made available pursuant to the provisions of WCC 3.08 (Whatcom County's Purchasing Policy). Applicable [Whatcom County Purchasing Thresholds](#) are as follows:

- Tier I: Funds less than \$10,001 may be contracted as needed for specific services
- Tier II: \$10,001-\$40,000, per WCC [3.08.040](#), whenever practically possible, price quotations from at least three vendors shall be solicited for contracted services
- Tier III: >\$40,000, per [WCC 3.08.060](#), contract awards exceeding \$40,000 will be based upon bids or proposals received in response to specifications and invitations to bid

Contracting

Contractors must adhere to a number of contracting requirements, which may include but are not limited to:

- Ongoing monitoring and reporting to WCHCS and outside evaluators, and as may otherwise be required under their contract.
- Reimbursement-based contract structure, except under limited circumstances.
- Compliance with county insurance requirements pursuant to a contract, to include providing a certificate of required coverage and naming Whatcom County as an additional insured.
- Non-discrimination and child protection laws/policies. (See [Appendix IX](#).)
- Maintaining books, records, documents, and other evidence directly related to the performance of the work in accordance with Generally Accepted Accounting Principles. Whatcom County, or any of its duly authorized representatives, shall have access to such books, records, and documents for inspection and audit for a period of three years after completion of work.
- Contractors will document the use of Whatcom County funds and will complete all required reports and billing documentation in a timely manner. Additional data may be required for audit or evaluation purposes.
- All contracts will state the contract's objective and purpose, and which shall be consistent with the provisions of Whatcom County Ordinance 2022-045.

Recipients of Healthy Children's Fund dollars will be expected to work with WCHCS to develop goals using the Results Based Accountability (RBA) Framework as well as a progress monitoring plan appropriate to the level of funds awarded. WCHCS will use data collection and quality improvement activities to monitor the progression toward meeting community-level goals as well as monitoring expenditures. Focused efforts will be made to align monitoring with reporting already being collected by the contractor for programs such as DCYF licensing, Early Achievers, etc. (See the [Metrics & Evaluation](#) section for more details.) WCHCS will also provide technical assistance and coaching for applicants as needed (see below).

Project Proposal Process

Funding opportunities will be advertised using a phased approach that will consider several factors, including each strategy's readiness for implementation. The goal is to advertise initial funding opportunities beginning in Fall 2023. The award process will be structured as follows:

Phase 1: Develop proposal documents for specific strategies

Each strategy may have multiple funding opportunities each year, and within any strategy, multiple funding mechanisms may be employed. Some awards may be for programs, some may follow individuals (such as subsidies), while others may be for infrastructure such as capital facilities. Award recipients may propose to sub-contract funds for services at the discretion of the county. All contracts will state the contract's objective and purpose, which shall be

consistent with the provisions of Whatcom County Ordinance 2022-045. Collaboration with subject matter experts during the development of funding opportunity proposals will occur whenever possible.

Phase 2: Advertising Funding Opportunities

While funding opportunities are in development, WCHCS will communicate with stakeholders, operators, and providers to provide advance notice of potential opportunities whenever possible. Consistent with applicable Whatcom County Purchasing Policy requirements, funding opportunities will be advertised through a number of channels, including but not limited to the HCF webpage, social media, and newsletters. When required by county purchasing policies, funding opportunities will be advertised as “bid notifications” and released to the public through Whatcom County Finance. All Whatcom County bid notifications are posted at www.whatcomcounty.us/Bids.aspx. Those interested can sign up to be notified when new bids post. Most funding opportunities will have a specific closing date, though Whatcom County is exploring the possibility of rolling deadlines.

Phase 3: Project Proposal Submission

Funding opportunity announcements will provide detailed instructions on the contents of the proposal and proposal submission. Deadlines will vary depending on the specific program or project. In many cases, there may be multiple chances to apply. Whatcom County may review proposals for a particular service as often as quarterly, while other programs may have one-time or annual bids.

Phase 4: Selecting Proposals to Fund

In the majority of cases, an Application Evaluation Committee, which will include representatives from Whatcom County Government and community representatives with subject matter expertise, will review and evaluate proposals and submit recommendations for funding within 30 days of the submission deadline. The county will evaluate proposals based on the evaluation criteria:

- **Values:** Does this proposal address documented community needs and/or disparities across race, income, and geography in access to early learning & care and social services? Is it furthering the goals of being trauma-informed and advancing equity?
- **Expectations of Success:** Has this approach been effective elsewhere? Or was it elevated through a documented community assessment, process, or plan?
- **Readiness:** Is this proposal ready to implement, for example, are cost estimates available or could they be readily developed?
- **Impact:** Will funding this proposal quickly and/or significantly impact our goal of improved outcomes for children and families?

Phase 5: Award Notification and Contract Development

Once a proposal is selected for funding, WCHCS will draft an agreement that includes a scope of work and a budget indicating the total funds awarded and requirements for reimbursement. Once those details are negotiated, Whatcom County will conduct an internal approval process, including review and approval by WCHCS, the Prosecuting Attorney’s Office, County Finance, the County Executive, and the County Council, (as applicable per [WCC 3.08.100](#)). After all the approvals have been obtained, all parties will sign the agreement and execute it. No funding is guaranteed until a contract has been signed by the Whatcom County Executive and authorized by Whatcom County Council, as required. Proposals selected for funding will be identified on the HCF webpage along with brief information about their project as well as the amount to be funded.

In cases where the County requires competitive bidding, unsuccessful bidders may protest or appeal the County's award pursuant to existing provisions of state and local law, and pursuant to bid protest policies adopted by Whatcom County.

Upon request, a debriefing conference will be scheduled with a non-selected applicant. Discussions will be limited to a critique of the applicant's proposal. Comparisons between proposals or evaluations of other proposals will not be allowed.

Technical Assistance & Coaching

To support community partners in successfully accessing funds, as well as reducing the burden of Whatcom County application and contracting processes, WCHCS will explore ways to make technical assistance available throughout the application and reporting process.

Additional engagement activities that may be considered include, but are not limited to:

- Informational webinars
- Written questions, submitted via email
- Advertisements through community groups
- Workshops and/or 1:1 support, when possible
- Sharing flyers at events or community locations such as schools, libraries, etc.
- Geographically targeted outreach

Outstanding Questions to Answer in 2023 and Beyond

As Whatcom County works to develop an outcome-oriented approach to program and project funding that is consistent with the provisions of Whatcom County Ordinance 2022-045, WCHCS will collaborate with other county departments to answer several outstanding questions, including:

- What is our timeline to build out all the strategies including a phased approach for releasing funding opportunities?
- What barriers currently exist within County processes that make it difficult for partners to apply for and receive funding?
- How can systems and criteria across County departments be evaluated and updated to increase opportunities for partners to receive funding?
- What are ways to ensure smaller and in-home providers are able to access HCF resources?
- How will we determine provider eligibility for contracts?
- What will be the specific compliance requirements for contracted providers by service area?
- How can Whatcom County offer wage & early learning subsidies effectively and legally?
- How can funding opportunities be restructured to include the possibility of grants (as opposed to reimbursement-only contracts) when appropriate?
- Where and how will the community be involved in the funding opportunity process? How do we design and implement a funding committee to involve community partners as subject matter experts without impacting their eligibility to receive funds?
- What types and methods of community outreach, coaching, and technical assistance are needed by community partners to remove barriers and ensure funds are available to a wide range of community partners (especially those who do not typically apply for and/or receive funding from Whatcom County)?

Opportunities to Leverage Funds

The Implementation Plan must include opportunities for leveraging the fund and bringing in external resources to the county (Whatcom County, 2022). As fund administrator, WCHCS will work to maximize all funding for this purpose.

For every strategy that is funded, WCHCS commits to researching and reviewing opportunities to meet some or all of these needs through federal, state, philanthropic, or public-private partnership funding. In addition, WCHCS will keep abreast of new and ongoing funding opportunities for early childhood well-being and consider these opportunities when planning for the next two-year cycle.

Please refer to the Portfolio Strategies for descriptions of specific opportunities to leverage funding related to each strategy. More general, overarching opportunities are described below.

Opportunities Within Whatcom County

Whatcom County has existing, long-standing relationships with the City of Bellingham, the local business community, other local governments, and nonprofit organizations. The landscape of funding within Whatcom includes some funds already allocated for supporting early childhood well-being. WCHCS will maximize these potential partnerships whenever possible.

Whatcom County and the City of Bellingham administer other local funding sources with complementary goals to the Healthy Children's Fund, such as the Behavioral Health Sales Tax Fund, funding from the recent National Opioid Settlement, and the City of Bellingham's Housing levy, to provide just a few examples. These funding sources can and in some cases have already supported activities and initiatives to support early childhood well-being. One example is the Nurse-Family Partnership: a free, supportive program for women having their first baby where a nurse visits during pregnancy and until the baby turns two years old. This existing program is funded by the Behavioral Health Fund and Whatcom County General Fund and has had significant positive outcomes. Expansion of the program could be funded by the Healthy Children's Fund, as well as leveraging other funding opportunities used by other local governments with similar programs.

County ARPA funds

Under the direction of Whatcom County Council, Whatcom County has budgeted \$8.1 million of county ARPA funds for the stabilization and expansion of child care. Of this, \$2 million has been allocated for stabilization, \$5 million for large capital projects, and \$500,000 for capital projects for small providers. These programs are in various stages of implementation. Additionally, the City of Bellingham has contributed \$1 million of city ARPA funds towards child care stabilization investments and is leveraging other local, state, and federal resources toward child care capital projects.

ARPA funding is a one-time, short-term influx of dollars from the federal government intended to get communities through a difficult time and return them to a pre-pandemic state. In contrast, the Healthy Children's Fund is a locally-approved investment in children and families intended to mitigate challenges that existed before--but were exacerbated by--the pandemic. Although a greater investment than ever, the HCF still does not have sufficient funding to completely solve the crisis. As fund administrators, WCHSC will use new funding available under the Healthy Children's Fund to complement these resources, providing additional service levels, new programs, and more targeted support for populations historically left behind.

Philanthropic Sources and Public-Private Partnerships

Many philanthropic funders focus on early childhood well-being and can serve as partners in these efforts. Locally, philanthropic partners including Chuckanut Health Foundation, Mt. Baker Foundation, United Way, and the Whatcom Community Foundation have demonstrated a commitment to both early learning & care and supporting vulnerable children. There is an opportunity to work with these philanthropic partners to ensure their investments continue to align with public investments to achieve the community's vision for children and families in Whatcom County. There are also state and national funds that share this focus. Outreach to these organizations should be undertaken to gauge interest in: supporting funding for certain initiatives; participating in a public-private partnership to support projects that require significant investment; and facilitating connections between other entities that may have similar interests.

Access to some larger-scale state and federal funding opportunities is only possible with extensive cross-sector collaboration and partnership. An example is the Shared Service Hub Request for Proposal published by the Washington State Department of Children, Youth & Families (DCYF) in 2021 (Washington State, 2021). Strong collaboration must be developed in advance to take advantage of these types of infrequent but impactful opportunities, and as fund administrators, WCHSC can provide leadership in preparing for these opportunities. (See also Federal and State Opportunities.)

Federal Opportunities

Though significant at the time of this plan, ARPA funding is a one-time investment. WCHCS will consider other federal leverage opportunities for early learning expansion and other services in Year 3 and beyond, such as the preschool development awards through the Elementary and Secondary Education Act and Title IX (NEA, 2020). WCHCS staff will track federal legislation impacting young children and families and consider applications for federal grants meeting the objectives of the Healthy Children's Fund.

State Opportunities

A variety of state funding opportunities should be considered as leverage opportunities. For instance, the Washington State Department of Commerce offers flexible funding around Community Development Block Grants, including a variety of grants that are open to Whatcom County. These grants are an opportunity to build infrastructure that meets both these goals and the goals of the Healthy Children's Fund, particularly infrastructure around early learning & care and other services.

Another opportunity to maximize state funding is Washington State's WorkFirst Program. For instance, if WCHCS employs the strategy of subsidizing early learning & care, WorkFirst offers similar subsidies for low-income families (Economic Services Administration). Maximizing this program for families first will maximize the benefit of both subsidies. Another example would be blending WorkFirst and HCF funding for workforce entry pathway training for early learning & care educators. Another fundamental way to maximize the state funding reaching Whatcom is by simply increasing the number of early learning & care slots available. Increasing early learning & care slots will in turn increase the availability of subsidy funding for low-income children who use those slots.

DCYF offers a variety of other funding in support of early learning & care and supporting vulnerable children. Examples include Early Learning Facilities Development grants (Washington State, "Early Learning") and other one-time DCYF grants on topics like workforce retention, early learning & care stabilization, early childhood equity, and more. WCHCS will look

toward these opportunities, in particular, for capital projects, and will provide outreach services to potential applicants (e.g. child care providers) of these funds.

Match Funding

Revenue maximization is a term used for the process of drawing down federal funding using local funds to substitute for a funder's matching requirements. These types of matching funds are typically offered by state or federal government awards or large national foundations. HCF could provide funding for providers attempting to meet another funder's matching requirements, enabling them to access significantly more funds.

For example, federal child welfare funds are required to be matched by the state. If HCF funding is used to provide the match, these federal funds can be passed through WCHCS to the provider. Grants like Early Learning Facilities grants are only possible with matching funds.

In addition, this type of match funding, provided by HCF, can enable beneficiary organizations to access other programs through the matching funder. Some federal funds may only be available to those organizations that have previously met match requirements.

Note: A guiding principle of the Healthy Children's Fund is a belief that providers must focus on the successful implementation of strategies and programs, rather than additional requirements for fundraising. WCHCS is not advocating for any recipient of funding through the Healthy Children's Fund to be required to match funding.

Supporting Providers

Many of the goals of the Healthy Children's Fund cannot be achieved by the fund alone. Whatcom County providers may take action to apply for funding not only through the Healthy Children's Fund and the sources outlined above but various others not mentioned. WCHCS commits to supporting providers to take action more easily and overcome barriers identified when attempting to access these state and federal funding opportunities. WCHCS will support these efforts with coaching on complying with contracting requirements, streamlining any departmental processes that support these funding opportunities, and sharing any data collected to support proposals.

WCHCS will make reports created for the Healthy Children's Fund available, in hopes that these resources will help make the case for additional investment and advocacy, support the need for funding, and help providers maximize funding from other sources. The research undertaken for the Healthy Children's Fund may include needs assessments, program evaluation, and other analyses that can help providers make the case for their programs and successfully identify and attain any additional funding needed.

Community Partnerships & Engagement

Community engagement is the process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the well-being of those people (CDC, 1997). Community engagement is a fundamental practice of public health and has the potential to advance health equity, promote social connections, strengthen cross-sector partnerships, and build trusting relationships with the communities served.

WCHCS is committed to building strong partnerships and working collaboratively across sectors. Using the HCF ordinance as a guide, the specific community engagement activities and roles are detailed within several sections of this implementation plan, including [Funding Mechanisms](#), [Implementation Planning Process](#), and [Metrics & Evaluation Planning](#). Additionally, WCHCS will build on the goals outlined in the WCHCS Strategic Plan (Whatcom County Health, 2022):

Partner collaboratively to find community-based solutions that advance health and health equity.

Improve communications.

- Provide timely and transparent information so partners can make informed decisions.
- Share information about the HCF outcomes to increase knowledge and awareness.

Increase collaboration.

- Formalize our practice of shared decision-making to ensure diverse community perspectives are incorporated into our plans and practices.
- Develop, implement, and make meaningful progress on community-led plans and planning efforts.

To be successful, methods to engage individuals and organizations beyond those typically engaged will be developed. For example, intentional relationship-building within underserved communities, providing technical assistance and coaching for first-time applicants, ensuring language assistance is available and materials are translated into multiple languages, and partnering with community organizations that already have trusted relationships with community members who could receive funding.

Communication

Effective communication will help the public understand how and why funds are allocated, inform potential awardees of funding opportunities, and let parents/caregivers know what programs are available through Healthy Children's Fund-supported organizations. No single approach can reach everyone, so multiple communication tools will be used to reach the audiences listed below. This section is meant to provide information on the initial communications and outreach for implementing the Healthy Children's Fund. Techniques will be evaluated, modified, and changed as needed to meet the needs of the audiences outlined below to the extent feasible.

Some groups have traditionally faced challenges accessing funding and navigating government systems. This has included in-home care providers, people who lack internet access, rural residents, BIPOC community members, and others. WCHCS's communication and engagement activities for the Healthy Children's Fund will work to engage and get participation from people in these groups. Particular attention will be paid to providing language and translation services as well as relationship-building with potential partners.

Below are the communications tools currently available, and how WCHCS will be using them to communicate with various audiences. These audiences include but are not limited to:

- Community partners,
- Organizations and individuals that may apply for funding,
- Families that would benefit from programs and services, and
- People who live in Whatcom County who are interested in the Healthy Children's Fund.

Healthy Children's Fund Webpage

<https://www.whatcomcounty.us/4069/Healthy-Childrens-Fund>

A dynamic, central hub for information for all stakeholders. Content will be reviewed and updated at least quarterly, and specific information will be updated as needed on a more regular basis. The webpage will include:

- Annual reports and two-year evaluations
- Information on how money is allocated and how funding decisions were made
- A place for community members to ask questions or provide feedback at any time
- Calendar of events that would include things like educational opportunities, funding deadlines, and advisory group meetings
- Signup forms for different types of information

Email Newsletters

Email lists will be set up for community partners and the audiences identified above. Interested individuals and organizations can opt-in to receive targeted communications. Newsletters will be sent on an as-needed basis, not less than once per quarter. Examples of topics that would be included in these newsletters:

- Training opportunities and webinars
- Proposal deadlines
- Surveys and other feedback opportunities
- Publication of annual reports and two-year evaluations

Printed Materials

Newsletters, flyers, and other materials will also be formatted for physical distribution, as not everyone has access to online communications. Which materials are most appropriate for print

and logistics still need to be determined. This includes physical transport, locations, and which organizations would benefit from physical copies.

Social Media

WCHCS utilizes a variety of social media channels to communicate with the public. Currently, this includes Facebook, Instagram, and NextDoor. These channels are meant to reach a broad audience regardless of whether the viewer is a business, community member, parent/caregiver, or other interested parties. One of the benefits of using social media is that it allows partner organizations to share and amplify the message to reach the broadest possible audience.

Examples of social media topics:

- Surveys and other feedback opportunities
- Publication of annual reports and two-year evaluations

News Flashes

Similar to social media, news flashes are a feature of the WCHCS website that will send an email to a general list of people interested in public health news, media outlets, and reporters who have subscribed. News flashes also appear on the WCHCS homepage for people who are not subscribed and who do not use social media. Examples of news flash topics would be the same as those referenced in Social Media.

Metrics and Evaluation Planning

Building strong data collection and rigorous evaluation practices is essential to maintain short and long-term accountability. As the fund administrator, WCHCS will facilitate the evaluation and performance measurement plan development and implementation. WCHCS will work collaboratively with the Child & Family Well-being Task Force and other key stakeholders to design, implement, and report evaluation processes, and will leverage other external resources as needed to ensure successful high-quality and efficient evaluations.

The following overview presents the overarching goals, approaches, principles, and framework that will guide the evaluation and performance measurement of the Healthy Children's Fund. As programs and services are selected in 2023 and beyond, the metrics and evaluation framework will be further refined. A more detailed and operational Evaluation and Performance Measurement Plan will be completed by December 2023 and submitted to the Whatcom County Council, with updates as needed thereafter. These updates will also be provided as part of the Healthy Children's Fund Annual Report, delivered by the Child & Family Well-being Task Force.

Evaluation Timelines

The Healthy Children's Fund ordinance states, "Every other year, a qualified independent auditor shall conduct a performance audit of the Healthy Children's Fund."

Transparent and thorough evaluation is a critical component of the Healthy Children's Fund. Results for the initial two-year evaluation will be influenced by the startup period and will focus primarily on administrative processes and initially-funded programs. Subsequent evaluations will encompass a broader array of HCF programming.

Metrics

To measure how well children and families are thriving in Whatcom County, quantitative and qualitative data will be used to help identify our communities' strengths and assets to address community-identified gaps and needs. The data will guide the implementation of the Healthy Children's Fund and provide an understanding of where disparities in health and well-being exist and where additional support and resources are needed.

Results-Based Accountability

The [Results-Based Accountability \(RBA\)](#) framework and methodology were used during the implementation planning process, especially to define metrics and develop the evaluation plan. RBA is a national model and provides a disciplined, data-driven decision-making process to help communities and organizations take action to solve complex problems (Clear Impact, 2022). RBA makes a distinction between **population accountability** through population indicators which assess the well-being of a whole population, and **performance accountability** through performance measures, which assess the well-being of the clients directly served by programs. This framework will be used for all HCF metric reporting and evaluation processes.

Population Accountability

To measure and monitor overall progress towards the overarching goal of early childhood well-being, we will track and report estimated changes in two population-level measures:

- Kindergarten Readiness, all Whatcom children, race & ethnicity, gender, & income
- Child Abuse and Neglect, Whatcom children ages 0-17

Kindergarten readiness data, disaggregated by subpopulations, is an important indicator of community progress toward the kind of conditions that promote child and family well-being, as well as a revealing gauge of inequities. "Kindergarten Readiness" refers to data collected by the Washington State Office of Superintendent of Public Instruction (OSPI). All public schools and some tribal nation schools use a process called the Washington Kindergarten Inventory of Developing Skills (WaKIDS). WaKIDS measures developmental skills on a strengths-based continuum in six domains: Social-Emotional, Physical, Cognitive, Language, Literacy, and Math.

Kindergarten readiness is the most widely used data point in Washington State to understand what experiences a child may have before they enter kindergarten. It is used to inform how best to support their transition between early learning or home into the classroom. It is recognized that children are always ready for kindergarten; this measure is about the readiness of the system and adults to serve each child where they are.

"Child Abuse and Neglect" refers to children identified as victims in reports to Child Protective Services that were accepted for further action per 1,000 children (age birth-17). A 'referral' is a report of suspected child abuse that may have multiple listed victims. Mandated reporters, such as doctors, nurses, psychologists, pharmacists, teachers, child care providers, and social service counselors, notify Child Protective Services if they suspect a child is in danger of negligent treatment, physical abuse, sexual abuse, or other maltreatment. In addition, other concerned individuals may report suspected child abuse cases. If the information provided meets the sufficiency screen, the referral is accepted for further action.

It is important to note that the Healthy Children's Fund is just one initiative that will contribute to improving population-level change, along with other sectors, funders, and partners in the community. For example, the indicator of increasing kindergarten readiness depends on the combined work of Healthy Children's Fund programs along with many others: other local, state, and federal agencies, other local initiatives, and community-based organizations working together in alignment

All data have limitations that should be considered when interpreting and using data analysis. See [Appendix V](#) for data notes and limitations for the measures of kindergarten readiness and child maltreatment.

Headline and secondary indicators (population-level) will be used to measure and quantify results within the HCF's two priority areas: early learning and care and supporting vulnerable children.

- **Headline indicators** are aspirational, long-term population-level indicators that allow administrators to examine trends and patterns of change for the entire Whatcom County population as well as within population groups. Population-based indicators are about a population, for example, children ages 0-5 in Whatcom County. We will also track secondary indicators, which will further inform our understanding of population-level changes.
- **Secondary indicators** are supporting indicators that describe the status of children and families in Whatcom County and are often used as intermediary data to understand the steps needed to achieve headline indicators. Headline and secondary population-level indicators will be used to align partners and HCF investment strategies, guide program design, and maximize the potential for achieving HCF results.

Through the RBA framework, the Implementation Plan team consulted with the Child and Family Well-being Task Force, the Ordinance writing group, Healthy Whatcom, and the Whatcom County Child Care Coalition to develop and select headline and secondary indicators. Headline and secondary indicators were defined for each focus area of early learning & care (affordable, accessible, high-quality, and professional) and supporting vulnerable children (mental and behavioral health, homelessness, and supporting parents).

Indicators were selected based on the following criteria:

- **The availability of reliable data.** Are high-quality data available on a timely basis? Are they reliable by geography, race, ethnicity, or socioeconomic status?
- **How easily the indicator can be understood and effectively communicated.** Is this indicator easy to understand? Is it compelling?
- **If the indicator says something of central importance about the result?** Or if it is peripheral? If the indicator moves in one direction, do others follow?
- **Whether or not the indicator is a population-level measure.** Is it about a population (for example, children in Whatcom County) or only about individuals directly served by programs?

Headline and secondary indicators will be reported annually or as data is available and are subject to change over the life of the levy. Data will be shown over time and disaggregated as appropriate (e.g., by age, race/ethnicity, geography, socioeconomic status, and gender, where data are available). Disaggregation is critical in assuring partners are aligned and investments are prioritized to maximize the potential for eliminating inequities.

To fully understand the impact of the Healthy Children's Fund on parents and caregivers, regular assessments of the needs, barriers, and challenges to getting care and services will be conducted. Local assessments will provide the opportunity to collect quantitative and qualitative data to investigate progress toward the fund's desired results and create an avenue for parents to give feedback and input on services and programs. The methodology will ensure that the design and implementation processes will respond to culturally different values and perspectives and capture diverse voices.

It is important to note that useful and meaningful data at the local level is limited and that collecting and managing reliable, valid, and replicable population-level data is resource-intensive. If an identified and prioritized indicator is not currently being collected, it was placed on the data development agenda (DDA). WCHCS will determine the feasibility, timing, and resources needed to collect the necessary data and prioritize accordingly. When possible, WCHCS will leverage the methodology implemented by past relevant studies (i.e., Child Care Demand Study) and will work with state-level agencies to improve the completeness of current data sources. See [Appendix VI](#) for the headline and secondary indicators selected for each focus area. As strategies evolve over the levy's life, some of these metrics will need to change. [Appendix VII](#) describes the population health data sources for both the headline and secondary indicators.

Throughout the levy, innovative strategies will be implemented that demonstrate results that further inform the field of early learning & care, increase the evidence base, and demonstrate impact on outcomes for low-income and vulnerable children. WCHCS will report headline indicators on the number of innovative solutions that demonstrate valid results which further inform either

- the field of early learning and care

- approaches or practices that impact the disparities experienced among low-income and vulnerable children

In addition to the data development agenda indicators WCHCS will investigate ways to retrieve additional population-level indicators that can further inform the community's needs and assess the impact of the HCF. Some of the topic areas include:

- Perinatal mental health
- Behavioral and mental health provider service delivery constraints
- Availability of mixed-delivery systems
- Sustainability of child care programs
- Rates of homelessness for children 0-4

Performance Accountability

Performance measurement refers to the ongoing monitoring and reporting of program accomplishments, particularly progress toward pre-established goals. The impact of HCF strategies on children and families directly served by programs will be measured using performance measures. Performance measures that will be collected and reported by a funded program or agency will include the impact on the intended recipients and will include both quantitative and qualitative data. These reporting mechanisms will offer another opportunity for parents and caregivers to provide both quantitative and qualitative input and feedback on their needs being met and satisfaction with the received program or service. Performance data will be collected by the program or agency once the HCF contracts are implemented. WCHCS will collect and report performance measures on the programs or services we directly implement.

To ensure that the HCF's activities contribute to population-level change, programs must align with the headline and secondary indicators, and overarching results. Requests for Proposals will require organizations to be responsive to the headline and secondary indicators. RBA also sets a framework for community involvement and partnership, identifying where we are now and determining what strategies we will use to make the changes we are seeking. HCF's framework for evaluation includes looking at population-level change as well as the impact on individuals and families directly served by our programs.

Evaluation Planning

Goals and Approach

The evaluation of HCF strategies and programs should demonstrate that public funds are being invested wisely and that funded strategies are making progress toward HCF results and advancing equity across Whatcom County. It is also essential that through HCF strategies, Whatcom County is nurturing innovation and contributing to an evidence base that will equip the County and its partners to do better over time in producing results for Whatcom County children and families.

Using evaluation and performance measurement, WCHCS will seek to answer one overarching question: *To what extent has the Healthy Children's Fund improved the health and well-being and advanced equity for young children and their families in Whatcom County?*

The primary goals of evaluation and performance measurement will be to inform strategic learning and accountability (Global Family, 2022).

- **Strategic learning** is the need for real-time data to inform ongoing work and to understand which strategies are effective and why. This can inform course corrections, document learning opportunities, and improve how programs are conducted.

- **Accountability** is the need to hold entities responsible for the activities they were given funding to do and to determine if a credible case can be made that the work contributed to HCF results. This is different from evaluations designed to prove definitive causality, which may be planned for a subset of strategies.

Data and evaluation processes will strive to align performance measures across related HCF strategies and to facilitate comparisons across similar types of programs and services. WCHCS will also seek to identify learning opportunities and unintended consequences of HCF activities, both positive and negative.

The following outlines our overall approach to evaluation and performance measurement:

- Measuring the performance of projects and evaluating the effects of the HCF is important to produce the best results, learn and innovate based on experience, and ensure the most effective use of public funds.
- Encompass a range of evaluation and measurement techniques, prioritize evaluation resources to have the largest impact, and leverage other resources and evidence where possible.
- Ensure evaluation and performance measurement of the HCF adhere to the highest professional standards of the evaluation and scientific fields.
- Produce timely and clear communication of results – inclusive of both achievements and failures – to increase accountability and build and sustain public trust.

Evaluation Principles and Advancing Equity

The evaluation will use guiding principles drawn from the [American Evaluation Association](#):

- Systematic inquiry: Conduct systematic, data-based inquiries.
- Integrity: Display honesty and integrity in the evaluation process.
- Respect for people: Respect the security, dignity, time, capacity, and interests of participants and stakeholders.
- Cultural competence: Recognize and respond to culturally-different values and perspectives to produce work that is honest, accurate, respectful, and valid.

Furthermore, evaluation will be guided by the foundational principles embedded in the work of the Child & Family Well-being Task Force: advancing equity, with specific attention to racial equity; engaging families in the work; and using results-based approaches.

Evaluation and performance measurement will examine to what extent and in what ways HCF is advancing equity in Whatcom County. Data gathered through evaluation and performance measurement will support our collective knowledge as we disaggregate population-level indicators and performance measures by race, ethnicity, geography, socioeconomic status, and gender, as available. The evaluation processes will support grantees' gathering of narrative reports on improvements made to better serve diverse communities, as well as gathering feedback from those served about how services incorporate equity goals.

The evaluation process will:

- Disaggregate population-level indicators and performance measures as available
- Ensure community and program narratives are collected and shared back with opportunity for context and reflection
- Ensure meaningful and respectful engagement with the community
- Seek to present a complete data story of both strengths as well as disparities
- Ensure evaluation processes and results are accessible (i.e., translation)

Evaluation and Performance Measurement Plan

The Healthy Children's Fund Evaluation and Performance Measurement Plan that will be completed in December 2023, will specify performance measures and qualitative methods after the specific program or service investments have been defined. Using the Results-Based Accountability (RBA) framework, the evaluation plan will draw from both qualitative and quantitative methods. As appropriate, the evaluation may include case study, cross-sectional, pre-post, and/or quasi-experimental designs. Using a participatory approach (Krieger, 2002), the WCHCS Health Information & Assessment Team (HIA) will work closely with county leadership, staff, external evaluators, the Child and Family Well-Being Task Force, and other relevant advisory bodies and subject matter experts to optimize performance monitoring and evaluation. For example, we will:

- Prioritize evaluation questions within allocated resources
- Develop logic models, indicators, performance measures, and/or data collection protocols
- Review findings
- Develop dissemination materials and reports

WCHCS will facilitate the evaluation and performance measurement plan development and implementation in collaboration with the Child & Family Well-being Task Force, external evaluators and other key community stakeholders. WCHCS will be responsible for ensuring the collection and management of quantitative and qualitative program performance metrics and the retrieval and reporting of the population outcome, headline, and secondary indicators. WCHCS will provide technical assistance and support to HCF community partners on data collection, management, reporting, evaluation, and quality improvement processes at the program level.

As outlined in the Healthy Children's Fund ordinance 2022-045, reimbursements to the County for administrative costs, evaluation, and overhead shall be limited to nine percent of levy proceeds, with up to three percent used for auditing and evaluation. Evaluation processes, including investment in data collection activities, will be designed and developed based on the annual allowable and allocated funding and are prioritized expenses within the Administrative budget in years one and two.

Evaluation Levels

The HCF evaluation is conceptualized to answer process and impact questions at four levels. Within these four levels, different types of evaluation may be applied. Examples of questions include:

- Population Level: What was the combined impact of HCF investments on population-level indicators of health and well-being? Did HCF contribute toward equity at the population level? What improvements in services, systems, and social and physical environments did HCF investments contribute to? What were the lessons learned about barriers and contributors to success?
- Strategy Level: What improvements in health and well-being were experienced by relevant populations or individuals served within a strategy area? What improvements were made in relevant services, systems, and environments?
- Program Level: What improvements in health and well-being did individuals experience? What improvements were made in how well and how many clients were served?
- Process Level: How effectively is the Whatcom County government administering the Healthy Children's Fund? What internal processes did the County implement to ensure

transparency and accountability of itself and fund partners? To what extent are the county contracting processes clear, standardized, and timely?

For more information, see [Appendix VIII. Evaluation Types and Influencing Factors](#).

Population-Level Evaluation. Population-level analyses will use quantitative and qualitative data to evaluate the effectiveness of the fund as a unified whole and allow all HCF stakeholders to understand how/if levy investments are positively impacting HCF results:

- Increase in kindergarten readiness for all children
- Reduction in the disparities experienced between sub-populations in kindergarten readiness
- Decrease in child maltreatment

WCHCS will contract with an external evaluator every two years who will consult with the CFWBTF on the development and publication of the evaluation. The evaluation will include feedback from stakeholders, HCF recipients, and providers and include recommendations for improvements.

Strategy-Level Evaluation. Following the population-level approach, each strategy area will have established headline and secondary population-level indicators to monitor and assess the impact of funded strategies. Headline indicators are aspirational, long-term indicators that quantify HCF's overarching results. Through the RBA framework, we will define how HCF will contribute to improving headline indicators.

Tracking headline and secondary population-level indicators at regular intervals will allow the HCF administrators to examine trends and patterns of change for the entire Whatcom County population as well as population groups. This population-level data gathering will help to guide and inform HCF investments and program design. Qualitative evaluation methods will be used to provide complementary information to help gain an in-depth understanding of the impacts on and results in specific communities. Local data collection and assessments will provide an opportunity for families, caregivers, and service providers to give input, feedback, and information regarding ongoing challenges and barriers to receiving and providing care. Within the strategy areas, WCHCS will leverage external evaluators to assess the overall impact within focus areas (i.e. early learning & care affordability, accessibility, child homelessness, etc.).

Program-Level Evaluation. Program-level evaluation will be conducted by tracking performance measures that are specific to HCF-funded programs and activities. Performance measurement refers to the ongoing monitoring and reporting of program accomplishments, particularly progress toward pre-established goals. Performance measures are collected routinely, are used to summarize how a program is being implemented, and are responsive and adaptive as the program evolves (Tatian, 2016). Tracking performance measures allows the County to measure what the HCF programs accomplish and how the programs impact the children, families, and communities who are directly served. For example, performance measures will allow for tracking and reporting of how many early learning and care slots were created, and the cost of each slot by fund allocation. At a minimum, each program will have a performance measure in each of the following three domains:

- **How much was done?** Tracks numbers such as people served, or staff trained.
- **How well was it done?** Tracks the rate of how well a service was provided, such as improved access, timeliness, or appropriateness of service.
- **Is anyone better off?** Tracks how much change was produced and the quality of change, such as improved health and well-being.

Performance measures will inform continuous quality improvement efforts throughout the life of the HCF levy and will be:

- Determined in the development of requests for proposals (RFPs), or specific project-level funding approaches
- Identified and developed for each program
- Incorporated within contracts
- Reviewed on a pre-determined and regular basis over the life of the levy.

Performance measures will vary across programs, duration of services, type of activity, and duration of funding and likely be a combination of quantitative and qualitative data, including participant satisfaction and feedback. Contractors will regularly report performance measures as appropriate to the program or service. WCHCS recognizes the complexity and potential challenges with new data collection and reporting processes. While drafted performance measures will be identified in RFPs, program performance measures will be finalized in partnership with the funded organizations. When possible, performance data will be reported through existing data collection systems to avoid duplication in efforts. WCHCS will aim to not add undue burden to grantees who may be reporting similar performance metrics to other funders, and we will ensure performance measures are meaningful to grantees. Where feasible, WCHCS will align reported performance measures across HCF activities and other community programs, initiatives, and funders. Performance measures will also be established for programmatic activities directly conducted by the WCHCS.

Process Evaluation. The Healthy Children’s Fund is designed to improve early childhood learning and vulnerable family outcomes by being innovative and making investments in strategies focused on child and family-centered prevention efforts. To meet the demand for the services outlined in the implementation plan, the Whatcom County government will need to work with a variety of licensed operators, including early learning centers of all sizes, preschools, licensed-family homes, nature-based programs, and many others. Some of these programs will have little or no experience contracting with the government, and it will be important to reduce barriers and administrative burdens related to contract management and compliance so that resources are spent providing quality programming for children and families.

To ensure the Whatcom County Government identifies and removes barriers by improving internal systems, the Whatcom County Executive’s Office, with consultation from the Child & Family Well-being Task Force, will retain an external government audit organization for a multi-year contract. A key component of the external audit will be to analyze the effectiveness of fund administration on the success of the Healthy Children’s Fund and identify areas for improvement and development, especially in the early years of implementation.

The audit will include, but not be limited to:

- The funding opportunity development process, including stakeholder and internal review
- Execution of fund priorities, including average time from the finalization of funding opportunities to the advertisement, review, selection, and finalization of contracts
- Extent to which the application and contracting processes are clearly articulated and accessible for a diverse applicant pool
- Contractor experience with county processes and timelines, based on contractor feedback
- Extent to which the process identifies and reduces barriers to entry for a diverse applicant pool, including small entities, and non-native speakers

- Provision of technical support for submitting funding proposals, contracting, financial, and reporting support available for providers and individuals new to government process to successfully navigate these processes
- Contracting follows innovative methods within the parameters of the County's legal and financial codes and policies to support individuals and organizations
- Ease for contractor in initial new contractor reimbursement set-up process
- Invoicing process, including standardization and streamlining for contractors
- County payment timeliness to contractors upon receipt of correct and complete invoices
- Recommendations for improvement and a review of progress on previous recommendations

Evaluation Timelines

HCF strategies and programs will begin at different times and reach their respective conclusions on different schedules. Strategy and program-level evaluations will occur after two years of implementation have been completed. WCHCS recognizes the complexity of incorporating new data reporting and evaluation processes and will work with each funded organization on reporting timelines. Some data may be readily available, and system upgrades or changes will sometimes be needed before access and reporting. When possible, data already being collected through existing data collection systems will be used. Evaluation timelines will accommodate these factors:

- When the program started, or when funds became effective
- Time needed until each indicator can be measured
- Point at which a sufficient number of individuals have reached the outcome to generate a statistically reliable result
- When indicator data will be available
- When baseline data will be available if needed
- Time and budget needed for data collection, analyses, and interpretation of qualitative data
- Contractual requirements for reporting process and results from data

Engagement with Key Stakeholders

WCHCS has developed this plan by working closely with other stakeholders to support the HCF implementation through the best available science and data, establishing baseline data, and coordinating with other initiatives in Whatcom County. The following stakeholder perspectives have been and will continue to be essential to evaluation and performance measurement development and implementation:

- Whatcom County Council
- Public Health Advisory Board
- Child and Family Well-being Task Force
- Healthy Whatcom
- Generations Forward
- Perinatal Mental Health Task Force
- Child Care Coalition
- Whatcom Early Learning Alliance
- Whatcom Taking Action
- Local Prevention Coalitions

Throughout the levy, additional stakeholders will be engaged, as needed and appropriate.

Transparency in Reporting and Dissemination of Products

WCHCS is committed to ensuring accessibility, understanding, and engagement in the HCF's evaluation and performance measurement activities. Data and reports on population-level indicators, performance measures, and evaluation findings will be timely and readily accessible. Publication of these products will be based on data collection processes, availability, and systems development and will, at minimum, be on the HCF website. Below are examples of the data products and reports WCHCS will generate.

Annual Health Children's Fund Report. HCF Annual Reports will provide data on the performance of levy-funded activities, including progress toward meeting overall levy goals and strategies, headline indicator measurements, performance measures, lessons learned, and strategies for continuous improvement. The Task Force, with the support of the WCHCS, will write and deliver the annual report to the public and the County Council.

HCF Annual Reports will also include:

- Any updated performance measure targets for the following year of HCF programs with information on the reason for any substantive changes
- Recommendations on program and/or process changes to funded programs or strategies based on the measurement and evaluation data or any other eventuality resulting in the need for substantive changes
- Any recommended revisions to the HCF Evaluation and Performance Measurement Plan
- Recommended performance measures and performance measurement targets for each HCF strategy, as well as any new strategies that are established

Dashboards. WCHCS HIA Team will develop dashboards that reflect key indicators of population results that communicate results quickly and visually. These dashboards will be web-based and accessible to stakeholders, the community, and the public. Indicators will be disaggregated by age, race, ethnicity, geography, socioeconomic status, gender, and other key demographic characteristics, where data are available. The data will be made available based on the data source and collection methods; therefore, reporting will vary in frequency (i.e., quarterly, annually, etc.)

Other Products. WCHCS staff will work with community partners to identify meaningful products for stakeholders, such as success stories and program reports. These may describe the strategy, stakeholders' roles, reach, impact, critical incidents, key decision points, and lessons learned. These types of products will allow for the reporting of more short-term or immediate impacts or successes. Ad hoc products such as infographics and technical assistance related to data or evaluation findings for stakeholder presentations will also be considered.

Examples of the items that will be included in the full evaluation plan:

- The processes for collaboration on evaluation between the CFWBTF, external evaluators, and the WCHCS
- The specific data systems and process for collecting, analyzing, and reporting performance and population-level data
- A data development agenda prioritization plan
- Frequency in reporting population-level indicators and performance measures
- Types of technical assistance WCHCS will provide to HCF partners on data collection, analysis, and evaluation and quality improvement

Next Steps and Conclusion

The Healthy Children's Fund offers a rare opportunity to make targeted, science-based investments that support our youngest residents, which will ultimately benefit our workforce and economy, our social service and criminal justice systems, and the very fabric of our community. As the Fund Administrator, WCHCS recognizes both the generosity of voters to support children and families, and their explicit expectation that the programs and services supported by the fund be effective. Our sincere goal is that children and families will greatly benefit from the impactful and sustained investments proposed in this plan, and that our community will be changed for the better because of the foresight and commitment by voters to improve every child's first years.

Strategies for funding in both Early Learning & Care and Supporting Vulnerable Children are at different readiness levels for implementation; some are at the early stages of planning, some have plans in place but have not been implemented, and some expand and enhance existing programs and services that meet the goals of the Healthy Children's Fund. Some strategies, such as housing support for vulnerable children, will be relatively easy to implement using existing County staff and processes; others, such as childcare subsidies, will require the design of completely new programs and the development of entirely new processes for the County. In recognition of this, implementation will be phased, focusing the first funding opportunities on those strategies most ready to implement, in alignment with the spending plan.

To effectively administer the fund and achieve the priorities under this plan, Whatcom County will need to hire new staff, work with the community to develop provider capacity, and commit considerable effort to designing programs that meet the goals of this plan while complying with federal, state, and local laws and regulations. We anticipate that a significant amount of time and energy in years 1 & 2 will be spent evaluating current processes for effectiveness while building the infrastructure and systems necessary to effectively deliver on the promises of the Healthy Children's Fund in subsequent years.

Upon the approval of this implementation plan for years 1 & 2, an Implementation Team will form to ensure the questions outlined in this document are answered and implementation is effective. The team will be composed of staff from county government working alongside representatives from advisory bodies such as the Child & Family Well-being Task Force, Healthy Whatcom, and subject matter experts, including those with lived experience and those impacted by the decisions and processes of the Healthy Children's Fund. The Implementation Team will be responsible for:

- Developing a phased funding approach including:
 - assessing readiness and prioritizing amongst the approved strategies which funding opportunities to launch first,
 - conducting research on program design, and
 - drafting funding opportunities as strategies are ready to move forward with the expectation they will be released throughout 2024.
- Building strong relationships with new and current community partners, especially those within underserved areas and populations in Whatcom County.
- Finalizing and implementing the process and performance evaluation plan for the Healthy Children's Fund. Since funding opportunities will begin being advertised in Fall 2023, we anticipate the first round of contracts to be executed in 2024. Given this timeline, the initial two-year evaluation will primarily review the startup period and will

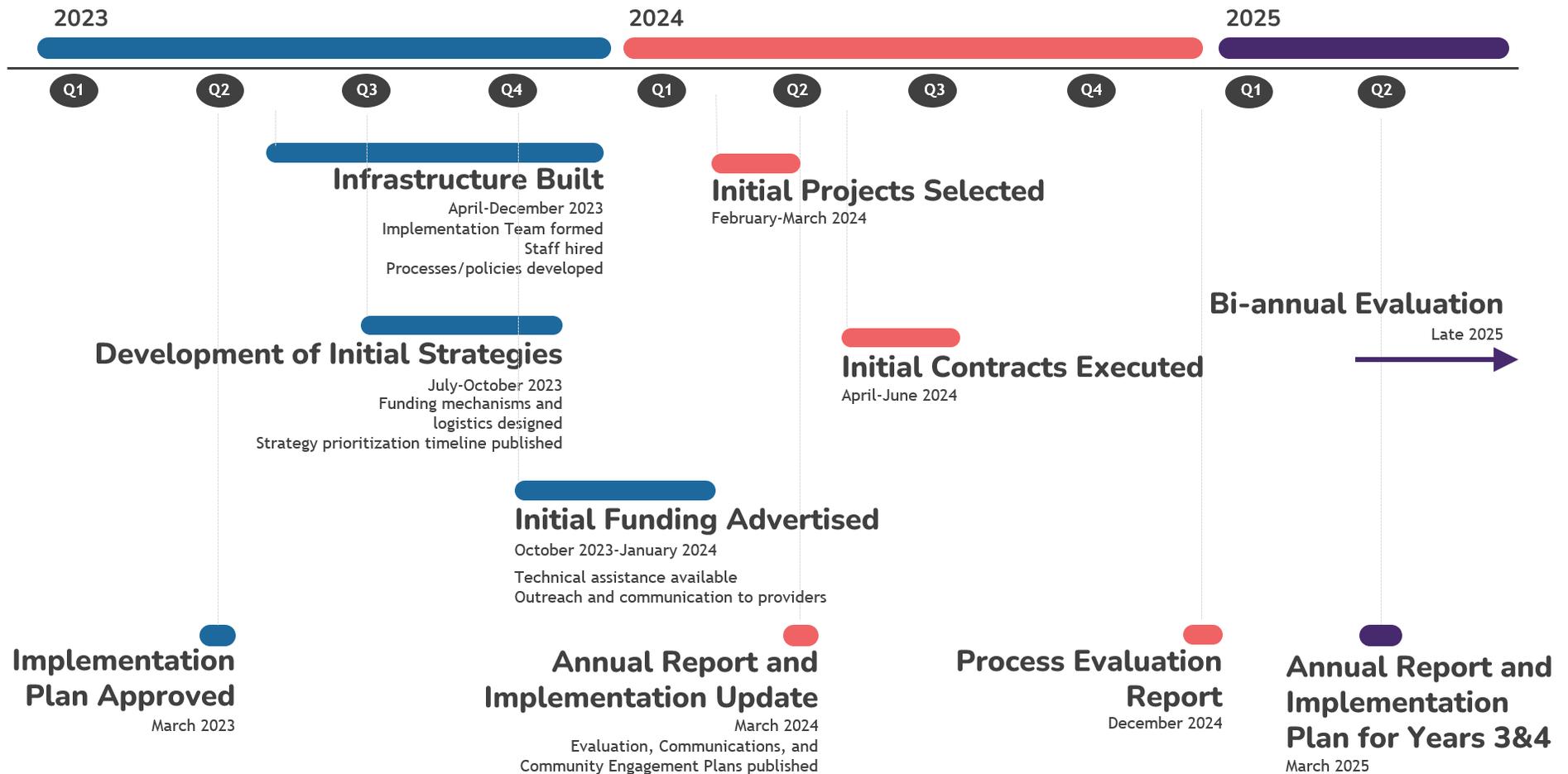
focus primarily on administrative processes and initially-funded programs. Subsequent evaluations will encompass a broader array of HCF programming.

Beginning in March 2024, the Child & Family Well-being Task Force, with support from WCHCS as fund administrator, will submit an Annual Report to the public and Whatcom County Council on progress made toward the Healthy Children's Fund goals, outcomes, and metrics. At that time, the Implementation Team will also provide updates on the evaluation, communication, and community engagement plans.

Updates will be made to the Implementation Plan every two years and will reflect allocation adjustments based on information provided in the biennial evaluations, recommendations from the Child & Family Well-being Task Force, emergent community needs, and changes in state and federal funding availability. Evaluation will be ongoing but will be published every two years, informing planning for the following two years.

In recognition of this phased approach, WCHCS has developed a draft project timeline for 2023-2024, available on the next page. As this is a completely new initiative, dates are subject to change based on several factors, including the ability to hire staff to complete Healthy Children's Fund objectives.

Healthy Children’s Fund: Expected Timeline*



* This timeline offers a sequence and expected dates for initial strategies: those that are most ready to implement. Subsequent strategies will roll out as the necessary internal infrastructure and external capacity of potential funding recipients is built. All dates are based on current understanding and may shift as new information emerges and circumstances change.

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Appendices

Appendix I. Community Plans

Community Research & Assessments

- [Bringing the 'Help Me Grow' Framework to Whatcom County \(2022\)](#)
- [Whatcom County Child Care Assessment: EcoNorthwest \(2022\)](#)
- [Permanent Solutions to Child Care Affordability in Whatcom \(2021\)](#)
- [Child Care Demand Study \(2021\)](#)
- [Whatcom Early Learning Alliance's: Family Needs Survey \(2021\)](#)
- [Fiscal Map for Licensed Child Care in Whatcom County \(2021\)](#)
- [COVID-19 Community Health Impact Assessment \(2021\)](#)
- [Newborn Home Visiting Pilot Program \(2019\)](#)
- [Community Health Assessment \(2018 \)](#)

Community Plans & Reports

- [Whatcom County's Community Health Improvement Plan \(2022\)](#)
- [Child and Family Well-being Task Force Phase II Report \(2022\)](#)
- [Child and Family Action Plan \(2020\)](#)
- [Whatcom County's Strategic Plan to End Homelessness \(2019\)](#)

Appendix II. Advisory Group Feedback Themes

| # of comments | Themes | Summary Descriptions of Feedback | Response <i>Note: Implementation Plan is abbreviated as IP. WCHCS is Whatcom County Health and Community Services, formerly the Whatcom County Health Department</i> |
|---------------|--|--|---|
| 137 | Evaluation/Metrics | | |
| 43 | Evaluation of Fund Administration | | |
| | Themes | Without external evaluation of fund administration and finances, county is not being held accountable for its role/actions. | A section was added to the Implementation Plan (IP) describing the process evaluation of fund administration, conducted by an external, independent auditor. Expanded the population-level evaluation section to explain the use of the external evaluator every 2 years to measure the overall performance of the Healthy Children's Fund. Also stated in the program evaluation section that performance measures will also be established for programmatic activities funded by the Healthy Children's Fund to measure progress toward outcomes. |
| | | Ordinance clearly calls for an external evaluator. How will that be addressed in this plan? | |
| | | Citizens' distrust of government was intended to be offset by an external evaluator. | |
| | | Need to evaluate the length of time from application to fund distribution. | |
| | Requested Solutions | Fully fund external evaluator, up to \$300k. | |
| | | Commit to at least a 2-4 year contract with external evaluator. | |
| | | Make sure RFP for external evaluator is competitive. | |
| 23 | Repeated request for specific measures: | | |
| | | # of child care slots created | Early learning slots and cost per slot will be tracked. IP updated to make that more clear that it will be captured overall and by geography and focus area. |
| | | cost per child care slot created | |
| | | K-readiness by race | More information about the availability of local data was added to the IP, and the prioritization of data that WCHCS will collect themselves. Whenever possible, data by race, income, and geography will be shared. |
| | 9 | parent/family satisfaction/feedback | Parent satisfaction will be collected as a part of several secondary indicators; IP edited to make this more clear. |
| 15 | * K-Readiness | | |
| | Themes: | What is the definition of Kindergarten readiness? | Updated the Implementation Plan (IP) to include details on K-readiness: what it is, what it is not, and why it is being used. Also added an appendix about the limitations of the available data. |
| | | Concern about using "kindergarten readiness" as a measure. | |
| | | Disaggregated by race | |
| | Solutions: | At the very least, a recommendation is to change language. Rather than referring to kindergarten readiness which is ambiguous and for which there is no universally accepted measure, let's talk about helping children meet widely held developmental expectations that will help to ensure a successful kindergarten experience. | |

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| | | update language re: k-readiness to show challenges within that data point. | |
| | | Suggestion to change terminology from "all children ready for kindergarten" to something like "all children performing at a level appropriate to their development" | |
| Other Evaluation | | | |
| 9 | Request for clarity around community involvement (majority re: Child and Family Well-Being Task Force) in evaluation plan | | A section on community engagement was added to the Evaluation section to clarify how advisory groups and other community entities would be engaged. |
| 5 | Request to compile/share stories/qualitative data about impact | | Under "Advancing Equity", included that the evaluation process will: Ensure community and program narratives are collected and shared back with opportunity for context and reflection. |
| 5 | Requests around communication of evaluation (website, reporting, etc.) | | Added: The data will be made available based on the data source and collection methods, therefore reporting will vary in frequency (i.e., quarterly, annually, etc.) to both transparency in findings and reporting and dissemination products. Also added a Communications section to the IP to describe the different methods we will use to share progress. |
| 4 | Request to rewrite evaluation (sometimes the entire plan) to manage expectations better: not much change can be expected on these types of systemic issues in two years. | | Language was added under external factors impacting evaluation, recognizing that it will likely take several years to demonstrate an impact on the HCF overarching population-level results. |
| 4 | Request to increase evaluation budget. | | Evaluation budget was increased to support bi-annual contracting with an external auditor of the fund administration and the HCF overall. |
| 3 | Request to clarify evaluation timeline. | | Added that the effectiveness of the fund as a whole will be evaluated every two years. The evaluation timeline section includes what factors will impact the timeline of any evaluation process. Added a draft timeline to the IP. |
| 3 | Concern and request for clarity on the burden of data collection on recipient organizations. | | Added: Performance measures will be reported by grantees regularly as appropriate to the program or service. WCHCS recognizes the complexity and potential challenges with new data collection and reporting processes. While drafted performance measures may be identified in funding opportunities, program performance measures will be finalized in partnership with funding organizations. When possible performance data will be reported through existing data collection systems to avoid duplication in efforts. |
| 2 | Request for info on how evaluation elevates equity/includes all voices | | Added: To fully understand the impact of the Healthy Children's Fund on parents and caregivers, regular assessments of the needs, barriers, and challenges to getting care and |

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| | | | services will be conducted. Local assessments will provide the opportunity to collect quantitative and qualitative data to investigate progress toward the fund's desired results and create an avenue for parents to give feedback and input on services and programs. The methodology used will ensure the design and implementation processes will respond to culturally-different values and perspectives and be able to capture diverse voices. |
| OTHER/OVERARCHING | | | |
| 22 | Focus on low-income | | |
| | Themes: | Problematic language needs to be addressed, particularly as relates to BIPOC | WCHCS has worked closely with Whatcom County Finance and Legal Departments to identify how to distribute funds effectively and legally and significant updates happened between the draft shared with community advisory groups in January and the draft submitted to Whatcom County Council in February. An equity statement was added, the governmental roles section revised and now includes several other entities, and the explanations for each strategy have become more specific and in many cases more detailed and the focus on low income only remains where it is a key element, such as subsidies for low-income families. Where questions remain about funding mechanisms, those questions have been elevated as being researched over the next year with more specifics to be shared with the next steps for each strategy (for instance if a funding opportunity is released.) Models from other WA entities are being investigated for use as models for Whatcom County. |
| | | Focusing on target populations decreases the impact HCF can have on systems as a whole and all children 0-5. Preference for targeted universalism. | |
| | | Why can other jurisdictions do this? KC/BSK, WA/FSFK | |
| | Solutions | the WCHCS equity statement should be incorporated into the Governmental role section | |
| | | P? - Accepting the limitations of the government; would like to hear " working with legal, finance, community to overcome these limitations" | |
| | | governmental role section feels like it may be missing a lens of how case law/ practice of the interpretation of the Gift of Public Funds may differ than the current thinking here | |
| 18 | Equity | | |
| | | Concerns about equitable access to funds; creating barriers instead of alleviating them | Changes were made to make the steps WCHCS are taking more clear, and this was added to Outstanding Questions so that it is researched thoroughly. A process evaluation should support this as well. |
| | | Specific and more general language concerns and requests to make language more respectful and anti-racist | A member of WREC reviewed the draft and helped update language. |
| | | Request to more explicitly fund/prioritize BIPOC and rural communities. | Criteria to identify strategies explicitly referenced these underserved groups. |
| | | How will assessment be done to make sure the most vulnerable populations are actually being served and supported and in the ways their communities want and need? | Added: To fully understand the impact of the Healthy Children's Fund on parents and caregivers, regular assessments of the needs, barriers, and challenges to getting care and services will be conducted. Local assessments will provide the opportunity to collect quantitative and qualitative data to investigate progress toward the fund's desired results and |

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| | | | create an avenue for parents to give feedback and input on services and programs. The methodology will ensure that the design and implementation processes will respond to culturally different values and perspectives and capture diverse voices. |
| 11 | More detail/too vague | | |
| | | Concerns that strategies/contracting are too vague and don't give enough specifics; request for clear mechanisms | More detail has been added to each Strategy description to make mechanisms more clear when they are known. More specifics have also been added to the Funding Mechanisms section (formerly Contracting) to be as specific and clear as possible. That said, not all details have been determined. Outstanding questions on funding mechanisms have been added where they are known. As the plan is implemented, and effective and legal mechanisms are researched and adopted, more details will be made available and outreach will be done to encourage applying for funds. |
| | | Concerns that too much detail will decrease flexibility and keep providers from participating | Flexibility has been top of mind, and wherever possible, the IP team has tried to provide details while also making it possible for different choices to be made if circumstances or understanding of an issue changes. |
| | | Request to reference in-home care providers, and/or to have "a more grassroots look at providers and more systems level approach to behavioral health programs for children" | Smaller providers are referenced several times, and WCHCS is researching effective and legal ways to ensure as many providers as possible are able to access funding. Some of this research is still underway, but open questions have been added to each section to attempt to capture this. |
| 9 | County | | |
| | | Concern/request for county commitment to improving internal processes | See Evaluation of Fund Administration under Evaluation/Metrics, above. |
| 9 | Credentials | | |
| | | Credentialing requirements don't seem well understood/included in the plan | Details on ECERS and other credentialing were clarified in the Strategy sections. |
| | | Concerns about using ECERS as a measure of care | |
| | | Concerns about a focus/bias for licensed and against legal but unlicensed providers | WCHCS is researching effective and legal ways to ensure as many providers as possible are able to access funding. Some of this research is still underway, but open questions have been added to each section to attempt to capture this. |
| 6 | Admin | | |
| | | Concerns/request for advisory groups to review the administrative budget | All supplementary budget requests will be available for public review and comment. The request specifically related to the IP will be available during public comment periods for the County Council meetings on Feb 21, Mar 7 and Mar 21, 2023. |

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| 6 | Definitions | | |
| | | Word choice: drop mental health counselor | This term has been removed from the IP. |
| | | "Vulnerable children" meant different things to different people" | Because there can be different definitions, the definition of "Vulnerable children" used in the plan is the same definition used in the Ordinance to establish the Healthy Children's Fund. |
| | | What does "mental health" mean here? | Mental health and its importance is discussed within the Support for Vulnerable Children sections. |
| | Other | | |
| 5 | Long-term/Questions | can we name the challenges and the unanswered questions somewhere with an asterisk in the implementation plan. people just want us to name it. | Where applicable, outstanding questions have been added to the IP to more clearly state the work needing to be done as the fund is implemented. A description of a new entity, the Implementation Team was also added to better clarify the work ahead. |
| 3 | Reserves | Concerns about using 25% reserves: council could decrease amount; Concerns that reserves won't be transparent and explained fully each year | Reserves have been clarified so it's clear that carryover is allowed from year-to-year; also an explanation of 2023 as a start-up year that will use only a portion of the funds and hold the remainder in reserve for projects in later years. Reserves and expenditures will be shared openly every year. |
| 43 | Community Engagement | | |
| 17 | Child and Family Well-Being Task Force Role | | |
| | | What is the TF Role in evaluation planning? | A Roles section was added to the IP that includes the Child and Family Well-Being Task Force. The Role section was collaboratively developed with the chairs of the TF and the IP team. |
| | | Request to involve TF in evaluation planning in an operational/visioning way. | |
| | | Request to have TF participate in the development of funding opportunities | |
| | | Use TF as a proxy for parents [Disagreement on this -- see Evaluation] | |
| 11 | Oversight | | |
| | | Add Whatcom Racial Equity Commission (WREC) as an Advisory Group | The WREC was added as an Advisory Group or subject matter experts for Implementation. However, the WREC will be determining their own work prioritization and may choose not to participate. |
| | | Add a section that outlines citizen oversight | A Roles section was added. While County Council holds oversight authority of the HCF Administration, the public is invited to engage with the HCF in a variety of ways, including opportunities for public comment at Council meetings and the Whatcom County HCF webpage. Members of the Implementation Team will be intentionally recruited who have lived experience. During the bi-annual evaluation, qualitative data will be gathered from our most marginalized and disenfranchised communities. The |
| | | Include not just Advisory Groups; invite in entire community | |
| | | how are you making sure to hear from our most marginalized/disenfranchised populations? | |

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| | | | Implementation Team will continue to refine community engagement over time. |
| 17 | Outreach/Systemic/Community Engagement & Accountability | | |
| | | Requests for outreach to smaller providers to increase participation/identify barriers | Details on the plan for technical assistance and coaching were added to the Funding Mechanisms section, and Community Engagement and Communications sections were added to the IP. |
| | | Requests for technical and other support for applicants | |
| | | Request for outreach to communicate and engage potential fundees and partners | WCHCS agrees that community outreach, capacity-building and organizing will be needed. This need was addressed in several sections, including Funding Mechanisms, Community Engagement, and Communications sections. |
| | | Concerns there isn't capacity in community to implement, even with funding. | |
| | | Who will get the system/network/field engaged and aware of these strategies? | |
| | | Policy work that needs to be done to make structural and systemic changes to make systems transformation a reality | |
| | | Concern that there aren't providers/organizations ready to engage/apply | |
| | | Request for a communications plan for transparency | A communications section was added. |
| 3 | Community accountability | | |
| | | Consider how to clearly state the accountability and role of community organizations and others outside of WCHCS | A Roles section was added to the IP. |
| 3 | Equity | | |
| | | how are we intentionally avoiding "rubber stamping" by a few individuals? | Members of the Implementation Team and the CFWBTF will have lived experience, and during the bi-annual evaluation qualitative data will be gathered from our most marginalized and disenfranchised communities. The Implementation Team will continue to refine community engagement over time. |
| | | Clarify accountability to community with lived experience and most in need...governance structures | |
| | | how community and programs narratives are shared back to community (p.47) | Under "Advancing Equity", included that the evaluation process will: Ensure community and program narratives are collected and shared back with opportunity for context and reflection. |
| 3 | Transparency | | |
| | | Request to share decisions/steps ongoing, as they happen, step-by-step. | A Communications section was added, to clearly share plans for sharing info and progress. |
| | Contracting Process | | |
| 12 | Timeline/Responsible | | |

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| | | Who will be the group/people who will be implementing this/making decisions? | More details were shared on the Implementation Team, the group that will develop the processes associated with the HCF. The team will include representatives from Whatcom County government and community representatives with subject matter expertise. In addition to other tasks, they will develop the process to review and evaluate proposals and submit recommendations for funding. An outstanding question was also added on how best to engage subject matter experts in decision-making without making them ineligible for funding applications. |
| | | What will their qualifications be (tech expertise, SME)? | |
| | | Will community members play a role in decisions? | |
| | | Timeline: RFPs open, applications due, decisions, notification, receipts due, reimbursement received? | During 2023-2024, we expect timelines to be longer as staff are hired and processes are built. Timelines will also vary considerably depending on the strategy being addressed and the funding mechanism chosen. Following approval of the Implementation Plan, each strategy will have a more specific project plan built out and launched; at that time, more information will be available on the timeline for each specific strategy. As much detail as possible is included, with open questions added to the Outstanding Questions section within Funding Mechanisms when not known. |
| 8 | Eligibility | | |
| | | Who will be eligible? | WCHCS is researching effective and legal ways to ensure as many different types of providers as possible are able to access funding, while also ensuring quality and safety. Some of this research is still underway, but as many details as possible have been added to the Funding Mechanisms section about eligibility, as well as Outstanding Questions to answer in 2023 and beyond. |
| | | Will providers have to be licensed? Will family CCs be eligible? | |
| | | What are the requirements for refunding? OK to say this will need to be answered later | |
| 8 | Competitive | | |
| | | Clarify that RFPs at all tiers will be competitive | Details were added to the Funding Mechanisms section to clarify that proposals at all tiers would need to meet purchasing policies and contracting requirements and would be selected based on adherence to criteria and the best use of available funds. |
| | | Concerns there are already identified entities that will be awarded most of the funds. | |
| 7 | Barriers/Support | | |
| | | Needs to be assessment of whether processes create barriers | Expanded the Technical Assistance and Coaching subsection within the Funding Mechanisms section. The process evaluation will also assess these needs and provide suggested improvements. |
| | | How can support those facing the most challenges? | |
| 4 | Process | | |
| | | Contracts should have data sharing agreements | Any recipient of Healthy Children’s Fund dollars will be expected to work with WCHCS to develop goals using the Results Based |

| | | | |
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| | | | Accountability (RBA) Framework as well as a progress monitoring plan appropriate to the level of funds awarded. WCHCS will use data collection and quality improvement activities to monitor the progression toward meeting community-level goals as well as monitoring expenditures. Focused efforts will be made to align monitoring with reporting already being collected by the contractor for programs such as DCYF licensing, Early Achievers, etc. More details can be found in the Metrics & Evaluation section. WCHCS will also provide coaching for applicants as needed. |
| | | Request for performance-based contracting | Contractors must comply with contracting requirements, and report back on outcomes and progress toward objectives. |
| | | Is there an appeals process? | The county's appeals process was added to the Funding Mechanisms section, which is limited to procedural or legal errors in the selection process. |
| | | Clarify that all contracts, grants will be reimbursements | WCHCS is exploring options for grants, vs. reimbursement-only contracts. This question was added to the Outstanding Questions in Funding Mechanisms for future clarification. |
| 3 | Criteria | | |
| | | Request for more specific criteria for awarding applications | The high-level criteria that will be used was added to the Funding Mechanisms section. More specific criteria will depend on the strategy being implemented, the funding mechanism, and other factors. |
| | | suggest ranking by # of slots | |
| 6 | Compliance | | |
| | | To ensure equity/compliance with equity statement, applicant lists should be reviewed by TF and council | Applicants will be reviewed through county processes, which require adherence to anti-discrimination and child protection laws and policies. This is a priority for the County in general, not just for the HCF. The process evaluation will identify if there are possible improvements. |
| 3 | Compliance | | |
| | | How will WCHCS ensure those receiving funding are in compliance with requirements? | Compliance requirements were updated to be more clear. Specific requirements for each RFP or other funding mechanisms will depend on the strategy being addressed, as well as other factors. |
| | Strategies | | |
| 10 | Specific funding request | | |
| | | Disparate requests to fund specific issues | Thank you to everyone who is passionate about these issues! The HCF has limited funding, which unfortunately means that not all specific issues can be addressed. The feedback did not raise specific themes on funding a different portfolio -- meaning there were not consistent |

| | | | |
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| | | | themes on what else should be included or excluded. WCHCS recommends writing a letter and/or providing public comment during the period when the Whatcom County Council introduces, discusses, and votes on the HCF IP during February and March 2023. |
| | | 2 requests to fund/prioritize peer support for parents | Peer support for parents is prioritized in Strategy 9. |
| 9 | Hub and spoke | | |
| | | Need to add the words "Hub and spoke" to the appropriate strategy, as reviewers had trouble identifying it | The words "i.e. the 'hub and spoke model'" were added to Strategy 5. |
| | | Request to have a number/geographical spread for these hubs | Following approval of Implementation Plan, each strategy will have a project plan created and implementation launched. This will be one of the first questions addressed for this strategy. |
| 8 | MH/specific request | | |
| | | Lots of support and concern with addressing mental health | WCHCS shares this concern and has prioritized funding mental health initiatives within the HCF. Strategies 2, 5, 7, 8, 9 and 10 all have facets that address mental health needs. The HCF has limited funding, which unfortunately means that not all specific issues can be addressed. The feedback did not raise specific themes on funding a different portfolio -- meaning there were not consistent themes on what else should be included or excluded. WCHCS recommends writing a letter and/or providing public comment during the period when the Whatcom County Council introduces, discusses and votes on the HCF IP during February and March 2023. |
| | | Requests to fund MH more or differently | |
| 6 | ARPA | | |
| | | Support for using ARPA, for large capital grants | More information and clearer language about the ARPA funding for large capital grants has been added. |
| | | Potential need to make sure ARPA integration is very clear | |
| 6 | Method | | |
| | | Request to add a box/section for each strategy that identifies how the funds will be distributed | Research is still being conducted on which funding mechanisms will be used for some strategies. The Funding Mechanisms section was expanded to address this generally, knowing that each strategy will have its own process. |
| 6 | Rural focus | | |
| | | Support for existing county-wide approach | Equitable distribution of funds is a high priority for WCHCS as a fund administrator, and ensuring fund access for rural and otherwise underserved communities was called out in the criteria used to identify strategies. |
| | | Request for more detail to ensure county-wide investment | |
| 5 | Pro-ALICE | | |

| | | | |
|----------|-----------------------------------|---|---|
| | | Support for using this United Way measure to allocate subsidies | While it isn't possible to only use the ALICE definition, Strategy 3 will be designed to address and support the needs of a similar population. |
| 3 | Workforce/specific request | | |
| | | Concern that the workforce development piece isn't more detailed | Details was added to this Strategy and following approval of the Implementation Plan, each strategy will have a project plan created and implementation launched. More specific details will be one of the first priorities for this strategy. |
| | | Elevating this as a needed focus | |
| 2 | Barriers/support | | |
| | | Request for support for new programs | Expanded the Technical Assistance and Coaching subsection within the Funding Mechanisms section. The process evaluation will also assess these needs and provide suggested improvements. |
| | | Request to share "equitable administration" box for each section that is identifying current known barriers | |
| 2 | Taking on too much | | |
| | | Concern the portfolio has too many strategies and should be more focused. | To ensure maximum flexibility for getting funds into the community during years 1 & 2, the Implementation Planning Team included a variety of strategies, following the guidance in the ordinance. As there were few comments requesting fewer strategies, WCHCS recommends writing a letter or speaking during public comment period when the Whatcom County Council introduces, discusses and votes on the HCF IP during February and March 2023. |

Appendix III. Implementation Planning and Ad Hoc Strategy Team Members by Affiliation

CFWBTF=Child & Family Well-being Task Force | SME=Subject Matter Expert, specifically in Equity, Early Learning & Care, and Supporting Vulnerable Children.

| Name | Organization | Implementation Planning Team | Ad Hoc Strategy Team | CFWBTF | Healthy Whatcom | Ordinance Team | Child Care Coalition | Whatcom County | SME |
|----------------------|---------------------------------|------------------------------|----------------------|--------|-----------------|----------------|----------------------|----------------|-----|
| Allison Williams | Health Department | X | X | X | X | | | X | X |
| Amy Hockenberry | Health Department | X | | | | | | X | |
| Amy Rydel | Health Department | X | X | | X | | X | X | |
| Ann Beck | Health Department | X | X | | X | | | X | X |
| Anne Granberg | YMCA | X | X | X | X | | X | | X |
| Chelsea Johnson | Health Department | X | X | X | X | | X | X | X |
| Christine Espina | Western Washington University | X | | | X | | | | X |
| Danielle Humphreys | Bellingham Technical College | | X | | X | | | | X |
| David Webster | Opportunity Council | | X | | X | | X | | X |
| Heather Flaherty | Chuckanut Health Foundation | X | | | X | X | X | | |
| Heather Powell | Boys & Girls Club | | X | | | | X | | X |
| Jed Holmes | Executive's Office | X | | X | | | | X | |
| Jennifer Wright | CFWBTF | X | | X | | | | | |
| Jessie Thomson | Health Department | X | | | | | | X | |
| Judy Ziels | Health Department | X | | X | X | X | X | X | X |
| Kate Dabe | Health Department | X | | | | | | X | |
| Kathleen Roy | Health Department | X | | | | | | X | |
| Kayla Schott-Bresler | Executive's Office | X | | X | | | | X | |
| Keith Montoya | CFWBTF/Generations Forward | X | X | X | | X | | | |
| Meredith Hayes | Child Care Coalition | X | X | | X | X | X | | X |
| Ray Deck | Skookum Kids | X | X | X | | X | | | X |
| Shu-Ling Zhao | Chuckanut Health Foundation | | X | | X | X | | | X |
| Sterling Chick | Catholic Community Services | | X | X | X | | | | X |
| Vesla Tonnessen | Whatcom Early Learning Alliance | X | | X | X | X | X | | X |

| Appendix IV. Prioritized Strategy Matrix | | Access- ible | Afford- able | Profess- ional | High- Quality | Mental & Behavioral Health | Prevent Reduce Homelessness | Supporting Parents | Criteria Ranking | Cost estimate range (Year 1) |
|--|---|-----------------|-----------------|-------------------|------------------|----------------------------------|-----------------------------------|-----------------------|---------------------|---------------------------------------|
| Portfolio Strategies | Original Strategies | | | | | | | | | |
| 1: Provide funds for small capital projects to expand, renovate, or repurpose buildings to increase early learning & care slots in a mixed-delivery system. | | X | X | | | | | | 1.3 | \$40,000- \$500,000 |
| 2: Coordinate current and develop additional pathways to ensure a stable early learning & care workforce to deliver high-quality programs for children. | Create, Implement and Coordinate a Workforce Recruitment and Professional Development Pathway | X | | X | X | | | | 3.6 | \$40,000- \$1.5 million |
| | Expand access to early learning & care credentialing through Higher Ed and Community Pathways | X | | X | | | | | 6.3 | |
| | Expand access to training & professional development and integration of curriculum into programs across the county | X | | | | X | | | 7.6 | |
| 3: Improve access to early learning & care through subsidies that reduce the cost of programs for children from families which are cost-burdened. | | X | X | | | | | | 6.0 | >\$1.5 million |
| 4: Ensure access to early learning and care by promoting the expansion and retention of the early learning & care workforce. | | | X | X | | | | | 5.6 | >\$1.5 million |
| 5: Create regional early learning & care hubs that include shared administrative services, co-located early learning and other services for children and families, and support for smaller providers in the County (i.e. the “hub and spoke model.”) | | X | | | X | X | | X | 4.8 | >\$1.5 million |
| 6: Support innovative approaches to meet various Healthy Children’s Fund goals related to Early Learning & Care. | | X | X | X | X | | | | 7.7 | \$0- \$500,000 |
| 7: Recruit Mental & Behavioral Health Workforce to Whatcom County. | | | | | | X | | X | 3.3 | \$40,000 to >\$1.5 million |
| 8: Develop and/or expand resources and programs for families who disproportionately experience housing instability. | | | | | | X | X | X | 4.4 | \$40,000 to >\$1.5 million |
| 9: Expand and enhance early parenting supports. | | | | | | X | | X | 3.2 | \$40,000 to >\$1.5 million |
| 10: Integrate and co-locate services via coordinated access to resource navigation using the Help Me Grow model. | Integrate and co-locate services via integrating community health workers into environments where children and families are | | | | | X | | X | 5.0 | \$40,000- \$1.5 million |
| | Coordinate, integrate, and co-locate services via coordinated access to resource navigation | | | | | X | X | X | 5.9 | |
| | Coordinate, integrate and co-locate services via Family Resource Centers | | | | X | | | X | 6.9 | |

* Ad Hoc Strategy Group members individually reverse scored each strategy based on criteria. The ranking is an average.

| | | Access- ible | Afford- able | Profess- ional | High- Quality | Mental & Behavioral Health | Prevent & Reduce Homelessness | Supporting Parents | Criteria Ranking | Cost estimate range (Year 1) |
|--|---|-----------------|-----------------|-------------------|------------------|----------------------------------|-------------------------------------|-----------------------|---------------------|---------------------------------------|
| Other Strategies | | | | | | | | | | |
| Provide mental health support and other wraparound services to children and/or families when homelessness occurs | | | | | | X | X | X | 3.9 | \$500,000- \$1.5 million |
| Create early learning & care slots in new ways such as subsidizing lending or offering property tax credits for family-based providers. | X | X | | | | | | | 6.0 | |
| Coordinate and provide resources and community-wide trainings on trauma-informed care, supporting LGBTQ+ youth, and equity/ anti-racist assessments and improvements. | | | | | X | X | X | | 6.8 | \$40,000- \$500,000 |
| Policy advancement in early learning & care and support for vulnerable children in areas such as early learning and K-12 alignment; roll out of transitional Kindergarten; Kindergarten assessments; CTE courses for early learning & care credentialing; zoning and local policy barriers; task forces at the state level; etc. | | | | | X | X | X | X | 7.9 | |
| Fund solutions to persistent community early learning & care needs | X | | | | | | | | 8.6 | |
| Large-scale capital investments to build new, expand existing, or re-purpose buildings for early learning & care. | X | X | | | | | | | 8.6 | \$5 million in ARPA funding |
| Fund emergency early learning & care vouchers in a way that complements current program | X | X | | | | | | | 9.0 | |
| Fund a feasibility study for solutions to persistent community early learning & care needs | X | | | | | | | | 11.1 | |
| Offer paid family leave for parents of infants | X | X | | | | | | | 12.7 | |

* Ad Hoc Strategy group members individually reverse scored each strategy based on criteria. The ranking is an average.

The first page of the Prioritized Strategy Matrix, above, shows how the Year 1 & 2 Portfolio includes the 14 highest prioritized strategies, grouped into the ten final strategies. Several factors were used to prioritize strategies, including cost estimate range, criteria ranking, and ensuring all seven focus areas were addressed.

The second table of the Prioritized Strategy Matrix, titled “Other Strategies,” shares the nine strategies that were not prioritized for inclusion in the first two years. Results from the biennial independent evaluation, progress towards contract metrics monitored by the Whatcom County Health & Community Services, requirements outlined in the ordinance related to priority areas, and new community processes and plans that align with the goals of the Healthy Children’s Fund will all be used to determine which of these strategies to implement in year 3 and beyond.

Appendix V. Data Notes and Limitations: Kindergarten Readiness and Child Maltreatment

Kindergarten Readiness Overview

Kindergarten Readiness data is generated by The Washington State Office of Superintendent of Public Instruction (OSPI). OSPI uses an observational assessment tool called the Washington Kindergarten Inventory of Developing Skills (WaKIDS) to collect data on the developmental status of preschool-age students transitioning into Kindergarten. WaKIDS measures development in six domains: Social-Emotional, Physical, Cognitive, Language, Literacy, and Math. Kindergarten Readiness is defined as readiness in all six domains. All public schools and some tribal nation schools collect data on the developmental status of children entering kindergarten.

Teachers collect data over the first two months of school in three ways:

- through family connections (1:1 conference)
- through connection to early learning providers
- using Teaching Strategies Gold

Data notes and limitations

- **Data reconfiguration:** OSPI reconfigured the data files used to report Kindergarten Readiness in 2022. The new files include updates to the completeness of previous years' data, notably for student groups (i.e. low-income or racial groups) at the district level. This impacts the results for aggregating percentages across districts and for previous years.
- **Kindergarten Readiness by Race and Ethnicity:** As a result of the suppression rules applied by OSPI, several cells are suppressed for racial group/ethnicity at the *district level* due to small numbers. This leads to an issue of very small and unrepresentative samples of some racial groups at the county level when district numbers are aggregated. While there are some districts without certain racial groups/ethnicities in the population, other districts have racial group data suppressed.
- **Enrollment Data:** Using enrollment data to calculate a denominator for sub-groups in a district (i.e., racial groups) offers a close estimate of the number of kindergartners that were assessed in a district. Report Card data (estimates of kindergarten readiness) does not reconcile perfectly with the enrollment data due to several factors (students moving in/out of the district, absences during assessments, or parents opting students out of assessments).

Reporting Results

- Due to the fact that school districts are state-based and not county-based, we could not pull data at the county level. Whatcom County Kindergarten readiness data was calculated by summing students from each Whatcom County school district and using student population denominators, by subgroup as appropriate. Some student subgroups, such as race and ethnicity, are omitted due to low number suppression at the district level.
- While we can provide an overall rate of Kindergarten Readiness for the county, this is calculated by aggregating data from each district. If we want to know where and among which students a disparity exists, it is advised to use the data available at the school district level. Even then, a review of data completeness and representativeness is warranted.

Child Maltreatment Overview

Child maltreatment refers to children (age birth-17) who are identified as victims in reports to Child Protective Services that were accepted for further action, per 1,000 children (age birth-17). A 'referral' is a report of suspected child abuse that may have multiple listed victims. Mandated reporters, such as doctors, nurses, psychologists, pharmacists, teachers, child care providers, and social service counselors, notify Child Protective Services if they suspect a child is in danger of negligent treatment, physical abuse, sexual abuse, or other maltreatment. In addition,

other concerned individuals may report suspected child abuse cases. If the information provided meets the sufficiency screen, the referral is accepted for further action.

Data limitations

A referral may have one or more children identified as victims. Children are counted more than once if they are reported as a victim more than once during the year. The data in this report are based on the total number of victims reported in Child Protective Services referrals. A child's location is derived from the residence at the time of referral. Population numbers for 2020 and 2021 are preliminary and subject to change.

Numerator Data Source: Washington State Department of Children, Youth and Families, FamLink Data Warehouse. <http://clientdata.rda.dshs.wa.gov/Home/ShowReport?reportMode=0>

Denominator Data Source: Washington State Office of Financial Management, Forecasting Division. <https://www.ofm.wa.gov/washington-data-research/population-demographics>

National Data Source: U.S. Department of Health and Human Services Administration for Children and Families, Voluntary Cooperative Information System (VCIS), and estimates from Adoption, Foster Care Analysis Reporting System (AFCARS)

Appendix VI. Headline & Secondary Indicators by Priority

| |
|---|
| <p>Early Learning & Care: Headline & Secondary Indicators (DDA=data development agenda)</p> |
| <p>Accessible: Expand early learning and care services that meet the varied needs of families and children. Geographic locations, ages of children, special needs, and a broad range of early learning & care scheduling needs (including emergency opportunities) will all be considered in the development.</p> |
| <p>Headline:</p> <ul style="list-style-type: none"> • Early learning & care slots per 100 infants, toddlers, and preschoolers <p>Secondary:</p> <ul style="list-style-type: none"> • Number of parents/caregivers who have a demand for early learning & care report that they have access (DDA) • The number of early learning and care providers that report having a waitlist (DDA) |
| <p>Affordable: Decrease the cost of early learning and care experiences for both families and providers.</p> |
| <p>Headline:</p> <ul style="list-style-type: none"> • Early learning & care costs for a household with two children as a percent of median household income • Percent of families earning 200%+ below the FPL that have their early learning & care needs met • Number of early learning & care providers participating in a regional shared service hub (DDA) |
| <p>High-Quality: Increase the quality of early learning and care experiences.</p> |
| <p>Headline:</p> <ul style="list-style-type: none"> • Percent of early learning & care programs enrolled in the Early Achievers Quality Rating System that has a rating of 3 or higher • Percent of early learning & care programs that score a 3 or higher in the Early Achievers Quality Rating System that provide subsidies to low-income families <p>Secondary:</p> <ul style="list-style-type: none"> • Percent of early learning & care programs that report promoting acceptance of diversity by demonstrating their ability to provide diverse learning opportunities as outlined in WAC 110-300-160 (DDA) • Number of early learning & care providers reporting an increase in sustainability (DDA) |
| <p>Professional: Attract and retain quality early childhood educators.</p> |
| <p>Headline:</p> <ul style="list-style-type: none"> • Percent of credentialed early learning & care educators in Whatcom County (DDA) • Average annual salary for full-time early learning & care educators compared to regional school system salary scales (DDA) <p>Secondary:</p> <ul style="list-style-type: none"> • Number of early learning & care educators completing training or education provided by the local higher education system and community credentialing program (DDA) • Number of early learning & care providers reporting challenges with recruiting and retaining early learning & care educators (DDA) |

Supporting Vulnerable Children: Headline & Secondary Indicators

Mental and Behavioral Health: Expand mental health services for vulnerable children and their families.

Headline:

- Number and type of behavioral and mental health providers in Whatcom County that serve young children, per 0-5 population (DDA)
- Number and type of behavioral and mental health providers in Whatcom County that serve pregnant parents and parents with young children, per 0-5 population (DDA)
- Number of families on provider wait lists for behavioral health services (DDA)

Secondary:

- Number of parental (prenatal to age 5) referrals conducted by the SEAS for mental health services
- Parents/caregivers report having access to behavioral/mental health services for their children at their early learning & care program/location (DDA)

Homelessness: Reduce the instances of vulnerable children experiencing homelessness, through diversion and other preventative services and reduce the trauma associated with homelessness by supporting interim housing services and trauma-focused system reform directed at vulnerable children and their families.

Headline:

- Percent of public-school students in grades Pre-K to 3rd experiencing a housing crisis
- Number of families with children experiencing homelessness

Secondary:

- Number of Whatcom families with children experiencing homelessness and actively seeking services through the Coordinated Entry Program

Support Vulnerable Children’s Parents: Expand supports and services for families who have or are expecting children

Headline:

- Well-child visits in the first 30 months of life
- Rate of Low Birth Weight infants, less than 2500 grams
- Percent of birthing people receiving adequate prenatal care
- Percent of birthing people giving birth who received prenatal care in the first trimester of pregnancy

Secondary:

- Percent of birthing people who reported having a postpartum check-up (DDA)
- Number of parents or caregivers who report that they have access to the parenting support services they need (DDA)
- Percentage of deliveries in which the birthing person is screened for a perinatal mood and anxiety disorder during pregnancy and during the postpartum period (DDA)

Appendix VII: Description of Population Health Data Sources

Population Outcome Measures: To measure and monitor overall progress towards the HCF’s overarching goal of early childhood well-being, we will track and report estimated changes in two population-level measures:

- Kindergarten readiness, *all Whatcom children, race & ethnicity, gender, & income*
- Child Abuse and Neglect, *Whatcom children ages 0-17*

Population-level Headline Indicators: Population-based indicators are a proxy to help quantify the results. HCF will contribute to turning the curves of population-level indicators, as defined through Results--Based Accountability. Population-based indicators area about a population, for example, children 0-5 in Whatcom County. Headline indicators are aspirational, long-term indicators that quantify HCF’s overarching results.

Secondary Indicators: Secondary indicators are supporting indicators that describe the status of children and families in Whatcom County, and for which we have data but do not rise to the top when selecting headline indicators. Below are some examples of secondary indicators that will be measured and presented. As time goes on and data availability changes, this list of indicators may change.

All indicators will be disaggregated by race, ethnicity, geography, socioeconomic status, and gender, as available.

| Population Outcome Indicators | |
|--|--|
| Indicator | Data Sources |
| Children who are kindergarten ready across the domains of social/emotional, physical, language, cognitive, literacy, and mathematics <ul style="list-style-type: none"> • Percentage of entering kindergartners that meet expectations at the start of kindergarten in all six domains of social/emotional, physical, language, cognitive, literacy and mathematics | Office of the Superintendent of Public Instruction (OSPI), WaKIDS |
| Rate of child abuse or neglect <ul style="list-style-type: none"> • Rate per 1,000 households with children aged 0-17 with child abuse or neglect reports that are investigated and assessed | Washington State Department of Social and Health Services, Children’s Administration |

| Early Learning & Care: Headline & Secondary Indicators |
|---|
| Accessible: Expand early learning and care services that meet the varied needs of families and children. Geographic locations, ages of children, special needs, and a broad range of early learning & care scheduling needs (including emergency opportunities) will all be considered in the development. |

| | | |
|--|---|--|
| Headline | Early learning & care slots per 100 infants, toddlers, and preschoolers | ChildCare Aware Data Center |
| Secondary | Number of parents/caregivers who have a demand for early learning & care report that they have access | <i>To be determined Included on the data development agenda</i> |
| | The number of early learning and care providers that report having a waitlist | <i>To be determined Included on the data development agenda</i> |
| Affordable: Decrease the cost of early learning and care experiences for both families and providers. | | |
| Headline | Early learning & care costs for a household with two children as a percent of median household income | The Living Wage Calculator, Small Area Income and Poverty Estimates & County Health Rankings |
| | Percent of families earning 200%+ below the FPL that have their early learning & care needs met | WA State Department of Children, Youth and Families: Child Care Need and Supply Data |
| | Number of early learning & care providers participating in a regional shared service hub | <i>To be determined Included on the data development agenda</i> |
| High-Quality: Increase the quality of early learning and care experiences. | | |
| Headline | Percent of early learning & care programs enrolled in the Early Achievers Quality Rating System that has a rating of 3 or higher | ChildCare Aware Data Center |
| | Percent of early learning & care programs that score a 3 or higher in the Early Achievers Quality Rating System that provide subsidies to low-income families | ChildCare Aware Data Center |
| Secondary | Percent of early learning & care programs that report promoting acceptance of diversity by demonstrating their ability to provide diverse learning opportunities as outlined in WAC 110-300-160 | <i>To be determined Included on the data development agenda</i> |
| | Number of early learning & care providers reporting an increase in sustainability | <i>To be determined Included on the data development agenda</i> |
| Professional: Attract and retain quality early childhood educators. | | |

| | | |
|-----------|--|---|
| Headline | Percent of credentialed early learning & care educators in Whatcom County | <i>To be determined Included on the data development agenda</i> |
| | Average annual salary for full-time early learning & care educators compared to regional school system salary scales | <i>To be determined Included on the data development agenda</i> |
| Secondary | Number of early learning & care educators completing training or education provided by the local higher education system and community credentialing program | <i>To be determined Included on the data development agenda</i> |
| | Number of early learning & care providers reporting challenges with recruiting and retaining early learning & care educators | <i>To be determined Included on the data development agenda</i> |

| | | |
|--|---|---|
| Supporting Vulnerable Children: Headline & Secondary Indicators | | |
| Mental and Behavioral Health: Expand mental health services for vulnerable children and their families. | | |
| Headline | Number and type of behavioral and mental health providers in Whatcom County that serve young children, per 0-5 population | <i>To be determined Included on the data development agenda</i> |
| | Number and type of behavioral and mental health providers in Whatcom County that serve pregnant parents and parents with young children, per 0-5 population | <i>To be determined Included on the data development agenda</i> |
| | Number of families on provider wait lists for behavioral health services | <i>To be determined Included on the data development agenda</i> |
| Secondary | Number of parental (prenatal to age 5) referrals conducted by the SEAS for mental health services | SEAS Database, WCHCS |
| | Parents/caregivers report having access to behavioral/mental health services for their children at their early learning & care program/location | <i>To be determined Included on the data development agenda</i> |

| | | |
|--|---|---|
| Homelessness: Reduce the instances of vulnerable children experiencing homelessness, through diversion and other preventative services and reduce the trauma associated with homelessness by supporting interim housing services and trauma-focused system reform directed at vulnerable children and their families. | | |
| Headline | Percent of public-school students in grades Pre-K to 3rd experiencing a housing crisis | Office of the Superintendent of Public Instruction (OSPI) |
| | Number of families with children experiencing homelessness | Annual Point-in-Time Count, Opportunity Council |
| Secondary | Number of Whatcom families with children experiencing homelessness and actively seeking services through the Coordinated Entry Program | Whatcom County Homeless Service Center, Opportunity Council |
| Support Vulnerable Children’s Parents: Expand supports and services for families who have or are expecting children | | |
| Headline | Well-child visits in the first 30 months of life | WA State Health Care Authority |
| | Rate of Low Birth Weight infants, less than 2500 grams | Community Health Assessment Tool, Washington State Department of Health |
| | Percent of birthing people receiving adequate prenatal care | Community Health Assessment Tool, Washington State Department of Health |
| | Percent of birthing people giving birth who received prenatal care in the first trimester of pregnancy | Community Health Assessment Tool, Washington State Department of Health |
| Secondary | Percent of birthing people who reported having a postpartum check-up | <i>To be determined Included on the data development agenda</i> |
| | Number of parents or caregivers who report that they have access to the parenting support services they need | <i>To be determined Included on the data development agenda</i> |
| | Percentage of deliveries in which the birthing person is screened for a perinatal mood and anxiety disorder during pregnancy and during the postpartum period | <i>To be determined Included on the data development agenda</i> |

Appendix VIII. Evaluation Types and Influencing Factors

Evaluation activities complement performance measurement and are designed to answer broader kinds of questions. In-depth evaluations will be conducted using the scientific methods most appropriate for a program and its implementation stage. For new programs just beginning implementation, evaluation questions will support program design, planning, and initial insights. For programs that are underway but still undergoing modifications, the evaluation will support program refinement and improvements in quality or efficiency. Once programs have established fidelity and scale and have been in place for sufficient time, evaluation can be used to measure impact and outcomes.

| Evaluation Types and Purposes | Types of Questions & Methods Used |
|--|---|
| <p>Formative Evaluation: To support program development and design</p> | <p>Types of Questions</p> <ul style="list-style-type: none"> ● What are the most crucial questions and data that could help us develop our program or strategy? ● What concerns or opportunities do we need to respond to or use to adapt the program for success? <p>Primary Method Qualitative data collection and analysis</p> |
| <p>Process Evaluation: To support program improvements and the County's role in HCF success and ability to meet goals.</p> | <p>Types of Questions</p> <ul style="list-style-type: none"> ● Why did/didn't we see a change? ● Was the program/processes implemented as intended? ● How well was the program/processes implemented? Why or why not? <p>Primary Method Quantitative and qualitative data collection methods are used to collect and analyze data.</p> |
| <p>Outcome or Impact Evaluations: To prove the program led to desired result</p> | <p>Types of Questions</p> <ul style="list-style-type: none"> ● Did the expected change take place? For whom? <p>Primary Method Quantitative and qualitative data collection methods are used to collect and analyze data. Studies using experimental, quasi-experimental, and observational designs. Informed by process evaluation results.</p> |
| <p>Performance Measurement from all HCF-funded programs will track how much, how well, and is anyone better off after contractor activities. This is foundational to the HCF evaluation and will inform and guide additional evaluation activities.</p> | |

Candidates for More Extensive Evaluation

HCF will implement strategies based on emerging best practices. These may include situations where a proven program or best practice must be substantially modified to be tailored to specific

populations the HCF serves. Evaluation of these programs will emphasize ongoing monitoring and early feedback so that necessary changes can occur promptly. Short-term results will be identified so that the longer-term desired outcomes are likely to be reached. This supplemental, formative evaluation will help ensure that the program is functioning as intended.

Investing in innovative strategies will be a key component of the HCF, which may call for a more rigorous evaluation to show the causal effects and lessons learned and require intensive data collection. WCHCS Health Information & Assessment (HIA) Team will work with external evaluators to develop and apply a set of criteria for identifying projects that are a high priority for rigorous evaluation. Considerations may include:

- Potential for having a large impact related to health equity
- Implementation in new settings or with new populations
- Likelihood of seeing an immediate change in indicators of well-being or healthy environments
- Filling a gap in the evidence base
- Having sustainable sources of data to be able to track change over time

External Factors Impacting Evaluation

The HCF is one of the many strategies that will change the conditions of children and families in Whatcom County. HCF programs and services will contribute to improving the health and well-being of the population along with other initiatives and efforts. As a whole, these efforts will work collectively to impact conditions for children and families in Whatcom County. Furthermore, there will be a multitude of factors that influence the extent to which HCF programs and services will make an impact. For example, federal or state changes in funding or policies can greatly impact the availability of services and the number and demographics of people accessing services. The HIA team will make efforts to identify external factors beyond the control of HCF to understand how they may have affected findings.

It is also important to note that evaluation approaches will need to be tailored depending on the type of funded activity, funding amount and duration, and stage of program implementation. For example, we might focus on performance measurement for a well-established program with a strong evidence base but use an outcome evaluation to attempt to establish an evidence base for a pilot project. New and innovative programs will also require time to reach full implementation stages before they are good candidates for outcome evaluation. In evaluating the combined efforts of HCF, evaluators continue to be mindful of this wide variation in programs and strategies. It is also recognized that it will likely take several years to demonstrate an impact or progress toward the HCF overarching population-level results.

Appendix IX. Whatcom County's Non-Discrimination Policy

Non-Discrimination in Employment:

The County's policy is to provide equal opportunity in all terms, conditions and privileges of employment for all qualified applicants and employees without regard to race, color, creed, religion, national origin, sex, sexual orientation (including gender identity), age, marital status, disability, or veteran status. The Contractor shall comply with all laws prohibiting discrimination against any employee or applicant for employment on the grounds of race, color, creed, religion, national origin, sex, sexual orientation (including gender identity), age, marital status, disability, political affiliation, or veteran status, except where such constitutes a bona fide occupational qualification.

Furthermore, in those cases in which the Contractor is governed by such laws, the Contractor shall take affirmative action to insure that applicants are employed, and treated during employment, without regard to their race, color, creed, religion, national origin, sex, age, marital status, sexual orientation (including gender identity), disability, or veteran status, except where such constitutes a bona fide occupational qualification. Such action shall include, but not be limited to: advertising, hiring, promotions, layoffs or terminations, rate of pay or other forms of compensation benefits, selection for training including apprenticeship, and participation in recreational and educational activities. In all solicitations or advertisements for employees placed by them or on their behalf, the Contractor shall state that all qualified applicants will receive consideration for employment without regard to race, color, religion, sex or national origin.

The foregoing provisions shall also be binding upon any subcontractor, provided that the foregoing provision shall not apply to contracts or subcontractors for standard commercial supplies or raw materials, or to sole proprietorships with no employees.

Non-Discrimination in Client Services:

The Contractor shall not discriminate on the grounds of race, color, creed, religion, national origin, sex, age, marital status, sexual orientation (including gender identity), disability, or veteran status; or deny an individual or business any service or benefits under this Agreement unless otherwise allowed by applicable law; or subject an individual or business to segregation or separate treatment in any manner related to his/her/its receipt any service or services or other benefits provided under this Agreement unless otherwise allowed by applicable law; or deny an individual or business an opportunity to participate in any program provided by this Agreement unless otherwise allowed by applicable law.