

# STRENGTHEN FAMILIES LOCALLY

5/10/21

## In attendance:

Cindy Meyer, Melissa Pittenger, Alex Seifert, Kimberly Riley, Ashley Jensen, Jill McCormick, Lindsey Phillips, Lisa Lechuga, Shawnda Hicks, Julian Padgett, Victoria Hilt, Marlaina Simmons, Joy Lile

## Important documents:

### SFL onboarding document:

<https://dcyf.box.com/s/pirdixemujfr1hw75gj3bp0enhebg1c4>

### Bremerton Project Overview:

<https://dcyf.box.com/s/f6ytycmw2dyrlyw75udyckr9q0o0r4ay>

### New Sensemaker “Share a Story” flyer:

[https://www.dcyf.wa.gov/sites/default/files/pubs/FS\\_0057.pdf](https://www.dcyf.wa.gov/sites/default/files/pubs/FS_0057.pdf)

### Next meeting: June 14<sup>th</sup>, 1-3 pm

Topic: Priority Project Planning, cont.

2<sup>nd</sup> Monday of the month, 1-3

## Strong Community Network Facilitator contractor:

PAVE: <https://wapave.org/>

Brief description from Jill: PAVE served as contractor for FYSPT - family and youth voice in WISE and youth behavioral health services. Looking at how to facilitate/coordinate for communities, with communities - networking resources, building resilience within family structures. Have been involved in Community Cafe and listening sessions to understand what communities want in the process.

## Community Updates:

- Library has reopened - express service (45 minutes each day), free copies - link to web page: <https://www.krl.org/welcomeback>
- Bethany Lutheran:
  - o Bethany Lutheran Preschool Power-Hour moved to the park and we had 45 people at our last meet up! Thursday at 10:00 am at McCormick Village Park! One more this week and then a field trip coming up at Manchester State Park.
  - o In the process of applying to work with World Vision to get a host of lovely items into the community to support people who live here in the region! We're going to call it Bethany Blessed. We had a little taste of it last week and got to get food, diapers, formula, small household appliances, rugs etc... to people who can use them locally! SO excited!
- Discussion about KCR ECEAP slots being removed – OESD is trying to fill in the gap, KCR still has Head Start but fewer spaces for families



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

## Priority Project Discussion

### Easy Retro discussion tool:

<https://easyretro.io/publicboard/DTGt8u1PRNUAzS9w3FTtPkHfiQl1/dc926bcb-d9da-413d-9e88-591e9de55afe>

### Opportunity Map and Impact Graph: understanding connections and relationships between needs and priority projects:

<https://miro.com/welcomeonboard/HpS5OiL1TGr60DcTBkgrh1EBnMBZrbw5bKEjkA2Ep3IzoLyKVAbusa3od6e0NKU9>

### Community Map - how to incorporate geographic areas of need

[https://www.google.com/maps/d/edit?mid=1QtHMDwRN0IkPCaZSiX2quM4G8S5YLF\\_a&usp=sharing](https://www.google.com/maps/d/edit?mid=1QtHMDwRN0IkPCaZSiX2quM4G8S5YLF_a&usp=sharing)

### Opportunity Matrix - laying out what people have said in conversations and discussion:

<https://docs.google.com/spreadsheets/d/1IM9BztySqRSnrkzGLWE74E22r43on2qgxKMiY567zJE/edit?usp=sharing>

### Easy Retro discussion tool:

<https://easyretro.io/publicboard/DTGt8u1PRNUAzS9w3FTtPkHfiQl1/2d62932b-c1fa-44ba-99ed-d678da8296d5>

**Discussion:** (notes from **Easy Retro discussion in red**, further **Miro and further discussion in blue**)

### Specific projects or programs

- Mentorship program for parents - both 1:1 and group - for parent education and skill building (7 votes)
  - o Adaptable to all age groups - can "move up" with the mentor
  - o Post-birth mentor is similar to a "post-natal doula" approach (but maybe less all-inclusive of supports)
  - o a personal mentor is a big support for families - providing a different perspective. Examples of mentorship and peer partnership programs exist - not a "program" necessarily. Reaching families at hospitals, work with doulas/prenatal care. Could also help with military families
  - o Lots of programs and supports already exist. How can we ensure that this will be used? Need more cultural context and parent input
  - o Peers with "lived experience" - what is the "lived experience" that they might have? - multiple approaches - people who are new to community, and people who are in the community and looking for specific supports around certain needs
  - o Someone not system-involved
  - o Role model for parenting
  - o WISE has parent peer and youth peer mentoring, Parent to Parent has family mentors

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- This will take time to get started and help people know that the program exists – a lot of ground work – not a “short term” impact
- This will also take a coordinator or volunteer manager – something that might be easier once the Family Navigator role is in place – Family Navigator could lead to or facilitate the Mentorship program
- Family Navigator role - connected and safe place to turn, "walking through" challenges alongside parents (5 votes)
  - How could we place family navigators in the community? - in the school, at a church, at a local community agency. How can we use the navigators and who are they available to? CCS provides this with WISE and Medicaid funding
  - DOH Family Navigation work group - what does this mean to families? A centralized hub who would then spoke out to other services, including peers - notes from Shawnda
  - May be more effective as a "peer mentor" becoming a family navigator for the family - someone with lived experience coming into a paid role with financial support
  - The biggest impact will be in reaching families where they already go for prevention
  - The Family Navigator can be a “base” to start looking for other ways to link to strong programs
  - This has the possibility of providing more immediate impact
  - ASP program from Catholic Community Services: Used to serve through DCYF in Bremerton. This program was limited to 90 days and was focused on prevention and placement stabilization. A lot of the youth we served were involved in FAR or FVS. Some were youth transitioning home/to family from foster care and others were foster youth getting stabilized in long term foster homes. ASAP provided intensive wraparound services and in-home behavior management strategies in order to improve the safety of youth so they can stay in their homes.
- Training for providers - "specialized" traumas like domestic violence, sexual exploitation, Fetal Alcohol Syndrome (4 votes)
  - Medical providers aren't necessarily trained and skilled in specialized traumas - collaborative office rounds
- Fund a community participatory budgeting process in an identified neighborhood. <https://www.participatorybudgeting.org/what-is-pb/> (3 votes)
  - Could be a fast impact for a finite amount of funds - very targeted within a community
  - This had some general support even though it scored low – possibly something to start with next round of funding?
  - There is also ongoing conversation with HCA/DOH about how to provide wrap-around services with other payment models. More to come on this (we are planning a conversation to include Managed Care Organizations as well)
- Provide RISE Relational Mentor Training (XParenting) to caregivers (foster families, relatives, bio-families) and their support network. (3 votes)
- NEAR/TIC training cohorts including local Child Welfare staff and community partners (3 votes)
- Villiaging our Voices family impacts pilot- exploring racial equity in family support systems through community conversations (2 votes)
- Family Decision Teams - case-staffing teams to "wrap around" families with services and supports (2 votes)
- Screening for trauma (ACEs, DV, sexual exploitation) in medical facilities (1 votes)

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- Capacity development for local MH providers to become certified in latest neuroscience assessment strategies (Neurosequential Modeling Therapeutics - NMT, NME, NMC) <https://www.neurosequential.com/> (1 votes)

### **Expansion of existing programs**

- Providing DCYF payments to (racially/ethnically/etc.) diverse community MH/SUD providers to serve families more responsively- partner to provide no-cost preventative therapy (4 votes)
  - o How can we remove barriers that get in the way of a person getting what they need? Fit between provider and family, without the family worrying about how they can pay for it.
  - o Example of Adoption Services - family looking for special population/affiliation - took a barrier away for the family. Willingness of the provider to take less - provide a subsidized rate
  - o Where do referrals come from? Family Resource Navigator, schools, other community resources.
  - o With limited funds, DCYF could build the project around contracting with social workers/therapists that fit the demographics of the schools or community setting they will be in by paying them from the \$20,000 or using Medicaid benefits to support them through the fees they would pay for parents who will be part of the group (receiving preventative services). There are rules around how many people receiving Medicaid benefits should be in the group before you can open it to others, so I can research that if you do not have the info handy. This may increase the access to other parents in the preventative stage while also supporting families who are already receiving services.
- Safe Families for Children model - volunteer-based, opt-in foster alternative for extended parent respite (0 votes)

### **Approaches to include**

- Meet people where they are / Include natural supports - churches, extended family networks, schools, tribes (6 votes)
  - o Where do intakes come from? How to include them in the referral process? School staff, child care staff, Community health centers, family court, mediation centers and family classes for parenting plans
  - o building on programs that currently exist and reaching people where they already are (for example schools) will reduce the amount of time it will take to get the word out and increase the amount of people able to utilize the services
- Services and supports for families on the edge of poverty to prevent the "benefits cliff" (6 votes)
- Consistent, safe relationships for parents (5 votes)
- Culturally relevant and customized care - cultural approaches rather than just "relational" (3 votes)
  - o Making sure that our approach is partnered with community leaders who are in diverse organizations
- "Parity" for foster and bio families - services, resources, education (2 votes)

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- What could have a broader reach to both foster and bio families

**Next Steps:**

- All: Reach out to folks who might be interested in designing a Family Navigator program.