REPORT

APPENDICES

Preventing and Mitigating the Effects of ACEs by Building Community Capacity and Resilience: APPI Cross-Site Evaluation Findings

July 14, 2016

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Suggested citation:
Verbitsky-Savitz, Natalya, Margaret B. Hargreaves, Samantha Penoyer, Norberto Morales, Brandon Coffee-Borden, and Emilyn Whitesell (2016). *Preventing and Mitigating the Effects of ACEs by Building Community Capacity and Resilience: APPI Cross-Site Evaluation Findings*. Washington, DC: Mathematica Policy Research.
This report is available at http://www.appi-wa.org/ or https://www.mathematica-mpr.com/our-publications-and-findings/projects/community-based-family-support-networks-to-reduce-adverse-childhood-experience

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APPENDIX A. PROFILES OF THE APPI SITES

In 2013, the Adverse Childhood Experiences (ACEs) Public-Private Initiative (APPI)—a Washington State consortium of public agencies, private foundations, and local cross-sector community networks—was formed to study effective interventions to prevent and mitigate ACEs and to facilitate statewide learning and dialogue on these topics. Using a competitive process, APPI selected five community-based organizations—Coalition for Children and Families of North Central Washington, Okanogan County Community Coalition, Skagit County Child and Family Consortium, Walla Walla County Community Network, and Whatcom Family and Community Network—based on their alignment with the goals of the APPI evaluation. All five sites agreed to participate in the evaluation and were compensated for some of the costs of their participation in the study.

This appendix describes the experiences and outcomes for each of the five sites, supplementing the findings from the quantitative evaluations of sites' capacities and outcomes of select activities presented in Chapters II and III, respectively, of the final APPI evaluation report. These profiles also update the findings from the APPI evaluation's interim report (Hargreaves et al. 2015). Each profile is organized into five sections: (1) overview, which describes its context, origins, goals, and focus on ACEs; (2) infrastructure, leadership, resources, and communications; (3) community partnerships, community problem-solving processes, and use of data; (4) domains of activity, and (5) community impact.

A. Coalition for Children and Families of North Central Washington profile

1. Coalition overview

Context. The Coalition for Children and Families of North Central Washington (NCW)[1] is a 501(c)(3) organization. In 2014 it included 53 members from 36 organizations across Chelan and Douglas counties. Although the coalition has historically worked in both of these counties, the majority of the coalition's work has been focused on the city of Wenatchee.

Wenatchee, which is located near the foothills of the Cascade Range and the union of the Wenatchee and Columbia rivers. It is the largest city in Chelan County and is the commercial center of Chelan, Douglas, Grant, and Okanogan counties. Because most of the county's resources are located in Wenatchee, residents tend to gravitate towards the city for their social and medical services.

Wenatchee is predominantly low-income; most households are at or below the poverty level. About 60 percent of the city's 32,400 residents are white, 30 percent of residents identify as Latino, and 10 percent identify as African American, Native American, or multi-racial. In site visit interviews, respondents noted that the proportion of Latino residents within the area has increased in recent years, particularly among children and youth. In part, this increase may be

[1] Coalition for Children and Families of North Central Washington home page. Available at http://www.coalitionforchildrenandfamilies.org/

related to an influx of migrant workers, who are becoming an increasingly noticeable segment of the local population.

The Chelan and Douglas counties are predominantly rural and agricultural. The largest employers in the area include Alcoa (an aluminum manufacturer), the school districts, and internet server farms. The 2009 state budget cuts greatly affected the region's economy and social service agencies, particularly service providers that worked with the area's highest risk children.

Origins. The Coalition has a long history. Coalition members have been meeting under one name or another for about 25 years with the general goal of improving services for children and youth. Some coalition members were originally part of the Chelan/Douglas Children's Interagency Council, which began in the mid-1980s and included representatives from social service agencies, school districts, and non-profits. In 2006, a smaller group of Interagency Council members formed the Partnership for Children and Families of North Central Washington. That partnership included representatives from 22 local organizations in Chelan and Douglas counties. It aimed to develop community resources within that target area.

Goals. In 2010, the partnership changed its name to the Coalition for Children and Families of North Central Washington, and was awarded 501(c)(3) status. In its 2013 APPI application, the coalition reported that its mission is to "work together to promote an environment that enhances, develops, and implements a network of services that will support all of our children and families." However, in site visit interviews, some respondents felt that the group's mission was not always well-known or understood by its members. As one coalition member explained, "It is not a mission-driven group. I couldn't even tell you our mission is right now."

Focus on ACEs. Many members of the coalition recalled learning about ACEs through their respective employers. The Coalition first learned about ACEs when some members attended a 2009 conference in Spokane that included a presentation on ACEs by Dr. Robert Anda, the co-author of the original ACEs study. The coalition's first documented activity related to ACEs occurred in 2010, when the group hosted a Hurt to Hope! Conference that was attended by more than 100 community members. After the conference, there was a lull in the coalition's ACEs work, but in 2011, the group brought Laura Porter to discuss ACEs at a coalition meeting in Wenatchee. This led to strategic planning process in 2011–2013 that included a goal to utilize existing North Central ESD funding to education the community about ACEs.

2. Coalition infrastructure, leadership, resources, and communications

Structure. The coalition's governance structure includes a policy board with a chair, a vice-chair, and a secretary/treasurer; these positions are filled during an election at an annual membership meeting. The policy board also includes six seats for representatives from the sectors of health and mental health, rural life, family support (community based), early learning, education (school based), and the Latino community, as well as one at-large member. Biannual coalition meetings are held in March and October of each year. Currently, the board of directors meets monthly, or more frequently if needed. Each coalition member is required to serve on at least one of the group's three standing committees, the Prevention and Family Programs Committee, the Early Learning Committee, and the Public Policy Committee.

Leadership. The coalition's leadership has changed five times in the last ten years. Each leader (policy board chair) has served a two-year term. During the APPI contract period (2013–2015), the executive director of TOGETHER! for Youth—a non-profit organization that strives to reduce drug use among community youth—served as the board chair, supported by the APPI grant. In 2016, the NCW network changed its leadership and organizational structure and changed focus to early childhood education and healthcare reform. Through the new NCW director (an early childhood education faculty member at Wenatchee Valley College), the NCW's early learning committee has merged with the North Central Early Learning Collaborative. Through the new NCW treasurer (the Chelan-Douglas Health District's nursing director), NCW seeks to serve as the community advisory board for the Accountable Care Organization (ACO) being organized in Chelan and Douglas counties.

Resources. The coalition is funded almost exclusively through its members' annual dues, $50 (for individuals) or $100 (for agencies). As a result, the group's annual budget is small—about $4,000 per year, excluding one-time APPI funding. The coalition also relies heavily on its community partners, who donate time in addition to their annual dues. Some of the member's organizations, including the North Central Educational Service District and TOGETHER! for Youth, also provide in-kind support through their donations of meeting space, printing and supplies, and clerical staff time. In site visit interviews, most respondents felt that the coalition was chronically underfunded. As one respondent explained, "It's always on a shoestring and it takes a few committed people to keep the fire going."

A small portion of the coalition's budget (about $400 per month) supports the Board Chair position and pays for a part-time coordinator who attends and takes minutes at all coalition meetings. Revenue generated by coalition activities such as conferences, historically has been reinvested in follow-up activities. For example, revenue from the 2010 Hurt to Hope! conference (about $9,000) was earmarked for ACEs-awareness work.

Communications. Communication between coalition members and transparency about the group's work are critical to the coalition's work. In site visit interviews, one board member noted, "… one of my bug-a-boos is that we remain transparent and nothing is done behind the scenes." Members stay up-to-date on the coalition's work by reading minutes taken at coalition meetings, which are posted on the coalition website, and sent out to the group's weekly email blast ("Heads Up"), which details all ACEs-related work going on in the community. The coalition also emphasizes the importance of communication between its leaders. On a monthly basis, the board chair holds "huddles" with board members and the standing committee chairs to talk about the coalition's progress on its goals, and to identify what is going well, and what needs more attention.

3. Cross-sector partnerships, planning processes, and use of data

Cross-sector partnerships. Collaboration is a critical component of the coalition's work, stemming, in part, from a need to maximize its resources. In 2014, the Coalition included members from public education, community services, social services, public health, mental health, early learning programs, and substance abuse prevention/intervention programs, among others. Involvement with the coalition enables members to keep up with what is going on in the community, which helps advance their organizations' work. However, 2009–2010 cuts in funding for many of the service-oriented organizations in the community have affected the

coalition's ability to build and maintain these partnerships. For example, in recent years the local public health department's staff has been reduced from 60 to 30 employees, which has limited the ability of remaining employees to devote time to the coalition's efforts.

Community planning processes. The coalition uses a strategic planning process and logic model to plan for and implement its strategies. In 2010, the coalition used data from its 2010 community needs assessment and its 2009 membership survey to develop a strategic plan for 2011–2012. In 2013, the group hired an outside consultant to help with the strategic planning process. The 2013–2014 strategic plan included: (1) a mission-related goal to integrate ACEs awareness into the delivery of family services; (2) an infrastructure-related goal to engage internal and external audiences by identifying how their goals align and offering to help meet these goals by combining efforts; and (3) a resources-related goal to collaboratively seek and leverage resources to support coalition goals. In 2013, the Coalition also developed a theory of change (Figure A.1).

Use of data. While the coalition does not have staff dedicated to data collection and analysis and has not funded any external evaluations of its work, it has worked with other community organizations to use data from existing sources for community planning purposes. For example, the coalition collaborated with Eastern Washington University on its Chelan Douglas TRENDS website, which includes local statistics on topics such as health, education, the environment, transportation, and public safety. These data provide important context to the coalition's work and inform the group's strategic planning efforts. In 2010, the coalition collaborated with the Community Choice Healthcare Network of North Central Washington to conduct a community needs assessment of Chelan and Douglas counties. Moving forward, the coalition sees a need for a dedicated data person, who could lead efforts to analyze existing data sources and gather primary data to inform coalition planning and help evaluate the coalition's progress.

4. Domains of coalition activity

Child abuse and prevention. The coalition has collaborated with community partners to offer education and support for parents and families through several general parenting prevention programs:

- **Kaleidoscope Play and Learn Program.** These are facilitated play groups for parents and caregivers of children ages birth to 5 years. The groups are run by the local Catholic Family and Child Services agency using the Washington State Strengthening Families framework.
- **Valley Intervention Program (VIP).** This is a behavioral program that trains families on positive behavior management skills to help parents regain control of their responses to their children's behaviors and train children in social and behavioral skills that are needed to succeed in school.
- **Washington State University (WSU) Parenting Classes.** WSU offers a range of classes to parents, including (1) Children Cope with Divorce, a four-hour, court-mandated parenting class for divorcing parents; (2) Strengthening Families 10–14, to reduce use of alcohol and drugs and strengthen communication and empathy between family members; and (3) Resilient Families Inside and Out, a program through a local drug and alcohol in-patient program that combines parenting education with yoga for stress management.

- **Love and Logic Parenting Classes.** Since 2000, TOGETHER! For Youth has offered free, 12-hour Love and Logic Parenting Classes to community members at a local school in both English and Spanish. The classes are designed to teach parents practical parenting skills.

School success activities. Members of the coalition's prevention and family committee have collaborated with the local school district and the Children's Home Society to reduce truancy and conduct problems among youth through a local chapter of the Readiness to Learn (RTL) Initiative. RTL is a Washington State program that aims to reduce suspensions, improve academic performance, and prevent dropouts by providing educational and community support to at-risk students and their families. This work has been drastically reduced in the last four years due to state budget cuts, but the school district worked with the North Central Educational Service District and the Children's Home Society to ensure that the program continues, despite its limited funding.

Risk reduction and healthy youth development. The coalition is also working with the Children's Home Society and the Chelan County Juvenile Court to implement a community truancy board for the district. The board will identify barriers to school attendance to decrease truancy rates in Chelan County. In addition, the Coalition recently started working with the Westside Alternative High School to instill a focus on ACEs, trauma, and resilience into the school's culture.[2] As part of this work, the coalition conducted an ACEs survey at one of the high school's feeder elementary schools; the survey showed that more than half of the 5th graders had four or more ACEs.

Community development. The coalition sees community engagement and development as essential to ACEs prevention, and seeks to raise awareness about ACEs within all sectors of its target community. In May 2010, the coalition hosted two-day Hurt to Hope! conference in Wenatchee, which was attended by 162 people from multiple sectors of the community.[3] Since the Hurt to Hope! conference, the coalition has continued its outreach on ACEs through a variety of avenues, including ACEs trainings for school, clinic, and daycare staff conducted by a local public health nurse (and coalition member) and ACEs workshops through the Wenatchee Valley College conducted as a collaboration between the coalition, the Office of Superintendent of Public Instruction (OSPI), the North Central Educational Service District, and the college. In total, about 90 participants attended the workshops. They are from different community sectors, including education, child welfare, health, family planning, mental health, early intervention services, licensed child care, and prevention of drug and alcohol use.

Policy and systems change. Since 2000, the coalition has hosted an annual Legislative Forum to provide an opportunity for state and local legislators to hear from the coalition on topics of interest to the community. Local program representatives and clients talk about the impact that local programs have had on them and their families, and they talk about the potential impact that a loss of funding would have on their access to those programs. Although the forums have been generally well-attended, in site visit interviews, respondents noted that recent funding

[2] For more information on Westside High School efforts, see Chapter III.

[3] An earlier Hurt to Hope! conference was conducted in Spokane in 2008.

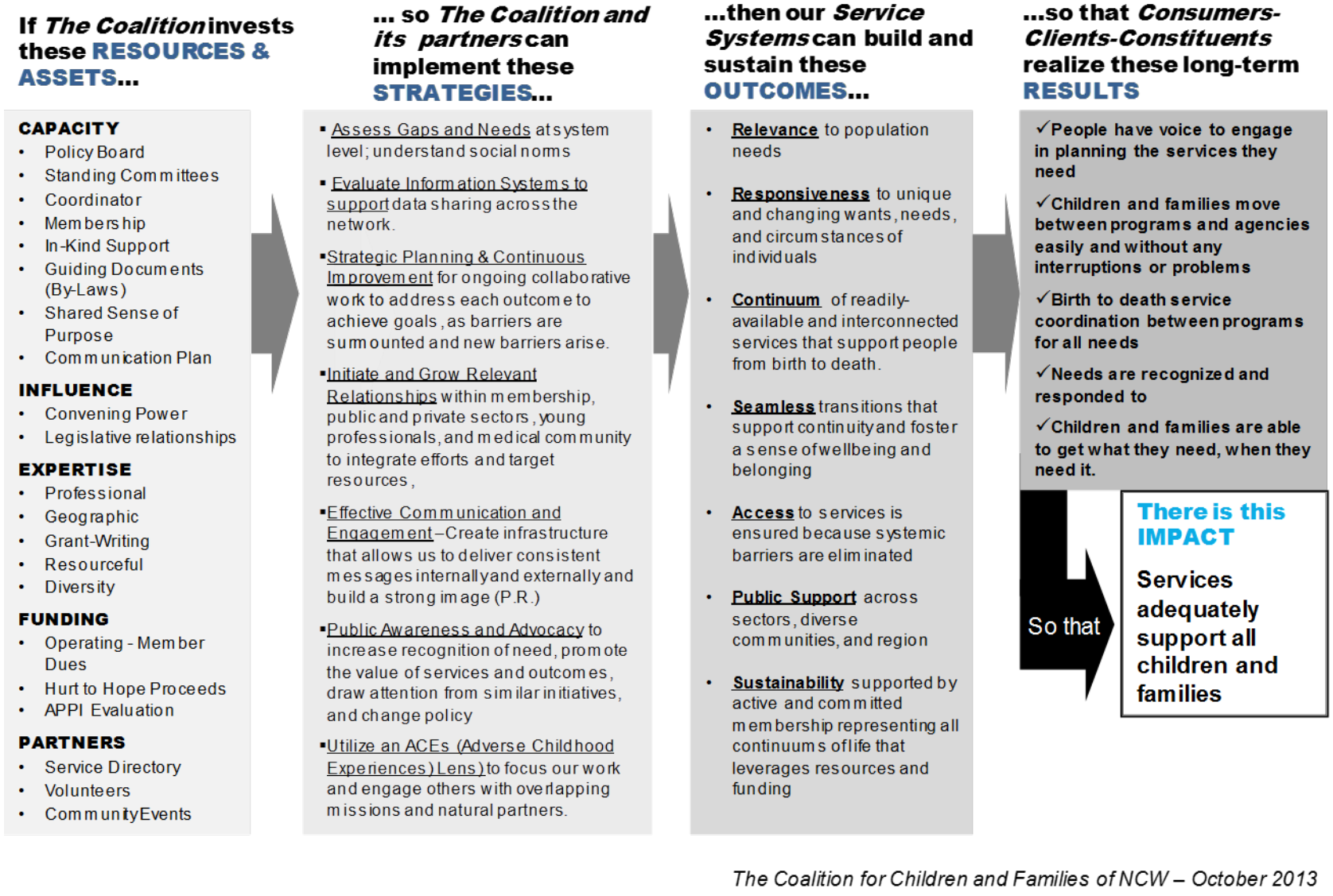
cuts across the state reduced the number of local agencies who have been able to attend the forums.

5. Community impact

The coalition has worked on increasing awareness of ACEs across their community.[4] The coalition kicked off their ACEs-awareness activities in 2010 with its Hurt to Hope! conference and continues to educate members of the social service, education, and health care sectors of the communities through ongoing ACEs workshops and trainings. The coalition's annual legislative forums have been received positively by state legislators; anecdotally, the coalition members feel that these efforts have helped prevent loss of public funding for important programs that serve the NCW community. The coalition has also worked closely with its community partners to institute a variety of parenting support and education opportunities in the Wenatchee area. Last, the group has also started to focus its attention on the areas of school support and reduction of risk behaviors among the region's youth.

[4] For more information about ACEs awareness campaign, see Chapter III.

Figure A.1. Coalition for Children and Families of North Central Washington theory of change



The Coalition for Children and Families of NCW – October 2013

B. Okanogan County Community Coalition Profile

1. Coalition overview

Context. Okanogan County, which is larger than the state of Connecticut, is the largest geographic county in Washington State, and the third-largest county in the continental United States. The county stretches over the western portion of the Colville Indian Reservation. Okanogan County includes just over 40,000 people, 20 percent of whom live in the greater Omak area. The county's population is predominantly white, with smaller proportions of Native American (15 percent) and Latino (13 percent) residents.

The Okanogan County Community Coalition targets greater Omak area, which includes about 7,000 residents, about one-third of whom are age 19 or younger. Omak—population of about 4,800 residents—is the largest municipality of Okanogan County and the largest municipality in Central Washington north of Wenatchee. It also serves as the commercial center for the rural communities of Okanogan County and other nearby settlements, and is the regional center for services and trade in the county. The coalition chose to target Omak because of the school district's initial interest in the project and its experience sharing data and working collaboratively.

In site visit interviews, respondents remarked on the high levels of poverty among Okanogan residents and corresponding rates of high unemployment and homelessness on the Colville Reservation and in the county more generally. The median income in Omak is $31,649. The median household income in the county is slightly higher, at $33,676. Government and tribal jobs are currently the largest source of employment for county residents, representing a shift from agriculture, which previously accounted for many jobs in the region. In addition, tribal members receive biannual payments from the hydropower dam, about $2,000 per person.

In site visit interviews, respondents cited two major issues in the Okanogan area. First, high rates of drug and alcohol use among county youth and adults were documented in the area. In the 2010 Washington State Healthy Youth Survey (HYS), 36 percent of 6th graders reported having already taken their first drink, and 82 percent of 10th-grade students indicated that they believed they would not be caught by the police if they drank alcohol. Moreover, the respondents believed that the county has experienced increased opiate and methamphetamine abuse among its residents, particularly among tribal residents. Second, five suicides occurred on the Colville tribe reservation in a three-month period. Respondents believe that these incidents involved adults only, and that most were related to domestic violence and alcohol and drug use. As a result, the coalition aims to reduce the incidence of suicide in the Okanogan community, particularly among youth and tribal members by implementing strategies that reduce youth substance use.

Origins. The coalition's name and goals have changed several times in the past decade and a half. The group began in 1999 as the Methamphetamine Action Team to address the methamphetamine abuse in the county. Around 2001, this group transitioned into the Drug-Endangered Children Team, which began to focus on preventing the use of alcohol and drugs among youth. In 2006, the group became the Okanogan County Community Coalition in response to community mobilization funding received through the Washington State Department of Community, Trade, and Economic Development.

In September 2010, the coalition received federal funding from the SAMHSA Drug-Free Communities grant program. In November 2013, the coalition received approval for 501(c)(3) status, which enabled it to serve as the fiscal agent for its grants. This grant marked a shift in the coalition's focus towards ACEs prevention activities. As a result, the coalition's membership has expanded to include key community partners, including local school districts, the prosecutor's office, and the Colville tribe.

Goals. The coalition's mission, as stated in its 2013 application for APPI funding, is to "effectively address the problems of youth substance abuse and violence in our community by promoting collaboration, cooperation, communication, commitment, and cultural competency." The coalition's logic model expands on the goals of this mission, citing hopes to address the following ACEs in the greater Okanogan area: (1) physical and emotional abuse; (2) physical and emotional neglect; (3) early truancy among youth ages 8 to 14; (4) discipline referrals for conduct; and (5) mentally ill, depressed, or suicidal person in the home (Figure A.2).

Focus on ACEs. The current coalition director, who previously worked with the Chelan-Douglas TOGETHER! for Youth program, first learned about ACEs at the 2010 Hurt to Hope! conference in Wenatchee. She brought her interest in the topic to Okanogan when she joined the Okanogan coalition in 2010. Other members of the coalition reported first learning about ACEs at the 2009 Washington State Prevention Summit.

The Okanogan coalition conducted its first ACEs 101 training in March 2011, after which the local Educational Service District (ESD) asked the coalition to collaborate on SAMHSA's Complex Trauma Training Network grant. This partnership helped the coalition members learn more about the ACEs-related work of other communities; as a result, the coalition initiated an ACEs subcommittee in 2011. Discussion at early meetings of the subcommittee led to the integration of ACEs concepts in the work of various sectors in the community, including the court system, the medical community, and the schools.

2. Coalition infrastructure, leadership, resources, and communications

Structure. Although the coalition has a core group of members who serve as its governing body, it also relies heavily on input from, and collaboration with, community members and partner organizations to effectively implement and maximize the reach of its work. In 2014, the coalition's membership included more than 60 people. Coalition members fall into one of three tiers of membership:

1. **Policy board members** who serve as the group's governing body. As of September 2013, the policy board included 24 members.
2. **Community members** who attend monthly meetings and/or serve on subcommittees, but do not have voting powers.
3. **Coalition partners, consultants, and collaborators**, who have knowledge or expertise in a relevant field and volunteer their time as needed in coalition activities.

The coalition's executive board includes three members of the policy board (the legislative chair, the education representative, and the general community representative), who are elected yearly, as well as a chairman, vice-chairman, secretary, and treasurer. Policy board members

may also serve on one or more coalition subcommittees, which allow smaller groups (5 to 10 members) to focus on specific topics. New subcommittees are established at the general coalition meetings.

Leadership. Between 2004 and 2014, the coalition's leadership changed four times, while its budget grew ten-fold, from $32,265 in 2004 to $335,698 in 2014. Between 2010 and 2012, the coalition was led by two co-directors. Since 2014, the coalition has been led by one full-time director, Ms. Andi Ervin. Prior to that (2007–2010) she worked with the TOGETHER! for Youth coalition of Chelan and Douglass counties as a program coordinator, which gave her a solid background in prevention. Mr. David Kirk (the Omak High School principal) became the coalition chair in 2014, replacing a previous chair who served on the coalition since 2000. He was heavily involved with the coalition when its work focused on methamphetamine prevention, but stepped away from this role when the coalition shifted to broader prevention efforts.

Resources. Current coalition funding sources include SAMHSA's Drug-Free Communities grant (a five-year, $125,000 per year grant it first received in September 2010 and then awarded for a second five-year term in September 2015) and other smaller grants, including funding from the state's Department Social and Health Services (DSHS) Division of Behavioral Health and Recovery (DBHR). In 2014, the coalition paid the salaries of the full-time director, a full-time program coordinator, and a half-time ACEs coordinator; all other positions were filled by volunteers. Most coalition members spend two to four hours per week on coalition-related activities. In addition to these donations of time from coalition members, the group uses in-kind contributions from the local radio station and other local organizations to raise awareness about their activities. In site visit interviews, coalition members reported that, in general, the coalition had enough resources to carry out its work, especially with the influx of funding from its Drug-Free Communities grant, an American Medical Association grant, and the APPI grant.

Communication. The coalition meets monthly to discuss progress, assess community needs, build capacity to address these needs, and formulate strategies for implementation. Subcommittees meet as needed throughout the year, and their members communicate by email between meetings. Coalition members track their time spent at meetings as volunteer time for the Drug-Free Communities in-kind match requirements.

3. Cross-sector partnerships, planning processes, and use of data

Cross-sector partnerships. The coalition has broad representation from the greater Omak area, including at least one member from each of the 12 community sectors required by the Drug-Free Communities grant. The coalition also partners with other organizations on many of its activities. The Omak School District, the Okanogan Public Health District, and the Omak Police Department are among the coalition's most active partners; in 2014, employees of these organizations held leadership roles on the coalition's executive and/or policy boards. Other connections between the coalition and the community develop through member involvement with other local or state organizations that aim to address similar goals within the community. For example, several coalition members serve on the North Central Early Learning Collaborative, one of 10 early learning collaboratives in the state's Thrive by Five program.

In accordance with the Communities That Care (CTC) model that guides the coalition's work, the coalition relies heavily on the community reach of its members to implement its strategies. When a strategy is identified, the coalition first asks who in the community can help to carry it out. If that person is not yet a member of the coalition, it tries to recruit someone from that sector or group to work on the project. In site visit interviews, some respondents thought that the community's small size facilitated these cross-sector connections: "When you live in a small town … the connections are visible. You're at a soccer game on Saturday and there's the judge. There's the police officer. There's the grandma of the grandson they just arrested and there's the grandson playing soccer with the officer's kids." Despite local successes, the coalition has faced challenges working with tribal leadership on coalition projects, in part because of ongoing turnover in tribal leadership and staff positions.

Community planning processes. The coalition's process is informed by the University of Washington Social Research and Development Group's Communities That Care (CTC) model, which follows the public health model and parallels SAMHSA's Strategic Prevention Framework. The CTC model was developed to help communities plan, implement, and evaluate proven, effective prevention strategies to help promote healthy youth development, improve youth outcomes, and reduce problem behaviors. In keeping with this model, coalition members believe their work should be evidence-based and driven by the coalition's goals. The group's strategic plan was adopted in 2012, revised in September 2013, and updated again in 2014.

Use of data. Coalition members strongly believe that to use their resources efficiently and effectively their work should be data-driven and use evidence-based practices whenever possible. In the past, the coalition has used data from many sources, including school and community surveys as well as local police and court administrative data. Local surveys include biennial middle and high school surveys and a brief monthly high school survey that monitor students' drug and alcohol use and periodic community surveys assessing adults' perceptions of underage drinking and marijuana use as well as community norms related to the use of alcohol and drugs. These data are used, for example, to inform the MOOV Positive Social Norms Campaign, an effort to reduce alcohol use among youth in the community.[5]

In addition, the Okanogan coalition's evaluation subcommittee meets several times each year to review local and state data sources for strategic planning purposes. Subcommittee findings are presented to the larger coalition and used to develop and revise logic models, revise the coalition's strategic plan, and identify steps for action. Once a year, the coalition uses a coalition assessment tool to measure its overall effectiveness, including its vision, structure and membership, leadership, outreach and communication, opportunities for growth, effective planning and implementation, engagement of community members and key community leaders, partnerships with other organizations, and member participation. It has consistently scored more than 4.0 on a 1 to 5 scale, demonstrating its effectiveness as organization.

[5] For more information on the MOOV Positive Social Norms Campaign, see Chapter III.

4. Domains of coalition activity

To prevent and mitigate ACEs and foster resilience within its target population, the coalition is using activities and programs that aim to provide support and education for parents (through Triple P Positive Parenting Program (Triple P) and Love and Logic Parenting), reduce discipline problems among students (through the PAX Good Behavior Game [GBG]), help truant students (though a community truancy board), and shift community perceptions about underage drug and alcohol use (through the MOOV Positive Social Norms campaign).[6]

Child abuse and prevention. In 2012, the Okanogan coalition implemented the Triple P in Omak through a DSHS DBHR grant designed to engage primary care providers in child abuse prevention. Triple P is an evidence-based, multi-level parenting and family support system for families with children ages 12 and under. Triple P is a population health-based program that works across the prevention spectrum. It provides a suite of services at different levels of intensity, from general prevention parenting programs to early intervention services targeting at-risk families, as well as services and supports for intensive treatment. By training local medical and behavioral health providers in the use of Triple P, the coalition aims to normalize the concept of providing a range of parenting support among families and medical service providers.

Under the DSHS DBHR grant, the coalition arranged for service providers to be trained on Triple P. The coalition also used mental health block grant funding to expand its Triple P efforts throughout the community. By the summer of 2014, 30 local medical and behavioral health providers, as well as staff from Okanogan Public Health, Tribal Health, and the Okanogan County Dispute Resolution Center, have been trained on Triple P. The Family Health Center worked to institutionalize Triple P practices in its clinic's well-child exams/visits, and its providers, who are trained and accredited in Triple P, can bill for Triple P services through the state's Medicaid Healthy Option Benefit. As a side note, the coalition has also supported and expanded local Love and Logic Parenting trainings, which have been available in the community since the late 1990s. Due to staff turnover in 2014, all but one Family Health Centers' primary health providers who were trained in Triple P moved from the area. That left the community without the capacity to continue the program as intended. However, Okanogan County Public Health continues to provide Triple P as part of its maternal/child health program and a fee-for-service contract with Children's Administration.

School success activities. The coalition has worked closely with the Omak Middle and High Schools to implement several programs designed to reduce problem behaviors among students. It has raised ACEs awareness among teachers, school staff, and school counselors. Omak School District teachers and administrators also attended state-supported Compassionate School trainings, which focused on how to support and teach students who are chronically exposed to stress and trauma. In 2013, the coalition helped pilot the PAX GBG in several Omak schools. The GBG is an evidence-based classroom management program that rewards students for appropriate, on-task behavior during instruction. When the program was piloted in one third-grade classroom, the number of negative behaviors observed within a 15-minute period declined

[6] For more information on the Omak School District Community Truancy Board and MOOV Positive Social Norms Campaign, see Chapter III.

from 413 behaviors to only 4 after the GBG practices were implemented. This program continues to be implemented in the after-school program at Omak School District.

Risk reduction and healthy youth development. During the 2014–2015 school year, the coalition helped form the Omak School District's community truancy board, in partnership with the Okanogan County Juvenile Court and Omak School District Superintendent. The truancy board includes a juvenile court officer, school staff, mental health providers, and representatives from the coalition, the community action council, Colville Confederated Tribes, and the Family Empowerment agency. It is designed to resolve barriers to school attendance and divert students from the juvenile justice system. Okanogan Juvenile Court worked with the Okanogan County Prosecutor's Office to provide Family Functional Therapy (an evidence-based trauma-informed model of mental health counseling) to families involved in the juvenile justice system.

Reducing use of drugs and alcohol among county youth has been the main goal of the coalition. It has worked closely with the Omak Police Department to visibly enforce underage drinking laws through party patrol efforts and investigations to identify individuals who supply alcohol to minors. The coalition also has used its connections with local businesses to support these efforts. The coalition began partnering with Okanogan County Sheriff's Department in the fall of 2010 to implement semi-annual prescription drug take-back events. In 2012, the coalition received an 18-month Enforcing Underage Drinking Laws (EUDL) grant to enforce underage drinking laws through the use of emphasis patrols and alcohol compliance checks.

The coalition has worked extensively with the Omak School District on risk reduction efforts. At the Omak Middle School, 6th graders complete Project Northland, a program that aims to increase student knowledge of the risk associated with underage drinking and improve student leadership and support. All 6th through 8th grade students at Omak Middle School receive Botvin LifeSkills Training, a curriculum that increases social skills, critical thinking and decision making, and provides education on alcohol, tobacco, marijuana, and other drugs. In high school, Omak 9th through 12th graders attend Project SUCCESS, a drug and alcohol prevention initiative, based on SAMHSA's substance abuse prevention model and funded by the North Central Educational Service District. The Omak School District also has been a key partner in collecting data on student drug and alcohol use. The Omak Key Club, a high school service organization sponsored by Kiwanis International, has worked with the coalition on recording a PSA for "staying clean and sober," which was played on the radio and in school homerooms during homecoming season, implementing family-friendly community events, collecting adult community surveys, and implementing school-based positive social norms marketing.

Finally, the coalition has worked closely with community partners on its MOOV Positive Social Norms campaign, which highlights positive behavior and community norms about adult and youth alcohol use. The MOOV campaign focuses on the fact that "Most of Okanogan Valley" (MOOV) is contributing to a healthy and safe community. The coalition has also implemented positive social norms campaigns at the Omak Middle and High Schools. For example, the coalition places posters in all Omak High School bathrooms with the message: "Hey Kids! Party this weekend? Consider us invited!" with a picture of a police car. This poster was developed after the coalition became aware of plans for students to meet at a local camp ground for a large drinking party. This message was then "scaled up" by the coalition and became a billboard in downtown Omak.

Community development. The coalition sees community engagement and development as an essential ACEs prevention strategy, and seeks to raise awareness about ACEs among all sectors of its target community. In March 2011, the coalition partnered with the Support Center, the Family Health Policy Network, Family Empowerment, and the North Central ESD to facilitate a three-hour ACEs 101 training at the Okanogan Public Utility District. This training, which 119 members of the community attended, focused on what ACEs are and why the community should be aware of them.

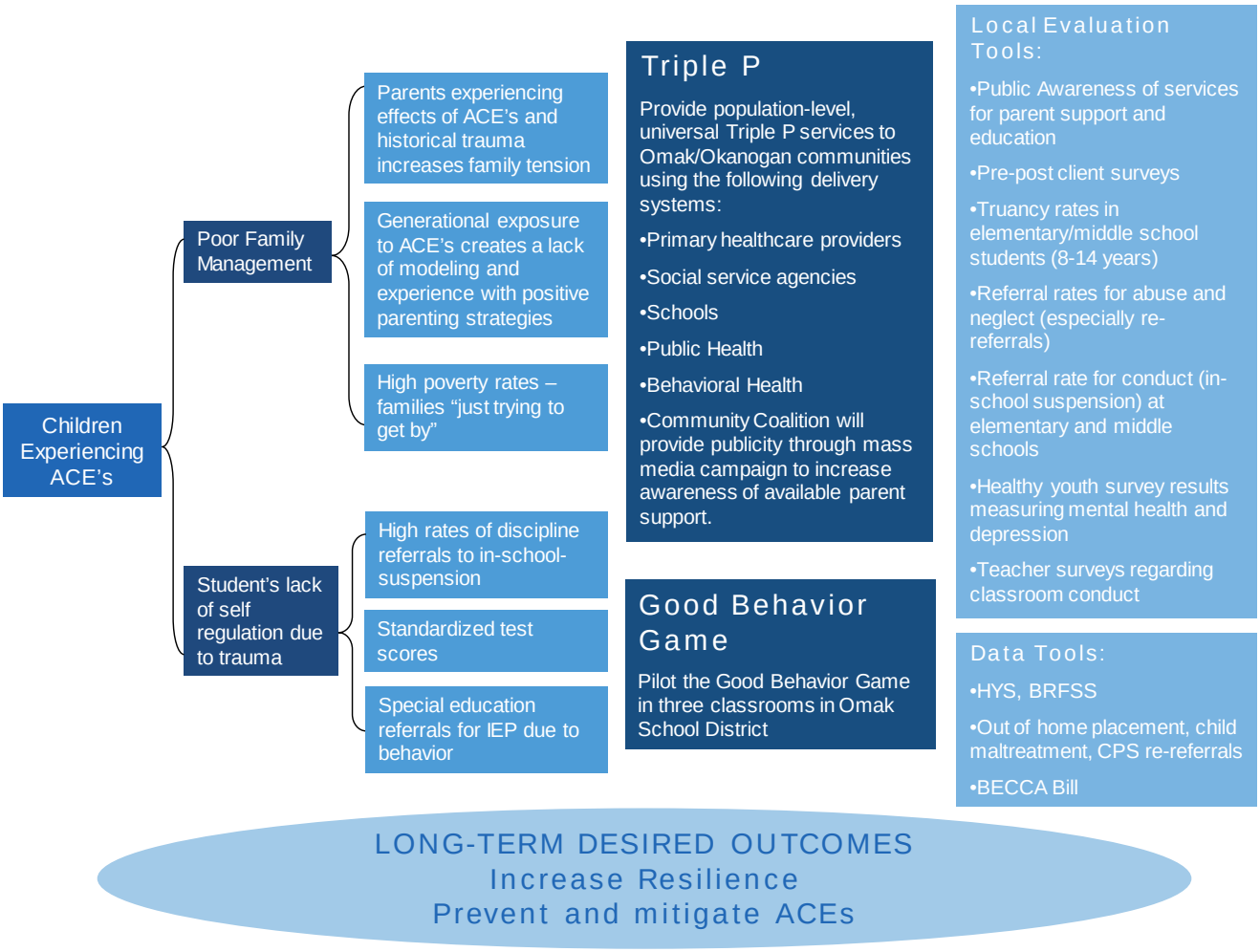
Policy and systems change. The coalition has not focused on policy change at the state level. However, the coalition has been more active at the local level, working to institutionalize Triple P practices in the local health care system, by helping local primary care providers provide well-child exams that can be reimbursed through the state's Medicaid Healthy Option Benefit.

5. Community impact

The Okanogan County Community Coalition has implemented strategies that aim to reduce or eliminate the ACEs cited in its logic model (physical and emotional abuse and neglect; truancy; discipline referrals; and mentally ill, depressed, or suicidal person in the home). The group's work is guided by the principles of the CTC model, which emphasizes the importance of community collaboration, evidence-based strategies, and continuous evaluation of programs and policies. Coalition members believe that their strong connections with community partners are key to the success of their work.

Emphasis on collaboration has helped the group expand the scope of its work across the prevention spectrum, and the reach of key strategies across service sectors in the greater Omak area. Two examples of the coalition's partnerships with multiple other organizations are MOOV positive social norms campaign and Omak Community Truancy Board. Supported by state and federal funding, the coalition has also worked extensively and successfully on the reduction of underage use of drugs and alcohol, among local youth. In addition, more sectors of the Omak community now understand the concept of ACEs. However, the coalition acknowledges the need to continue to educating community members, Child Protective Services staff, and local law enforcement officers about the importance of ACEs. To have greater county-wide impact, the coalition also recognizes the need to expand the reach of its efforts beyond the greater Omak area to other, more rural parts of the county.

Figure A.2. Okanogan County Community Coalition theory of change



Source: Okanogan County Community Coalition

C. Skagit County Child and Family Consortium profile

1. Coalition overview

Context. Skagit County is geographically large and located in the northwestern portion of Washington State, bordering Pacific Ocean to the west (and includes islands) and extending east into the Cascade Mountains. The easternmost portions of the county have lower population densities, in general, which creates a challenge for providing services in more remote areas of the county. The Skagit County Child and Family Consortium is based in Sedro-Woolley, approximately 70 miles north of Seattle and 26 miles south of Bellingham, the county seat of nearby Whatcom County.

In the last decade, the county's demographics have shifted due to a growing Latino population, including former migrant workers. Many of the Latinos who live in the county are English learners, creating a demand for bicultural/bilingual services. The county also has a small Russian-speaking population. Because of high levels of poverty that exist throughout the county, there is high demand for assistance with basic needs, such as housing. During the economic downturn after the financial crisis of 2007–2008, many local service agencies experienced lay-offs, including bilingual/bicultural staff. This has reduced the availability of Spanish-speaking service providers.

Skagit County has a relatively small population,[7] making it easier for the consortium to convene key social service players around issues of common concern. In site visit interviews, consortium members described a vibrant culture of collaboration and trust among local service providers, and consider this collaborative culture an important community asset. Two changes in the local social service system may affect local ACEs-related collaboration. First, the merging of the county's human services agency and health district (public health department) may increase ACEs-related collaboration among these units. Second, in 2014, Skagit County became a pilot site for the Children's Administration's Child Protect Services (CPS) Family Assessment Response (FAR). This program provides low- to moderate-risk families with services in a more collaborative, less threatening way than in traditional CPS investigations. This program may help to incorporate more trauma-informed practices into the county's CPS activities.

Origins. In Skagit County, social service organizations have had a long history of networking and collective case management. The Northwest Educational Services District 189 (ESD) originally started a child resource team for collective case management. Eventually, many of the people in that group became part of the local advisory board for the area's Readiness to Learn (RTL) program. In this role, the consortium focused on early childhood issues and developmental assets. When the ESD 189 received a federal Safe Schools/Healthy Students (SS/HS) grant in 2005, the consortium took a more active community-wide role as grant advisors. The consortium's goals also broadened to encompass both risk and protective factors. The consortium changed its structure and goals again in 2008, when it was approved as a local affiliate of the state's Family Policy Council (FPC) network. In 2009, the consortium became a 501(c)(3). United General Hospital became its fiscal agent in 2010.

[7] Based on 2010 U.S. Census, Skagit County had a population of about 117,000.

Goals. The consortium views itself as a community capacity-building group, serving as a vehicle for information sharing and collaboration among agencies and organizations so that they can better meet community needs. The group aims to provide a seamless continuum of support for children and families in the county. This means including service providers and groups that serve children and youth at all ages and for all different types of needs—including substance abuse prevention, education, and housing—and helping them better coordinate their work to fully support families. The consortium also helps bring new resources to the community by collaborating on efforts to win grants.

Focus on ACEs. The consortium was first introduced to ACEs through a "bare bones" training in 2007, but did not begin to think more about its work through an ACEs lens until 2009. In 2010, the consortium began hosting ACEs 101 trainings. At least once a year, between 50 and 100 people attend these trainings. Each training targets a specific type of attendee (for example, the most recent training targeted educators), but all trainings are open to anyone in the community. The trainings have historically been provided at no cost to attendees, although the consortium did charge for clock hours provided to educators at a recent training. The consortium also engages in other activities to spread ACEs concepts. For example, the consortium has incorporated ACEs into community "world café" activities. The consortium also presented Healthy Youth Survey (HYS) ACEs results to local schools.

Consortium efforts to build knowledge of ACEs have had a cascading effect, as people who have attended ACEs trainings have promoted ACEs concepts and recommended the training to colleagues. In site visit interviews, consortium members noted that their knowledge of ACEs has changed how they approach their work. They reported being more empathetic in their dealings with children and families, seeing them in the context of their family issues, and being more accommodating of their emotional needs. For example, the local health district chose ACEs as one of its areas of focus and is working to incorporate ACEs concepts into its Nurse-Family Partnership (NFP) home visiting program.[8] However, members also reported not knowing how best to apply these concepts; they requested more concrete, evidence-based techniques to use to incorporate trauma-informed practices in their work.

2. Coalition infrastructure, leadership, resources, and communications

Structure. The consortium has an executive board of 10 people that meets at least monthly. The board was created partly to take "business" activities (for example, those related to gaining 501(c)(3) status) out of the general membership meeting. The board positions are elected, but some people remain on the board after their term ends if their role requires it. For example, the board's current secretary is part of the Family to Family program. She will remain on the board while as the consortium continues to serve as the advisory board for the local Family to Family program.

Leadership. The consortium funds one dedicated coordinator position at 20 hours per week, although the number of funded hours for the position has fluctuated over time. The coordinator is employed through the United General Hospital District 304, the consortium's fiscal agent. She

[8] For more information on the Nurse-Family Partnership program in Skagit County, see Chapter III.

has other duties in her position at United General Hospital, and sometimes feels like she has almost two full-time jobs. When the coordinator's supervisor identifies funding that could relate to the consortium, she sends the work to the coordinator to help keep her salary funded. Although this is helpful, it sometimes detracts from the consortium's agenda, because the coordinator's time becomes devoted to the more narrowly defined needs of these new funding streams. As a result, the funding resources can "send the focus of the consortium's efforts into whatever direction the money is asking for."

Resources. The amount of financial resources available to the consortium has fluctuated. Consortium funding was at its height when the group received funding from the SAMHSA's Safe Schools/Healthy Students (SS/HS) grant between 2005 and 2009. Currently, the consortium receives most of its funding from APPI, the Northwest High Intensity Drug Trafficking Areas (HIDTA) program, and Skagit County. In the past, the consortium also received funding from a number of other sources, including the Division of Vocational Rehabilitation (DVR). Overall, the consortium members feel that they do not have enough resources and that they could do more if they were better funded. The consortium has contingency plans if it loses funding for the coordinator position, but this would damage the operations of the consortium.

Communication. To aid planning and communications, the consortium has a strict membership policy. To be a voting member, a person must have attended at least three meetings in the previous 12 months. If a person has not attended enough meetings in the past year to be a full voting member, he or she can still attend consortium meetings as a guest. Between 20 and 35 people attend each monthly meeting. In general, the members have a shared vision of the purpose of the consortium as a community capacity-building organization to meet community needs. In site visit interviews, most members reported viewing the consortium's mission through an ACEs lens. ACEs language is frequently brought up during consortium meetings and ACEs concepts are linked to many consortium topics and activities.

3. Cross-sector partnerships, planning processes, and use of data

Cross-sector partnerships. The consortium seeks to have a broad-based membership, representative of all of the agencies and institutions that serve youth in Skagit County. People can become consortium members in different ways. Many hear about the consortium when they begin working in Skagit County and become involved to get connected to the community. Some automatically attend the meetings as part of their job duties, and others are actively recruited to join the group. Although there is some involvement from community members, the consortium does not actively seek their participation. However, when the consortium needs community input, it reaches out to the larger community through surveys and community meetings.

Community planning processes. The consortium incorporated the University of Washington Social Research and Development Group's Communities that Care (CTC) model into its planning processes. The CTC model, which follows a public health approach, was developed to help communities plan, implement, and evaluate proven, effective prevention strategies to help promote healthy youth development, improve youth outcomes, and reduce problem behaviors. The consortium holds a strategic planning retreat every summer to review and adjust its activities. The first strategic plan was created in 2003, and the most recent one was created in 2013.

The Skagit consortium has also incorporated elements of the SAMHSA's Strategic Prevention Framework. Through its engagement with the Family Policy Council, the consortium also learned about community capacity development work of John McKnight and Jody Kretzman. This remains a key part of the consortium's conceptual framework or theory of change (Figure A.3). According to this theory of change, six activities—(1) education, (2) networking, (3) outreach, (4) access to services, (5) utilizing local data and common metrics, and (6) community forums—allow the consortium to build community capacity and, in turn, achieve its short- and long-term goals.

Use of data. The leadership analyzes the county's Healthy Youth Survey (HYS)[9] data every two years for planning purposes. It also collects and analyzes some individual program data. But, it does not have the capacity to evaluate its own consortium activities. During the SS/HS grant period, the consortium had funding for an evaluator who helped with grant evaluation and strategic planning. When the grant ended, this function was not sustained. The network conducted some limited community capacity review work, but this was much more basic than what was funded before. Currently, no one in the county is doing evaluation work for the consortium.

4. Domains of coalition activity

Child abuse and prevention. The consortium has been working on activities that focused on preventing child abuse and promoting healthy family dynamics, including the Nurse-Family Partnership home visiting program, the Strengthening Families Program, and a child sexual abuse prevention workshop.

- Nurse-Family Partnership (NFP)[10] is a home visiting program, where nurses visit women during pregnancy and the first two years of their children's live. The program aims to help develop parenting skills. The consortium serves as the community advisory board for the program.
- Strengthening Families Program (SFP) is designed to help build better relationships between middle school-age children and their families. It holds dinners with the families that are followed by activities to support parent-child relationships. The consortium has funded SPF since 2010.
- Stewards of Children is a training program operated by the Brigid Collins Family Support Center to help adults (parents, service providers, and caregivers) identify and address signs of child sexual abuse. In 2012, the consortium helped bring the training workshop to Skagit County.

School success activities. The consortium has been involved in a variety of programs to help youth succeed in school. Early on, the consortium served as the community advisory board for the county's Readiness to Learn (RTL) program. Until the program ended in Skagit County

[9] Washington State Department of Health. Healthy Youth Survey home page. Available at: [http://www.doh.wa.gov/DataandStatisticalReports/HealthBehaviors/HealthyYouthSurvey].

[10] For more information on the Nurse-Family Partnership program in Skagit County, see Chapter III.

in 2013, RTL provided resources in schools and the community to help at-risk students and families reduce barriers to learning.

Other consortium activities focused on preventing high school students from dropping out of school through a Building Bridges grant. This grant helped youth involved in the juvenile justice system or in substance abuse treatment to transition successfully back into the school system.

Risk reduction and healthy youth development. The consortium has participated in a range of efforts to build resilience among youth and address risky youth behaviors, including substance abuse prevention and treatment mental health services, violence prevention, and healthy youth development.

- **Substance abuse prevention.** Under the SS/HS grant, the consortium was involved in: (1) the Students against Destructive Decisions program; (2) the Student Assistance Prevention and Intervention Services program, which funded prevention/intervention specialists in schools;[11] and (3) the Power in Numbers social norms campaign to reduce youth alcohol and drug use.
- **Mental health services.** The consortium helped start: (1) the Skagit County Behavioral Health Program, which provides certified mental health workers into all K through 8 grades in the county; (2) Prevention/Intervention Specialist program, which provided mental health and family stabilization services to at-risk youth in schools; (3) early childhood development specialists; (4) mental health programs for Spanish-speaking families; and (5) broader county access to Functional Family Therapy services.
- **Violence prevention.** Through the SS/HS grant, the consortium worked on gang violence by creating an intra-local agreement to improve communications between police and agencies, extensive gang awareness stakeholder meetings, the creation of strategic plans to address gang violence, and the creation of school assessment teams to prevent school shootings.
- **Healthy youth development.** The consortium's efforts to promote healthy youth development involve providing youth access to prosocial activities, including the Voicing Our Ideas, Challenging Everyone youth coalition, and the Varsity in Volunteerism program, and community arts projects. The consortium is also supporting the development of a community truancy board to help prevent the entry of truant youth into the local juvenile justice system.

Community development. The consortium has been involved in general community building activities. For example, the consortium regularly holds community forums that cover such topics as brain development, underage drinking, marijuana, and dropout prevention. It also has participated in youth summits, which gave youth a voice in shaping their community. Finally, the consortium has also recently created the Linda Nelson Community Champion Award to recognize individuals who have made important contributions to the community.

[11] For more information on the prevention/intervention specialist program, see Chapter III.

Policy and systems change. Although state and local policy change has not been a particular focus of the consortium, it has engaged in policy efforts that are clearly linked to its goals. For example, the consortium has advocated to maintain funding for important programs in the county and has recently begun advocating for about new state alcohol and marijuana laws. Advocacy activities have included meeting with state legislators locally and in Olympia, writing joint letters advocating in support of certain positions, and encouraging consortium members to write to their legislators on particular issues.

5. Community impact

The Skagit County Child and Family Consortium has developed from an advisory group for an education grant to a much larger, multifaceted network of community agencies, funders, and service providers. It has become a hub of community planning, priority setting, and collective action on a broad range of issues, and has brought many new programs and resources to Skagit County that address the entire spectrum of ACEs prevention, mitigation, and treatment. Primary prevention programs have included the NFP home visiting program, the SFP parenting support program, and a range of community activities, such as the VOICE coalition, student volunteering, and community contribution awards. Targeted (secondary) prevention activities have included gang prevention efforts, the hiring of school intervention specialists, and the provision of other school supports for at-risk students. Treatment services have included increasing access to mental health treatment and trauma-informed therapies in schools and throughout the county. However, while the consortium has expanded the range of individual-level services available and increased community awareness of ACEs, it has focused much less on advocating for state or local policy change to prevent ACEs and increase resiliency.

Figure A.3. Skagit County Child and Family Consortium theory of change

Source: Skagit County Child and Family Consortium

D. Walla Walla County Community Network profile

1. Network overview

Context. The Walla Walla network serves Walla Walla Valley, which encompasses Walla Walla County and surrounding areas in the southeast corner of Washington State, just north of the Oregon border. You can reach this region in four hours by car from Seattle, and three hours from Portland. To the east of the valley lie the Blue Mountains. The Columbia River bounds the area, 30 miles to the west.

Walla Walla County has a population of about 60,000 (in 2013). The population is primarily White (92 percent). Ethnically, one-fifth of the county's population is Latino (21 percent); and one in ten residents (11 percent) was born outside the United States. Walla Walla is the largest city and the county seat of Walla Walla County. The city's population of 32,000, is more diverse than the county. Four in five residents are White (82 percent), and the rest are African American, Native American, Asian/Pacific Islander, or other races. Roughly one in five residents (22 percent) are Latino. The student population is more ethnically diverse; an estimated 35 percent of students in the Walla Walla school district are Latino.

Walla Walla Valley is an educational and cultural center, home to three post-secondary institutions: Whitman College, Walla Walla Community College, and Walla Walla University. In recent years, the city has received awards for its quality of life, including a Great American Main Street award for the preservation of its downtown, and an award for being the friendliest small town in the United States. Originally known for its wheat and sweet onions, the region now has more than 100 wineries, attracting tourists and retirees.

However, pockets of the city are less affluent. In 2013, the city's median annual household income was about $41,000, two-thirds of the county's median annual household income of almost $60,000. One in five city residents (21 percent) lives below the poverty line. Many residents are linked to the Washington State Penitentiary, located in the city. It is the second largest prison in the state, housing over 2,000 inmates, and staffed by over 1,000 personnel. Many relatives of incarcerated inmates live in nearby neighborhoods. These areas are have relatively high rates of poverty, crime, substance use, and gang activity.

Origins. The Walla Walla network was created in 1994, as one of the original local networks affiliated with Washington State's Family Policy Council (FPC). Before 2002, when the FPC first introduced adverse childhood experiences (ACEs) concepts to its local affiliates, the Walla Walla network focused on building broad-based community support for the well-being of children. Early network accomplishments included the hosting the city's first Children's Forum in 1998, which spurred the creation of two new community programs in 1999: a Community Center for Youth and Friends of Children of Walla Walla, a youth mentoring program.

In 1997, the Walla Walla network hired Ms. Theresa (Teri) Barila, to work part-time as the network coordinator and part-time as the manager of the Friends program. In 2008, she became the network's full-time coordinator and has continued in that role to the present. In March 2009, the team received a planning grant from the Donald and Virginia Sherwood Trust, a local foundation, to develop a community action plan for what became known as the Children's

Resilience Initiative (CRI). In October 2009, the group received a three-year grant from the Gates Foundation to support the CRI's development. The first official meeting of the CRI team occurred in February 2010, attended by 25 agencies, parents, and community partners.

Goals. The Walla Walla network describes itself as "a community mobilization initiative to create ACEs awareness and responses." Through the CRI, the Walla Walla network has focused primarily on the development of resilience and other protective factors, arguing that "child resilience is one of the most important factors that offset the negative outcomes of ACEs." The network's mission is about "mobilizing the community through dialogue to radically reduce the number of ACEs while building resilience and a more effective service delivery system." The network's vision of success is that "all young people thrive, and parents raise their children with consistency and nurturance to develop lasting resilience in the community as a whole."

The network created a theory of change for the CRI, laying out the logic behind the network's overall strategy for addressing ACEs and increasing resilience. The theory of change map identifies long-term outcomes at three levels: (1) parents nurture their children and raise them with consistency, (2) children are resilient, and (3) the community has the capacity to foster resilience. The map also shows three pathways of activity for achieving those goals: engaging priority constituents, conducting a community campaign, and creating an effective service delivery model of ACEs prevention and mitigation (Figure A.4).

Focus on ACEs. The network's coordinator first learned about the original ACEs study through statewide FPC trainings offered between 2002 and 2007. She participated in FPC "train the trainer" events, and helped create an ACEs learning community with other local FPC affiliates, notably the networks in Whatcom, Tacoma, and Urban counties. In the fall of 2007, at a FPC staff training on ACEs, Dr. Robert Anda (a co-author of the original ACEs study) challenged communities to develop their own grassroots responses to ACEs. At that point, the Walla Walla network coordinator began to re-think the network's ACEs strategy. In March 2008, the network brought Dr. Anda to Walla Walla to give an ACEs presentation to an audience of 165 network members, service providers, and community members. The training sparked the development of a communitywide ACEs initiative.[12]

Since 2009, the CRI team has given over 700 ACEs presentations to service providers, community groups, individual agencies, businesses, neighborhood forums, and parent groups. The presentations typically cover up to six topics: the original ACEs study, brain development, resilience strategies and models, trauma-informed practices and tools for parents, and examples of what communities can do to respond to ACEs and improve resilience. The trainers sometimes use videos and resilience graphics and materials to enhance the trainings. The CRI team also uses multiple media to broaden the outreach of its ACEs/resilience message, including radio shows, newspaper stories, and through Facebook. In 2012, the team also created a website (www.resiliencetrumpsaces.org), which has received over 20,000 visitors since its creation (as of 2014). The website includes information about ACEs, the resilience framework, and resilience and trauma-informed teaching tools.

[12] For more information on ACEs and resilience campaign in Walla Walla, see Chapter III.

2. Coalition infrastructure, leadership, resources, and communications

Structure. The Walla Walla network uses a two-tiered structure that includes a governing board and a separate CRI work team, created to target ACEs and resilience. The network also works with other local collaboratives in a "network of networks" structure to accomplish its goals.

1. The governing board is made up of 16 members representing multiple sectors, including social services, education, public health, juvenile justice and law enforcement, and businesses and local foundations. Many members have served on the board since the network's creation in 1994.
2. CRI consists of 27 members, some of whom are also on the governing board. The members include parents, community members, and organizations that represent the same sectors that are on the board. The team meets on a monthly basis in meetings facilitated by the network coordinator.

The Walla Walla network also organized two other collaborative planning groups to support the network's activities: (1) the Youth Alliance, organized in 2006 to address the service needs of homeless youth, and (2) the Investors Group, which was formed in the mid-1990s, then disbanded and was reformed in 2012 to help shift local resources toward ACEs- and resilience-informed programs and practices. The coordinator explained the logic behind these organizational changes, "Over the past 15 years, the network has moved beyond individual programming to more of a system application of collaboration."

The Walla Walla network does not have a non-profit (501(c) 3) organizational status. Walla Walla Community College is the network's current fiscal agent. Blue Mountain Action Council is the fiscal agent for the CRI team. After the state's Family Policy Council was defunded in 2012, the focus of the Walla Walla network's activities has shifted from the network to the CRI team. In 2013, the governing board switched from monthly to quarterly meetings in recognition of this change in priorities.

Leadership. In the fall of 1997, Ms. Barila assumed the role of coordinator, and has continued in that role to the present. She started part-time, but eventually worked full-time in the position, regardless of whether the network had enough funding to pay her a full-time salary. As a consequence, some of her time is been taken up with fundraising for her own position, or earning income for the network through outside speaking engagements and expert consultations in other communities. In site visit interviews, network members voiced great admiration for the coordinator's talents, skills, energy, and tireless work ethic. However, several interviewees also talked about the need for succession planning that would facilitate a smooth transition of leadership when the coordinator retires.

Resources. Except for the FPC funding it received until 2012, the Walla Walla network has not tapped into federal, state, or county public sector funding for its activities. Instead, the network has relied on private funding from state and local foundations and other community organizations, as well as income generated by CRI materials and activities. The elimination of FPC funding in 2012 impelled the network coordinator to take on private speaking engagements and other profit-making activities to sustain her salary. Key network funding sources have come

from: state FPC funding, Gates Foundation grants, APPI and Empire Health Foundation grants, the Sherwood Trust and other local foundation grants, and donations from community organizations.

Communication. Between meetings, the Walla Walla network board members connect through emails and phone calls. In addition, at team meetings, members are asked to report on steps they have taken to embed trauma-informed principles into their organizations and in their collaborative, cross-sector work. In 2014, 24 members of the governing board, the CRI team, the Youth Alliance, and the Investors' Group signed a CRI memorandum of understanding committing to their adoption and implementation of ACEs- and resilience-informed policies and practices. The results were presented to the Walla Walla City Council in October 2014, as part the city's announcement of its first Resilience Month.

3. Cross-sector partnerships, planning processes, and use of data

Cross-sector partnerships. Many of the network's founding board members remain with the network, serving as governing board members, as CRI team members, or on other work groups. Current network board members include both the retired and current chief of police, the director of the juvenile justice center, the director of the Rural Library, the retired director of the Children's Home Society, the executive director of the Blue Mountain Action Council (a CAP agency), a Children's Administration supervisor, and faculty from Whitman College.

The Network's board and activities touch almost every sector in Walla Walla County, involving key public and private sectors, including social service and youth development organizations, public and private schools and health organizations, local businesses and foundations, and city and county law enforcement. The network's partner configurations differ by activity. For example, the Investors Group is recruiting more government and business leaders because of its emphasis on local investments. The Youth Alliance includes a range of organizations interested in addressing basic needs, such as housing.

Community planning processes. To accomplish its goals, the Walla Walla network has adopted a structure and process that reflects two related community capacity development frameworks. The first model is the Communities That Care (CTC), developed to help communities plan, implement, and evaluate proven prevention strategies that promote healthy youth development, improve youth outcomes, and reduce problem behaviors. The second framework is the Community Capacity Development model developed by the FPC in 2009. The model has four components: (1) networked leadership, (2) ongoing learning, (3) focus, and (4) measurable results. The network has also drawn from asset-based community development, systems change, and collective impact research.

The Walla Walla network was instrumental in the start-up and operation of two formal community planning processes: (1) the Walla Walla Children's Forums, and (2) the Walla Walla Community Council:

1. **Children's Forums.** In 1998, the network organized its first Children's Forum to bring the community together to study the challenges facing children in Walla Walla Valley. The biennial event provides a forum for social service providers, educators, community leaders, and residents to discuss a topic of focus and disseminate a data book of child indicators.

Forum topics have addressed the challenges and needs: of school-aged children, early childhood, children's mental health, community norms, citizen engagement, the impact of poverty and ACEs, brain development, and child abuse.

2. **Community Council.** In 2006, the network coordinator joined the planning team for a new initiative based on a citizen-led model implemented in Jacksonville, Florida. The Community Council model is designed to engage more community members in discussions to develop solutions to issues of community interest. The community council selected as its first topic the education, mental health, and housing issues of children. Since 2006, the Council has completed four cycles of study.

Use of data. Until the Washington State FPC was defunded in 2012, the Walla Walla network divided its evaluation activities. State FPC staff Laura Porter and researcher Dario Longhi took the lead on the Walla Walla network's evaluations, while the Walla Walla network coordinator managed other local data collection efforts. The loss of FPC evaluation support has limited the network's evaluation capacity, although the site has effectively leveraged the evaluation assistance of several faculty and students from local universities.

Meanwhile, the Walla Walla network has supported the analysis and dissemination of population-level data for community assessment and strategic planning purposes. This work started with the network's development of a data book for the 1998 Children's Forum. To fill other gaps in local data sources, the network supported the collection of new ACEs data: (1) a local oversample of the state's 2010 Behavior Risk Factors Surveillance System (BRFSS) survey and (2) a 2013 resiliency survey of students at Walla Walla's Lincoln Alternative High School.

4. Domains of coalition activity

The network has been involved in a wide range of activities to push forward its community-change agenda. These include: developing new services for at-risk youth (a community center and a mentoring program), increasing community awareness of ACEs and resilience (through hundreds of presentations, a website, and curriculum materials), supporting local organizational change (e.g., training service providers to use ACEs- and resilience-informed practices), creating new partnerships (e.g., the CRI, the Youth Alliance, and the Investors' Group), and piloting innovative trauma-informed processes (implementing new school discipline policies), structures, and incentives.

Child abuse and prevention. Several social service agencies have incorporated ACEs, trauma, and resiliency principles into their organizational policies and practices. For example, a supervisor at the Children's Administration's local Division of Children and Family Services (child protective services), then trained agency staff on how to provide trauma-informed services to their clients and manage their own secondary trauma. Agency staff are also providing ACEs and resilience information packets to their DCFS clients. At the local Children's Home Society office, the coordinator of the agency's parenting class and Home Team Parent Aide program (mentoring for parents in the DCFS system) added ACEs and resilience concepts to her classes. The local Catholic Charities director has joined the Walla Walla network board and the Youth Alliance, and is working to incorporate ACEs and resilience principles into his agency's parent counseling services.

School success activities. Local educators have incorporated ACEs, trauma, and resiliency principles into their school policies and practices. For example, after attending the Hurt to Hope! conference on ACEs in 2010 in Wenatchee, the principal of Walla Walla's Lincoln Alternative High School shifted the school's discipline policy from a punitive approach to a trauma-informed approach, and introduced other school-based ACEs- and resilience-informed services and supports, including the creation of a school-based health clinic providing integrated primary care and mental health services.[13]

In 2011, the Walla Walla School Board voted unanimously to close schools for a half-day CRI ACEs/resilience training for all school district staff. Since then, the School Board has requested that trauma-informed language be included in district policy, and that the district support the expansion of the network's activities into three elementary schools. The CRI team also started working with other schools in the Walla Walla Valley to change their disciplinary practices, including the school in Vista Hermosa, a planned agricultural community, and at the Jubilee Leadership Academy, a residential boarding school for troubled teen-age boys.

Risk reduction and healthy youth development. The network helped start numerous programs and services for at-risk youth. These include:

- **Friends of Children of Walla Walla (Friends).** Friends is a non-profit 503(c)3 organization that provides mentoring services for at-risk youth, funded by businesses, clubs, foundations, trusts, organizations, and individuals. The Friends director explained the resilience principles behind the program, "According to all of the resilience research, the primary building block is a caring relationship with a safe, consistent adult, and that is what we do."
- **Community Center for Youth (CCY).** Started in1998, the Center has partnered with the Walla Walla YMCA, and become YCCY, providing a range of recreation programs for at-risk youth, including white-water rafting, learning survival skills, playing basketball, participating in service projects such as a bike shop, and participating in essay competitions and a monthly movie night.
- **Walla Walla County Juvenile Justice Center.** The Walla Walla juvenile court conducted a survey of its juvenile detention population which showed that adjudicated youth had high rates of ACEs. The center used the results to change its behavioral approach. Staff received trauma-informed practice training. The center also provides court diversion services, including education, mental health counseling, and alcohol and other drug treatment for youth. The center also shifted its discipline policy from a punishment and demerit-based system to a more empathetic, positive response system.
- **Court Appointed Special Advocates for Children (CASA).** CASA's community volunteers are trained to serve as advocates in court for abused or neglected children. With CRI assistance, CASA: (1) added ACEs and resilience topics to group orientation trainings,

[13] For more information on the Lincoln High School efforts, see Chapter III.

(2) incorporated trauma-informed language into court reports, and (3) created a Family Treatment Court.

Community development. In early 2004, the network coordinator helped to create and lead a neighborhood safety and stabilization initiative that lead to Commitment to Community (C2C),[14] an ongoing program funded by the Sherwood Trust, to build social capital by working directly with targeted neighborhoods: Jefferson Park, Edith and Carrie, Washington Park, and Blue Ridge. The neighborhoods were selected because of their relatively high rates of poverty, crime, intensive social service needs, and disconnected residents. The goal of the program has been to reduce social and cultural isolation and empower residents to come together to address their concerns. C2C launched clean-up efforts in the neighborhoods, and brought in a community building expert from the Pomegranate Center to lead community improvement projects.

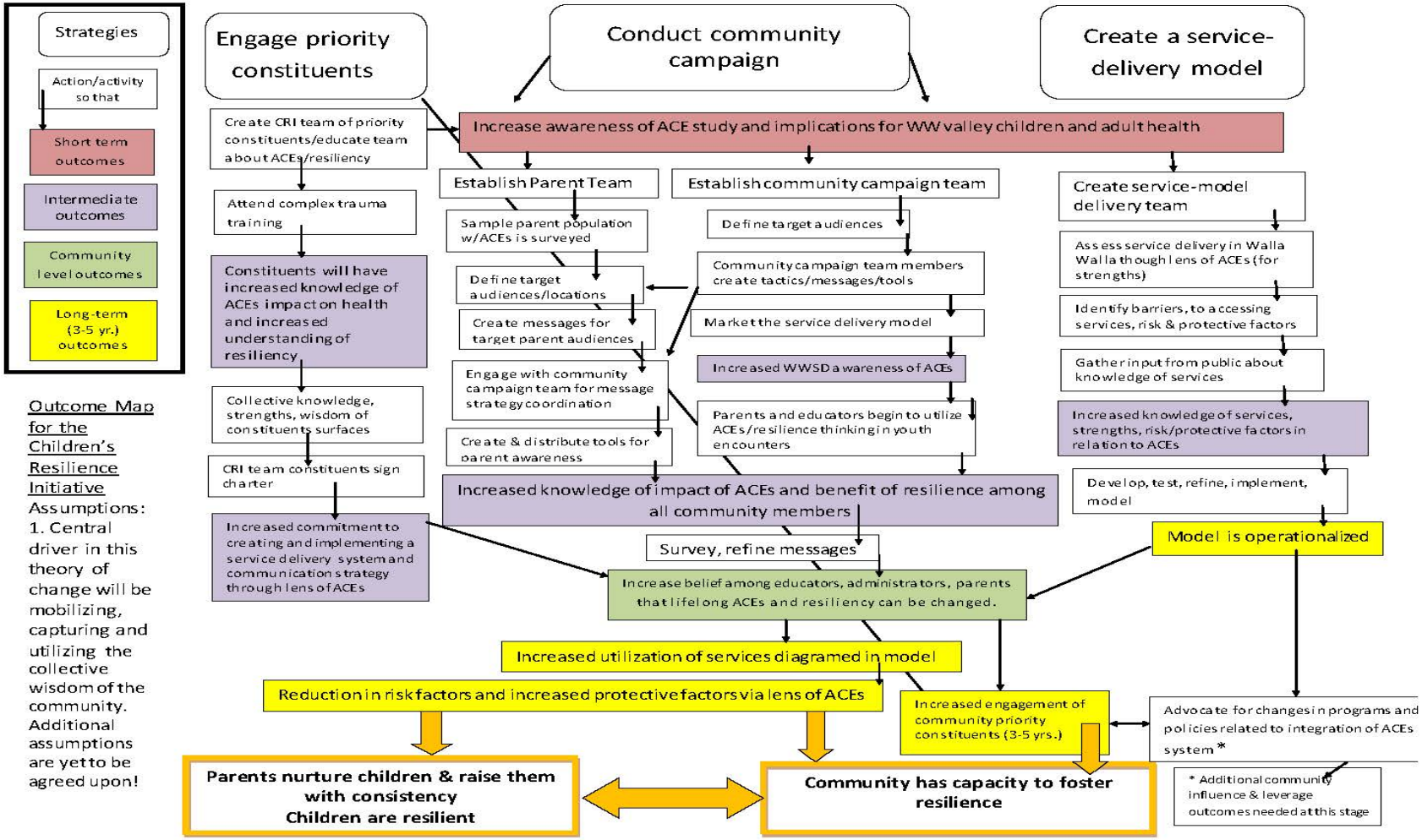
Policy and systems change. In 2014, the network coordinator worked with the Lincoln High School principal and others to advocate for a change in state high school graduation standards related to high stakes math testing. Passing this exam is a challenge for students with ACEs-related math cognition deficits. Although the effort was not successful, it was an important lesson for the network on the challenges of state policy change. At the local level, the Walla Walla network was more successful, gaining the mayor's approval to proclaim October as Resilience Month in 2013 and 2014.

5. Community impact

Over the last two decades, the Walla Walla network has collaborated with many local partners on children's issues. Since 2008, the network has focused its efforts on reducing ACEs and increasing resilience. The network has had a number of successes, increasing community awareness of ACEs and resilience (through hundreds of presentations, a website, and curriculum materials), and supporting organizational-level change (introducing trauma-informed practices at the local alternative high school, juvenile justice center, child protection agency, and other local agencies), and addressing social and economic determinants of ACEs (through community organizing at the neighborhood level). However, there is concern that these accomplishments may not be sustained as key actors (such as the network coordinator) leave.

[14] For more information on Commitment to Community efforts, see Chapter III.

Figure A.4. Walla Walla County Network theory of change



Source: Walla Walla County Network

E. Whatcom Family and Community Network Profile

1. Network overview

Context. Whatcom County is located in the northwest corner of Washington State. It is bordered on the west by the Pacific Ocean, on the east and south by Mount Baker and the North Cascade mountain range, and on the north by the international border with the Canadian province of British Columbia. The county has a population of about 206,000, of which 40 percent live in Bellingham, the largest city and county seat. The county's population is primarily white, with smaller populations of Latino (5 percent) and Native American (3 percent) residents.

Home to several colleges and universities (including Western Washington University, Bellingham Technical College, Whatcom Community College, and the Northwest Indian College), the Bellingham area is a fairly well-educated, learning-oriented community with high college student and retiree populations. The area is known as a "community that collaborates," in part because of the prevalence, longevity, and stability of its nonprofit organizations. The city of Bellingham alone has more than 800 registered nonprofit organizations and 22 neighborhood associations.

The median household income in Whatcom County is $51,458, on par with the U.S. median income of $51,371. The county has a moderate industrial base, relying on its retail (several shopping malls cater to cross-border shopping), health care, higher education, and public sectors for employment. The largest employers in Bellingham are the PeaceHealth St. Joseph Medical Center, Western Washington University, the Bellingham school district, and city and county governments.

Origins. In 1990, a Bellingham pediatrician, Dr. Kenneth Gass, founded the Whatcom Commission on Children and Youth, a community coalition of providers, community leaders, and residents interested in using a holistic approach to improve the health and well-being of children. In 1993, the commission pulled together enough funding to hire Mr. Geof Morgan as its part-time director; he eventually became its full-time executive director until his retirement in December 2015. In 1994, the Commission was awarded a grant to create the Whatcom County Community Network as a local affiliate of the Washington State Family Policy Council (FPC). The Commission operated the FPC network as a separate entity for five years until the two organizations merged and became the Whatcom Family and Community Network in 2000.

Goals. The Whatcom network works with service providers, including city and county officials, school administrators and business leaders, and heads of local associations, foundations, faith-based organizations, and residents to build community capacity to address locally identified problems and maintain and increase community well-being for all residents. The network bases its mission, "to help build our community's capacity to assure all children, youth, and families have the skills and opportunities they need to lead healthy, productive lives" on two premises: (1) social support mitigates the negative effects of adverse childhood experiences; and (2) asset-based community development is key to building the community capacity needed to address adverse childhood experiences (ACEs).

The network works to increase social support through community capacity building, arguing that "healthy and well-connected communities are necessary to support healthy families." Based

on the asset-based community development work of John McKnight and Jody Kretzman, the network has also been using community organizing strategies to "assure abundant resources, both formal and informal, are available for families." During the past decade, this basic approach has remained unchanged, giving the Whatcom network the flexibility to tailor its efforts in response to local needs and to pursue a wide range grants and funding opportunities that address any ACEs.

Focus on ACEs. In 2004, the Washington State Family Policy Council (FPC) hosted a statewide network partner summit and brought Dr. Vincent Felitti to give a talk about the original ACEs study (he was a study co-author). In 2006, the Whatcom network was trained to conduct local trainings on ACEs, resilience, and brain development topics. With funding from the county's health department, the Whatcom network brought Dr. Anda (the other co-author of the original ACEs study) to Bellingham in 2007 to give an ACEs presentation to an audience of 270 residents and professionals. At that point, the network's interest in ACEs reached a tipping point and "took off."

The network formed an ACEs study dissemination and planning group, which started to conduct three to five community ACEs trainings per year. The group also brought FPC leader Ms. Laura Porter into the Whatcom community several times to hold conversations about how to deepen the work. The network's approach to ACEs involved a combination of strategies: service integration, using a family-centered approach, and trauma-informed care. The network's efforts were supported and reinforced by other sectors also interested in incorporating an ACEs and trauma-informed framework, including the local juvenile justice and public health systems.

2. Coalition infrastructure, leadership, resources, and communications

Structure. In 2014, the Whatcom network had a membership of more than 35 people, who were active in its governing board, network board, and work groups. Several community leaders served as thought partners. In addition, the network convened a small executive committee of network staff, county health department staff, and one community member. Members participate in one or more groups:

- **A governing group.** Made up of seven members representing multiple sectors, the board meets with the full network every two months to review the network's budget, make programming decisions, revise the annual work plan, and organize the network's annual awards ceremony.
- **The network board.** Made up of 23 members, the network board members serve three-year terms, but their terms are often extended to enable members to stay connected to the network. These members attend the bimonthly governance meetings, and play key roles in one or more of the network's three formal work groups.
    a. The ACEs/Resilience team meets every six weeks to discuss the dissemination of ACEs information, development of "compassionate community" strategies, and how this research can continue to inform and influence local data collection, practice and policy.
    b. The Whatcom Prevention Coalition**,** led by a network-funded coordinator, meets for two hours per month to develop and implement substance abuse (drugs and alcohol) and

school dropout prevention projects for youth in grades 6 through 12. It also works on broader environmental strategies and policies that support healthy youth development.

c. The Gang Prevention Team meets on an ad hoc basis, every six to seven weeks, led by the Whatcom network's director, to support the team's activities, including a weekly mentoring group for youth at risk of becoming gang members.

Leadership. Between 1993 and 2015, Mr. Geof Morgan served as the network's executive director, responsible for its administration, grant writing, and leader of the prevention coalition, the ACEs team, the gang prevention team, and the network's community navigators program. Between 2006 and 2014, the organization's staffing was stable with three full-time staff (the executive director, the community navigator program manager, and the prevention coalition coordinator) and a part-time bookkeeper. Staffing changed in 2014, when the prevention coalition coordinator was hired by the county health department to expand county-wide prevention activities through a new state grant, and her coalition coordinator position was refilled. In August 2014, funding ended for the community navigator program and those duties ended. In 2015, the executive director retired and was replaced by a Western Washington University instructor, Ms. Kristi Slette.

Resources. The network uses federal, state, county, and private funding source, including:

- **SAMHSA Drug-Free Communities grant.** Obtained in 2010, this five-year $125,000 federal grant from SAMHSA is used to support local coalitions working to reduce substance abuse among youth. The Whatcom network is the lead agency for the grant. This grant was renewed in 2015 for five more years and WFCN also received a $75,000 per year grant for two years to help mentor the Lummi CEDAR Project to form their own DFC coalition on the reservation.
- **Family Policy Council grant.** The network received annual FPC funding from 1994 to 2012.
- **Community Mobilization against Substance Abuse and Violence grant.** This state-funded prevention program supported local coalitions working to create communities free from alcohol, tobacco, and other substance abuse, and violence. This funding ended in July 2013.
- **Prevention Redesign Initiative grant.** This is a five-year, $250,000 grant from the state's Department of Social and Health Services (DSHS), Division of Behavioral Health and Recovery (DBHR) to the county health department, which uses the network's prevention coalition as its advisory board to distribute the DBHR funding, focusing on the Shuksan Middle School and Ferndale High School. Some funding supports the coalition coordinator position.
- **Community Navigator contract.** From 2008 to 2014, the network received $88,000 annually from the Children Administration's local Division of Children and Family Services (DCFS) to operate the network's community navigator program.
- **Whatcom County general funds.** One-tenth of one percent of the county's sales tax is earmarked for mental health and substance abuse prevention efforts. The county also

supports gang prevention work through its Building Healthy Communities grant. The two grants go to the Whatcom network totaling $85,000 per year.

- **Other network funding** of $100,000, including the $25,000 APPI grant, comes from local tribes and private foundations. The three-year APPI grant ends in 2016. In 2015, WFCN received a $150,000 grant for two-years, partnering with Walla Walla and APPI, in a 14-site national initiative to Mobilize Action for Resilient Communities which will support and study how communities build community resilience.

Communications. Between meetings, the Whatcom network board members communicate through emails, meeting minutes, and one-on-one meetings with network staff. They also work together through other community coalitions and task forces. The amount of time board members spend on Whatcom network activities depends on their roles and on their project duties outside of board meetings. Some spend only a few hours a month on board activities, while those who collaborate with network staff on prevention projects work spend as much as half-time on network-related activities. The Whatcom network also collaborates with other local FPC networks, especially the Skagit consortium (its neighbor to the south), and the Walla Walla network.

3. Cross-sector partnerships, planning processes, and use of data

Cross-sector partnerships. The network's activities touch almost every sector in the county, including social service and youth development organizations, public health and health care organizations, all seven school districts, local tribes, law enforcement, juvenile justice, and community residents. The network has been building collaborative relationships with these partners for over 20 years. However, several respondents noted in site visit interviews that network collaboration deepened after ACEs trainings increased provider awareness and interest in ACEs. One local program manager explained, "There are now more direct conversations about ACEs. We had always talked about trauma and resilience, but now we are actually using the word 'ACEs'—this all happened after the Anda training."

Community planning processes. The Whatcom network developed a three-pronged strategy for advancing its ACEs and resilience work. The network is: (1) expanding local knowledge of ACEs, resilience, and brain science research; (2) bringing community members together to identify potential solutions; and (3) expanding local leadership to implement the identified solutions (Figure A.5). In site visit interviews, one network board member explained, "By better understanding the brain and ACEs, we can create and link compassionate responses and practices across multiple sectors, such as education, social services, businesses, health care, early learning, and neighborhoods. We can multiply our positive effects, strengthen our interventions, and significantly mitigate and reduce multiple preventable childhood experiences." The network's approach is reflected in the Community Capacity Development Model, developed by the FPC in 2009, which had emerged from the FPC's analysis of communities like Whatcom. The FPC model has four components: (1) networked leadership, (2) ongoing learning, (3) focus, and (4) measurable results.

Use of data. The network does not use an overall evaluation process for the network's activities, nor does it fund external evaluations of its work. It relies primarily on project specific evaluations, such as implementing the Drug-Free Communities evaluation process and compiling

data to evaluate the community navigator program. It also relies on informal conversations with board members to collect feedback on its activities. The network does, however, use both program and county data to support its planning activities, working with data from the county health department, the FPC, and Children's Administration to assess population trends on key indicators of child abuse and maltreatment, family health and well-being, community support and social capital, and measures of healthy youth development, risky behavior, and school success.

The network also supports new local primary data collection to gather more ACEs data. For example, the county health department, with the network's support, paid for a local oversample of the state's 2010 Behavior Risk Factor Surveillance System (BRFSS) survey to obtain more reliable ACEs data for the county's adult population. To gather more accurate trend data on the incidence of ACEs among local students, the network collaborated with the Shuksan Middle School in Bellingham to add ACEs questions to the school's Risk and Resilience Survey five years in a row (2012–2016) and analyze these data.

4. Domains of coalition activity

Child abuse and prevention. The network worked on several child abuse prevention efforts:

- **Family to Family.** In 2007, WFCN began working with the local DCFS office and community members to implement the Family to Family program, an initiative created by the Annie E. Casey Foundation to increase family and community involvement in child protective services. The network and DCFS co-hosted monthly meetings where representatives of school districts, local nonprofits, and foster parents worked together to keep foster children connected to their communities and schools and to engage families in family team decision-making meetings, where placement decisions were made.
- **Community Navigators.**[15] In 2008 network staff worked with local DCFS managers and community members to pilot a program which provided informal services to CPS children and families. The program was intended to prevent child removal from their home and to reduce barriers to family reunification. Staffed by the network's program manager and four part-time navigators, the program operated until September 2014, when funding ended.
- **Brigid Collins Family Support Center.** Brigid Collins provides children's advocacy center services (a multidisciplinary team approach to child abuse investigations) and parenting education programs in Whatcom and Skagit counties. After learning about ACEs, the center's executive director shifted to a trauma-informed approach, helping staff develop stronger relationships with their clients through motivational interviewing and trauma-informed strategies, including positive parenting techniques.
- In 2012, the county health department received a $25,000 grant from DSHS DBHR to work with primary care physicians at the Interfaith Community Health Center in Bellingham, to begin using an ACEs screening questionnaire. WFCN coordinated this grant and completed a random ACEs survey of the patients and staff at the Center. The Center integrated this

[15] For more information on Community Navigators, see Chapter III.

information into the clinic's primary care, behavioral health, substance abuse, and mental health services to help address ACEs.

School success activities. The network supports several school success projects:

- **Shuksan Middle School.**[16] In 2011, a new principal began working with the Whatcom network to incorporate trauma-informed policies into school policies and practices. The principal, who was president of the Whatcom network board in 2013 and 2014, implemented a positive behavior approach to school discipline, replacing the school's previous "zero tolerance" policy of suspensions and expulsions. The principal also added ACEs questions to the school's annual Risk and Resilience Survey of 6th and 8th graders to track the incidence of ACEs among the student population.
- **Communities in Schools (CIS).** Brought into the county in 2007 through an education task force convened by the Whatcom network, CIS is a nonprofit organization that works in nine schools in three school districts, providing wraparound dropout prevention case management. The CIS executive director trained the staff to use a more trauma-sensitive approach as mentors and case managers.
- **Nooksack Valley School District.** In 2015, WFCN helped the district to create an ongoing, local resilience initiative which created a framework and a plan of action intended to reduce the educational "opportunity gap" and to build a community-wide partnership to increase resiliency among youth and adults.

Risk reduction and healthy youth development. The network is involved in several projects, coordinated through the Whatcom Prevention Coalition. Supported since 2010 by federal and county health department funds, and staffed by the network's coalition coordinator, the prevention coalition has been working with high schools and middle schools on a range of prevention activities, including:

- **School-based prevention clubs.** In 2010, the Prevention Coalition started supporting current and helping create youth-driven prevention clubs or teams, primarily in local middle and high schools, to support healthy youth development activities, including leadership team building, health promotion efforts to promote health habits and anti-drug messages, drug prevention groups, and "finding your passion" opportunities.
- **Youth council**. The Prevention Coalition started a youth council for the clubs, led by three high school students. The council has done community service projects, personality testing, and leadership training on topics that include using resilience-related practices to create a sense of belonging and prevent bullying, substance abuse, and youth suicide.
- **Parents Matter.** In fall 2013, the network worked with the Bellingham School District's Parent Advisory Committee to create Parents Matter, a parent group that serves as a subgroup to both the prevention coalition and the school district's parent advisory

[16] For more information on Shuksan Middle School efforts, see Chapter III.

committee. The group created a parent education series that included ACEs/resiliency training for parents, which is led by network staff.

- **Youth Suicide Prevention Task Force.** In 2012, several Bellingham High School youth met with parents, school counselors, and coalition staff to talk about what could be done to prevent suicide among their friends and peers. In response, the prevention coalition, school district prevention specialists, and several mental health counselors worked with the students to form a youth suicide prevention task force that worked for about a year and a half to provide support to youth having lost a friend to suicide and to develop a youth suicide prevention training program.
- **Gang prevention team.** In 1994, the Whatcom network started working with the Ferndale and Lummi Nation schools, the Lummi tribal government, Ferndale law enforcement, and the juvenile detention center in Bellingham, to develop and implement a gang prevention plan targeting native and Latino youth. Since then, there have been many gang prevention efforts in the county. The network formed its own gang prevention team in 2008.
- **Whatcom Juvenile Court.** In 2007, the Whatcom network executive director contacted the county juvenile court administrator and learned that ACEs were already being used in the juvenile court system to reinforce restorative justice principles. The court administrator required all staff to attend ACEs trainings, use their skills in aggression replacement therapy and functional family therapy, and conduct rapid intake assessments of youth to help divert them from formal detention.

Community development. The network has been engaged in community organizing for 20 years:

- **Neighborhood development.** The Whatcom network supports neighborhood organizations and activities that empower single parents, poor parents, and working parents and that build neighborhood infrastructure, supporting a neighborhood activity center, and sponsoring neighborhood events (such as Roosevelt Park's annual National Night Out). The approach has been to "lean in and help and then pull back from" neighborhood associations, when needed. The primary work has been done in Bellingham's Roosevelt and Birchwood neighborhoods as well as in Ferndale, Kendall, Acme, and Everson/Nooksack.
- **East County development.** In 2008, after a reported mass suicide in Kendall, an isolated area with a rapidly growing immigrant population, several organizations worked together to bring services and supports to the area by opening a new East Whatcom Regional Resource Center in 2011. These included the community navigator program, the family to family project, the county health department, the county sheriff, and the Mt. Baker school district, building on the work begun in 1999.

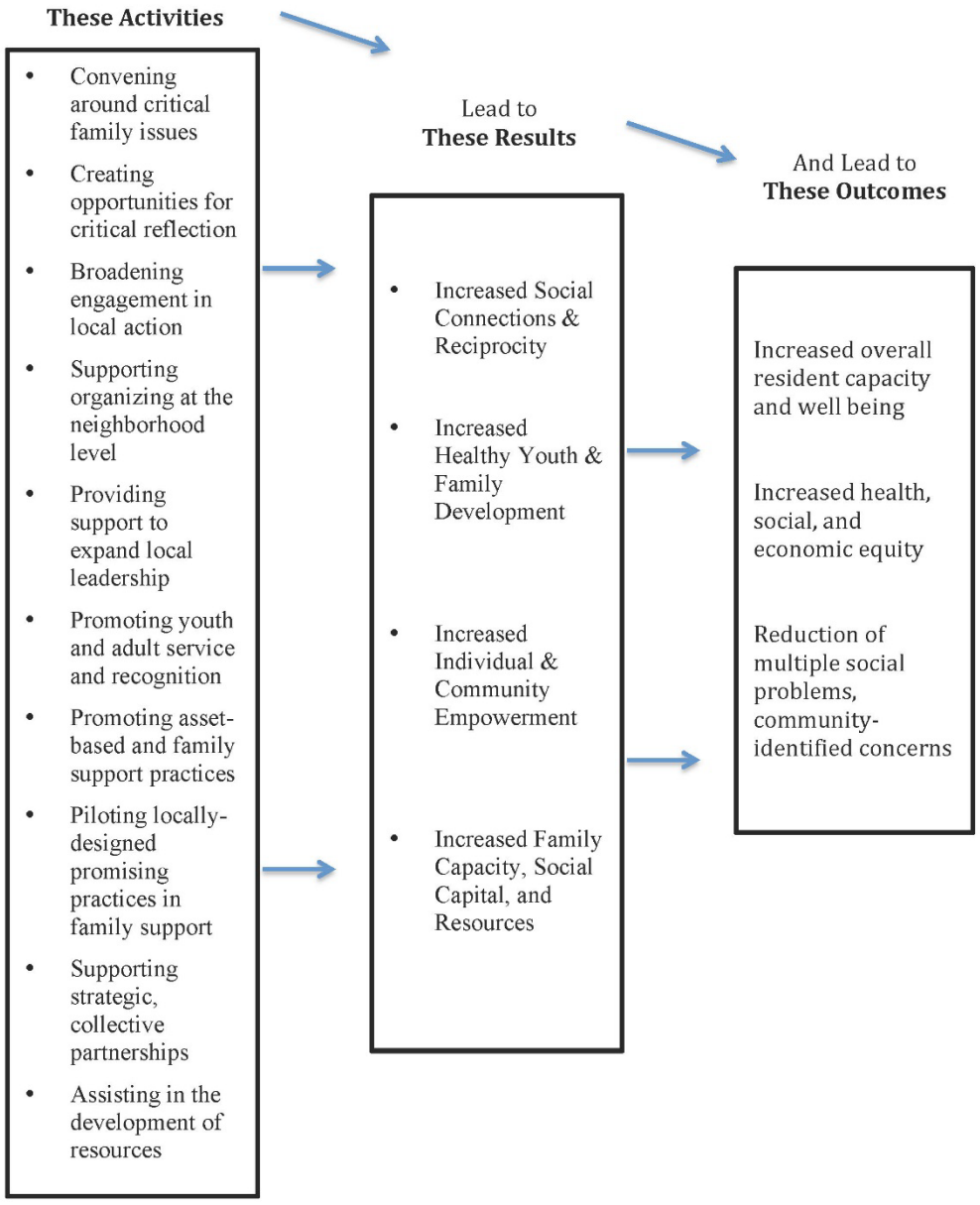
Policy and systems change. The Whatcom network supported FPC state advocacy efforts by attending meetings with legislative advocates and legislative leaders, including Senator Jim Hargrove, an advocate of evidence-based criminal justice and early learning programs, and former representative and the current mayor of Bellingham, Ms. Kelli Linville. In 2009, when Ms. Linville was Chair of the WA State House Appropriations Committee, network staff worked with her to develop budget questions to identify the potential impacts on families and other programs of any subcommittee budget recommendations. The network leadership also attended

state-level meetings of the Children's Administration and the Family Policy Council between 2008 and 2014. This resulted, for example, in 2009 creation of a state budget proviso expanding the Community Navigator program to three other counties.

5. Community impact

Since 2007, the Whatcom network has been guided by a three-pronged strategy to (1) expand local knowledge of ACEs, resilience, and brain science research; (2) bring community members together to identify potential solutions; and (3) expand local leadership to take appropriate action to implement locally identified solutions. The network has also relied on a bottom-up approach, focusing on "changing the hearts and minds" of community residents and service providers to change their own institutional programs and practices, rather than imposing top-down policies on the community. These strategies have started to produce the beginnings of program and policy change in organizations across the county, although the work has not yet produced solid evidence of its effectiveness. While several promising projects have not been sustained, due to state funding cuts or the end of grant funding, community capacity building, expansion of trauma-informed and resilience-building practices continues.

Figure A.5. Whatcom Family and Community Network theory of change



Source: Whatcom Family and Community Network

APPENDIX B. ACES AND RESILIENCE COLLECTIVE COMMUNITY CAPACITY (ARC³) SURVEY INSTRUMENT

PART 1. [COALITION] Experiences

This set of questions asks about your familiarity with adverse childhood experiences (ACEs) and your relationship with [COALITION].

1. What is the name of your organization?
   - ❒ My organization's name is: _____ _____
   - ❒ I am not affiliated with an organization. (Please explain your individual involvement in efforts to address ACEs, resilience, and healthy child development.) _____ [GO TO →# 8]

2. What is your organization's relationship with the [COALITION]?
   - ❒ Staff (such as executive director or program coordinator)
   - ❒ Board member (such as a member of the executive, governing, network, consortium, or policy board)
   - ❒ General member (such as voting or non-voting members, member of a standing committee, team member, or community member who attends meetings or serves on a subcommittee)
   - ❒ Non-member partner, consultant, or collaborator
   - ❒ Other (please specify): _____

3. How familiar are you with the following concepts?

	Not at all familiar	A little familiar	Somewhat familiar	Very familiar	Extremely familiar
Adverse childhood experiences (ACEs)	❒	❒	❒	❒	❒
Resilience	❒	❒	❒	❒	❒

4. To what extent has your organization integrated adverse childhood experiences (ACEs) concepts into its work?
   - ❒ Not at all
   - ❒ A little
   - ❒ Somewhat
   - ❒ Quite a bit
   - ❒ A great deal

5. To what extent have [COALITION]'s efforts **influenced** your organization in the following areas?

	Not at all	A little	Somewhat	Quite a bit	A great deal	Not applicable
WITHIN ORGANIZATION						
a. **Improved the knowledge of staff** about ACEs, resilience, and healthy child development.	❒	❒	❒	❒	❒	❒
b. **Integrated** ACEs, resilience, and healthy child development **into organizational practices and procedures**.	❒	❒	❒	❒	❒	❒
OUTSIDE ORGANIZATION						
c. **Enhanced collaboration with other organizations in multiple sectors** (such as education, criminal justice, social services, or health) related to ACEs, resilience, and healthy child development.	❒	❒	❒	❒	❒	❒
d. **Facilitated community awareness** related to ACEs, resilience, and healthy child development.	❒	❒	❒	❒	❒	❒
e. **Improved policy advocacy efforts** related to ACEs, resilience, and healthy child development.	❒	❒	❒	❒	❒	❒

[REPEAT Q6 AND Q7 FOR EACH COALITION PROJECT/ACTIVITY]

NCW:
(1) ACEs Public Awareness efforts
(2) Westside High School efforts

Okanogan:
(1) Positive Social Norms Campaign
(2) Omak School District Community Truancy Board

Skagit:
(1) Nurse-Family Partnership
(2) School-based Substance Abuse Prevention/Intervention Specialist

Walla Walla:
(1) Commitment to Community Initiative
(2) Children's Resilience Initiative ACEs and Resilience Public Awareness Campaign
(3) Lincoln High School and Health Center efforts

Whatcom:
(1) Community Navigator Program
(2) Shuksan Middle School efforts

6. Has your organization been involved with the [COALITION PROJECT/ACTIVITY]?
   - ❒ Yes
   - ❒ No

7. [IF YES FOR Q6] Please describe your organization's role in [COALITION PROJECT/ACTIVITY].

_____
_____
_____

[IF THE RESPONDENT IDENTIFIED THEMSELVES AS AN INDIVIDUAL WHO IS NOT AFFILIATED WITH AN ORGANIZATION IN Q1 THEY WILL SEE THE FOLLOWING ALTERNATIVE VERSIONS OF Q2 TO Q7.]

8. What is your relationship with [COALITION]?
   - ❒ Staff (such as executive director or program coordinator)
   - ❒ Board member (such as a member of the executive, governing, network, consortium, or policy board)
   - ❒ General member (such as voting or non-voting members, member of a standing committee, team member, or community member who attends meetings or serves on a subcommittee)
   - ❒ Non-member partner, consultant, or collaborator
   - ❒ Other (please specify): _____

9. How familiar are you with the following concepts?

	Not at all familiar	A little familiar	Somewhat familiar	Very familiar	Extremely familiar
Adverse childhood experiences (ACEs)	❒	❒	❒	❒	❒
Resilience	❒	❒	❒	❒	❒

10. To what extent have you integrated adverse childhood experiences (ACEs) concepts into your work?
    - ❒ Not at all
    - ❒ A little
    - ❒ Somewhat
    - ❒ Quite a bit
    - ❒ A great deal

11. To what extent have [COALITION]'s efforts **influenced your work** in the following areas?

	Not at all	A little	Somewhat	Quite a bit	A great deal	Not applicable
a. **Improved my knowledge** about ACEs, resilience, and healthy child development.	❒	❒	❒	❒	❒	❒
b. **Enhanced my collaboration with organizations in multiple sectors** (such as education, criminal justice, social services, or health) related to ACEs, resilience, and healthy child development.	❒	❒	❒	❒	❒	❒
c. **Facilitated my work on community awareness-building** efforts related to ACEs, resilience, and healthy child development.	❒	❒	❒	❒	❒	❒
d. **Improved my policy advocacy efforts** related to ACEs, resilience, and healthy child development.	❒	❒	❒	❒	❒	❒

[REPEAT Q12 AND Q13 FOR EACH COALITION PROJECT/ACTIVITY]

NCW:
(1) ACEs Public Awareness efforts
(2) Westside High School efforts

Okanogan:
(1) Positive Social Norms Campaign
(2) Omak School District Community Truancy Board

Skagit:
(1) Nurse-Family Partnership
(2) School-based Substance Abuse Prevention/Intervention Specialist

Walla Walla:
(1) Commitment to Community Initiative
(2) Children's Resilience Initiative ACEs and Resilience Public Awareness Campaign
(3) Lincoln High School and Health Center efforts

Whatcom:
(1) Community Navigator Program
(2) Shuksan Middle School efforts

12. Have you been involved with [COALITION PROJECT/ACTIVITY]?
- ❒ Yes
- ❒ No

13. [IF YES FOR Q12] Please describe your role in [COALITION PROJECT/ACTIVITY].

_____
_____
_____

PART 2. APPI COLLECTIVE COMMUNITY CAPACITY INDEX

This next set of questions asks about your community's capacity to work on the goals of reducing adverse childhood experiences, increasing resilience, and promoting healthy child development. For the purpose of this section, "community" refers to [COMMUNITY DEFINITION].

14 to 49. Please indicate the extent to which each statement reflects your community's current capacity.

	Not at all	A little bit	Some-what	A great deal	Complete-ly	Not appli-cable	Don't know
COMMUNITY PARTNERSHIPS **In [COMMUNITY DEFINITION], to reduce adverse childhood experiences, increase resilience, and promote healthy child development …**							
14. We have many strategic partnerships that work across sectors (such as education, health, juvenile justice, and social services).	❒	❒	❒	❒	❒	❒	❒
15. People have a deep trust in each other to work together when it counts.	❒	❒	❒	❒	❒	❒	❒
16. People believe that, together, they can make a difference.	❒	❒	❒	❒	❒	❒	❒
17. As partners, we hold each other accountable for results.	❒	❒	❒	❒	❒	❒	❒
SHARED GOALS **In [COMMUNITY DEFINITION], to reduce adverse childhood experiences, increase resilience, and promote healthy child development …**							
18. [Coalition] members and community partners share an ongoing commitment to this area of work.	❒	❒	❒	❒	❒	❒	❒
19. [Community] residents support local efforts in this area of work.	❒	❒	❒	❒	❒	❒	❒
20. Local political leaders share an ongoing commitment to this area of work.	❒	❒	❒	❒	❒	❒	❒

	Not at all	A little bit	Some-what	A great deal	Complete-ly	Not appli-cable	Don't know
LEADERSHIP AND INFRASTRUCTURE **In [COMMUNITY DEFINITION], to reduce adverse childhood experiences, increase resilience, and promote healthy child development …**							
21. We have organized a strong network of formal institutions and informal connections to carry on this work.	❒	❒	❒	❒	❒	❒	❒
22. We have enough resources (such as funding and volunteers) to carry out this work.	❒	❒	❒	❒	❒	❒	❒
23. [Coalition] leaders have the authority and community standing to bring people and organizations together to carry out this work.	❒	❒	❒	❒	❒	❒	❒
24. Enough training and assistance is available locally for the community to gain the knowledge and skills needed to carry out this work.	❒	❒	❒	❒	❒	❒	❒
DATA USE FOR IMPROVEMENT AND ACCOUNTABILITY **In [COMMUNITY DEFINITION], to reduce adverse childhood experiences, increase resilience, and promote healthy child development …**							
25. We have access to the data sources and systems needed to track our progress and identify successes and failures.	❒	❒	❒	❒	❒	❒	❒
26. The [Coalition] has enough staff capacity and expertise to analyze and use data for decision-making.	❒	❒	❒	❒	❒	❒	❒
27. The [Coalition] uses data to identify local disparities for community planning purposes in this area of work.	❒	❒	❒	❒	❒	❒	❒
28. The [Coalition] uses a range of evaluation methods to conduct rapid tests of promising programs and practices in this area of work.	❒	❒	❒	❒	❒	❒	❒

	Not at all	A little bit	Some-what	A great deal	Complete-ly	Not appli-cable	Don't know
COMMUNICATIONS **In [COMMUNITY DEFINITION], to reduce adverse childhood experiences, increase resilience, and promote healthy child development …**							
29. [Coalition] members and community partners communicate openly with each other about this area of work.	❒	❒	❒	❒	❒	❒	❒
30. I am informed as often as I need to be about what is going on with the [Coalition].	❒	❒	❒	❒	❒	❒	❒
31. Community leaders use effective messages to raise local awareness and build political will in this area of work.	❒	❒	❒	❒	❒	❒	❒
32. Community agencies, local residents, and political leaders are recognized in public events and local media for their contributions to this area of work.	❒	❒	❒	❒	❒	❒	❒
COMMUNITY PROBLEM-SOLVING PROCESSES **In [COMMUNITY DEFINITION], to reduce adverse childhood experiences, increase resilience, and promote healthy child development …**							
33. The [Coalition] uses community problem-solving approaches (such as community mobilization and strategic prevention) in this area of work.	❒	❒	❒	❒	❒	❒	❒
34. The [Coalition] and community partners review the best research available to inform community plans.	❒	❒	❒	❒	❒	❒	❒
35. The [Coalition] has developed a clearly defined action plan that addresses community needs in this area of work.	❒	❒	❒	❒	❒	❒	❒

	Not at all	A little bit	Some-what	A great deal	Complete-ly	Not appli-cable	Don't know
DIVERSE ENGAGEMENT AND EMPOWERMENT **In [COMMUNITY DEFINITION], to reduce adverse childhood experiences, increase resilience, and promote healthy child development …**							
36. [Community] residents are actively engaged as leaders in this area of work.	❒	❒	❒	❒	❒	❒	❒
37. We make youth leadership opportunities available in this area of work.	❒	❒	❒	❒	❒	❒	❒
38. [Coalition] members work closely with powerful allies (such as school districts and local legislators) in this area.	❒	❒	❒	❒	❒	❒	❒
FOCUS ON EQUITY **In [COMMUNITY DEFINITION]…**							
39. The [Coalition] is dominated by one organization or sector (such as education, health, or social services).	❒	❒	❒	❒	❒	❒	❒
40. Among [Coalition] members and partners, power is shared in the community's best interests.	❒	❒	❒	❒	❒	❒	❒
41. The [Coalition] effectively resolves conflicts and balances power among its members and community partners.	❒	❒	❒	❒	❒	❒	❒
42. [Coalition] members work closely with community partners, local residents, and political leaders to address the social, cultural, and economic causes of adverse childhood experiences.	❒	❒	❒	❒	❒	❒	❒

	Not at all	A little bit	Some-what	A great deal	Complete-ly	Not appli-cable	Don't know
MULTI-LEVEL STRATEGIES **In [COMMUNITY DEFINITION], to reduce adverse childhood experiences, increase resilience, and promote healthy child development …**							
43. Children and families get the help they need to develop safe, stable, and caring relationships and improve self-regulation and other aspects of healthy development.	❒	❒	❒	❒	❒	❒	❒
44. Organizations change their programs and practices to help families more effectively in this area of work.	❒	❒	❒	❒	❒	❒	❒
45. Service providers combine their efforts to provide more seamless support for children and families in this area of work.	❒	❒	❒	❒	❒	❒	❒
46. [Coalition] members and community partners use positive reinforcement and other strategies to change community norms in this area of work.	❒	❒	❒	❒	❒	❒	❒
47. [Coalition] members mobilize allies successfully to advocate for policy change (laws, rules, and funding) in this area of work.	❒	❒	❒	❒	❒	❒	❒
SCALE OF WORK **In [COMMUNITY DEFINITION], to reduce adverse childhood experiences, increase resilience, and promote healthy child development …**							
48. Local efforts are able to sustain and expand successful programs and practices in this area of work.	❒	❒	❒	❒	❒	❒	❒
49. Local efforts are working at sufficient scale to improve community-wide trends in child development and family well-being.	❒	❒	❒	❒	❒	❒	❒

PART 3. COLLABORATION TO ADDRESS ACEs, RESILIENCE, AND HEALTHY CHILD DEVELOPMENT

This section asks about the extent to which you have worked with the organizations below during the past 12 months on projects related to ACEs, resilience, and healthy child development.

50. To what extent have you worked with the following organizations during the past 12 months on one or more projects related to ACEs, resilience, and healthy child development?

	Not at all	A little	Somewhat	Quite a bit	A great deal
[ROSTER OF ORGANIZATIONS]	❒	❒	❒	❒	❒

PART 4. BACKGROUND CHARACTERISTICS

The last set of questions asks about your organization's areas of work.

51. Which of the following describe your organization's area(s) of work? (Please select all that apply.)

Education and Training

❒ Early childhood education
❒ Childcare
❒ Elementary education
❒ Secondary education
❒ Postsecondary education
❒ Workforce development or training

Law Enforcement and Legal System

❒ Law enforcement
❒ Courts, corrections, or legal services
❒ Juvenile justice services

Health and Social Services

❒ Healthcare
❒ Public health
❒ Mental health services
❒ Substance abuse treatment
❒ Healthy youth development or risk reduction efforts
❒ Food assistance
❒ Housing assistance
❒ Financial assistance (e.g., SNAP, TANF)
❒ Social services (e.g., family social services, child welfare services)

Other Sectors

❒ Community organizing or development
❒ Philanthropy

- ❒ Civic or social advocacy
- ❒ Other (please specify): _____

52. Does your organization work with any of the following populations? (Please select all that apply.)
    - ❒ Pregnant women and/or their spouses or partners
    - ❒ Children up to 18 years of age
    - ❒ Families and parents
    - ❒ Other adults (e.g., seniors, adults not connected to children)
    - ❒ Other (please specify): _____

53. [IF SELECTED CHILDREN IN Q52] What are the ages of the children that you work with? (Please select all that apply.)
    - ❒ Birth to 4
    - ❒ 5 to 12
    - ❒ 13 to 18

[IF THE RESPONDENT IDENTIFIED THEMSELVES AS AN INDIVIDUAL WHO IS NOT AFFILIATED WITH AN ORGANIZATION IN Q1 THEY WILL SEE THE FOLLOWING ALTERNATIVE VERSIONS OF Q51 TO Q53]

The last set of questions asks about your areas of work.

51. Which of the following describe your area(s) of work? (Please select all that apply.)

Education and Training
- ❒ Early childhood education
- ❒ Childcare
- ❒ Elementary education
- ❒ Secondary education
- ❒ Postsecondary education
- ❒ Workforce development or training

Law Enforcement and Legal System
- ❒ Law enforcement
- ❒ Courts, corrections, or legal services
- ❒ Juvenile justice services

Health and Social Services
- ❒ Healthcare
- ❒ Public health
- ❒ Mental health services
- ❒ Substance abuse treatment
- ❒ Healthy youth development or risk reduction efforts
- ❒ Food assistance

- ❒ Housing assistance
- ❒ Financial assistance (e.g., SNAP, TANF)
- ❒ Social services (e.g., family social services, child welfare services)

Other Sectors

- ❒ Community organizing or development
- ❒ Philanthropy
- ❒ Civic or social advocacy
- ❒ Other (please specify): _____

52. Do you work with any of the following populations? (Please select all that apply.)

- ❒ Pregnant women and/or their spouses or partners
- ❒ Children up to 18 years of age
- ❒ Families and parents
- ❒ Other adults (e.g., seniors, adults not connected to children)
- ❒ Other (please specify): _____

53. [IF SELECTED CHILDREN IN Q52] What are the ages of the children that you work with? (Please select all that apply.)

- ❒ Birth to 4
- ❒ 5 to 12
- ❒ 13 to 18

THANK YOU for completing this survey!

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APPENDIX C. ACEs AND RESILIENCE COLLECTIVE COMMUNITY CAPACITY (ARC³) SURVEY TECHNICAL APPENDIX

This appendix describes the survey design, the sample of respondents, and the administration of the survey in more detail. It also presents detailed statistical tables summarizing the results of the survey by site and overall across items and domains. The survey instrument is presented in Appendix B. For more details about the research supporting the creation of the survey, see Hargreaves et al. (2016).

A. Survey description

Survey design

The evaluation team sought to develop an instrument to:

1. Describe the characteristics of the individuals and organizations working with APPI sites to reduce ACEs, increase resilience, and promote healthy child development;
2. Document the community's efforts to reduce ACEs, increase resilience, and promote healthy child development; and
3. Gather data on the community's collective capacity to reduce ACEs, increase resilience, and promote healthy child development.

We reviewed scholarly and gray literature to gather information on key constructs that contribute to community capacity and existing community capacity assessment instruments. Based on this review, we developed an initial 74-question survey, which was administered to respondents in three pilot (non-APPI) communities during fall 2015. Pilot respondents were also asked to provide feedback on the questionnaire's scales, content, and length. Based on the feedback obtained during the pilot, we shortened the instrument to 56 questions, revised available response options (to include "not applicable" and "do not know" options), and simplified the language of the questions.

The final instrument was organized into four sections:

- **Coalition experiences**, which assessed respondent's familiarity with ACEs, their relationship to the coalition and its influence on their work, and their involvement in select coalition activities;
- **Collective Community Capacity Index**, which consisted of questions about the community's capacity to work on the goals of reducing adverse childhood experiences, increasing resilience, and promoting healthy child development divided in 10 domains;
- **Collaboration to address ACEs, resilience, and healthy child development**, which asked about the extent to which the respondents worked with a number of organizations during the previous 12 months on projects related to ACEs, resilience, and healthy child development;
- **Background characteristics**, which asked about the respondent or their organization's sector of work and the populations they work with.

Respondents

We worked with the site coordinators in each of the APPI sites to obtain a list of individuals who were involved in and knowledgeable about the community efforts to reduce ACEs, increase resilience, and promote healthy child development. The site coordinators, in turn, worked with their coalition's leadership to develop a comprehensive list of individuals that fell into two categories:

1. **Members**. Individuals (independent or representatives of organizations) that had served as an executive board or general member of the coalition within the last five years (2010–2015).
2. **Partners**. Individuals (independent or representatives of organizations) that had been involved in community efforts to increase resilience, address ACEs, address trauma, or promote healthy child development within the last five years (2010–2015).

We reviewed these lists and compared them with coalition membership lists obtained during an earlier stage of the evaluation. We then worked with site coordinators to reconcile any discrepancies, finalize their list and obtain contact information for sample members.

Data collection

The web-based survey was administered over a five-week period during February and March 2015. All individuals included on the member and partner lists obtained from the sites were asked to respond to the survey. To improve response rates, we sent email reminders to non-respondents one to two times each week. The study team also asked site coordinators to follow up with nonrespondents via phone to request their participation in the survey. Table C.1 describes the survey response rates by site.

Table C.1. 2016 ARC^3 survey response rates, overall and by APPI site

	Total	Number of responses	Response rate
Overall	276	233	84.4%
NCW	39	29	74.7%
Okanogan	42	35	83.3%
Skagit	52	42	80.8%
Walla Walla	76	69	90.8%
Whatcom	67	58	86.6%

Source: Community Science analysis of 2016 ARC^3 Survey data.

B. Detailed survey summary tables and results

Respondents' relationship with the coalition and their familiarity with ACEs and resilience concepts

This section presents data tables concerning respondents' familiarity with adverse childhood experiences (ACEs) and their relationship with their coalitions. The tables present number and percentage of survey respondents for each response option on a given item, overall and by site.

Table C.2. Network affiliation of survey respondents

	NCW		Okanogan		Skagit		Walla Walla		Whatcom		Total	
	%	n	%	n	%	n	%	n	%	n	%	n
Are you affiliated with an organization?												
Yes	96.4	27	93.9	31	100.0	40	87.7	57	84.6	44	91.3	199
No	3.6	1	6.1	2	0.0	0	12.3	8	15.4	8	8.7	19
What is your or your organization's relationship with the [COALITION]?												
Staff	7.1	2	9.1	3	7.5	3	10.8	7	7.7	4	8.7	19
Board member	32.1	9	27.3	9	27.5	11	4.6	3	5.8	3	16.1	35
General member	42.9	12	30.3	10	52.5	21	50.8	33	32.7	17	42.7	93
Non-member partner, consultant, or collaborator	14.3	4	24.2	8	10.0	4	26.2	17	48.1	25	26.6	58
Other	3.6	1	9.1	3	2.5	1	7.7	5	5.8	3	6.0	13

Source: Community Science analysis of 2016 ARC[3] Survey data.

Table C.3. Familiarity with ACEs and resilience concepts

	NCW		Okanogan		Skagit		Walla Walla		Whatcom		Total	
	%	n	%	n	%	n	%	n	%	n	%	n
How familiar are you with adverse childhood experiences (ACEs) concept?												
Not at all or a little familiar	3.6%	1	6.1%	2	2.5%	1	0.0%	0	3.8%	2	2.8%	6
Somewhat familiar	7.1%	2	21.2%	7	17.5%	7	3.1%	2	15.4%	8	11.9%	26
Very or extremely familiar	89.3%	25	72.7%	24	80.0%	32	96.9%	63	80.8%	42	85.3%	186
How familiar are you with the resilience concept?												
Not at all or a little familiar	7.1%	2	12.1%	4	2.5%	1	1.5%	1	5.8%	3	5.0%	11
Somewhat familiar	17.9%	5	12.1%	4	20.0%	8	7.7%	5	15.4%	8	13.8%	30
Very or extremely familiar	75.0%	21	75.8%	25	77.5%	31	90.8%	59	78.8%	41	81.2%	177

Source: Community Science analysis of 2016 ARC[3] Survey data.

Table C.4. To what extent have you or your organization integrated adverse childhood experiences (ACEs) concepts into its work?

	NCW		Okanogan		Skagit		Walla Walla		Whatcom		Total	
	%	n	%	n	%	n	%	n	%	n	%	n
Not at all or a little	14.3%	4	30.3%	10	30.0%	12	10.8%	7	15.4%	8	18.8%	41
Somewhat	42.9%	12	27.3%	9	12.5%	5	27.7%	18	26.9%	14	26.6%	58
Quite a bit or a great deal	42.9%	12	42.4%	14	57.5%	23	61.5%	40	57.7%	30	54.6%	119

Source: Community Science analysis of 2016 ARC[3] Survey data.

Table C.5. To what extent have (Coalition)'s efforts influenced your (or your organization's) work?

	NCW		Okanogan		Skagit		Walla Walla		Whatcom		Total	
	%	n	%	n	%	n	%	n	%	n	%	n
Improved my knowledge (the knowledge of staff) about ACEs, resilience, and healthy child development.												
Not at all or a little	10.7%	3	12.1%	4	7.5%	3	1.5%	1	9.6%	5	7.3%	16
Somewhat	32.1%	9	21.2%	7	12.5%	5	4.6%	3	28.8%	15	17.9%	39
Quite a bit or a great deal	57.1%	16	63.6%	21	77.5%	31	93.8%	61	59.6%	31	73.4%	160
Not applicable	0.0%	0	3.0%	1	2.5%	1	0.0%	0	1.9%	1	1.4%	3
Integrated ACEs, resilience, and healthy child development into organizational practices and procedures.												
Not at all or a little	37.0%	10	19.4%	6	25.0%	10	7.0%	4	15.9%	7	18.6%	37
Somewhat	33.3%	9	35.5%	11	22.5%	9	21.1%	12	34.1%	15	28.1%	56
Quite a bit or a great deal	25.9%	7	41.9%	13	42.5%	17	68.4%	39	40.9%	18	47.2%	94
Not applicable	3.7%	1	3.2%	1	10.0%	4	3.5%	2	9.1%	4	6.0%	12
Enhanced collaboration with organizations in multiple sectors (such as education, criminal justice, social services, or health) related to ACEs, resilience, and healthy child development.												
Not at all or a little	7.1%	2	3.0%	1	17.5%	7	4.6%	3	9.6%	5	8.3%	18
Somewhat	25.0%	7	24.2%	8	7.5%	3	16.9%	11	13.5%	7	16.5%	36
Quite a bit or a great deal	64.3%	18	72.7%	24	67.5%	27	76.9%	50	73.1%	38	72.0%	157
Not applicable	3.6%	1	0.0%	0	7.5%	3	1.5%	1	3.8%	2	3.2%	7
Facilitated work on community awareness-building efforts related to ACEs, resilience, and healthy child development.												
Not at all or a little	14.3%	4	9.1%	3	12.5%	5	7.7%	5	5.8%	3	9.2%	20
Somewhat	10.7%	3	18.2%	6	15.0%	6	9.2%	6	15.4%	8	13.3%	29
Quite a bit or a great deal	75.0%	21	72.7%	24	67.5%	27	80.0%	52	75.0%	39	74.8%	163
Not applicable	0.0%	0	0.0%	0	5.0%	2	3.1%	2	3.8%	2	2.8%	6
Improved policy advocacy efforts related to ACEs, resilience, and healthy child development.												
Not at all or a little	10.7%	3	12.1%	4	20.0%	8	9.2%	6	17.3%	9	13.8%	30
Somewhat	28.6%	8	24.2%	8	17.5%	7	18.5%	12	30.8%	16	23.4%	51
Quite a bit or a great deal	53.6%	15	57.6%	19	52.5%	21	70.8%	46	44.2%	23	56.9%	124
Not applicable	7.1%	2	6.1%	2	10.0%	4	1.5%	1	7.7%	4	6.0%	13

Source: Community Science analysis of 2016 ARC[3] Survey data.

ACEs and Resilience Collective Community Capacity (ARC^3) Index

This section presents findings for the ACEs and Resilience Collective Community Capacity (ARC^3) Index. These questions asked respondents to assess their community's collective capacity to work on the goals of reducing adverse childhood experiences, increasing resilience, and promoting healthy child development. The section begins with the percentage distribution for the items included in the ACR^3 Index by item. The section then presents the mean for each item and means, factor loading ranges, and alpha values for each of the 10 scales included in the Index.

Table C.6. Community partnerships domain

	NCW		Okanogan		Skagit		Walla Walla		Whatcom		Total	
	%	n	%	n	%	n	%	n	%	n	%	n
We have many strategic partnerships that work across sectors (such as education, health, juvenile justice, and social services).												
Not at all	0.0%	0	0.0%	0	0.0%	0	1.5%	1	1.9%	1	0.9%	2
A little	7.1%	2	9.1%	3	2.5%	1	4.6%	3	1.9%	1	4.6%	10
Somewhat	17.9%	5	18.2%	6	20.0%	8	15.4%	10	19.2%	10	17.9%	39
A great deal	57.1%	16	45.5%	15	55.0%	22	66.2%	43	61.5%	32	58.7%	128
Completely	14.3%	4	24.2%	8	17.5%	7	12.3%	8	15.4%	8	16.1%	35
Not applicable or don't know	3.6%	1	3.0%	1	5.0%	2	0.0%	0	0.0%	0	1.8%	4
People have a deep trust in each other to work together when it counts.												
Not at all	0.0%	0	0.0%	0	0.0%	0	1.5%	1	1.9%	1	0.9%	2
A little	7.1%	2	6.1%	2	5.0%	2	9.2%	6	0.0%	0	5.5%	12
Somewhat	32.1%	9	21.2%	7	20.0%	8	24.6%	16	23.1%	12	23.9%	52
A great deal	39.3%	11	39.4%	13	52.5%	21	47.7%	31	63.5%	33	50.0%	109
Completely	21.4%	6	27.3%	9	17.5%	7	13.8%	9	11.5%	6	17.0%	37
Not applicable or don't know	0.0%	0	6.1%	2	5.0%	2	3.1%	2	0.0%	0	2.8%	6
People believe that, together, they can make a difference.												
Not at all	0.0%	0	0.0%	0	0.0%	0	0.0%	0	1.9%	1	0.5%	1
A little	0.0%	0	6.1%	2	0.0%	0	0.0%	0	1.9%	1	1.4%	3
Somewhat	17.9%	5	12.1%	4	5.0%	2	18.5%	12	9.6%	5	12.8%	28
A great deal	42.9%	12	45.5%	15	60.0%	24	49.2%	32	65.4%	34	53.7%	117
Completely	39.3%	11	30.3%	10	32.5%	13	30.8%	20	21.2%	11	29.8%	65
Not applicable or don't know	0.0%	0	6.1%	2	2.5%	1	1.5%	1	0.0%	0	1.8%	4
As partners, we hold each other accountable for results.												
Not at all	0.0%	0	3.0%	1	7.5%	3	1.5%	1	3.8%	2	3.2%	7
A little	17.9%	5	3.0%	1	5.0%	2	9.2%	6	7.7%	4	8.3%	18
Somewhat	35.7%	10	21.2%	7	30.0%	12	49.2%	32	38.5%	20	37.2%	81
A great deal	28.6%	8	42.4%	14	35.0%	14	30.8%	20	36.5%	19	34.4%	75
Completely	17.9%	5	24.2%	8	12.5%	5	3.1%	2	9.6%	5	11.5%	25
Not applicable or don't know	0.0%	0	6.1%	2	10.0%	4	6.2%	4	3.8%	2	5.5%	12

Source: Community Science analysis of 2016 ARC[3] Survey data.

Table C.7. Shared goals domain

	NCW		Okanogan		Skagit		Walla Walla		Whatcom		Total	
	%	n	%	n	%	n	%	n	%	n	%	n
(Coalition) members and community partners share an ongoing commitment to this area of work.												
Not at all	0.0%	0	0.0%	0	0.0%	0	0.0%	0	1.9%	1	0.5%	1
A little	3.6%	1	3.0%	1	0.0%	0	0.0%	0	0.0%	0	0.9%	2
Somewhat	10.7%	3	9.1%	3	2.5%	1	10.8%	7	3.8%	2	7.3%	16
A great deal	42.9%	12	39.4%	13	37.5%	15	44.6%	29	38.5%	20	40.8%	89
Completely	39.3%	11	45.5%	15	55.0%	22	44.6%	29	53.8%	28	48.2%	105
Not applicable or don't know	3.6%	1	3.0%	1	5.0%	2	0.0%	0	1.9%	1	2.3%	5
(Community) residents support local efforts in this area of work.												
Not at all	3.6%	1	0.0%	0	2.5%	1	0.0%	0	1.9%	1	1.4%	3
A little	7.1%	2	6.1%	2	0.0%	0	7.7%	5	3.8%	2	5.0%	11
Somewhat	50.0%	14	30.3%	10	27.5%	11	35.4%	23	30.8%	16	33.9%	74
A great deal	17.9%	5	48.5%	16	42.5%	17	49.2%	32	46.2%	24	43.1%	94
Completely	17.9%	5	9.1%	3	7.5%	3	3.1%	2	15.4%	8	9.6%	21
Not applicable or don't know	3.6%	1	6.1%	2	20.0%	8	4.6%	3	1.9%	1	6.9%	15
Local political leaders share an ongoing commitment to this area of work.												
Not at all	7.1%	2	0.0%	0	0.0%	0	0.0%	0	1.9%	1	1.4%	3
A little	10.7%	3	15.2%	5	10.0%	4	6.2%	4	13.5%	7	10.6%	23
Somewhat	57.1%	16	33.3%	11	27.5%	11	43.1%	28	48.1%	25	41.7%	91
A great deal	7.1%	2	24.2%	8	40.0%	16	35.4%	23	21.2%	11	27.5%	60
Completely	10.7%	3	21.2%	7	0.0%	0	3.1%	2	1.9%	1	6.0%	13
Not applicable or don't know	7.1%	2	6.1%	2	22.5%	9	12.3%	8	13.5%	7	12.8%	28

Source: Community Science analysis of 2016 ARC[3] Survey data.

Table C.8. Leadership and infrastructure domain

	NCW		Okanogan		Skagit		Walla Walla		Whatcom		Total	
	%	n	%	n	%	n	%	n	%	n	%	n
We have organized a strong network of formal institutions and informal connections to carry on this work.												
Not at all	0.0%	0	0.0%	0	0.0%	0	0.0%	0	1.9%	1	0.5%	1
A little	3.6%	1	3.0%	1	5.0%	2	7.7%	5	1.9%	1	4.6%	10
Somewhat	42.9%	12	30.3%	10	25.0%	10	35.4%	23	28.8%	15	32.1%	70
A great deal	42.9%	12	45.5%	15	47.5%	19	47.7%	31	46.2%	24	46.3%	101
Completely	7.1%	2	18.2%	6	15.0%	6	9.2%	6	13.5%	7	12.4%	27
Not applicable or don't know	3.6%	1	3.0%	1	7.5%	3	0.0%	0	7.7%	4	4.1%	9
We have enough resources (such as funding and volunteers) to carry out this work.												
Not at all	3.6%	1	3.0%	1	10.0%	4	7.7%	5	7.7%	4	6.9%	15
A little	32.1%	9	21.2%	7	25.0%	10	24.6%	16	19.2%	10	23.9%	52
Somewhat	42.9%	12	42.4%	14	42.5%	17	49.2%	32	48.1%	25	45.9%	100
A great deal	7.1%	2	18.2%	6	7.5%	3	9.2%	6	13.5%	7	11.0%	24
Completely	0.0%	0	6.1%	2	2.5%	1	1.5%	1	1.9%	1	2.3%	5
Not applicable or don't know	14.3%	4	9.1%	3	12.5%	5	7.7%	5	9.6%	5	10.1%	22
(Coalition) leaders have the authority and community standing to bring people and organizations together to carry out this work.												
Not at all	0.0%	0	0.0%	0	0.0%	0	1.5%	1	1.9%	1	0.9%	2
A little	3.6%	1	6.1%	2	0.0%	0	6.2%	4	5.8%	3	4.6%	10
Somewhat	46.4%	13	6.1%	2	22.5%	9	21.5%	14	19.2%	10	22.0%	48
A great deal	35.7%	10	39.4%	13	45.0%	18	46.2%	30	50.0%	26	44.5%	97
Completely	10.7%	3	45.5%	15	22.5%	9	21.5%	14	19.2%	10	23.4%	51
Not applicable or don't know	3.6%	1	3.0%	1	10.0%	4	3.1%	2	3.8%	2	4.6%	10
Enough training and assistance is available locally for the community to gain the knowledge and skills needed to carry out this work.												
Not at all	0.0%	0	6.1%	2	2.5%	1	0.0%	0	1.9%	1	1.8%	4
A little	14.3%	4	6.1%	2	5.0%	2	16.9%	11	5.8%	3	10.1%	22
Somewhat	67.9%	19	39.4%	13	45.0%	18	40.0%	26	40.4%	21	44.5%	97
A great deal	17.9%	5	33.3%	11	37.5%	15	18.5%	12	30.8%	16	27.1%	59
Completely	0.0%	0	9.1%	3	2.5%	1	20.0%	13	13.5%	7	11.0%	24
Not applicable or don't know	0.0%	0	6.1%	2	7.5%	3	4.6%	3	7.7%	4	5.5%	12

Source: Community Science analysis of 2016 ARC[3] Survey data.

Table C.9. Data use for improvement and accountability domain

	NCW		Okanogan		Skagit		Walla Walla		Whatcom		Total	
	%	n	%	n	%	n	%	n	%	n	%	n
We have access to the data sources and systems needed to track our progress and identify successes and failures.												
Not at all	7.1%	2	0.0%	0	5.0%	2	0.0%	0	3.8%	2	2.8%	6
A little	25.0%	7	6.1%	2	7.5%	3	9.2%	6	11.5%	6	11.0%	24
Somewhat	35.7%	10	27.3%	9	32.5%	13	40.0%	26	30.8%	16	33.9%	74
A great deal	17.9%	5	36.4%	12	27.5%	11	23.1%	15	26.9%	14	26.1%	57
Completely	0.0%	0	18.2%	6	7.5%	3	6.2%	4	9.6%	5	8.3%	18
Not applicable or don't know	14.3%	4	12.1%	4	20.0%	8	21.5%	14	17.3%	9	17.9%	39
The (Coalition) has enough staff capacity and expertise to analyze and use data for decision-making.												
Not at all	14.3%	4	0.0%	0	2.5%	1	1.5%	1	5.8%	3	4.1%	9
A little	25.0%	7	6.1%	2	10.0%	4	21.5%	14	9.6%	5	14.7%	32
Somewhat	46.4%	13	15.2%	5	30.0%	12	21.5%	14	21.2%	11	25.2%	55
A great deal	0.0%	0	36.4%	12	17.5%	7	16.9%	11	28.8%	15	20.6%	45
Completely	3.6%	1	21.2%	7	17.5%	7	10.8%	7	5.8%	3	11.5%	25
Not applicable or don't know	10.7%	3	21.2%	7	22.5%	9	27.7%	18	28.8%	15	23.9%	52
The (Coalition) uses data to identify local disparities for community planning purposes in this area of work.												
Not at all	7.1%	2	3.0%	1	0.0%	0	0.0%	0	3.8%	2	2.3%	5
A little	14.3%	4	0.0%	0	0.0%	0	4.6%	3	1.9%	1	3.7%	8
Somewhat	32.1%	9	3.0%	1	15.0%	6	23.1%	15	25.0%	13	20.2%	44
A great deal	25.0%	7	51.5%	17	55.0%	22	35.4%	23	25.0%	13	37.6%	82
Completely	3.6%	1	33.3%	11	15.0%	6	10.8%	7	11.5%	6	14.2%	31
Not applicable or don't know	17.9%	5	9.1%	3	15.0%	6	26.2%	17	32.7%	17	22.0%	48
The (Coalition) uses a range of evaluation methods to conduct rapid tests of promising programs and practices in this area of work.												
Not at all	14.3%	4	0.0%	0	0.0%	0	1.5%	1	3.8%	2	3.2%	7
A little	14.3%	4	6.1%	2	5.0%	2	10.8%	7	5.8%	3	8.3%	18
Somewhat	32.1%	9	6.1%	2	20.0%	8	23.1%	15	21.2%	11	20.6%	45
A great deal	7.1%	2	36.4%	12	45.0%	18	18.5%	12	17.3%	9	24.3%	53
Completely	7.1%	2	27.3%	9	5.0%	2	6.2%	4	9.6%	5	10.1%	22
Not applicable or don't know	25.0%	7	24.2%	8	25.0%	10	40.0%	26	42.3%	22	33.5%	73

Source: Community Science analysis of 2016 ARC[3] Survey data.

Table C.10. Communications domain

	NCW		Okanogan		Skagit		Walla Walla		Whatcom		Total	
	%	n	%	n	%	n	%	n	%	n	%	n
(Coalition) members and community partners communicate openly with each other about this area of work.												
Not at all	0.0%	0	3.0%	1	0.0%	0	0.0%	0	0.0%	0	0.5%	1
A little	3.6%	1	0.0%	0	0.0%	0	4.6%	3	1.9%	1	2.3%	5
Somewhat	28.6%	8	6.1%	2	10.0%	4	12.3%	8	11.5%	6	12.8%	28
A great deal	35.7%	10	36.4%	12	47.5%	19	55.4%	36	44.2%	23	45.9%	100
Completely	25.0%	7	48.5%	16	37.5%	15	18.5%	12	30.8%	16	30.3%	66
Not applicable or don't know	7.1%	2	6.1%	2	5.0%	2	9.2%	6	11.5%	6	8.3%	18
I am informed as often as I need to be about what is going on with the (Coalition).												
Not at all	3.6%	1	3.0%	1	0.0%	0	0.0%	0	1.9%	1	1.4%	3
A little	7.1%	2	0.0%	0	0.0%	0	4.6%	3	11.5%	6	5.0%	11
Somewhat	50.0%	14	15.2%	5	5.0%	2	26.2%	17	26.9%	14	23.9%	52
A great deal	21.4%	6	36.4%	12	45.0%	18	29.2%	19	19.2%	10	29.8%	65
Completely	17.9%	5	45.5%	15	45.0%	18	40.0%	26	38.5%	20	38.5%	84
Not applicable or don't know	0.0%	0	0.0%	0	5.0%	2	0.0%	0	1.9%	1	1.4%	3
Community leaders use effective messages to raise local awareness and build political will in this area of work.												
Not at all	7.1%	2	0.0%	0	2.5%	1	1.5%	1	1.9%	1	2.3%	5
A little	10.7%	3	3.0%	1	5.0%	2	20.0%	13	15.4%	8	12.4%	27
Somewhat	50.0%	14	33.3%	11	22.5%	9	27.7%	18	34.6%	18	32.1%	70
A great deal	17.9%	5	39.4%	13	40.0%	16	36.9%	24	26.9%	14	33.0%	72
Completely	3.6%	1	24.2%	8	17.5%	7	7.7%	5	15.4%	8	13.3%	29
Not applicable or don't know	10.7%	3	0.0%	0	12.5%	5	6.2%	4	5.8%	3	6.9%	15
Community agencies, local residents, and political leaders are recognized in public events and local media for their contributions to this area of work.												
Not at all	3.6%	1	0.0%	0	2.5%	1	1.5%	1	1.9%	1	1.8%	4
A little	28.6%	8	21.2%	7	7.5%	3	20.0%	13	15.4%	8	17.9%	39
Somewhat	42.9%	12	21.2%	7	37.5%	15	41.5%	27	34.6%	18	36.2%	79
A great deal	14.3%	4	27.3%	9	30.0%	12	18.5%	12	26.9%	14	23.4%	51
Completely	3.6%	1	24.2%	8	7.5%	3	9.2%	6	11.5%	6	11.0%	24
Not applicable or don't know	7.1%	2	6.1%	2	15.0%	6	9.2%	6	9.6%	5	9.6%	21

Source: Community Science analysis of 2016 ARC[3] Survey data.

Table C.11. Community problem-solving processes domain

	NCW		Okanogan		Skagit		Walla Walla		Whatcom		Total	
	%	n	%	n	%	n	%	n	%	n	%	n
The (Coalition) uses community problem-solving approaches (such as community mobilization and strategic prevention) in this area of work.												
Not at all	0.0%	0	3.0%	1	0.0%	0	0.0%	0	0.0%	0	0.5%	1
A little	10.7%	3	0.0%	0	0.0%	0	4.6%	3	1.9%	1	3.2%	7
Somewhat	42.9%	12	9.1%	3	7.5%	3	23.1%	15	11.5%	6	17.9%	39
A great deal	28.6%	8	33.3%	11	50.0%	20	44.6%	29	40.4%	21	40.8%	89
Completely	7.1%	2	45.5%	15	22.5%	9	9.2%	6	30.8%	16	22.0%	48
Not applicable or don't know	10.7%	3	9.1%	3	20.0%	8	18.5%	12	15.4%	8	15.6%	34
The (Coalition) and community partners review the best research available to inform community plans.												
Not at all	7.1%	2	3.0%	1	0.0%	0	3.1%	2	3.8%	2	3.2%	7
A little	28.6%	8	3.0%	1	5.0%	2	13.8%	9	11.5%	6	11.9%	26
Somewhat	39.3%	11	48.5%	16	50.0%	20	40.0%	26	40.4%	21	43.1%	94
A great deal	7.1%	2	36.4%	12	22.5%	9	27.7%	18	19.2%	10	23.4%	51
Completely	17.9%	5	9.1%	3	22.5%	9	15.4%	10	25.0%	13	18.3%	40
Not applicable or don't know	7.1%	2	3.0%	1	0.0%	0	3.1%	2	3.8%	2	3.2%	7
The (Coalition) has developed a clearly defined action plan that addresses community needs in this area of work.												
Not at all	0.0%	0	3.0%	1	0.0%	0	0.0%	0	1.9%	1	0.9%	2
A little	3.6%	1	0.0%	0	0.0%	0	4.6%	3	5.8%	3	3.2%	7
Somewhat	35.7%	10	3.0%	1	5.0%	2	26.2%	17	17.3%	9	17.9%	39
A great deal	32.1%	9	36.4%	12	52.5%	21	35.4%	23	28.8%	15	36.7%	80
Completely	7.1%	2	42.4%	14	25.0%	10	9.2%	6	15.4%	8	18.3%	40
Not applicable or don't know	21.4%	6	15.2%	5	17.5%	7	24.6%	16	30.8%	16	22.9%	50

Source: Community Science analysis of 2016 ARC[3] Survey data.

Table C.12. Diverse engagement and empowerment domain

	NCW		Okanogan		Skagit		Walla Walla		Whatcom		Total	
	%	n	%	n	%	n	%	n	%	n	%	n
(Community) residents are actively engaged as leaders in this area of work.												
Not at all	3.6%	1	0.0%	0	2.5%	1	0.0%	0	0.0%	0	0.9%	2
A little	28.6%	8	18.2%	6	15.0%	6	23.1%	15	11.5%	6	18.8%	41
Somewhat	50.0%	14	39.4%	13	35.0%	14	38.5%	25	44.2%	23	40.8%	89
A great deal	7.1%	2	30.3%	10	30.0%	12	29.2%	19	26.9%	14	26.1%	57
Completely	7.1%	2	0.0%	0	2.5%	1	4.6%	3	9.6%	5	5.0%	11
Not applicable or don't know	3.6%	1	12.1%	4	15.0%	6	4.6%	3	7.7%	4	8.3%	18
We make youth leadership opportunities available in this area of work.												
Not at all	10.7%	3	0.0%	0	0.0%	0	6.2%	4	0.0%	0	3.2%	7
A little	14.3%	4	12.1%	4	20.0%	8	23.1%	15	7.7%	4	16.1%	35
Somewhat	46.4%	13	18.2%	6	22.5%	9	27.7%	18	32.7%	17	28.9%	63
A great deal	7.1%	2	39.4%	13	27.5%	11	10.8%	7	32.7%	17	22.9%	50
Completely	7.1%	2	18.2%	6	2.5%	1	1.5%	1	13.5%	7	7.8%	17
Not applicable or don't know	14.3%	4	12.1%	4	27.5%	11	30.8%	20	13.5%	7	21.1%	46
(Coalition) members work closely with powerful allies (such as school districts and local legislators) in this area.												
Not at all	3.6%	1	3.0%	1	7.5%	3	9.2%	6	1.9%	1	5.5%	12
A little	42.9%	12	6.1%	2	12.5%	5	21.5%	14	15.4%	8	18.8%	41
Somewhat	35.7%	10	30.3%	10	52.5%	21	46.2%	30	46.2%	24	43.6%	95
A great deal	7.1%	2	57.6%	19	22.5%	9	16.9%	11	34.6%	18	27.1%	59
Completely	10.7%	3	3.0%	1	5.0%	2	6.2%	4	1.9%	1	5.0%	11
Not applicable or don't know	3.6%	1	3.0%	1	7.5%	3	9.2%	6	1.9%	1	5.5%	12

Source: Community Science analysis of 2016 ARC[3] Survey data.

Table C.13. Focus on equity domain

	NCW		Okanogan		Skagit		Walla Walla		Whatcom		Total	
	%	n	%	n	%	n	%	n	%	n	%	n
The (Coalition) is dominated by one organization or sector (such as education, health, or social services).												
Not at all	42.9%	12	66.7%	22	50.0%	20	33.8%	22	48.1%	25	46.3%	101
A little	14.3%	4	0.0%	0	27.5%	11	10.8%	7	13.5%	7	13.3%	29
Somewhat	21.4%	6	15.2%	5	7.5%	3	24.6%	16	7.7%	4	15.6%	34
A great deal	3.6%	1	6.1%	2	5.0%	2	9.2%	6	5.8%	3	6.4%	14
Completely	0.0%	0	0.0%	0	2.5%	1	1.5%	1	1.9%	1	1.4%	3
Not applicable or don't know	17.9%	5	12.1%	4	7.5%	3	20.0%	13	23.1%	12	17.0%	37
Among (Coalition) members and partners, power is shared in the community's best interests.												
Not at all	0.0%	0	0.0%	0	0.0%	0	1.5%	1	0.0%	0	0.5%	1
A little	3.6%	1	3.0%	1	0.0%	0	1.5%	1	3.8%	2	2.3%	5
Somewhat	21.4%	6	6.1%	2	5.0%	2	23.1%	15	19.2%	10	16.1%	35
A great deal	46.4%	13	42.4%	14	42.5%	17	43.1%	28	46.2%	24	44.0%	96
Completely	10.7%	3	42.4%	14	40.0%	16	16.9%	11	21.2%	11	25.2%	55
Not applicable or don't know	17.9%	5	6.1%	2	12.5%	5	13.8%	9	9.6%	5	11.9%	26
The (Coalition) effectively resolves conflicts and balances power among its members and community partners.												
Not at all	0.0%	0	3.0%	1	0.0%	0	7.7%	5	5.8%	3	4.1%	9
A little	35.7%	10	6.1%	2	2.5%	1	12.3%	8	15.4%	8	13.3%	29
Somewhat	39.3%	11	39.4%	13	37.5%	15	35.4%	23	32.7%	17	36.2%	79
A great deal	0.0%	0	27.3%	9	32.5%	13	12.3%	8	21.2%	11	18.8%	41
Completely	25.0%	7	24.2%	8	27.5%	11	32.3%	21	25.0%	13	27.5%	60
Not applicable or don't know	0.0%	0	3.0%	1	0.0%	0	7.7%	5	5.8%	3	4.1%	9
(Coalition) members work closely with community partners, local residents, and political leaders to address the social, cultural, and economic causes of adverse childhood experiences.												
Not at all	7.1%	2	3.0%	1	0.0%	0	4.6%	3	3.8%	2	3.7%	8
A little	35.7%	10	9.1%	3	20.0%	8	29.2%	19	17.3%	9	22.5%	49
Somewhat	46.4%	13	57.6%	19	45.0%	18	41.5%	27	36.5%	19	44.0%	96
A great deal	3.6%	1	24.2%	8	25.0%	10	18.5%	12	30.8%	16	21.6%	47
Completely	7.1%	2	6.1%	2	10.0%	4	6.2%	4	11.5%	6	8.3%	18
Not applicable or don't know	7.1%	2	3.0%	1	0.0%	0	4.6%	3	3.8%	2	3.7%	8

Source: Community Science analysis of 2016 ARC[3] Survey data.

Table C.14. Multi-level strategies domain

	NCW		Okanogan		Skagit		Walla Walla		Whatcom		Total	
	%	n	%	n	%	n	%	n	%	n	%	n
Children and families get the help they need to develop safe, stable, and caring relationships and improve self-regulation and other aspects of healthy development.												
Not at all	10.7%	3	15.2%	5	10.0%	4	15.4%	10	11.5%	6	12.8%	28
A little	57.1%	16	33.3%	11	45.0%	18	55.4%	36	53.8%	28	50.0%	109
Somewhat	21.4%	6	36.4%	12	22.5%	9	23.1%	15	23.1%	12	24.8%	54
A great deal	3.6%	1	6.1%	2	5.0%	2	1.5%	1	5.8%	3	4.1%	9
Completely	7.1%	2	9.1%	3	17.5%	7	4.6%	3	5.8%	3	8.3%	18
Not applicable or don't know	10.7%	3	15.2%	5	10.0%	4	15.4%	10	11.5%	6	12.8%	28
Organizations change their programs and practices to help families more effectively in this area of work.												
Not at all	7.1%	2	15.2%	5	10.0%	4	12.3%	8	7.7%	4	10.6%	23
A little	42.9%	12	30.3%	10	42.5%	17	46.2%	30	40.4%	21	41.3%	90
Somewhat	28.6%	8	27.3%	9	30.0%	12	26.2%	17	34.6%	18	29.4%	64
A great deal	0.0%	0	3.0%	1	5.0%	2	1.5%	1	3.8%	2	2.8%	6
Completely	21.4%	6	24.2%	8	12.5%	5	13.8%	9	13.5%	7	16.1%	35
Not applicable or don't know	7.1%	2	15.2%	5	10.0%	4	12.3%	8	7.7%	4	10.6%	23
Service providers combine their efforts to provide more seamless support for children and families in this area of work.												
Not at all	0.0%	0	3.0%	1	0.0%	0	1.5%	1	0.0%	0	0.9%	2
A little	10.7%	3	9.1%	3	7.5%	3	12.3%	8	7.7%	4	9.6%	21
Somewhat	42.9%	12	39.4%	13	35.0%	14	46.2%	30	32.7%	17	39.4%	86
A great deal	32.1%	9	36.4%	12	37.5%	15	26.2%	17	40.4%	21	33.9%	74
Completely	0.0%	0	3.0%	1	5.0%	2	4.6%	3	7.7%	4	4.6%	10
Not applicable or don't know	14.3%	4	9.1%	3	15.0%	6	9.2%	6	11.5%	6	11.5%	25
(Coalition) members and community partners use positive reinforcement and other strategies to change community norms in this area of work.												
Not at all	10.7%	3	3.0%	1	0.0%	0	9.2%	6	5.8%	3	6.0%	13
A little	39.3%	11	21.2%	7	20.0%	8	27.7%	18	9.6%	5	22.5%	49
Somewhat	32.1%	9	42.4%	14	42.5%	17	35.4%	23	53.8%	28	41.7%	91
A great deal	0.0%	0	24.2%	8	17.5%	7	9.2%	6	13.5%	7	12.8%	28
Completely	17.9%	5	9.1%	3	20.0%	8	18.5%	12	17.3%	9	17.0%	37
Not applicable or don't know	10.7%	3	3.0%	1	0.0%	0	9.2%	6	5.8%	3	6.0%	13
(Coalition) members mobilize allies successfully to advocate for policy change (laws, rules, and funding) in this area of work.												

Table C.14 *(continued)*

	NCW		Okanogan		Skagit		Walla Walla		Whatcom		Total	
	%	n	%	n	%	n	%	n	%	n	%	n
Not at all	0.0%	0	3.0%	1	0.0%	0	0.0%	0	1.9%	1	0.9%	2
A little	3.6%	1	3.0%	1	0.0%	0	9.2%	6	11.5%	6	6.4%	14
Somewhat	42.9%	12	6.1%	2	27.5%	11	35.4%	23	23.1%	12	27.5%	60
A great deal	28.6%	8	45.5%	15	32.5%	13	32.3%	21	36.5%	19	34.9%	76
Completely	7.1%	2	33.3%	11	12.5%	5	6.2%	4	7.7%	4	11.9%	26
Not applicable or don't know	17.9%	5	9.1%	3	27.5%	11	16.9%	11	19.2%	10	18.3%	40

Source: Community Science analysis of 2016 ARC^3 Survey data.

Table C.15. Scale of work domain

	NCW		Okanogan		Skagit		Walla Walla		Whatcom		Total	
	%	n	%	n	%	n	%	n	%	n	%	n
Local efforts are able to sustain and expand successful programs and practices in this area of work.												
Not at all	0.0%	0	3.0%	1	2.5%	1	3.1%	2	0.0%	0	1.8%	4
A little	17.9%	5	6.1%	2	7.5%	3	13.8%	9	7.7%	4	10.6%	23
Somewhat	57.1%	16	30.3%	10	42.5%	17	47.7%	31	44.2%	23	44.5%	97
A great deal	21.4%	6	36.4%	12	27.5%	11	23.1%	15	34.6%	18	28.4%	62
Completely	0.0%	0	12.1%	4	5.0%	2	1.5%	1	5.8%	3	4.6%	10
Not applicable or don't know	3.6%	1	12.1%	4	15.0%	6	10.8%	7	7.7%	4	10.1%	22
Local efforts are working at sufficient scale to improve community-wide trends in child development and family well-being.												
Not at all	3.6%	1	6.1%	2	5.0%	2	1.5%	1	7.7%	4	4.6%	10
A little	25.0%	7	6.1%	2	7.5%	3	16.9%	11	21.2%	11	15.6%	34
Somewhat	42.9%	12	18.2%	6	25.0%	10	46.2%	30	34.6%	18	34.9%	76
A great deal	25.0%	7	39.4%	13	35.0%	14	27.7%	18	28.8%	15	30.7%	67
Completely	0.0%	0	18.2%	6	10.0%	4	1.5%	1	1.9%	1	5.5%	12
Not applicable or don't know	3.6%	1	12.1%	4	17.5%	7	6.2%	4	5.8%	3	8.7%	19

Source: Community Science analysis of 2016 ARC[3] Survey data.

Table C.16. Mean community capacity index domain and item scores and domain reliabilities

	Mean score (SD)	Item factor loading range	Scale Alpha
Community partnerships domain	2.80 (0.68)	0.63 - 0.84	0.82
1. We have many strategic partnerships that work across sectors (such as education, health, juvenile justice, and social services).	2.86 (0.77)	–	–
2. People have a deep trust in each other to work together when it counts.	2.79 (0.83)	–	–
3. People believe that, together, they can make a difference.	3.13 (0.72)	–	–
4. As partners, we hold each other accountable for results.	2.45 (0.93)	–	–
Shared goals domain	2.79 (0.68)	0.65 – 0.68	0.78
1. [Coalition] members and community partners share an ongoing commitment to this area of work.	3.39 (0.71)	–	–
2. [Community] residents support local efforts in this area of work.	2.59 (0.81)	–	–
3. Local political leaders share an ongoing commitment to this area of work.	2.30 (0.83)	–	–
Leadership and Infrastructure domain	2.44 (0.66)	0.58 – 0.66	0.76
1. We have organized a strong network of formal institutions and informal connections to carry on this work.	2.68 (0.78)	–	–
2. We have enough resources (such as funding and volunteers) to carry out this work.	1.76 (0.86)	–	–
3. [Coalition] leaders have the authority and community standing to bring people and organizations together to carry out this work.	2.89 (0.86)	–	–
4. Enough training and assistance is available locally for the community to gain the knowledge and skills needed to carry out this work.	2.37 (0.89)	–	–
Data use for improvement and accountability domain	2.43 (0.86)	0.70 – 0.86	0.87
1. We have access to the data sources and systems needed to track our progress and identify successes and failures.	2.32 (0.94)	–	–
2. The [Coalition] has enough staff capacity and expertise to analyze and use data for decision-making.	2.27 (1.10)	–	–
3. The [Coalition] uses data to identify local disparities for community planning purposes in this area of work.	2.74 (0.91)	–	–
4. The [Coalition] uses a range of evaluation methods to conduct rapid tests of promising programs and practices in this area of work.	2.45 (1.05)	–	–

Table C.16 *(continued)*

	Mean score (SD)	Item factor loading range	Scale Alpha
Communications domain	2.70 (0.78)	0.64 – 0.78	0.81
1. [Coalition] members and community partners communicate openly with each other about this area of work.	3.13 (0.78)	–	–
2. I am informed as often as I need to be about what is going on with the [Coalition].	3.00 (0.98)	–	–
3. Community leaders use effective messages to raise local awareness and build political will in this area of work.	2.46 (0.98)	–	–
4. Community agencies, local residents, and political leaders are recognized in public events and local media for their contributions to this area of work.	2.26 (0.98)	–	–
Community problem-solving processes domain	2.95 (0.70)	0.71 – 0.77	0.76
1. The [Coalition] uses community problem-solving approaches (such as community mobilization and strategic prevention) in this area of work.	2.96 (0.82)	–	–
2. The [Coalition] and community partners review the best research available to inform community plans.	3.06 (0.77)	–	–
3. The [Coalition] has developed a clearly defined action plan that addresses community needs in this area of work.	2.89 (0.86)	–	–
Diverse engagement and empowerment domain	2.47 (0.78)	0.66 – 0.80	0.79
1. [Community] residents are actively engaged as leaders in this area of work.	2.17 (0.85)	–	–
2. We make youth leadership opportunities available in this area of work.	2.20 (1.01)	–	–
3. [Coalition] members work closely with powerful allies (such as school districts and local legislators) in this area.	2.97 (0.85)	–	–
Focus on equity domain	2.97 (0.70)	0.64 – 0.86	0.84
1. The [Coalition] is (not) dominated by one organization or sector (such as education, health, or social services).[a]	3.17 (1.09)	–	–
2. Among [Coalition] members and partners, power is shared in the community's best interests.	3.04 (0.79)	–	–
3. The [Coalition] effectively resolves conflicts and balances power among its members and community partners.	2.96 (0.82)	–	–
4. [Coalition] members work closely with community partners, local residents, and political leaders to address the social, cultural, and economic causes of adverse childhood experiences.	2.91 (0.80)	–	–
Multi-level strategies domain	2.41 (0.64)	0.72 – 0.87	0.85
1. Children and families get the help they need to develop safe, stable, and caring relationships and improve self-regulation and other aspects of healthy development.	2.22 (0.74)	–	–
2. Organizations change their programs and practices to help families more effectively in this area of work.	2.29 (0.72)	–	–
3. Service providers combine their efforts to provide more seamless support for children and families in this area of work.	2.36 (0.79)	–	–

Table C.16 *(continued)*

	Mean score (SD)	Item factor loading range	Scale Alpha
4. [Coalition] members and community partners use positive reinforcement and other strategies to change community norms in this area of work.	2.74 (0.81)	–	–
5. [Coalition] members mobilize allies successfully to advocate for policy change (laws, rules, and funding) in this area of work.	2.62 (0.87)	–	–
Scale of work domain	2.22 (0.81)	0.66	0.79
1. Local efforts are able to sustain and expand successful programs and practices in this area of work.	2.26 (0.81)	–	–
2. Local efforts are working at sufficient scale to improve community-wide trends in child development and family well-being.	2.19 (0.96)	–	–

Source: Community Science analysis of 2016 ARC^3 Survey data.

Note: [a]In the original survey this item read "the [Coalition] is dominated by one organization or sector (such as education, health, or social services)." During analysis this item was recoded so that higher values represent more positive performance on the item to be consistent with other items. The item is presented here as "The [Coalition] is (not) dominated by one organization or sector (such as education, health, or social services)" to denote this change.

Distribution of Organizations by Sector

This section presents the distribution of organizations by site that were identified by site coordinators as having:

- Served as a member of the coalition or one of its workgroups 2010–2015
- Participated in community efforts to increase resilience, address ACEs, address trauma, or promote healthy child development 2010–2015

Table C.17. Distribution of organizations by sector

	NCW (n = 33)		Okanogan (n = 27)		Skagit (n = 35)		Walla Walla (n = 43)		Whatcom (n = 46)		Total (n = 184)	
	%	n	%	n	%	n	%	n	%	n	%	n
Child/parenting education	**33.3%**	**11**	**25.9%**	**7**	**31.4%**	**11**	**23.3%**	**10**	**30.4%**	**14**	**28.8%**	**53**
Early childhood and/or parenting education	12.1%	4	7.4%	2	5.7%	2	11.6%	5	4.3%	2	8.2%	15
Childcare	3.0%	1	0.0%	0	2.9%	1	0.0%	0	0.0%	0	1.1%	2
Elementary/secondary education (k–12)	18.2%	6	18.5%	5	22.9%	8	11.6%	5	26.1%	12	19.6%	36
Adult Training (18+)	**9.1%**	**3**	**0.0%**	**0**	**0.0%**	**0**	**11.6%**	**5**	**4.3%**	**2**	**5.4%**	**10**
Postsecondary education	3.0%	1	0.0%	0	0.0%	0	9.3%	4	2.2%	1	3.3%	6
Workforce development	6.1%	2	0.0%	0	0.0%	0	2.3%	1	2.2%	1	2.2%	4
Justice	**9.1%**	**3**	**18.5%**	**5**	**2.9%**	**1**	**11.6%**	**5**	**8.7%**	**4**	**9.8%**	**18**
Law enforcement	3.0%	1	7.4%	2	0.0%	0	2.3%	1	6.5%	3	3.8%	7
Court/legal services	3.0%	1	11.1%	3	0.0%	0	4.7%	2	0.0%	0	3.3%	6
Juvenile justice	3.0%	1	0.0%	0	2.9%	1	4.7%	2	2.2%	1	2.7%	5
Health and wellness	**15.2%**	**5**	**18.5%**	**5**	**20.0%**	**7**	**18.6%**	**8**	**26.1%**	**12**	**20.1%**	**37**
Healthcare	6.1%	2	7.4%	2	2.9%	1	2.3%	1	10.9%	5	6.0%	11
Public health	3.0%	1	3.7%	1	2.9%	1	7.0%	3	6.5%	3	4.9%	9
Mental health/wellness	0.0%	0	0.0%	0	5.7%	2	0.0%	0	0.0%	0	1.1%	2
Behavioral health	3.0%	1	3.7%	1	0.0%	0	0.0%	0	0.0%	0	1.1%	2
Healthy youth development	3.0%	1	3.7%	1	8.6%	3	9.3%	4	8.7%	4	7.1%	13
Family Assistance	**18.2%**	**6**	**11.1%**	**3**	**25.7%**	**9**	**4.7%**	**2**	**10.9%**	**5**	**13.6%**	**25**
Food assistance	0.0%	0	0.0%	0	5.7%	2	0.0%	0	2.2%	1	1.6%	3
Housing assistance	3.0%	1	3.7%	1	0.0%	0	0.0%	0	0.0%	0	1.1%	2
Financial/emergency assistance	3.0%	1	3.7%	1	5.7%	2	2.3%	1	2.2%	1	3.3%	6
Social/child welfare	12.1%	4	3.7%	1	14.3%	5	2.3%	1	6.5%	3	7.6%	14

Table C.17 *(continued)*

	NCW (n = 33)		Okanogan (n = 27)		Skagit (n = 35)		Walla Walla (n = 43)		Whatcom (n = 46)		Total (n = 184)	
	%	n	%	n	%	n	%	n	%	n	%	n
Community sector	**12.1%**	**4**	**14.8%**	**4**	**5.7%**	**2**	**14.0%**	**6**	**15.2%**	**7**	**12.5%**	**23**
Community development	6.1%	2	3.7%	1	2.9%	1	4.7%	2	10.9%	5	6.0%	11
Philanthropy	3.0%	1	0.0%	0	2.9%	1	4.7%	2	2.2%	1	2.7%	5
Government/public policy	3.0%	1	11.1%	3	0.0%	0	4.7%	2	2.2%	1	3.8%	7
Other	**3.0%**	**1**	**11.1%**	**3**	**14.3%**	**5**	**16.3%**	**7**	**4.3%**	**2**	**9.8%**	**18**

Source: Community Science analysis of 2016 ARC[3] Survey data.

Social Network Statistics

To examine the level of interaction and collaboration among the sites' network partners, the ARC^3 survey asked respondents to rate their level of interaction with each of the other network partners, on a five-point scale. Based on those responses, the evaluation conducted social network analyses (SNA) to assess the structures of the relationships among the partners that reported having "quite a bit" or "a great deal" of interaction with each other. These SNA analyses assessed the partners' average level of interactions, the centralization of their interactions, the density of their interactions, the reciprocity of their interactions, and the transitivity of their interactions (Table II.1). These analyses were conducted using the UCINET, version 6 (Borgatti et al. 2002) and Gephi, version 0.9.1 (Gephi.org 2016) software.

The SNA findings showed that the network structures of the sites' collaborative partners varied geographically. The SNA statistics for the centralization, density, and transitivity of the NCW and Okanogan networks reflected the small, close-knit nature of their rural communities. The NCW and Okanogan networks were relatively small (with 17 nodes), with higher than average levels of interaction (2.72 and 2.67, respectively, compared to the average all-site interaction rating of 2.44 on a five-point scale). The relationships in NCW and Okanogan networks were less centralized than in other APPI sites (with 0.46 and 0.42 scores, compared to the overall average score of 0.50). Their networks were also more densely connected, with more reciprocal relationships, and more small-group (transitive) connections than the other sites.

The two coastal APPI sites, Skagit and Whatcom, were somewhat similar in their network structures. Their networks had about the same number of relationships (24 and 23 nodes, respectively), and the same average centralization scores (both were 0.49). However, Skagit had more dense connections, but less reciprocal relationships than reported for Whatcom. In contrast, Walla Walla's network structure was different, reflecting the dynamic role of the site's director, who worked at the center of most network activities. Walla Walla's network structure was the largest (34 nodes), most centralized (0.66), and least dense (0.25) of the APPI sites. It also had the lowest reciprocity score (0.33), and one of the lowest levels of collaboration (2.29) reported among the sites.

Community Network Visualizations

This section presents visualizations of the five community networks (Figures C.1–C.5).

- The size of each node is based on the number of organizations that reported working with the focal organization quite a bit or a great deal within the past 12 months.
- The visualizations only include organizations that responded to the network items in the survey.
- The nodes are colored by sector as described below.

Figure C.1. Coalition for Children and Families of North Central Washington network structure

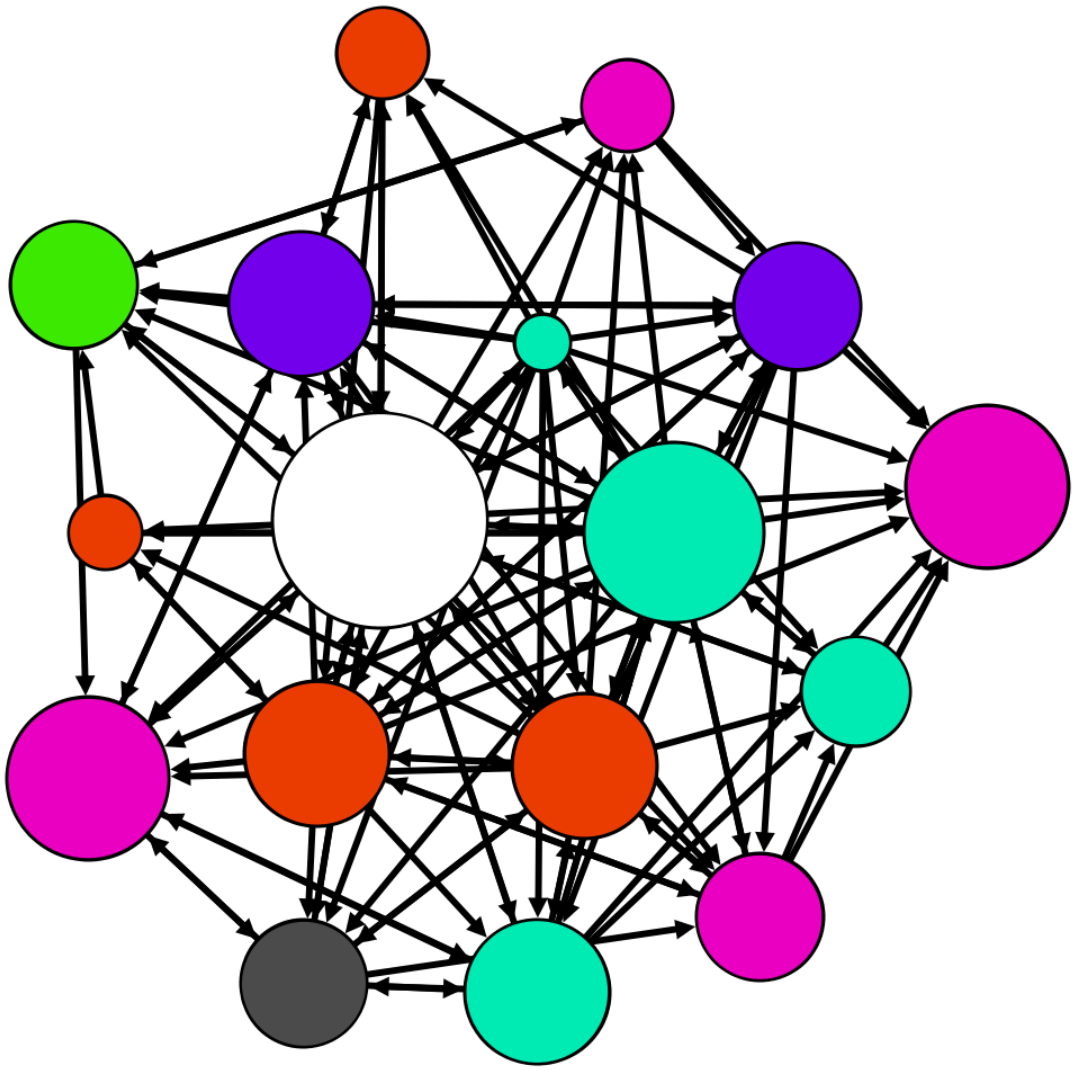


Figure C.2. Okanogan County Community Coalition network structure

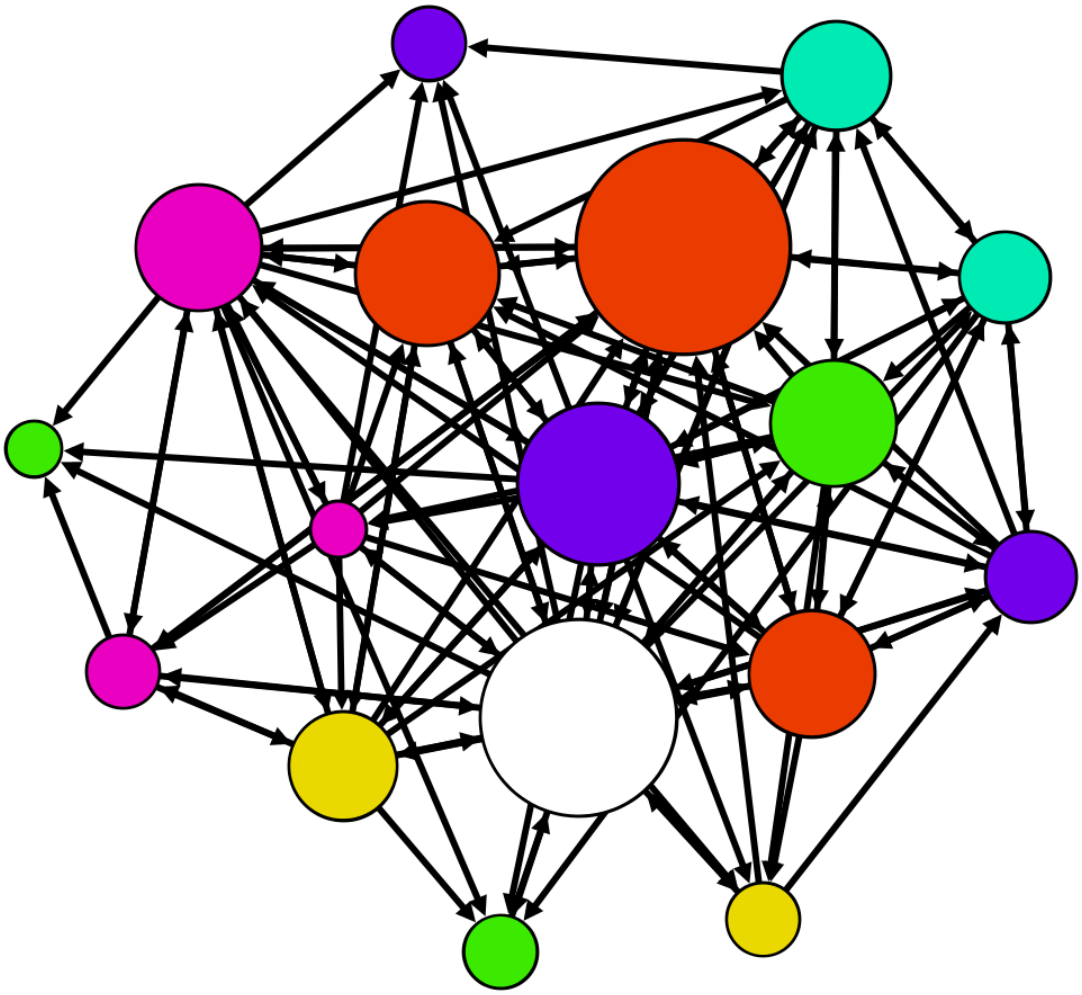


Figure C.3. Skagit County Child and Family Consortium network structure

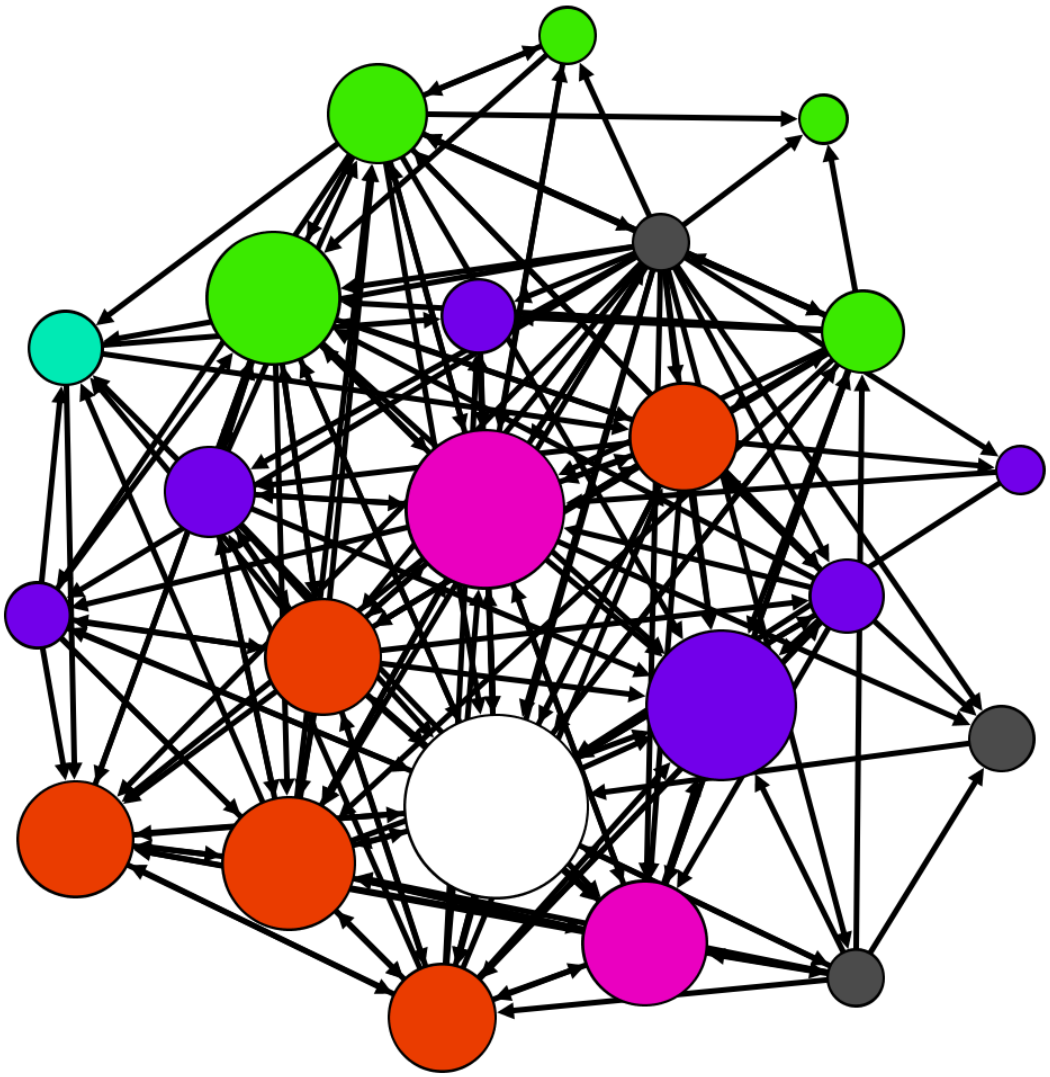


Figure C.4. Walla Walla County Community Network network structure

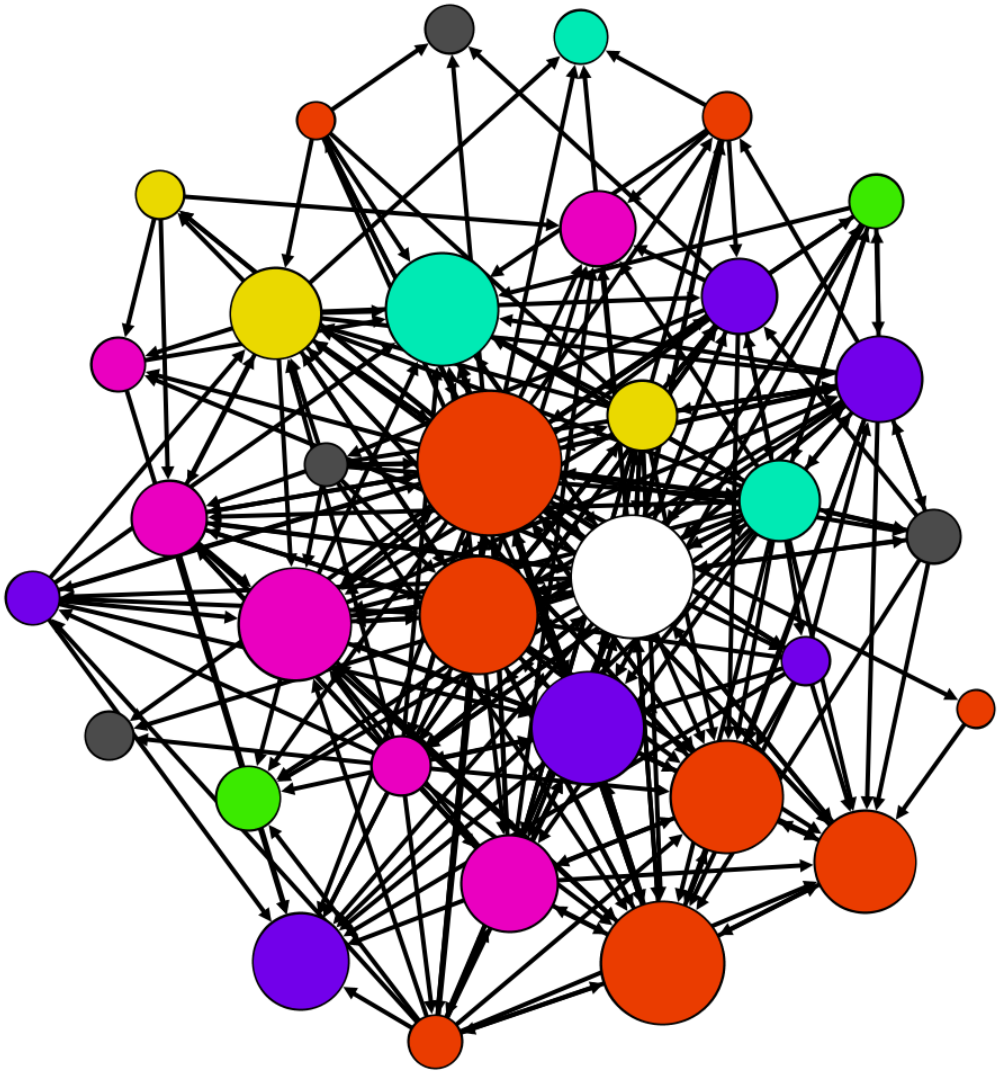
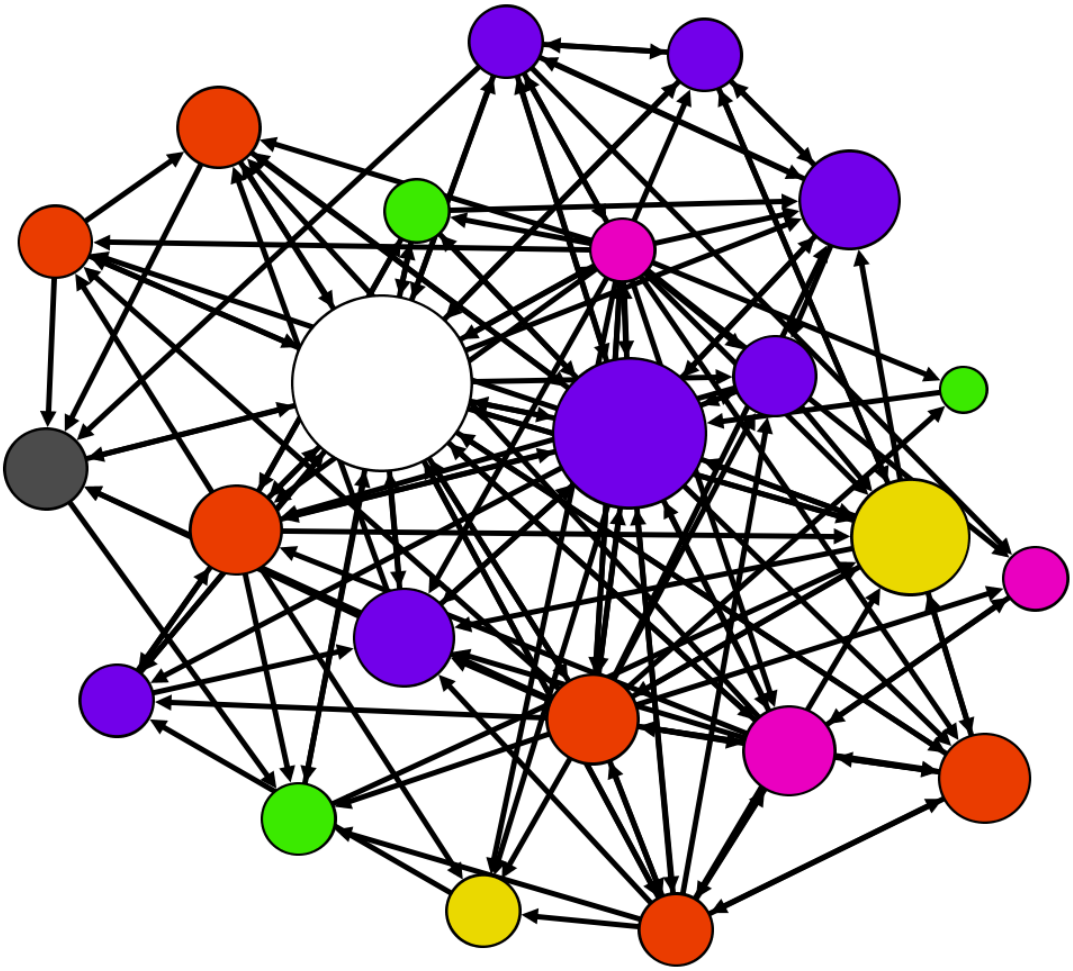


Figure C.5. Whatcom Family & Community Network network structure



APPENDIX D. TECHNICAL APPENDIX FOR THE EVALUATION OF THE SELECT ACTIVITIES

The goal of the outcomes study was to examine how the sites' activities have influenced individual outcomes. In all cases, the evaluation was based on retrospective designs that used data which were publicly available (e.g., from state agencies or school districts) or were obtained by the APPI sites. All measures reflected aggregate outcomes (e.g., average outcomes for all program participants).

We used the most rigorous methods possible given the available data to assess how changes in outcomes were related to the selected activities. When all of the available data were collected after the activity was implemented, we used cross-sectional descriptive methods. Examples of reporting descriptive outcomes include providing average survey responses for a subset of program participants and presenting the number of community members reached by various efforts. When possible, we used more rigorous analyses, such as a pre-post design or an interrupted time series (ITS) design (Shadish, Cook, and Campbell 2002). These models are conceptually similar, but the ITS design has more stringent data requirements and is more rigorous. When possible, we included benchmark comparison groups for both pre-post and ITS analyses. The rest of this appendix provides descriptions of these analytic approaches.

A. Pre-post design

A pre-post design is a simple approach to analyzing changes in outcomes over time. With this design, we apply a statistical test to determine if the change experienced by the intervention group is statistically different from zero.

For the most basic pre-post design, only two data points are required: one "pre" measure (measured before the intervention began) and one "post" measure (measured at some point after the intervention was implemented). In the APPI evaluation, this basic design always involved examining differences in proportions (e.g., proportion of youth who reported using alcohol). In this case, we tested whether the change experienced by the intervention group is statistically different from zero using the difference in proportions test:

(1) $z = \left(p_{post} - p_{pre}\right)/SE,$

where $SE = \sqrt{p(1-p)\left(\frac{1}{n_{post}} + \frac{1}{n_{pre}}\right)}$ and $p = \frac{p_{post} * n_{post} + p_{pre} * n_{pre}}{n_{post} + n_{pre}}$.

In this test, p_{pre} and p_{post} are the proportions of individuals who reported a successful outcome (e.g., not drinking alcohol) before and after the intervention, respectively; n_{pre} and n_{post} are the numbers of individuals in these samples. The Z-statistic is assumed to come from a normal distribution with mean 0 and standard deviation 1.

This simple design, however, has a major statistical limitation. It has a tendency to underestimate standard errors and return a significant p-value when the outcome of interest is not stable in the absence of the intervention. In other words, when there are two sources that contribute to the variation in the observed outcome—(1) period or cohort variation and

(2) sampling error—the test will account for the sampling error but assume that the period or cohort variation is negligible or zero.

To augment this design, when we had two to three time points before or after the intervention was implemented, we used a regression model specified as follows:

(2) $Y_{it} = \beta_0 + \beta_1 * POST_{it} + \varepsilon_{it}$.

In this model, *Y* is an outcome for unit *i* in year *t*, POST is an indicator variable taking a value of one in the year after an intervention has been implemented, and ε is an error term. The coefficient β_1 captures the change in outcomes experienced by the intervention group, and the statistical significance of this coefficient indicates whether this difference is statistically different from zero; equivalently, the significance value indicates whether the "post" outcome value is statistically different from the "pre" outcome value.

The pre-post design presents advantages but also significant limitations. The main benefits of this approach are its minimal data requirements and its straightforward, simple interpretation. The cost of this accessibility is that the design is not very rigorous. Pre-post estimates will be biased if the intervention group was experiencing some type of trend before receiving the intervention. For example, outcomes for the intervention group may have been improving even before the activity began; if this is the case, positive changes may be at least partially attributable to the positive trajectory the group was on (not the intervention itself). Another weakness of this design is that there is no comparison group. Without a comparison group, we do not have any information about what type of change we would expect to see in the absence of the intervention. In summary, the pre-post design is low in rigor, as we cannot be confident that changes experienced by intervention group are due to the intervention.

B. Difference-in-differences design (or pre-post design with a comparison group)

One way to increase the rigor of a pre-post design is to add a comparison group. This design, called a difference-in-differences design or a pre-post design with a comparison group, allows us to compare the change experienced in the treatment group to the changes experienced elsewhere. The estimating model is as follows:

(3) $Y_{it} = \beta_0 + \beta_1 * TRT_{it} + \beta_2 * POST_{it} + \beta_3 * TRT_{it} * POST_{it} + \varepsilon_{it}$.

This model augments the simple pre-post design by adding TRT, an indicator variable that equals one for the intervention (or treatment) group and zero for the comparison group, and an interaction term between TRT and POST. The coefficient of interest, β_3, represents the potential impact of the intervention by capturing the difference in the change experienced by the treatment group and the change experienced by the comparison group (the difference in differences).

The key assumption of this model is that the change experienced in the comparison group is an accurate representation of what would have happened in the treatment group if it had not received any type of intervention. We cannot directly test this assumption, but some types of comparison groups are more likely to meet this assumption than others. For example, for a school-level intervention, another school in the same district that has similar student

demographics may be a strong comparison group. Creating a strong comparison group requires (1) having more than one unit (e.g., individuals, schools, or neighborhoods) experiencing the intervention, (2) a large pool of potential comparison units available to select a comparison group from, and (3) good background data which allows to match the intervention units to a similar comparison unit. Unfortunately, identifying a strong comparison group was not feasible for any of the activities examined in the APPI evaluation due to data limitations. Instead we used a "benchmark" comparison group. For example, in some analyses we compared changes in outcomes of an intervention school to changes in district or statewide averages. This allowed us to compare the changes in the intervention school to the changes experienced by other schools during the same time period but it is always possible that the comparison and treatment schools differed on important dimensions.

One way to begin to explore the validity the assumption that the comparison group provides a reasonable counterfactual (what would have happened in the treatment group if there had been no program provided) is to compare pre-trends for the intervention and comparison groups. This is only possible when data are available for at least three years prior to the start of the program. When such data are available, we can assess whether the treatment and control groups have parallel trends in the pre-treatment period. If the two groups were on similar trajectories, we have somewhat more confidence that the comparison group is appropriate.

C. Interrupted time series design

An interrupted time series (ITS) approach augments a pre-post or difference-in-differences design by adding additional years of data. When there are sufficient data points available, an ITS model allows one to (a) control for the pre-trend and (b) estimate the impact of the intervention on the *level* and *slope* of the outcome. That is, we can determine not just if the average outcome improved, but whether outcomes continue to improve further with time. The ITS model is as follows:

(4) $Y_{it} = \beta_0 + \beta_1 * TIME_{it} + \beta_2 * POST_{it} + \beta_3 * TIME_{it} * POST_{it} + \beta_4 * TRT_{it} + \beta_5 * TRT_{it} * POST_{it} + \beta_6 * TRT_{it} * TIME_{it} + \beta_7 * TIME_{it} * TRT_{it} * POST_{it} + \varepsilon_{it}.$

Here, Y represents the outcome for unit *i* at time *t.* TIME is a measure of time (e.g., months or years since the intervention), POST is an indicator that takes a value of one in the years after the intervention is implemented, TRT is an indicator that takes a value of one for the treatment group, and ε is the error term. Because this analysis involves time trends and allows the slopes for treatment and control groups to change over time, there are several ways to interpret impacts.

First, one can assess the impact of the intervention on the level of the outcome (β_5). Next, one can assess the impact of the intervention on the slope of the outcome (β_7). For example, if time is measured in years, β_7 can be interpreted as the annual impact of the intervention. Finally, one can also choose a time point at which to evaluate the effect of the intervention.

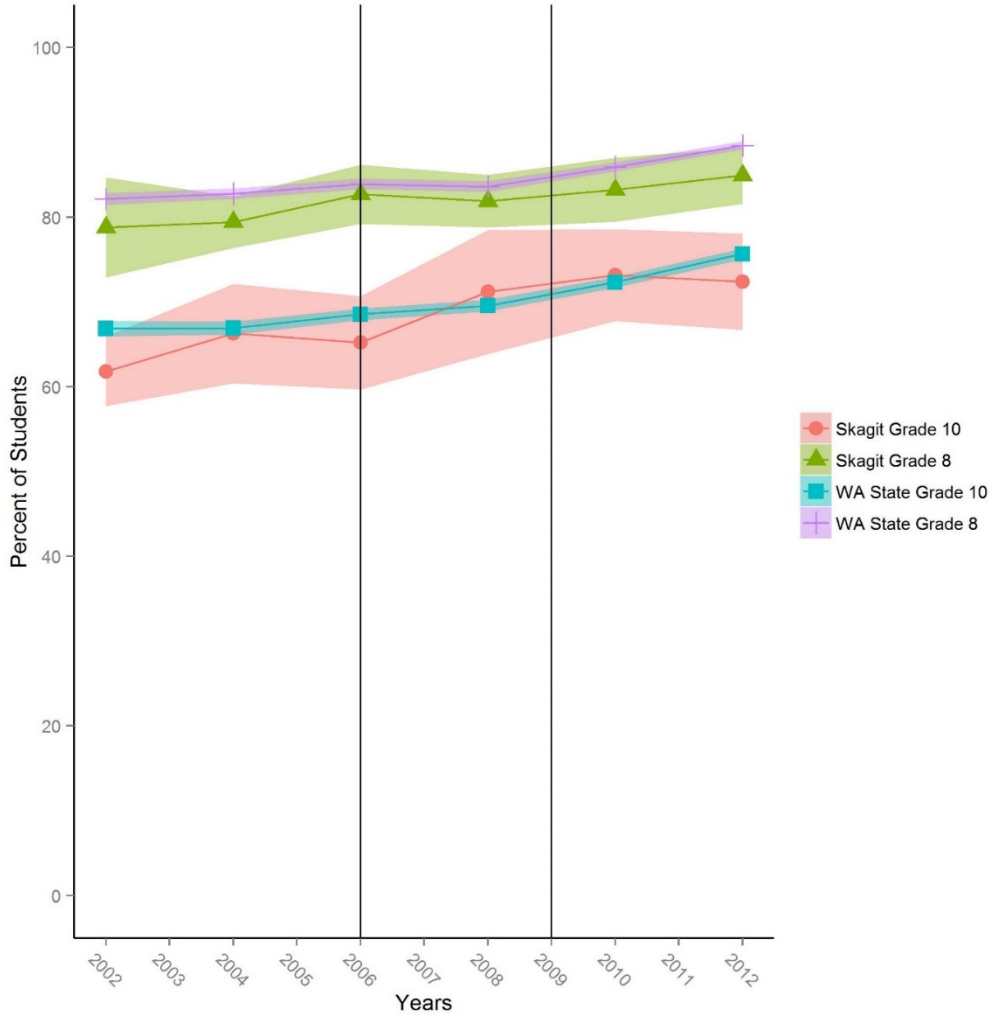
As previously described, this type of analysis requires several years of data. In order to include pre- (post-) trends, we required at least four pre and four post-data points. We have sufficient data to estimate this type of model for one activity, for which we also have a benchmark comparison group (other schools in the same school district). It is also possible to

estimate less-rigorous ITS models with no comparison group by excluding all terms with TRT from the model in equation 4.

APPENDIX E. ADDITIONAL FIGURES AND TABLES FOR THE EVALUATION OF SELECT ACTIVITIES

Additional figures for the Prevention/Intervention Specialist Program (Skagit)

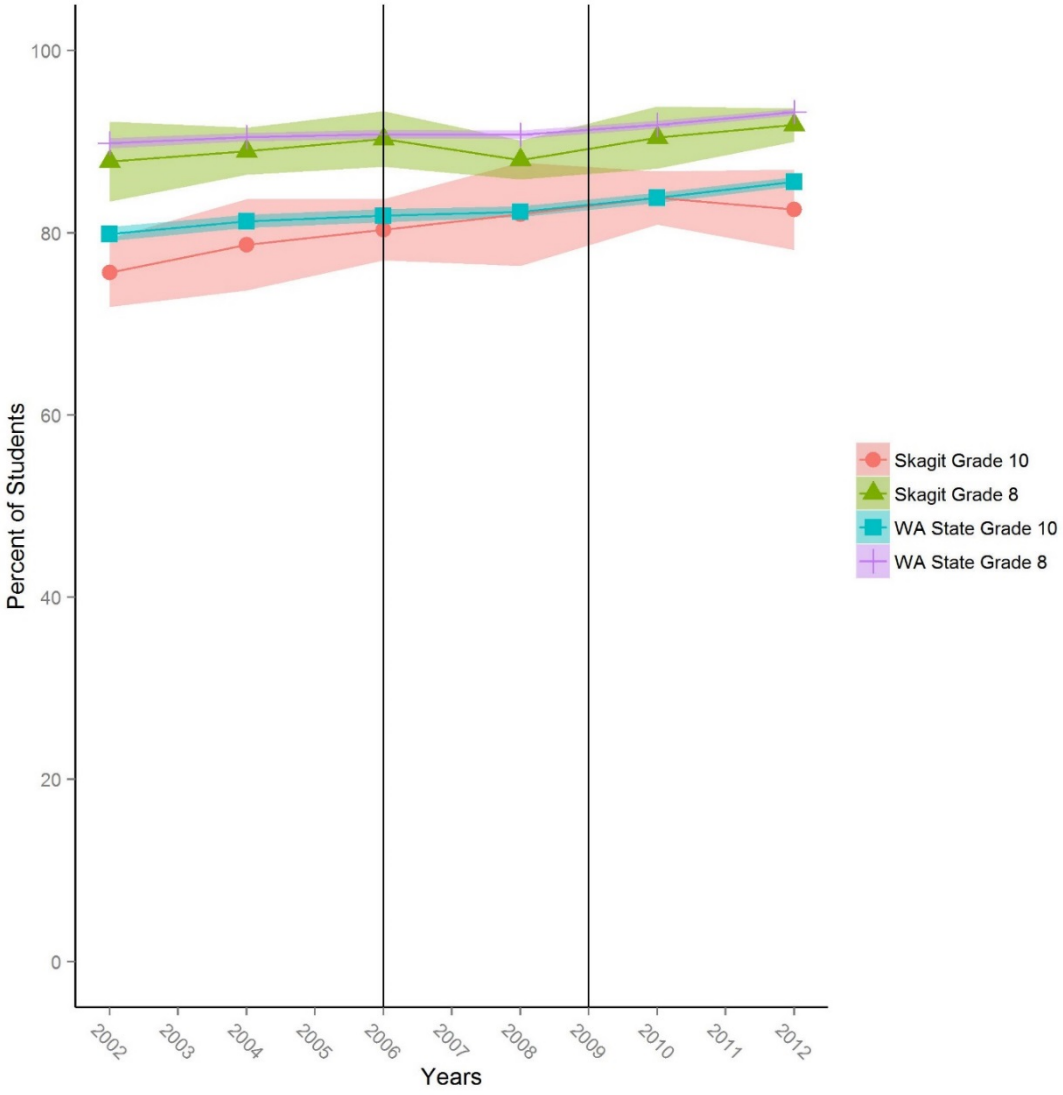
Figure E.1. Percentage of students who reported no alcohol use in the past 30 days in Skagit County and comparison group



Source: Mathematica Policy Research's analyses of State of Washington Department of Health's Healthy Youth Survey (HYS) data, 2002–2012.

Notes: Symbols (and solid trend lines) illustrate point estimates, while surrounding shaded regions illustrate 95 percent confidence intervals. Years are school years; for example, 2002 represents the 2002–2003 school year. The Washington State comparison group excludes Skagit County. The vertical bar at the 2006–2007 school year marks the beginning of SSHS funding and the vertical bar at the 2013–2014 school year marks the end of SSHS funding.

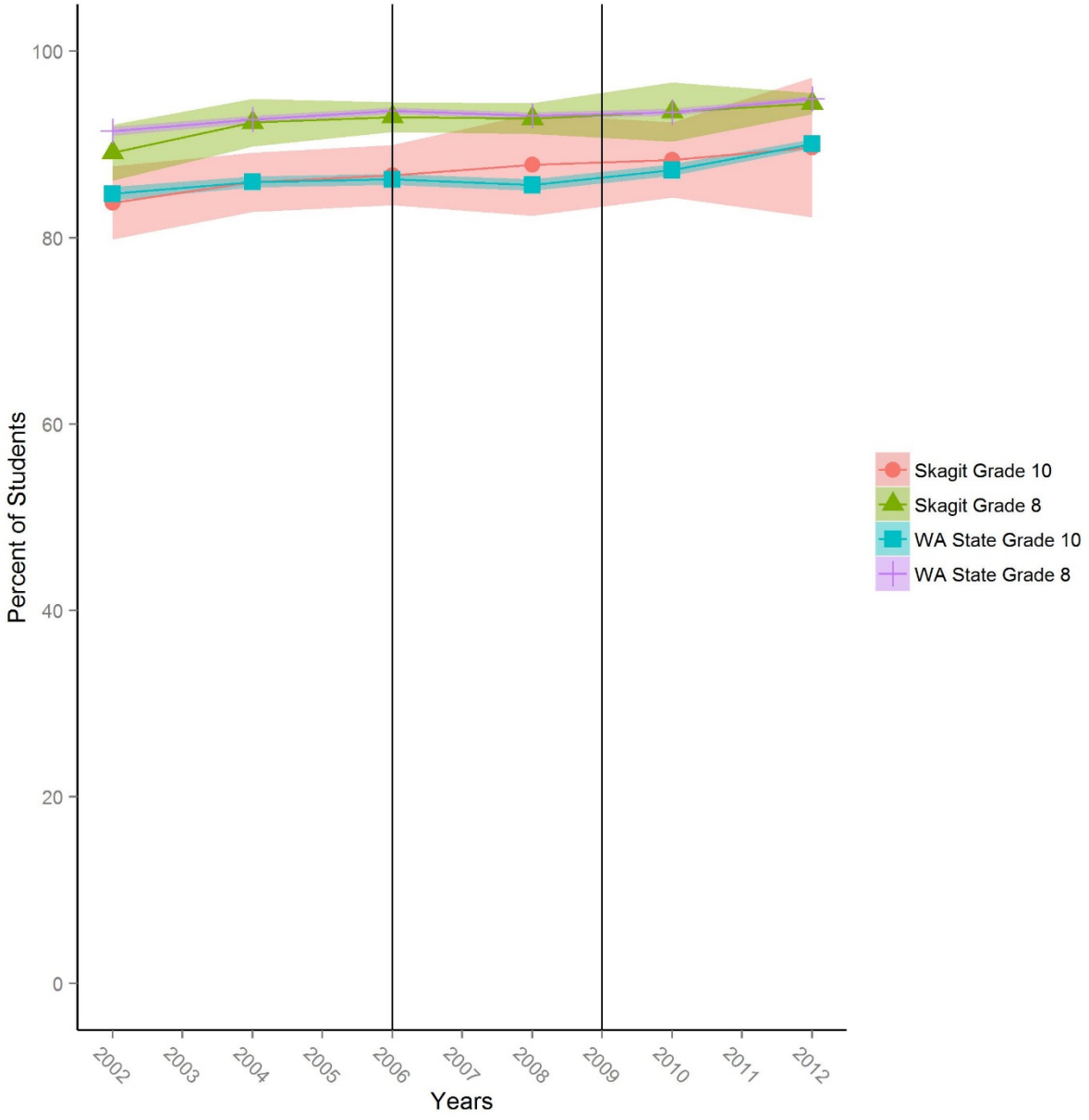
Figure E.2. Percentage of students who reported not having five or more drinks in a row in the past two weeks in Skagit County and comparison group



Source: Mathematica Policy Research's analyses of State of Washington Department of Health's Healthy Youth Survey (HYS) data, 2002–2012.

Notes: Symbols (and solid trend lines) illustrate point estimates, while surrounding shaded regions illustrate 95 percent confidence intervals. Years are school years; for example, 2002 represents the 2002–2003 school year. The Washington State comparison group excludes Skagit County. The vertical bar at the 2006–2007 school year marks the beginning of SSHS funding and the vertical bar at the 2013–2014 school year marks the end of SSHS funding.

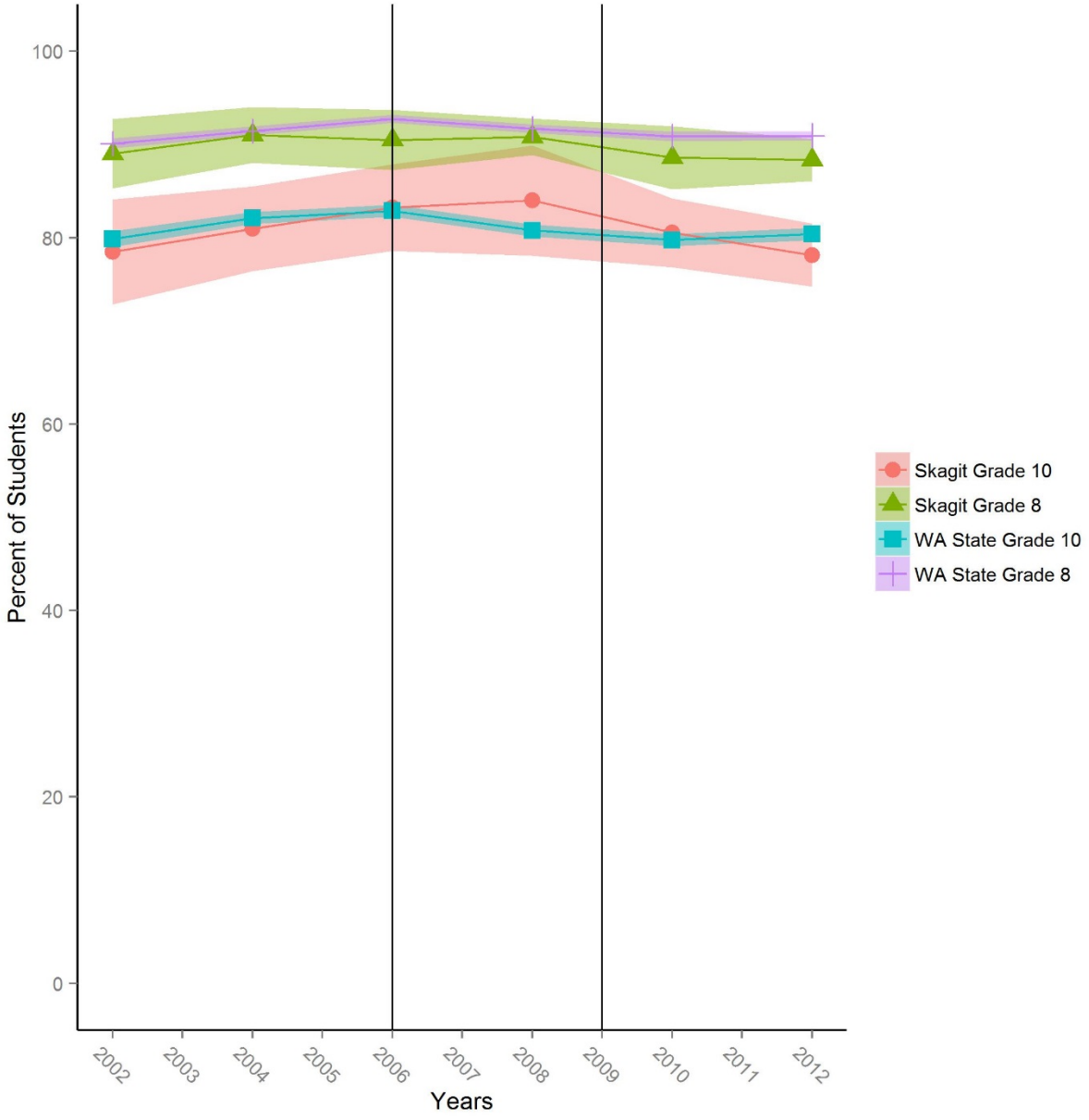
Figure E.3. Percentage of students who reported no cigarette use in the past 30 days in Skagit County and comparison group



Source: Mathematica Policy Research's analyses of State of Washington Department of Health's Healthy Youth Survey (HYS) data, 2002–2012.

Notes: Symbols (and solid trend lines) illustrate point estimates, while surrounding shaded regions illustrate 95 percent confidence intervals. Years are school years; for example, 2002 represents the 2002–2003 school year. The Washington State comparison group excludes Skagit County. The vertical bar at the 2006–2007 school year marks the beginning of SSHS funding and the vertical bar at the 2013–2014 school year marks the end of SSHS funding.

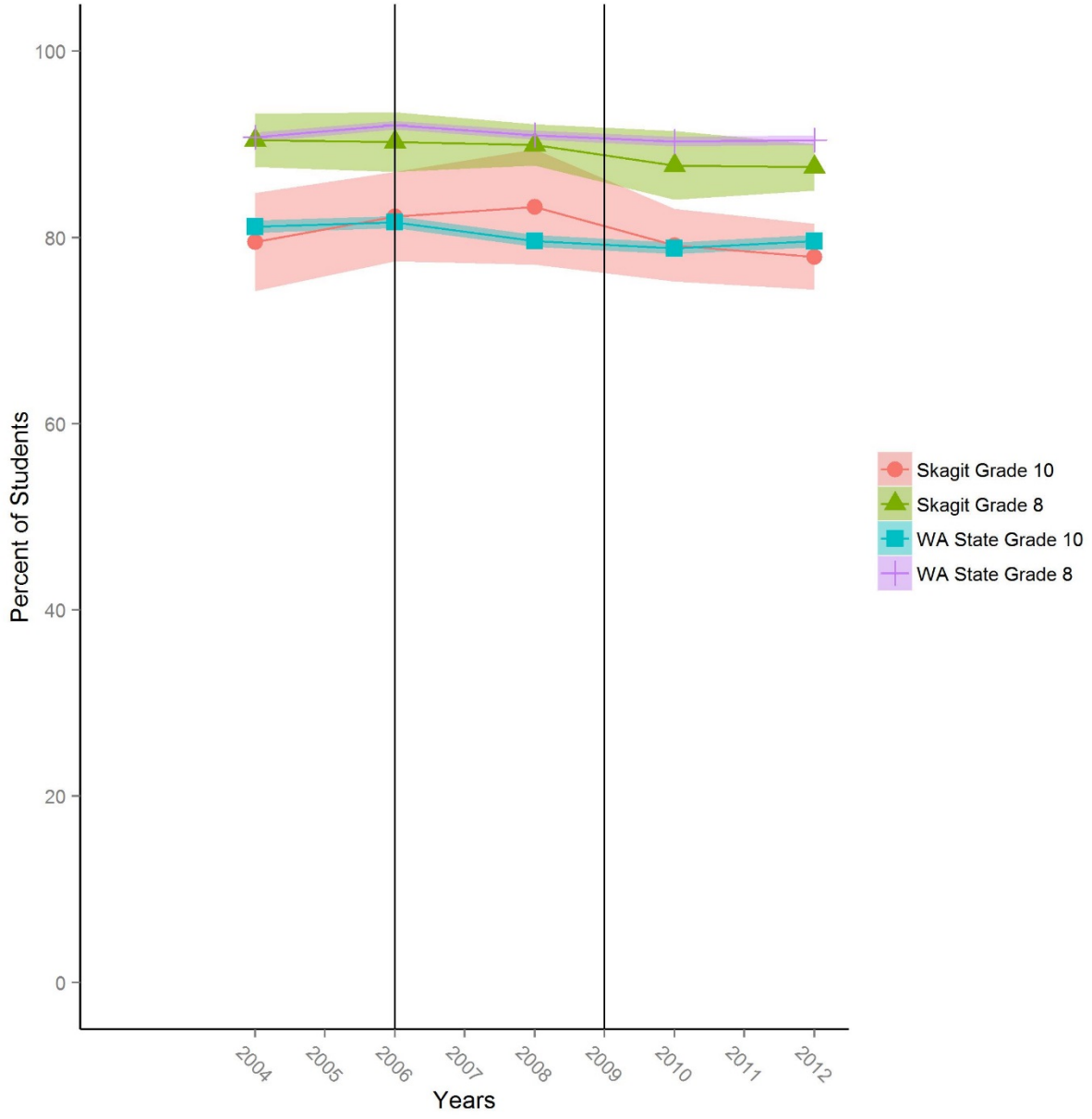
Figure E.4. Percentage of students who reported no marijuana use in the past 30 days in Skagit County and comparison group



Source: Mathematica Policy Research's analyses of State of Washington Department of Health's Healthy Youth Survey (HYS) data, 2002–2012.

Notes: Symbols (and solid trend lines) illustrate point estimates, while surrounding shaded regions illustrate 95 percent confidence intervals. Years are school years; for example, 2002 represents the 2002–2003 school year. The Washington State comparison group excludes Skagit County. The vertical bar at the 2006–2007 school year marks the beginning of SSHS funding and the vertical bar at the 2013–2014 school year marks the end of SSHS funding.

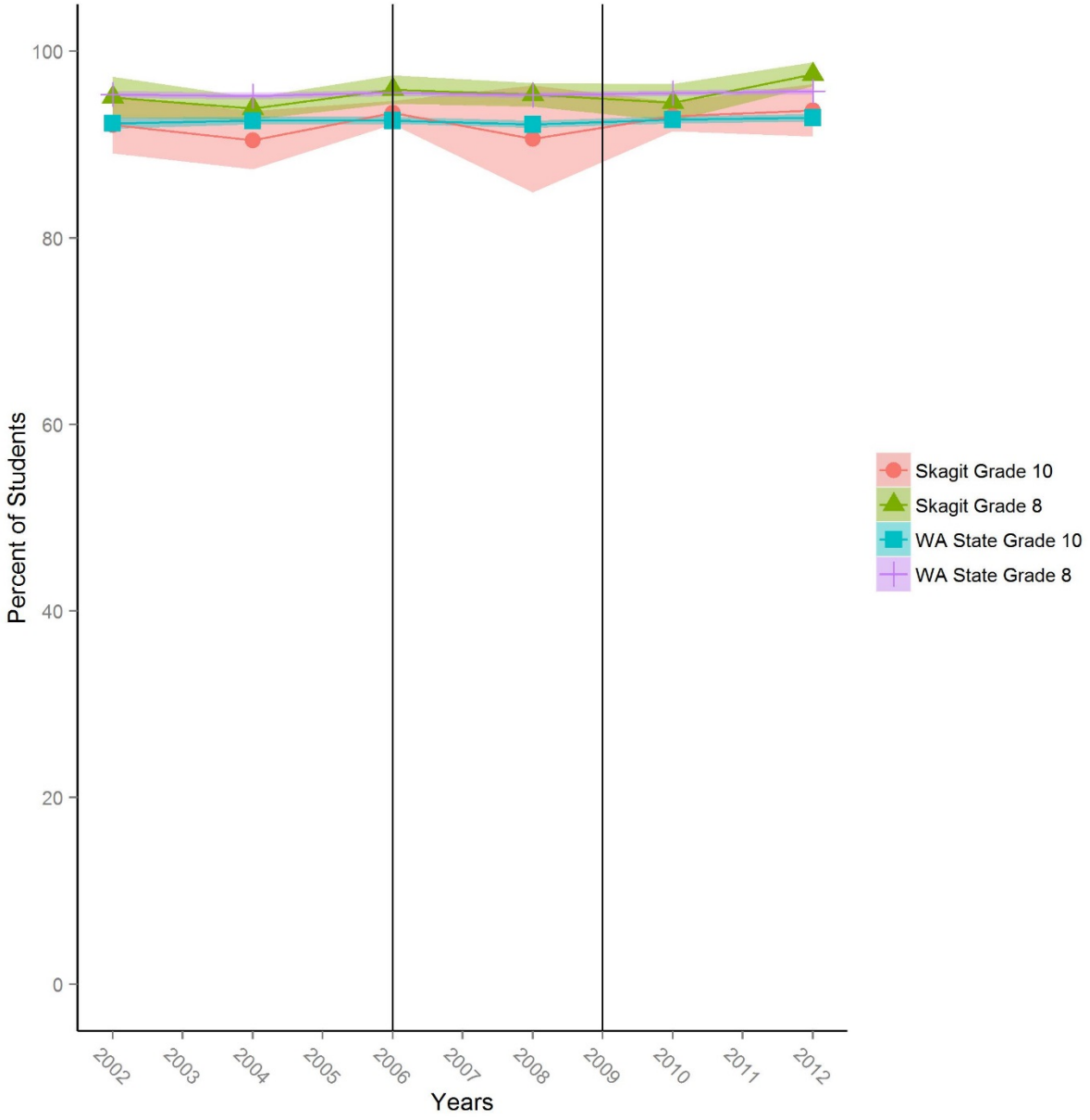
Figure E.5. Percentage of students who reported no illegal drugs use in Skagit County and comparison group



Source: Mathematica Policy Research's analyses of State of Washington Department of Health's Healthy Youth Survey (HYS) data, 2002–2012.

Notes: Symbols (and solid trend lines) illustrate point estimates, while surrounding shaded regions illustrate 95 percent confidence intervals. Years are school years; for example, 2002 represents the 2002–2003 school year. The Washington State comparison group excludes Skagit County. The vertical bar at the 2006–2007 school year marks the beginning of SSHS funding and the vertical bar at the 2013–2014 school year marks the end of SSHS funding.

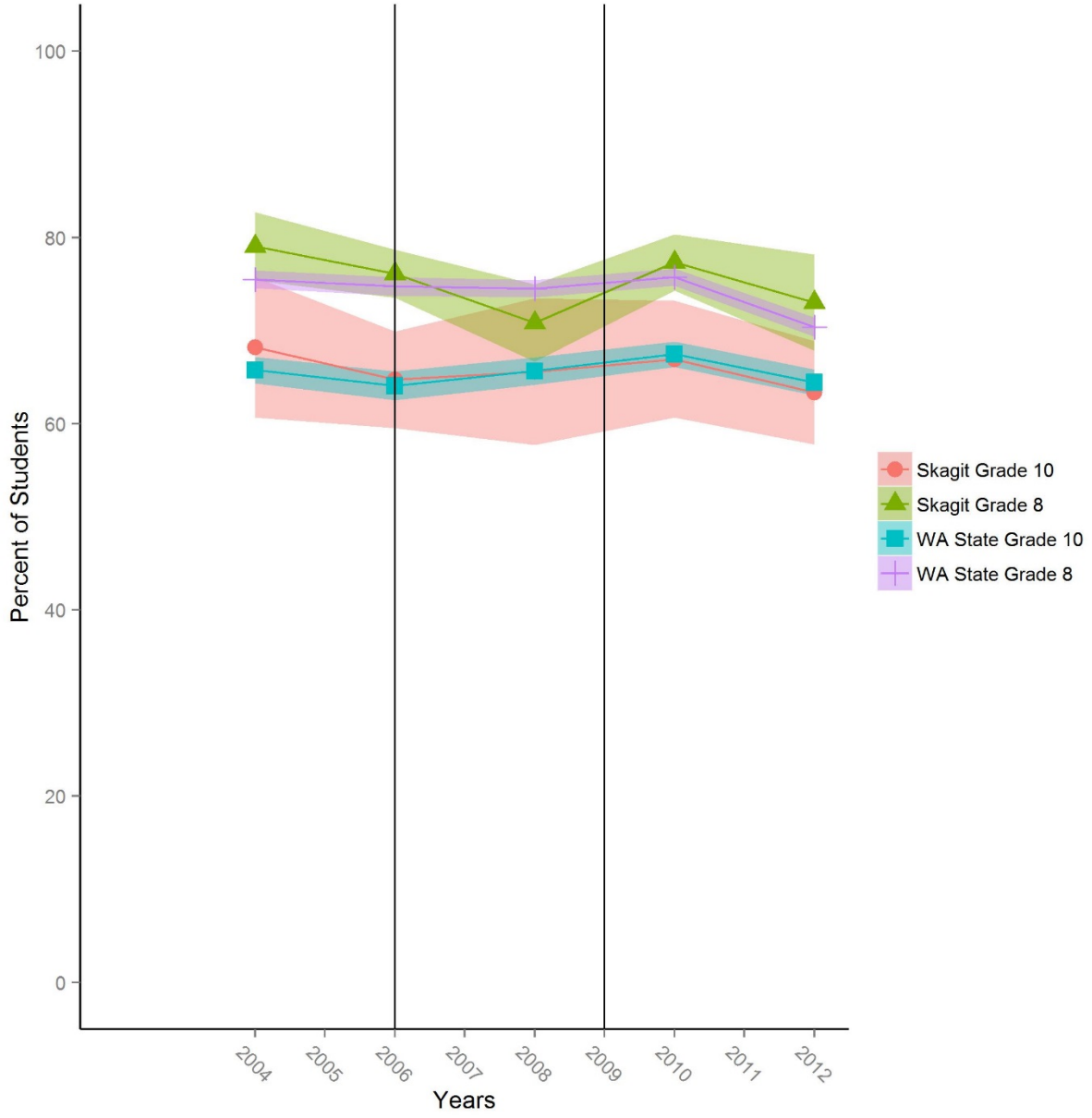
Figure E.6. Percentage of students who reported thinking it is wrong for someone their age to use illegal drugs in Skagit County and comparison group



Source: Mathematica Policy Research's analyses of State of Washington Department of Health's Healthy Youth Survey (HYS) data, 2002–2012.

Notes: Symbols (and solid trend lines) illustrate point estimates, while surrounding shaded regions illustrate 95 percent confidence intervals. Years are school years; for example, 2002 represents the 2002–2003 school year. The Washington State comparison group excludes Skagit County. The vertical bar at the 2006–2007 school year marks the beginning of SSHS funding and the vertical bar at the 2013–2014 school year marks the end of SSHS funding.

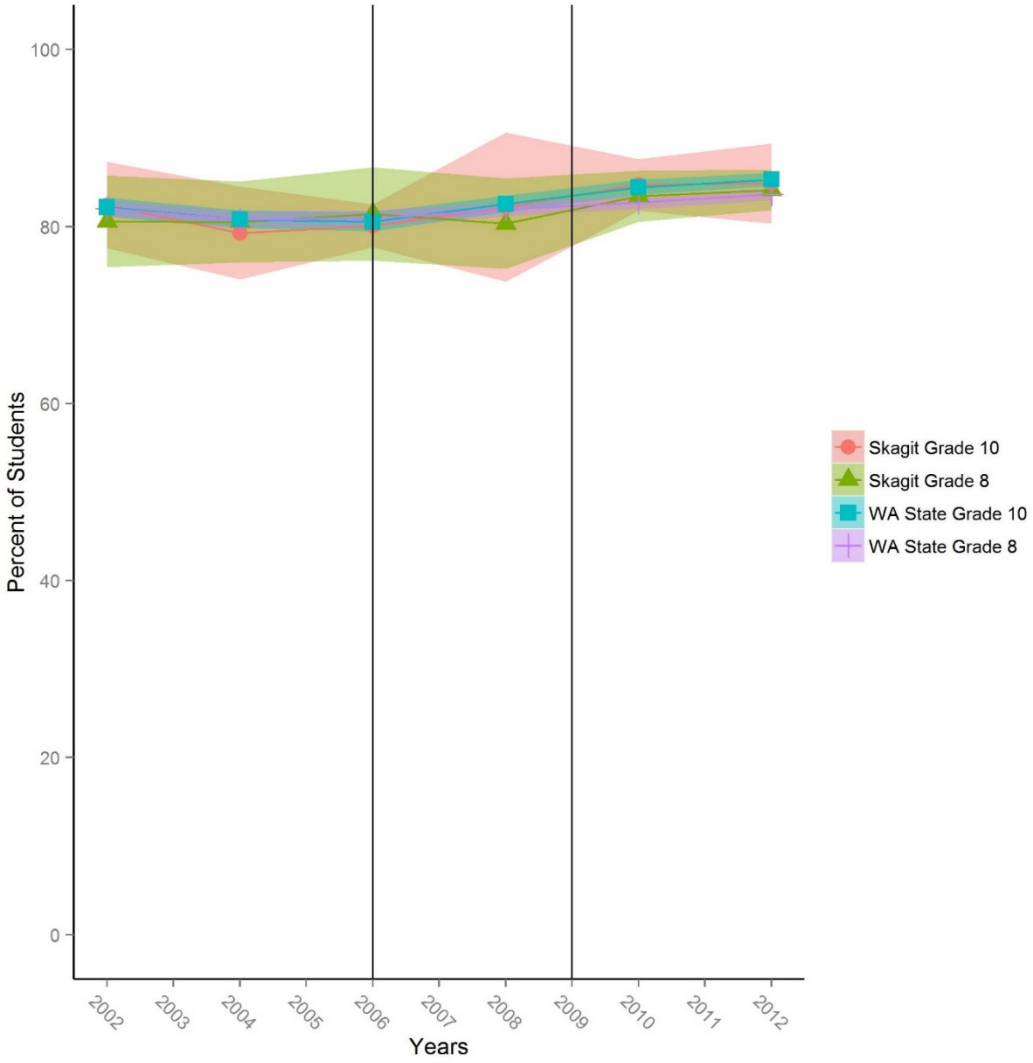
Figure E.7. Percentage of students who reported thinking that rules about not using tobacco at their school are usually enforced in Skagit County and comparison group



Source: Mathematica Policy Research's analyses of State of Washington Department of Health's Healthy Youth Survey (HYS) data, 2002–2012.

Notes: Symbols (and solid trend lines) illustrate point estimates, while surrounding shaded regions illustrate 95 percent confidence intervals. Years are school years; for example, 2002 represents the 2002–2003 school year. The Washington State comparison group excludes Skagit County. The vertical bar at the 2006–2007 school year marks the beginning of SSHS funding and the vertical bar at the 2013–2014 school year marks the end of SSHS funding.

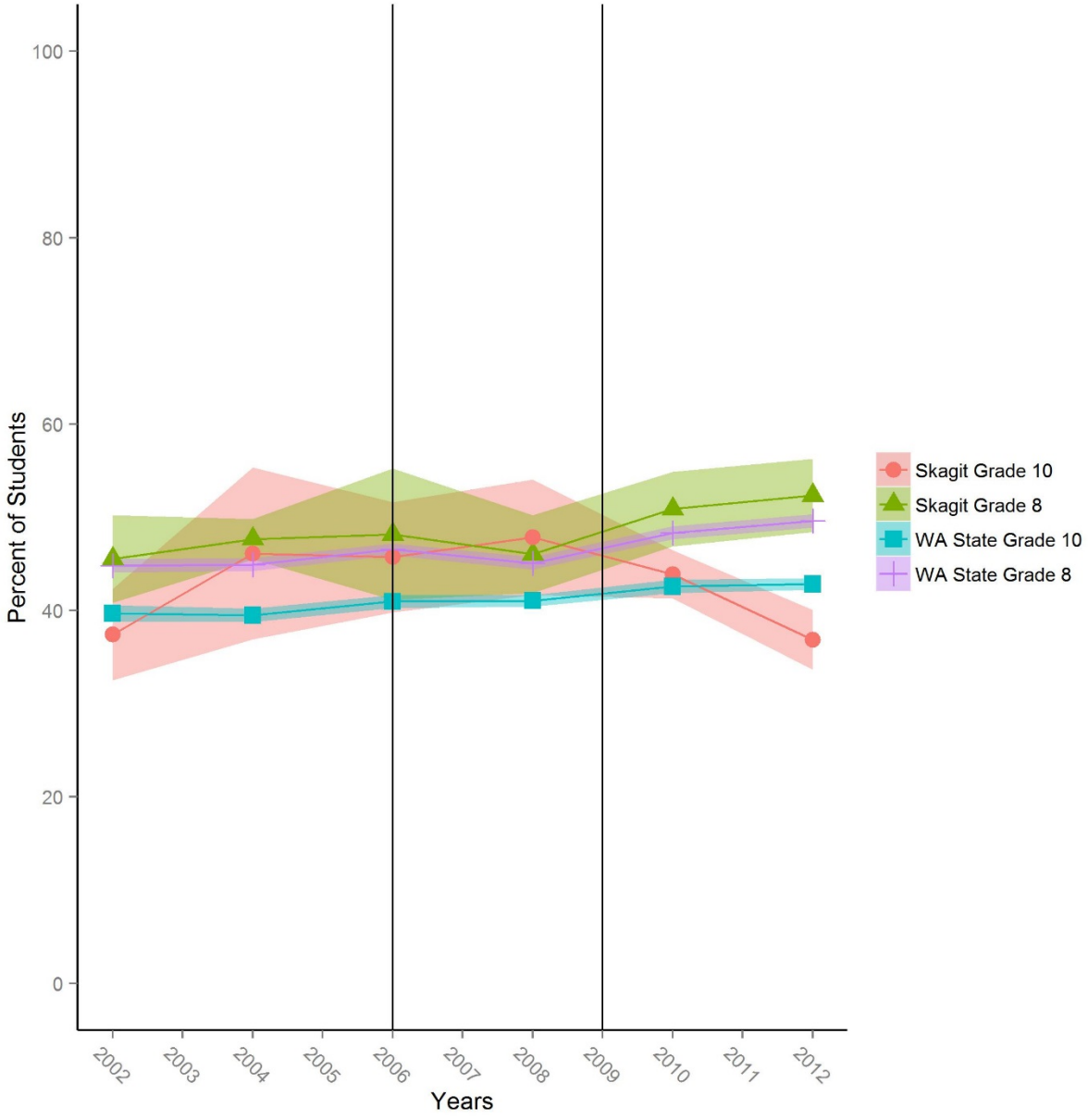
Figure E.8. Percentage of students who reported feeling safe at school in Skagit County and comparison group



Source: Mathematica Policy Research's analyses of State of Washington Department of Health's Healthy Youth Survey (HYS) data, 2002–2012.

Notes: Symbols (and solid trend lines) illustrate point estimates, while surrounding shaded regions illustrate 95 percent confidence intervals. Years are school years; for example, 2002 represents the 2002–2003 school year. The Washington State comparison group excludes Skagit County. The vertical bar at the 2006–2007 school year marks the beginning of SSHS funding and the vertical bar at the 2013–2014 school year marks the end of SSHS funding.

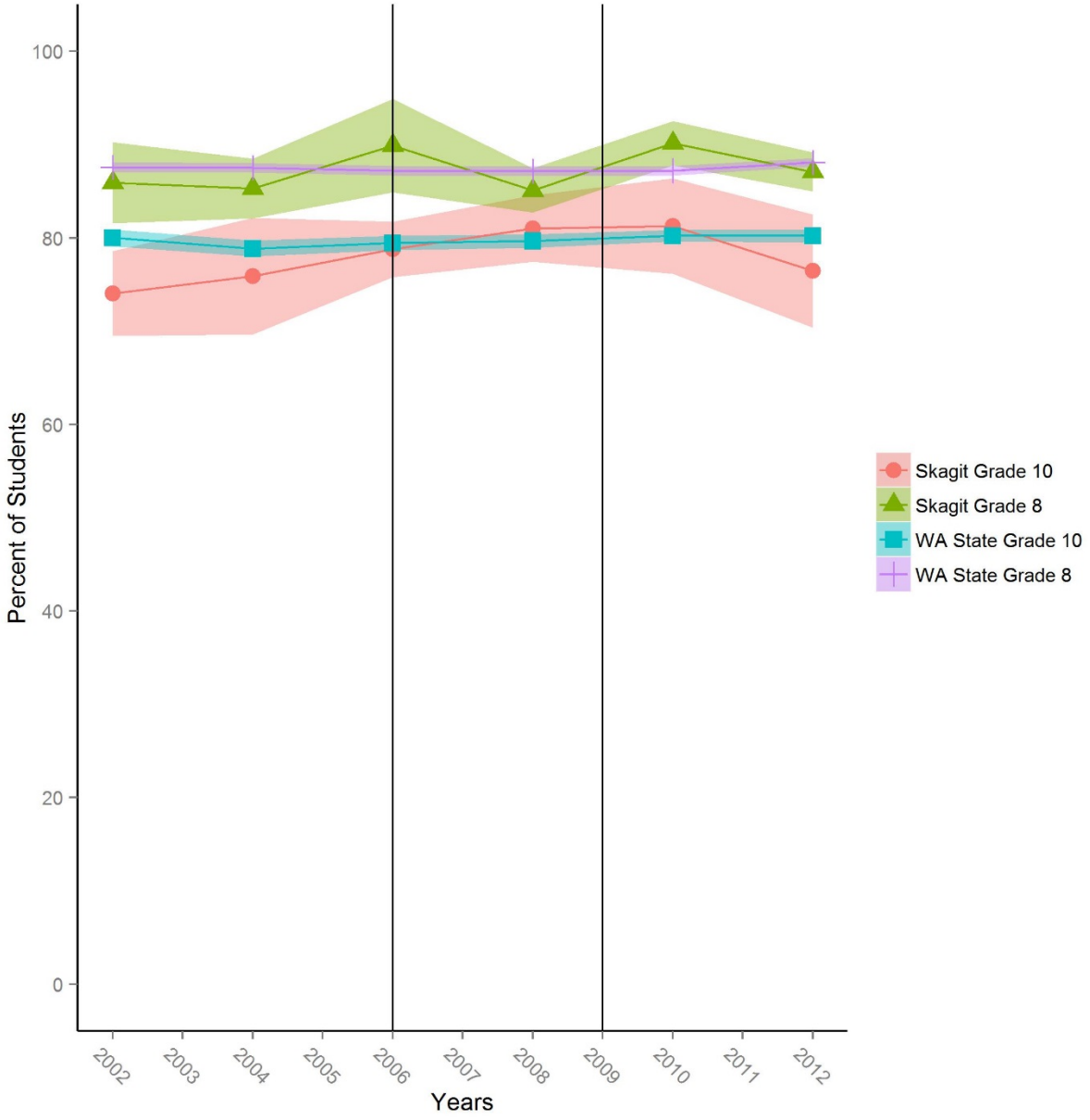
Figure E.9. Percentage of students who reported enjoying being in school in Skagit County and comparison group



Source: Mathematica Policy Research's analyses of State of Washington Department of Health's Healthy Youth Survey (HYS) data, 2002–2012.

Notes: Symbols (and solid trend lines) illustrate point estimates, while surrounding shaded regions illustrate 95 percent confidence intervals. Years are school years; for example, 2002 represents the 2002–2003 school year. The Washington State comparison group excludes Skagit County. The vertical bar at the 2006–2007 school year marks the beginning of SSHS funding and the vertical bar at the 2013–2014 school year marks the end of SSHS funding.

Figure E.10. Percentage of students who reported thinking the things they are learning in school are going to be important later in life in Skagit County and comparison group

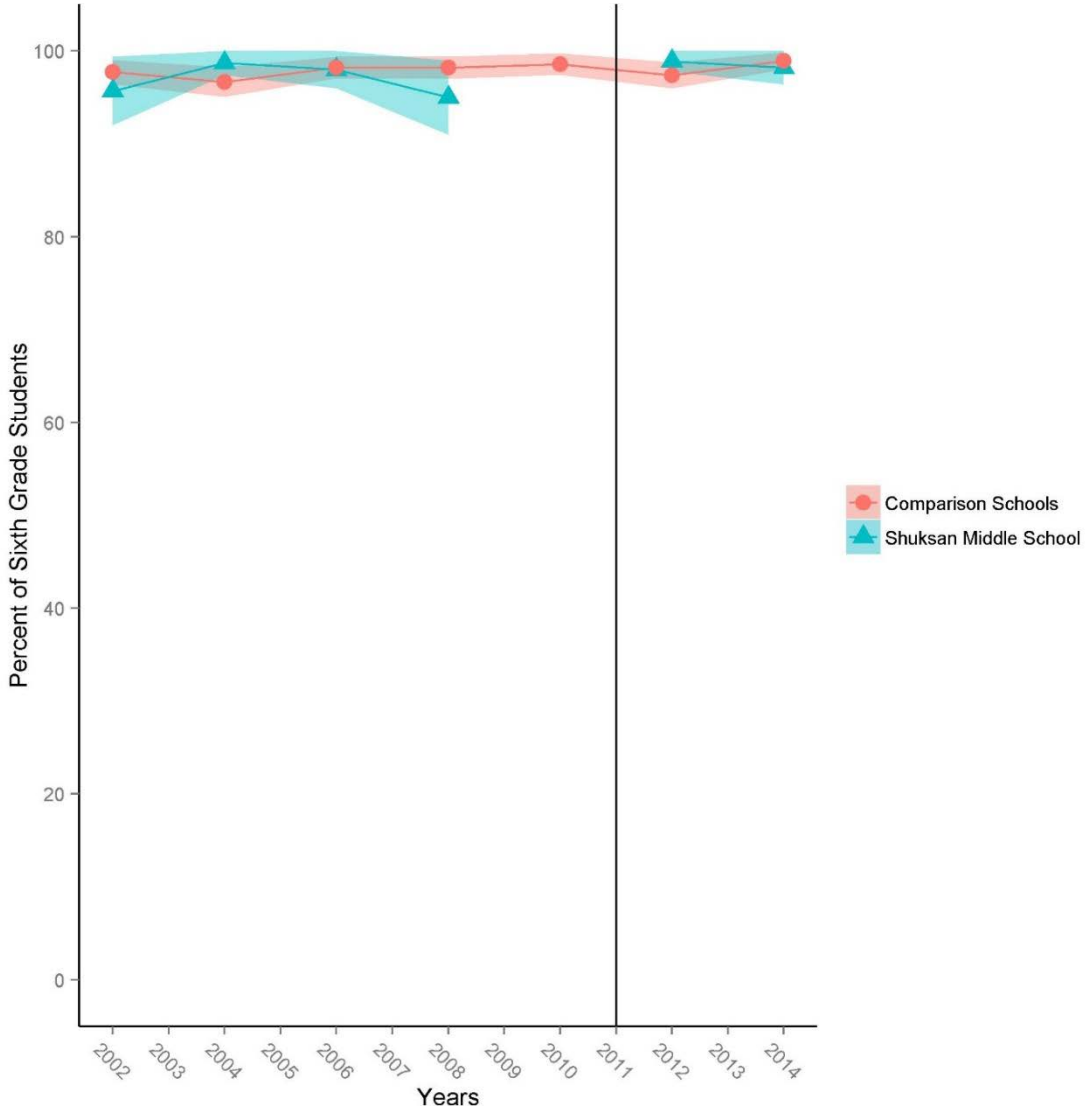


Source: Mathematica Policy Research's analyses of State of Washington Department of Health's Healthy Youth Survey (HYS) data, 2002–2012.

Notes: Symbols (and solid trend lines) illustrate point estimates, while surrounding shaded regions illustrate 95 percent confidence intervals. Years are school years; for example, 2002 represents the 2002–2003 school year. The Washington State comparison group excludes Skagit County. The vertical bar at the 2006–2007 school year marks the beginning of SSHS funding and the vertical bar at the 2013–2014 school year marks the end of SSHS funding.

Additional figures for Shuksan Middle School (Whatcom)

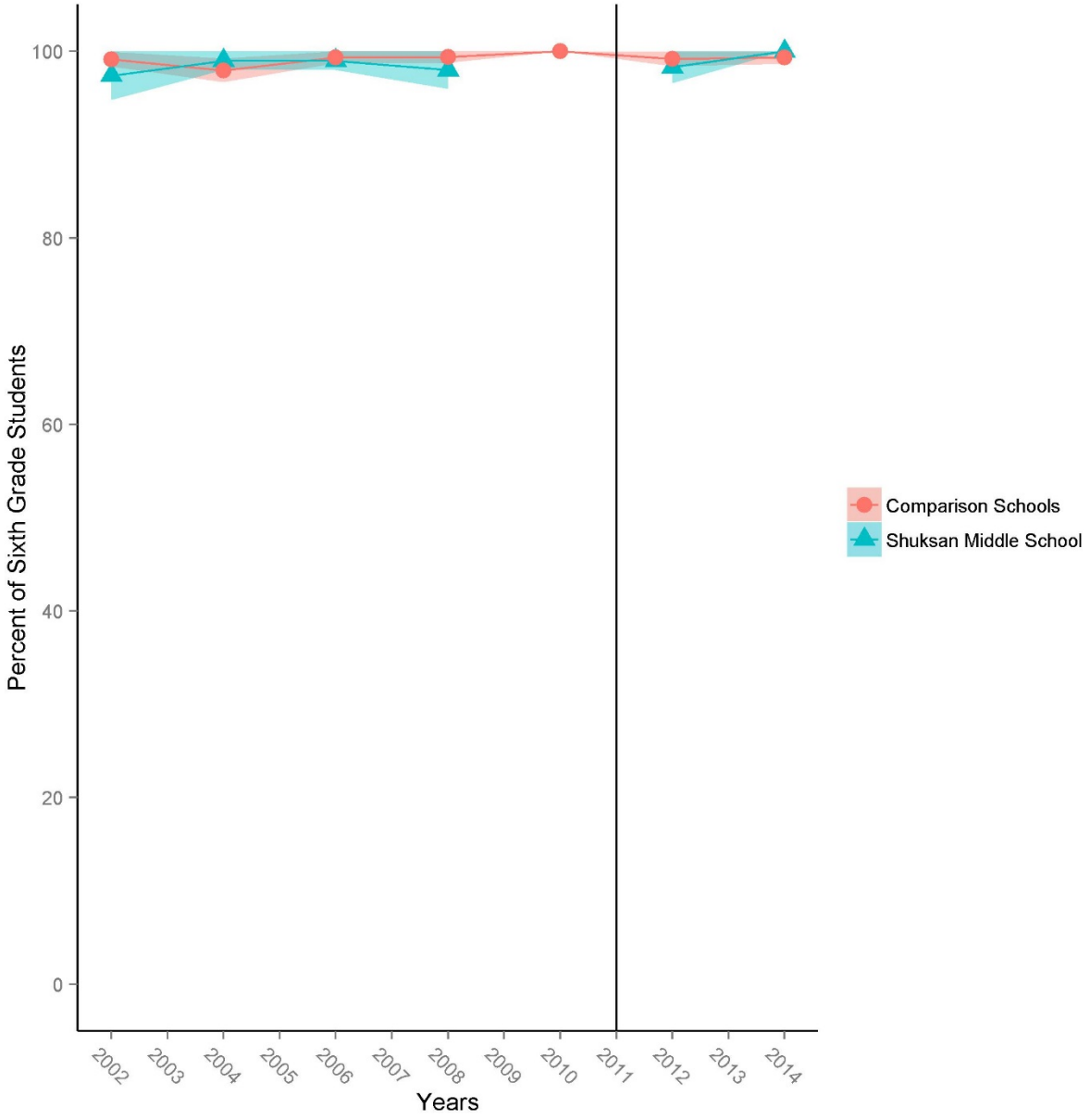
Figure E.11. Percentage of sixth-grade students who reported no alcohol use in the past 30 days in Shuksan Middle School and comparison group



Source: Mathematica Policy Research's school-level analyses are based on Washington State Department of Health's Healthy Youth Survey (HYS) data, 2002–2014.

Notes: The surrounding shaded region illustrates 95 percent confidence intervals. Years are school years; for example, 2002 represents the 2002–2003 school year. The vertical liner at the 2011–2012 school year marks the beginning of the intervention. The comparison group includes the other three Bellingham School District middle schools (Fairhaven Middle School, Kulshan Middle School, and Whatcom Middle School), weighted by student enrollment. Shuksan Middle School has missing values for the 2010–2011 school year.

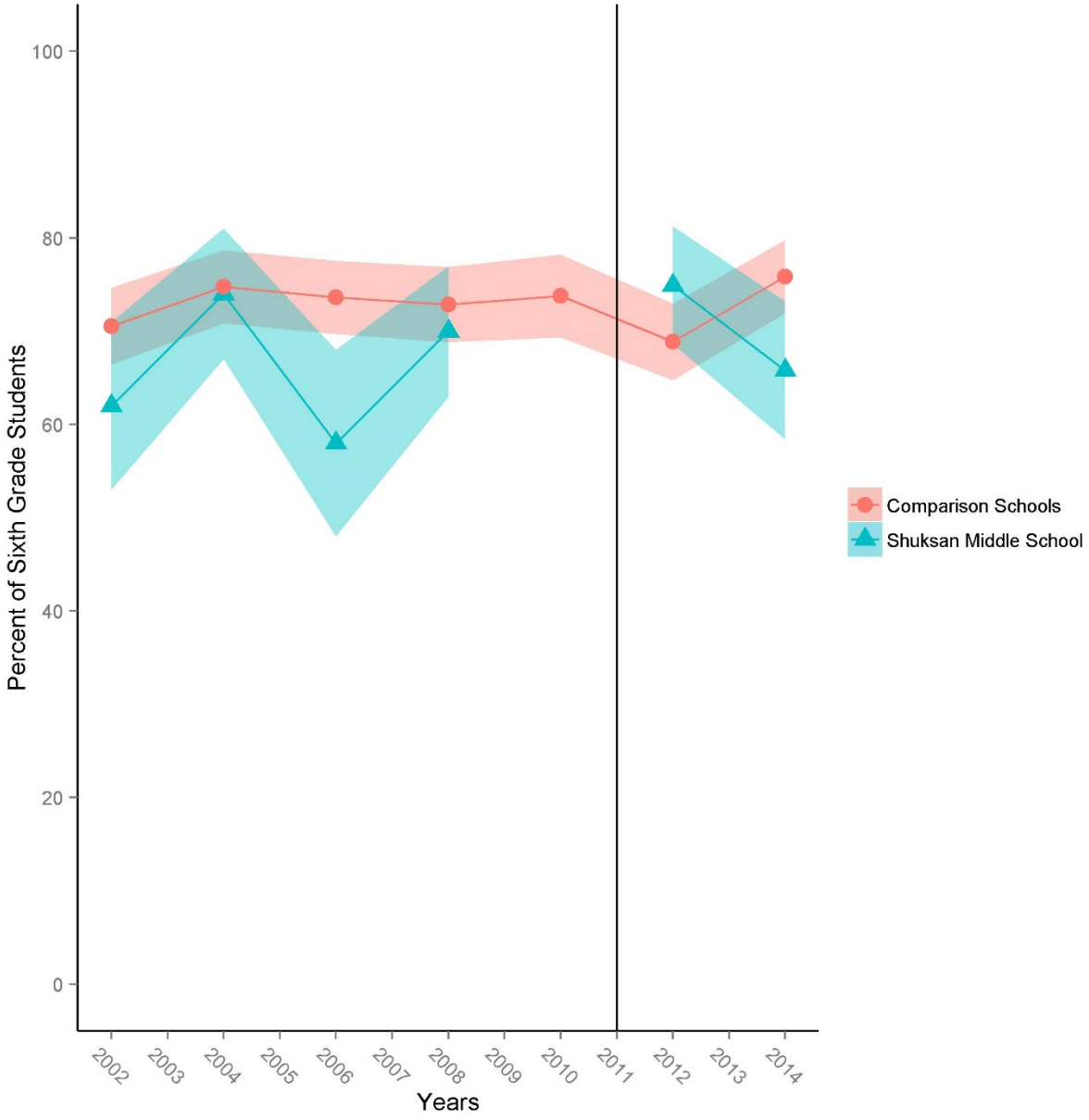
Figure E.12. Percentage of sixth-grade students who reported no marijuana use in the past 30 days in Shuksan Middle School and comparison group



Source: Mathematica Policy Research's school-level analyses are based on Washington State Department of Health's Healthy Youth Survey (HYS) data, 2002–2014.

Notes: The surrounding shaded region illustrates 95 percent confidence intervals. Years are school years; for example, 2002 represents the 2002–2003 school year. The vertical line at the 2011–2012 school year marks the beginning of the intervention. The comparison group includes the other three Bellingham School District middle schools (Fairhaven Middle School, Kulshan Middle School, and Whatcom Middle School), weighted by student enrollment. Shuksan Middle School has missing values for the 2010–2011 school year.

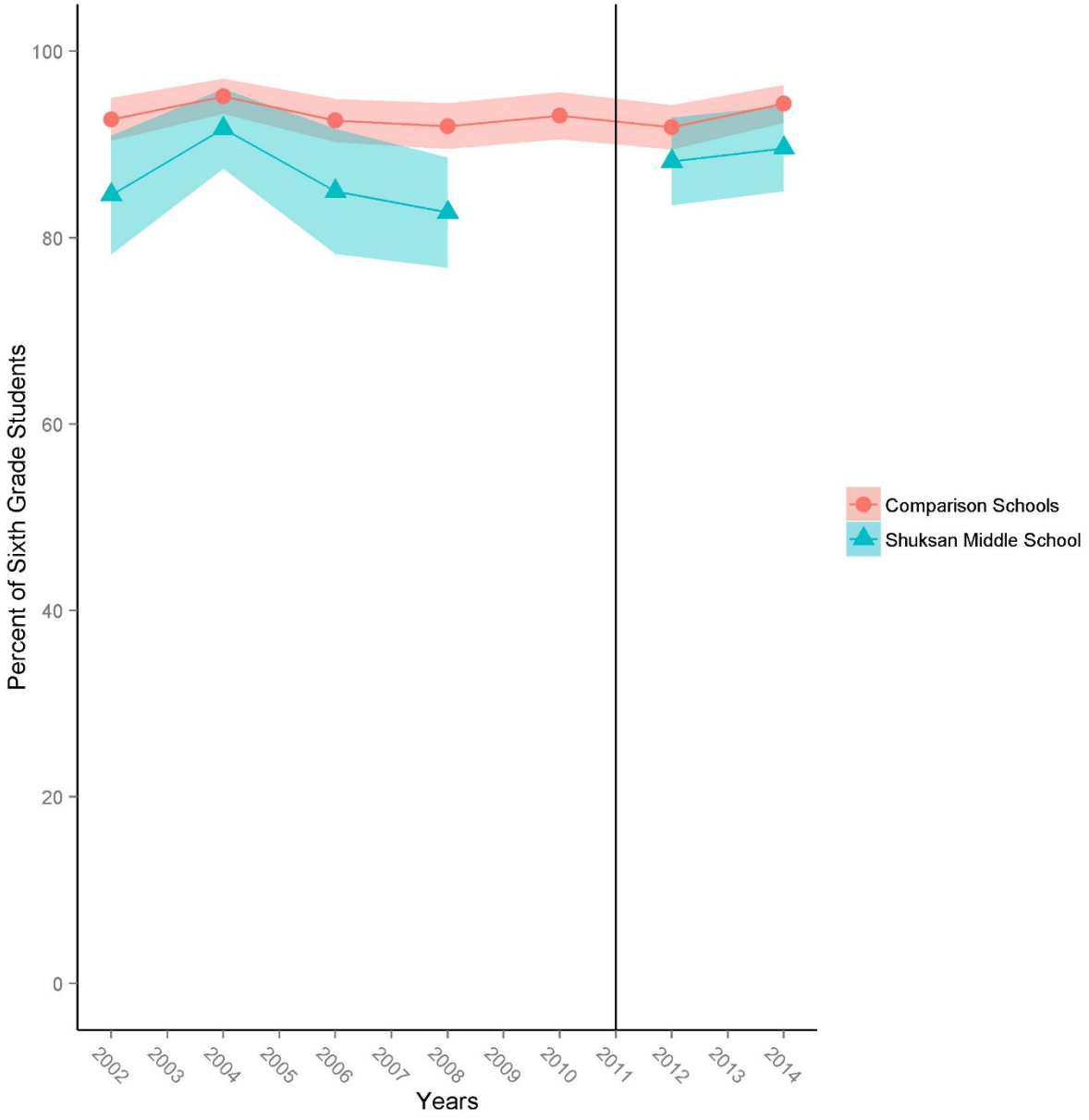
Figure E.13. Percentage of sixth-grade students who reported not being bullied in the past 30 days in Shuksan Middle School and comparison group



Source: Mathematica Policy Research's school-level analyses are based on Washington State Department of Health's Healthy Youth Survey (HYS) data, 2002–2014.

Notes: The surrounding shaded region illustrates 95 percent confidence intervals. Years are school years; for example, 2002 represents the 2002–2003 school year. The vertical line at the 2011–2012 school year marks the beginning of the intervention. The comparison group includes the other three Bellingham School District middle schools (Fairhaven Middle School, Kulshan Middle School, and Whatcom Middle School), weighted by student enrollment. Shuksan Middle School has missing values for the 2010–2011 school year.

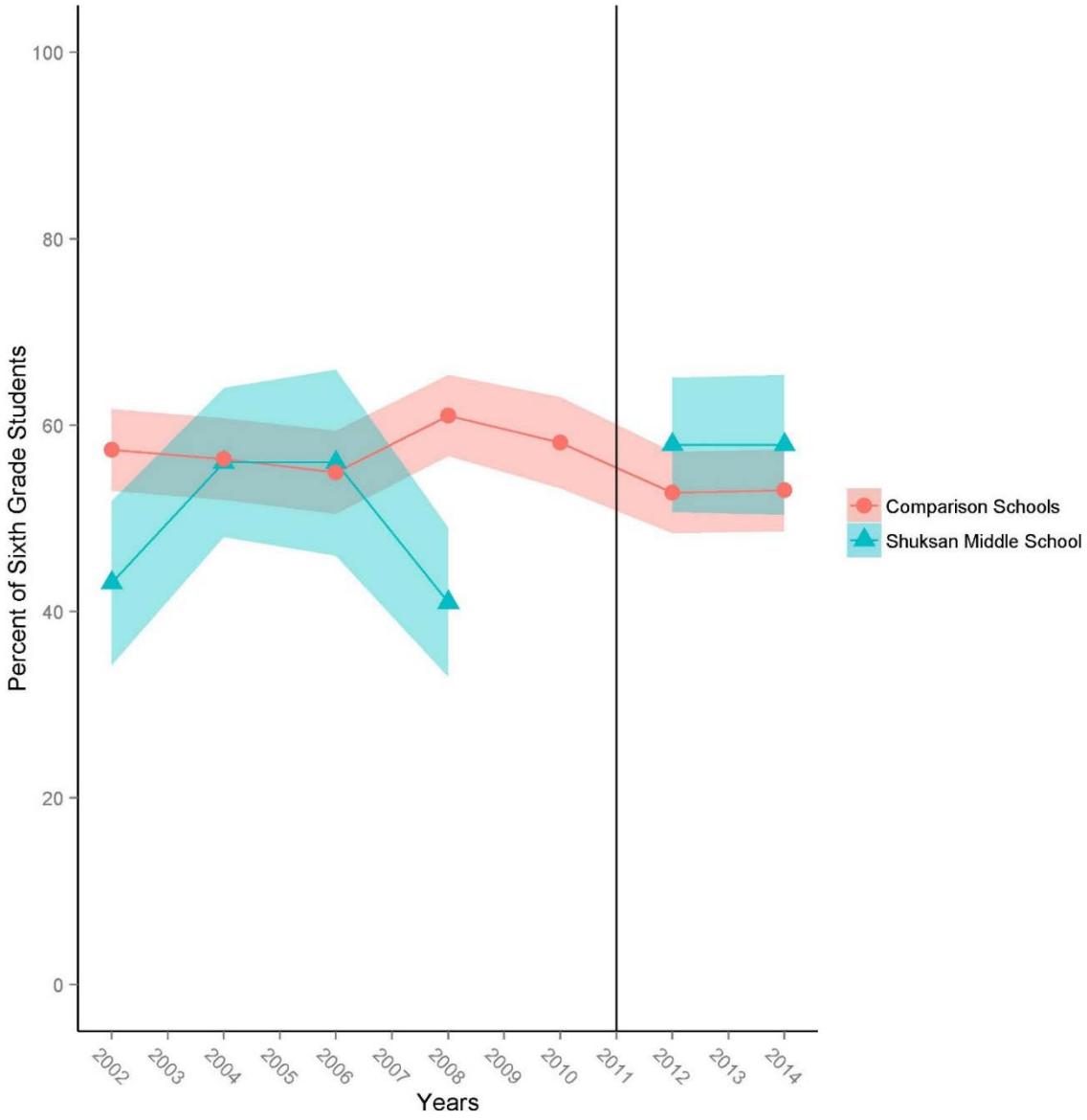
Figure E.14. Percentage of sixth-grade students who reported feeling safe in school in Shuksan Middle School and comparison group



Source: Mathematica Policy Research's school-level analyses are based on Washington State Department of Health's Healthy Youth Survey (HYS) data, 2002–2014.

Notes: The surrounding shaded region illustrates 95 percent confidence intervals. Years are school years; for example, 2002 represents the 2002–2003 school year. The vertical line at the 2011–2012 school year marks the beginning of the intervention. The comparison group includes the other three Bellingham School District middle schools (Fairhaven Middle School, Kulshan Middle School, and Whatcom Middle School), weighted by student enrollment. Shuksan Middle School has missing values for the 2010–2011 school year.

Figure E.15. Percentage of sixth-grade students who reported high levels of school rewards for pro-social involvement in Shuksan Middle School and comparison group

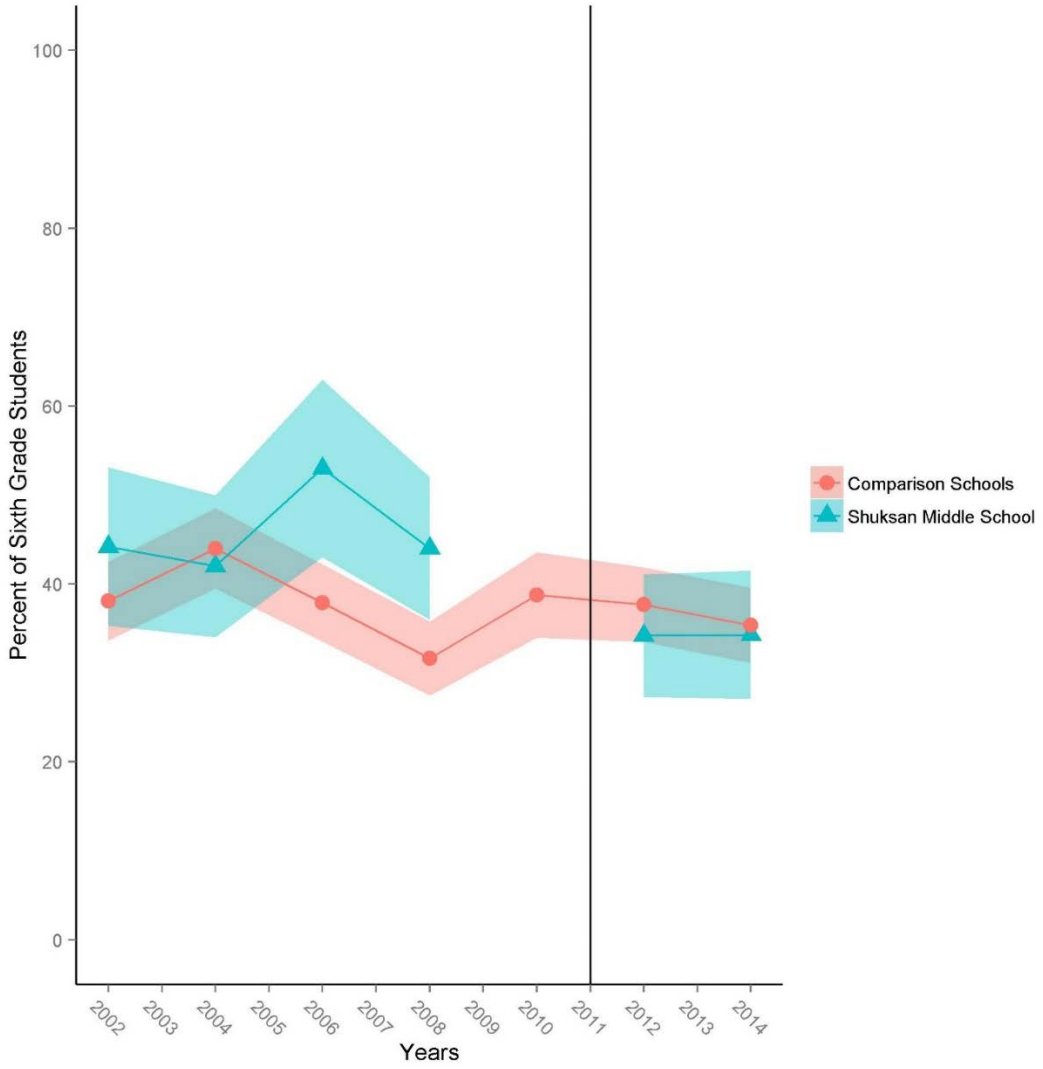


Source: Mathematica Policy Research's school-level analyses are based on Washington State Department of Health's Healthy Youth Survey (HYS) data, 2002–2014.

Notes: School rewards for pro-social involvement scale includes four items: (1) "My teacher(s) notices when I am doing a good job and lets me know about it."; (2) "The school lets my parents know when I have done something well."; (3) "I feel safe at my school."; and (4) "My teachers praise me when I work hard in school."

The surrounding shaded region illustrates 95 percent confidence intervals. Years are school years; for example, 2002 represents the 2002–2003 school year. The vertical line at the 2011–2012 school year marks the beginning of the intervention. The comparison group includes the other three Bellingham School District middle schools (Fairhaven Middle School, Kulshan Middle School, and Whatcom Middle School), weighted by student enrollment. Shuksan Middle School has missing values for the 2010–2011 school year.

Figure E.16. Percentage of sixth-grade students who reported low commitment to school in Shuksan Middle School and comparison group

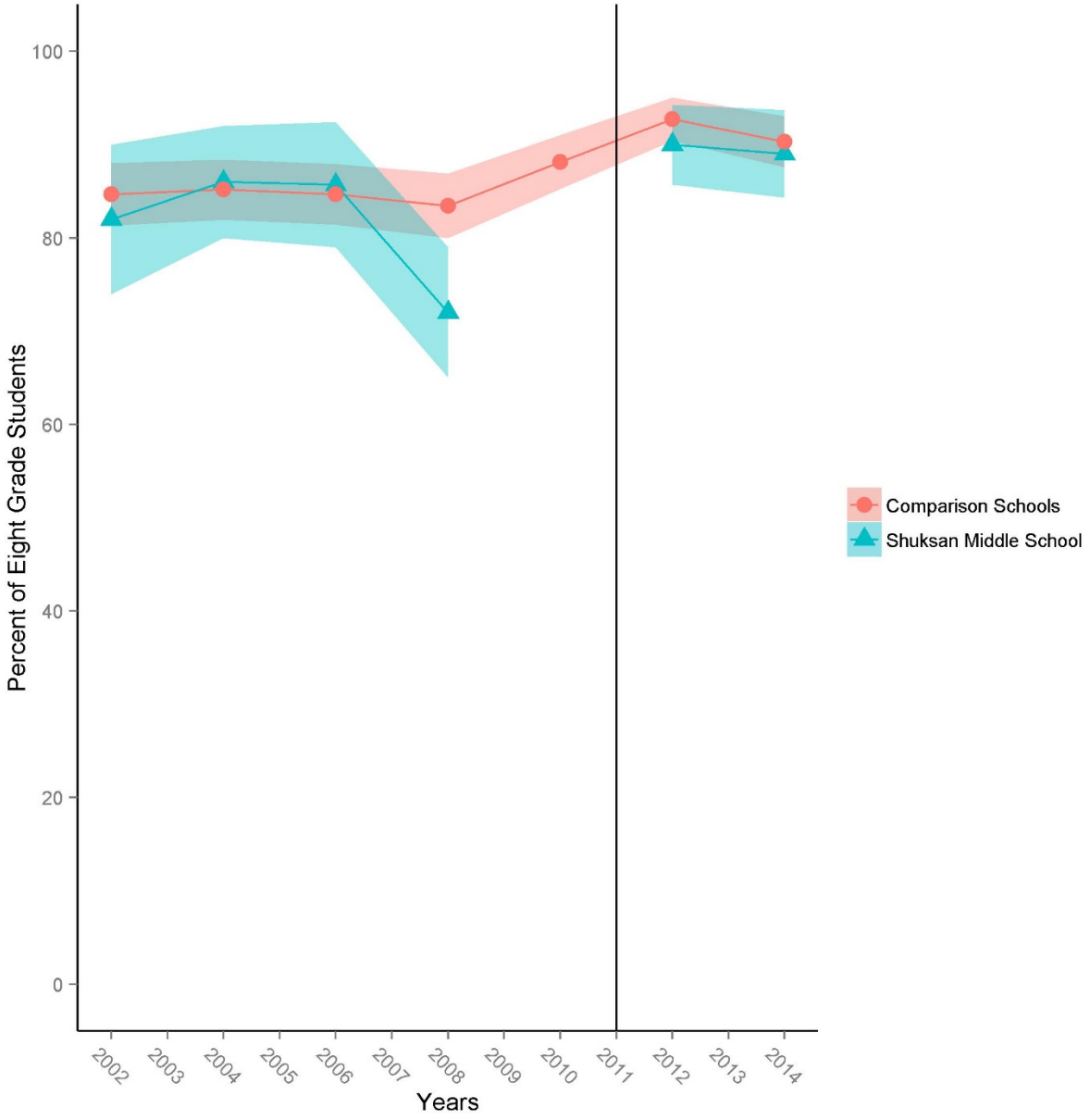


Source: Mathematica Policy Research's school-level analyses are based on Washington State Department of Health's Healthy Youth Survey (HYS) data, 2002–2014.

Notes: Low commitment to school scale includes seven items: (1) "How often do you feel the schoolwork you are assigned is meaningful and important?"; (2) "How interesting are most of your courses to you?"; (3) "How important do you think the things you are learning in school are going to be for you later in life?"; (4) "Enjoy being in school?"; (5) "Hate being in school?"; (6) "Try to do your best work in school?"; (7) "During the LAST 4 WEEKS, how many whole days of school have you missed because you skipped or "cut"?"

The surrounding shaded region illustrates 95 percent confidence intervals. Years are school years; for example, 2002 represents the 2002–2003 school year. The vertical line at the 2011–2012 school year marks the beginning of the intervention. The comparison group includes the other three Bellingham School District middle schools (Fairhaven Middle School, Kulshan Middle School, and Whatcom Middle School), weighted by student enrollment. Shuksan Middle School has missing values for the 2010–2011 school year.

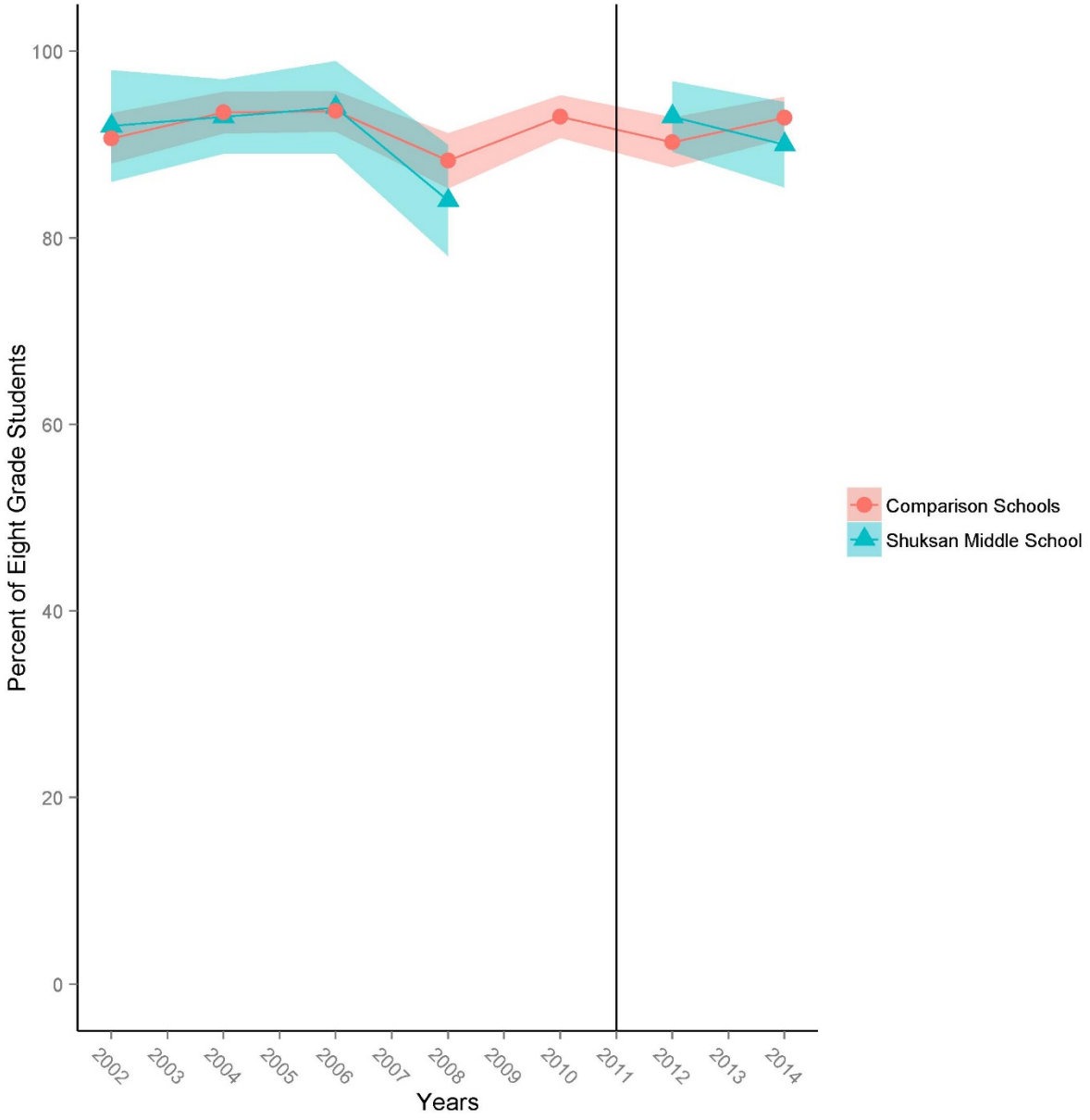
Figure E.17. Percentage of eighth-grade students who reported no alcohol use in the past 30 days in Shuksan Middle School and comparison group



Source: Mathematica Policy Research's school-level analyses are based on Washington State Department of Health's Healthy Youth Survey (HYS) data, 2002–2014.

Notes: The surrounding shaded region illustrates 95 percent confidence intervals. Years are school years; for example, 2002 represents the 2002–2003 school year. The vertical line at the 2011–2012 school year marks the beginning of the intervention. The comparison group includes the other three Bellingham School District middle schools (Fairhaven Middle School, Kulshan Middle School, and Whatcom Middle School), weighted by student enrollment. Shuksan Middle School has missing values for the 2010–2011 school year.

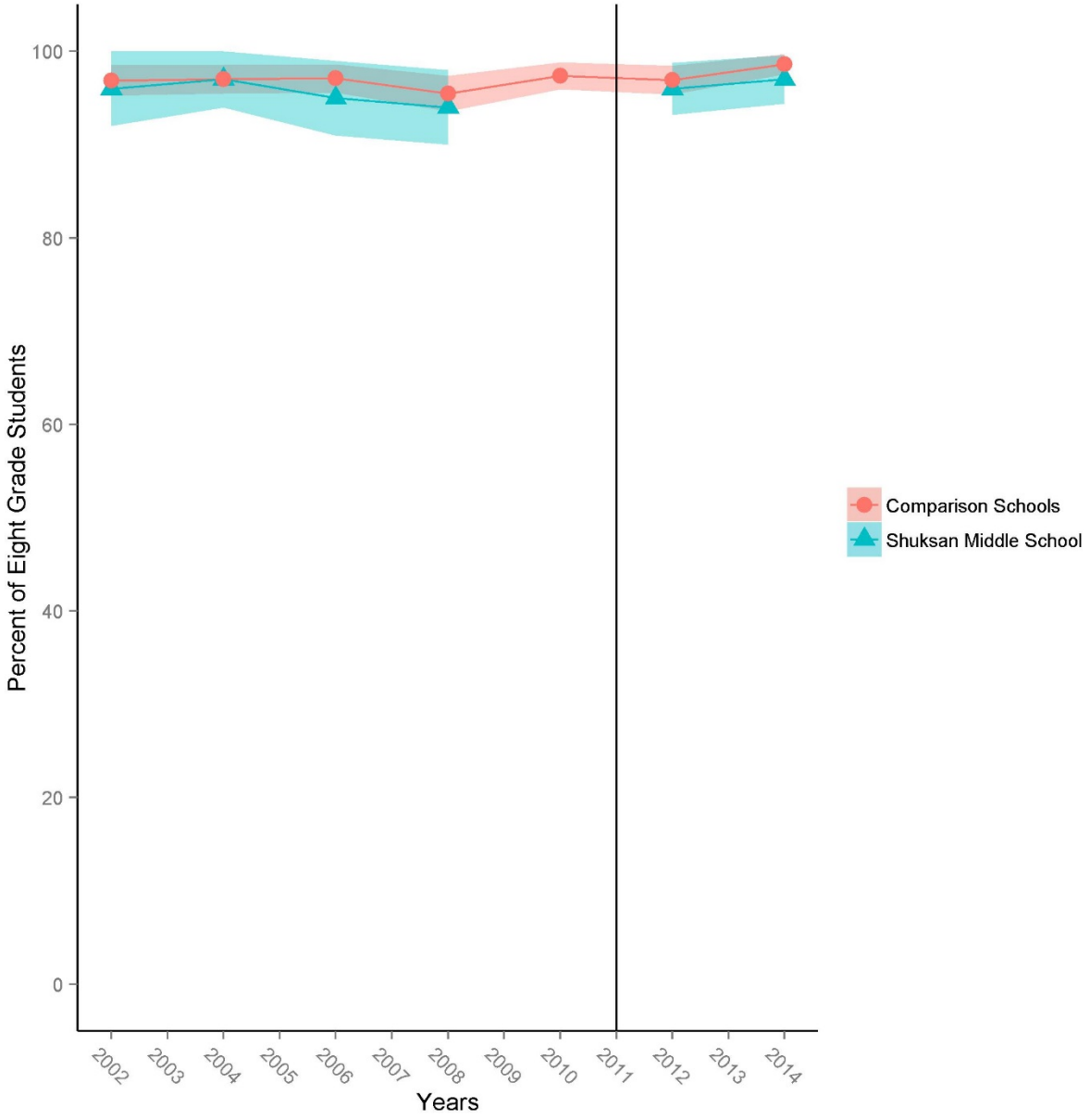
Figure E.18. Percentage of eighth-grade students who reported no marijuana use in the past 30 days in Shuksan Middle School and comparison group



Source: Mathematica Policy Research's school-level analyses are based on Washington State Department of Health's Healthy Youth Survey (HYS) data, 2002–2014.

Notes: The surrounding shaded region illustrates 95 percent confidence intervals. Years are school years; for example, 2002 represents the 2002–2003 school year. The vertical line at the 2011–2012 school year marks the beginning of the intervention. The comparison group includes the other three Bellingham School District middle schools (Fairhaven Middle School, Kulshan Middle School, and Whatcom Middle School), weighted by student enrollment. Shuksan Middle School has missing values for the 2010–2011 school year.

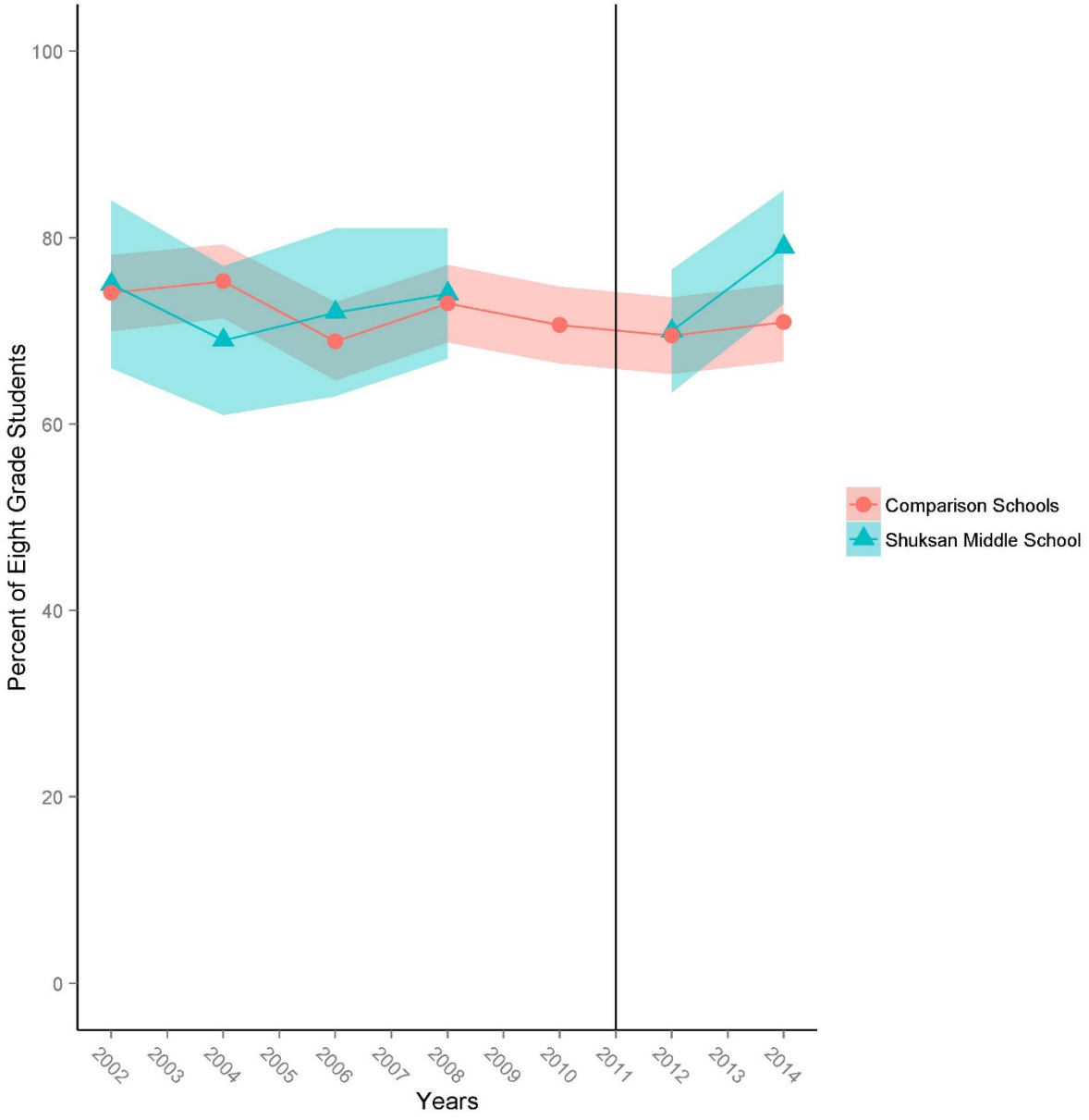
Figure E.19. Percentage of eighth-grade students who reported no drug use in the past 30 days in Shuksan Middle School and comparison group



Source: Mathematica Policy Research's school-level analyses are based on Washington State Department of Health's Healthy Youth Survey (HYS) data, 2002–2014.

Notes: The surrounding shaded region illustrates 95 percent confidence intervals. Years are school years; for example, 2002 represents the 2002–2003 school year. The vertical line at the 2011–2012 school year marks the beginning of the intervention. The comparison group includes the other three Bellingham School District middle schools (Fairhaven Middle School, Kulshan Middle School, and Whatcom Middle School), weighted by student enrollment. Shuksan Middle School has missing values for the 2010–2011 school year.

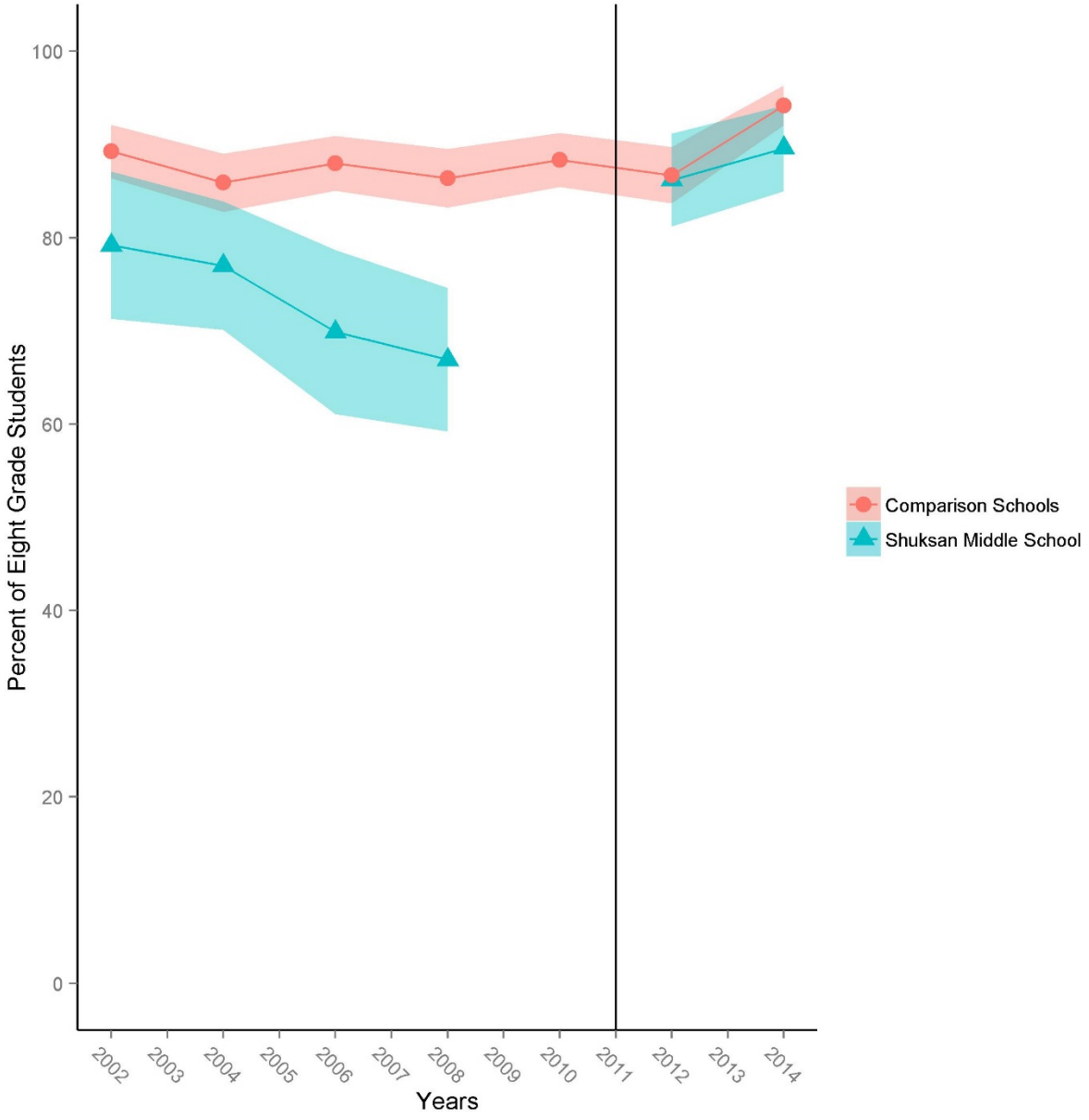
Figure E.20. Percentage of eighth-grade students who reported not being bullied in Shuksan Middle School and comparison group



Source: Mathematica Policy Research's school-level analyses are based on Washington State Department of Health's Healthy Youth Survey (HYS) data, 2002–2014.

Notes: The surrounding shaded region illustrates 95 percent confidence intervals. Years are school years; for example, 2002 represents the 2002–2003 school year. The vertical line at the 2011–2012 school year marks the beginning of the intervention. The comparison group includes the other three Bellingham School District middle schools (Fairhaven Middle School, Kulshan Middle School, and Whatcom Middle School), weighted by student enrollment. Shuksan Middle School has missing values for the 2010–2011 school year.

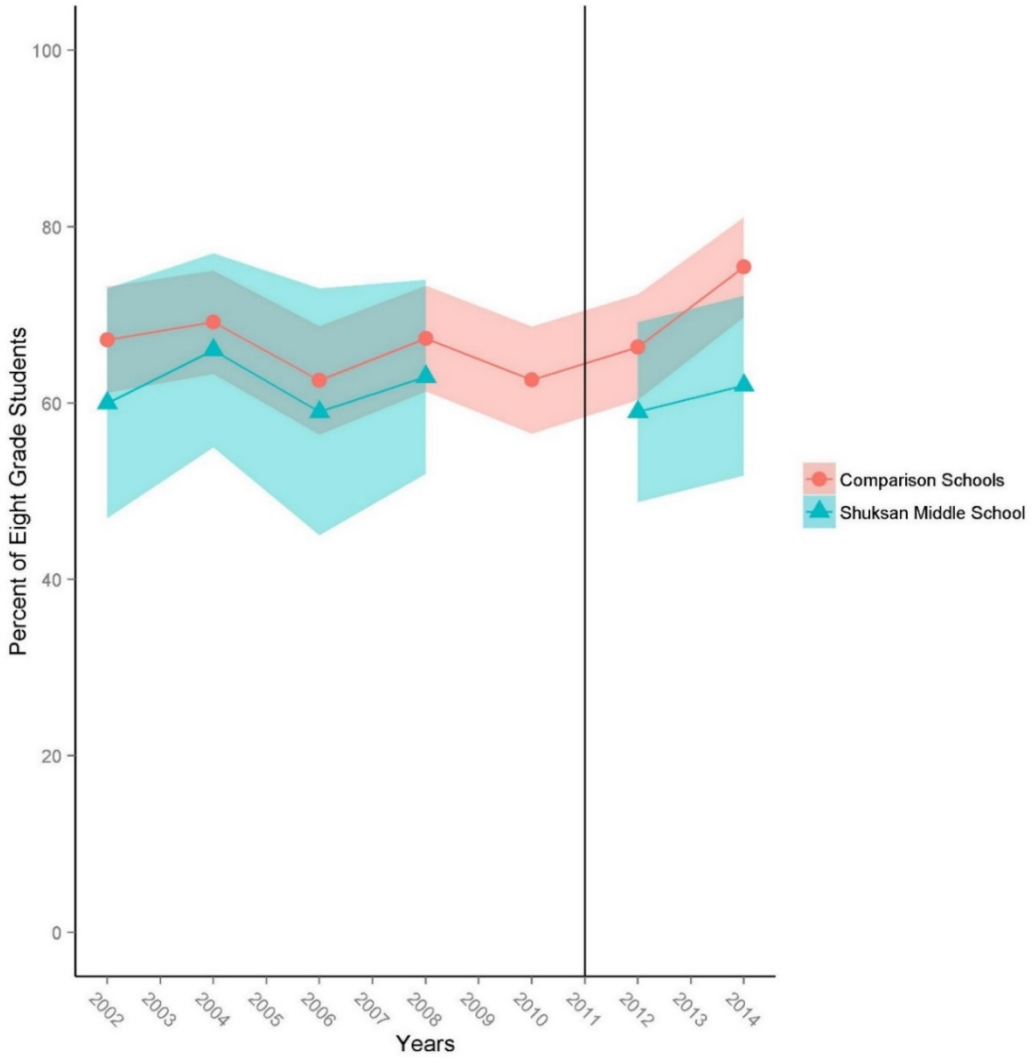
Figure E.21. Percentage of eighth-grade students who reported feeling safe in school in Shuksan Middle School and comparison group



Source: Mathematica Policy Research's school-level analyses are based on Washington State Department of Health's Healthy Youth Survey (HYS) data, 2002–2014.

Notes: The surrounding shaded region illustrates 95 percent confidence intervals. Years are school years; for example, 2002 represents the 2002–2003 school year. The vertical line at the 2011–2012 school year marks the beginning of the intervention. The comparison group includes the other three Bellingham School District middle schools (Fairhaven Middle School, Kulshan Middle School, and Whatcom Middle School), weighted by student enrollment. Shuksan Middle School has missing values for the 2010–2011 school year.

Figure E.22. Percentage of eighth-grade students who reported high levels of opportunities for pro-social involvement at school in Shuksan Middle School and comparison group

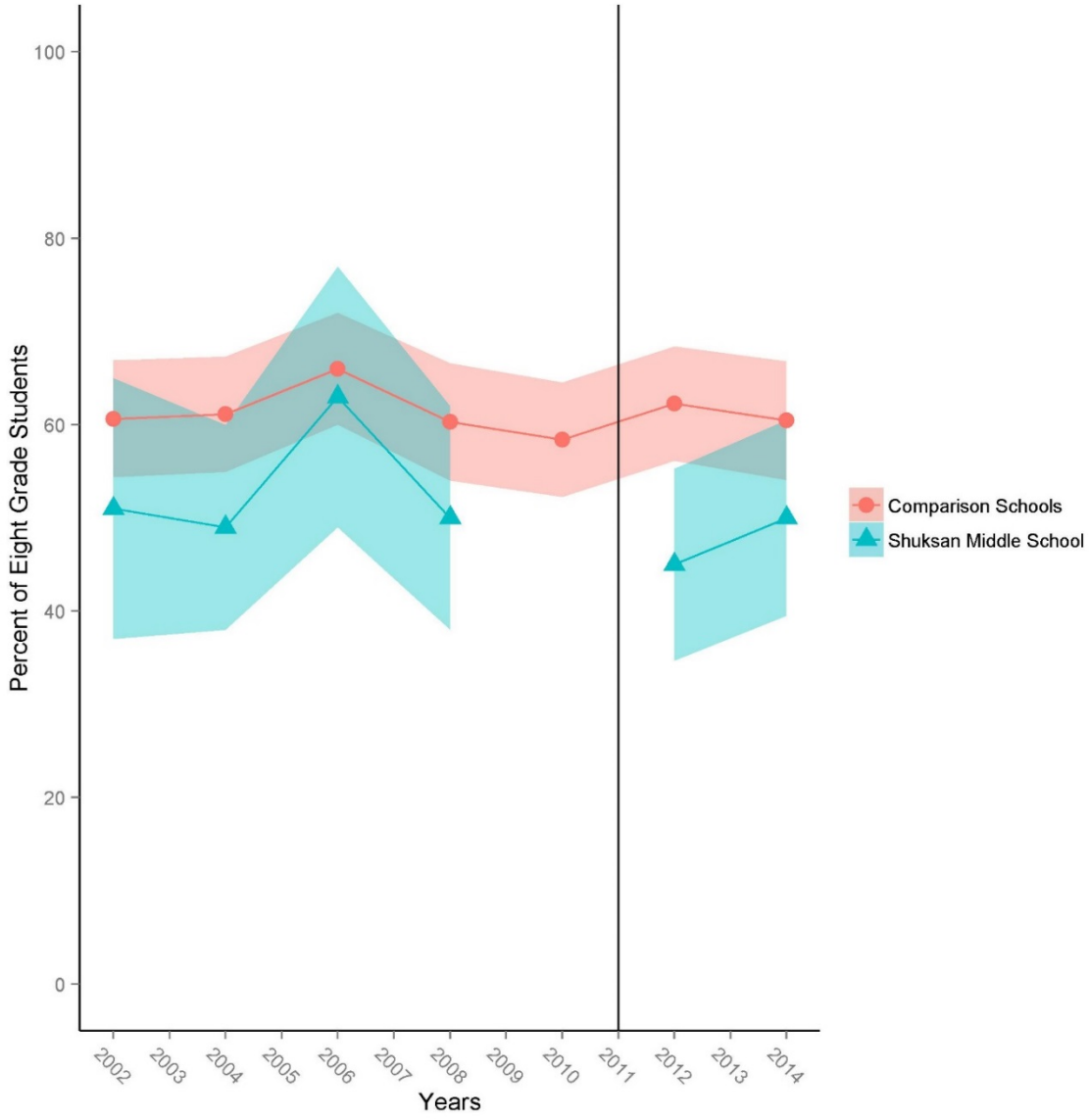


Source: Mathematica Policy Research's school-level analyses are based on Washington State Department of Health's Healthy Youth Survey (HYS) data, 2002–2014.

Notes: Opportunities for pro-social involvement scale includes five items: (1) "In my school, students have lots of chances to help decide things like class activities and rules."; (2) "There are lots of chances for students in my school to talk with a teacher one-on-one."; (3) "Teachers ask me to work on special classroom projects."; (4) "There are lots of chances for students in my school to get involved in sports, clubs, and other school activities outside of class."; and (5) "I have lots of chances to be part of class discussions or activities."

The surrounding shaded region illustrates 95 percent confidence intervals. Years are school years; for example, 2002 represents the 2002–2003 school year. The vertical line at the 2011–2012 school year marks the beginning of the intervention. The comparison group includes the other three Bellingham School District middle schools (Fairhaven Middle School, Kulshan Middle School, and Whatcom Middle School), weighted by student enrollment. Shuksan Middle School has missing values for the 2010–2011 school year.

Figure E.23. Percentage of eighth-grade students who reported rewards for pro-social involvement at school in Shuksan Middle School and comparison group

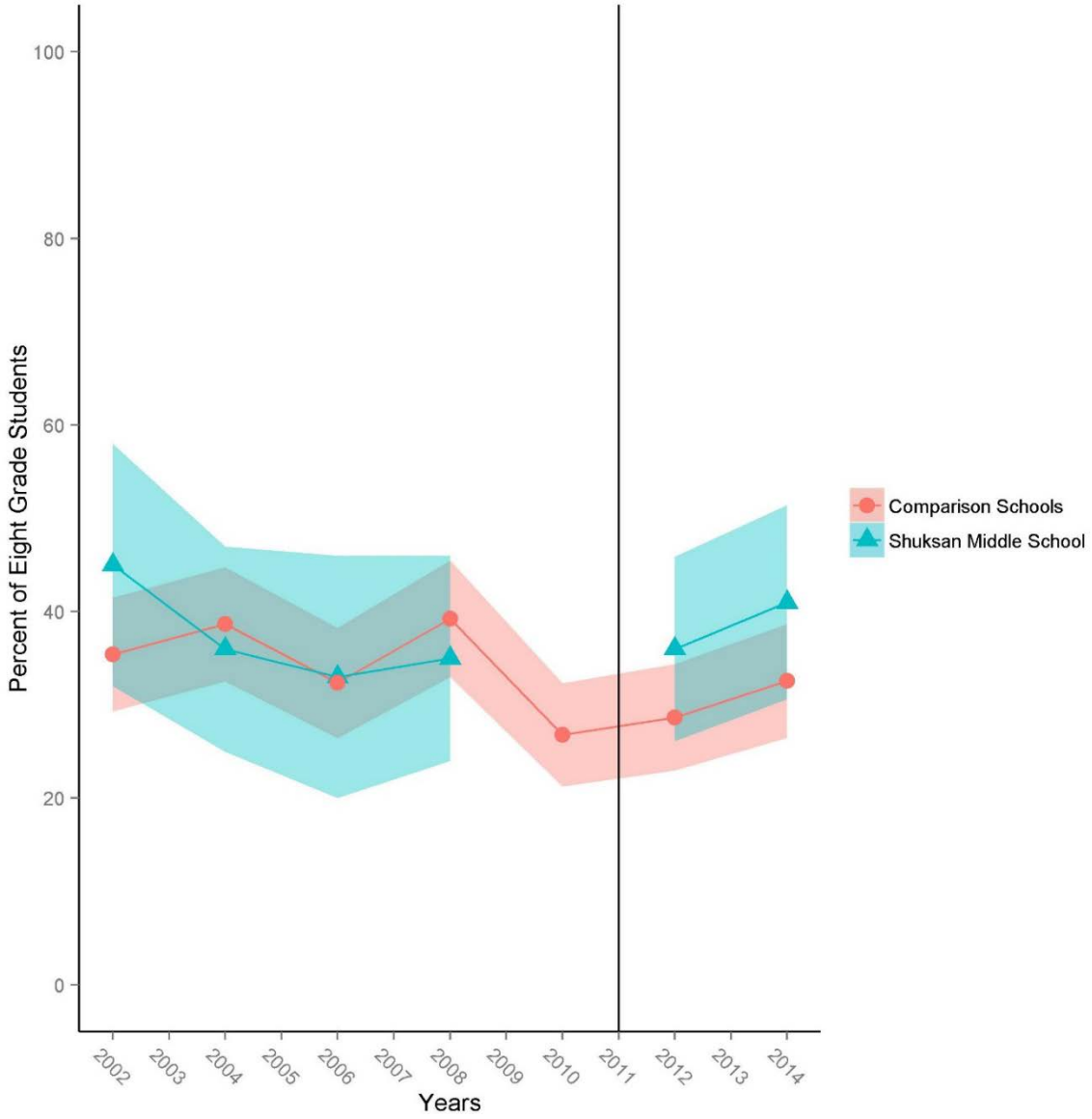


Source: Mathematica Policy Research's school-level analyses are based on Washington State Department of Health's Healthy Youth Survey (HYS) data, 2002–2014.

Notes: School rewards for pro-social involvement scale includes four items: (1) "My teacher(s) notices when I am doing a good job and lets me know about it."; (2) "The school lets my parents know when I have done something well."; (3) "I feel safe at my school."; and (4) "My teachers praise me when I work hard in school."

The surrounding shaded region illustrates 95 percent confidence intervals. Years are school years; for example, 2002 represents the 2002–2003 school year. The vertical line at the 2011–2012 school year marks the beginning of the intervention. The comparison group includes the other three Bellingham School District middle schools (Fairhaven Middle School, Kulshan Middle School, and Whatcom Middle School), weighted by student enrollment. Shuksan Middle School has missing values for the 2010–2011 school year.

Figure E.24. Percentage of eighth-grade students who reported low commitment to school in Shuksan Middle School and comparison group

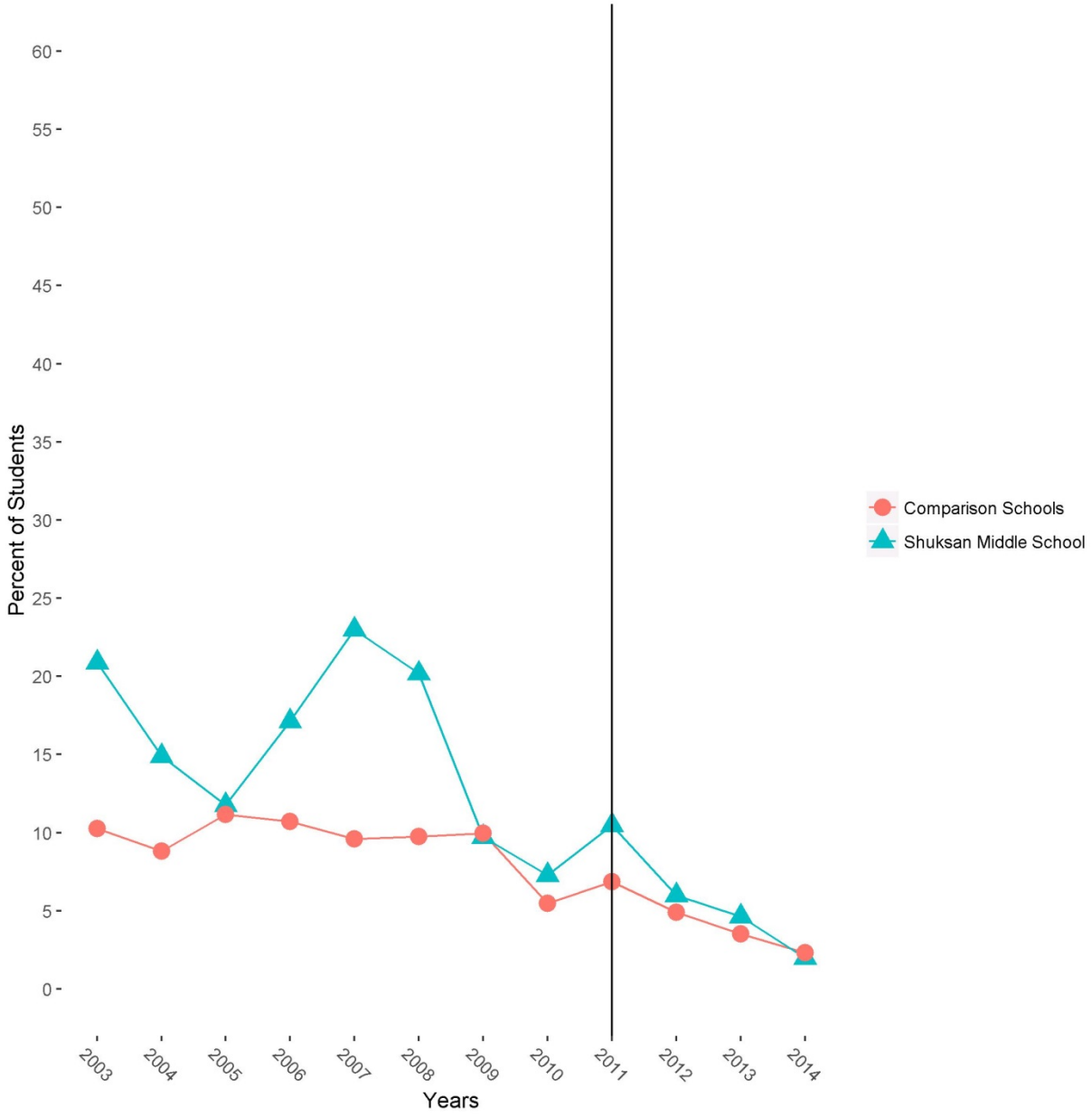


Source: Mathematica Policy Research's school-level analyses are based on Washington State Department of Health's Healthy Youth Survey (HYS) data, 2002–2014.

Notes: Low commitment to school scale includes seven items: (1) "How often do you feel the schoolwork you are assigned is meaningful and important?"; (2) "How interesting are most of your courses to you?"; (3) "How important do you think the things you are learning in school are going to be for you later in life?"; (4) "Enjoy being in school?"; (5) "Hate being in school?"; (6) "Try to do your best work in school?"; (7) "During the LAST 4 WEEKS, how many whole days of school have you missed because you skipped or "cut"?"

The surrounding shaded region illustrates 95 percent confidence intervals. Years are school years; for example, 2002 represents the 2002–2003 school year. The vertical line at the 2011–2012 school year marks the beginning of the intervention. The comparison group includes the other three Bellingham School District middle schools (Fairhaven Middle School, Kulshan Middle School, and Whatcom Middle School), weighted by student enrollment. Shuksan Middle School has missing values for the 2010–2011 school year.

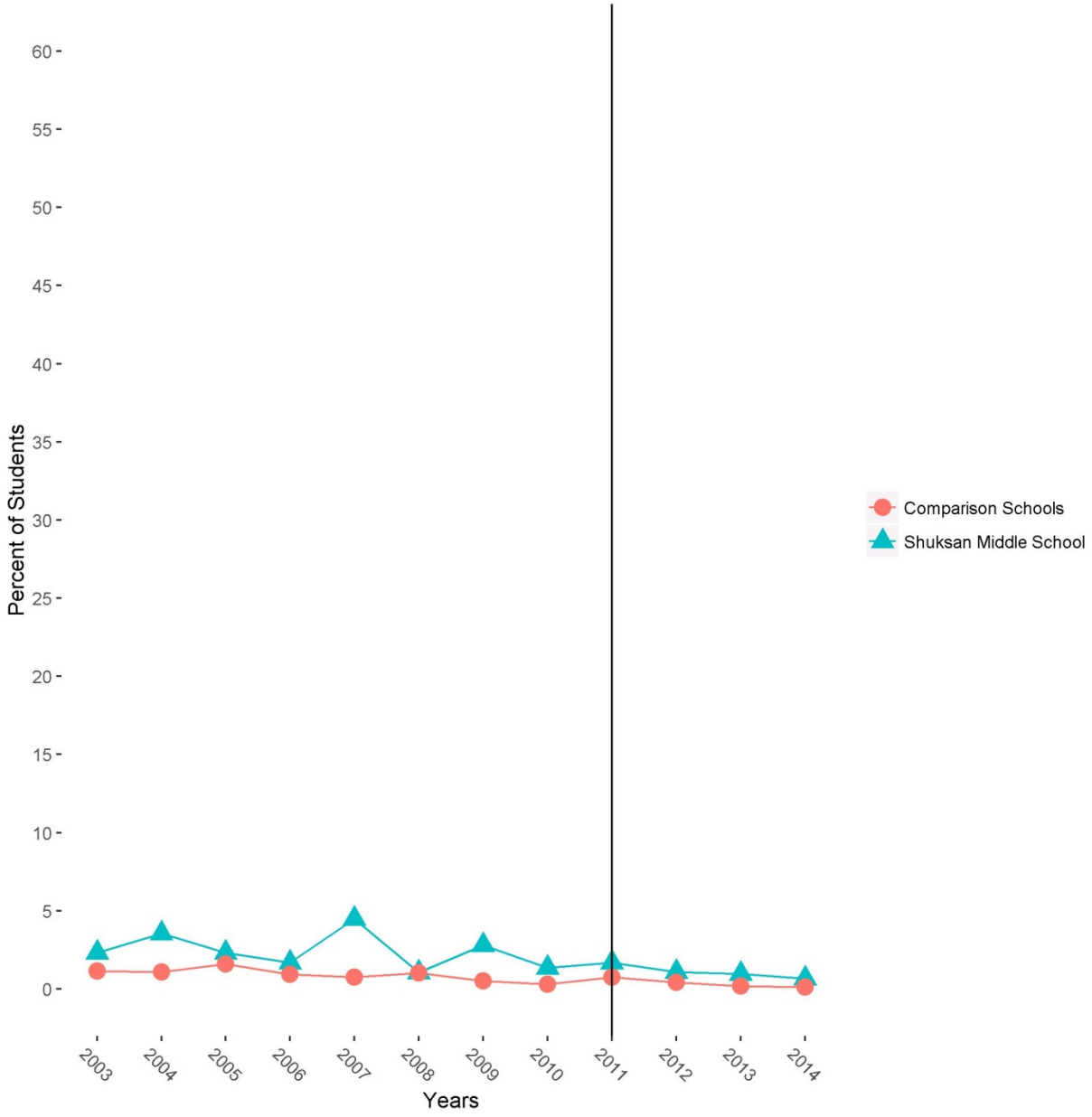
Figure E.25. Percentage of students with short-term out-of-school suspensions in Shuksan Middle School and comparison group



Source: Mathematica Policy Research's school-level analyses are based on Bellingham School District's disciplinary data and Washington State Office of Superintendent of Public Instruction (OSPI)'s student enrollment data, 2003–2014.

Notes: Short-term out-of-school suspensions are 1–9 days long. Years are school years; for example, 2003 represents the 2003–2004 school year. The vertical line at the 2011–2012 school year marks the beginning of the intervention. The comparison group includes the other three Bellingham School District middle schools (Fairhaven Middle School, Kulshan Middle School, and Whatcom Middle School), weighted by student enrollment.

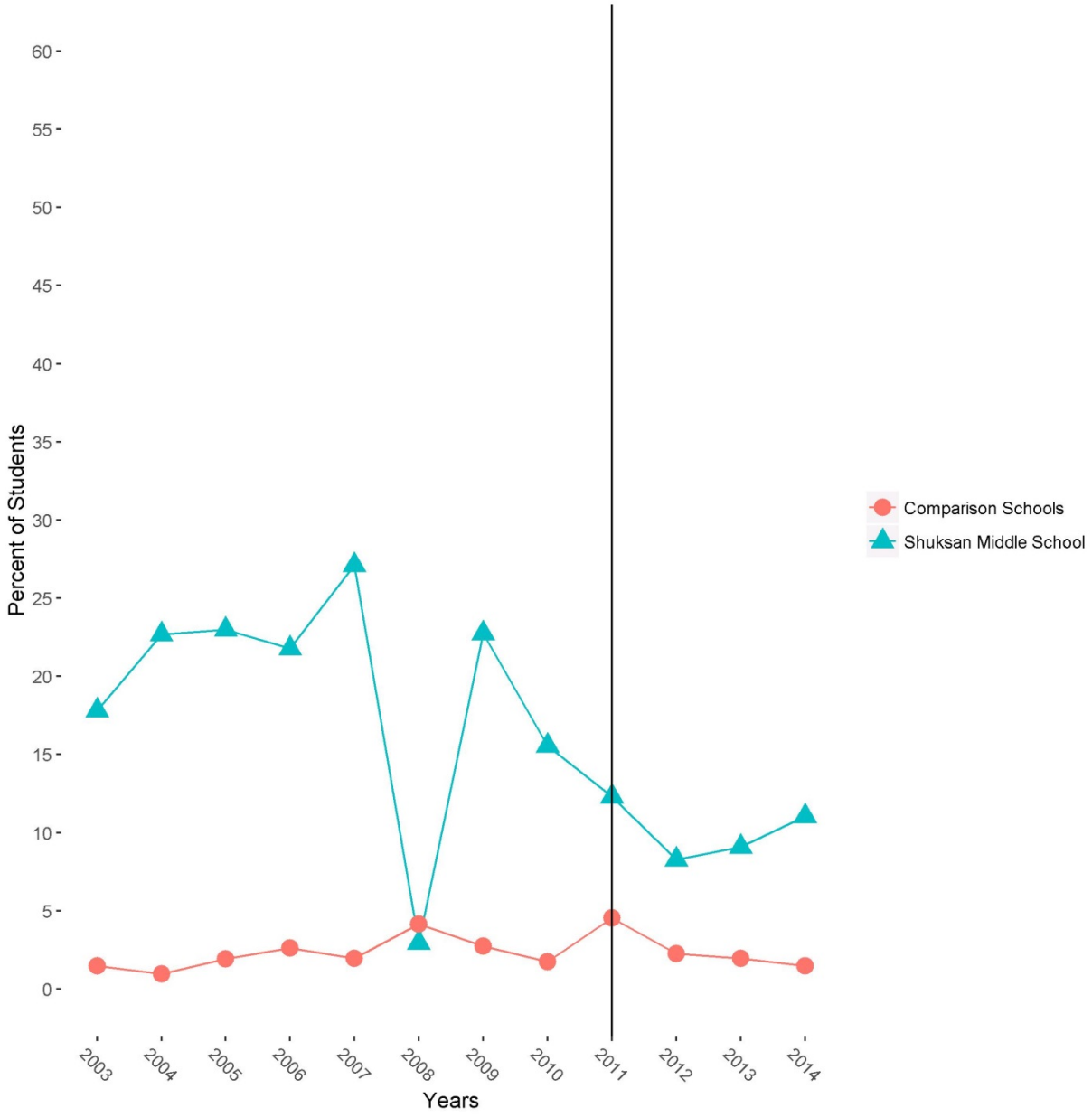
Figure E.26. Percentage of students with long-term out-of-school suspensions in Shuksan Middle School and comparison group



Source: Mathematica Policy Research's school-level analyses are based on Bellingham School District's disciplinary data and Washington State Office of Superintendent of Public Instruction (OSPI)'s student enrollment data, 2003–2014.

Notes: Long-term out-of-school suspensions are longer than 9 days. Years are school years; for example, 2003 represents the 2003–2004 school year. The vertical line at the 2011–2012 school year marks the beginning of the intervention. The comparison group includes the other three Bellingham School District middle schools (Fairhaven Middle School, Kulshan Middle School, and Whatcom Middle School), weighted by student enrollment.

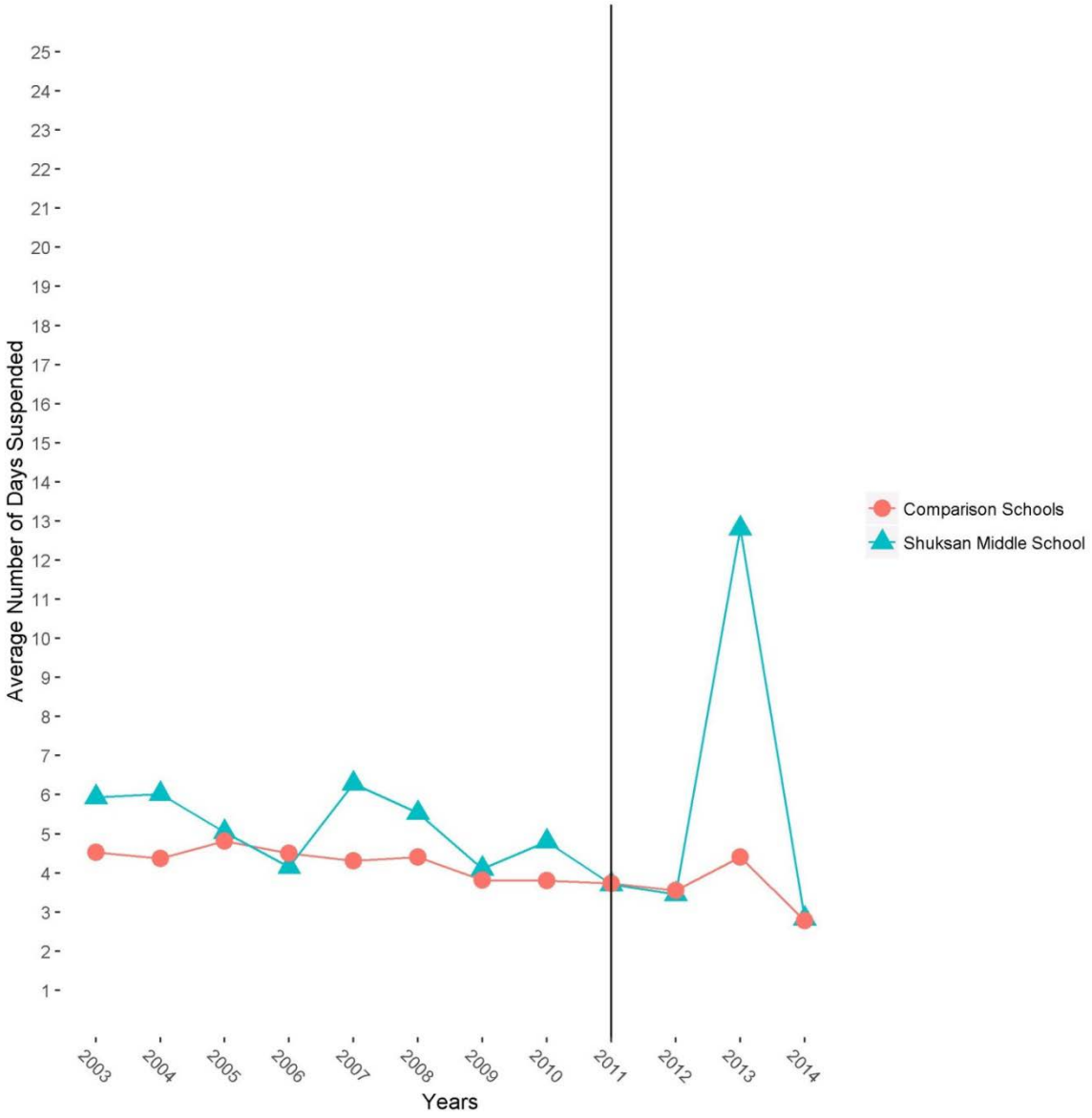
Figure E.27. Percentage of students with in-school suspensions in Shuksan Middle School and comparison group



Source: Mathematica Policy Research's school-level analyses are based on Bellingham School District's disciplinary data and Washington State Office of Superintendent of Public Instruction (OSPI)'s student enrollment data, 2003–2014.

Notes: In-school suspensions are disciplinary incidents in which students attend school but are not able to participate in their typical school activities (e.g., detention). Years are school years; for example, 2003 represents the 2003–2004 school year. The vertical line at the 2011–2012 school year marks the beginning of the intervention. The comparison group includes the other three Bellingham School District middle schools (Fairhaven Middle School, Kulshan Middle School, and Whatcom Middle School), weighted by student enrollment.

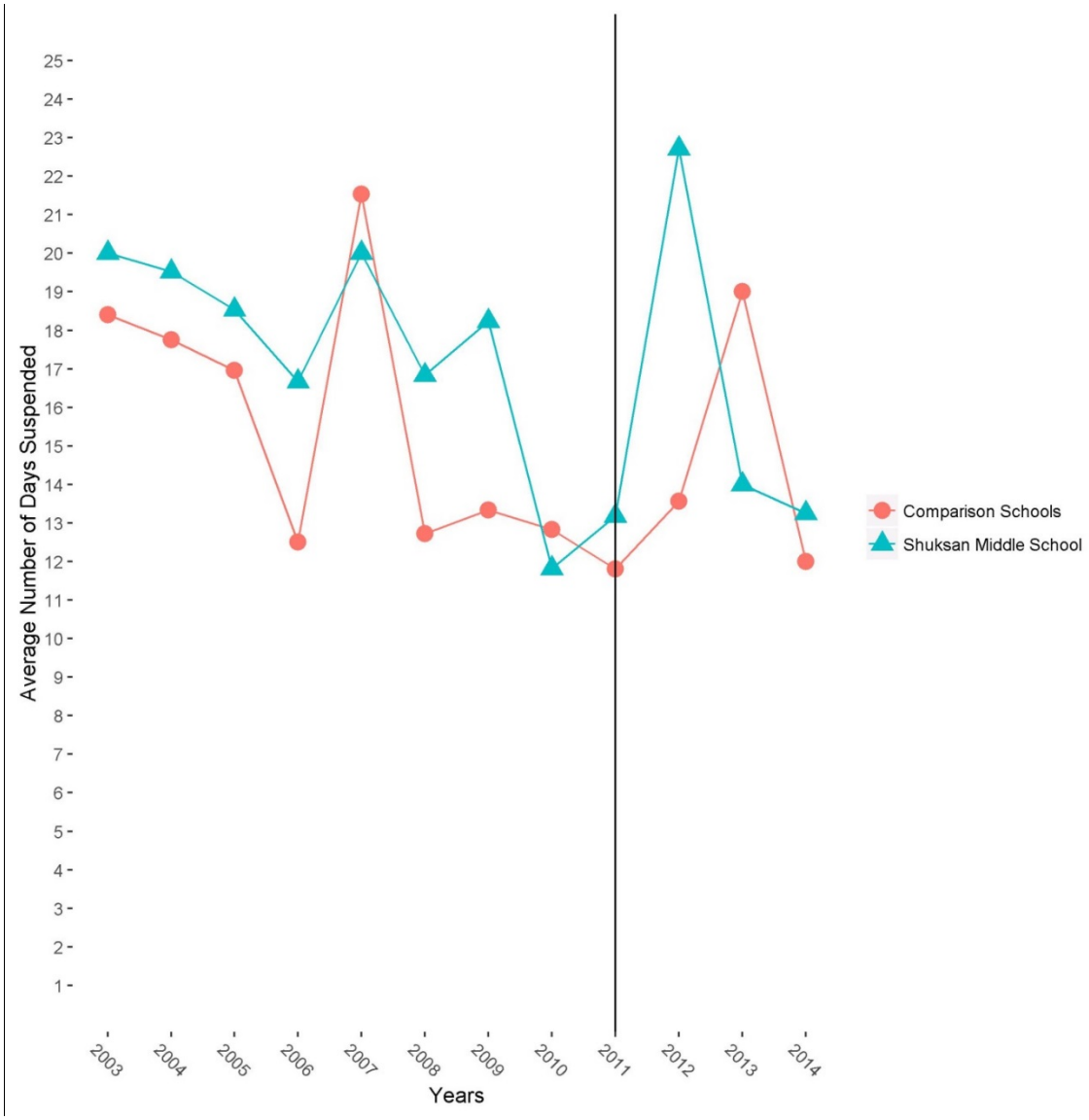
Figure E.28. Average number of days suspended for students who experienced short-term out-of-school suspensions in Shuksan Middle School and comparison group



Source: Mathematica Policy Research's school-level analyses are based on Bellingham School District's disciplinary data and Washington State Office of Superintendent of Public Instruction (OSPI)'s student enrollment data, 2003–2014.

Notes: The average number of days suspended for students who experiences short-term suspensions is calculated by diving the total number of short-term suspension days by the total number of students who ever have a short-term suspension in that school year. Students who experience multiple short-term suspensions are only included once in the denominator; thus, this figure is not strictly the average length of short-term suspensions. Years are school years; for example, 2003 represents the 2003–2004 school year. The vertical line at the 2011–2012 school year marks the beginning of the intervention. The comparison group includes the other three Bellingham School District middle schools (Fairhaven Middle School, Kulshan Middle School, and Whatcom Middle School), weighted by student enrollment.

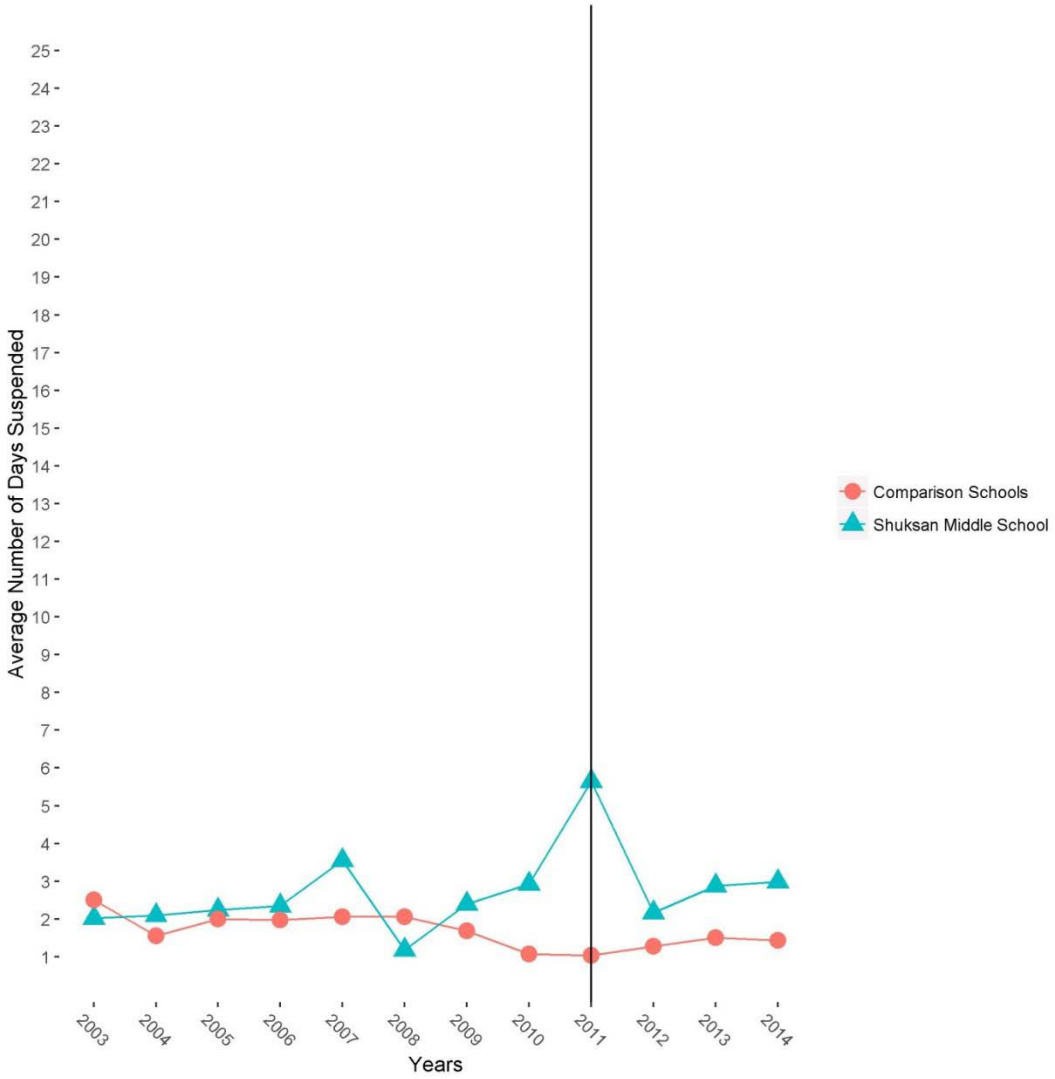
Figure E.29. Average number of days suspended for students who experienced long-term out-of-school suspensions in Shuksan Middle School and comparison group



Source: Mathematica Policy Research's school-level analyses are based on Bellingham School District's disciplinary data and Washington State Office of Superintendent of Public Instruction (OSPI)'s student enrollment data, 2003–2014.

Notes: The average number of days suspended for students who experiences long-term suspensions is calculated by diving the total number of long-term suspension days by the total number of students who ever have a long-term suspension in that school year. Students who experience multiple long-term suspensions are only included once in the denominator; thus, this figure is not strictly the average length of long-term suspensions. Years are school years; for example, 2003 represents the 2003–2004 school year. The vertical line at the 2011–2012 school year marks the beginning of the intervention. The comparison group includes the other three Bellingham School District middle schools (Fairhaven Middle School, Kulshan Middle School, and Whatcom Middle School), weighted by student enrollment.

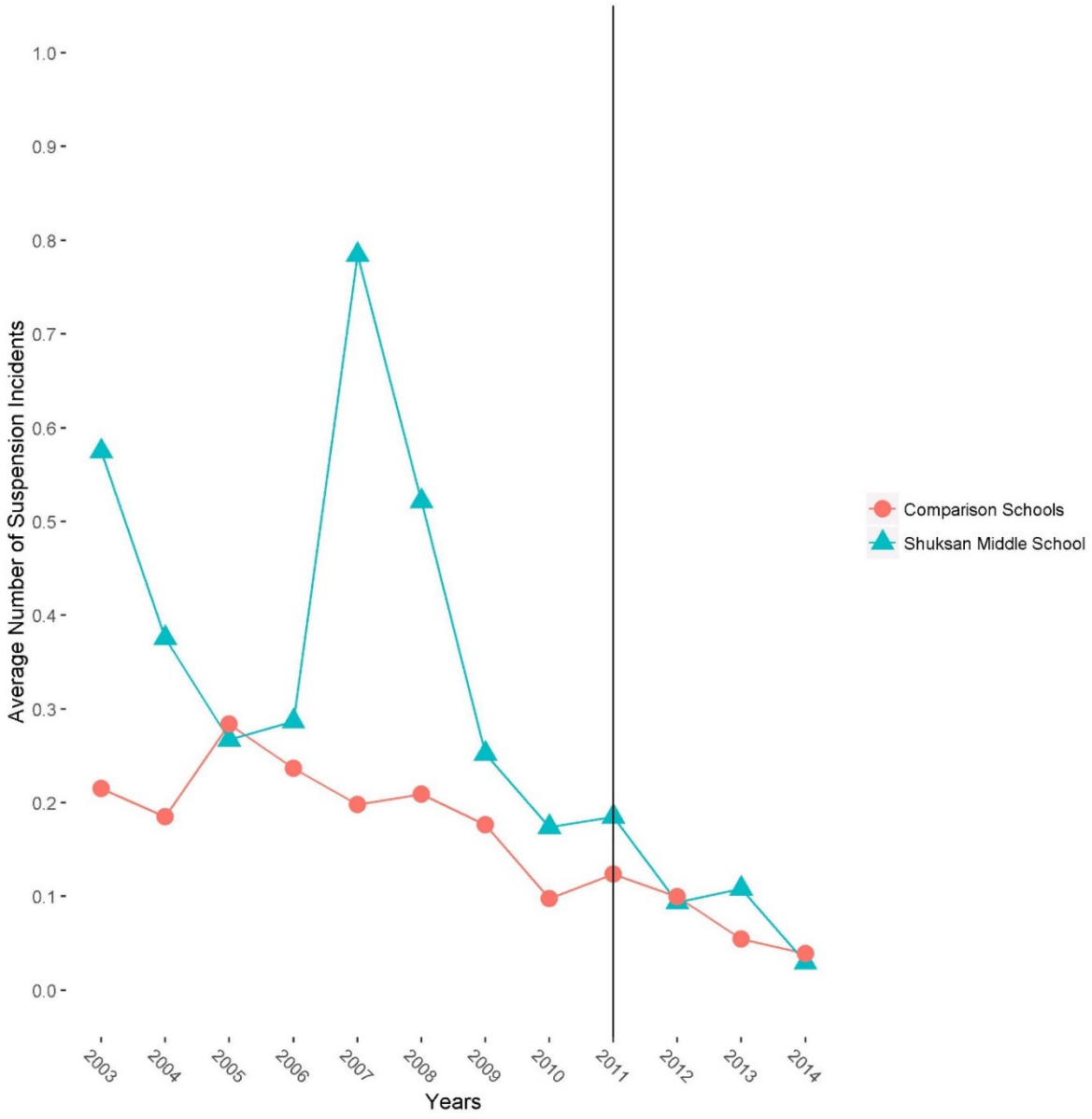
Figure E.30. Average number of days suspended for students who experienced in-school suspensions in Shuksan Middle School and comparison group



Source: Mathematica Policy Research's school-level analyses are based on Bellingham School District's disciplinary data and Washington State Office of Superintendent of Public Instruction (OSPI)'s student enrollment data, 2003–2014.

Notes: The average number of days suspended for students who experiences in-school suspensions is calculated by diving the total number of in-school suspension days by the total number of students who ever have an in-school suspension in that school year. Students who experience multiple in-school suspensions are only included once in the denominator; thus, this figure is not strictly the average length of in-school suspensions. Years are school years; for example, 2003 represents the 2003–2004 school year. The vertical line at the 2011–2012 school year marks the beginning of the intervention. The comparison group includes the other three Bellingham School District middle schools (Fairhaven Middle School, Kulshan Middle School, and Whatcom Middle School), weighted by student enrollment.

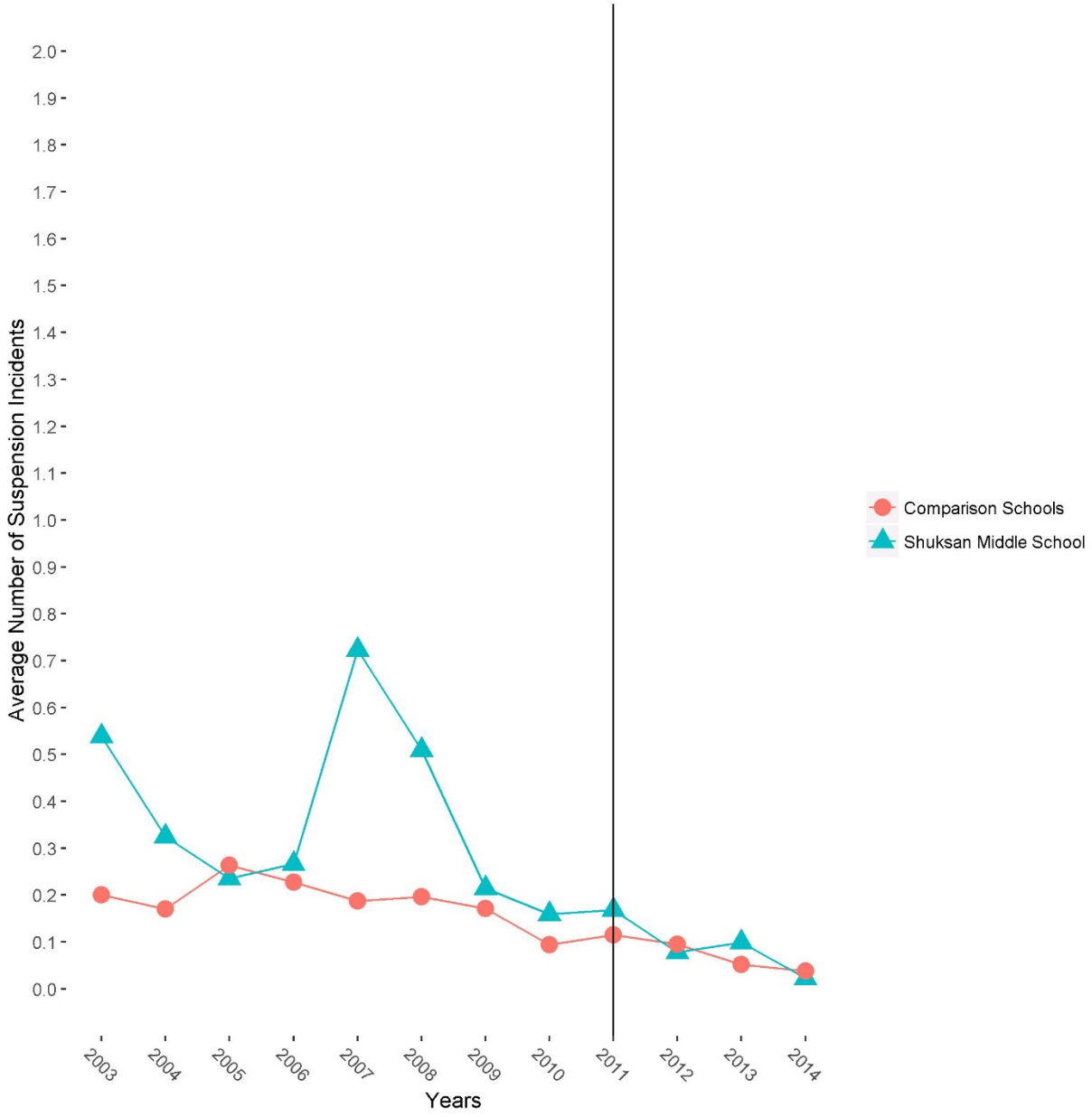
Figure E.31. Average number of out-of-school suspensions per student in Shuksan Middle School and comparison group



Source: Mathematica Policy Research's school-level analyses are based on Bellingham School District's disciplinary data and Washington State Office of Superintendent of Public Instruction (OSPI)'s student enrollment data, 2003–2014.

Notes: The average number of out-of-school suspension incidents is calculated by diving the total number of out-of-school suspension incidents by the total number of enrolled students in that school year. The total of out-of-school suspensions is derived by combining the number of short- and long-term suspensions. Years are school years; for example, 2003 represents the 2003–2004 school year. The vertical line at the 2011–2012 school year marks the beginning of the intervention. The comparison group includes the other three Bellingham School District middle schools (Fairhaven Middle School, Kulshan Middle School, and Whatcom Middle School), weighted by student enrollment.

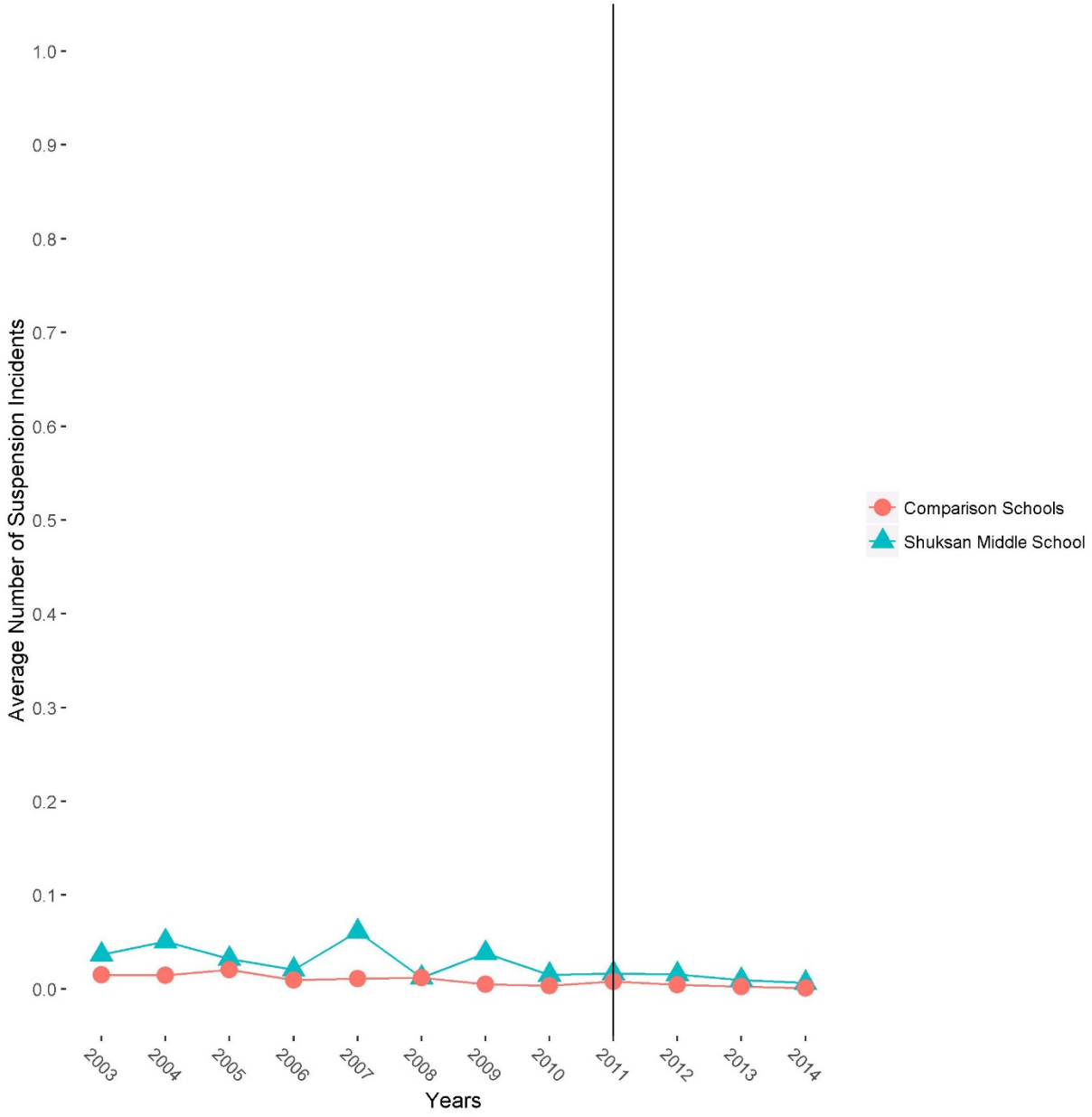
Figure E.32. Average number of short-term out-of-school suspension incidents per student in Shuksan Middle School and comparison group



Source: Mathematica Policy Research's school-level analyses are based on Bellingham School District's disciplinary data and Washington State Office of Superintendent of Public Instruction (OSPI)'s student enrollment data, 2003–2014.

Notes: The average number of short-term suspension incidents is calculated by diving the total number of short-term suspension incidents by the total number of enrolled students in that school year. Years are school years; for example, 2003 represents the 2003–2004 school year. The vertical line at the 2011–2012 school year marks the beginning of the intervention. The comparison group includes the other three Bellingham School District middle schools (Fairhaven Middle School, Kulshan Middle School, and Whatcom Middle School), weighted by student enrollment.

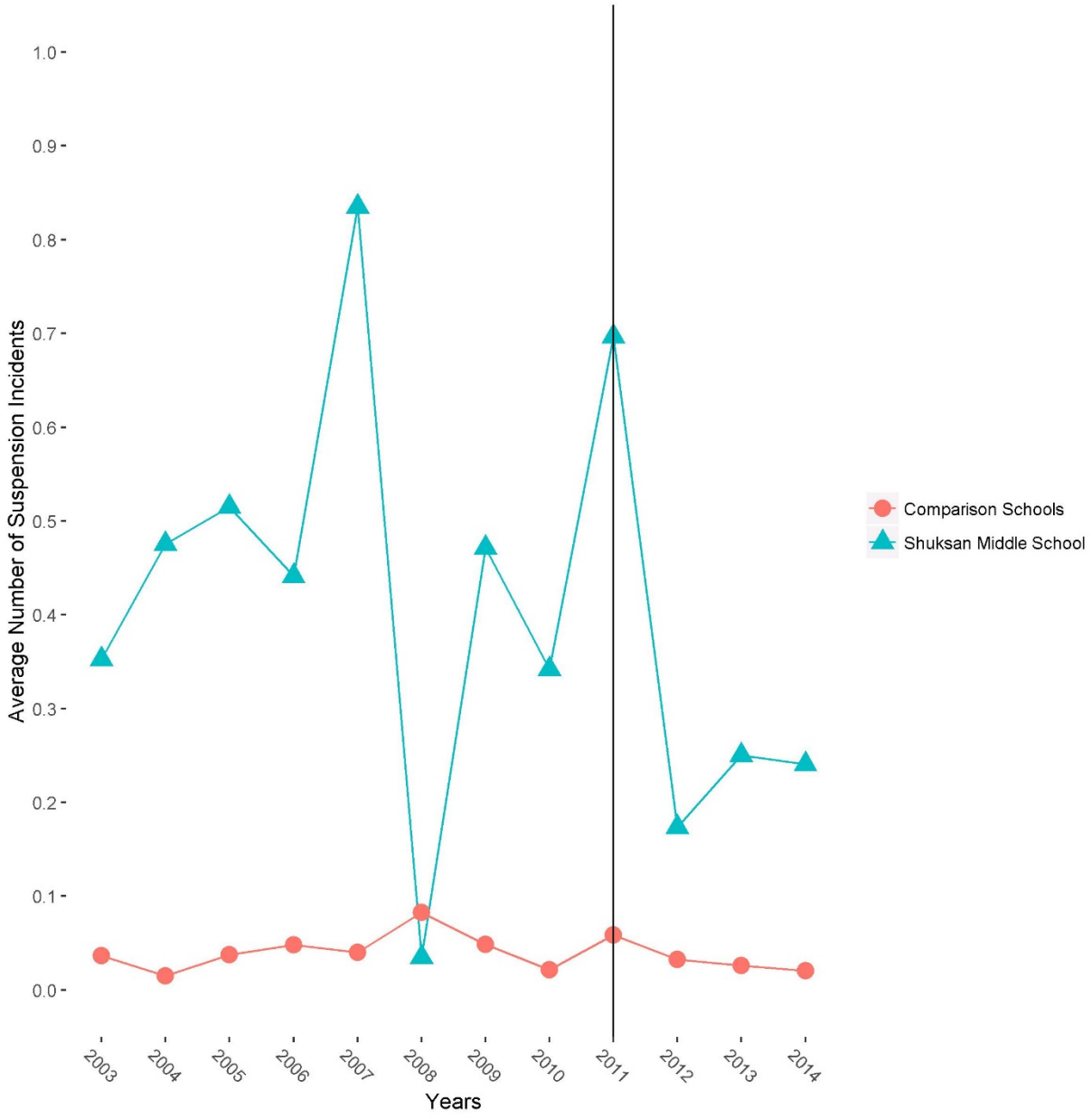
Figure E.33. Average number of long-term out-of-school suspension incidents per student in Shuksan Middle School and comparison group



Source: Mathematica Policy Research's school-level analyses are based on Bellingham School District's disciplinary data and Washington State Office of Superintendent of Public Instruction (OSPI)'s student enrollment data, 2003–2014.

Notes: The average number of long-term suspension incidents is calculated by diving the total number of long-term suspension incidents by the total number of enrolled students in that school year. Years are school years; for example, 2003 represents the 2003–2004 school year. The vertical line at the 2011–2012 school year marks the beginning of the intervention. The comparison group includes the other three Bellingham School District middle schools (Fairhaven Middle School, Kulshan Middle School, and Whatcom Middle School), weighted by student enrollment.

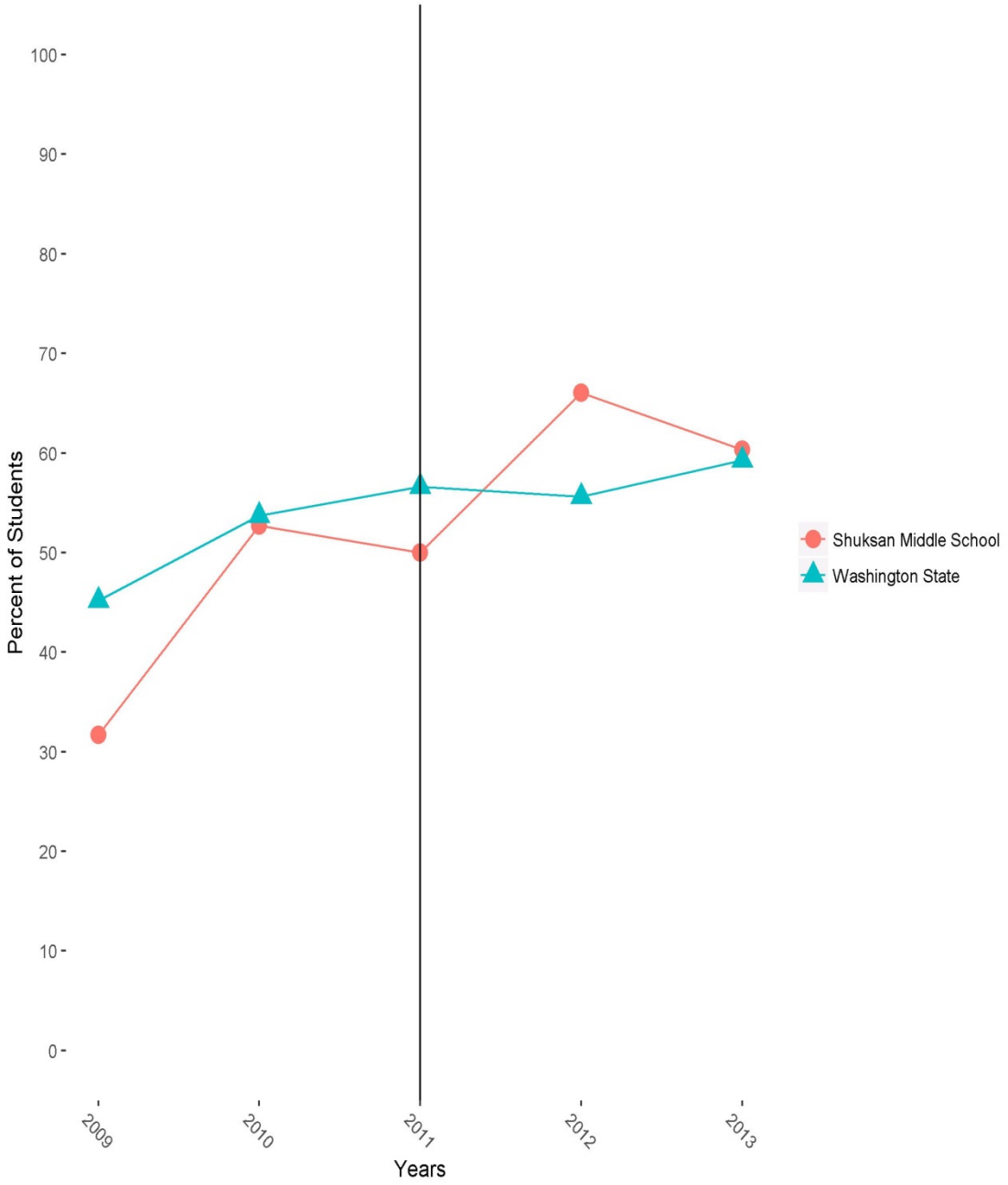
Figure E.34. Average number of in-school suspension incidents per student in Shuksan Middle School and comparison group



Source: Mathematica Policy Research's school-level analyses are based on Bellingham School District's disciplinary data and Washington State Office of Superintendent of Public Instruction (OSPI)'s student enrollment data, 2003–2014.

Notes: The average number of in-school suspension incidents is calculated by diving the total number of in-school suspension incidents by the total number of enrolled students in that school year. Years are school years; for example, 2003 represents the 2003–2004 school year. The vertical line at the 2011–2012 school year marks the beginning of the intervention. The comparison group includes the other three Bellingham School District middle schools (Fairhaven Middle School, Kulshan Middle School, and Whatcom Middle School), weighted by student enrollment.

Figure E.35. Reading proficiency rate for Hispanic sixth-grade students in Shuksan Middle School and comparison group

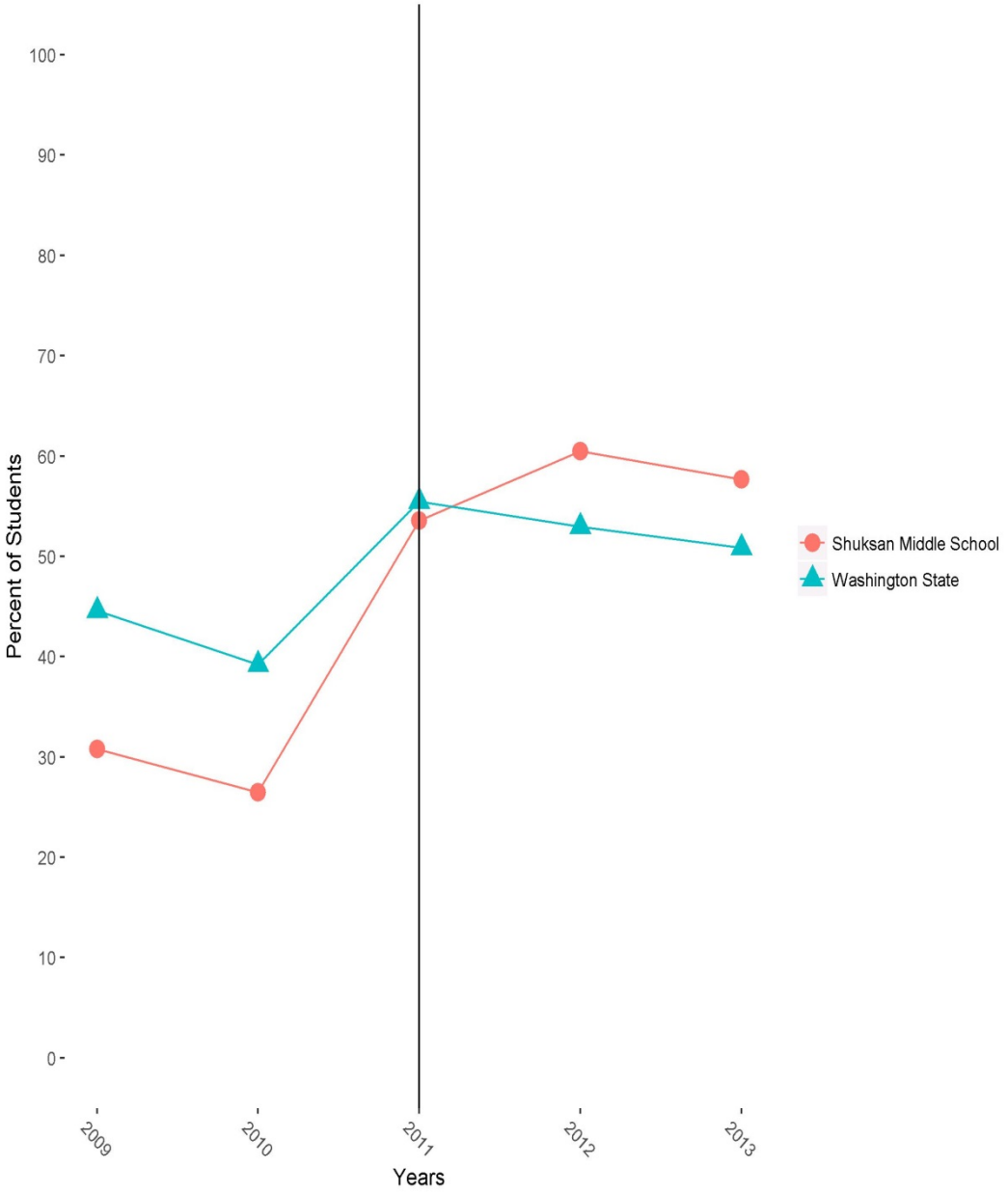


Source: Mathematica Policy Research's analyses are based on Measurements of Student Progress (MSP) academic assessment test data from Washington State Office of Superintendent of Public Instruction (OSPI), 2009–2013.

Notes: The percentage of Hispanic students with proficiency is based on the total number of students who were tested in that school year.

Years are school years; for example, 2009 represents the 2009–2010 school year. The vertical line at the 2011–2012 school year marks the beginning of the intervention. The comparison group includes Hispanic students in grade 6 in Washington State.

Figure E.36. Reading proficiency rates for Hispanic seventh-grade students in Shuksan Middle School and comparison group

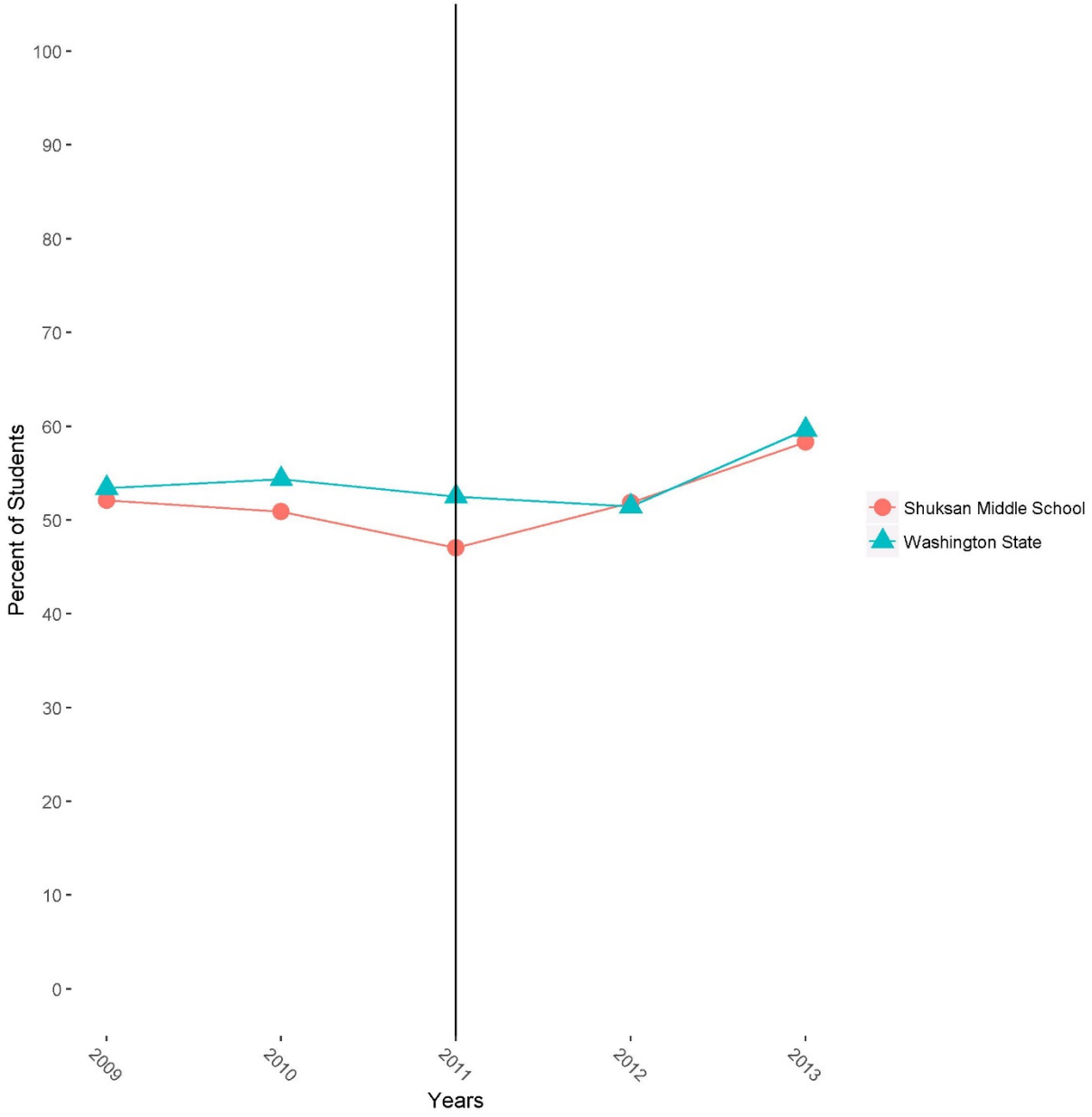


Source: Mathematica Policy Research's analyses are based on Measurements of Student Progress (MSP) academic assessment test data from Washington State Office of Superintendent of Public Instruction (OSPI), 2009–2013.

Notes: The percentage of Hispanic students with proficiency is based on the total number of students who were tested in that school year.

Years are school years; for example, 2009 represents the 2009–2010 school year. The vertical line at the 2011–2012 school year marks the beginning of the intervention. The comparison group includes Hispanic students in grade 7 in Washington State.

Figure E.37. Reading proficiency rates for Hispanic eighth-grade students in Shuksan Middle School and comparison group

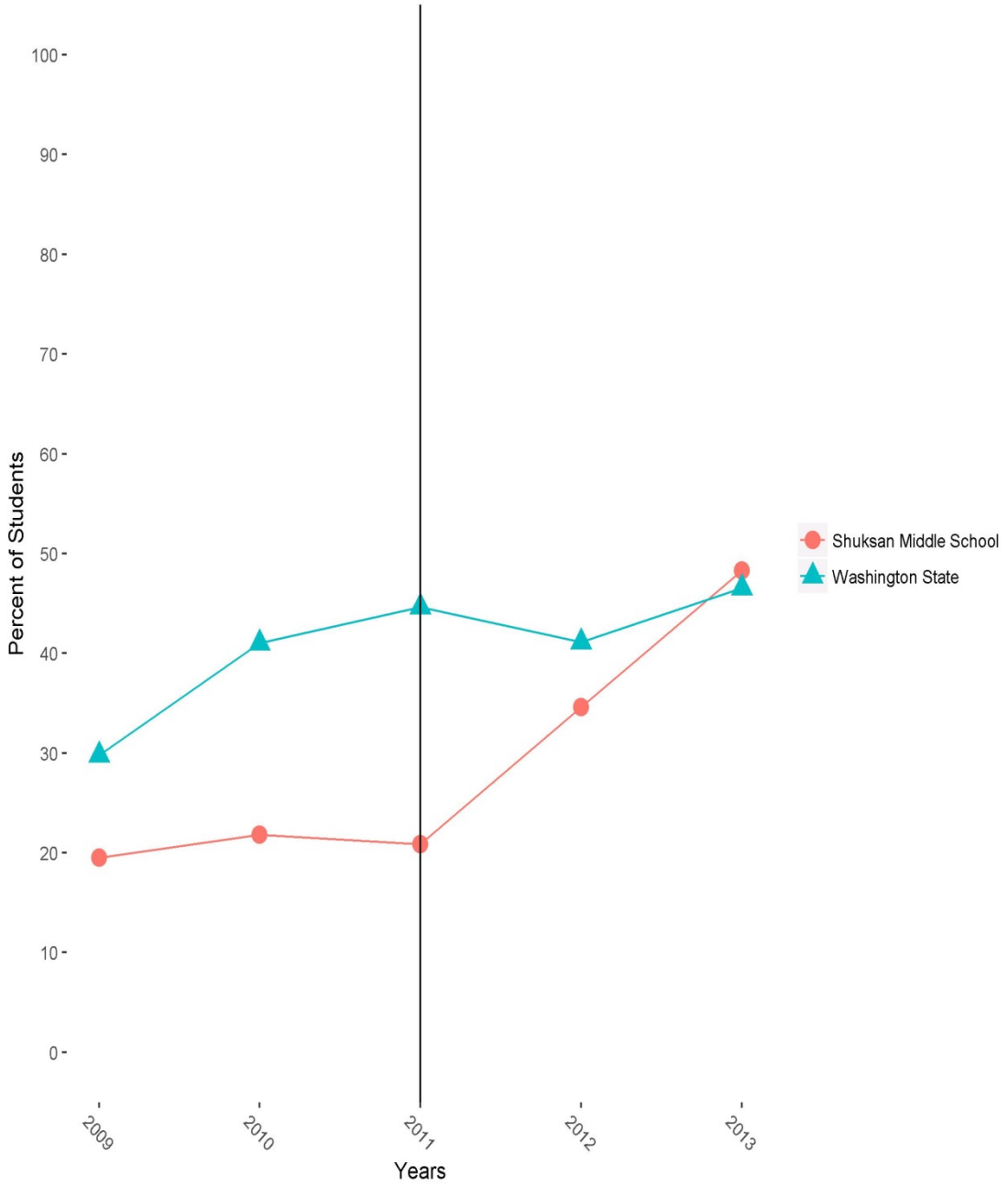


Source: Mathematica Policy Research's analyses are based on Measurements of Student Progress (MSP) academic assessment test data from Washington State Office of Superintendent of Public Instruction (OSPI), 2009–2013.

Notes: The percentage of Hispanic students with proficiency is based on the total number of students who were tested in that school year.

Years are school years; for example, 2009 represents the 2009–2010 school year. The vertical line at the 2011–2012 school year marks the beginning of the intervention. The comparison group includes Hispanic students in grade 8 in Washington State.

Figure E.38. Math proficiency rates for Hispanic sixth-grade students in Shuksan Middle School and comparison group

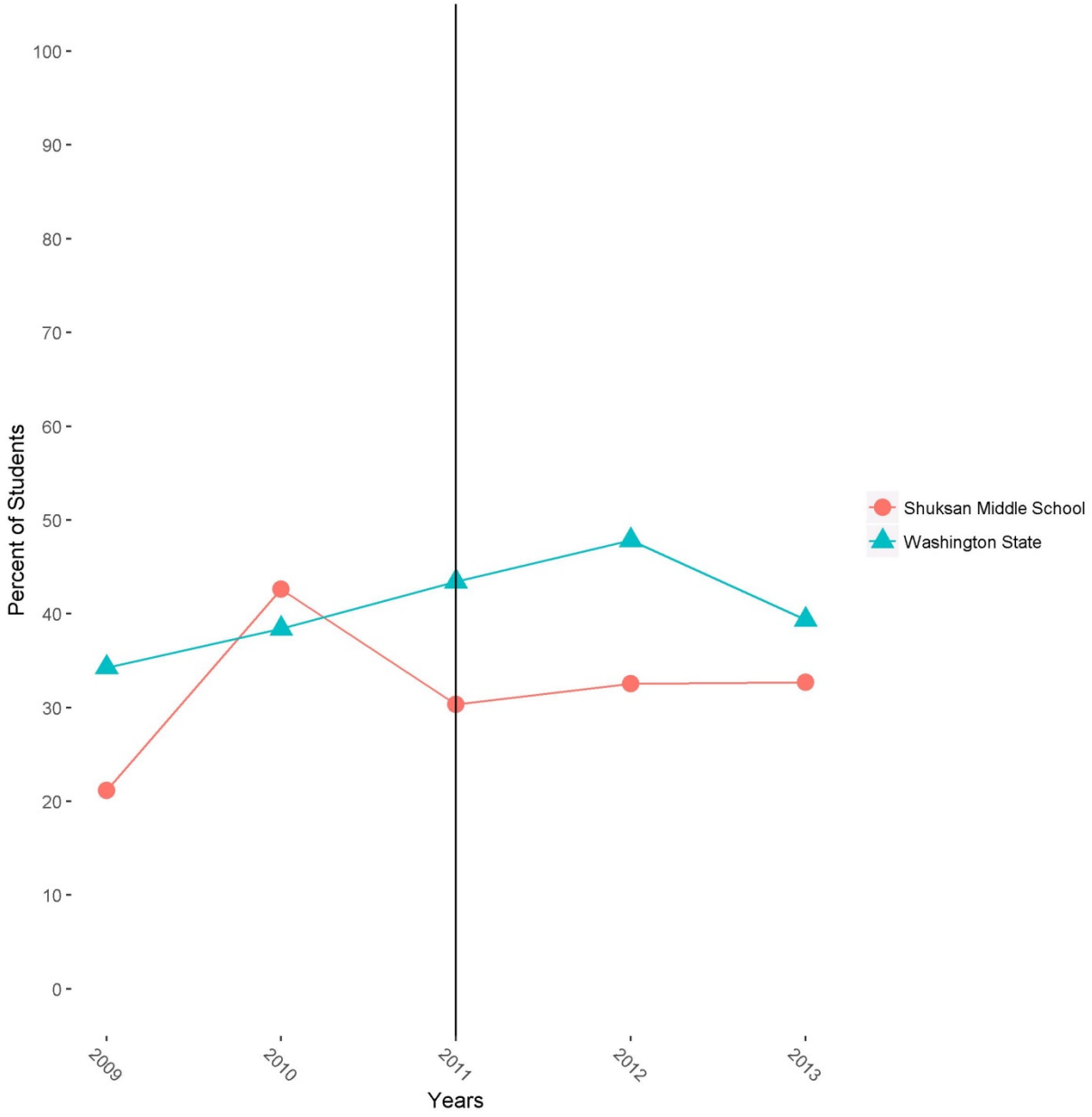


Source: Mathematica Policy Research's analyses are based on Measurements of Student Progress (MSP) academic assessment test data from Washington State Office of Superintendent of Public Instruction (OSPI), 2009–2013.

Notes: The percentage of Hispanic students with proficiency is based on the total number of students who were tested in that school year.

Years are school years; for example, 2009 represents the 2009–2010 school year. The vertical line at the 2011–2012 school year marks the beginning of the intervention. The comparison group includes Hispanic students in grade 6 in Washington State.

Figure E.39. Math proficiency rates for Hispanic seventh-grade students in Shuksan Middle School and comparison group

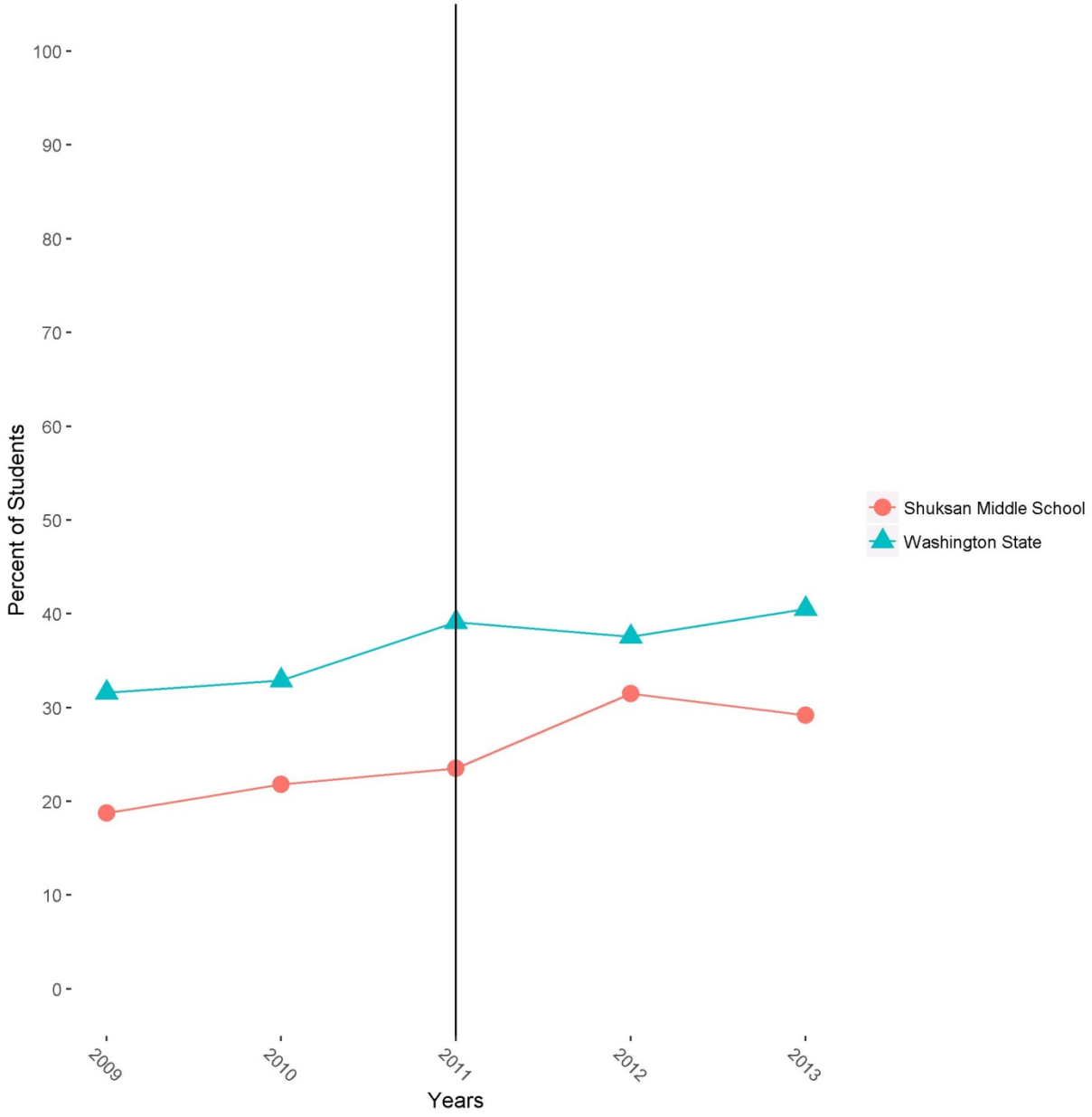


Source: Mathematica Policy Research's analyses are based on Measurements of Student Progress (MSP) academic assessment test data from Washington State Office of Superintendent of Public Instruction (OSPI), 2009–2013.

Notes: The percentage of Hispanic students with proficiency is based on the total number of students who were tested in that school year.

Years are school years; for example, 2009 represents the 2009–2010 school year. The vertical line at the 2011–2012 school year marks the beginning of the intervention. The comparison group includes Hispanic students in grade 7 at Washington State.

Figure E.40. Math proficiency rates for Hispanic eighth-grade students in Shuksan Middle School and comparison group



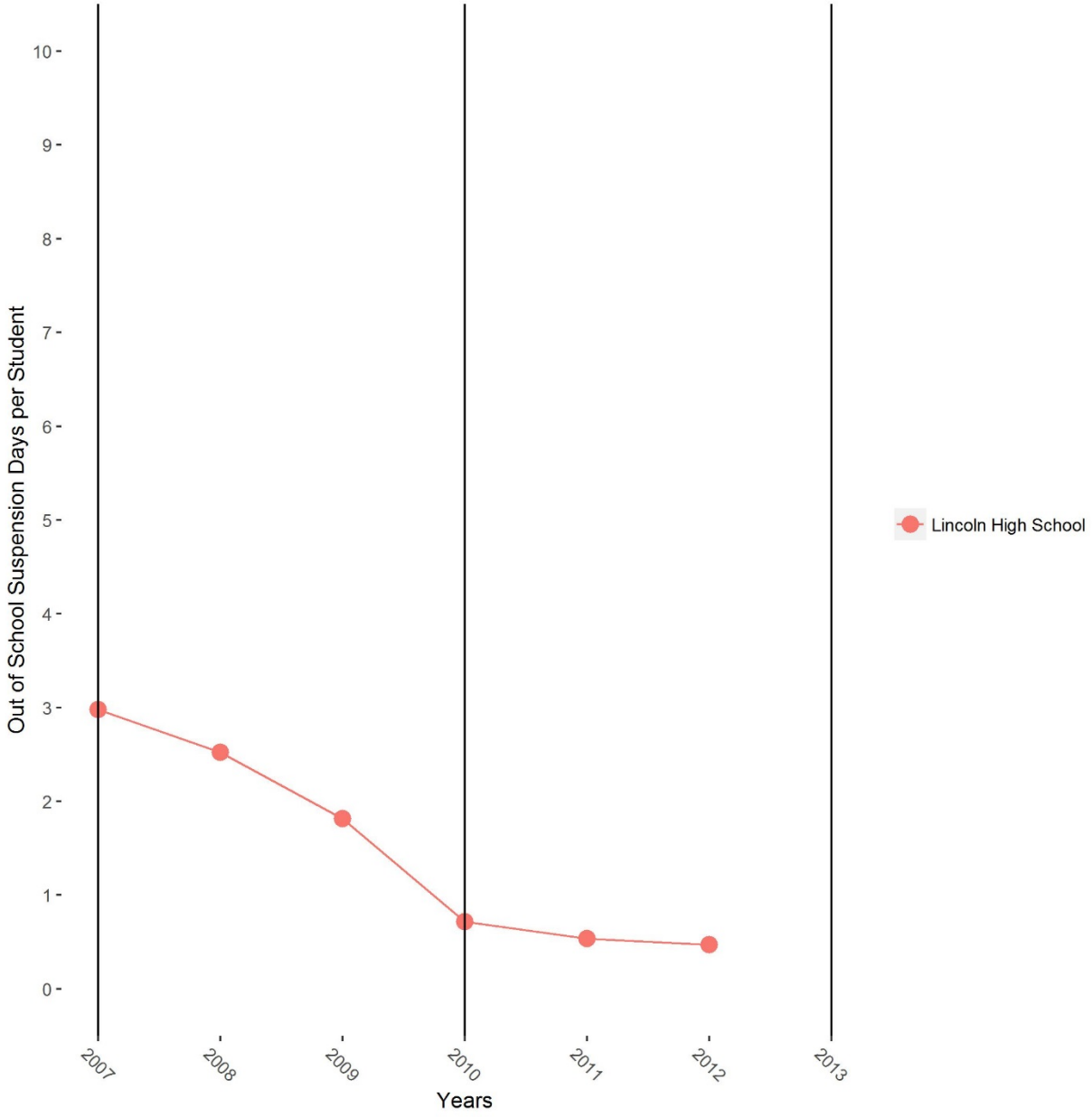
Source: Mathematica Policy Research's analyses are based on Measurements of Student Progress (MSP) academic assessment test data from Washington State Office of Superintendent of Public Instruction (OSPI), 2009–2013.

Notes: The percentage of Hispanic students with proficiency is based on the total number of students who were tested in that school year.

Years are school years; for example, 2009 represents the 2009–2010 school year. The vertical line at the 2011–2012 school year marks the beginning of the intervention. The comparison group includes Hispanic students in grade 8 at Washington State.

Additional figures and tables for Lincoln High School (Walla Walla)

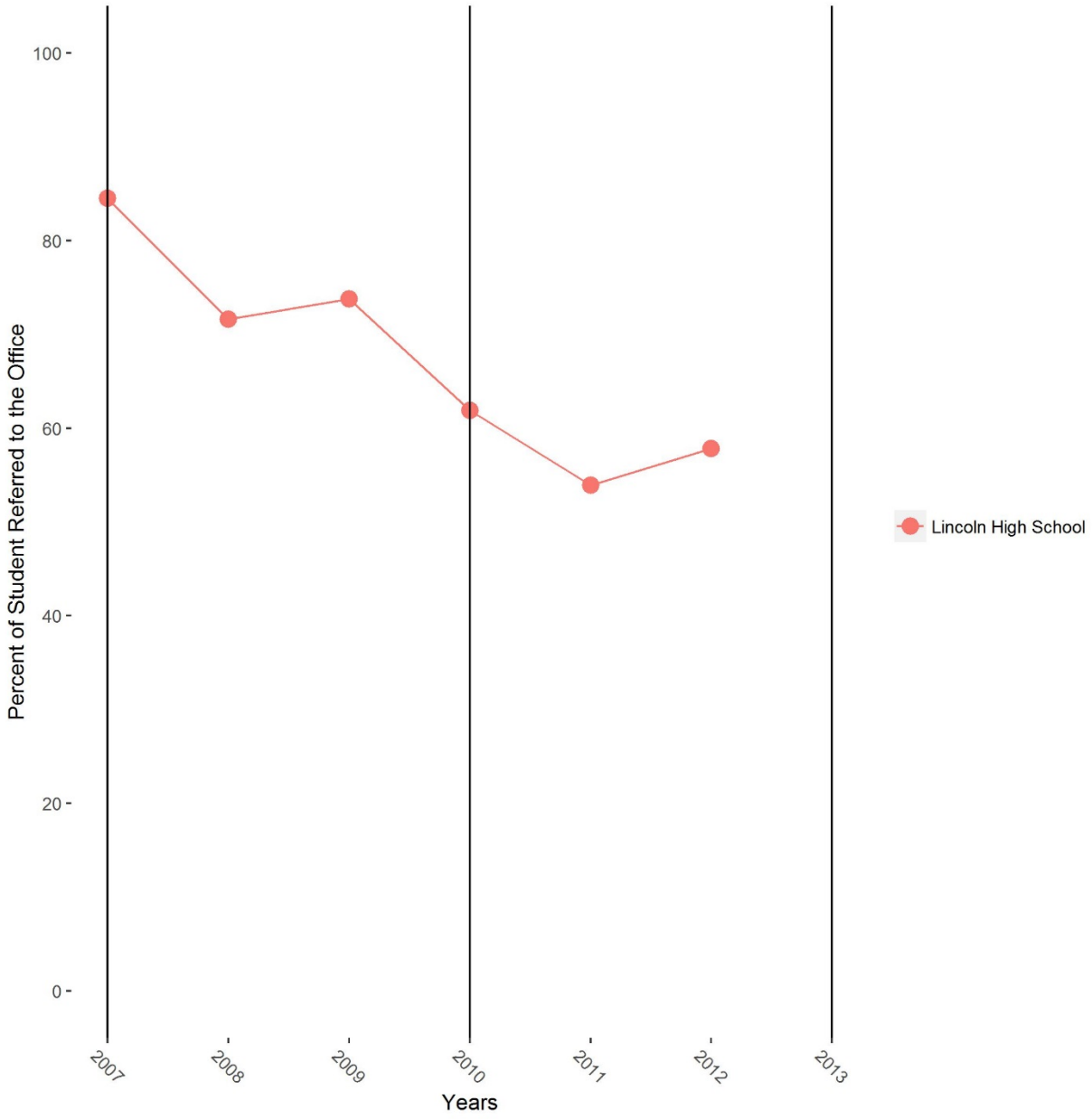
Figure E.41. Number of out-of-school suspension days per student in Lincoln High School



Source: Mathematica Policy Research analysis of Lincoln High School self-reported discipline data.

Note: Calculated from total days out of school for suspension divided by enrollment. Years are school years; for example, 2009 represents the 2009–2010 school year. The 2007–2008 school year is the baseline school year. The vertical bar at the 2007–2008 school year marks the beginning of the intervention, the vertical bar at the 2010–2011 school year marks the beginning of the trauma-informed pilot, and the vertical bar at the 2013–2014 school year marks the end of the pilot.

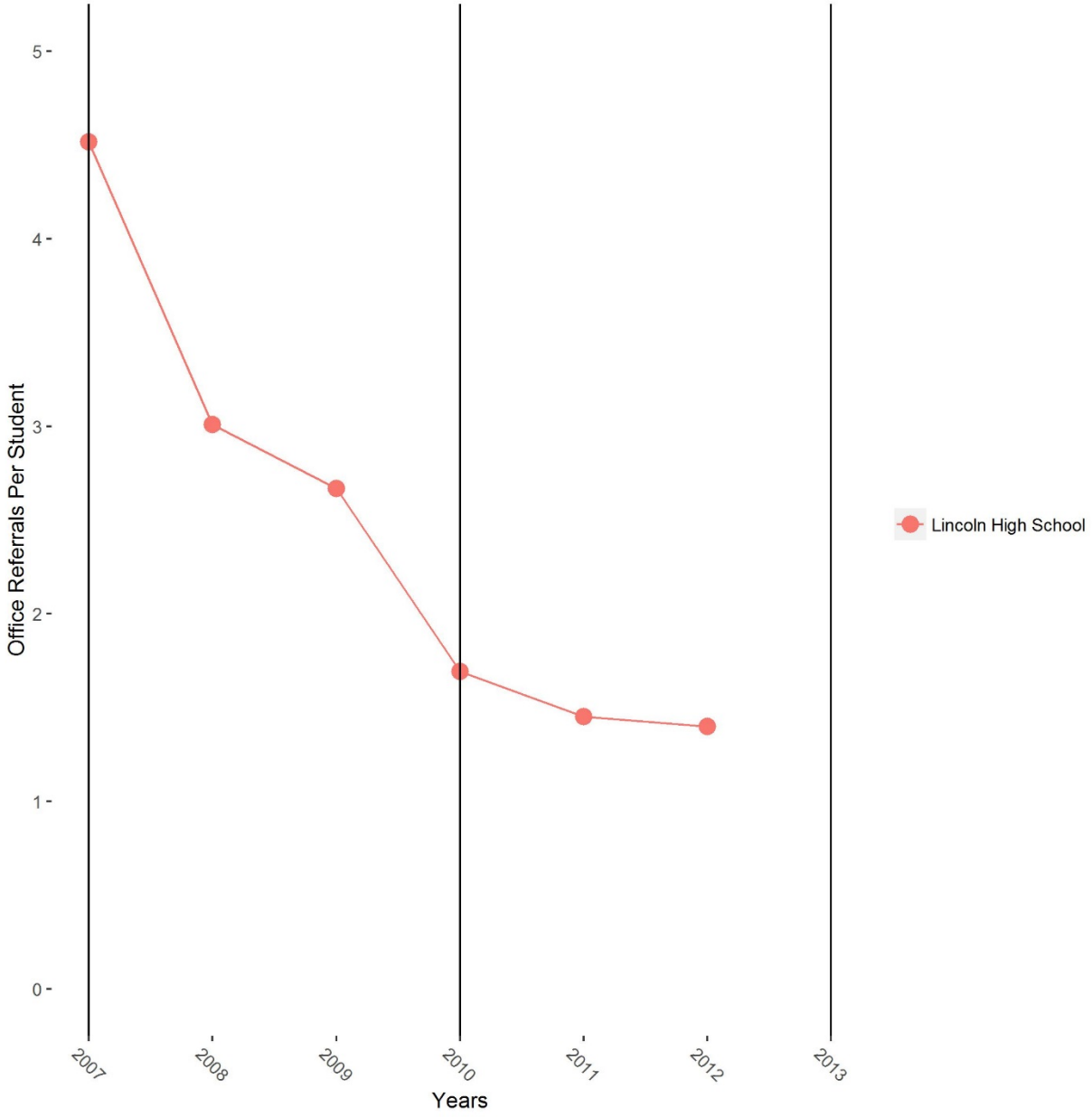
Figure E.42. Percentage of students referred to the office for discipline in Lincoln High School



Source: Mathematica Policy Research analysis of Lincoln High School self-reported discipline data.

Note: Calculated from number of student referred to the office divided by enrollment. Years are school years; for example, 2009 represents the 2009–2010 school year. The 2007–2008 school year is the baseline school year. The vertical bar at the 2007–2008 school year marks the beginning of the intervention, the vertical bar at the 2010–2011 school year marks the beginning of the trauma-informed pilot, and the vertical bar at the 2013–2014 school year marks the end of the pilot.

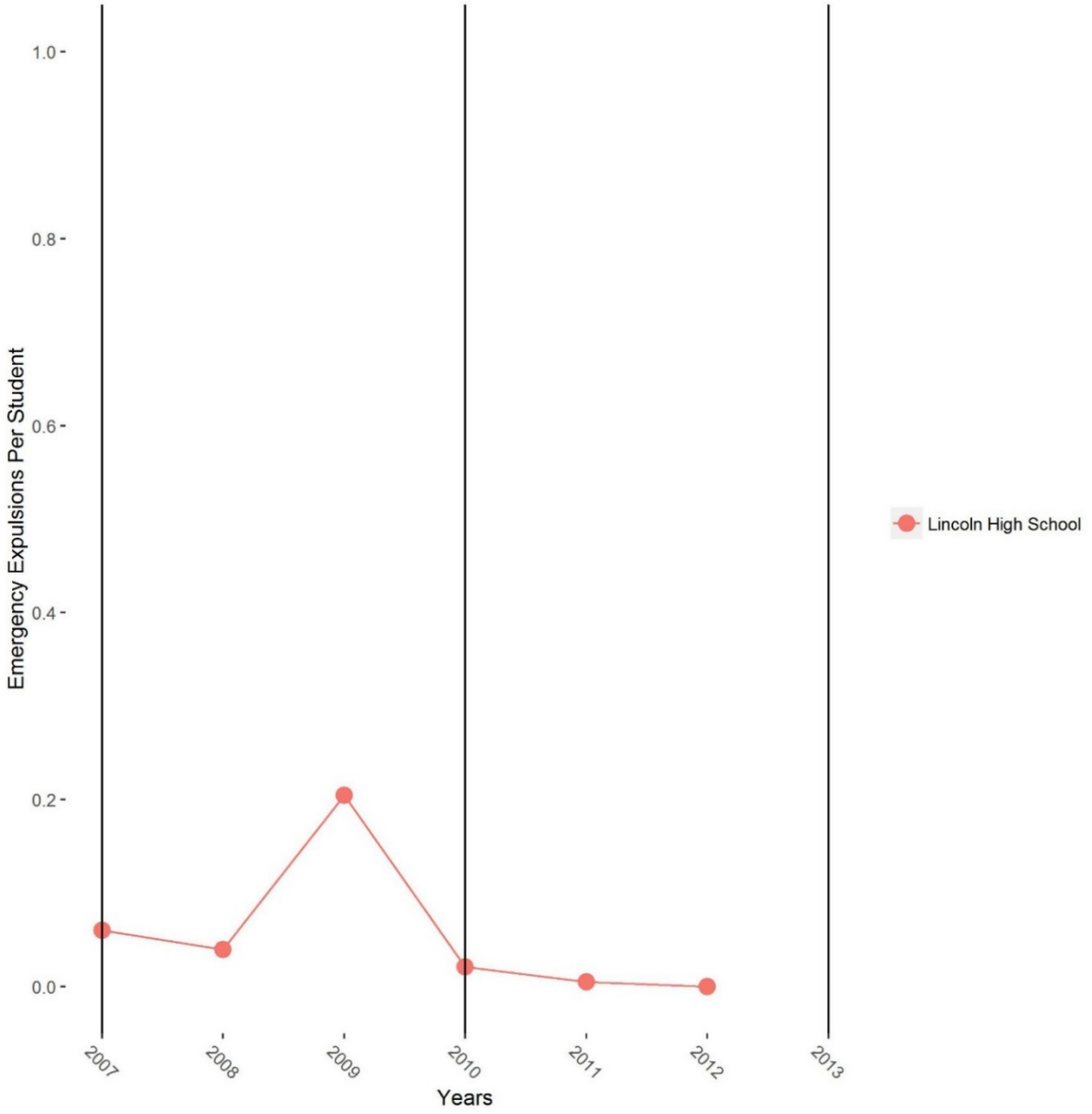
Figure E.43. Number of office referrals per student in Lincoln High School



Source: Mathematica Policy Research analysis of Lincoln High School self-reported discipline data.

Note: Calculated from number of office referrals divided by enrollment. Years are school years; for example, 2009 represents the 2009–2010 school year. The 2007–2008 school year is the baseline school year. The vertical bar at the 2007–2008 school year marks the beginning of the intervention, the vertical bar at the 2010–2011 school year marks the beginning of the trauma-informed pilot, and the vertical bar at the 2013–2014 school year marks the end of the pilot.

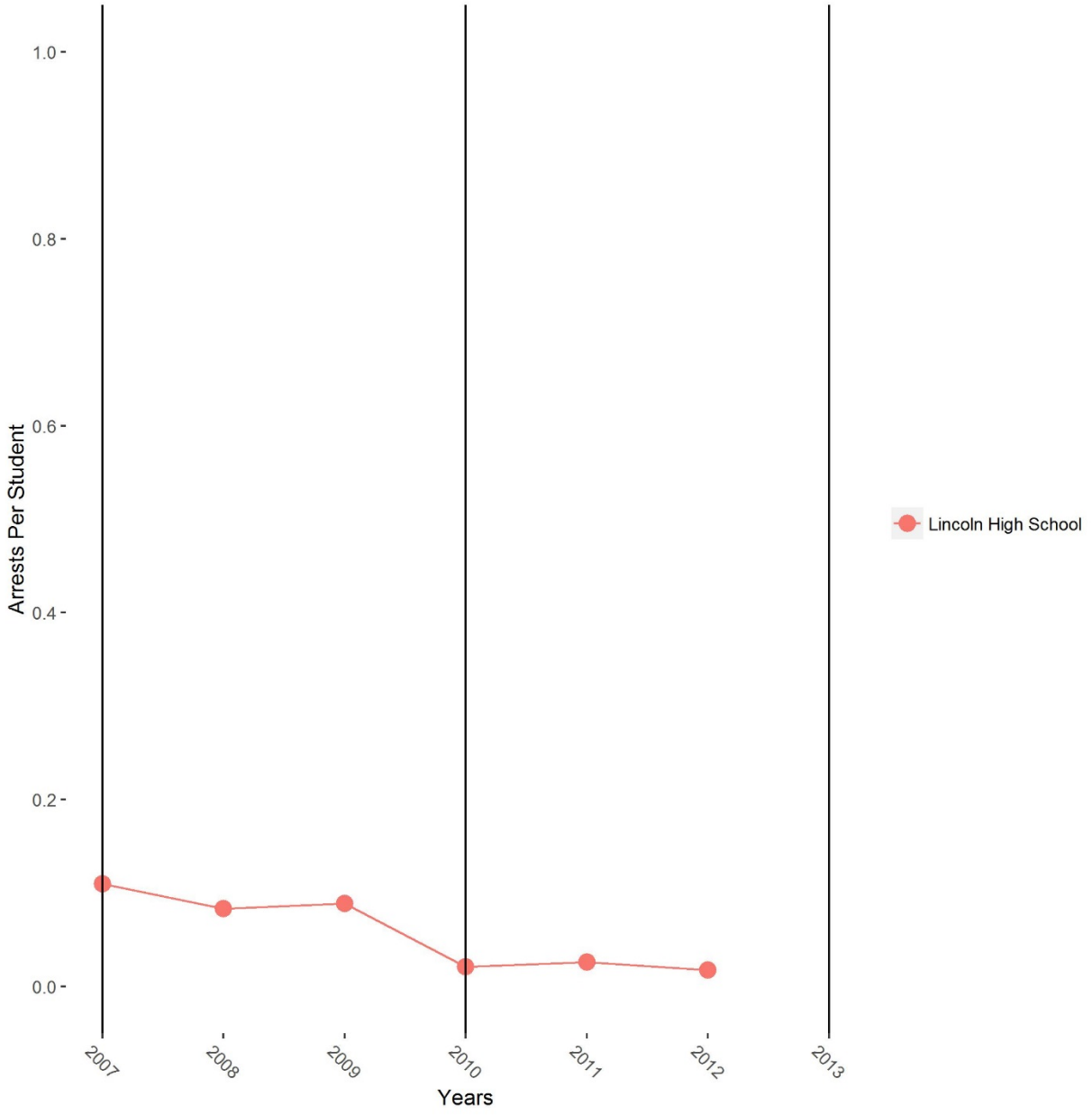
Figure E.44. Emergency expulsions per student in Lincoln High School



Source: Mathematica Policy Research analysis of Lincoln High School self-reported discipline data.

Note: An emergency expulsion is a denial of attendance for no more than 10 days, imposed only while a student poses a continuing danger or continuing risk of substantial disruption. An emergency expulsion must end or be converted to another form of corrective action within that 10 day period. Calculated from number of emergency expulsions divided by enrollment. Years are school years; for example, 2009 represents the 2009–2010 school year. The 2007–2008 school year is the baseline school year. The vertical bar at the 2007–2008 school year marks the beginning of the intervention, the vertical bar at the 2010–2011 school year marks the beginning of the trauma-informed pilot, and the vertical bar at the 2013–2014 school year marks the end of the pilot.

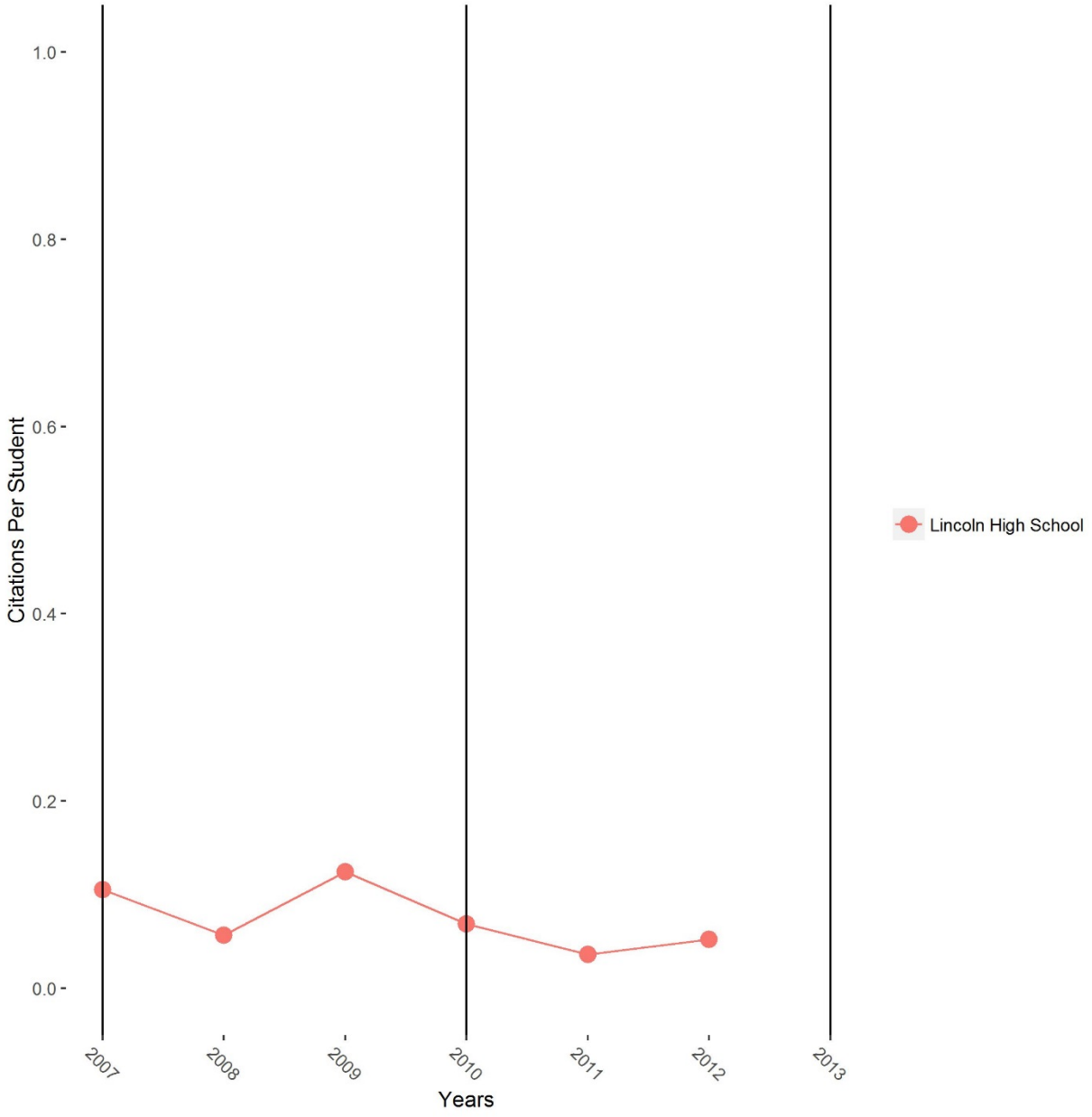
Figure E.45. Arrests per student in Lincoln High School



Source: Mathematica Policy Research analysis of Lincoln High School self-reported discipline data.

Note: Calculated from number of arrests divided by enrollment. Years are school years; for example, 2009 represents the 2009–2010 school year. The 2007–2008 school year is the baseline school year. The vertical bar at the 2007–2008 school year marks the beginning of the intervention, the vertical bar at the 2010–2011 school year marks the beginning of the trauma-informed pilot, and the vertical bar at the 2013–2014 school year marks the end of the pilot.

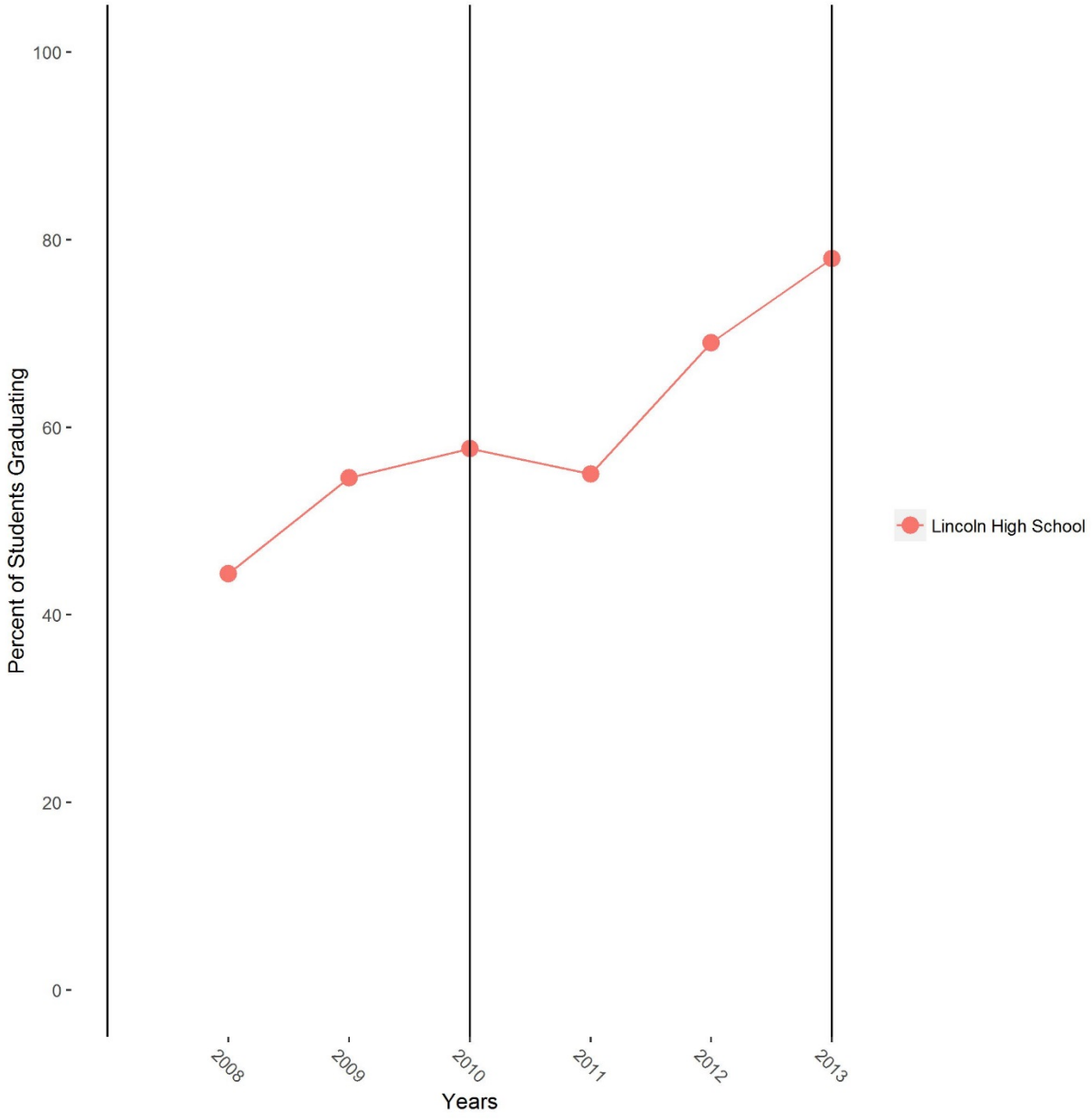
Figure E.46. Police citations per student in Lincoln High School



Source: Mathematica Policy Research analysis of Lincoln High School self-reported discipline data by school year.

Note: Police citations are tickets issued by police for minor offences. Calculated from number of police citations divided by enrollment. Years are school years; for example, 2009 represents the 2009–2010 school year. The 2007–2008 school year is the baseline school year. The vertical bar at the 2007–2008 school year marks the beginning of the intervention, the vertical bar at the 2010–2011 school year marks the beginning of the trauma-informed pilot, and the vertical bar at the 2013–2014 school year marks the end of the pilot.

Figure E.47. Lincoln High School four-year graduation rate



Source: Lincoln High School self-reported graduation rate.

Note: Graduation rates are calculated as the percent of 9th-grade students that graduate in 4 years. Years are school years; for example, 2009 represents the 2009–2010 school year. The 2007–2008 school year is the baseline school year. The vertical bar at the 2007–2008 school year marks the beginning of the intervention, the vertical bar at the 2010–2011 school year marks the beginning of the trauma-informed pilot, and the vertical bar at the 2013–2014 school year marks the end of the pilot.

Table E.1. Changes in Lincoln High School disciplinary indicators

Indicator	2007–2008	2010–2011	2012–2013	Change from 2007 to 2010	Change from 2010 to 2012
Out-of-school suspension days per student	2.98	0.71	0.47	**-2.27*** **	**-0.25*** **
Share of students referred to the office for discipline problems per student	0.85	0.62	0.58	**-0.23*** **	-0.04
Office referrals per student	4.52	1.69	1.40	**-2.82*** **	**-0.29*** **
Emergency expulsions per student	0.06	0.02	0.00	**-0.04***	**-0.02***
Arrests per student	0.11	0.02	0.02	**-0.09*** **	0.00
Police citations per student	0.11	0.07	0.05	-0.04	-0.02

Source: Mathematica Policy Research's analyses of Lincoln High School self-reported discipline data from the 2007–2008 school year through the 2012–2013 school year.

Note: This table presents the results of pre-post analyses. Years are school years; for example, 2009 represents the 2009–2010 school year.

The level of statistical significance is indicated by *p < .10; **p < .05; ***p < .01.

Table E.2. Changes in Lincoln High School graduation rates

Indicator	2008–2009	2010–2011	2013–2014	Change from 2008 to 2010	Change from 2010 to 2013
Graduation rate	44.4	57.7	78.0	**13.30*** **	**20.30*** **

Source: Mathematica Policy Research analyses of Lincoln High School self-reported graduation data.

Note: This table presents the results of the pre-post analysis. Graduation rates are calculated as the percent of 9th-grade students that graduate in 4 years. Years are school years; for example, 2009 represents the 2009–2010 school year. The 2008–2009 school year is the baseline school year.

The level of statistical significance is indicated by *p < .10; **p < .05; ***p < .01.

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