

#17

COMPLETE

[REDACTED]

Page 1: Submissions must be received by 11:59 pm on September 12, 2020.

Q1

Project Lead Contact Information

Application Contact Name [REDACTED]
Lead Applicant Organization or Group **Childs Blessing, LLC**
Email Address [REDACTED]
Phone Number [REDACTED]

Q2

Fiscal Sponsor Contact Information

Fiscal Sponsor: Lead Contact Name **Julirae Gunter Castleton**
Fiscal Sponsor: Organization Name **Childs Blessing, LLC**

Q3

Respondent skipped this question

Please list all the organizations, groups, or tribes in the region who will contribute to developing the project application and will participate in implementing the described project:

Q4

Yes, I understand.

I understand that if I submit a project application, I will be required to submit additional information on behalf of all listed project partners above.

Q5

Project Information

Project Title	Child and Youth Mental Health Resilience Program
Funding Requested	15000.00
Is your project budget scalable? What would happen to your project if you were not awarded the full amount requested?	The development and implementation time would take longer.

Q6

If awarded, this funding would support:

An ongoing project or initiative

Q7

This project is:

New

Q8

Counties served by the Project? (Check all that apply)

Grant

Q9

Select the sectors engaged by this project: (Check all that apply)

**Education,
Mental Health**

Q10

Project Focus Area(s) addressed by this project:

**Addressing Adverse Childhood Experiences (ACEs)
and/or Building Resiliency**

Q11

By selecting your project size, you confirm you understand the Priority Elements requirement above:

Small (\$0 - \$25,000) - No required priority elements

Q12

Please select which of the following Priority Elements your proposed project will demonstrate: (check all that apply)

Project Focus Areas

Q13

Needs Statement: Why is this project necessary? What problem or need do you hope to address with this proposed project?

Young people between 15 and 34 years of age are at the highest risk of suicide, with rural areas having a higher rate of suicide than urban areas. Additionally, males are three times more likely to commit suicide than women. In 2018 Washington State reported 1,297 suicides. These numbers are difficult to hear because even one death due to suicide is too many. As health care providers, parents, teachers, friends, and family the aftermath of suicide is heartbreaking. There is a great need to mitigate the circumstances that lead to suicide and other mental health concerns for our children.

Resilience is one factor that is considered to be a protection from many of the emotional traumas and setbacks an individual experiences throughout their lives. This resilience comes from skills, lessons, and thought patterns we establish throughout our lives. Most often his resilience begins in our early childhood years. Resilience is a basic factor that helps us face and overcome the difficulties we face throughout our lives. It is thought to be a factor that personally strengthens us as we face life. Unfortunately, it does not make our problems go away or solve them. Rather it helps us adjust to these problems and work towards solutions.

Certain characteristics have been identified as signs of resilience, including a non-judgmental mind, mindfulness, emotional regulation, high self-esteem, positive coping strategies, flexibility, strong relationships, and spiritual freedom. Currently, there is no curriculum or program that teaches the skills to build more resilience for our children and adolescents.

Q14

Brief Project Description: Please describe your proposed project, including partner involvement, if any

The project will consist of a curriculum created specifically to address increasing resilience in children starting in kindergarten and progressing through 12th grade. Each year will build on topics introduced earlier as well as include topics specific for that age level. For example, a kindergarten student would be introduced to emotions-what are they and how can they help me understand my world, while an older middle school to early high school student might be introduced to emotional regulation and stress management. A wide variety of topics would be included. The following list is some of the possible topics considered for inclusion.

- Making and keeping friends
- Bullying – what is it, who is it, and am I the bully
- Physical well being in relation to mental health
- Safe relationships – how to know when a relationship is unsafe
- Developing trust and respect
- Long Term mental and emotional health strategies
- Who are the helpers
- Alcohol and Drug use – why and why not
- Decision making – how to make good decisions
- How to ask for help
- What is and isn't normal when it comes to mental health
- Communication – how and whys of developing your skills
- It's okay to express your emotions
- We are all the same but we are all different too
- Peer pressure

Ideally there will be components of this program for students, faculty, and parents. Each would overlap and support the other in an effort to develop emotional resiliency. Each area would span a student grade level.

Q15

Plan for evaluation and measurement: Please briefly describe your plan for evaluating and measuring the success of your project

At the beginning of each year, students would be given a self-questionnaire that measures their current understanding and implementation of the topics to be covered over the course of that year's curriculum. The same questionnaire would be repeated at the end of the year. The first cohorts would be followed throughout their school careers to measure the long-term success of the program. This measurement has not been designed yet but would most likely include the self-questionnaires, as well as some other measurement instrument.

Q16

Grant County CHI

Please select your "first choice" CHI Application Team to review your submitted materials:

Q17

Yes, everything above is correct and accurate to the best of my knowledge.

I certify that all of the submitted information is correct and accurate to the best of my knowledge.

#10

COMPLETE

[Redacted]

Page 1: Submissions must be received by 11:59 pm on September 12, 2020.

Q1

Project Lead Contact Information

Application Contact Name [Redacted]
Lead Applicant Organization or Group **Moses Lake School District**
Email Address [Redacted]
Phone Number [Redacted]

Q2

Respondent skipped this question

Fiscal Sponsor Contact Information

Q3

Please list all the organizations, groups, or tribes in the region who will contribute to developing the project application and will participate in implementing the described project:

Moses Lake School District, Grant County Health District and possibly Samaritan Healthcare and/or Confluence Health

Q4

Yes, I understand.

I understand that if I submit a project application, I will be required to submit additional information on behalf of all listed project partners above.

Q5

Project Information

Project Title **COVID testing for District Staff**
Funding Requested **\$25,000**
Is your project budget scalable? What would happen to your project if you were not awarded the full amount requested? **We would adjust the number of tests available if not awarded the full amount.**

Q6 **An ongoing project or initiative**

If awarded, this funding would support:

Q7 **New**

This project is:

Q8 **Grant**

Counties served by the Project? (Check all that apply)

Q9 **Education,**
Public Health

Select the sectors engaged by this project: (Check all that apply)

Q10 **Employment,**
Education

Project Focus Area(s) addressed by this project:

Q11 **Small (\$0 - \$25,000) - No required priority elements**

By selecting your project size, you confirm you understand the Priority Elements requirement above:

Q12 **Small Project: N/A**

Please select which of the following Priority Elements your proposed project will demonstrate: (check all that apply)

Q13

Needs Statement: Why is this project necessary? What problem or need do you hope to address with this proposed project?

Providing COVID testing for our staff will allow us to minimize and slow the spread of COVID in our community. We have 1000+ employees, serving 8,300 students in the Moses Lake area.

Q14

Brief Project Description: Please describe your proposed project, including partner involvement, if any

We would like to be able to provide COVID testing for our staff (1000+ employees), partnering with the Grant County Health District and/or healthcare clinics to provide the testing.

Q15

Plan for evaluation and measurement: Please briefly describe your plan for evaluating and measuring the success of your project

Ability to provide test within 24 hours of symptoms to minimize potential contact with other staff & students. Get test results back within 72 hours to get staff back to work quickly.

Q16

Grant County CHI

Please select your "first choice" CHI Application Team to review your submitted materials:

Q17

Yes, everything above is correct and accurate to the best of my knowledge.

I certify that all of the submitted information is correct and accurate to the best of my knowledge.

#31

COMPLETE

[REDACTED]

Page 1: Submissions must be received by 11:59 pm on September 12, 2020.

Q1

Project Lead Contact Information

Application Contact Name

[REDACTED]

Lead Applicant Organization or Group

Cancer Care of North Central Washington - Our House

Email Address

[REDACTED]

Phone Number

[REDACTED]

Q2

Respondent skipped this question

Fiscal Sponsor Contact Information

Q3

Please list all the organizations, groups, or tribes in the region who will contribute to developing the project application and will participate in implementing the described project:

Cancer Care of North Central Washington - Our House

Q4

Yes, I understand.

I understand that if I submit a project application, I will be required to submit additional information on behalf of all listed project partners above.

Q5

Project Information

Project Title

Cancer Patients/Financial Assistance, Housing/Other Social Services

Funding Requested

20,000

Is your project budget scalable? What would happen to your project if you were not awarded the full amount requested?

Result would be reduced capacity in assisting cancer patients with housing, financial stressors of travel to treatments, prescription costs, and other supportive rehabilitative needs in general.

Q6

An ongoing project or initiative

If awarded, this funding would support:

Q7

Enhancing or expanding an existing project or set of projects

This project is:

Q8

Counties served by the Project? (Check all that apply)

**Chelan,
Douglas,
Grant,
Okanogan**

Q9

Select the sectors engaged by this project: (Check all that apply)

**Housing,
Social Services**

Q10

Project Focus Area(s) addressed by this project:

**Housing / Homelessness,
Social Service(s) Coordination**

Q11

By selecting your project size, you confirm you understand the Priority Elements requirement above:

Small (\$0 - \$25,000) - No required priority elements

Q12

Please select which of the following Priority Elements your proposed project will demonstrate: (check all that apply)

**Counties Served,
Partnering Organizations**

Q13

Needs Statement: Why is this project necessary? What problem or need do you hope to address with this proposed project?

Increased patient needs, especially during this Covid-19 pandemic and our response to it; higher costs projected; and fulfilling the mission to serve even more patients with housing (including Our House which has operated for over 25 years), more financial support for stressors such as prescription costs, and supporting rehabilitative needs.

Q14

Brief Project Description: Please describe your proposed project, including partner involvement, if any

Through this Social Services project, cancer patients will be provided various types of assistance, financial, housing (including at Our House, a very unique "home away from home" for cancer patients receiving treatment here in the Wenatchee Valley). With our partners at Radiation-Oncology at Confluence Health, including Social Workers, we work closely together to address patient needs, placement, and further support based on their professional recommendations.

Q15

Plan for evaluation and measurement: Please briefly describe your plan for evaluating and measuring the success of your project

Provided in a very detailed manner will be the number of patients served, services provided, and clear reporting of funds spent.

Q16

Chelan-Douglas CHI

Please select your "first choice" CHI Application Team to review your submitted materials:

Q17

I certify that all of the submitted information is correct and accurate to the best of my knowledge.

Yes, everything above is correct and accurate to the best of my knowledge.

#15

COMPLETE

[Redacted]

Page 1: Submissions must be received by 11:59 pm on September 12, 2020.

Q1

Project Lead Contact Information

Application Contact Name [Redacted]
Lead Applicant Organization or Group **Link Transit**
Email Address [Redacted]
Phone Number [Redacted]

Q2

Respondent skipped this question

Fiscal Sponsor Contact Information

Q3

Please list all the organizations, groups, or tribes in the region who will contribute to developing the project application and will participate in implementing the described project:

Link Transit Mobility Services, NCW Mobility Council, People for People (Grant County), CWU Central Access, WA State Dept. of Services for the Blind, Wenatchee School District, Chelan/Douglas Dept. of Developmental Disabilities. (Pending, Lilac Services for the Blind)

Q4

Yes, I understand.

I understand that if I submit a project application, I will be required to submit additional information on behalf of all listed project partners above.

Q5

Project Information

Project Title

"Hands On" - Visual Impairment Train the Trainer

Funding Requested

\$6000.00

Is your project budget scalable? What would happen to your project if you were not awarded the full amount requested?

The project could be scalable, but not applicable until all equipment is aquired. If not funded the project would be dropped until other funding could be secured.

Q6

If awarded, this funding would support:

A one-time investment (e.g. acquiring a resource or hosting an event)

Q7

This project is:

New

Q8

Counties served by the Project? (Check all that apply)

**Chelan,
Douglas,
Grant**

Q9

Select the sectors engaged by this project: (Check all that apply)

**Education,
Social Services,
Transportation**

Q10

Project Focus Area(s) addressed by this project:

Addressing Adverse Childhood Experiences (ACEs) and/or Building Resiliency
,
Child Care and Services for Youth,
Transportation,
Education

Q11

By selecting your project size, you confirm you understand the Priority Elements requirement above:

Small (\$0 - \$25,000) - No required priority elements

Q12

Please select which of the following Priority Elements your proposed project will demonstrate: (check all that apply)

Counties Served,
Partnering Organizations,
Project Focus Areas,
Small Project: N/A

Q13

Needs Statement: Why is this project necessary? What problem or need do you hope to address with this proposed project?

This problem arose when Link Transit staff were trying to provide a visually impaired high school Transit Ambassador with the tools to help her teach the public about public transit (Transit Ambassadors provide outreach education regarding public transit in turn for community service credits). We did not have the tools or the education to assist her, nor did we have the funding to purchase a Braille and tactile map of our service area. We hope to address this growing need by using these tools to provide education to those who are sighted and assist persons with visual impairment during public transportation training. The benefit to this particular set of tools is that they can be used by visually impaired individuals to share public transportation information with sighted individuals and vice versa. We currently rely on rudimentary impairment simulations to help sighted individuals understand the look and feel to a variety of visual impairments. We feel professionally constructed Braille and tactile maps and simulation goggles will help us create a better educational environment. Current funding is not available for this project.

Q14

Brief Project Description: Please describe your proposed project, including partner involvement, if any

If granted funds, we will be creating a "Train the Trainer" workshop for persons who are sighted and tasked with working with people who have visual disabilities. The tools used in this workshop can conversely be used by persons with visual impairments to assist those who are sighted or visually challenged in understanding public transportation. We have been working with the State Department of Services for the Blind and Central WA University, Central ACCESS services to help with designing this program. Other partners include People for People, Lilac for the Blind (pending), and the Wenatchee School District. The tools we hope to purchase are transit maps that are Braille and textured and simulation goggles designed by a person who is visually impaired. Workshop trainees include service providers and transit providers initially in Chelan and Douglas counties followed by Grant county (People for People Mobility Management/Grant Transit). Other counties will be able to duplicate the program.

Q15

Plan for evaluation and measurement: Please briefly describe your plan for evaluating and measuring the success of your project

We will provide the workshop initially starting with our Chelan-Douglas partners. We will then offer to other transit entities and educators in Grant and Okanogan counties as well as across the State who provide Travel Training programs or community education (such as Special Education program). We will request statistics on the number of persons trained from those that use the workshop, and the number of successful trainees. All participants will be asked to fill out a performance survey following each workshop. Trainees will also be asked to complete a short questionnaire to include an email address for follow up.

Q16

Chelan-Douglas CHI

Please select your "first choice" CHI Application Team to review your submitted materials:

Q17

I certify that all of the submitted information is correct and accurate to the best of my knowledge.

Yes, everything above is correct and accurate to the best of my knowledge.

#37

COMPLETE

[REDACTED]

Page 1: Submissions must be received by 11:59 pm on September 12, 2020.

Q1

Project Lead Contact Information

Application Contact Name [REDACTED]
Lead Applicant Organization or Group NCESD
Email Address [REDACTED]
Phone Number [REDACTED]

Q2

Respondent skipped this question

Fiscal Sponsor Contact Information

Q3

Please list all the organizations, groups, or tribes in the region who will contribute to developing the project application and will participate in implementing the described project:

- North Central Educational Service District School Nurse Corps
- OSPI BEST Program (Office of Superintendent of Public Instruction Beginning Education Support Team)
- OSPI School Health Services
- SNOW (School Nurse Organization of Washington)
- Seattle Public Schools School Nurse Team
- North Central Washington School Nurses

Q4

Yes, I understand.

I understand that if I submit a project application, I will be required to submit additional information on behalf of all listed project partners above.

Q5

Project Information

Project Title	School Nurse Mentorship Program
Funding Requested	\$25,000.00
Is your project budget scalable? What would happen to your project if you were not awarded the full amount requested?	Yes. The project scope could be reduced.

Q6

If awarded, this funding would support:

An ongoing project or initiative

Q7

This project is:

New

Q8

Counties served by the Project? (Check all that apply)

**Chelan,
Douglas,
Grant,
Okanogan**

Q9

Select the sectors engaged by this project: (Check all that apply)

Education,
Other (please specify):
Pre K - 12 School Health Services

Q10

Project Focus Area(s) addressed by this project:

**Education,
Health Equity / Social Justice,**
Other (please specify):
Pre K - 12 School Health Services

Q11

By selecting your project size, you confirm you understand the Priority Elements requirement above:

Small (\$0 - \$25,000) - No required priority elements

Q12

Please select which of the following Priority Elements your proposed project will demonstrate: (check all that apply)

Small Project: N/A

Q13

Needs Statement: Why is this project necessary? What problem or need do you hope to address with this proposed project?

Each year, registered nurses across Washington state transition into vacant school nurse positions. They find themselves in an unfamiliar environment with little applicable experience, while serving as the only licensed healthcare provider and medical decision maker in the school district. Often in remote locations, as in many North Central Washington (NCW) school districts, school nurses have limited, ready access to a knowledgeable and skilled school nurse mentor to support clinical decision-making guidance, knowledge and skill development, and professional growth. Other nursing specialties have benefited from nurse mentorship programs for many years, but Washington State lacks a state-wide, evidence-based mentorship framework and program designed to assist the new, inexperienced school nurse. While the state does not have a mentorship program, it does address mentor requirements for school nurses (RCW 28A.415.265, WAC 181.79A.231). School nurses with an Associate's degree who require or seek conditional educational staff associate (ESA) certification for employment are required to have an assigned mentor.

Q14

Brief Project Description: Please describe your proposed project, including partner involvement, if any

The goal of this project is to develop a school nurse mentorship program that would be applicable to NCW school nurses and the Office of Superintendent of Public Instruction (OSPI), based on the OSPI BEST (Beginning Education Support Team) program, a mentorship program for new teachers. The BEST program was adapted for school nursing in 2016 -17 by a Seattle Public Schools (SPS) nursing team, but the adapted program is not in use beyond SPS. In exploring mentorship programs for NCW nurses, OSPI suggested the use of BEST with modifications, but was unable to offer funding support for a project. In addition to BEST, the project will explore other school nurse mentorship programs in other U.S. states.

The project components include a collection of baseline data, plan development, implementation and evaluation. The data collection process will include examination of the OSPI BEST program and Seattle Public Schools BEST adaptation, as well as Illinois Association of School Nurses and Delaware Department of Education mentor programs, a literature review of school nurse mentorship research, and surveys of the SPS BEST developers, new school nurses, and school district administrators to identify mentee and mentor needs.

Planning components include program framework development and curriculum and tools adaptation and design, including BEST program modifications (target audience, curriculum, support materials) for mentor development specific to the school nurse role. Implementation will include mentor recruitment, training, mentor assignments in NCESD service counties (Chelan, Douglas, Grant and Okanogan) based on identified school nurse needs, and continuation of mentor development opportunities and networking.

This project will collaborate with partners at the local and state levels, including OSPI BEST and NCESD BEST program teams, Seattle Public Schools school nurse administrators, School Nurse Organization of Washington (SNOW), OSPI School Health Services, and North Central Washington school nurses.

Q15

Plan for evaluation and measurement: Please briefly describe your plan for evaluating and measuring the success of your project

Measurements of success will include recruitment and preparation of 4 to 5 experienced school nurses as mentors, mentee assignment follow-through, and evidence of growing mentee independence and safe decision-making. Data will be collected from program mentors and mentees on satisfaction, retention, relationships, and decision making, and from school district staff and administrators. Other success measurements include: program replication in other regions, program adoption by OSPI, including annual funding, mentor training and development, and program support.

Q16

Chelan-Douglas CHI

Please select your "first choice" CHI Application Team to review your submitted materials:

Q17

Yes, everything above is correct and accurate to the best of my knowledge.

I certify that all of the submitted information is correct and accurate to the best of my knowledge.

#33

COMPLETE

[REDACTED]

Page 1: Submissions must be received by 11:59 pm on September 12, 2020.

Q1

Project Lead Contact Information

Application Contact Name

[REDACTED]

Lead Applicant Organization or Group

Planned Parenthood of Greater Washington and North Idaho

Email Address

[REDACTED]

Phone Number

[REDACTED]

Q2

Respondent skipped this question

Fiscal Sponsor Contact Information

Q3

Please list all the organizations, groups, or tribes in the region who will contribute to developing the project application and will participate in implementing the described project:

Planned Parenthood of Greater Washington and North Idaho.

Q4

Yes, I understand.

I understand that if I submit a project application, I will be required to submit additional information on behalf of all listed project partners above.

Q5

Project Information

Project Title

Integration of Behavioral Health Care for Patients at our Wenatchee and Moses Lake Health Centers

Funding Requested

\$75,000

Is your project budget scalable? What would happen to your project if you were not awarded the full amount requested?

This project is scalable. A reduced award would result in a longer timeframe for the full integration of behavioral health services into the two Health Centers with reduced service to patients.

Q6

If awarded, this funding would support:

An ongoing project or initiative

Q7

This project is:

New

Q8

Counties served by the Project? (Check all that apply)

**Chelan,
Douglas,
Grant,
Okanogan**

Q9

Select the sectors engaged by this project: (Check all that apply)

**Mental Health,
Substance Use Disorder**

Q10

Project Focus Area(s) addressed by this project:

**Behavioral Health, including Substance Use Disorder,
Reproductive and Pre/Neo-Natal support,
Suicide Prevention,
Health Equity / Social Justice**

Q11

By selecting your project size, you confirm you understand the Priority Elements requirement above:

Medium (\$25,001 - \$75,000) - Two priority elements required

Q12

Please select which of the following Priority Elements your proposed project will demonstrate: (check all that apply)

**Counties Served,
Project Focus Areas**

Q13

Needs Statement: Why is this project necessary? What problem or need do you hope to address with this proposed project?

Planned Parenthood of Greater Washington and North Idaho (PPGWNI) operates Health Centers in Wenatchee (primarily serving Chelan and Douglas Counties but also drawing patients from as far as Okanogan County) and Moses Lake (serving Grant County). These Health Centers fill a significant gap in this medically underserved four-county area. While many of our patients are eligible for Medicaid, the dearth of providers that accept Medicaid in our region—a particular issue among behavioral health providers—makes finding and accessing services difficult for many people. PPGWNI serves vulnerable and marginalized populations that are deeply impacted by a range of social determinant of health factors including housing, employment, and income instability among others. Many of our patients tell us we are their only source of health care.

In 2019, PPGWNI's Wenatchee and Moses Lake Health Centers saw 1,523 and 433 patients respectively at a total of 2,834 visits. These clinics overwhelmingly serve women and young adults, populations disproportionately impacted by many mental health conditions. Last year, at these two clinics, women accounted for 83% of patients of whom 80% were between the ages of 18 and 34. The income of virtually all of our patients falls below 200% of the federal poverty level (FPL).

The Chelan-Douglas Health District 2016 Community Health Needs Assessment identified access to mental health care as its number one priority. The report notes that challenges around access to, and utilization of, mental and behavioral health services are a result of a lack of providers, difficulties with transportation, and barriers resulting from social stigma associated with care. These pre-existing challenges have now been exacerbated by the pandemic, with mental health issues soaring across our patient base.

Integrating behavioral health screening and counseling services via telehealth into PPGWNI's Health Center services would be a major step toward closing the gap in whole-person health and advancing health equity across the four-county region. As a trusted provider of family planning and sexual and reproductive health services for thousands of people and often the sole source healthcare where people are already coming for services, PPGWNI is ideally positioned to overcome the barriers to behavioral health care. However, these two Health Centers currently have no behavioral health specialist staff, established protocols and systems, or formalized community partnerships. The only behavioral health screening PPGWNI is now conducting is the PHQ-2/9 for depression for those patients coming for annual exams (cervical and breast cancer screening) or gender affirming services. With no onsite capacity for behavioral health treatment services, those patients that score 15 or higher on the assessment tool are referred for services in the community. This leaves substantial gaps. Systems are not in place to screen all of our patients; current screening is limited to depression; the lack of behavioral health services creates time lags to treatment and transportation issues; and there is currently no system of or capacity for coordination of care, warm-handoffs to referral treatment partners, or follow-up to ensure patients are accessing the services they need.

Q14

Brief Project Description: Please describe your proposed project, including partner involvement, if any

Through this project PPGWNI will leverage our Health Centers' infrastructure and staff, telehealth capacity, and relationships with vulnerable and marginalized populations to integrate behavioral health into our existing services. Specifically, with NC-ACH seed funding, this project will:

- Establish internal protocols and train direct service staff in the use at all PPGWNI patient visits of the Patient Health Questionnaire (PHQ)-2 and PHQ-9 to identify depression and the Screening, Brief Intervention, and Referral to Treatment (SBIRT) model for substance abuse issues;
- Develop formal referral partnerships with behavioral health and other social determinant of health organizations such as housing, transportation, and healthy lifestyle entities to support whole-person care in both the Wenatchee and Moses Lake communities;
- Launch behavioral health services (mental health counseling and medication management) and/or warm hand-off referrals based on assessment scores and type and intensity of services needed;
- Integrate the process of developing bio-psychosocial treatment plans for patients reaching threshold levels on assessment tools;
- Coordinate treatment with other providers for patients needing more intensive behavioral health care services;
- Launch the tracking of patient care and follow-up to ensure symptom alleviation and/or need for adjustment in services; and
- Train all Wenatchee and Moses Lake Health Center staff on new protocols and recognizing social determinant of health and behavioral health (mental health and substance use issue) indicators.

To implement this project PPGWNI will hire a full-time licensed mental health provider. The mental health provider will primarily provide services via telehealth but can travel to the region when patient demand increases.

Q15

Plan for evaluation and measurement: Please briefly describe your plan for evaluating and measuring the success of your project

The primary goal of this project is to better achieve whole-person health through the integration of an effective system of behavioral health screening, treatment, referral, and follow-up services for all patients at our Wenatchee and Moses Lake Health Centers. Success for the project will be measured and evaluated based upon the following objectives:

- Protocols are in-place and operating for the behavioral health screening, treatment, referral, and follow-up for all PPGWNI Wenatchee and Moses Lake Health Center patients;
- 80% of patients meeting identified threshold scores on PHQ-9 and SBIRT assessment tools have bio-psychosocial treatment plans in place;
- Behavioral health services (mental health counseling and medication management) are taking place at PPGWNI Health Centers for patients with mild to moderate depression;
- Formal agreements with at least one provider of therapeutic services for depression and other mental health conditions and at least one provider of substance use disorder treatment are in place in both Wenatchee and Moses Lake;
- Patients with complex behavioral health needs are receiving warm hand-off referrals to PPGWNI's behavioral health care service partners; and
- PPGWNI's behavioral health specialist is coordinating services with referral partners and tracking patient progress.

Q16

Chelan-Douglas CHI

Please select your "first choice" CHI Application Team to review your submitted materials:

Q17

I certify that all of the submitted information is correct and accurate to the best of my knowledge.

Yes, everything above is correct and accurate to the best of my knowledge.

#23

COMPLETE

[REDACTED]

Page 1: Submissions must be received by 11:59 pm on September 12, 2020.

Q1

Project Lead Contact Information

Application Contact Name	[REDACTED]
Lead Applicant Organization or Group	Wenatchee Valley Dispute Resolution Center
Email Address	[REDACTED]
Phone Number	[REDACTED]

Q2

Respondent skipped this question

Fiscal Sponsor Contact Information

Q3

Please list all the organizations, groups, or tribes in the region who will contribute to developing the project application and will participate in implementing the described project:

Columbia Basic Dispute Resolution Center (Grant County)
Okanogan County Dispute Resolution Center

Q4

Yes, I understand.

I understand that if I submit a project application, I will be required to submit additional information on behalf of all listed project partners above.

Q5

Project Information

Project Title	Diverse Mediators for Diverse Community
Funding Requested	\$8,600
Is your project budget scalable? What would happen to your project if you were not awarded the full amount requested?	Yes. If funding were less than full amount requested, WVDRC would offer less scholarships and scale back marketing efforts.

Q6 **An ongoing project or initiative**

If awarded, this funding would support:

Q7 **New**

This project is:

Q8 **Chelan,**
Douglas,
Grant,
Okanogan

Counties served by the Project? (Check all that apply)

Q9 **Education,**
Employment,
Housing,
Law Enforcement / Justice,
Mental Health,
Public Health,
Social Services

Select the sectors engaged by this project: (Check all that apply)

Q10 **Addressing Adverse Childhood Experiences (ACEs)**
and/or Building Resiliency
,
Education,
Health Equity / Social Justice

Project Focus Area(s) addressed by this project:

Q11 **Small (\$0 - \$25,000) - No required priority elements**

By selecting your project size, you confirm you understand the Priority Elements requirement above:

Q12 **Counties Served,**
Project Focus Areas

Please select which of the following Priority Elements your proposed project will demonstrate: (check all that apply)

Q13

Needs Statement: Why is this project necessary? What problem or need do you hope to address with this proposed project?

The Wenatchee Valley Dispute Resolution Center's mission is to change relationships through peaceful conflict resolution. WVDRC is a nonprofit organization committed to providing mediation services, education, and outreach to support proactive and productive conflict resolution. Mediators are trained to work in difficult situations where individuals may be dealing with trauma and stress as a result of housing/food insecurity, family conflict, workplace disputes, school-related issues, and more. The mediation process is designed to empower individuals to create collaborative and comprehensive solutions and provides an opportunity for resiliency for individuals or underserved communities.

WVDRC, Okanogan County Dispute Resolution Center (OKCODRC), and Columbia Basin Dispute Resolution Center (CBDRC) have gaps in the size and diversity of their respective mediation teams that can respond to the cultural and language needs of our Latino community. For example, only 10% of WVDRC's mediators are Latino and/or bi-lingual which is not representative of the 28-32% Latino population in Chelan and Douglas counties. The Latino population may not be utilizing mediation services because of various barriers including the fact that many of our mediators are not Latino or bi-lingual.

Basic Mediation Training, Family Mediation Training, and the mediation practicum requires an individual investment of \$500-\$700. These trainings are requirements for becoming a volunteer mediator with a Dispute Resolution Center. The cost of the training may present a barrier to individuals interested in serving their community as a mediator.

Q14

Brief Project Description: Please describe your proposed project, including partner involvement, if any

The project would include listening sessions and outreach in the Latino community to identifying barriers and offer opportunities to encourage and support individuals in serving as mediators.

The project budget would provide funding for

- outreach and marketing specific to the Latino community;
- staff time for data recording and record keeping; and
- sliding scale or full scholarships for Basic and Family Mediation Training. Prospective volunteers for OKCODRC and CBDRC would be able to access the scholarship opportunity to participate in a WVDRC training. Basic Mediation Training is offered twice per year. Family Mediation Training is offered a minimum of once per year. Mediation practicum is ongoing.

Please note that the focus of this project is the Latino population because this is a statistically notable missing segment from current mediation teams. However, other minority populations are underrepresented in mediation team diversity and would be welcomed.

Q15

Plan for evaluation and measurement: Please briefly describe your plan for evaluating and measuring the success of your project

In order to evaluate the success and measure the impact of this project, steps will be taken to record data, feedback, and participation.

Notes from listening sessions and outreach meetings will be taken, recorded, and analyzed.

Outreach events and marketing activities will be tracked and data collected on participation and engagement.

Scholarship requests and awards for and participation in Basic Mediation Training will be recorded.

Feedback on the Basic Mediation Training course and practicum program by the participant will be requested and recorded.

Indicators of Program Success:

- Insightful data collected from listening session and outreach meetings
- Effective outreach and marketing strategies identified for underrepresented communities
- Participation in subsidized Mediation Training program
- Positive feedback for Mediation Training
- Increase in the number of underrepresented participants in the Mediation Training and mediator certification practicum

Q16

Chelan-Douglas CHI

Please select your "first choice" CHI Application Team to review your submitted materials:

Q17

Yes, everything above is correct and accurate to the best of my knowledge.

I certify that all of the submitted information is correct and accurate to the best of my knowledge.

#27

COMPLETE

[REDACTED]

Page 1: Submissions must be received by 11:59 pm on September 12, 2020.

Q1

Project Lead Contact Information

Application Contact Name [REDACTED]
Lead Applicant Organization or Group **Wenatchee Valley Dispute Resolution Center**
Email Address [REDACTED]
Phone Number [REDACTED]

Q2

Respondent skipped this question

Fiscal Sponsor Contact Information

Q3

Please list all the organizations, groups, or tribes in the region who will contribute to developing the project application and will participate in implementing the described project:

Kitsap County DRC & Resolution Washington
potentially Our Valley, Our Future; Wenatchee Valley College Office of Diversity, Equity, & Inclusion; Community Foundation of NCW;
Chelan County Juvenile Court; Wenatchee Valley YMCA; City agencies

Q4

Yes, I understand.

I understand that if I submit a project application, I will be required to submit additional information on behalf of all listed project partners above.

Q5

Project Information

Project Title	Restorative Circles for North Central Washington
Funding Requested	\$6,500
Is your project budget scalable? What would happen to your project if you were not awarded the full amount requested?	Yes. If funding were less than full amount requested, WVDRC would limit expansion and marketing to Chelan and Douglas counties only.

Q6

If awarded, this funding would support:

An ongoing project or initiative

Q7

This project is:

New

Q8

Counties served by the Project? (Check all that apply)

**Chelan,
Douglas,
Grant,
Okanogan**

Q9

Select the sectors engaged by this project: (Check all that apply)

**Education,
Employment,
Housing,
Law Enforcement / Justice,
Mental Health,
Public Health,
Social Services**

Q10

Project Focus Area(s) addressed by this project:

Addressing Adverse Childhood Experiences (ACEs) and/or Building Resiliency
,
**Education,
Health Equity / Social Justice**

Q11

By selecting your project size, you confirm you understand the Priority Elements requirement above:

Small (\$0 - \$25,000) - No required priority elements

Q12

Please select which of the following Priority Elements your proposed project will demonstrate: (check all that apply)

Counties Served,
Partnering Organizations,
Project Focus Areas

Q13

Needs Statement: Why is this project necessary? What problem or need do you hope to address with this proposed project?

The Wenatchee Valley Dispute Resolution Center’s mission is to change relationships through peaceful conflict resolution. WVDRC is nonprofit organization committed to providing mediation services, education, and outreach to support proactive and productive conflict resolution. Restorative Circles are another option for conflict resolution and are effective in community building, inclusion of diverse voices, conflict resolution, and restorative justice. While other Dispute Resolution Centers in our state and nation offer Restorative Circles, WVDRC does not currently have a program that could benefit our community. An opportunity exists to diversify and provide alternative ways to support community conflict resolution needs that are relevant and culturally appropriate. In addition, WVDRC Circle Keepers could help our community be proactive in exploring diversity, equity, and inclusion issues as we collaborate to examine the systems and structures that define our political, governing, and education culture.

Q14

Brief Project Description: Please describe your proposed project, including partner involvement, if any

WVDRC is well positioned to provide Circle Keeping services with staff and volunteers trained in the art of mediation, listening, and restorative practices. Grant funds would provide our team training in the facilitation of Restorative Circles and funds to develop a service program model for our region. By training select staff/volunteers, WVDRC would be positioned to continue training more WVDRC staff/volunteers. Furthermore, there is the potential to train staff and volunteers in other agencies and organizations to benefit a broader segment of the community.

The project start-up plan would include:

- WVDRC staff/volunteers completing Restorative Circle training offered by various organizations,
- WVDRC staff developing process and procedures for offering Restorative Circles as a service of WVDRC,
- Ongoing training program for staff/volunteers in Circle Keeping establishing and offering initial training during grant period,
- Marketing Restorative Circles service via local media, printed materials, existing networks, and partnerships with agencies and organizations,
- WVDRC working on partnering with local groups, agencies, and organizations and scheduling Restorative Circle sessions. Four initial sessions would be paid for through grant funds.

Q15

Plan for evaluation and measurement: Please briefly describe your plan for evaluating and measuring the success of your project

Data collection, feedback forms/notes, and recording keeping would be used to reach these expected deliverables:

- Five staff/volunteers receive training in becoming Circle Keepers.
- Process, procedures, and marketing plan developed and implemented for offering Restorative Circles services.
- Trained staff mobilized to provide Restorative Circles for groups, agencies, and organizations.
- Trained staff mobilized to continue training additional staff/volunteers in Circle Keeping.
- Marketing plan for media outreach and materials implemented.
- A minimum of four Restorative Circle sessions planned at no cost for an agency or community organization during the year of grant funding.

Q16

Chelan-Douglas CHI

Please select your "first choice" CHI Application Team to review your submitted materials:

Q17

Yes, everything above is correct and accurate to the best of my knowledge.

I certify that all of the submitted information is correct and accurate to the best of my knowledge.

#40

COMPLETE

[REDACTED]

Page 1: Submissions must be received by 11:59 pm on September 12, 2020.

Q1

Project Lead Contact Information

Application Contact Name [REDACTED]
Lead Applicant Organization or Group **Family Services of Grant County**
Email Address [REDACTED]
Phone Number [REDACTED]

Q2

Fiscal Sponsor Contact Information

Fiscal Sponsor: Lead Contact Name **N/A**

Q3

Please list all the organizations, groups, or tribes in the region who will contribute to developing the project application and will participate in implementing the described project:

FSGC, Children's Learning Center, of Ephrata, Moses Lake Resiliency, Okanogan County Child Development (OCCDA), and Ephrata Tiger Preschool (ECEAP)

Q4

Yes, I understand.

I understand that if I submit a project application, I will be required to submit additional information on behalf of all listed project partners above.

Q5

Project Information

Project Title

Resilience for Children

Funding Requested

\$24,000

Is your project budget scalable? What would happen to your project if you were not awarded the full amount requested?

Yes, the project is scalable, assuming that the educational opportunity is provided on a per center cost basis and would serve fewer or more centers, depending on the award.

Q6

If awarded, this funding would support:

A one-time investment (e.g. acquiring a resource or hosting an event)

Q7

This project is:

Enhancing or expanding an existing project or set of projects

Q8

Counties served by the Project? (Check all that apply)

**Grant,
Okanogan**

Q9

Select the sectors engaged by this project: (Check all that apply)

**Education,
Mental Health,
Private Sector,
Other (please specify):
Child Care**

Q10

Project Focus Area(s) addressed by this project:

**Addressing Adverse Childhood Experiences (ACEs) and/or Building Resiliency
,
Behavioral Health, including Substance Use Disorder,
Education**

Q11

By selecting your project size, you confirm you understand the Priority Elements requirement above:

Small (\$0 - \$25,000) - No required priority elements

Q12

Please select which of the following Priority Elements your proposed project will demonstrate: (check all that apply)

**Partnering Organizations,
Project Focus Areas**

Q13

Needs Statement: Why is this project necessary? What problem or need do you hope to address with this proposed project?

Family Services of Grant County's goal is to enhance the resilience of children in central Washington State. In the next five years we will increase the resilience of every enrolled Head Start child along with their parents, our employees and our community. We are collaborating with Moses Lake Resiliency, Children's Learning Center of Ephrata, Ephrata Tiger Preschool (ECEAP), and Okanogan County Development Association (OCCDA), seeking funding to share Conscious Discipline's (CD©) evidence based, trauma informed approach to social-emotional learning with twenty-two educational organizations, childcare centers, and or preschool centers throughout Grant and Okanogan Counties.

In central Washington there are many children and families in need of resilience to face adversity. These families are at risk due to poverty, language barriers, low educational levels, teen pregnancy, and increasing levels of violence. Childcare and other less fortunate early childhood programs cannot afford the cost of an excellent program like CD©. Schools and ECEAP programs have funding and time limitations, competing demands or a lack of knowledge or commitment to invest in this comprehensive social-emotional learning approach. Our collaborative group believes that mindful social-emotional education is increasingly important, and we are seeking a mechanism to share it with the communities of Moses Lake, Soap Lake, Ephrata, Omak, Okanogan, and Grand Coulee.

For the past three years, FSGC has been combating ACEs by offering our employees Conscious Discipline (CD©) training. This training is recognized by the Substance Abuse and Mental Health Administration's (SAMHSA's) National Registry of Evidence-based Programs and Practices (NREPP). We have done this because FSGC prioritizes work with families who live in poverty and children who have experienced adversity. These Adverse Childhood Experiences (ACEs) include physical, sexual and emotional abuse, parental absence or lack of attention, and physical or emotional neglect (i.e., from substance abuse, incarceration, divorce, mental illness and/or domestic violence). Studies reveal that ACEs have a direct effect on a child's future poor health (resulting in cancer, heart disease, COPD, diabetes, depression as well as unhealthy social behaviors). Adult stressors affect children, and in our current world, threats or perceived threats to our physical health and safety are creating a social context ripe with toxic stress (i.e., COVID-19, wild fire, hazardous air quality, increasing levels of violence, discrimination and/or social/political unrest). This context is not only physically dangerous for children, but emotionally, because the worst thing for any child is an out of control adult. Worse yet, the impact of trauma can be generational, passed down from the traumatized adult to their child epigenetically (through the modification of gene expression as a result of environmental impacts).

Resilience theory and trauma informed practice research demonstrates that it takes only one invested, caring adult to help a child bounce back from adversity and CD© promotes the premise that "relationship is the cradle for all learning". The Common Core Standards acknowledge the critical importance of emphasizing social and emotional development in the early grades, however, educational institutions have varied approaches to operationalizing this construct. The Conscious Discipline (CD©) approach to early childhood classrooms conceptualizes social-emotional learning utilizing a set of five interrelated comprehensive skills. These include self-awareness, self-management, social awareness, relationship skills, and responsible decision making, competencies identified by the Collaborative for Academic, Social, and Emotional Learning CASEL (2003). These methods engage both children and adults in using our executive function and mindful methods for stress reduction and problem solving (see <https://consciousdiscipline.com/conscious-discipline-certified-by-samhsas-national-registry-of-evidence-based-programs-and-practices/> for more information).

FSGC's experience with CD© has been excellent. It has supported many a preschool teacher who did not know what to do for a child with outrageous behaviors. Once we learned how to meet the underlying behavioral needs, our classrooms became beehives for learning. CD© is not just a preschool approach to education. It is a social-emotional learning program useful for any educator that utilizes a process of self-reflection and self-awareness to enhance social-emotional competency. These competencies use core values and skills to improve relationships, problem solve and find organizational solutions setting a healthy, positive context for educational growth.

Q14

Brief Project Description: Please describe your proposed project, including partner involvement, if any

FSGC will partner with the coalition for Moses Lake Resilience, Children's Learning Center of Ephrata, and Ephrata Tiger Preschool (ECEAP), OCCDA and others to develop a project for bringing Conscious Discipline to childcare centers and family homes, ECEAP programs, migrant/seasonal programs and schools in central Washington. FSGC will function as administrator for the funds. We propose to use grant funding to offer CD© comprehensive training, whether by livestream or in-person, to childcare and less fortunate programs that would not be able to sustain the cost otherwise. This will be a one-time commitment for the year 2021. Childcare programs will be prioritized for subsidies to support the cost of registration and materials. The cost of the original 10 Session E-Course, Building Resilient Schools and Homes is \$779 per site license for 75 participants or less (larger site licenses increase this cost). This award-winning course guides teachers and caregivers through the core methodology of Conscious Discipline, teaching brain-based social-emotional learning that is proven to build resilience in children, families, educators and schools. Should our collaboration be funded, we aspire to provide this online e-training to approximately 22 different educational settings and as many as 1,500 individuals, depending on the number of participants for each location.

Q15

Plan for evaluation and measurement: Please briefly describe your plan for evaluating and measuring the success of your project

Our methods for measuring success will be three pronged. We will begin by recording the number of educational centers and participants with their role as childcare owners, higher education, school-teachers, childcare providers, and parents who participate. Learning of key concepts will be obtained through pre and post workshop surveys. The enhancement of trauma informed practice principles in each partner organization will be measured through each organization committing to complete a self-assessment strategy such as the Agency Self-Assessment for Trauma Informed Care (developed by by Orchard Place/Child Guidance Center's Trauma Informed Care Project (adapted from the National Center on Family Homelessness Trauma-Informed Organizational Self-Assessment and "Creating Cultures of Trauma- Informed Care: A Self-Assessment and Planning Protocol" article by Roger D. Fallot, Ph.D. & Maxine Harris, Ph.D.)

Q16

Grant County CHI

Please select your "first choice" CHI Application Team to review your submitted materials:

Q17

Yes, everything above is correct and accurate to the best of my knowledge.

I certify that all of the submitted information is correct and accurate to the best of my knowledge.

#21

COMPLETE

[REDACTED]

Page 1: Submissions must be received by 11:59 pm on September 12, 2020.

Q1

Project Lead Contact Information

Application Contact Name [REDACTED]
Lead Applicant Organization or Group **The Hope Agency Youth and Family Services**
Email Address [REDACTED]
Phone Number [REDACTED]

Q2 Respondent skipped this question

Fiscal Sponsor Contact Information

Q3

Please list all the organizations, groups, or tribes in the region who will contribute to developing the project application and will participate in implementing the described project:

Pathways to Parenting
Keiser University - Grads Program
North Central FYSPRT
Establishing connections with
ESD 171
Grant County Juvenile Services

Q4 Yes, I understand.

I understand that if I submit a project application, I will be required to submit additional information on behalf of all listed project partners above.

Q5

Project Information

Project Title	Grant County Youth Connection
Funding Requested	150,000.00
Is your project budget scalable? What would happen to your project if you were not awarded the full amount requested?	We would scale back the program to reach as many areas as funding would allow

Q6

If awarded, this funding would support:

An ongoing project or initiative

Q7

This project is:

New

Q8

Counties served by the Project? (Check all that apply)

**Chelan,
Douglas,
Grant,
Okanogan**

Q9

Select the sectors engaged by this project: (Check all that apply)

**Education,
Employment,
Hospitals,
Housing,
Law Enforcement / Justice,
Mental Health,
Primary Care,
Social Services,
Substance Use Disorder,
Transportation,
Other (please specify):
Youth Peer Programs**

Q10

Project Focus Area(s) addressed by this project:

**Addressing Adverse Childhood Experiences (ACEs)
and/or Building Resiliency**

**Behavioral Health, including Substance Use Disorder,
Child Care and Services for Youth,
Employment,
Housing / Homelessness,
Social Service(s) Coordination,
Suicide Prevention,
Education**

Q11

By selecting your project size, you confirm you understand the Priority Elements requirement above:

Large (\$75,001 - \$150,000) - All priority elements required

Q12

Please select which of the following Priority Elements your proposed project will demonstrate: (check all that apply)

**Counties Served,
Partnering Organizations,
Project Focus Areas**

Q13

Needs Statement: Why is this project necessary? What problem or need do you hope to address with this proposed project?

The COVID-19 pandemic continues to strongly influence behavioral health symptoms and behaviors across the state due to its far-reaching medical, economic, social, and political consequences. More specifically, the impact of this pandemic on Washington State youth is has not yet reached its high point. As stated in the - July Update: Statewide High-Level Analysis of Forecasted Behavioral Health Impacts from COVID-19 Experiences of social isolation are associated with increased behavioral health problems, such as depression, anxiety, mood disorders, psychological distress, post-traumatic stress disorder (PTSD), insomnia, fear, stigmatization, low self-esteem, and lack of self-control.

To help youth cope with the impact that Covid is having they need a place to reach out to, an independent ear and someone that understands what they are feeling because they, for one reason or another have been there. The Grant County Youth Connection would not only provide someone to reach out to, but the program also provides much needed education around topics like Suicide awareness and prevention, Selfcare strategies, WRAP Plans, and much more.

Connecting youth with community partners, Providing a support in times of crisis. We want to help youth know and reach their potential in life and know their worth. We will do this by teaching them some useful tools around social and emotional regulation, learning how to have healthy relationships in all aspects of life. One of the most important pieces though is to learn how to love yourself and to take care of you emotionally and physically! These are just a few things that the SPARK program can provide to the youth in Grant County and beyond. If the youth are interested we will also show them a career path to becoming a Certified Youth Peer Counselor in the State of Washington and provide them the opportunity to become certified to work in a Behavioral or Substance treatment center providing Peer Support; such as WISE. All this work will be provided by already Certified Youth Peer Counselors in Washington State

Q14

Brief Project Description: Please describe your proposed project, including partner involvement, if any

Our starting focus is Grant County and bringing specific services for youth consumers or seeking services. We plan to connect with schools, especially high school youth. We will be partnering with Dee Cummings, Clinical Director Parenting/Counseling/Visit Supervision/Parent/Child Assistance Program at Pathways to Parenting in Wenatchee, WA. We will also partner with Vicki Carpenter, Psychology Department-PhD student, Keiser University and Assistant Director of the G.R.A.D.S (for teen parents) program at the local alternative high school in Wenatchee, WA. We will be providing Peer Services for the youth and working with the teen parents within that program. All our services will be connecting youth to Peer support in their community whether that be to connect them to existing services or just needing to talk to a peer and help get some life goals, school goals, or personal goals made to help life get better. We also plan to partner with all the different Behavioral and Substance Use Clinics to help youth get to know their communities! We will be offering support groups and classes for youth of all ages. We hope to bring stability and choices for some of our youth that are struggling especially in this time of uncertainty with the Covid-19 virus. The SPARK Program as mentioned above will be one of our main classes and services for Grant County and the Youth in Chelan-Douglas county.

Q15

Plan for evaluation and measurement: Please briefly describe your plan for evaluating and measuring the success of your project

Tracking tools:

Each participant will be monitored from intake with the program. Completion of working with the Hope Agency is defined as one of the following.

1. Completion of the Spark Program 12-week course AND;
2. Referral and connection with a community partner for any identified needs AND; OR
3. Moving into other trainings with community partners example of this would be Parent education, CANS, WRAP, pursuing the Certified Peer Counselor Certification with the State of Washington.

We will also be working with "Youth Move National" compiling data on each youth' demographics, progress and creating a survey for youth to fill out before and after services, through The Hope Agency.

Q16

Grant County CHI

Please select your "first choice" CHI Application Team to review your submitted materials:

Q17

Yes, everything above is correct and accurate to the best of my knowledge.

I certify that all of the submitted information is correct and accurate to the best of my knowledge.

#35

COMPLETE

[REDACTED]

Page 1: Submissions must be received by 11:59 pm on September 12, 2020.

Q1

Project Lead Contact Information

Application Contact Name [REDACTED]
Lead Applicant Organization or Group **Sharon Holmes**
Email Address [REDACTED]
Phone Number [REDACTED]

Q2

Respondent skipped this question

Fiscal Sponsor Contact Information

Q3

Respondent skipped this question

Please list all the organizations, groups, or tribes in the region who will contribute to developing the project application and will participate in implementing the described project:

Q4

Yes, I understand.

I understand that if I submit a project application, I will be required to submit additional information on behalf of all listed project partners above.

Q5

Project Information

Project Title **Strong African American Family- Teen Program**
Funding Requested **\$150,000**
Is your project budget scalable? What would happen to your project if you were not awarded the full amount requested? **We can scale back number of families or counties served.**

Q6 **An ongoing project or initiative**

If awarded, this funding would support:

Q7 **Enhancing or expanding an existing project or set of projects**

This project is:

Q8 **Chelan,**
Douglas,
Grant

Counties served by the Project? (Check all that apply)

Q9 **Education,**
Employment,
Law Enforcement / Justice,
Mental Health,
Social Services,
Substance Use Disorder

Select the sectors engaged by this project: (Check all that apply)

Q10 **Addressing Adverse Childhood Experiences (ACEs) and/or Building Resiliency**
,
Behavioral Health, including Substance Use Disorder,
Employment,
Social Service(s) Coordination,
Education,
Health Equity / Social Justice

Project Focus Area(s) addressed by this project:

Q11 **Large (\$75,001 - \$150,000) - All priority elements required**

By selecting your project size, you confirm you understand the Priority Elements requirement above:

Q12 **Counties Served,**
Partnering Organizations,
Project Focus Areas

Please select which of the following Priority Elements your proposed project will demonstrate: (check all that apply)

Q13

Needs Statement: Why is this project necessary? What problem or need do you hope to address with this proposed project?

This project is necessary because, research has revealed unique strengths and stressors for African American families that can be best addressed in a curriculum that focuses solely on these families. Of particular concern is the effect of discrimination on African American families and youth and teens as well as the dangers of substance use and risky sexual behavior among African American youth and teens. Offering African American families an evidence-based, culturally relevant curriculum provides the best opportunity for ensuring that families can address issues in ways that are meaningful and effective.

Q14

Brief Project Description: Please describe your proposed project, including partner involvement, if any

As owner of Inspiring Here & Now, I propose expanding The Strong African American Families – Teen Program (SAAF-T) into Washington State rural areas. The program is currently successfully offered in Pierce, Kitsap, and Thurston counties. SAAF-T is a 5 session program designed for teens aged 14 – 16 and their caregivers. The goal of SAAF-T is to build on the strengths of African American families in order promote positive development throughout the teenage years. SAAF-T focuses on reducing risks that can get in the way of positive development, with a focus on reducing substance abuse and sexual risk-taking that can lead to HIV and other STIs.

Partner Involvement and Individual contractors working as Inspiring Here & Now team of trainers are master's degree level, with WA State Chemical Dependency Professional Licensures, two master's in education, and one RN that soon will be a Nurse Practitioner.

Our team believes hold heartily that the SAAF program is needed and will most definitely strengthen African American Families within the family unit to succeed to their highest level of achievement in Life. We have a planning system developed to partnership with each Juvenile detention Centers, Schools, Churches, and Foster Care agencies in each county.

Q15

Plan for evaluation and measurement: Please briefly describe your plan for evaluating and measuring the success of your project

We utilize a Pre and Post test to evaluate and measure the success of our project.

Q16

Grant County CHI

Please select your "first choice" CHI Application Team to review your submitted materials:

Q17

Yes, everything above is correct and accurate to the best of my knowledge.

I certify that all of the submitted information is correct and accurate to the best of my knowledge.

#13

COMPLETE

[Redacted]

Page 1: Submissions must be received by 11:59 pm on September 12, 2020.

Q1

Project Lead Contact Information

Application Contact Name [Redacted]
Lead Applicant Organization or Group **Autism Therapy Services of Moses Lake**
Email Address [Redacted]
Phone Number [Redacted]

Q2 Respondent skipped this question

Fiscal Sponsor Contact Information

Q3

Please list all the organizations, groups, or tribes in the region who will contribute to developing the project application and will participate in implementing the described project:

Autism Therapy Services of Moses Lake, Parkview Medical Group Dr. Jill Dudik Bross (Center of Excellence) and the Autism Support Group of Grant County

Q4 Yes, I understand.

I understand that if I submit a project application, I will be required to submit additional information on behalf of all listed project partners above.

Q5

Project Information

Project Title **Cultivating Communities for Neurodiverse Children**
Funding Requested **\$75,000.00**
Is your project budget scalable? What would happen to your project if you were not awarded the full amount requested? **Yes. If not awarded target funds, would scale the budget for the amount awarded or attempt to raise funds to meet the target funds requested.**

Q6 **An ongoing project or initiative**

If awarded, this funding would support:

Q7 **New**

This project is:

Q8 **Chelan,**
Douglas,
Grant,
Okanogan

Counties served by the Project? (Check all that apply)

Q9 **Education,**
Mental Health,
Primary Care,
Private Sector,
Public Health,
Social Services

Select the sectors engaged by this project: (Check all that apply)

Q10 **Addressing Adverse Childhood Experiences (ACEs) and/or Building Resiliency**
,
Behavioral Health, including Substance Use Disorder,
Child Care and Services for Youth,
Social Service(s) Coordination,
Education,
Health Equity / Social Justice

Project Focus Area(s) addressed by this project:

Q11 **Medium (\$25,001 - \$75,000) - Two priority elements required**

By selecting your project size, you confirm you understand the Priority Elements requirement above:

Q12 **Counties Served,**
Partnering Organizations,
Project Focus Areas

Please select which of the following Priority Elements your proposed project will demonstrate: (check all that apply)

Q13

Needs Statement: Why is this project necessary? What problem or need do you hope to address with this proposed project?

About one in six (17%) children aged three–17 years were diagnosed with a developmental disability, as reported by parents, during a study period of 2009-2017 (Centers of Disease Control and Prevention, Sep 2019). These included autism, attention-deficit/hyperactivity disorder and other developmental delays and disabilities. In all four counties identified for the 2020 CHI Community Initiative, the largest city/town is Wenatchee/East Wenatchee. The remainder of the counties encompass communities rural in nature and limited in support resources for children with these challenging conditions. Ideally, a child with a diagnosed disability should have regular therapy with a behavioral, occupational or speech therapist, or be enrolled in an early intensive intervention day treatment program. However, due to the nature of the rurality of these four counties, children and their families are dependent on the only resources available to them. These include periodic visits with their healthcare providers, teachers and education assistants that do their best in providing educational and social opportunities, or daycare providers that attempt to care and keep these children fed and safe while their families work. Though we are confident that everyone is doing their best in providing a safe environment with the possibility of some learning opportunities taking place, this methodology is not improving or correcting behaviors that will continue to exist unless techniques and tools that are used by a trained behavior therapist are provided. Early intervention by a trained behavior therapist working in collaboration with the family, school and daycare team will help eliminate challenging behaviors and prepare children with developmental disabilities for the academic and social demands required of them while learning. Early intervention behavior therapy requires consistency and redundancy by all team members until the child replaces challenging behaviors with productive behaviors. There are not enough behavior therapists to work one on one with all the children with developmental disabilities in all four of these counties, therefore, we use what we have and we go to schools, daycares and other community resources and train them to work with children with developmental disabilities and give them the tools and techniques so they can help these children be social and communicate so that they will be more conducive to learning in a traditional academic environment. Currently, most of these children learn in special classes, are isolated from their peers or even homeschooled where no social interactions occur whereas what the goal should be is to develop these children so that they can learn in traditional settings with their peers.

Q14

Brief Project Description: Please describe your proposed project, including partner involvement, if any

Our project will consist of “popup” workshops, seminars and job shadowing with the goal of developing parents, educators, daycare providers and other community members that work with or interact with children with developmental disabilities. These workshops will include teaching techniques such as Applied Behavior Analysis (ABA) which is a type of therapy that focuses on improving specific behaviors, such as social skills, communication, reading, and academics as well as adaptive learning skills, such as fine motor dexterity, hygiene, grooming, domestic capabilities, punctuality, and job competence. We will also teach The Picture Exchange Communication System (PECS) which is a form of augmentative and alternative communication in which a child is taught to communicate with an adult by giving them a card with a picture on it. We will help individuals who go to our PECS seminar develop their own PECS binders so that they can use it daily for therapy with the child. Every workshop and seminar we present will consist of lecture and practical hands on techniques and each participant will receive the training materials from topic discussed and which will also contain an exhaustive resource list that will build upon the training material. We will conduct seminars for first responders on how to identify if someone they are interacting with has a developmental disability and how to interact and deescalate interactions. Further, we will make sure that parents, educators, daycare providers and other community members know that they have a resource if needed. For example, if a school district in one of the small rural towns in one of the four counties served wants to train their education assistants and teachers in techniques to help limit or prevent challenging behaviors in autistic children in their schools, we would identify the need, develop and customize the training and deliver it in person. These “popup” workshops and seminars allow the flexibility to be successful even during the pandemic as we are able to take the appropriate precautions as we can limit participants, have safe spacing, require face coverings and choose appropriate and safe facilities among all other safeguards required.

Q15

Plan for evaluation and measurement: Please briefly describe your plan for evaluating and measuring the success of your project

Evaluating much of our successes of our project will be determined by repeat business. Techniques to help develop children with developmental disabilities can not be taught in a one- or three-day seminar. We can teach invaluable techniques and give tools necessary to be successful, however, these techniques and tools are often circumstantial. Meaning, we may one day teach an educator how to get a non-verbal child to be more verbal. After the educator and parents utilize what we have taught, and the child becomes verbal, the child will still most likely have challenging behaviors that need to be addressed. Therefore, we anticipate that with each success, there will be a communication asking, "the child is talking now, how do I get them to be more social with the other children?" This is one scenario and one way we will evaluate success: by following up on the successes of the adults through the development of the child. We will be able to identify areas in where we need to improve our training to help train the adults in the child's life. We will also utilize a training effectiveness form so we can have real time feedback so that we can continue to work to ensure that our curriculum is the best that it can be and that our educators are delivering it in a manner which is easy to follow and productive. Lastly, we will do follow up communications and check-ins with past participants to identify successes or shortcomings of past trainings and needs going forward.

Q16

Grant County CHI

Please select your "first choice" CHI Application Team to review your submitted materials:

Q17

Yes, everything above is correct and accurate to the best of my knowledge.

I certify that all of the submitted information is correct and accurate to the best of my knowledge.

#32

COMPLETE

[REDACTED]

Page 1: Submissions must be received by 11:59 pm on September 12, 2020.

Q1

Project Lead Contact Information

Application Contact Name	[REDACTED]
Lead Applicant Organization or Group	City of Wenatchee
Email Address	[REDACTED]
Phone Number	[REDACTED]

Q2

Respondent skipped this question

Fiscal Sponsor Contact Information

Q3

Please list all the organizations, groups, or tribes in the region who will contribute to developing the project application and will participate in implementing the described project:

Chelan county, Douglas county, the City of Wenatchee, and the City of East Wenatchee are collaborating to develop a community application for the design and implementation of a regional low-barrier emergency shelter for chronically homeless adults in Chelan and Douglas counties. The City of Wenatchee will serve as the lead entity for the development of the funding application as well as provide overall grant management. The application is also being developed in conjunction with the Chelan-Douglas Local Homeless Housing Task Force which serves as a governing body providing oversight, direction, and guidance for the development and implementation of the Chelan-Douglas Local Homeless Plan and the Chelan-Douglas Homeless Program. The Homeless Task Force includes stakeholders from the following organizations who are committed to participating in the development and implementation of the proposed low-barrier shelter program:

- Chelan county
- Douglas county
- City of Wenatchee
- City of East Wenatchee
- Confluence Health
- Chelan-Douglas Health District
- The Housing Authority of Chelan County
- Law enforcement including the Wenatchee Police Department, the East Wenatchee Police Department, and the Chelan County Sheriff's Department

In addition, a number of homeless service providers are participating in the design of the program including Catholic Charities and the Women's Resource Center.

Q4

Yes, I understand.

I understand that if I submit a project application, I will be required to submit additional information on behalf of all listed project partners above.

Q5

Project Information

Project Title

Chelan-Douglas Low-Barrier Homeless Emergency Shelter

Funding Requested

\$150,000

Is your project budget scalable? What would happen to your project if you were not awarded the full amount requested?

Yes, the project budget is scalable. The proposed shelter will be designed to potentially serve up to 75 unsheltered homeless adults. However, initially the program will target 25 - 30 of the most vulnerable, chronically homeless adults in the region. As additional program funding is secured, the target client population can be expanded. We are currently pursuing multiple funding sources for capital acquisition of a facility and long-term operational costs for the program. For this application, we are requesting \$150,000 for capital expenditures related to the upgrade and remodeling of a shelter facility once it is acquired. If the project application is not fully funded, our project timeline would be revised to pursue additional funding or to scale back the size of the program.

Q6

If awarded, this funding would support:

A one-time investment (e.g. acquiring a resource or hosting an event)

Q7

This project is:

New

Q8

Counties served by the Project? (Check all that apply)

**Chelan,
Douglas**

Q9

Select the sectors engaged by this project: (Check all that apply)

**Emergency Medical Services,
Hospitals,
Housing,
Law Enforcement / Justice,
Mental Health,
Public Health,
Social Services,
Substance Use Disorder**

Q10

Project Focus Area(s) addressed by this project:

**Behavioral Health, including Substance Use Disorder,
Housing / Homelessness,
Social Service(s) Coordination,
Health Equity / Social Justice**

Q11

By selecting your project size, you confirm you understand the Priority Elements requirement above:

Large (\$75,001 - \$150,000) - All priority elements required

Q12

Please select which of the following Priority Elements your proposed project will demonstrate: (check all that apply)

**Counties Served,
Partnering Organizations,
Project Focus Areas**

Q13

Needs Statement: Why is this project necessary? What problem or need do you hope to address with this proposed project?

In Chelan and Douglas counties, the total number of people experiencing homelessness has decreased in recent years. This includes homeless individuals who reside in emergency shelters and transitional housing as well as people who are unsheltered and living on the streets or in places not meant for human habitation. However, within this larger population of homeless people, there has been a significant increase (19.5%) in chronically homeless individuals. The 2019 Chelan-Douglas Homeless Point-in-Time (PIT) Count recorded 36 chronically homeless individuals, while in 2020, the count had increased to 43 individuals. Chronically homeless individuals have lived on the streets for extended lengths of time and have underlying medical issues including physical and developmental disabilities, mental health conditions, chemical dependency issues, and other chronic medical conditions. Due to these issues, chronically homeless clients present the most urgent needs and are almost universally unable to access existing high-barrier shelters in the region. As a result, they end up living on the streets in unsafe conditions which often exacerbate their underlying health conditions. The cost to the larger community is also significant. Due to their higher needs, chronically homeless individuals access emergency room medical care at a much higher rate than the general population. Law enforcement also expends significant resources responding to emergency calls involving homeless individuals. Therefore, there is a critical community need for low-barrier emergency shelter services and comprehensive case management support for our chronically homeless community members. This need is currently not being met in the Chelan/Douglas region. All existing emergency shelters operate with high barrier policies which often end up blocking access to services for this most vulnerable segment of the homeless population.

Low-barrier emergency shelters are guided by a Housing First philosophy in which barriers and pre-conditions to entry are eliminated or minimized. Programs with a Housing First philosophy are designed to meet participants where they are starting from – there are no pre-conditions to housing, instead services and supports are offered to people once they are safely housed or sheltered. Housing First low-barrier shelters are trauma-informed and provide immediate access to basic needs without conditions (i.e. housing, safety, food) while also providing comprehensive case management to connect clients to permanent housing as quickly as possible. Studies indicate that Housing First low-barrier approaches yield higher housing retention rates, reduce costs for expensive crisis response interventions, and help people achieve better health and social outcomes.

Q14

Brief Project Description: Please describe your proposed project, including partner involvement, if any

The grant funding will be used to support the development of a low-barrier, service-enriched homeless emergency shelter targeting chronically homeless men, women, couples, and adults-only households. Existing community resources will be utilized and/or enhanced to provide low-barrier shelter services for families with children, households fleeing domestic violence, and youth and young adults.

The regional planning process will inform the detailed design of service offerings. However, the initial concept is for a service-enriched program that provides a comprehensive range of services staffed through direct grant funding and leveraged staffing partnerships with community stakeholders. The shelter will be staffed on a 24/7 basis with housing stability focused case managers trained in problem solving and diversion. In addition, as part of the program planning process, we will pursue partnerships to provide leveraged on-site staffing to promote more efficient, consistent coordination of comprehensive wrap-around services. On-site staffing partnerships may include:

- Medical professionals (i.e. RNs) provided by local medical centers and hospitals
- Behavioral health specialists
- Chemical dependency specialists
- Homeless outreach specialists
- Coordinated entry specialists
- Landlord Liaison coordinators
- Employment and training support through employment agencies (i.e. WorkSource) and the local college
- Service animal/pet support services through the local Humane Society

Our intention is to develop a centralized service center which brings services to clients in a consistent, standardized manner rather than requiring clients to seek out services on their own.

Q15

Plan for evaluation and measurement: Please briefly describe your plan for evaluating and measuring the success of your project

The goal of the program is to help chronically homeless clients obtain and maintain stable, safe, permanent housing as quickly as possible by providing safe temporary shelter, housing-focused case management, and connections to comprehensive, holistic health and social services. Specific outcomes will be tracked to evaluate the effectiveness of the program in reaching this goal including:

- Increased rate of exits to permanent housing
- Decreased length of time spent in shelter
- Decreased number of returns to homelessness
- Decreased number of hospital patient discharges to unstable housing destinations
- Decreased number of emergency room visits by chronically homeless clients

In addition, anecdotal feedback will be regularly sought from both current and potential shelter clients as to the barriers they perceive in accessing shelter services. Client feedback will be used to inform and drive program improvements.

Q16

Chelan-Douglas CHI

Please select your "first choice" CHI Application Team to review your submitted materials:

Q17

I certify that all of the submitted information is correct and accurate to the best of my knowledge.

Yes, everything above is correct and accurate to the best of my knowledge.
