

SYSTEM CAPACITY & INTEGRATION

16 Aligning around values, principles, mindsets

- Develop a culture of belonging, empathy, humility, and humanity across our institutions, groups, and community.**
- Ensure that providers understand and respond to the intersectional impacts on families around race, gender, class, and/or disability bias
 - Build awareness of impacts of ableism and ableist mindsets and behaviors, especially in service delivery and preschool
 - Focus on hope, resiliency, and human potential
 - Ensure that help doesn't come with shame, judgement, stigma, or draconian measures
 - Embrace equity in our actions (e.g., differentiating support) and in our mindsets (e.g., "Every parent does well if they can. Every child does well if they can")
 - Help all workers develop non-judgmental mindsets
 - Increase focus on restorative justice and reintegrating people back into society (e.g. like the work of the Golden Rule Restory Program)
 - Increase diversity amongst community leadership such as school boards, local govt, etc.
 - Trauma-informed care, empathy, and anti-bias training
 - Culture-building: Establishing a culture of dignity and belonging, belief in resiliency in schools and community
 - Expanding the pilot program with life coaches from Empower with early childhood providers and parents around how to show up for our kids-focus on connection
 - Specific equity training to re-look at how services are provided
 - Deepen awareness of the specific needs of children in families in recovery
 - Ensure services and providers are inclusive of the diverse households and caregivers, including one-parent households, grandparents as primary caregivers, LGBTQ households.

15 Expand and expand on demand higher equity mental health supports

- Stronger supports for children who have families in recovery
- Expand on home support options
- Expand embedded facilities
- Increase support for specific groups, e.g. foster parents, kinship caregivers, etc. (services facilitated by the foster care system)

13 Increase the availability of and use of patient substance treatment facilities, combined with treatment housing for people leaving treatment.

- Expand the operational model of providing general care combined with substance treatment
- Increase stock of transitional family housing for families leaving prison and recovery programs

14 Develop and expand disability supports

- How best education on children can increase family diagnosis
- How developmental practitioners in the area
- Increase the number of PIVK programs for children who have joint diagnoses
- Shift the culture of supporting kids with complex needs by supporting caregivers with differentiated needs and supports

INTENSIVE SUPPORT

11 Develop/expand on demand mental health and resilience building supports, including prevention and early intervention

- Stronger mental health support in communities
- Reduce mental health stigma
- Expand service provision through innovative designs
- Increase therapy and on-demand BI services
- Integrate content to support and education by providers and caregivers
- Offer individual, family, and group/community-based mental health and wellness supports
- Utilize traditional health services, peer support specialists, doulas and other primary prevention supports to reach foster and children in placement

12 Increase employment supports to help families experience self-efficacy

- Supported employment - paid skill development
- Micro-enterprises - create in-house housing options to grow our own teams
- Lightkeeper Pilot

8 Increase the continuum of housing stock that's available

- Increase the full continuum of ADA accessible housing, with parking
- Support children care employment, permanent supportive housing, affordable housing, market rate housing
- Children's Housing Stability Fund that families with children under 5 can access

INCREASED SUPPORT

5 Connect with parent/caregivers before babies are born

- Continuation of care during pregnancy, postnatal health services to the father, community and ongoing support
- Domestic Violence Care for families

6 Support caregivers' attachment, wellbeing and quality time with children

- Post-birth leave
- Child care in families
- Guaranteed basic income
- Financial literacy training for parents/caregivers
- Child care subsidies, including child health insurance, address post-partum depression early

7 Improve coordination to meet families where they are and assist them with connected supports to navigate the various services to meet their needs (e.g. employment, housing, medical, mental health, parenting, etc.)

- Coordinated care - cross-sector partnerships (e.g. CCR)
- Screening for CCR at every agency, on-site, based on other providers
- Scaling needs through Early Intervention and self-referral care
- Improve the communication and referral between clinic, systems and practitioners
- Integrate parenting and early child development support for kids with prenatally diagnosed
- Screening for CCR for complex needs that are ongoing in clinic
- Enroll all eligible families in NIC
- Partnering with English and Spanish of career coaches
- Intentionally simplifying the process of obtaining all services

1 Ensure children's safety

- Support supervised children who remain in caregivers who provide childcare
- Education about gender roles, attachment (e.g. Boundaries for kids)
- Self-sufficiency classes about financial literacy, credit, gov services
- Domestic Violence Advocacy: Coaching about the development of relationships
- Help: The "Big" parent public distribution
- Self-referral to childcare providers to register the services of children
- Family support and respite services to register the services of children
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2 Provide education and cultivating and family connection

- Universal parenting classes aligned with science & evidence
- Education about gender roles, attachment (e.g. Boundaries for kids)
- Self-sufficiency classes about financial literacy, credit, gov services
- Domestic Violence Advocacy: Coaching about the development of relationships
- Help: The "Big" parent public distribution
- Self-referral to childcare providers to register the services of children
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3 Transportation assistance

- Provide matching service funds for car purchase
- Discretion program
- Subsidize other assistance
- Increase program/practice transportation assistance

4 Accessible pediatric care and specialized services

- Screening pediatric specialists within our region, e.g. physical, occupational, and speech therapists
- Increase mental health care for children with chronic health needs

UNIVERSAL SUPPORT

Multi-tiered System: Key Supports & Services for Families

FOUNDATIONAL CREATIVE TENSIONS

What some folks need & what everyone needs	Targeted Support & Broad Support	Building Momentum & Reinvigorating the System	Immediate Need/ Impact & Systemic Change	Rural/Remote & Population Centers	Centralization & Decentralization	Prevention & Intervention	Support & Accountability

Budget Tensions:

- Reducing Work on Downstream Effects & Reversing Work on Upstream Causes
- Resource planning: How do we want to be using our resources? How do we want to be using our resources?
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Ensure that services are available in rural and remote areas

Focus on prenatal/SI and reduce need for intervention later

"We have our work about preventing people with support for they can pull themselves up by their bootstraps."

18 Ensuring coordinated, quality, and highly accessible services

- Expand the "community hub" model.**
- Develop "community centers" that are truly community centers offering very integrated services, like a handout from a place to eat and social and recreational needs
 - Expand on-demand health centers to be in every block, e.g. La Cima and Regal Community Health
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- Build provider awareness and relationships**
- Create agency get-togethers where staff share what each agency does, what it needs, and who each needs to collaborate with
 - Have staff do culturally communication cross-organizationally between their organizations and others
 - Build a conscious network of providers - multi-disciplinary teams who collectively have connections to food, housing, childcare, employment (ensure "dual reach")
 - Prechicko/Saunders & Coordination
- Address the parental hardship often people experience when seeking or getting support**
- Ensure that services don't further separate people who have experienced trauma, as a result of their identities for survival
 - Determine how to address the concern amongst parents that their children will be discriminated against if they are in support need for their work supports
 - Determine how to handle the benefits cliff, where families lose access to supports as they reach higher wages
- Ensure linguistic and cultural accessibility**
- Assess and fill gaps in language translation and interpretation, especially in Spanish
 - Increase support for families whose oral or both parents are disabled
 - Ensure that providers understand and respond to intersectional impacts of families experiencing impacts of race, class, and disability bias
- Ensure readiness of care in children's system**
- Clarify how and when doctors and nurses the adequacy of a child care facility
- Deepen service coordination and accessibility for families experiencing disability**
- Increase support for families whose oral or both parents are disabled
 - Ensure that providers understand and respond to intersectional impacts of families experiencing impacts of race, class, and disability bias
- Identify what we've got**
- Develop staff who communicate across many modalities, in Spanish and English in plain language of all of the services and supports that exist: "Market public health as well as they do support non-employment"
 - Get messages out through churches, mosques, other organizations outside of health and social service settings
- Build the capacity to gather longitudinal data to know who we serve and track their outcomes over time**

SYSTEM CAPACITY & INTEGRATION

17 Building a diverse and highly competent workforce

- Close the gaps in our overall workforce and talent needs**
- Investigate local education pipeline to grow local talent specifically in areas of need: early childhood educators, childcare health educators, registered nurses, doulas, and peer support workers
 - Identify non-credentialing or existing workforce in ACEs and trauma informed care
 - Increase compensation to provide living wages for workers
 - Provide incentives, like health care coverage for essential workers
 - Reduce time to hire new workers
 - Reduce time to hire new workers
- Expand mental health, behavioral health workforce capacity**
- Build mental health provider capacity, especially to reduce waiting time for services
 - Mental health providers that are trauma informed, culturally competent, and welcoming to all marginalized identities
 - Build capacity in Behavioral Health to build up BI workforce
 - Build capacity in Behavioral Health to build up BI workforce
- Develop the region's workforce as needed**
- Focus on expanding the number of day care providers in the region
 - Ensure that education standards for all children's providers, focused on development and behavior modification models
 - Recruit and support bilingual/cultural people to enter and/or advance in the workforce
 - Provide financial support for parents to shift from day-care businesses: help with licensing, zoning, permits, insurance requirements, payroll, taxes
 - One high school child development course more and interdisciplinary experience in child development settings
 - Collaborate with CHS Workforce committee
- Expand Peer Support Capacity**
- Build the support workforce
 - Conduct a regional study of Peer Support programs to understand needs and opportunities
 - Expand peers to peer teaching or power group
- Close for the Changemakers & Helpers**
- Build self-reflecting, and reflective practice for providers
 - Provide training and support in recovery frame, secondary traumatic stress, compassion fatigue, burnout
 - Social/Emotional Learning Network development

Ensure that services are available in rural and remote areas