



## **Strengthening Family and Community Engagement in Snohomish County through Early Childhood Brain-Building with Vroom**

### **Snohomish Health District Proposal**

**Lead Program:  
Child Care Health Outreach  
Program**

**Maternal & Child Health Programs  
Prevention Services Division  
3020 Rucker Ave, Suite 203  
Everett, WA 98201-3900**



**SNOHOMISH  
HEALTH DISTRICT**  
[WWW.SNOHD.ORG](http://WWW.SNOHD.ORG)

# Letter of Submittal and Business Information

The Letter of Submittal must contain the following business information:

- ✓ State the name of the Bidder or company, address, phone number, email address of the primary contact, and legal status of entity (ownership).
- ✓ Provide the firm's Federal Employer Tax Identification number and the Washington Uniform Business Identification (UBI) number issued by the state of Washington Department of Revenue or affirm that it will be provided prior to contract signing.
- ✓ Indicate how many employees are with the firm. Name the firm principles and their roles.



If applicable, include proof of certification issued by the Washington State Office of Minority and Women's Business Enterprises if certified minority-owned firm and/or women-owned firm(s) will be participating on this project.



Identify any state employees or former state employees employed by the Bidder or on the

Bidder's governing board as of the date of the bid. Include the individual's name, the agency previously or currently employed by, job title or position held, and separation date (if applicable). If, following a review of this information, it is determined by the DOH that a conflict of interest exists, the Bidder may be disqualified from further consideration for the award of a contract.



If the Bidder has had a contract terminated for default in the last five years, describe such incident including full details of the terms for default, including the other party's name, address, and phone number. Present the Bidder's position on the matter. Termination for default is defined as notice to stop performance due to the Bidder's non-performance or poor performance and the issue of performance was either: (a) not litigated due to inaction on the part of the Bidder, or: (b) litigated and such litigation determined that the Bidder was in default. The DOH will evaluate the facts and may, at its sole discretion, reject the bid on the grounds of the past experience. If no such termination for default has been experienced by the Bidder in the past five years, so indicate.

## EXHIBIT B – BID CERTIFICATIONS AND ASSURANCES

I/we make the following certifications and assurances as a required element of the bid to which it is attached, understanding that the truthfulness of the facts affirmed here and the continuing compliance with these requirements are conditions precedent to the award or continuation of the related contract(s):

1. I/we declare that all answers and statements made in the bid are true and correct.
2. The prices and/or cost data have been determined independently, without consultation, communication, or agreement with others for the purpose of restricting competition. However, I/we may freely join with other persons or organizations for the purpose of presenting a single bid.
3. The attached bid is a firm offer for a period of 60 days following receipt, and it may be accepted by the DOH without further negotiation (except where obviously required by lack of certainty in key terms) at any time within the 60-day period.
4. In preparing this bid, I/we have not been assisted by any current or former employee of the state of Washington whose duties relate (or did relate) to this bid or prospective contract, and who was assisting in other than his or her official, public capacity. (Any exceptions to these assurances are described in full detail on a separate page and attached to this document.)
5. I/we understand that the DOH will not reimburse me/us for any costs incurred in the preparation of this bid. All bids become the property of the DOH, and I/we claim no proprietary right to the ideas, writings, items, or samples, unless so stated in this proposal.
6. Unless otherwise required by law, the prices and/or cost data that have been submitted have not been knowingly disclosed by the Bidder and will not knowingly be disclosed by him/her prior to opening, directly or indirectly to any other Bidder or to any competitor.
7. I/we agree that submission of the attached proposal constitutes acceptance of the solicitation contents and the attached sample contract and general terms and conditions. If there are any exceptions to these terms, I/we have described those exceptions in detail on a page attached to this document.
8. No attempt has been made or will be made by the Bidder to induce any other person or firm to submit or not to submit a proposal for the purpose of restricting competition.
9. Information that has been determined to be proprietary or confidential has been clearly marked and included in this bid as a separate document.
10. If any staff member(s) who will perform work on this contract has retired from the State of Washington under the provisions of the 2008 Early Retirement Factors legislation, his/her name(s) is noted on a separately attached page.
11. I/we declare that we are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded in any Federal department or agency from participating in transactions.

---

Signature of Bidder

---

Title

---

Date

**EXHIBIT B-1 – CONTRACTOR CERTIFICATION  
WAGE THEFT PREVENTION – RESPONSIBLE BIDDER CRITERIA  
WASHINGTON STATE GOODS & SERVICES CONTRACTS**

*Prior to awarding a contract, agencies are required to determine that a bidder is a 'responsible bidder.' See RCW 39.26.160(2) & (4). Pursuant to legislative enactment in 2017, the responsible bidder criteria include a contractor certification that the contractor has not willfully violated Washington's wage laws. See Chap. 258, 2017 Laws (enacting SSB 5301).*

Procurement No. DOH-RFP25654-0

Procurement Solicitation Dated: October 26, 2020

I hereby certify, on behalf of the firm identified below, as follows (check one):

☐

**NO WAGE VIOLATIONS.** This firm has NOT been determined by a final and binding citation and notice of assessment issued by the Washington Department of Labor and Industries or through a civil judgement entered by a court of limited or general jurisdiction to have willfully violated, as defined in RCW 49.48.082, any provision of RCW chapters 49.45, 49.48, or 49.52 within three (3) years prior to the date of the above-referenced procurement or solicitation date.

☐

**OR**

**VIOLATIONS OF WAGE LAWS.** This firm has been determined by a final and binding citation and notice of assessment issued by the Washington Department of Labor and Industries or through a civil judgement entered by a court of limited or general jurisdiction to have willfully violated, as defined in RCW 49.48.082, any provision of RCW chapters 49.45, 49.48, or 49.52 within three (3) years prior to the date of the above-referenced procurement or solicitation date.

I hereby certify, under penalty of perjury under the laws of the State of Washington, that the certifications herein are true and correct and that I am authorized to make these certification on behalf of the firm listed herein.

FIRM NAME:

\_\_\_\_\_  
Name of Contractor/Bidder – Print full legal entity name of firm

By:

\_\_\_\_\_  
Signature of authorized person

\_\_\_\_\_  
Print Name of person making certifications for firm

Title:

\_\_\_\_\_  
Title of person signing certificate

Place:

\_\_\_\_\_  
Print city and state where signed

Date:

Return Contractor Certification to Procurement Coordinator at:

[bids@doh.wa.gov](mailto:bids@doh.wa.gov)

**EXHIBIT C – EXECUTIVE ORDER 18-03 – WORKERS’ RIGHTS WASHINGTON  
STATE GOODS & SERVICES CONTRACTS CERTIFICATION**

Pursuant to the Washington State Governor’s Executive Order 18-03 (dated June 12, 2018), the Washington State Department of Health is seeking to contract with qualified entities and business owners who certify that their employees are not, as a condition of employment, subject to mandatory individual arbitration clauses and class or collective action waivers.

**Procurement No.: DOH-RFP25654-0**

I hereby certify, on behalf of the firm identified below, as follows (check one):

☐

**NO MANDATORY INDIVIDUAL ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR EMPLOYEES.** This firm does NOT require its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.

**OR**

☐

**MANDATORY INDIVIDUAL ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR EMPLOYEES.** This firm requires its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.

I hereby certify, under penalty of perjury under the laws of the State of Washington, that the certifications herein are true and correct and that I am authorized to make these certifications on behalf of the firm listed herein.

FIRM NAME: \_\_\_\_\_

Name of Contractor/Bidder – Print full legal entity name of firm

By: \_\_\_\_\_

Signature of authorized person

\_\_\_\_\_

Print Name of person making certifications for firm

Title: \_\_\_\_\_

Title of person signing certificate

Place: \_\_\_\_\_

Print city and state where signed

Date: \_\_\_\_\_

Return Contractor Certification to Procurement Coordinator at: [bids@doh.wa.gov](mailto:bids@doh.wa.gov)

## EXHIBIT D – CONTRACT GENERAL TERMS AND CONDITIONS (GT&amp;Cs)



CONTRACT NUMBER:

SUB-RECIPIENT

☐ YES ☒ NO

FFATA FORM REQUIRED

☐ YES ☒ NO

**THIS AGREEMENT** is made by and between the State of Washington Department of Health, hereinafter referred to as DOH, and the party whose name appears below, hereinafter referred to as Contractor.

**CONTRACTOR NAME and ADDRESS:**

**UBI:**

**PURPOSE:**

**IT IS MUTUALLY AGREED THAT:**

**STATEMENT OF WORK:** The Contractor shall provide all the necessary personnel, equipment, materials, goods and services and otherwise do all things necessary for or incidental to the performance of the work as described in Exhibit A, attached hereto and incorporated herein.

**PERIOD OF PERFORMANCE:** Subject to its other provisions, the period of performance under this contract shall be from through unless sooner terminated as provided herein. Any work done outside of the period of performance shall be provided at no cost to DOH.

**DEPARTMENT OF ENTERPRISE SERVICES APPROVAL:** This contract may be required to be filed with the Department of Enterprise Services (DES) for approval under the provisions of Chapter 39.26 RCW. No contract or amendment required to be so filed is effective and no work thereunder shall be commenced nor payment made therefore until ten (10) working days following the date of filing, and, if required, until approved by DES. In the event DES fails to approve the contract or amendment, the contract shall be null and void.

**FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT (FFATA):** If checked above, this contract is supported by federal funds that require compliance with the Federal Funding Accountability and Transparency Act (FFATA or the Transparency Act). The purpose of the Transparency Act is to make information available online so the public can see how federal funds are spent.

To comply with the act and be eligible to enter into this contract, your organization must have a Data Universal Numbering System (DUNS®) number. A DUNS® number provides a method to verify data about your organization. If you do not already have one, you may receive a DUNS® number free of charge by contacting Dun and Bradstreet at [www.dnb.com](http://www.dnb.com).

Information about your organization and this contract will be made available on [www.USASpending.gov](http://www.USASpending.gov) by DOH as required by P.L. 109-282. DOH's form, Federal Funding Accountability and Transparency Act Data Collection Form, is considered part of this contract and must be completed and returned along with the contract.

**CONSIDERATION:** The maximum consideration available under this contract shall not exceed \$ without a properly executed written amendment signed by representatives of both parties authorized to do so. Consideration includes but is not limited to all taxes, fees, surcharges, etc.

Source of Funds:

Federal:	\$	State:	\$	Other:	\$	<b>TOTAL:</b>
----------	----	--------	----	--------	----	---------------

Contractor agrees to comply with all applicable rules and regulations associated with these funds.

Unless otherwise indicated in this contract, any State funds which are unexpended as of June 30th will not be available for carry over into the next State fiscal year (July – June).

**INVOICES AND PAYMENT:** Contractor will submit invoices to the DOH Project Manager for all amounts to be paid. Invoices must reference this contract number and provide detailed information as requested. All invoices must be approved by DOH prior to payment; approval will not be unreasonably withheld. DOH will authorize payment only upon satisfactory completion and acceptance of deliverables and for allowable costs as outlined in the statement of work and/or budget. DOH will return all incorrect or incomplete invoices and will not pay for services that occur outside the period of performance. The Contractor will not invoice for services if they are entitled to payment, have been, or will be paid by any other source for that service.

DOH will issue payment within 30 days of receiving a correct and complete invoice and approving the deliverable(s). DOH must receive correct and complete invoices within 60 days of the contract expiration date. Late invoices will be paid at the discretion of DOH and are contingent upon the availability of funds. Failure to submit a properly completed IRS form W-9 may result in delayed payments.

**GOVERNANCE:** In the event of an inconsistency in this contract, unless otherwise provided herein, the inconsistency shall be resolved by giving precedence in the following order:

- A. Federal statutes and regulations
- B. State statutes and regulations
- C. Contract amendments
- D. The contract (in this order)
  - 1. Special Terms and Conditions (Exhibit C if used)
  - 2. Federal compliance and Standard Federal Certifications and Assurances (Attachment 1) – *if applicable*
  - 3. Primary document (document that includes the signature page)
  - 4. Standard/General Terms and Conditions (Exhibit B)
  - 5. Statement of Work (Exhibit A)
  - 6. DOH-RFP25654-0 and the bidder's response

**UNDERSTANDING:** This contract, including referenced exhibits, attachments and documents included herein by reference, contains all the terms and conditions agreed upon by the parties. No other understandings, oral or otherwise, regarding the subject matter of this contract shall exist or bind any of the parties hereto.

**APPROVAL:** This contract shall be subject to the written approval of DOH Contracting Officer and shall not be binding until so approved. Only the Contracting Officer or his/her designee, by written delegation made prior to action, shall have the expressed, implied, or apparent authority to alter, amend, modify, or waive any clause or condition of this contract. Furthermore, any alteration, amendment, modification, or



## Exhibit D

waiver of any clause or condition of this contract is not effective or binding unless made in writing and signed by the Contracting Officer.

**IN WITNESS WHEREOF:** DOH and the Contractor have signed this contract.

CONTRACTOR SIGNATURE	DATE
PRINT OR TYPE NAME AND TITLE	
DOH CONTRACTING OFFICER SIGNATURE	DATE

**This contract has been approved as to form by the attorney general.**



# Technical Proposal

## 1) Applicant Information and Fit

### Work and Mission Fits with Vroom

The Snohomish Health District (SHD) has demonstrated consistent commitment to child health, including development, through programs that support children and their caregivers to fulfill its mission of protecting, promoting and advancing the collective health of Snohomish County. Over the decades, SHD has administered Maternal and Child Health (MCH) programs such as Child Care Health Outreach (CCHOP), Children and Youth with Special Health Care Needs (CYSHCN), Universal Developmental Screening (UDS) and Trauma & Resilience (T&R).

SHD MCH programs are guided with an equity lens that recognizes the health disparities vulnerable populations face. We have partnered with Therapeutic Health Services (THS) to support pregnant women and mothers struggling with mental illnesses and/or substance misuse to build positive parenting skills. We have partnered with Program for Early Parenting Support, Cocoon House and Crossroads Alternative High School to support at-risk youth mothers receiving parenting support. Through our T&R program, we facilitate the Neuroscience, Epigenetics, ACEs – Adverse Childhood Experiences – & Resilience (NEAR) Collaborative. With SHD's MCH leadership, the NEAR Collaborative boasts successful community entry and engagement with the Compact of Free Association (COFA) Pacific Islander Community and has begun building a relationship with the Communities of Color Coalition (C3) as well as the Snohomish County Latino Coalition. In 2018 and 2019, the NEAR Collaborative supported event programming for the COFA Islander Health Fair, where in 2019 over 200 people accessed services such as health insurance navigation, health screening, and mobile dental treatment.

To identify areas for targeted intervention for all MCH programs, we conducted a needs assessment in 2019 with the purpose of targeting Snohomish County sub-populations that experience MCH disparities such as racial/ethnic minority groups and other vulnerable populations<sup>1</sup>. The needs assessment provided specific guidance on where these vulnerable populations live, work, and play in Snohomish County, and will be used to guide targeted approaches for implementing Vroom in SHD's CYSHCN program, CCHOP, and within the community. CCHOP will take the lead in this project and will house the Vroom Coordinator.

CYSHCN's enabling services, including home visiting by Public Health Nurses (PHNs), support children who are at increased risk for chronic physical, developmental, behavioral or emotional conditions and/or have health challenges such as prematurity, autism spectrum disorder and attention deficit hyperactivity disorder. In alignment with Vroom's goals, CCHOP has led the promotion of early childhood development, since 1994. Through collaborative population-based interventions that support and educate the child care community, CCHOP has continually pursued its mission to lead in upstream promotion of healthy early childhood development. The program provides consultation, education and training on a variety of health and safety topics for child care providers and preschools throughout Snohomish County.

SHD's CCHOP and CYSHCN priorities strongly align with the mission of Vroom - to equip caregivers with tools for optimizing learning through Brain Building Moments. One of Vroom's many strengths is that it recognizes and seeks to optimize the critical window of brain development in children birth to (to age 5 or through age 5) age 5 for the long-term well-being of children and their families. CCHOP, CYSHCN and all MCH programs at SHD value focused support for children during the early period of critical brain development through the promotion of responsive relationships among children and caregivers. Rooted in the Community

Include a few sentences on how we do this – could take out pictures

Trusting relationships are the foundation for positive change and effective collaboration. The decades-long

relationships we have within the Snohomish County community will be pivotal to Vroom integration. During the COVID-19 pandemic, the support SHD has provided to child care providers has contributed immeasurably to our successful disease mitigation and response. Through our focus on building relationships, CCHOP and the CYSHCN program engage and work with early learning partners, child care providers, pediatricians and families in our community.

SHD's CCHOP focuses on partnering *with* child care facilities to address their unique health, safety and child development questions or concerns and affirm efforts being made to protect and promote the health and well-being of children in our community. Our approach is not paternalistic. Rather, we work alongside our community members and partners shoulder-to-shoulder to get to know their strengths, needs, what interventions they are already doing, or how *they* deem the interventions would work for them.



Our subject matter experts offer a multi-disciplinary team approach that broadens reach and impact, only similarly modeled in three other counties in Washington state. Child care providers and in-home caregivers know that they can trust our subject matter expertise as well as our foremost genuine interest in their success in ensuring the best health for our infants and children.

### Program Qualifications for Vroom Activation

The unique program activities in which Vroom will be embedded have consistently supported and empowered providers, caregivers, and community partners in their work. In October 2002, CCHOP received an award from the Washington State Association of Local and Public Health Officials for “developing innovative and effective programs and representing outstanding contributions to public health.” An internal study of CCOHP’s effectiveness demonstrated 94% of child care centers markedly improved in their health and safety practices as well as physical environments after receiving consultation. In addition to individualized consultation, program activities include newsletters, health alerts, health policy reviews, and general guidance for child care providers on health-related topics. Additionally, child health learning courses have been offered by the SHD CCHOP for over 20 years and are a go-to source for learning and in-service credit by child care providers.

As an experienced multidisciplinary team of health consultants consisting of public health nurses (PHNs), an environmental health specialist, nutritionist and behavioral health specialist, the CCHOP team collectively offers over 100 years of experience in public health and community engagement. Providers, community partners and parents in Snohomish County have learned to depend on CCHOP for best practices in early learning health, safety, pediatric health, trauma, resilience, perinatal health, pediatric health, community engagement, equity and many more areas of expertise in MCH and public health. Micha Horn is the CCHOP Environmental Health Specialist with over 20 years of experience, Rachel Myhre is the CCHOP nutritionist with

over four years of experience as a community nutritionist, Michelle Rolfson is the CCHOP PHN with four years of experience as a nurse. CYSHCN is staffed with PHNs, some of whom have 20-30 years of nursing experience and engagement with the community. Gift-Noelle Wango, the MCH programs supervisor, is a public health practitioner with 16 years of experience. A multidisciplinary team provides a unique opportunity for a collaborative and holistic approach.

The CCHOP and CYSHCN programs provide ideal platforms for Vroom activation. MCH's longstanding program activities have not only proved effective in impacting health and safety outcomes, they also have provided an avenue for positive and trusting relationships with community partners to be nurtured.

### Responsive to Feedback

SHD is committed to learning from the partners and providers we serve. For instance, after receiving feedback from child care providers that it was difficult to attend in-person trainings for logistical reasons, CCHOP responded by introducing a distance learning option in which course materials were mailed and returned to CCHOP to be graded. This allowed flexibility for providers working long hours and increased access to learning courses for providers in Snohomish county. Additionally, CCHOP has responded to requests by the nurse consultant community in Snohomish County to provide resources pertaining to health and safety topics relevant to early learning. As a result, CCHOP developed a training curriculum and consultation process to support nurse consultants.

CCHOP has taken active steps to solicit feedback from providers and partners to learn about how we can better serve our community. A variety of surveys have been conducted to learn about provider needs. For example, an infant nurse consulting survey was given to child care providers to assess the need for infant nurse consulting services among centers licensed for infants. Other surveys have looked at the effectiveness of the CCHOP health consultations with child care providers as well as areas of improvement to help us better meet provider needs. We have solicited feedback from nurse consultants working with child care providers in our county to learn about priority topics for training and reinforcement through our various program activities.

The CYSHCN program also has a history of evolving and transforming based on the needs of our families. For example, at the beginning of the pandemic, recognizing that the vulnerable CYSHCN families would need continued support, we reached out to our clients to gauge how they would feel about continuing services via telehealth. Based on their feedback, we adapted CYSHCN telehealth protocols, platforms, and COVID-19 resources for perinatal families.

## 2) Potential Impact and Community Need

### Community Need

SHD works to serve one of the most populous counties in Washington State with over 800,000 total residents and over 50,000 children under the age of 5. Our county continues to grow in diversity over time, with the percentage of Caucasians dropping from 83.4% in the year 2000 to 70.8% in 2017<sup>2</sup>. People of color make up 29% of the county's population compared to the state's 30.8%<sup>3</sup>. As of 2018, 9.9% of Snohomish County residents identified as Asian, 9.8% as Hispanic, 2.8% as Black, 1% as Native Hawaiian or Pacific Islander (PI), 1% as American Indian (AI) or Alaska Native (AN), and 5% as two or more races<sup>4</sup>. Approximately 20% of Snohomish County families speak a language other than English at home<sup>4</sup> and almost 8% of residents speak English "less than very well," according to the Washington State Home Visiting Needs Assessment. Geographically, 18% of Snohomish County is comprised of rural land, 9% urban, and 5% agricultural<sup>1</sup>. In 2017, 8.8% of residents and over 11% of children were living under the Federal Poverty Level<sup>4</sup>.

The United States Department of Health and Human Services Advisory Committee defines health disparities as differences in health associated with social or economic inequities<sup>5</sup>. A 2019 SHD MCH needs assessment revealed communities and areas that experience disparities in determinants and outcomes of maternal and child health such as low birth weight, infant mortality, gestational diabetes, premature births and prenatal care. These results, in addition to other socioeconomic determinants of health were used to determine the areas in Snohomish County that have the highest need for targeted services for purposes of achieving the greatest



impact toward improving equity in maternal and child health in our county.<sup>1</sup>

The needs assessment showed that Black, AI/AN, Asian, Native Hawaiian or PI, and people who self-identify as belonging to two or more races experience poorer MCH outcomes. The Interstate 5 and Highway 99 corridor, as well as Lynnwood, Everett, Monroe, Darrington, Marysville, Mountlake Terrace, Arlington, Mukilteo, Sultan, Lake Stevens, Granite Falls and Gold Bar are the areas with the highest concentrations of people of color, children living in poverty, residents age 5 and older who speak English less than very well (proxy for immigrants), residents living below the poverty level, adults (18 to 65 years old) without health insurance, residents with lowest median incomes and residents that do not have a high school diploma. These locales thus constitute our priority geographic areas. (somewhat repetitive of Priority Geographic Areas section below, could delete this paragraph)

### Potential Impact

Emerging issues in child health include the need to address persistent disparities through a broad lens of health promotion and disease prevention. Through implementation of Vroom in Snohomish County, we intend to exert a focused effort with communities most disproportionately affected by health disparities particularly due to race, socioeconomic status, culture and language. Our targeted approach will focus on areas facing the greatest health inequities identified in our MCH needs assessment. Because Vroom provides caregivers the tools to positively support children's early brain development, a focused effort on reaching vulnerable communities has the potential to reduce health disparities in Snohomish County.

The connection between early learning and health cannot be overstated. The health and well-being of children is vital for growth, development and building school readiness. Positive adult-child relationships, consisting of attachment and bonding, support healthy development during the early years of a child's life and in the years to come. While 90% of a child's brain development occurs before age 5, only 2% of funding for education in Washington state goes to early learning (BOH CCHOP). The need for investment is crucial. We intend to provide equitable access to Vroom tools in the appropriate cultural context, language, and setting of the communities we serve and to reach families through programs and leaders they already trust. This has the potential to provide historically marginalized families with the resources needed to support the healthy development of their children which will lay the foundation for healthy development throughout their lifespan.

### 3) Impact in Underserved Counties

Of the families we expect to serve, 100% reside in Snohomish County. As the local health jurisdiction for Snohomish County since 1959, we work to serve individuals and families residing within county lines through each of the programs and services we offer. SHD is uniquely positioned to impact this high priority community through Vroom activation. Thousands of families in Snohomish County are impacted by the work of the Snohomish Health District. Through Vroom activation, this impact will continue to expand to meet the needs of underserved communities in our county.

### 4) Reach

We estimate that we will reach at least **7,000 children** over the course of the one-year funding period, the majority of whom will be in priority geographic areas as identified by the MCH needs assessment (Fig X).

As will be discussed in detail in the next section, Vroom will be incorporated into CCHOP through child care Vroom coaching services, child care health policy consultations, general health and safety consultations, child care provider in-service training, as well as the program website, newsletter and social media. To estimate our reach through the CCHOP Program we will enumerate the reach of each program element:

- In 2019, 18 health policy reviews were conducted with child care providers
- In 2018, almost 600 health and safety consultations were provided, 69% of which were conducted in priority geographic areas.
- So far in 2020, we have reached 1,234 individual child care providers through in-service training, taking a total of 2,808 health and safety courses as an upstream promotion strategy of healthy early childhood

development<sup>6</sup>. In 2019, 2,325 courses were completed by child care providers with over 50% in priority geographic areas (Fig X). Although Snohomish County child care providers are the predominant participants, providers from other counties in Washington State also routinely take our courses. For example, over 1,000 providers in over 30 counties have taken the COVID-19 class for child care providers. Thus, online training provides an opportunity to reinforce Vroom in counties where it has already been activated as well as in counties where funding has not yet permeated.

- The CCHOP newsletter currently has over 1,300 subscribers
- Could add # of CCHOP website views?

Through a combination of outreach efforts embedded in the CHOPP program, we hope to reach at least one quarter of the 16,000 children in 506 licensed facilities in Snohomish County, for a total of **4,000 children**, and may reach many more in unlicensed preschools and other group care settings.

Vroom will also be embedded into the CYSHCN program, which served 321 clients in 2019 and 286 children in 2020 including 1,115 services, 95 home visits, 216 telehealth services and 514 follow-up calls<sup>6</sup>. Over 80% of CYSHCN clients are ages **0-5 (0 to 5 or 0 through 5?) years of age**<sup>6</sup>. As such, we estimate that we will reach **230 children** 0-5 years of age during the funding year. Based on the MCH needs assessment classification for health equity,<sup>100</sup> the majority of clients served in the program are from priority geographic areas (Fig X) and represent racial groups with the highest need - 40% in program vs. 29% in county (Table X).

Our approach will also involve collaboration with both long-standing and new community partners. Among others, we hope to pursue partnerships with pediatric healthcare providers, early learning programs, local school districts, and community-led organizations in our priority geographic areas (Fig X). Through these efforts, we hope to serve traditionally hard to reach populations, and those not supported by existing programs. One example of a community partner is the Women, Infants and Children Nutrition Program (WIC). The WIC program has broad community reach. In fiscal year 2019, 11,597 children under the age of five received services through WIC in Snohomish County. We have an existing relationship with WIC leadership, and expect that a robust partnership would reach at least one quarter of these families, for a total of **2,900 children**.

Furthermore, the Health District is actively involved in local implementation of the Help Me Grow (HMG) model, which seeks to develop a comprehensive and coordinated approach to support childhood development. Throughout our local Help Me Grow design process, we will advocate for Vroom to be incorporated into healthcare provider outreach and training. As we don't have provider trainings scheduled at this time, we cannot practicably estimate the reach that this activity will have during the funding year.

In summary, we estimate that we will reach at least **7,000 children** during the funding year by successfully embedding Vroom into the existing CCHOP and CYSHCN programs at SHD and through direct outreach and collaboration with community partners. This will ensure the sustainable expansion of Vroom to families in our community for years to come.

## 5) Approach

### Priority Geographic Areas

In order to target underserved and historically marginalized populations with more intensive services which will broaden the impact of Vroom, a targeted approach will be used in conjunction with less intensive universal outreach efforts (Fig X). No doubt, the benefits of Vroom span all communities, regardless of factors impacting health disparities. However, our targeted approach will prioritize communities most vulnerable to inequities perpetuating adverse health and developmental outcomes.

Priority populations who will receive targeted outreach are those residing in the geographic regions most impacted by health disparities. This includes child care facilities, medical providers, CYSHCN clients, and other

community partners providing services in the Highway 99 / Interstate-5 corridor between Lynnwood and Everett, and in cities and towns identified as medium to high priority using the SHD MCH Equity Priority Index (Table X).

The Highway 99 / Interstate-5 corridor between Lynwood and Everett has the highest concentration of people of color in the entire county ranging between 43.3% and 96% (per city?)<sup>3</sup>. This corridor and the city of Monroe contain the highest concentrations of Pacific Islander residents (ranging between 50 and 49,895 people (per city?)), and the highest concentration of Black residents (ranging between 263 and 269,580 people).

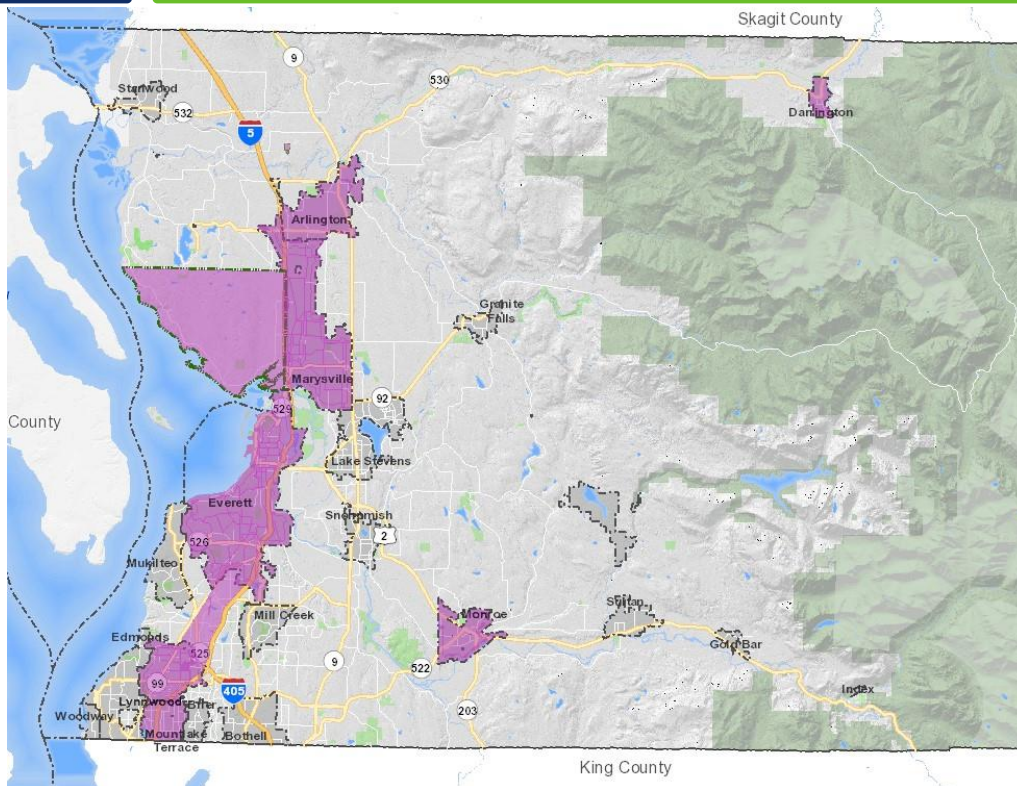
Vulnerabilities in this geographic region include inadequate access to health care, high concentrations of families that speak English less than very well, families living below the federal poverty level, and high rates of infant mortality. It can be noted that the highest American Indian (AI) and Alaska Native (AN) populations (ranging between 69 and 92,427) reside in the Tulalip and Stillaguamish reservations (is this also a priority geographic area?) as well as the town of Darrington.

As previously stated, the SHD MCH Equity Priority Index was used to prioritize cities and towns for targeted intervention (Table X). Cities and towns were classified based on the number of maternal and child risk factors present. In order for a risk factor to be deemed present, it must be true for X% of the population?? How is this calculated?. The interquartile range of the resulting priority index determined the SHD MCH Equity Priority Index – low, medium or high priority (Table X).<sup>1</sup> All other cities and towns? in the county were classified as ‘very low’ priority. Medium and high priority areas identified using this index will constitute the priority geographic areas for our targeted approach (Fig X).

Priority Population	Marysville	Everett	Lynnwood	Monroe	Arlington	Lake Stevens	Mukilteo	Mountlake Terrace	Darrington	Gold Bar	Granite Falls	Sultan
AI/AN	X	X	X	X	X				X			
PI				X								
Black	X	X	X	X	X	X	X	X				
Immigrants (proxy)	X	X	X	X				X				
Without Insurance	X	X	X	X	X			X	X	X	X	X
Poverty	X	X	X	X					X			
Lower Education Level	X	X	X	X					X			
Priority Index	6	6	6	7	3	1	1	3	4	1	1	1
MCH Equity Priority level	High	High	High	High	Medium	Low	Low	Medium	Medium	Low	Low	Low

Table 1. SHD MCH Equity Priority Index





**Fig X.** Priority Geographic Areas

## Targeted Approach

### CCHOP

- targeted outreach to child cares in priority geographic areas

- Child cares in priority areas will receive individualized consultation and coaching

The strategic choice to embed Vroom in CCHOP is to ensure and prioritize support for caregivers providing routine care for young children in our priority geographic areas. Parents of children in child care facilities will be engaged with Vroom indirectly through child care providers benefiting from CCHOP Vroom promotion.

CCHOP has multiple avenues in which Vroom strategies can be incorporated. Child care health consulting is a central service provided by the CCHOP to child care providers. Within the priority geographic areas outlined in our targeted outreach, child care providers will be identified for Vroom consulting. Providers will be invited to an in-person or virtual Vroom kick-off event where Vroom brain science, resources and coaching opportunities will be shared. We will pursue (through DCYF) offering a free in-service credit for attendance which we anticipate will aid overall participation given that child care providers are required to complete annual in-service credit hours and often pay for these credits. A needs assessment survey will be administered at the kick-off event to assess current knowledge of Vroom and brain development in early learning, interest in incorporating Vroom in program activities, ideas for how Vroom can be effectively promoted in their facility and anticipated barriers for activating Vroom.

Another avenue in which Vroom will be embedded is the health policy review process between the CCHOP and child care providers. State licensors advise that child care providers submit a health policy for their facility to the CCHOP (for Snohomish County providers) for review. Reviews occur upon initial completion of the policy and at times of renewal (recommended every three years). The health policy guides general health and illness practices, social, emotional and behavioral health, infant care and nutrition. The social, emotional and behavioral section of the health policy will be expanded to include **Vroom** promotion and can read:

*“The center understands the critical window for brain development in early learning. Learning opportunities and brain-building activities present throughout each day of a child’s life, and parents and caregivers have the unique opportunity to foster learning in moments and activities already taking place.”*

Among child care providers in our targeted geographic areas, embedding **Vroom** into the health policy will serve as a platform for initiation or continuation of Vroom coaching.

**I think we need to add a sentence or two to clarify that this is for our priority geographic areas**

### *Community Partners*

- targeted outreach to clinics and community organizations that serve families in priority geographic areas. These organizations may include but not be limited to .....

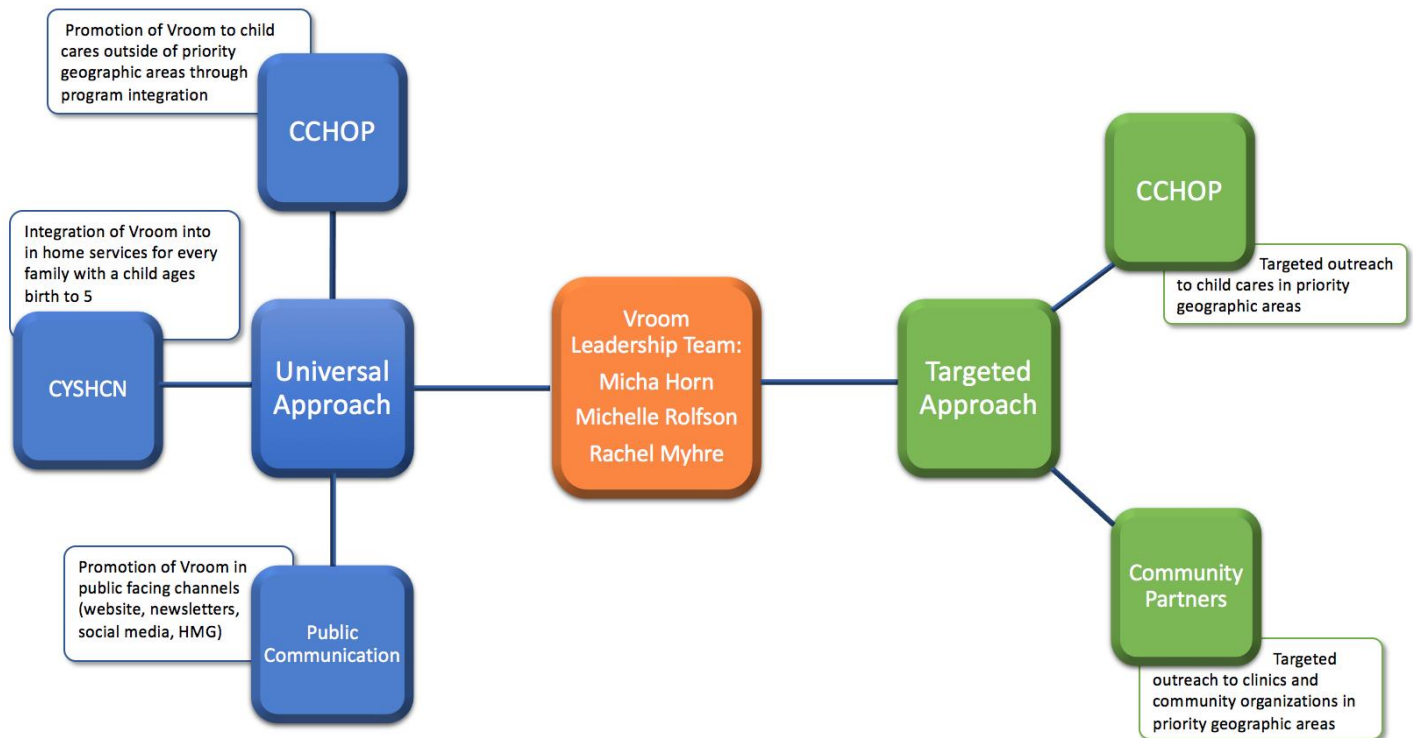
- Organizations will serve the birth to 5 population

The vaccine-preventable disease (VPD) program is an MCH program that engages with medical providers and community partners on a regular basis to support improvement of immunization rates, and, guide immunization clinic quality improvement activities as well as ensure compliance for the Vaccines for Children program. This network of medical providers captures an avenue through which CCHOP can be connected to activate Vroom strategies. SHD MCH is also engaging with medical providers as active participants in local HelpMeGrow implementation efforts. As part of healthcare provider outreach efforts related to developmental screening, SHD PHNs can promote Vroom as a complementary tool to be used in provider offices.

Snohomish Health District has existing connections with FQHC leaders through many of our existing population health programs – including Universal Developmental Screening and the Access to Baby and Child Dentistry (ABCD) program. Federally qualified health centers in Snohomish County – namely Community Health Center and Sea Mar Community Health Center -- serve a high proportion of Medicaid-eligible individuals. This demographic represents underserved groups or those more likely to go without services based on income and inconsistent medical coverage.

SHD is well-positioned to outreach and work with the many community partners in Snohomish County through the CCHOP and CYSHCN platforms. Some such partners to engage include but are not limited to Child Care Aware, the YMCA, public libraries, WIC, parenting support programs (PEPS, THS), early learning programs (ECEAP/Head Start) and local school districts. We acknowledge populations that may be more difficult to reach for linguistic, cultural or socioeconomic reasons. Therefore, we will engage non-profit or faith-based organizations that can serve as a “bridge” to these communities (e.g. Snohomish County Latino Coalition, Native American Breastfeeding Coalition of Washington, American Indian Health Commission for Washington state, EthnoMed, etc.).

**We recognize the work of ChildStrive to promote Vroom in our community. The Everett Naval Base, Washington STEM, Sno Isle library, food banks and grocery stores are all avenues in which Vroom has been promoted by the Early Learning Coalition. We are grateful for strong partnerships with the Early Learning Coalition and ChildStrive and would be eager to build on the work they have already done with additional Vroom activation efforts in our county.**



**Fig X. Targeted Approach and Universal Approach**

## Universal Approach

### *CYSHCN*

- PHNs integrate Vroom tools and promotion into in home services for every family with children birth to 5

Through the CYSHCN program, PHNs assess family needs and connect children and families with appropriate referrals and resources based on the child's unique health needs. Families are supported directly through in-home services provided by CYSHCN nurses. When providing strength-based assessments PHNs have the opportunity to introduce Vroom tools and resources for parents to incorporate into daily activities, promoting brain building moments. The CYSHCN program also sends out The Child Health Notes newsletter twice a year to pediatric clinical providers in the county, an additional opportunity to promote Vroom.

### *CCHOP*

- Vroom launch event open to all interested child cares in Snohomish County
- Vroom tools and resources provided to all interested child cares in Snohomish County
- Promotion in CCHOP newsletter
- Promotion in health policy review consultations
- promotion in general health consultations
- Vroom promotion into existing online training courses for all child care providers in SnoCo/WA state

Child care providers outside of our priority geographic areas will benefit from Vroom promotion within the health policy. These providers will be supported with Vroom resources, tools and consulting as interested.

### *Public Communication*

- SHD website
- Other department newsletter
- social media

- Promote Vroom framework and tools in the Snohomish County HMG initiative

Part of our universal approach for Vroom promotion mobilizes current program communication and information platforms such as program websites, newsletters, social media and learning courses. The CCHOP webpage is visited by child care providers for a variety of resources and needs, while the CYSHCN, breastfeeding, parent resource, immunization, dental, lead, and ACEs webpages all serve as additional platforms from which Vroom can be promoted.

Additionally, CCHOP offers free learning and in-service credit courses for child care providers on a variety of health and safety-related topics. These include introduction to ACEs, stress management, understanding ADHD, injury prevention, illness prevention for young children, COVID-19 for child care, and managing food allergies. Child care providers are required to complete 10 in-service credit hours each year and therefore look to our program for general continuing education and learning, as well as meeting in-service credit requirements. These courses serve as a unique platform for child care providers to be introduced to Vroom tools as they relate to many different child care principles.

### Sustainable Embedding of Vroom into Existing Activities

Vroom will be sustained after the contract ends as the modes of activation will be well-established (website resources, child care health policies, content in learning courses, curriculum embedded in CYSHCN services). In order to ensure child care providers and community partners have resources they need to continue incorporating Vroom in their work, the child care health team will be a consultative resource to personalize support. We will remind providers of the importance of Vroom in the early learning environment and affirm the work they are doing to promote brain-building activities in their center.

Additionally, CCHOP and CYSHCN will distribute periodic and regular follow-up through survey or informal feedback to inform continued work. As mentioned throughout, the priority on strong relationships between SHD and providers/community partners cannot be understated. As trust is established and solidified between these parties, interaction and conversations can continue to identify successes currently taking place as well as opportunities for growth in each of these unique sectors. There is no *one* approach for all child care providers, medical providers, early learning community partners or families.

We have formed relationships with child care providers, medical providers, home-visiting PHNs and community partners as a result of ongoing public health efforts. As a leader in the health, safety and well-being of children in Snohomish County, our MCH programs have consistently engaged with community partners and organizations that exist to empower the birth to five population in our community. It is through these relationships as well as current program activities that Vroom strategies will be integrated.

### Safe Implementation

Services through the Snohomish Health District, including CCHOP and CYSHCN, have adapted to providing safe and innovative high-quality services amid the COVID-19 pandemic. Asynchronous online learning courses, health consultations and health policy processing take place through virtual meeting platforms (e.g. Zoom), over the phone or via email for child care providers. If needed, a video call or pictures are sent to show program space and assess any health and safety concerns or issues.

CYSHCN sends the Ages and States Questionnaire (ASQs), referrals or other resources via mail. Phone visits or virtual video visits via HIPAA-approved platforms are being conducted in lieu of in-home visiting. If needed, a Maternal Child Health PHN is available for in-home visiting for high-risk participants. As the pandemic situation changes, we will evaluate safe and effective avenues for implementing Vroom through the strategies discussed. On-site coaching, Vroom workshops and in-person representation at wellness fairs and Kindergarten ready events are all examples of ways that implementation could be adapted as the pandemic evolves.

It is through the already-adapted pandemic-safe program activities that Vroom can be activated and promoted. Transition to in-person services will comply with all state and local health official recommendations.



## Learning from Challenges

Potential challenges we anticipate are “buy in” from groups that are inundated with COVID-19 response efforts and mitigation. For instance, child care facilities are on the front lines of caring for the children of essential workers and are adapting to new protocols and procedures for preventing the spread of disease and operating amid a pandemic. Given the limitations on early learning services and social interactions for children during the pandemic, Vroom activities and resources are as important as ever to ensure children are given opportunities to learn and support brain growth during the pivotal years of birth to 5. In order to mitigate this potential challenge, we will incorporate Vroom engagement with child care providers *into* the mediums we are already utilizing. We will reinforce the high importance of brain-building interactions in early learning and the important role of child care providers in engaging with parents to affirm this message. We will tailor this message to highlight the unique opportunity for Vroom to fill gaps that have presented due to the social disconnectedness we are living in during COVID-19.

Other potential challenges we may face include language or cultural barriers and complex social demographics among our targeted community which may challenge the receptivity or accessibility of Vroom. We will assess the effectiveness and preferences of communities that has a primary language other than English. How is information preferred to be received? In written form in their primary language? In written form in English? In a video form with text overlay? We will not make broad assumptions about these preferences and tailor guidance and resources to individual group needs.

We recognize that even when not in a pandemic, providers and community partners may be challenged to keep pace with the number of resources and training opportunities available to them. The ability to guide partners from a place of “knowledge” to “implementation” *and* “sustainability” is vital for the integration of Vroom into our community. When promoting Vroom to our target outreach, SHD will emphasize the feasibility of Vroom implementation given the priority to build brain-building opportunities into daily activities that are already being conducted.

# Closing

We are grateful for the partnership of the Washington State Department of Health, Essentials for Childhood, Vroom, the Centers for Disease Control & Prevention, and the Bezos Family Foundation as efforts are made to advance the reach of Vroom in our community. The long-term benefits of Vroom in Snohomish County will be attributed to the collaboration of these groups that align science with opportunity to empower parents and caregivers to maximize daily moments with children, generating life-long impacts.

A partnership between the Department of Health and Snohomish Health District will mobilize Vroom in Snohomish County with targeted outreach among underserved and marginalized communities. The Vroom resources that have been generated are the tools; the Snohomish Health District will be the platform through which child care providers and early learning community partners will be inspired to implement Vroom in their spheres of influence while also engaging and empowering parents to implement new learning opportunities and recognize the brain-building activities already facilitated with children. We recognize that there are highly qualified partners in our community dedicated to early learning and strong candidates for activation of Vroom. Given the Snohomish Health District's unique position, history, and reputation as leaders of health in this county, we believe to be optimally positioned to spearhead the vision, importance and activation of Vroom among the underserved and marginalized groups in our county.

## References

1. Wango G. *Bridging the Maternal and Child Health Gaps in Snohomish County: A Plan for 2020-2025*.; 2019. <https://www.snohd.org/DocumentCenter/View/2560/Snohomish-County-Maternal-Child-Health-Priority-Populations-Report---Plan-for-2020-2025>.
2. Snohomish Health District. *2018 Community Health Assessment for Snohomish County*. Report in preparation; 2019.
3. Washington State Department of Health. Washington Tracking Network. <https://fortress.wa.gov/doh/wtn/WTNPortal/>.
4. Snohomish Health District. *Snohomish County Community Health Assessment, 2018*.; 2019. <https://www.snohd.org/DocumentCenter/View/3022/Community-Health-Assessment-2018-PDF?bidId=>.
5. United States Department of Health and Human Services. *The Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2020: Phase 1 Report - Recommendations for the Framework and Format of Healthy People 2020*.; 2008. [https://www.healthypeople.gov/sites/default/files/PhaseI\\_0.pdf](https://www.healthypeople.gov/sites/default/files/PhaseI_0.pdf).
6. Snohomish Health District. *Snohomish Health District 2021 Preliminary Budget*.; 2020. <https://snohd.novusagenda.com/agendapublic/CoverSheet.aspx?ItemID=1473&MeetingID=137>.

## B. Work Plan

Work Plan Strategies	Persons primarily responsible	Timeframe for accomplishing	Notes, other considerations
1) Embed Vroom promotion in current program activities	Rachel Myhre, Micha Horn, Michelle Rolfson	January 31 2021	
2) Compile needs assessment survey	Rachel Myhre, Micha Horn, Michelle Rolfson	January 31, 2021	
3) Deliver target outreach needs assessment	Rachel Myhre, Micha Horn, Michelle Rolfson	February 15, 2021	
4) Initiate target outreach Vroom coaching	Rachel Myhre, Micha Horn, Michelle Rolfson	March 1, 2021	
5) Secondary outreach needs assessment and coaching	Rachel Myhre, Micha Horn, Michelle Rolfson	April 1, 2021	
6) Follow up with target and secondary outreach	Rachel Myhre, Micha Horn, Michelle Rolfson	May 1, 2021	

## C. Budget Template

Item	Dollar amount	Matched Funding Amount, if appropriate	Funding Source for Matched Funding
<b>Personnel</b>	<b>\$ 27,000</b>	N/A	N/A
Environmental Health Specialist,	\$9,000		
Nutritionist	\$9,000		
PHN	\$9,000		
<b>Indirect Costs Total</b>	<b>\$23,000</b>	N/A	N/A
<b>Total Budget</b>	<b>\$ 50,000</b>	N/A	N/A