Community Health Implementation Strategies

Narrative & Progress Report

2016-2019
Introduction

In 1907, 23 society women donated $20 each to hospital founder Anna Clise to create Children’s Orthopedic Hospital (now Seattle Children’s). The death of Clise’s son from inflammatory rheumatism and a lack of specialized care for children prompted her to open the seven-bed facility for children with orthopedic disorders.

Although the vision of the hospital more than 106 years ago remains intact – to care for children regardless of race, religion, gender or a family’s ability to pay – much has changed since the hospital’s humble beginnings treating 13 patients its first year. Now, Seattle Children’s – a nonprofit organization consisting of Seattle Children’s Hospital, Seattle Children’s Research Institute and Seattle Children’s Foundation – cares for more than 323,000 pediatric patients a year in the Washington-Alaska-Montana-Idaho (WAMI) region.

Children’s covers the largest region of any children’s hospital in the United States and provides inpatient, outpatient, rehabilitative, surgical, emergency, behavioral health and outreach services in about 60 pediatric subspecialties. Consistently ranked as one of the best children’s hospitals in the country by U.S. News & World Report, Children’s mission focuses on the unique needs of all children and the belief that they should grow up without illness or injury. It also states that we will prevent, treat and eliminate pediatric disease.

In 2016, we completed our Community Health Assessment Report (PDF) which captured the complexities of childhood health in the region through input from family members, and leaders within Children’s, public health and community organizations. The results of the assessment helped us focus our efforts on the most urgent community health needs and develop our three-year Community Benefit Plan and resulting Community Health Improvement Strategies. The following four initiatives serve as our priority areas from 2016-2019:

- Increase healthy eating, safe and active living and food security for children and their families;
- Provide better coordination of care for children and teens with chronic conditions;
- Prevent suicide and invest in violence prevention activities;
- Enhance access to mental and behavioral health services.

We also have five sustaining community benefit programs:

- Access to care
- Adolescent health;
- Injury prevention (both unintentional and intentional);
- Programs and services for children with special needs and
- Parent and family education and resources

Note: This plan is a working document. If you have comments or suggested changes, contact Lara Sim at lara.sim@seattlechildrens.org. Check our website for the most current version.
Community Health Initiative 1: Increase healthy eating, safe and active living and food security for children and their families

In 2015, about one in three children and adolescents in the United States were either obese or overweight. The state of Washington’s childhood obesity rate is similar to the national average. About 11% of high school students in Washington are obese and about 14% to 16% are overweight. ¹ In King County, 9% of high school students are obese and 21% are considered overweight² and the obesity rate among youth of color is twice that of white youth.³

Good nutrition, particularly in the first three years of life, is important for establishing a good foundation that has implications for a child’s future physical and mental health. To combat obesity, we need to increase active living and healthy eating. Unfortunately, food insecurity is an obstacle that threatens that critical foundation. In the United States, 15.3 million children under 18⁴ live in households that are unable to consistently access enough nutritious food. In Washington state, 1 in 5 kids live in a household that struggles to put food on the table and 1 in 7 Washingtonians relies on food stamps.⁵ Half of all people on Supplemental Nutrition Assistance Program (SNAP) are kids.⁶

Goal: Be a leader in a unified movement of healthcare and community organizations seeking to prevent and reduce obesity by eliminating barriers, and promoting and providing equal access to wellness (physical activity and nutrition) as well as combating food insecurity for children, youth, families, and communities. Thorough strategic, community informed initiatives, we aim to improve the health and well-being of children and families through long lasting change.

Strategy 1.1 Identify food insecurity and improve access to healthy affordable foods among children in our region.

Tactics:

- Assess the current status of food insecurity screening at Seattle Children’s and double the number of Seattle Children’s clinics that screen for food insecurity in patients and families.
- Establish procedures to refer families to resources that would help them achieve food security.
- Train our providers and community primary care providers to enable more effective screening for food insecurity.
- Partner with community organizations to improve food access and support them through sponsorships.

² Ibid.
³ King County: 2009-2013 BRFSS (except for nutrition and physical activity which is 2011-2013 (odd years) and SSB, from 2010, 2012 CPPW BRFSS), 2008-2012 Death Certificate data WA DOH. US data: BRFSS, National Vital Statistics Report, NHANES.
⁵ Northwest Harvest 2016 report: Focus on Food Security.
http://www.northwestharvest.org/stuff/contentmgr/files/0/a3b2de7f8400bb855ba9abf50ff559/pdf/fr_15_16_webfinalpdf
⁶ Ibid.
• Launch a food pantry on site at main campus or partner with mobile food pantries in the region to increase healthy food access for families.

• Continue research around food insecurity and health outcomes (e.g. diabetes) and widely disseminate any evidence based practices around food secure families and improved health. In particular, look at the integration of food assistance resources into routine care for persons with diabetes and report on outcomes.

**Anticipated Impact:**

Seattle Children’s has a system to identify food insecurity in patients and families and refers them to resources to help them achieve food security. Five clinics screen for food insecurity in patients and families, doubled from the number of clinics that did before the CB implementation plan went into effect. We train 100 local and regional community providers in screening to enable more effective screening for food insecurity and partner with community organizations to improve food access.

**Evaluation Measures:**

• How many clinics/ departments/ systems at Seattle Children’s currently track current status of food insecurity? We will measure baseline and progress.

• Of those clinics (or primary care providers) who screen for food insecurity, how many have referral systems in place?

• How many families use the referrals? We will measure baseline and progress.

• How many families achieve food security because of a referral provided at a Seattle Children’s clinic? We will measure baseline and progress.

• How many primary care providers currently screen for food insecurity? We will measure baseline and progress.

• How much did we invest in sponsorships and partnerships to community organizations that work to improve food access? We will measure baseline and progress.

**Seattle Children’s Resources and Community Assets or Partners:**

• Nutrition Services∞*

• Social Work∞*

• Guest Services∞*

• Nurses∞*

• Physician liaisons∞*

• Residents∞*

• Sponsorship Committee∞

• Community providers

• Community organizations

∞ indicates Seattle Children’s Program or Department
* indicates Odessa Brown Children’s Clinic Program
Strategy 1.2 Invest in culturally and community tailored programs (e.g., healthy eating, cooking, nutrition) to combat the perceived difficulty of cooking from scratch, food affordability and other intimidating factors

Tactics:

• Promote programs and services that result in a healthier lifestyle (includes social media and online classes as tools since it can be difficult to attend in person).

• Expand the role of OBCC programming within the community (e.g. Spanish cooking/nutrition classes, mindful eating) such as Cooking Matters and/or Fit 4 You, by partnering with community organizations or increasing enrollment at OBCC.

• Expand Seattle Children’s Garden Project to include more patients, their families and children from the surrounding community.

• Increase the number of participants in our Food Insecurity Nutrition Incentives (FINI) grant project, which aims to improve the nutrition status of low-income households participating in SNAP (Supplemental Nutrition Assistance Program e.g. food stamps) by increasing their purchases of fruits and vegetables via a program called FreshBucks Rx. The program provides cash incentives at the point of purchase in farmers markets and grocery stores.

Anticipated Impact:

Families from underserved communities in King County find it easier to cook from scratch and to find affordable foods thanks to an increased effort from Seattle Children’s and OBCC to offer community tailored healthy eating programs. Food insecure families with diet-related chronic diseases are provided affordable access to fresh fruits and vegetables (measured by increase consumption data and decreased BMI for FINI/Fresh Bucks participants). Between 2016 and 2019, we increased the number of partnerships with community organizations twofold and the number of additional classes twofold as well. An increased number of people participated in programs and services that promoted healthier lifestyles, up from when we started the plan.

Evaluation Measures:

• How many classes are promoted/ offered per year? In how many languages?
• How many individuals participate in educational efforts?
• How many families have changed cooking and food buying habits (baseline and progress)?
• How many new partnerships between OBCC and community orgs providing cooking classes were established?
• Food insecure patients with diet-related chronic diseases are provided affordable access to fresh fruits and vegetables (FreshBucks participants will consume more fruits and vegetables and will decrease their BMI).
Seattle Children’s Resources and Community Assets or Partners:

- OBCC*
- Wellness Clinics∞*
- Mission Nutrition team∞
- Marketing & Communications Team∞
- FINI grant recipients
- Washington State Department of Health (multiple programs within the Offices of Healthy Communities and Nutrition Services)
- Fresh Bucks farmers market programs, statewide
- Public Health – Seattle & King County
- MultiCare Health System
- Safeway Foundation
- University of Washington Center for Public Health Nutrition
- Solid Ground

∞ indicates Seattle Children’s Program or Department
* indicates Odessa Brown Children’s Clinic Program

Strategy 1.3 Implement or sustain evidence based initiatives to address the challenges of accessing safe places to play, engage in physical activity, and help with weight management.

Tactics:

- Conduct research related to (a) weight management, (b) neighborhood environments that impact physical activity and eating behaviors, (c) help parents better manage their child’s weight and integrate obesity treatment programs as a result.
- Establish a backbone structure for community-based research in partnership between the Research Institute and Seattle Children’s Hospital and OBCC.
- Increase involvement in partnerships such as YMCA ACT and “75210” program, utilize locations where children spend their time: child care, school, afterschool programs.
- Sustain or expand the reach of healthy active living education and curriculum interactions in the community.
- Invest in evidence-based practices like increasing local transportation options such as cycling and walking improvements.

Anticipated Impact:

Seattle Children’s Hospital and Research Institute have a backbone structure for community-based research. SCRI receives increased amounts of grants over 2016 levels childhood obesity research and increases publications as a result. SCH will work with an increased number of collaborators to promote physical activity. Along with one of our longtime partners, the YMCA, we increased the number of scholarships for ACT by 20%. Seattle Children’s continues it current $1 million in investments in
community cycling and walking improvements.

Evaluation Measures:

- Was the backbone structure for community-based research created? (yes/no)
- $ invested in research and # publications
- How many collaborators did we engage to promote physical activity
- How much $ did we invest in sponsorships and community org support
- How many children and youth participated in exercise/physical activity programs
- How many people participate in 75210 programs?
- How many families participated in ACT? (baseline, increment - % increase from previous years)
- How many families receive scholarship for ACT?
- Was the HAL grant continues?
- What was the $ investment in cycling and walking improvements?

Seattle Children’s Resources and Community
Assets or Partners:

- ACT! program team ∞*
- 75210 team∞
- Marketing and Communications∞
- OBCC*
- Seattle Children’s Research Institute∞
- Transportation department ∞
- HAL (Healthy Active Living) grant awarded to Seattle Children’s from the American Academy of Pediatrics
- City of Seattle
- King County
- Researchers
- After school programs
- Child care programs
- YMCA

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* indicates Odessa Brown Children’s Clinic Program

Strategy 1.4 Integrate advocacy as a core component of healthy eating, safe and active living and food security initiative.
Tactics:

- Work in partnership with organizations and efforts such as the Childhood Obesity Prevention Coalition (COPC) and the Anti-Hunger and Nutrition Coalition (AHNC), Healthy King County
Coalition (HKCC), the Children’s Alliance, Solid Ground and the Governor’s Task Force to move forward policies that promote healthy eating, active living and food security.

• Advance policy, systems and environmental initiatives through Partnerships to Improve Community Health (PICH) grant.

• Maintain a leadership role with Healthy King County Coalition.

Anticipated Impact:

Developed a two-fold increase in bills introduced related to healthy eating, active living and food security and presented to 150 legislators. These efforts resulted in expanded SNAP grants in Washington State.

Evaluation Measures:

How many bills were worked on?

How many legislators were educated?

How many partnerships did Seattle Children’s have with policy focused partners?

Which changes occurred as a result of bills?

Which PSE and changes occurred as a result of PICH efforts?

Seattle Children’s Resources and Community Assets or Partners:

• Childhood Obesity Prevention Coalition
• Anti-Hunger and Nutrition Coalition
• Healthy King County Coalition
• Children’s Alliance
• Solid Ground
• Governor’s Task Force
• Partnership to Improve Community Health (PICH) grant partners
• Legislators
• Public Health Seattle/ King County

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Community Health Initiative 2: Provide better coordination of care for children and teens with chronic conditions.

One out of every four children who come to Seattle Children’s has a complex chronic condition. Children with complex chronic conditions have lifelong progressive chronic conditions and/or significant chronic conditions in two or more body systems. This group of children represents 1% to 2% of the general pediatric patient population and 25% of Children’s patient population, occupying more than half of the hospital’s total patient bed days. Children with complex medical needs require a coordination of efforts within the hospital and throughout the community to ensure the best possible outcomes for these children.

Children with complex chronic conditions also require intensive clinical care and coordination with community providers, which is generally unreimbursed. Children with special healthcare needs are less likely to:

• Meet all criteria for a medical home;
• Have easy access to obtaining needed referrals; and
• Have adequate insurance to meet their healthcare needs.7

In the state of Washington, 47.1% of children with special healthcare needs reported receiving effective care coordination compared to 75.2% of children without special healthcare needs.8 Of youth ages 12 to 17 with special needs, only half received the services needed for transition to adult life, adult healthcare, work and independence.9

**Goal:** All children with chronic conditions and their families will have access to comprehensive, culturally sensitive, coordinated, effective and affordable care within a medical home. This care will empower them to reach their full potential as they have defined it. They will be able to successfully transition into adulthood through a system that spans the full spectrum of care. The system will facilitate effective communication across health and community services, and will creatively use existing resources.

**Strategy 2.1 Develop a systematic approach to care transitions between Seattle Children's and primary care providers and community organizations including hospital to home and adolescent to adult care.**

**Tactics:**

*Hospital to home*

• Continue with Pediatric Partners in Care (PPIC) grant.
• Support and expand Medical Legal Partnership, Patient Navigators program, the Center for Children with Special Needs, Guest Services.

*Community Based Care Coordination*

• Advocate for care coordination that supports the needs of children and teens through the Accountable Communities of Health (ACHs).

*Adolescent transition to adult health care*

• Advocate for a health educator role at Garfield School-Based Health Clinic to optimize health promotion among high school students.
• Integrate best practices for the transition of youth to adult care using the *Got Transition* framework.

**Anticipated Impact:**

• Seattle Children’s has systems in place to collaborate with community providers to make safe and smooth health transitions between the hospital and the patient’s home. Those systems include: Medical Legal Partnership, Guest Services, Patient Navigators, and Center for Children with Special Needs.
• Expanded its adolescent health transition resources and programs from baseline number of clinics and departments in 2016.

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8 Ibid.
• Care coordination system changes follow evidence-based research findings
• Growth in number served by Guest Services, Medical Legal Partnership, Patient Navigators and the Center for Children with Special Needs.

Evaluation Measures:
• How many clinics/departments have an adolescent transition program in place? (baseline and progress).
• Measures established to track successful youth care transition planning and being applied across all clinics (Y/N).
• Number served by Pediatric Partners in Care and OBCC (results and sustainability).

Seattle Children’s Resources and Community Assets or Partners:
• Accountable Communities of Health (ACHs)
• Center for Children with Special Needs
• Medical Legal Partnership
• Guest Services
• Patient Navigator Program
• Adolescent Transition to Adult Health core committee
• Community engagement in WAMI region
• Clinics/departments with adolescent transition in place
• All clinics and departments
• OBCC
• Parents
• Patients
• UW Transition clinic
• Adult care providers

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Strategy 2.2 Enhance partnerships that enable care coordination in our region

Tactics:
• Enhance partnerships with stakeholders and advocacy organizations such as Accountable Communities of Health, Health Coalition for Children and Youth, Federally Qualified Health Centers, other health systems, schools, family advocacy groups, primary care providers, Department of Health and local public health jurisdictions.
• Expand support for Medicaid Transportation for children and youth.
• Implement models of care based on learnings from Transitional Long Term Care (TLC) program, Pediatric Partners in Care, Health Services within the Office of the Superintendent of Public Instruction, Children’s University Medical Group, OBCC, SCRI and Adolescent Health.
• Enhance our partnership with schools and early learning programs by:
  o Increasing our collaborative work with the Washington state school (OSPI) board,
- Applying for the RWJF’s grant, *Data Across Sectors for Health*, to extend SCH data and information sharing initiatives with OSPI and other community partners,
- Supporting them through sponsorships and programmatic support.
- Prioritizing school nursing, and
- Speaking out for improved implementation of the McCleary Decision of 2012

- Partner with UW school of nursing and School Nurse Corps around care coordination.

**Anticipated Impact:**

- Care coordination partnerships increase twofold over baseline.

**Evaluation Measures:**

- New and renewed partnerships
- Models of care implemented
- Seattle Children’s seat at OSPI Board? (yes/no)
- Data across Sectors for Health RWJF’s received? (yes/no)
- $ invested in sponsorships and programs to schools and early learning programs
- Advocacy support to the McCleary Decision? (yes/no)
- Number of listening sessions, community cafes or stakeholder interviews conducted?

**Seattle Children’s Resources and Community Assets or Partners:**

- TLC program
- Pediatric Partners in Care
- Office of the Superintendent of Public Instruction
- Children’s University Medical Group
- Adolescent Health
- Schools and early learning programs
- School nurses

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**Strategy 2.3. Enhance equitable care coordination by increasing the number of providers and staff from diverse socioeconomic and ethnic backgrounds.**

**Tactics:**

- Develop a pipeline program for youth of diverse backgrounds applying a health equity lens on hiring practices.
• Conduct research.
• Anchor hiring and purchasing locally.
• Improve Seattle Children’s hiring data by disaggregating by ethnic group, prioritizing the Asian American & Native Hawaiian and other Pacific Islander communities.

**Impact:**
Seattle Children’s improved the overall services of and increased its race equity approach of care transitions services by adding staff of diverse backgrounds, supporting research and implementing models of care.

**Evaluation Measures:**
• Number of additional workforce members hired from diverse ethnic backgrounds.
• Developed pipeline program for youth of diverse backgrounds applying a health equity lens on hiring practices (yes/no).
• Data improved over baseline by disaggregating data by ethnic group, prioritizing the Asian American & Native Hawaiian and other Pacific Islander communities (yes/no).

**Seattle Children’s Resources and Community Assets or Partners:**
• Center for Diversity and Health Equity
• Human Resources
• Hospital leadership
• Sustainability
• Facilities
• High schools
• Community colleges and local universities

∞ indicates Seattle Children’s Program or Department
* indicates Odessa Brown Children’s Clinic Program

**Strategy 2.4. Integrate advocacy as a core component of care coordination for children and teens with chronic conditions.**

**Tactics:**
• Maintain a leadership role on Health Coalition for Children and Youth
• Advocate for children and youth needs as part of the Accountable Communities of Health
• Increase patient centered medical homes
• Increase payment models for care management
• Advocate for public transportation improvements in South King County with a focus on our work with Hopelink.

**Anticipated Impact:**
The needs of children and youth with chronic conditions and their families are protected and included in the priorities of the Accountable Communities of Health, Global Medicaid Waiver and Adolescent Health and transportation improvements in South King County.

**Evaluation Measures:**

- Leadership role in HCCY? (yes/no)
- Accountable Communities of Health included (specific) needs of children and youth
- Increase in and description of transportation improvements in South King County

**Seattle Children’s Resources and Community Assets or Partners:**

- Health Coalition for Children and Youth (HCCY)
- Accountable Communities of Health
- KC Metro and other transportation providers
- Legislators
- Washington Chapter, American Academy of Pediatrics (WCAAP)

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Community Health Initiative 3: Prevent suicide and invest in violence prevention activities.

Violence takes many forms, including intimate partner violence, sexual violence, child maltreatment, bullying, suicidal behavior, and elder abuse and neglect. These forms of violence are interconnected and often share the same root causes. They can also all take place under one roof, or in a given community or neighborhood and can happen at the same time or at different stages of life.\(^\text{10,11}\)

Understanding the overlapping causes of violence and the things that can protect people and communities is important, and can help us better address violence in all its forms. In 2013 and again in 2016, firearms were the third leading cause of injury-related death in WA behind deaths from poisoning and falls.\(^\text{12}\) Since 2008, there have been more deaths from firearms than motor vehicle traffic in 2013, there were 620 firearm deaths and 454 vehicle traffic deaths.\(^\text{13}\) Firearms are involved in 1 in 6 (18%) of all deaths among youth ages 15 to 24. In Washington state, a child or teen is killed by gunfire every 8 days.\(^\text{14}\)

Firearms are the #1 method of suicide in Washington state.\(^\text{15}\) From 2009 to 2013, 139 youth (17 or younger) died by suicide in Washington; 49 (35%) died from firearms. During this same period, 37 youth died by suicide in King County; 9 youth (24%) used firearms.\(^\text{16}\) A study of adolescent suicides found that over half were carried out with guns from the adolescent’s home. More than 75% of the firearms used in suicide attempts and unintentional injuries were stored in the residence of the victim, a relative, or a friend. In 2013, among WA adults 18 yrs. and older an estimated 36% (or 1,889,000 adults) have a firearm in or around their home; of those reporting the presence of a firearm, more than half (51%) or about 971,000 report having an unlocked firearm.\(^\text{17}\) Practicing safe firearm storage is a proven method in keeping children and youth safe from firearm suicide and unintentional shootings. When firearm are stored locked, suicide by firearm is reduced by 78% accidental shootings are reduced by 85%, shootings with handguns are reduced by 83% and shootings with long firearms are reduced by 75%.\(^\text{18}\)

**Goal:** Increase access to and proper use of safe firearm storage devices and encourage firearm owners who have children of their own or ever have children in their home to practice safe firearm storage to reduce the number of firearm related suicides, violence and unintentional shootings among children and youth.

\(^{13}\) Ibid.  
\(^{14}\) Children's Defense Fund, Children in Washington Factsheet, March 2013  
\(^{15}\) WA State Department of Health, Fatal Injury Data Tables, November 2014  
\(^{16}\) WA State Department of Health, Fatal Injury Data Tables, October 2015  
\(^{17}\) WA State Behavioral Risk Factor Surveillance, System, 2013  
\(^{18}\) Source: Grossman et al., 2005
**Strategy 3.1 Increase access to and proper use of safe firearm storage devices.**

**Tactics:**

- Hold at least 4 safe firearm storage giveaway events and distribute at least 1,200 lock boxes and 100 trigger locks each year.
- Establish new and maintain existing relationships and partnerships with local hospitals/healthcare systems, health departments, Safe Kids Coalitions, retailers and others for each event and area served.
- Create and disseminate a Safe Firearm Storage Program Toolkit and share with other children's hospitals in the U.S.
- Establish an effective internal distribution process for lock boxes, trigger locks and cable locks for patient-families who wish to acquire safe storage device(s) for their home.
- Conduct research into effective dissemination of safe firearm storage devices in the community.

**Anticipated Impact:**

Increased number of firearm owners who have children of their own or ever have children in their home to practice safe firearm storage.

**Evaluation Measures:**

- 1,200 lock boxes and 100 trigger locks were distributed each year.
- 8 new relationships established or maintained per year through giveaway events
- Safe Firearm Storage Program Toolkit created (y/n)
- Safe Firearm Storage Program Toolkit disseminated to at least 5 children’s hospitals in the U.S.
- Developed safe storage device distribution process for Seattle Children’s patient-families. (y/n)
- Change in reported safe storage.

**Seattle Children’s Resources and Community Assets or Partners:**

- Hospitals
- Firearm retailers
- Safe Kids
- Public Health Departments
- community-based organizations
- Children’s Hospitals
- HIPRC
- ForeFront
- WCAAP
- OBCC*

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Strategy 3.2. Increase awareness and educate families, caregivers, community organizations, firearm retailers, healthcare providers and others on the importance and effectiveness of safe firearm storage.

Tactics:

- Distribute Seattle Children’s community education and LokItUp firearm safety/safe firearm storage materials.
- Include "Firearms in the Home" flyer authored by Seattle Children’s in DOH Child Profile Mailing.
- Maintain and grow online webpage(s) resources: [www.seattlechildrens.org/gunsafety](http://www.seattlechildrens.org/gunsafety) to promote safe firearm storage events and firearm safety/safe storage resources to reduce and prevent firearm tragedies.
- Screening questions and anticipatory guidance by pediatricians.
- Evidence based strategies like those discovered through research with the Social Media and Adolescent Health Research Team (SMAHRT) including the goal of understanding displayed health behaviors on social media sites, and considering new ways to provide prevention and intervention programs using social media.

Anticipated Impact:
Seattle Children’s provided accurate, evidence-based information and messages to the general public, health care providers and community leaders on the importance and effectiveness of safe firearm storage to prevent firearm tragedies.

Evaluation Measures:

- New web resource established? (y/n)
- Web traffic (unique page views) increased by 10% (baseline: 4,411 in FY16).
- Eight safe firearm storage/violence prevention related media stories placed/earned each year.
- Increase by 1% the answer to the Statewide Awareness Survey Question: “What one child safety and health topic would you most like to see Seattle Children’s address in your community?” (Baseline: 8% in 2016).

Seattle Children’s Resources and Community Assets or Partners:

- Seattle Children’s Marketing Communications
- Local media
- Department of Health Child Profile Mailing
- Washington Chapter of the American Academy of Pediatrics
- Lok-it-Up
Strategy 3.3. Serve as community advocate and resource for youth, families, schools, community organizations, pediatric healthcare providers and others that may be at risk in the future or already have been affected by a firearm tragedy.

Tactics:

- Maintain leadership position for WA State Firearm Tragedy Prevention Network and coordinate 2 meetings per year.
- Encourage members to continually participate in the WA State Firearm Tragedy Prevention Network.
- Sponsor and/or contribute expertise to at least 2 organizations associated with mental health/suicide prevention and/or preventing firearm tragedies per year.
- Establish partnerships to collaboratively work on suicide and violence prevention initiatives, programs, etc.
- Partner with community organizations and schools to provide resources on suicide and violence prevention, including information on firearm tragedy prevention.
- Participate in Safer Homes Initiative.

Anticipated Impact:

Seattle Children’s is a community advocate and resource and has engaged community organizations, concerned individuals, community leaders, law enforcement, armed forces, youth, schools, firearm retailers, families and others in participating in suicide, violence and firearm tragedy prevention activities.

Evaluation Measures:

- Coordinated and hosted 2 WA Firearm Tragedy Prevention Network Meetings per year.
- Recruited at least 30 people representing diverse groups and perspectives to attend WA Firearm Tragedy Prevention Network Meetings and maintained membership numbers for network from baseline 2016.
- Established new or maintained partnerships with at least 2 organizations/groups per year.
- Identified 3 opportunities to engage communities via task forces, coalitions, work groups, events, etc. per year.

Seattle Children’s Resources and Community Assets or Partners:

- Washington Chapter of the American Academy of Pediatrics
- Lok-it-Up
Strategy 3.4. Conduct research and promote evidence-based practices on youth associated suicide, violence and firearm tragedies to inform prevention and intervention initiatives.

Tactics:

- Pursue and support research projects aligned with youth suicide, violence and firearm tragedy prevention, including collaborating with Seattle Children’s Research Institute’s CCHBD (Center for Child Health, Behavior and Development) program designed to study the course and management of depression in young people, including an ongoing study of suicidal/self-harming adolescents.
- Promote positive parenting and Period of Purple Crying.

Anticipated Impact:

Identified evidence-based interventions and strategies to help inform and prevent youth-related suicide, violence and firearm tragedies are being used in the community.

Evaluation Measures:

- Research findings related to suicide, violence and firearm tragedy prevention shared at approximately 10 conferences or events.
- Participated or supported at least 1 research projects aligned with youth suicide, violence or firearm tragedy prevention.
- Increase over 2016 baseline of birthing hospitals participating in Purple.
- Increase over 2016 baseline of number of Residents trained in positive parenting.

Seattle Children’s Resources and Community Assets or Partners:

- UW School of Public Health
- Seattle Children’s Research Institute
- WA Firearm Tragedy Prevention Network
- Birthing hospitals
- Seattle Children’s Emergency Department
- Seattle Children’s Psych and Behavioral Medicine Unit
- Harborview Injury Prevention and Resource Center
- Washington Chapter of the American Academy of Pediatrics

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Community Health Initiative 4: Enhance access to Mental and Behavioral Health Services

The need for mental health services is significant while lack of access to outpatient treatment, continuum of care and inpatient beds continues statewide. In the state of Washington, an estimated 7.4% of children experience multiple symptoms of mental conditions.\(^{19}\) However, fewer than 20% of children who need mental health services receive them.\(^{20}\) An average of two youth between the ages of 10 and 24 die by suicide each week.\(^{21}\) A recent study found that only 13% of teens ages 13 to 18 with suicidal thoughts visited a mental health professional through their healthcare network.

According to the Centers for Disease Control, one in 110 children in the nation has an autism spectrum disorder (ASD).\(^{22}\) The Washington State Department of Health estimates that ASDs affect from 8,000 to 12,000 children and youth in the state.

**Goal:** We will enhance access to our mental and behavioral health services and the community’s capacity to serve families through education, training, research and coordinated care. We will be a local and national resource, advocating for and empowering families affected by mental illness. Through our strategic initiatives, we will craft new approaches to Mental and Behavioral Health that will help meet the growing community needs.

**Strategy 4.1 Expand on the current Partnership Access Line (PAL) and the Program to Enhance Attention, Regulation and Learning (PEARL) programs to include in-person consultation and Mental Health care coordination in primary care settings.**

**Tactics:**

- Expand Partnership Access Line (PAL) program to include in-person consultation and mental health care coordination in primary care settings in the Tri-Cities region of Washington state.
- Roll out expansion of PAL hotline or other similar programs to community providers in order to connect these providers with experts at Seattle Children's around mental and behavioral health issues. This includes telephone, telemedicine, in-person consultation and mental health care coordination in primary care settings.

**Seattle Children's Resources and Community Assets or Partners:**

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\(^{20}\) Ibid.


Strategy 4.2 Develop, model, implement, then share our integrated mental health approaches to care with others. Support the development of these innovative models with primary care and community providers as well as other medical specialty clinics.

Tactics:

- Participate in the development of physical/mental health integration approaches in Washington state alongside regional accountable communities of health (ACHs).
- Increase capacity of local and community providers to utilize telemedicine and digital health for provision of care.
- Expand the mental and behavioral health program at OBCC focusing on universal screening, early intervention and resilience.
- Better integrate mental health care by embedding psycho-social and behavioral health teams in Seattle Children’s medical specialty services.
- Partner with community organizations addressing social determinants of health and programs aiming to prevent future mental illness.

Anticipated Impact:

- Improved individual, policy, and community health outcomes
- Improved access in targeted programs
- Reduced cost associated with medical treatments for children impacted by mental health concerns
- Reduction of hospitalization and readmission rates
- Expanded geographic footprint of mental and behavioral health service
- Longer term: reduction in suicide rates for King County teens and in WA state teens.

Seattle Children’s Resources and Community Assets or Partners:

- Washington State Department of Health
- Telemedicine
- Partnership Access Line (PAL) ∞

∞ indicates Seattle Children’s Program or Department
* indicates Odessa Brown Children’s Clinic Program
Strategy 4.3 Evaluate, support and explore potential strategies for expansion (both physical and virtual) to increase access to care and provide appropriate level of care.

Tactics:

• Evaluate and implement strategies for mental and behavioral health practitioner deployment within urgent and emergency care.
• Create dedicated Psychiatric Emergency Service and work with community partners to ensure access to appropriate level of care.

Anticipated Impact:

• Improved individual, policy, and community health outcomes
• Improved access in targeted programs
• Routine outcomes demonstrating symptom and functional improvement across sites
• Reduced cost associated with medical treatments for children impacted by mental health concerns
• Reduction of hospitalization and readmission rates
• Expanded geographic footprint of mental and behavioral health service
• Longer term: reduction in suicide rates for King County teens
• Decreased Emergency Department holdings

Seattle Children’s Resources and Community Assets or Partners:

• Seattle - King County Public Health
• Seattle School District
• Be Smart for Kids
• ForeFront
• Lok-It-Up
• Social Medial and Adolescent Health Research Team (SMAHRT) *
• Regional and Community hospitals

∞ indicates Seattle Children’s Program or Department
* indicates Odessa Brown Children’s Clinic Program

Strategy 4.4 Utilize Seattle Children’s unique expertise to provide training for health professionals and families around identifying and treating mental and behavioral health issues. Includes integrating advocacy as a core component of the mental and behavioral health initiative as well as increasing community partnerships and collaborations.

Tactics:

• Establish and maintain focused partnerships with schools and community organizations to improve parenting practices, reduce mental health stigma and address and educate the
community about wellness and prevention of suicide, violence, bullying, child abuse and substance use.

- Advocate for policy related to mental and behavioral health, including suicide and violence prevention, substance abuse initiatives, youth marijuana initiative, positive parenting programs, reducing adverse childhood experiences.
- Broaden number of providers and family members who are trained in modules or tool kits such as Mental Health First Aid, Zero Suicide Initiative, LEARN, Safer Homes and others.
- Apply a Social Determinants of Health lens to our work including adopting an anchor mission statement.

Please visit: https://www.seattlechildrens.org/about/community-benefit/community-health-assessment/ for updates to this CHIS and to see our dashboard to visualize our progress on these improvement strategies