



Mind, Body & Culture Final Grant Report

2022 - 2023

In partnership with:



Administered & Reported by
Voices of Tomorrow

PROGRESS TOWARDS PROGRAM GOALS

During the grant period, Mind Body and Culture (MBC) undertook the task of integrating mental health and trauma-informed practices into existing early learning programs, with a particular emphasis on infant and toddler care. Additionally, the program aimed to promote a shift in the East African community's attitudes towards mental health.

In the first year of MBC implementation, significant strides were made. The organization hired a licensed mental health professional who conducted a comprehensive assessment of Voices of Tomorrow's (VOT) trauma-informed services. Subsequently, a series of tailored training programs were developed and delivered to all VOT staff, with a focus on equipping field staff with the knowledge and skills necessary for trauma-informed care. The Mental Health Counselor (MCH) also implemented mechanisms to ensure that all facets of VOT's mission, culture, and practice adhered to trauma-informed principles.

Notably, when confronted with the challenges posed by the COVID-19 pandemic, Voices of Tomorrow adapted creatively. This adaptation included virtual interviews with mental health counselors, the implementation of rigorous safety measures at their Burien office, and an expansion of the candidate pool for bilingual mental health professionals to address shortages. Adjustments were made to screening tools for young children, shifting from ACEs (Adverse Childhood Experiences) to specific questions in intake packets and the Ages and Stages Questionnaire. Despite these obstacles, Voices of Tomorrow remained resilient in delivering vital services during the pandemic.



PROGRESS TOWARDS PROGRAM GOALS

In Year 2, the MBC program was launched despite the ongoing pandemic. The initial months were dedicated to relationship building, assessments, and case management support. Families were matched with home visitors from their own communities who spoke the same language. Initially, many families were hesitant to participate, expressing concerns about COVID-19 and apprehension about discussing mental health and trauma. However, through persistent efforts and relationship-building conversations, more families began to articulate their challenges, needs, and aspirations. Goals were set, and families became more receptive to seeking support and discussing their struggles.

By Year 3, our home visitors were operating at full capacity, leading to an increase in the number of families on our waiting lists. During this phase, we continued our commitment to supporting families with a holistic approach. Weekly deliveries of essential resources were provided to families, and specialized assistance was extended to pregnant mothers and mothers with young children, addressing critical topics such as postpartum depression and nutrition.

Every family within the program received personalized support aimed at achieving specific goals. Our comprehensive case management services encompassed a wide spectrum of areas, including but not limited to:

- Conflict resolutions
- Education/employment
- Trauma management
- Individualized Development-Centric Case Management Plans
- Secondary Trauma Prevention
- Family Support Groups
- Culturally Responsive Mental Health Counseling



GOALS IDENTIFIED:

- Families will develop coping strategies and find resources for managing conflict, trauma, stress, and discipline.
- Families will strategize around higher education, employment, family physical/mental history, languages spoken, and support from outside agencies.
- Case management will facilitate coaching sessions discussing toxic stress and trauma's effect on both children and adults, using household materials and providing engaging "try at home" tips.
- Execution of individualized development-centric case management plans.
- Families will learn to handle and prevent secondary trauma stress, devising practical strategies for the entire family.
- Develop partnerships with community entities, like Somali Doulas Northwest, for prenatal/postpartum resources.
- Organize family support groups promoting healthy eating and living.
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GOALS MET:

- Families gained a deeper understanding of their own mental health, learning coping strategies for stress and conflicts.
- Families tackled intellectual, emotional, and physical challenges of cultural adjustment in the U.S., regaining cultural identity and respect.
- Families connected with resources reducing barriers for East-African refugees, addressing income, mental health, and more.
- Each families developed individualized goals with their home visitors and they worked together each month to ensure they meet their goals.
- Home visitor starts their home visits with simple selfcare practices at home and leave additional resources with families.
- Families learned about agencies like FAFSA, Community College, and WIC, ensuring access to vital services.
- We hosted family engagement quarterly where families shared resources, cultural practices, and tips with each other.
- Families gained a deeper understanding of their own mental health, learning coping strategies for stress and conflicts.
- Provided families with information on available scholarships, offered families access to training programs that enhance job-related skills and, establish partnerships with local agencies that offer services beneficial to families. This could include financial assistance, housing resources, or immigration services.
- Through case management we provide the families with guided sessions on toxic stress and trauma for all ages, offering practical home-based tips.
- Implemented of personalized development-focused case plans.
- Families participated in trauma-informed workshops to understand secondary trauma. They were equipped with hands-on strategies tailored for all family members.

THEORY OF CHANGE

VALUES:

CHILD FOCUSED, CULTURALLY RESPONSIVE, HEALTH & SAFETY,
RACIAL EQUITY, STRENGTH BASED

EQUITY IMPACT:

Our program aims to bridge the disparities that immigrant and refugee families face, surrounding mental health and trauma informed care. Our program aims to support families through a strength-based approach, while ensuring that all of the needs that have been identified are met. Our program understand the disparities that immigrant and refugee families face when they are moved, and we aim to support them in navigating these disparities and challenges.

DISPARITIES:

- Higher rates of mental health concerns
- Lower rates of mental health screenings
- Displacement
- Lack of access to services
- Lack of knowledge about services in the community
- Lack of advocacy
- Limited English proficiency
- Cultural adjustments
- Income

STRATEGIES & OUTCOMES:

- Assessments and screenings
- Relationship building
- Family centered assessments
- Goal setting & support
- Direct parent observation & coaching
- Case management & referrals
- Family advocacy
- Group / community connections
- Mental health services through trauma informed practices

EARLY CHANGES:

- Families will develop coping strategies, find tools and resources for managing conflict, trauma, stress, and discipline.
- Families will develop strategies around higher education, economics, and employment, child-family physical / mental history, languages spoken at home, and support from outside agencies.
- Case management will allow families to have coaching sessions that discuss toxic stress, and how trauma affects children and adults
- Access to culturally responsive mental health counseling.
- Case managers will use household materials and suggest “try at home” tips for the family to engage.
- Families will learn ways to address and prevent secondary trauma stress and develop practical strategies to use.
- Developing a network of community partners, such as Somali Doula NW, to provide prenatal and postpartum resources.
- Family support groups will promote healthy eating, active living, and parent-to-parent support.



Availability of Therapists:

We made several adaptations to our original plans in response to external factors. Initially, our plan was to offer direct mental health counseling services to our families. However, due to challenges in retaining personal therapists and ensuring their availability, we adjusted our approach.

Instead, we forged valuable partnerships with community organizations such as the Children's Therapy Center and Mary Bridges Family Therapy Center. This strategic shift allowed us to refer our families to these agencies for the necessary therapy support, ensuring that they still received the help they required.

COVID-19 Pandemic:

Another significant external factor was the peak of the COVID-19 pandemic, which made it extremely challenging to provide in-person services. To address this issue, we swiftly transitioned to virtual service delivery. This adaptation enabled us to continue offering support to our families while adhering to stringent health and safety guidelines.

Furthermore, we recognized the importance of flexibility in our service delivery approach. Given the diverse schedules and unique needs of our families, we worked closely with each one to tailor our virtual services accordingly. This customization ensured that our support remained effective and responsive to the specific challenges and circumstances faced by our families.

In summary, our ability to adapt to these external factors involved partnering with community organizations, embracing virtual service delivery, and providing personalized support to meet the individual needs of our families during challenging times.

PROGAM INSIGHTS

Basic Needs:

The most significant insight gained from our work was the profound importance of addressing mental health, providing behavioral support, and meeting basic needs within our community. Our focus was on assisting a sizable population of low-income refugee families, many of whom hailed from war-torn regions.

Initially, during the MBC program's inception, our families primarily expressed their need for essential items like diapers, wipes, formula, and winter clothing. Even these basic necessities were not consistently requested, as some families hesitated to seek help. However, as our home visitors built relationships with these families, we witnessed a significant shift.

Mental Health Support:

Many families began openly discussing their specific needs, including the need for therapy services, access to financial support, and assistance in acquiring essential items like diapers and wipes. Much of our community partnerships developed as a direct response to these needs expressed by our families.

In the East African community, discussing mental health issues or seeking support for basic needs is not a common practice. We recognize the courage it has taken for these families to not only participate in the MBC program but also to welcome strangers into their homes and share their needs with them.

Trauma-Informed Care:

A team of Somali childcare providers proved to be invaluable in our efforts to address the mental health concerns of the community. Working closely with DCFY, this design team helped co-develop culturally responsive trauma-informed training material. This approach towards addressing trauma was adopted by the Provider Support & Education department, which helped to guide and inform two separate, incentivized trainings for childcare providers.



COMMUNITY OF FOCUS

Our work was designed and centered on pregnant people, their children and their families. Our MBC program served prenatal to 3-year-old children. While we worked mainly with mothers, we also had some fathers who were a part of our program. Our dedicated home visitors spent months taking courses through the University of Washington Bernard Center where they learned how to use and implement the promoting first relationship (PFR) curriculum and the Parent Child Infant scale (PCI).

These two courses combine provided evidence-based training to our home visitors on early childhood bonding and the importance of prenatal support. This ensured that our work was not only evidence based but that it would be the best curriculum to provide for our families. Throughout the program we took feedback from the families through phone calls to ensure that they were satisfied with the service they were receiving.

IMPACT & SUCCESS

Our families shared various stories about how the program had changed their interactions with their children. One mother reported that through the MBC program she was able to develop skills that allowed her to work with her child better. Another mother reported that through MBC she was able to learn communication skills beyond what she was taught as a mother on how to communicate with her children in order to understand and meet their needs better. MBC really focused on the parents/caregivers and their needs. This is evident through the story of one of our mothers who became a single parent while pregnant with twins during COVID.

During this time, she had no income and did not have more than a high school diploma. Our home visitor worked with her to get a job during COVID. Our home visitor also worked with her to ensure she had basic needs met and VOT worked to ensure that she would not be evicted after being late on rent for several months. After giving birth, her home visitor was the first person she called while she was in the hospital. This reflects the amazing bond that the home visitor was able to establish with the mother. The home visitor also worked with her to fill out forms such as the FMLA form and child support paperwork. This mother was supported and guided and continues to work through the MBC program to ensure that she can provide healthy promotional relationships with her children.



EQUITY, DIVERSITY & INCLUSION

Equity, diversity, and inclusion is the epicenter of the work we do. To ensure that this outcome was met, we ensured that our staff were properly trained by Dr. Sharon Knight, a social justice advocate that works with communities to deliver training through a race and social justice lens. Staff completed a total of 18 hours in racial equity content at minimum, while other staff in leadership positions completed additional individual training and completed presentations on the value of racial equity.

CHALLENGES & BARRIERS:

Again, because of COVID, we found it difficult to fully engage in all of the trainings to the full extent that we hoped for. Training was delivered virtually, and we felt that it limited the experience, as staff were not able to fully address their personal experiences in relation to the content.

We hope to invite Dr. Sharon Knight again into our program to provide in person, hands on training to our staff. Additionally, we hope to incorporate the presentation aspect throughout all staff, even if on a smaller scale, to ensure a strong understanding of the training content.



PARTNERSHIPS & COLLABORATION

Some key partnerships that we established during our time with Perigee that really supported our work include:

KIDVANTAGE
SOMALI DULAS NORTHWEST
TRUE MEASURE COLLABORATIVE
MARY BRIDGES CHILD THERAPY CENTER
CHILDRENS THERAPY CENTER

We have shared our work with True Measure Collaborative and the Mary Bridges Therapy Center so that we can both learn from each other. While both of these organizations continue to work with us, we have a meeting scheduled to discuss progress, concerns, and individual child needs. We plan to share our work with other organizations to hopefully strengthen our partnerships and support us in building new partnerships in the community.

CONTINUED SUPPORT:

We believe that sustainability is crucial in the work that we do. We aim to establish ongoing relationships with community partners and funders to allow us to provide ongoing support to our families and communities that we work with. To do this we would love organizations such as Perigee to provide full transparency when it comes to program continuation and future funding opportunities.

While the support that Perigee has provided has allowed us the tremendous opportunity to provide an amazing program that really aimed to reduce the impacts of trauma and inform families, it is difficult to have to end the program and communicate with our families that we cannot provide further support after a certain time. We understand and see how impactful early childhood work is on families and children but in order to see lasting and long-term efforts it is important that we maintain such programs for longer durations.

POLICY & ADVOCACY

By the end of the contract period Voices of Tomorrow has been able to fully launch a new Policy and Advocacy department. To achieve this, we used the Perigee Funds to provide initial staffing capacity for building out a structure, enabling department growth and key efforts to create sustainability.

Policy & Advocacy Department Development

- This department now consists of 4 FTE's who oversee and/or support 4 different internal and external, community advisory committees that have shaped the foundations of VOT's policy and advocacy work and play key role on influencing the implementation of policies affecting immigrant and refugee families who care for infants and toddlers.
- Our department structure consists of written documentation outlining our approach, policy and advocacy decision making protocols, annual policy landscape analysis and research which is conducted annually

APPROACH & INSIGHTS:

While our approaches have not changed, we have adapted our timelines to allow the time and space for creation of new training materials, testing out approaches to soliciting community input and engagement strategies, as well as investing in the relationship building with coalitions and stakeholder groups. PAD views the diversity of experience from individuals inside and outside our organization vital to this work.

We strive to remain a trusted source of information and resources to better the lives of those we serve. This requires us to listen to our staff, families, and childcare providers with the intention to best understand the challenges they face. While enabling our department to be guided by input from all these sources, we are continuously building upon and improving our structures based on continuous feedback.

Since our proposal, we have learned many lessons, including the time-consuming work of creating culturally responsive ways to train community members, and staff on the importance of policy and advocacy work. Effective systems and policy change cannot have equitable outcomes without incorporating those who are affected into the decision-making process.

Thus, we strive to ensure appropriate tools and resources are available to ensure their participation can be meaningful, so they feel equipped and confident in their participation.



PROGRESS TOWARDS INTENDED OUTCOMES

The following progress has been made on our proposed activities/indicators to reach the outcome goals:

- We conduct policy research and conduct legislative tracking to understand the current policy landscape annually. This process takes place between January and April of each year, culminating in a final landscape analysis report in May that directs policy initiatives and planning for the remainder of the year.
- We have begun building relationships with Washington State legislators, King County and City of Seattle Leaders to introduce them to our work and engage in dialog around our legislative interests.
- We advise on coalition and organizational partners legislative priorities, including One America, Washington State Association for Head Start and ECEAP, Childrens Alliance.
- We have supported the development of policy recommendations in partnership with the above-mentioned community stakeholders.
- We have cultivated additional partnerships to receive additional grant partnerships to support the continuation of this department's work.

CHALLENGES & BARRIERS:

The most significant challenge we have faced is in the development of our advocacy training program. We have faced setbacks when it comes to finding qualified individuals to support curriculum development as well as culturally and linguistically matched facilitators. This has delayed the intended training component of our department's services.

To respond to these challenges, we have worked to provide existing staff and internal advisory council members with professional development opportunities to build internal capacity, which can be incredibly time-consuming.

COMMUNITY IMPACT

The work we have completed this far has been focused on building foundation components of our Policy and Advocacy department. To ensure we are centering families with young children in our work we have selected strategies to research and support policies that inform Trauma Informed Care best practices as well as improving maternal health outcomes. For instance, the 2023 legislative session, we signed on in support of support SB 5580 – **Improving maternal health care outcomes.**

This legislation sought to update the current Maternity Support Services to address perinatal outcomes and increase equity and healthier birth outcomes. While it failed in the rules committee of the House, we will be following up in the upcoming 2024 session to promote similar policies.

EQUITY, DIVERSITY & INCLUSION

Our Policy and Advocacy department not only adheres internally to VOT's Commitment to Racial Equity as employees, but we hold ourselves accountable for upholding that commitment in all the spaces we hold externally. We use this approach to guide what partnerships and coalitions we participate in, and any potential policy changes are measured against the lens of racial equity criteria.

We are also participating as a host site for Pathwaves Washington Fellowship, whose goal is to create leadership opportunities for people of color to be embedded in early childhood policy decision processes.



PARTNERSHIPS & FUTURE SUPPORT

We have secured several funding partnerships through the Seattle Foundation Fund for Inclusive Recovery and Communities of Opportunity, which have been vital to the growth and development of this department.

Their support has allowed us to increase staffing, implement programming such as ongoing community conversations, and develop our external advisory boards and community presence.

We have shared with them and other partners the crucial need for more investments to organizations like VOT for ongoing support to participate in policy and advocacy work.

PROMOTING EARLY CHILDHOOD WELLBEING:

True systems change cannot be solved in a 1-to-2-year period. The importance of lasting and reliable investments in this work is necessary to truly address inequitable systems and policies. For an organization like VOT to enter this work, we are continuously competing against historical practices of excluding minority led organizations from decision making tables.

Breaking down barriers by building trust with the communities we serve as well as raising awareness of our work with stakeholders who hold power takes time. We hope the Perigee Fund will remain partner of this work so we can make lasting change for children and families.