Theory of Change for 2022 Youth and Young Adult Behavioral Health RFP

	Theory of Change Term	Definition & Action
Population Accountability	Population	Who we want to impact
	HSD Population	141,000 youth ages 8 – 24 years in Seattle
	Priority Population	Seattle Black, Indigenous and People of Color (BIPOC) youth, including LGBTQ+ youth of color, experiencing behavioral health concerns
		What we want to achieve in the community
	Desired Result	Preparing youth for success • All youth in Seattle successfully transition to adulthood
	Indicator(s)	How we know if the desired result was achieved; it describes the wellbeing of the population
	HSD Indicator(s)	 % of Seattle middle and high school students with a trusted adult to talk to
		 % of Seattle middle and high students reported in the last 12 months feeling so sad/hopeless for 2+ weeks they stopped doing usual activities
		 % of emergency department visits involving suicidal ideation among King County youth and young adults 10 – 24 years
Racial Equity Population Accountability		Data depicting socioeconomic disparities and disproportionality between racial/ethnic populations
		 % of middle and high schoolers in Seattle with a trusted adult to talk to¹: 66% of Black/African American 67% of Hispanic/Latino
		68% of Native Hawaiian/Pacific Islander70% of Asian
		• 70% of Two or more races
		78% of American Indian/Alaska Native86% White
	Racial Disparity Indicator Data	% of Seattle middle and high school students reported in the last 12 months feeling so sad/hopeless for 2+ weeks they stopped doing usual activities²: • 38% of Native Hawaiian/Pacific Islander • 36% of Hispanic/Latino • 36% of Two or more races • 35% of American Indian/Alaska Native • 32% of Black/African American • 30% of Asian • 26% White

¹ Washington State Healthy Youth Survey (YHS). Average 2016 & 2018. Washington State Department of Health and Human Services.

² Washington State Healthy Youth Survey (YHS). Average 2016 & 2018. Washington State Department of Health and Human Services.

		Average of 2019 – 2021 emergency department visits involving suicidal ideation among King County youth and young adults 10 – 24 years (rate per 10,000 ED) ³ : • 583 for American Indian/Alaska Native • 209.4 for Native Hawaiian/Pacific Islander • 327.7 for Black/African American • 306.7 for Hispanic/Latino • 499.4 for Asians • 332.5 for Other Race • 571.1 for White • 785.8 for Unknown
	Focus Population	 Which race/ethnic groups within the priority population show the highest disparities Asian American Indian/Alaska Native Black/African American Hispanic/Latino Native Hawaiian/Pacific Islander
	Population-Level Racial Equity Goal(s)	 What we want to achieve in the focus population % of Black/African American and Hispanic/Latino Seattle middle and high school students will have a trusted adult to talk to % of Native Hawaiian/Pacific Islander and Hispanic/Latino do not feel sad/hopeless for more than 2+ weeks % of American Indian/Alaska Natives' visits to emergency department due to suicidal ideation is decreased
Program Accountability	Strategies	 What works to improve the wellbeing of the population Behavioral Health Supports: non-residential, clinical and non-clinical services that improve the behavioral health and well-being of BIPOC young people. Services must be culturally appropriate and meet behavioral health needs and crises.
	Performance Measure	 Quantity Number of new youth and young adults enrolled in contract-funded behavioral health services Number of youth and young adults participate in:

³ Washington State Department of Health Rapid Information Health Network (RHINO). 2019 – 2021.

Quality % of youth and young adults participated in at least 75% of recommended behavioral health services • % of youth and young adults completed at least one or more recommended outcome goals **Impact** % of youth and young adults feeling less stressed, anxious or depressed • % of new service users report increased confidence accessing/navigating services in the future % of youth and young adults who received behavioral health services reported progress in one or more of the following areas: a. Individual behavior b. Family functioning c. Peer relations d. Trusted adult to talk to e. Community attachment How we know how well a program, agency, or service is doing to address racial disparities • % of focus populations* who received behavioral health services feeling less stressed, anxious or depressed % of new service users in focus populations* who received behavioral health services report increased confidence accessing/navigating services in the future % of focus populations* who received behavioral health services Racial Equity Performance Measures reported progress in one or more of the following areas: a. Individual behavior b. Family functioning c. Peer relations

- d. Trusted adult to talk to
- e. Community attachment

^{*}Focus populations = Asian, American Indian/Alaska Native, Black/African American, Hispanic/Latino, Native Hawaiian/Pacific Islander.