



WHATCOM COUNTY
**HEALTH AND
COMMUNITY
SERVICES**



UNITED WAY
Whatcom County

2025 Community Impact Grants Common Application

PART A: COVER PAGE

Please fill out this form completely. Note that individual funding agencies have specific grant requirements and will require supplemental materials. Please check the agency website below for details.

To which source are you applying?

- City of Bellingham’s Housing or Human/Social Services NOFA:
<https://cob.org/services/housing/funding-opportunities-2/partnerships-funding>
- United Way of Whatcom County’s Community Impact Fund:
<https://www.unitedwaywhatcom.org/help-for-organizations/>
- Whatcom County Health and Community Services:
<https://www.whatcomcounty.us/Bids.aspx>

Agency Contact Information:

Agency Name: Brigid Collins House
 DBA (if applicable): Brigid Collins Family Support Center
 EIN : 94-3121951 UEID (from SAM.gov): ZJAM5T8LND8
 Mailing address: 1231 N. Garden St. #200 Bellingham, WA 98225
 Website: www.brigidcollins.org
 General phone: (360) 734-4616
 State of Washington Business License Number(s): 601247889

Executive Director (or authorized representative):

Name: Jennifer Lockwood, LMHC
 Title (if not ED): [Click here to enter text.](#)
 Email: jlockwood@brigidcollins.org
 Phone: (360) 734-4616

Application Contact (If different):

Name: (360) 734-4616
 Title: Director of Operations
 Email: mpickel@brigidcollins.org
 Phone: (360) 734-4616

Program Information:

Program Name: General Operating
 Program Address: 1231 N. Garden St. #200 Bellingham, WA 98225
 Are all program services delivered at this address? Yes No



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Funding Request: The award amount is dependent on the funding organization. Please see individual funder’s supplemental materials for more information about the funds available.

How much funding per year are you requesting for this program?

\$ 40,000

Total Annual Project Budget:

\$ 4,357,726

Annual Organizational Budget:

\$ 4,357,726

PART B: AGENCY INFORMATION

Please limit your responses to no more than two pages for questions 1-5.

1. **Agency Mission.** Please paste or copy your agency’s mission statement below.

Our mission is to strengthen community health and resilience by providing comprehensive support to children and their families.

Our vision is a thriving community where no child suffers.

2. **Agency Beneficiaries.** Briefly describe the intent of your agency’s programs and who primarily benefits from them. Please describe your organization’s impact, specifying the number of beneficiaries or clients served per year and their demographics.

Brigid Collins serves more than 3,000 children and their families annually who have experienced abuse or other trauma, substance use disorder, and homelessness in Whatcom, Skagit, Island, and San Juan Counties. 20% of families served throughout our programs are Hispanic/Latinx, 8% are Native American/Alaska Natives, and 14% identify as multi-racial. Nearly all families have a household income of 50% or less AMI, with the majority having incomes below 30% AMI and are considered cost-burden from housing expenses.



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3. **Qualifications and expertise.** Briefly summarize your agency's qualifications and expertise (e.g., years of operation, accreditations, experience of staff members, and number of volunteers). Please mention any recent major organizational changes.

Established in 1990, Brigid Collins has been recognized as a state leader in evidence-based programs. For thirty-five years, we have provided case management, parenting education, mental health, behavioral health, investigative, and medical services to children and their families in our community who have experienced abuse, homelessness, substance use, incarceration, and mental health/behavioral health disorders. We house the National Children's Alliance-accredited Whatcom County Children's Advocacy Center.

Jennifer Lockwood, LMHC, Brigid Collins's Executive Director, has more than twenty years of experience as a case manager, parenting coach, and trauma therapist for children and families. Megan Douglas, LICSW, and Elizabeth Morgan, Brigid Collins's Clinical Directors, have more than 30 years of combined experience serving families and children. Today, we are an organization consisting of volunteers, contractors, and 47 staff, including therapists, case managers, victim advocates, forensic interviewers, and medical providers serving families throughout our region.

4. **Racial Equity and Social Justice.** What steps has your organization taken to address issues of racial equity and social justice within your agency? Which steps are complete, and which are planned or ongoing?

Brigid Collins has been a partner in the North Sound ACH's Medicaid Transformation Initiative since 2018 and has continued our partnership as a member of the Collaborative Network. As a partner with the North Sound ACH, we have worked internally and with other partners to address inequities in our region's medical, mental health, and social services for low-income populations by coordinating services, sharing information, and participating in DEI training. We have focused on hiring and developing bicultural/bilingual staff and staff whose identities represent the families we serve more closely, increasing equity in our data measurement and service development, and reducing barriers to health and social services experienced by marginalized groups.

Staff receive ongoing training and supervision in DEI topics and cultural relevancy. As an organization, we use the Child and Adolescent Strengths and Needs-Family Assessment (CANS-F) for service planning and outcomes measurement. The CANS-F was developed to ensure that each family's voice and culture are incorporated at all service and data-gathering levels.

Brigid Collins's DEI workgroup is comprised of staff from all levels of our organization. The group comes together to develop a shared understanding of Brigid Collins's DEI principles, help to identify



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systemic oppression or biases in our practices and bring training and other DEI resources into the agency to promote growth and learning of DEI topics for all staff.

5. **Agency Funding.** List your organization's most significant funding sources from greatest to least (including the United Way, Whatcom County Health and Community Services and City of Bellingham); dollar amounts are not necessary. Significant funding sources can be defined as sources that make up more than 15% of your program budget. If you have many funding sources, you may list them by category (i.e., federal, state, foundations, individual donors). Please mention any anticipated or recent changes in your future funding or financial position.

1. Healthcare Authority (HCA)
2. Private Donations
3. WA Dept of Commerce, Office of Crime Victims Advocacy (OCVA)
4. Whatcom County Healthy Children's Fund
5. National Children's Alliance
6. Dept of Children, Youth, and Families (DCYF)
7. North Sound BH-ASO
8. Children's Advocacy Centers of Washington (CACWA)
9. Medicaid/Private Insurance
10. United Way of Whatcom County
11. Peace Health Foundation
12. City of Bellingham

In 2024, Brigid Collins was awarded a grant through the Healthy Children's Fund- Mental and Behavioral Health Expansion RFP. Funds from the grant are helping to expand mental health services and child abuse prevention services to Medicaid-eligible families in Whatcom County.

PART C: PROGRAM INFORMATION

Please limit your responses to no more than two pages for questions 6-8.

6. **Program Summary.** Briefly summarize the program and its core activities in one or two sentences.

This request is for general operating funding to support the work of Brigid Collins Family Support Center's programs throughout Whatcom County to address childhood trauma and community health.



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7. **Program Purpose.** Identify the community need(s) that the program addresses. What are the measurable outcomes that will result from the services provided?

Brigid Collins's work can be summarized using four main strategies for addressing trauma and community health:

Children's Advocacy Centers (CACs): CACs play a critical role in addressing childhood trauma, fostering resilience, and improving community health. CACs coordinate responses to child abuse by uniting professionals like law enforcement, child protective services, medical experts, and mental health providers. This multidisciplinary approach ensures that children who have experienced trauma receive comprehensive care in a safe, supportive environment. CACs aim not only to address immediate crises but also to establish long-term healing and stability for children and their families.

Case Management: Case management is central to Brigid Collins's services. Case managers help families navigate complex systems and access resources such as medical care, legal advocacy, and housing support. By reducing logistical barriers, case management allows families to focus on recovery. Case managers also tailor support plans to each family's unique needs, ensuring consistent progress and personalized care.

Parenting Supports: Parenting support is another vital aspect of community health. Families affected by trauma often face challenges that can strain parent-child relationships. Brigid Collins's parenting programs teach skills to nurture children and support healthy development. These programs include the Incredible Years curriculum, Positive Parenting, and the Promoting First Relationships home visiting model and include education on trauma-informed practices, communication strategies, and stress management techniques. Empowering parents to create stable home environments and helping mitigate the long-term effects of childhood trauma and reduce the risk of intergenerational cycles of abuse.

Mental Health Services: Mental health services offered by Brigid Collins address the emotional and psychological impact of trauma. Counseling and therapy help children and families process experiences, develop coping strategies, and build resilience. Evidence-based approaches such as trauma-focused cognitive behavioral therapy (TF-CBT), Eye Movement Desensitization and Reprocessing (EMDR) therapy, and Child-Parent Psychotherapy (CPP) are just a few of the therapeutic interventions used by our team to address the effects of childhood trauma.

The long-term impact of Brigid Collins's programs is profound. By addressing childhood trauma comprehensively, Brigid Collins can reduce the risk of adverse outcomes like mental health disorders, substance abuse, and involvement in the criminal justice system. Children who receive timely and effective support are more likely to excel academically, build healthy relationships, and contribute positively to their communities as adults. On a broader scale, these services have been shown to improve community health by breaking cycles of trauma and fostering resilience.

Brigid Collins primarily uses the Child and Adolescent Strengths and Needs- Family (CANS-F) Assessment for assessing needs, service planning, and outcomes measurement. The CANS-F is a communimetric tool that is designed to center the family's voice at all levels of assessment, planning, and data collection.



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Our outcomes include:

1. Improved trauma scores.
2. Improved family functioning.
3. Improved access to community resources and social support.

8. **Program Status.** How long has this program been in operation in Whatcom County? Since your last application, have you made any changes in how you offer services? If this is a new program, how far along is your agency in the planning process? What resources has your organization already invested?

Brigid Collins has provided case management, parenting support, and mental health services in Whatcom County for more than twenty-five years. The Whatcom County CAC was first accredited by the National Children's Alliance in 2005.



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UNITED WAY FOCUS AREAS

1. To support financial stability in Whatcom County, we have identified three funding priorities below, basic needs, economic mobility, and breaking the cycle of poverty. Choose **one** category below that best aligns with your agency/program:

Basic Needs

- Food security
- Stable, attainable, affordable housing
- Health and mental health care access

Economic Mobility

- Financial literacy and training
- Vocational readiness training and support
- Adult education programs

Breaking the Cycle of Poverty

- Affordable child care and early learning programs
- Academic programs to increase student attendance and achievement
- Parenting support
- Addiction treatment and recovery
- Abuse prevention

2. Please describe how your program/agency services align with the category you selected above.

More than 2,500 Whatcom County children experience abuse or neglect each year, and the rate of child abuse and neglect is consistently higher in Whatcom County than in Washington, according to the Washington State Department of Health and Human Services (CORE- Whatcom County. DSHS. 2023).

Our mission is to end child abuse. We accomplish this by building strong, healthy families to prevent child abuse before it happens and providing comprehensive trauma services when the tragedy of abuse occurs, breaking the cycle of violence for future generations. In addition to the Stewards of Children child abuse prevention training, prevention services include evidence-based parenting education such as Parent-Child Interaction Therapy (PCIT), Incredible Years, and Promoting First Relationships. When abuse does occur, children receive trauma therapy and case management services vital to their ability to heal and build healthy relationships, including



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Trauma-Focused Cognitive Behavioral Therapy and Parent-Child Psychotherapy. Abuse investigations are coordinated with our local law enforcement, child welfare, and the prosecutor's office and conducted on-site in our nationally accredited children's advocacy center, designed to serve child abuse victims and avoid re-traumatization. Finally, Brigid Collins offers financial assistance to families who are struggling with basic needs so they can focus on healing from their trauma. In 2024, we provided more than \$50,000 in financial assistance to families, including rent, move-in fees for permanent housing, food, clothing, diapers, hygiene items, medical services, car repairs, and transportation. Services are provided to families regardless of their ability to pay. Program services utilize outcome-based and research-proven models and promising practices shown to reduce the likelihood of child abuse.

3. Please provide two or three key outcomes you measure that indicate progress toward your mission. List the number of clients being served, what you track, and the most recent results.

Brigid Collins utilizes the Child and Adolescent Strengths and Needs-Family (CANS-F) Assessment to measure service planning and outcomes. The CANS-F is an evidence-based tool that measures each family member's strengths and risk factors. Data collected creates a service plan tailored to each family's unique needs. The CANS-F is a communimetric tool completed an average of three times throughout a family's services, with the service plan being adjusted according to changing strengths, risk factors, and goals each time. Aligned with the Strengthening Families Protective Factors Framework, these measurements reduce the likelihood that families will experience or re-experience child abuse and neglect. Brigid Collins's two critical domains used to measure overall effectiveness are:

- The Family Functioning domain. Improved risk factors for abuse, including safety, role appropriateness, access to resources, housing stability, and conflict, reduce the likelihood that families will experience abuse or re-occur.
- The Child Functioning domain. Measuring risk factors such as mental health needs, adjustment to trauma, relationships, and cognitive skills, children who improve their scores in Child Functioning show improvement in their coping skills and mental health after a trauma has occurred and ability to build healthy relationships.

In 2023, most families showed an improvement in family functioning, with housing stability and access to resources and social supports being among the most common factors that families both screened in as a risk for and showed improvement in. This is an indicator of the financial vulnerability experienced by many families in Whatcom County, especially when a traumatic experience hinders their ability to access resources



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or generate a livable income while supporting a child with mental or behavioral health issues.

In 2023, approximately 50% of families reduced their trauma symptoms. Since 2021, children screening for trauma symptoms are consistently higher on trauma scales than Brigid Collins therapists have ever seen before the pandemic. While Brigid Collins is still evaluating this data, we believe this is a stark reminder of the current youth mental health crisis across Washington State and much of the nation.

4. How does United Way's investment help meet the funding needs of the organization or program? Please give specific examples of how United Way funds are/will be utilized.

Without funds from United Way, Brigid Collins would need to reduce our capacity to meet the needs of families who have experienced abuse, including reduced capacity for victim advocacy, care coordination with multidisciplinary team members, medical exams, and referrals and linkages with community partners and resources to address families' mental and physical needs. Funds help ensure that no family in need of support is turned away or kept on a long waiting list until we can get to them. United Way funding also helps to support necessary operating expenses not covered by other funds that are required to do our work effectively, safely, and securely, including IT equipment such as computers, phones, and our electronic health records system to be able to track cases and provide services; gas, electricity, and other utilities needed to provide a safe space where families can come to heal.

5. Briefly describe how your agency/program will utilize community partnerships or coordinate with other agencies (UW partner agencies, other community non-profits, government agencies, local companies, schools, etc.) to advance your work/mission.

Brigid Collins partners with more than ten school districts across our region, including Mount Baker, Ferndale, Lyndon, Nooksack Valley, Meridian, and Bellingham School Districts, to provide education, mental health, and support services for low-income and ALICE families. We also work with colleges, school districts, libraries, churches, and other businesses to offer Darkness to Light- Stewards of Children child sexual abuse prevention training and child safety certifications to adults working with and supervising children.



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The Whatcom County Children's Advocacy Center's multi-disciplinary team includes formal partnerships with:

- Prosecutors
- Law enforcement
- Child protective services
- Mental health providers
- Community-based organizations, including tribal partners.
- Local hospitals
- Social Service Providers

Brigid Collins is Whatcom County's sole provider of children's advocacy center services.

Through community initiatives such as Generations Forward, Whatcom County Perinatal Mental Health Task Force, Whatcom County Commission on Domestic and Sexual Violence, the Healthy Children's Fund 2025 Implementation Team, and Children's Advocacy Centers of Washington, we work to identify unique roles, eliminate duplication of services, and maintain trust and collaboration with partners. Brigid Collins is also a North Sound Accountable Communities of Health's Collaborative Action Network. This regional initiative brings together medical, mental health, EMS, behavioral health, social services, and community-based organizations to establish referral networks coordinate services and reduce health disparities experienced by low-income and marginalized people in our region.

6. United Way focuses on ALICE households in Whatcom County. ALICE refers to households that earn more than the Federal Poverty Level but not enough to afford the basic cost of living in our community.
 - a. What percentage of your program recipients are below the ALICE threshold based on the survival budget for Whatcom County? More than 85% of households served by Brigid Collins are at or below the ALICE Threshold.
 - b. What percentage of your program recipients are ALICE (above FPL but below the ALICE threshold)? More than 70% of Brigid Collins families are ALICE.
 - c. Do you collect client data by zip code? No

Visit the [United for ALICE](#) website for the most recent (2024 report) Whatcom County data to determine the survival budget guidelines for ALICE households.



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7. Please share an example of a client who was helped by your services.

**Note: if you receive a 2025 Community Impact Grant, this story may be shared on your behalf by United Way for the purpose of our community fundraising. Names and details may be altered for privacy.*

Avery was six years old when he came to the Whatcom County Children's Advocacy Center (CAC) with his mother for a forensic interview. Avery's mom worked the swing shift most nights and often left Avery alone with his stepfather. One day after being picked up from school, Avery's grandma noticed some bruises and marks on Avery and asked him about them. After some time, Avery disclosed that he was being touched inappropriately. Avery's grandma called his mom and the police, who started an investigation. During his interview, Brigid Collins's forensic interviewer was able to discover that Avery had been a victim of child sexual abuse and trafficking by his stepdad.

Because we were able to bring Avery into the CAC so quickly and get such a clear disclosure, law enforcement was able to secure an arrest warrant and Avery's perpetrators were taken into custody and charged, making it safe for Avery and his Mom to return home. Once Avery's immediate safety was addressed, he could begin the healing process. Avery was given a medical exam by a nurse to make sure that he was medically all right, then Avery received an assessment and was referred to a Brigid Collins Therapist who has been using evidence-based interventions to address Avery's trauma symptoms. Brigid Collins was also able to provide support to Mom and Grandma, assigning them a victim advocate who worked with them to ensure they understood the legal process and identify their needs, connecting them with resources. We were able to provide Mom with emergency financial assistance to help with transportation costs to get Avery to appointments at Seattle Children's and assist with basic needs since she had to take time off work.

Today, Avery is a rambunctious seven-year-old who is excited for the upcoming baseball season (his favorite sport) and he will soon be finishing up with therapy as he is no longer screening for mental health needs. He and Mom have since moved in with Grandma so she can help Mom with supporting Avery's needs. This family still has a long path ahead, but with the help of the Whatcom County Children's Advocacy Center and our partners, Avery is getting back to the things that bring him joy: his friends, baseball, and Grandma.