



Funds Distribution Report

Recipient Organization:
Snohomish County Music Project

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Organization's General Goals:
The Snohomish County Music Project has been providing music services to the Everett community since 1982 and is committed to continuing to assess a number of programs that support artistic citizenship and celebrate, strengthen and heal communities through music and relationships.

Date of Award:	Level:
2021 Q3	\$10,001 plus

For more information, please read the attached report from Snohomish County Music Project.

8802 27th Ave NE
Tulalip, WA 98271

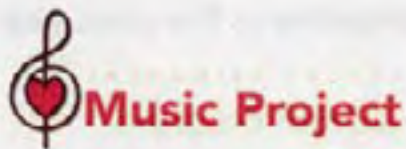
TulalipCares.org

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2021

ANNUAL REPORT

Q3 2021 14.3



MUSIC THERAPY FOR TULALIP TRIBES



OVERVIEW

Throughout this past year, we creatively maintained and developed partnerships with a myriad of stakeholders from community organizations in and around the Tulalip Tribes community. These stakeholders have been highly receptive to the idea of utilizing music therapy programs, and they have adapted to ensure that Tulalip youth and families can maintain access to music therapy services, even during a pandemic.

Below is a list of our current active community partners for tribal clients. These partners have coordinated and/or made referrals for virtual music therapy sessions in the past year:

- 21st Century After-School Program
- Beda?chelh
- Betty J. Taylor Early Learning Academy
- Denney Youth Detention Center
- Developmental Disabilities Administration of WA

- Don Hatch Youth Center
- Grove Elementary School (behavior program)
- Homeward House Collaborative
- Marysville Getchell High School
- Marysville Pilchuck High School
- Quil Ceda-Tulalip Elementary School
- Totem Middle School
- Tulalip Boys & Girls Club

Other relevant community partners include:

- Child Youth & Family Mental Wellness (Tulalip Behavioral Health)
- Cocoon House
- Evergreen Women's Recovery Center
- Inclusive Advocacy Committee
- Marysville Middle School (behavior program)
- Snohomish Health District

The COVID-19 pandemic is pushing many nonprofit leaders to the brink, as we confront the twin challenges of decreasing revenue and increased demand for our essential services. Our organization, like many others, was forced to make impossibly difficult, relatively immediate decisions, and we did so as a fully staffed team. We have had to create new and innovative ways to deliver services and operate as staff teams virtually and with unplanned investments to meet increasing technological demands.

Our entire team are advancing health and safety in their roles as researchers, activists, innovators, and communicators. As such, decision-makers must commit to ensuring young professional's voices are part of the solutions for a healthier, safer, and

gender-equal world. Specifically, our team has been consistently demonstrating their continued leadership by stepping up and taking action against the pandemic. Some examples of this are as follows:

- Using social media and apps to spread accurate information
- Speaking out for effective and equitable care
- Championing mental wellness
- Contributing to food and housing security
- Coordinating with frontline staff on mental health relief
- Ensuring the most vulnerable are not left behind

The COVID-19 pandemic has dramatically shifted our personal, local, and global landscapes. In Snohomish County, some of our most marginalized community members have been facing the compound impacts of social isolation, disruptions in routine, physical health concerns, lack of income, lack of access to typical coping resources, and community-wide anxiety related to the pandemic. At the same time, like many human service organizations we are unable to offer our usual programs while abiding by social distancing guidelines.

We provided services **100% virtually throughout the past year** out of an abundance of caution for our clients, staff, and community members. We have been highly aware throughout the pandemic of 1) the unique risk of contagion through singing, 2) the particular health risks of many clients we serve, and 3) the ways in which our clients and their communities have historically been unprotected by government and human services entities in crises like this. While we have transferred our standard in-person music therapy sessions to telehealth as much as possible, we have also strategized several creative ways to address the acute trauma

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needs facing our community.

- We maintained contact with the clients in our program via phone, video chat, and Facebook Live to provide information and support. This includes, but is not limited to:

- Disabled children and their families who have lost access to respite care,
- Families in under-resourced neighborhoods/communities we prioritize during our usual programs,
- Children and adolescents facing mental health challenges related to increased isolation, and
- LGBTQ+ youth facing risks related to staying home with family for extended periods of time.

- We created a catalog of videos to support families with young children during this difficult time. The videos include songs and books to help children explore and regulate their emotions. To watch more videos, visit our YouTube channel.

- We have produced 59 episodes of The Feeling is Musical Podcast - a conversational podcast that highlights the unique qualities of music therapy, creating a cooperative network that expands knowledge of the resources available to people seeking support. Episodes include, "Being an Indigenous Music Therapist," "Social Justice and Music Therapy," and "Trauma-Informed Music Therapy." You can find The Feeling is Musical anywhere podcasts are found! And, online at scMusicProject.org/Podcast. Transcripts are available on our website.



Now, we are preparing to slowly and safely return to in-person sessions. We feel strongly about maintaining telehealth as an option due to its increased accessibility for some families. However, we are excited to be able to see clients in schools, community settings, their homes, and our office – wherever works best to meet our clients' needs. We are starting some in-person sessions in May 2021 with increased safety protocols, and we will slowly increase our in-person work from there. We hope to fully return to our in-person programs by fall 2021.

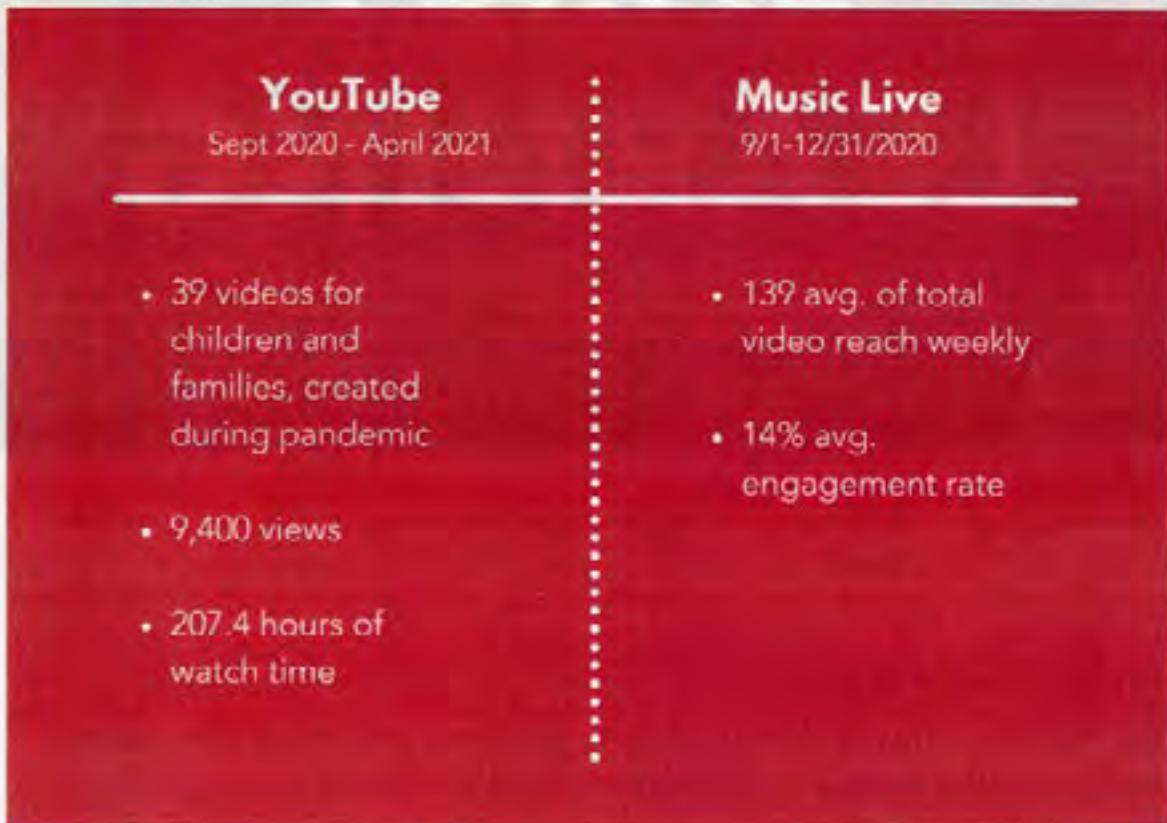




We continued to experience challenges related to delivering services to early childhood. Many closures persisted throughout this school year due to COVID-19, and some schools restricted outside professionals from entering the schools when they were open. Oftentimes, telehealth wasn't possible due to internet access, age, and the need for caregivers to be involved.

We continued to create and utilize online resources as a way of connecting with TELA families and other community members seeking resources. We broadcasted our Music Live, virtual music enrichment sessions, on Facebook so that kids could directly interact with a familiar music therapist from home. We continued to add videos to our YouTube playlists for children and families, and these videos were sent to all TELA families and played regularly in some classrooms at TELA. These videos provided songs about different emotions and activities for children to do at home.

The viewing data below demonstrates that we have continued to reach families during the pandemic.



BJTELA

This year has had ups and downs for the Betty J. Taylor Early Learning Academy, with openings and closings and staffing struggles. As a result of school and our own organizational policies, all interactions with the school were virtual this past year. Adapting to this, one music therapist began making videos of typical music therapy sessions to send weekly to BJTELA teachers. Teachers could either email out the videos for use at home, or once in person school began, watch the sessions with their students. These videos saw very low play numbers, indicating that these videos may

not have been something the students needed right now. Due to an abundance of screen time, it follows that most parents did not want to add to that screen time with more videos. Respecting this, we have maintained our connection to BJTELA by attending regular meetings with updates on the school's condition, and we are hopeful to return to in person services on-site in the fall.

One preschooler did start telehealth services during the year and has maintained consistent attendance with meaningful interactions occurring over the screen. An overview of his experience is described below.

Client 3 was referred to music therapy to help with processing grief over a recently deceased parent. However, the music therapist noticed other patterns of insecure attachment, which had been exacerbated by inconsistent familial relations. Throughout these sessions, Client 3 has been able to have an element of control and a consistent adult connection, even through the screen. He has also come to use various aspects of his electronic keyboard to express himself in creative ways. Mom has noted that when upset, Client 3 will now go to the keyboard to play. In session, he has used pre-recorded songs to reveal his inner mood and to give the music therapist different cues on how to react.

Most recently, in coping with an extended quarantine period, Client 3 started the session indifferent and indignant, not wanting to interact with the music therapist. Once it was revealed that Client 3 was upset about another quarantine period, the music therapist and Client 3 created a "bored" song together, with Client 3 mashing the keyboard with his hands, head, and feet while the music therapist sang lyrics about being bored and frustrated with being stuck at home. This has shown the flexibility of the relationship between the music therapist and Client 3, being able to work through emotions both big and small.



Despite many access barriers related to the pandemic, we were still able to engage with several individual children and families. We continued sessions with some existing clients and received referrals for others from schools and community partners. We connected to children and families through referrals from Quil Ceda-Tulalip Elementary, the Grove Behavior Intervention Program (BIP), the Marysville Middle School BIP, and beda?chelh social workers. Through telehealth, we were also able to maintain relationships with tribal children who moved homes, foster placements, and/or schools.

- 19 children served in individual sessions
- 281 individual sessions provided
- 10 family members served in family sessions
- 24 family sessions provided
- 23 kindergarten group sessions provided
- About 60 group sessions participants

ELEMENTARY INDIVIDUAL SESSIONS

COVID sessions demonstrated the importance of consistent relationships with positive adults more than anything else for elementary children. The setting and content of sessions shifted, but the rapport between clients and their therapists remained central. Music therapy provided a sense of normalcy and a venue for clients to share their feelings, struggles, achievements, and desires. Music therapists were a consistent point of contact, able to track not only clients' progress in their mental health, but also notable instances of decline related to the many traumas of this year.

In one case, Client A's music therapist was her longest standing mental health support and was able to advocate for her mental health needs in family court. The music therapist's notes and assessments demonstrated consistent progress and stabilization over time, followed by a dramatic decline in mental health after a particular family transition. During this decline, the child had kept video and audio off throughout several sessions in a row, and she had become overwhelmed in response to events that would normally have been small frustrations. This evidence of mental health decline provided context needed to advocate for the child's own stated needs and desires in her court case. The music therapist's support did not solve the child's situation or her mental health, but it provided an experience of being heard and protected when the child was otherwise experiencing a profound lack of control. After experiencing support from her music therapist in the court case, this child kept her video and audio on throughout all following telehealth music therapy sessions, and she

was better able to tolerate frustrations during sessions. This demonstrated an increased sense of safety in the music therapy space and a strengthened rapport between Client A and her therapist.

QUIL CEDA-TULALIP ELEMENTARY

We have maintained our relationship with Quil Ceda-Tulalip staff by having a bi-weekly check-in with school counselors and family liaisons to coordinate referrals and discuss student progress and needs. We have also maintained larger-scale support through engagement with all kindergarteners in their virtual “Kinder Friday” classes.

As part of our continued partnership with Quil Ceda-Tulalip Elementary School, we have joined in a virtual weekly meeting with all of the Kindergarten classes since October 2020. This has allowed for general emotional education and chances for processing emotions that come up throughout the school year. Teachers have repeatedly noted how wonderful it is for music therapy to join their weekly meetings, and children have been highly receptive and interactive with the different feeling songs presented each week.

We have continued to see individuals remotely as school was virtual for most of the year. This has allowed us to follow students who have changed schools due to a family move, such as Client K. in the vignette below. We will begin seeing some clients in-person at QCT in May 2021.

Client K is a 10-year-old student who was initially referred to music therapy because of trauma history related to foster care placement and recently returned home. Immediately prior to the pandemic, his family moved outside Marysville School District and switched schools. Telehealth allowed the music therapist to continue sessions with Client K and maintain the therapeutic relationship. Client K elected to continue telehealth sessions during the 20-21 school year, demonstrating how Client K valued the relationship with the music therapist.

Client K continues to engage in music therapy through playing video games with the music therapist and online thematic musical improvisation. When playing games, Client K will bring up life topics, often assigning the good guys as "people collecting the vaccine" and the bad guys as "COVID". Client K will then narrate the game with a reoccurring mission to "save everyone from COVID". This demonstrates Client K bringing their thoughts of current events and processing them through play with the music therapist. Client K also has used musical improvisation on Chrome Music Lab to make music to narrate different places. This has included clustered, fast notes on the virtual keyboard to reflect frustration at returning to school. Music therapy has continued to be a meaningful place for Client K to express and process emotions.

BEHAVIOR INTERVENTION PROGRAMS (BIP)

Continuing a partnership from last academic year, we offered music therapy services to Grove Elementary School's and Marysville Middle School's Behavior Intervention Programs (BIP). Native students with trauma histories are disproportionately

referred to these programs, with all students displaying a high prevalence of trauma and the need for social-emotional supports beyond the behavioral tools available in the classroom. This called for our trauma-informed, psychodynamic, and relationship-oriented approaches, giving us the flexibility to meet unique student needs.

As the school year has been entirely virtual, children from the behavior program who a music therapist saw weekly in person transitioned and carried on with telehealth sessions throughout this school year. Five of the six students continued telehealth services from the previous year, demonstrating how despite physical barriers, the relationship developed between student and therapist was an impactful one. In fact, the use of telehealth has allowed for the transcendence of physical barriers that would normally prevent services. Two graduated had graduated but still were able to continue sessions, with one even moving outside of the Marysville School District. An additional client in the foster system suddenly experienced housing changes, changing placements four different times throughout 2021. Some placements went out beyond a feasible driving distance for sessions, but the use of telehealth has allowed for the continuation of a meaningful adult relationship. To add more context to how these relationships can impact these children, see the following vignettes:

Client 1 continued telehealth services from the end of last school year, with a large shift to playing video games with the music therapist. The client began referring to themselves in racialized ways ("Black self," "white self," "Native self"). Leaning in to this, the music therapist disclosed different racialized identities he has ("white therapist," "Mexican therapist"), which led to different roleplays scenarios in the video games that enacted real-life

racially charged scenarios. This in turn led to discussions about connections to racial identities and broader racial contexts in the US today. This felt especially poignant after the summer of 2020, with a renewed focus on race relations and racialized identities.

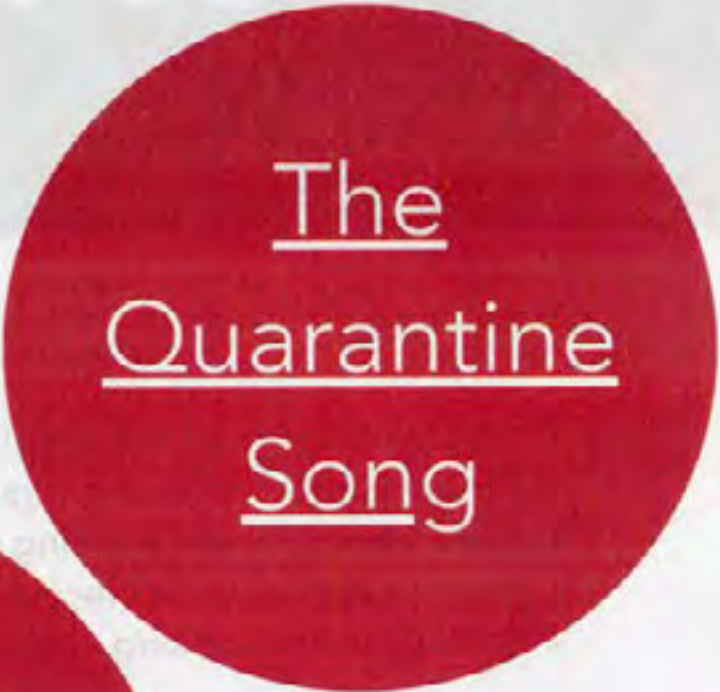
2 Client 2 is in foster care, and had been at the same placement for close to three years. At the end of 2020, however, Client 2 was suddenly shifted to a new placement for a week, then another for two months, and then again until present. Throughout these shifts and changes, Client 2 has presented in different ways in telehealth sessions with the music therapist. However, there has been a consistent pattern of showing the music therapist Client 2's new spaces, wherever they may be, and celebrating the positive things that each week may bring. In changing to his most recent placement, a group home, the home's case manager observed a session between the music therapist and Client 2. She was excited to see Client 2 positively engage with another and remarked that it was her first time witnessing such an interaction. This demonstrates the importance of the continued bond and relationship between the music therapist and Client 2, which allows for some sense of stability throughout a time where nothing else seems so.



- 5 disabled clients
- 3 nondisabled community participants
- 42 sessions

Continuing from last year, Rock Band has stayed entirely virtual throughout the 2020-2021 school year. This program is for disabled adults that would be aging out of services to continue to be in community. This community-oriented group continues to be a consistent destination for now 5 disabled individuals, one more from last year. In addition, multiple community members volunteer their time to be a part of the group, truly adding to the community feeling and points of connection for disabled tribal members. The group has come together to express difficult emotions from being in lockdown through song, as seen in The Quarantine Song. Almost weekly, a "Quarantine Blues" is sung to express the low points of our week. The group also keeps spirits up, celebrating high points with "Quarantine Greens" and other long-form

projects. One example of this is the Toy Story Zoomsical released late last year. An individual from the group has continued in one-on-one music one-on-one music therapy sessions, gaining self-confidence and exploring their emotions more deeply through songwriting and recording. They have created three original songs to date that they have shared amongst their friends and family via song sharing websites.



The
Quarantine
Song



Toy Story:
The Zoomsical



BASIC NEEDS SUPPORT

- 1463 boxes of food delivered
- 3 tribal families receiving regular food delivery
- 6 nontribal families receiving regular food delivery
- 3 community agencies receiving regular food delivery
- 1 tribal family receiving emergency support during quarantine

During COVID more than ever, we recognized that mental health is intimately tied to other forms of wellbeing, such as positive relationships and having basic needs met. Our therapists not only provided mental health support; we also served as a consistent point of contact during the pandemic to identify and meet other needs.

For example, when one family was exposed to COVID and suddenly had to quarantine, their music therapist was the first person outside the family to reach out with an established sense of relational trust. This family's music therapist was able to provide

them with diapers and groceries for the two-week quarantine, and the music therapist also coordinated with school staff to ensure that the children could access their schoolwork. In all, we provided regular groceries to 3 tribal families and 6 nontribal families during the pandemic.