

Update to the Human Services Plan for the City of Shoreline

November 2009

**Prepared for
The City of Shoreline
Community Services Division**

Prepared by



Nancy Ashley and Lisa Kagan

Acknowledgments

This report was compiled with the dedication and wisdom of the following people.

City of Shoreline

Rob Beem, Manager, Community Services Division

George Smith, Human Services Planner

Victoria Alie, Community Services Division

2009 Shoreline Human Services Task Force Members

Bill Bear

Carol Danell

Henry Delle Chiaie

Mabel Ezeonwu

Ron Greeley

Sharon Jodock-King

Gary Kingsbury

Edith Loyer Nelson

Brooke Magnusson

Tim Mason

Barbara R. Morrisson

Armilito J. Pangilinan

Adam Peddicord

Ruben Rivera-Jackman

Christopher Roberts

Rev. Pam Russell

Gidget Terpstra

Key Informants Interviewed

Amina Ahmed, Family Support Program Director, Refugee Women's Alliance

Someireh Amirfaiz, Executive Director, Refugee Women's Alliance

Alaric Bien, Director, Chinese Information and Services Agency

Matthew Fairfax, Business Owner, Former Board President at Center for Human Services

Debra Grant, Director of Client Services, Hopelink

Beratta Gomillion, Director, Center for Human Services

Denise Klein, Executive Director, Senior Services

David Okimoto, Senior VP Community Services, United Way of King County

Brian Schultz, Executive Director, Shoreline Schools

Jeff Sikora, Education and Operations Director, Refugee Women's Alliance

Courtney Whitaker, Director, Dale Turner Family YMCA

Heliotrope Consulting Team

Nancy Ashley

Lisa Kagan

Table of Contents

Executive Summary.....	4
Introduction to Human Services Plan Update.....	5
Section 1: Framework for Update.....	8
Section 2. Critical Issues, Strategies to Address Them, and Outcome Examples	13
Basic needs and poverty	15
Barriers to services	17
Immigrants and refugees.....	19
Raising young and elementary school children	21
Older adults	24
Youth (ages 13-17) and young adults (ages 18-24)	26
People with disabilities	28
Themes and interconnections across strategies	30
Section 3: City of Shoreline's Roles.....	33
Section 4: Input from Local Human Services Experts.....	37
Appendix A: Description of Cultural Competence	39

Executive Summary

This is the first update of the human services plan since 1998. The definition of human services used describes services that promote individual and community well being by increasing self sufficiency, reducing the negative impact of adverse life events, and helping people achieve their full potential.

The 2009 Plan Update was developed using a consultant and an ad-hoc citizens committee which met over an eight month period and included two public meetings. A variety of information sources were used in preparing the plan including statistical data, results of a focus group with older adults, key informant interviews and the committee members knowledge.

The 2009 Plan Update continues the strengths-based approach adopted by the City in 1999 which focuses on identifying and increasing individual and community assets and capacity to address problems. The plan identifies seven critical issues and strategies to address them. The seven critical issues include:

- Basic needs and poverty
- Barriers to service
- Refugees and immigrants
- Raising young and elementary school children
- Older Adults
- Youth and Young Adults
- People with Disabilities

A companion document, the Environmental Scan, describes social, demographic and economic indicators of well-being was also produced. Key trends noted were the increasing diversity of Shoreline's population with 24% being non-white and one in five speaking a language other than English at home and an increasing number of older adults projected to increase from 16 to 23% of the population by 2025.

The Plan update describes three levels of human services: those provided informally by "natural actors", people with whom we have long-term relationships (examples parents, teachers, coaches); primary services provided by organizations that provide day to day supports to individuals and families (examples schools, community center, employers) and specialized services, provided by professionals across a broad spectrum of services such as mental health, job training, public safety and child development services.

Key findings that crossed all critical issues and strategies included lack of knowledge about available resources, disparities and discrimination, social isolation, promotion of positive mental health, increasing the use of best practices and using the city as a convener and catalyst for community organizing.

The plan calls out two specific near-term actions for the city: develop partnerships with other agencies to provide a broad framework of actions to guide optimal youth development; and develop operating agreements with the Shoreline Lake Forest Park Senior Center to more fully coordinate and integrate recreation and socialization services.

One trend that will affect not only this ten year plan but on into the future as well is preparing for the age-wave of older adults that will call Shoreline home. Planning for the increase in older adults is expected to begin in 2015 and will involve both the public and private sectors in developing ways to meet their needs while using the human resource potential of older adults to improve the City of Shoreline.

Introduction to Human Services Plan Update

Human Services promote individual and community well being by increasing self-sufficiency, reducing the negative impact of adverse life events, and helping people achieve their full potential.

The City of Shoreline's interest and commitment to human services dates from 1998 when the City adopted a Health and Human Services Strategy, just three years after incorporation. The plan incorporated a strength-based approach wherein communities build upon existing assets to develop a stronger base of support for individuals and families. The 2009 update of the Human Services Plan retains the strength-based framework.

The landscape of human services in Shoreline has changed in the past decade with local social and health service agencies having more robust service delivery capacity. The City has increased its funding for human services and its capacity to plan for and distribute funds based on community needs. More regional human service providers have part-time or permanent service locations in Shoreline complementing the services provided by local agencies.

At the county level, human services funding continues its tenuous existence with plans to cut all funding for human services on the table in the past and again as this plan is published. While county government debates its role in funding human services, King County voters have expressed support for human services by passing a multi-year Veterans and Human Services levy in 2005. In 2007, the King County Council passed an increase in the sales tax to fund mental health services.

While the need for basic services, food, housing and health care remains ongoing, varying slightly with economic trends, some specific needs have changed. When the first plan was prepared, teen pregnancy was a major issue, now preparing for the aging of our community and helping newly unemployed individuals and families weather the country's worst recession are priorities. Recent research on the brain development of children and the need to optimize their development and learning in the early years has put a spotlight on helping parents and quality early learning settings. In addition, both funders and service providers are placing greater emphasis on the use of research-based strategies to ensure participants receive the most effective assistance.

The community has changed since the original human services plan was adopted and the demographic, social and economic changes are described in detail in the Environmental Scan which can be accessed on the City of Shoreline website.¹

The City of Shoreline is moving ahead with this plan at both a difficult and opportunistic time. Clearly Shoreline cannot spend its way to solutions to human service problems any more now than we could in 1998. Rather it is seeking the wisest, highest leverage ways to invest the City's financial and human resources and political will to address critical human service issues.

¹ The website address for Shoreline's environmental scan is <http://cityofshoreline.com/index.aspx?page=522>

Task Force Composition, Strength, and Commitment

A Human Services Task Force was convened from June to November of 2009 to assist in the development of a revised Human Services Strategy for adoption by the City Council. The Task Force was comprised entirely of community members bringing a diverse wealth of knowledge and experience to the process. The membership of the Task Force represented cross sections of Shoreline, including professionals, retirees, new parents, grandparents, young professionals, advocates, etc. Some had lived in Shoreline for decades; others were new residents committed to helping Shoreline stay a good place to live. Members represented different ethnic and cultural groups in Shoreline including refugees and immigrants. The members used lenses from a variety of fields including education, mental health, the arts, administration, family support, tribal advocacy, and social justice activism. Members shared their personal and professional perspectives to represent their families, friends, and neighbors while being mindful of who would live, work, run businesses, attend school, and raise families in Shoreline ten years from now.²

City Council Direction to Task Force

The Task Force was advisory to the Community Services' Division, Human Services Program. The charge of the Task Force was to review, comment, and suggest changes to materials prepared by an outside consulting team and staff. Those materials were assembled into a completed report to be reviewed and adopted by the City Council.

The Task Force helped provide a series of items to help guide the City in its human services decision making. Those items included the following:

- Update to the current Human Service Strategy to influence funding and non-funding strategies that implement priorities.
- Analysis of how changes noted in the updated socio-economic and demographic descriptors of the community may affect existing and future city policy.
- Updates to the criteria used for reviewing funding applications.
- Information gathering to assist in decisions about funding for older adult activities and services.
- Initial groundwork to develop a Youth Master Plan in 2010.

How the Human Services Plan Will Be Used

- The Environmental Scan, is a tool the community can use to understand and quantify the social, economic and demographic changes that have occurred in the past ten years that affect human services and where available provide projections for future changes;
- Prioritize use of city staff resources across a range of human service issues;
- Provide a road map to the community and to King County and regional planning and funding agencies of those human service issues the City deems important to address over the next 5-10 years;

² Some task force members conducted informal interviews with Shoreline residents to add another layer of direct information about their experience using human services.

- Educate citizens and human service providers about the organization and funding of human services, key problems and issues, and potential strength-based solutions to critical human service needs;
- Demonstrate innovative or new ways to address critical human service issues;
- Inform allocation of city funds for human services.

Process and Timeline for Updating Plan

May 2009-Select and orient task force: A Task Force of 17 Shoreline residents was assembled. The task force members were of various ages, professions, household types, ethnicities, and length of residency in Shoreline.

June 2009- Conduct key informant interviews and provider survey: The consulting team interviewed 11 key informants with a depth and breadth of knowledge of human services needs in Shoreline for recommendations on gaps of services and effective roles for the City. An online survey was also distributed to human services providers to gain greater knowledge on what they were experiencing in and anticipated for Shoreline.

June-July 2009-Create environmental scan: The City of Shoreline human services staff and the consulting team produced a scan of social and demographic data to provide statistical background to the task force as they made their selections of critical issues. These data were also presented at a public meeting on July 7, 2009.

June through October 2009- Select critical issues and develop strategies and outcomes: the Task Force identified critical issues in Shoreline, strategies to ameliorate those issues, and examples of the outcomes they would like to see over time. These items were also presented at a public meeting on September 15, 2009.

October- Gather perspective on Senior Services through a focus group: A focus groups was with 14 older adults. The participants shared what was and was not working to improve or sustain their quality of life and provided suggestions for how the City could collaborate with existing support systems better. Their comments were incorporated into Section 2 of this report.

January 2010- Presentation to City Council: City staff and Task Force plan to present the update to City Council for adoption.

Section 1: Framework for Update

In updating the Human Services Plan, Task Force members used the following materials to frame their work:

- Existing City policies relevant to human services
- New information defining cultural competency
- A new human services paradigm
- A description of the organization and funding of human services
- An environmental scan describing recent social, economic and demographic changes

City of Shoreline 2029 Vision Statement on a “Healthy Community”

In May 2009, the City of Shoreline adopted a vision statement that included a description of a healthy community. That description is below.

"In Shoreline it is believed that the best decisions are informed by the perspectives and talents of its residents. Community involvement in planning and opportunities for input are vital to shaping the future, particularly at the neighborhood scale, and its decision making processes reflect that belief. At the same time, elected leaders and city staff strive for efficiency, transparency and consistency to ensure an effective and responsive city government.

Shoreline continues to be known for its outstanding schools, parks and youth services. While children are the bridge to the future, the city also values the many seniors who are a bridge to its shared history, and redevelopment has been designed to preserve our historic sites and character. As the population ages and changes over time, the City continues to expand and improve senior services, housing choices, community gardens, and other amenities that make Shoreline such a desirable place to live.

Whether for a 5-year-old learning from volunteer naturalists about tides and sea stars at Richmond Beach or a 75-year-old learning yoga at the popular Senior Center, Shoreline is a place where people of all ages feel the city is somehow made for them. And, maybe most importantly, the people of Shoreline are committed to making the city even better for the next generation."

Human Services Program’s Guiding Principles

The Task Force adopted the following principles developed in the original plan as lenses through which the updated plan should be implemented.

- Every person and organization has the capability, opportunity, and responsibility to contribute to the overall health and well-being of the community.
- Each person has value and dignity.
- Everyone can learn and grow.
- Diversity is recognized, respected, and valued.
- Mutual caring, concern, and support are encouraged.

Strength-based Approach

The strength-based approach was selected over a problem reduction model, which has shaped many social programs over the last 25 years. The problem reduction model creates a bias toward strategies that are short term and service-heavy, and toward formal delivery systems. It can lead to a series of high cost, narrowly focused remedial programs, which in too many cases have not worked. It also suggests the absence of all problems should be the ultimate goal—rather than focus on the goals of creating community strengths, skills, capabilities, and responsibility. It makes outcomes such as reduced teen pregnancy and reduced child abuse and neglect ends in themselves rather than means to other ends. It narrows the list of possible strategies that could be used and players who are considered relevant. It too often leaves out the skills and gifts of caring community members.

Defining the goal as promoting development of people and communities creates a bias toward long-term strategies that balance services with supports and opportunities. Supports (things done with rather than for) and opportunities (things done by rather than to) create a bias toward informal and naturally occurring delivery systems like families, school, neighbors, religious organizations, parks and recreation, and community organizations. It is unlikely that we can permanently “fix” problems such as substance abuse, violence, teen pregnancy, and domestic violence without actively engaging, strengthening and using the informal systems and organizations that are at the core of people’s most intense and lengthy involvement.

This update uses the strengths-based framework that:

- Places ownership and responsibility on both community members and professionals;
- Focuses on a proactive rather than a reactive approach;
- Provides common ground upon which to unite rather than being divisive;
- Leverages multiple benefits from investments and reduces fragmentation

Cultural Competence: A Key Concept in the Updated Human Services Plan

While the strength-based approach described above was a key concept in the first plan, one key concept in the second Human Services Plan is cultural competence. The Task Force clearly recognized the increased need for culturally competent services and community institutions at the community, agency, and governmental levels.

Cultural competence is important because Shoreline is quickly becoming more culturally diverse. The 2029 Vision Statement for the City of Shoreline states “The city’s real strengths lie in the diversity, talents and character of its people.” The term diversity refers to the visible differences of gender, race, ethnicity and age and invisible differences such as education, professional background and expertise, sexual preference and religion.³ As a consequence of the city becoming more diverse, individuals attending a neighborhood meeting, direct service workers in a social or health service agency and city workers staffing a help desk will be more effective in their interactions if they possess basic cultural competency knowledge and skills.

Cultural competence is a developmental process that seeks to understand, over time, how cultural differences affect the organization and delivery of human services and engagement with the community. In a human service setting, “Cultural competence is the integration and transformation of knowledge about individuals and groups of people into specific

³ Adapted from *International Organizational Behaviour: Text, Cases and Exercises* by Anne Marie Francesco and Barry Allen Gold.

standards, policies, practices and attitudes used in appropriate cultural settings to increase the quality of services.”⁴ See Appendix A for definitions of cultural competence from the National Center for Cultural Competence at the Georgetown University Center for Child and Human Development..

Environmental Scan: Shoreline's Social, Demographic, and Economic Characteristics

The environmental scan was developed by staff of the City of Shoreline and the consulting team at Heliotrope in the summer of 2009. The environmental scan provides an overview of the social, economic and demographic conditions in Shoreline for the most recent time period for which data are available. Data presented in the scan were collected from a wide range of census and statistical sources. Detailed descriptions of the sources used to compile the scan are included in its introduction.

Data from the scan related to the critical issues selected by the Task Force are presented within each of the critical issue discussions. For more detail on how Shoreline’s linguistic and cultural diversity is increasing; how rapidly its population is aging; and other demographic topics of interest, please see the original environmental scan document entitled *Human Services Environmental Scan of Shoreline, Demographics and Indicators of Well-Being*.

Organization and Funding of Human Services

To understand the funding and governmental context in which Shoreline's Human Services Division operates, the Task Force learned about the responsibilities shouldered by various levels of government and other organizations. Many human services are funded by one level of government and delivered by another or by the non-profit sector.

The federal government provides funding through entitlement programs such as Social Security, Medicare and Medicaid and indirect, or “pass-through,” funding to state, local, and tribal governments, and through competitive grants.

The state government administers economic and medical services that are jointly funded with the federal government. The state is also responsible for child and adult protective services, juvenile institutions, early childhood education, vocational rehabilitation, basic health coverage, foster care, long term care and other prevention and advocacy services.

The county government, and more specifically King County government, administers (with federal and state funding) services for aging, severe mental illness, alcohol and substance abuse, people with developmental disabilities, and some veterans’ services. County government has traditionally provided for some services for youth, public health, employment, domestic violence, child care and emergencies, as well as health and human services planning.

City governments in King County vary in which human services they support and the amount of money they invest. It is possible those services will suffer major funding cuts or elimination due to the recession.

The City of Shoreline contracts with local human service providers to help meet the needs of Shoreline residents. City funding fills one of two general purposes. In most instances, the City is contracting for a service to be available locally. Examples of this purpose include food banks and English as a Second Language classes. In other instances, the City is joining with other funders to support a regionally-delivered service. Examples of these

⁴ NASW Standards for Cultural Competence in Social Work Practice, 2001.

regional systems are the 211 community information line and domestic violence victim services.

The currently-funded agencies provide services to Shoreline residents to meet needs for food and financial assistance, shelter, family support, counseling and senior services. The City allocates both City General Funds and federal Community Development Block Grant (CDBG) funds to the agencies on a two-year funding cycle. In addition, there are CDBG funds for capital projects available on a yearly basis.

To give the reader a better understanding of how much the City of Shoreline can invest (and how much collaboration it requires) to meet the needs of local residents, the following comparison is provided. During 2009-2010, the City of Shoreline allotted a little over \$400,000 per year for human services funding. During 2008, the Washington State Department of Social and Health Services disbursed almost \$86,000,000 for services for Shoreline residents. This difference is about \$7.50 from the City per resident versus \$1,617 from the state.

Human Services Paradigm: Natural Actors, Primary Services, Specialized Services

In Shoreline, all residents contribute to the well-being of each other and the community rather than expecting its local government to be solely responsible. There are different layers of "actors" who contribute in different yet equally valuable ways. Below are examples of the various layers.

Natural Actors – People with whom we have long-term relationships	
<ul style="list-style-type: none">▪ Parents/Caregivers▪ Extended Family/Friends▪ Neighbors▪ Teachers/Childcare Providers▪ Youth/Peers▪ Parents/Guardians of Peers	<ul style="list-style-type: none">▪ Religious /Cultural Leaders▪ Coaches▪ Youth Group Leaders▪ Media▪ Employers

Primary Services – Organizations that provide day-to-day supports to individuals and families	
<ul style="list-style-type: none">▪ Schools▪ Community Centers▪ Child Care▪ Cultural/Religious Activities▪ Family Centers▪ Afterschool Activities	<ul style="list-style-type: none">▪ Youth Groups▪ Neighborhood Associations▪ Arts and Cultural Activities▪ Business▪ Libraries

Specialized Services – Services for people with a specific health, financial, emotional or social need, primarily provided by specially-trained staff
<ul style="list-style-type: none">▪ Child Abuse and Neglect▪ Disability Services▪ Ethnic specific agencies▪ Food and Housing▪ Health Care▪ Substance Abuse▪ Literacy▪ Mental Health▪ Job Training▪ Parenting Classes▪ Mentors▪ Income Assistance▪ Public Safety and Criminal Justice

Implementing the strategies and achieving the outcomes developed by the Task Force requires engaging, connecting, and harnessing the knowledge and power of people and organizations from all layers.

Section 2. Critical Issues, Strategies to Address Them, and Outcome Examples

Sequence and Criteria for Decisions of Task Force

The Shoreline Human Services Task Force was charged with identifying the critical human services issues facing Shoreline residents and the Shoreline community and identifying which of those issues the City of Shoreline should address. Participants were then asked to help develop strategies to ameliorate those issues and determine desired outcomes from those strategies.

First, Task Force members were asked to decide which conditions and situations have the most significant negative impact on the ability of residents of Shoreline to attain self-sufficiency, achieve their full potential, and/or reduce the negative impact of adverse life events, and which population groups had the greatest needs. The criteria members used for selecting critical issues were:

- Substantial effect on those affected
- Long-term effect on the lives of those affected
- Large numbers of people are affected
- An emerging issue for which it is important to get ahead of the problem
- Available data and consumer input (surveys, focus groups, etc.) confirm opinions of Task Force members

Second, Task Force members were asked to determine the critical issues for which the City of Shoreline could make a meaningful contribution over the next ten years. The City's stated goal is to improve the physical, mental, social and economic well-being of residents through an effective and accessible system of services. The criteria members used to select the critical issues the City of Shoreline should address were:

- Collaborations exist or could be established to leverage funding and impact
- City could serve as a convener or catalyst to help community members work together to build strengths and solve problems
- There is a gap or unique niche with substantial positive impact that the City could fill
- Human Services investment generates savings for Shoreline community
- Does not duplicate the mandated responsibility of another level of government or organization
- City could bring to bear resources beyond those of the Human Services Division
- Consistent with existing plans of the City of Shoreline
- Is an area where funding for people in need is being lost and is not likely to be replaced

The Task Force identified over twenty critical issues by recognizing (1) groups facing multiple challenges and (2) challenges that multiple groups face. Using the criteria above, the Task Force prioritized the following critical issues:

- Basic needs and poverty
- Barriers to Services

- Refugees and Immigrants
- Raising Young and Elementary School Children
- Older Adults
- Youth and Young Adults
- People with Disabilities

Note: As the Task Force identified and selected critical issues, it became clear that some subpopulation groups face a collection of critical issues, and that it made more sense to develop strategies for those subpopulation groups, as that would better guide allocation of resources and effective implementation. However, this report continues to refer to the categories as “critical issues.”

Third, Task Force members helped developed strategies to address those issues. Characteristics the group wanted to feature in their strategies included:

- Based on research and knowledge of best practices
- Strengths-based approach
- Proactive /preventive response
- Draws on informal as well as formal resources
- High return on investment
- Builds off plans and reports with community and expert input

Fourth, on September 15, 2009, the Task Force, City Staff, and the consulting team presented each of the critical issues, relevant data, and recommended strategies in a public meeting. Attendees offered their perspectives on who (agencies, departments, faith organizations, etc.) should be involved, how they could participate and what else should be included in the plan.

Fifth, for each of the critical issues, Task Force members provided illustrative outcomes. Over the ten years the plan would be implemented, the City, along with other people and organizations can contribute the types of changes these outcomes represent. The following pages contain, for each critical issue:

- Conditions that led the Task Force to select it as a critical issue⁵
- Sampling of quotes from Task Force members, focus group participants and from the public meetings
- Data points
- Possible strategies
- Outcomes

⁵ Detailed citations for sources of each data point are contained within the Environmental Scan document. The majority of data were drawn from the 2005-2007 American Community Survey 3-Year Estimates and the Communities Count report on King County produced in 2008.

Critical issue areas in detail

Basic needs and poverty

Conditions

- Shoreline residents have to leave Shoreline to get many emergency services.
- Hungry children have poorer health and educational outcomes.
- Residents are unable to procure funds for short term emergency situations and may need to rely on predatory lenders.
- Lack of affordable housing.
- Job training and placement and financial management help are not always readily available within the Shoreline city limits.

Quotes from the Task Force and Older Adult Focus Group

"Lack of affordable housing; Result- people can't afford basic necessities because housing cost is high. [This] leads to unstable neighborhood with people moving in and out."

"People in dynamic situations have no case managers or solutions in Shoreline. You would think the City would want to stress the dynamic situation. If people have to leave Shoreline, they won't go get services."

"People have seen tough times and are embarrassed to ask [for help]. Need to tell them what is out there, they have helped others, and its ok to ask for help."

Shoreline data

- In 2005-2007, 4,204 Shoreline residents (8 percent) were living at or below the Federal Poverty Level
- 875 families living in poverty
- 778 children under age 18 living in poverty
- 715 people age 65 and older living in poverty
- One Night Count of un-sheltered homeless people counted between 24-39 homeless persons in North King County over the past four years
- 6,551 people used economic assistance services from the state Department of Social and Health Services in state fiscal year 2007, including 3,339 using the Basic Food Program (food stamps)
- 6,941 clients used medical assistance services provided through the state Department of Social and Health Services in state fiscal year 2007
- Overall almost one in five Shoreline residents used at least one service provided by the Department of Social and Health Services in state fiscal year 2007
- Students from low income families eligible for Free and Reduced Price lunches comprise up to 41% of Shoreline Public Schools elementary school building enrollment.

- People who go without enough to eat are sick more often, miss work, and need more care for chronic health conditions.⁶

Strategies and Examples of Actions to Implement Them

Bolster staffing of agencies with shared knowledge of resource options.

- Human services agencies and their networks, police, clergy, neighborhood associations, and other stakeholders hold a series of work sessions to develop a directory of available resources for people needing help with food, shelter, health care, mental health, transportation or other basic needs either on an emergency basis or for longer periods of time.
- Develop protocols for responding to emergency situations.
- Include information in separate section of the centralized local data bank of resources and in flyers translated into different languages.

More food is collected or grown locally and then disbursed to hungry poor people.

- Expand community gardens and promote growing fruits and vegetables to donate to local food banks.
- Faith organizations, social services agencies and others undertake joint efforts to donate food to local food banks.

More connection between organizations interacting with people in need so clients become resilient against homelessness, hunger and other crises.

- Faith organizations and social services agencies provide cooperative, coordinated or pooled funding and guidance for people seeking emergency and basic services, including food, shelter, transportation, help with utility bills or rent deposits. All efforts should include connecting people with access to ongoing benefits for which they qualify, such as Medicaid, food stamps, child care subsidies, etc.
- Social services agencies provide assistance to clients in crisis or on the brink of crisis to build up their finances, job skills, support systems and other resources to prevent future crises.
- Support efforts of cultural and ethnic communities to mobilize and organize.
- The City continues to facilitate collaborations and communication among agencies that help meet the basic needs of Shoreline residents.

Examples of outcomes

- Increased connection to ongoing government resources that meet basic needs and reduce poverty.
- Increased formal protocols or memoranda of agreement among local agencies. Memoranda are to ensure individuals and families receive the most effective assistance to address current issues and build resilience for future challenges.

⁶ United Way of King County. (2008). A plan to end hunger in King county. Draft proposal. August 8, 2008. Seattle, WA.

Barriers to services

Conditions

- Lack of awareness of available services and how to find them
- Lack of case managers to help people navigate the system and coordinate services
- Service hours do not match time when people can come
- Locations may be difficult to reach due to lack of transportation and distance
- Information lines are not always adequate or up to date
- Lack of emergency services in Shoreline
- Lack of health care facilities in Shoreline
- Lack of specialized services located in Shoreline
- Inability to pay or lack of insurance for physical health and mental health
- Lack of capacity among agencies and City staff to convey information easily understood by diverse audiences including persons of limited English proficiency, those who have low literacy skills or are not literate, individuals with disabilities, and those who are deaf or hard of hearing.
- Inadequate policy, structures, practices, procedures, and dedicated resources to support agency and City capacity to best respond to human services needs.

Quotes from Task Force, Public Meeting, and Older Adult Focus Group

"I am pretty independent. I volunteer. If I was to be in a situation where I would need help, I would not know where to turn. It would be nice to get that info out. Somebody that could provide the information for you. I don't even know where to start."

"The high number of people who are eligible for services but not receiving them (especially health and education programs) results in fewer healthy years lived, lower educational attainment, and inappropriate burden on other human service agencies and programs."

"[If] individuals in need of services [don't get help], this results in more complex problems in the long run."

"A lack of communication between human services providers can lead to people either slipping through the cracks or spending valuable time going around the county tracking down services."

"I would like to see more information available and have it coordinated. I like the idea of no competition. Let's work it together."

Shoreline data

- Many families are eligible for services but forgo them because they do not think they can or should use services, they lack information, the process is cumbersome, the customer service experience is negative, or they face transportation and language barriers.
- The closest medical clinics are in Kenmore or North Seattle. The closest dental clinics are in Redmond and North Seattle.

- Among people at least 5 years old living in Shoreline in 2005-2007, 21 percent spoke a language other than English at home. Of those speaking a language other than English at home, 48 percent reported that they did not speak English "very well."

Strategies and Examples of Actions to Implement Them

More publicity about existing resources in Shoreline

- Create an online data bank of basic needs human services programs and child and family resources in or near Shoreline, and develop handouts with key information in several languages. Items to include are but are not limited to:
- Resources for food, shelter, health and mental health, transportation and other basic needs
- Information on supports for parents, early learning opportunities, high quality parenting programs, and youth development activities
- Information on transportation options (including taxi script)
- Testimonials from former clients to demonstrate that it is OK to seek help
- Advertise existing sources better through business community, Metro, and schools.
- Engage distributors of resource lists, especially those who are often the first contact for a person in need: Clergy; schools (administrators, counselors, school nurses, family support workers, etc.); neighborhood associations; health and human services organizations; businesses; fire and police officials; housing projects; senior center; etc.
- Organize speaking engagements to reach diverse community groups in person.

Reduce language barriers with diversified staffing of agencies and shared knowledge of resource options and reward agencies that do this.

- City, county, and state governments as well as community colleges and schools share the cost of stationing staff from ethnic or cultural organizations at specific regular times. Publicize their availability to mainstream agencies and their clients, as well as individuals in the community.
- City of Shoreline favors funding proposals from organizations whose Board and staff reflect the community it serves.
- Schools, agencies, and City offer printed materials in different languages.

More deliberate fieldwork about what the barriers to services in Shoreline are and how to reduce them with local planning groups.

- City of Shoreline identifies ethnic or cultural leaders in Shoreline to learn about what would be helpful to their communities, and offers to make connections with resources and services in the area.
- City assists in formation and support of an ongoing multi-sector effort to collaboratively reduce barriers to services throughout North King County.

Examples of outcomes

- Increased shared efforts among businesses, schools, faith communities, ethnic-specific agencies, other nonprofits, volunteers, neighborhood associations, and the City that reduce barriers.
- Increased easy ways for people who speak many languages other than English to find support and services.

Immigrants and refugees⁷

Conditions

- Not enough professionals and organizations serving Shoreline are culturally competent enough to respond to and benefit from the increase in language and cultural diversity.
- Language differences affect every kind of communication (spoken, written, in-person, by phone), impedes learning about and fully participating in society, and leads to misunderstandings and inaccurate assumptions.
- Skilled interpreters are insufficient in number to meet demand, can be expensive, and are not always available whenever and wherever they are needed.
- Many common concepts (health insurance, child protective services, etc.) are foreign to immigrants and refugees.
- Public transportation system can be difficult to understand.
- Fear of government-affiliated buildings and services; refugee and immigrant families forgo government provided assistance they need.
- Children find themselves interpreting for their parents, reversing family dynamics.
- Existing informal networks in refugee and immigrant communities go unused.
- Funders may have expectations that are not culturally competent.
- Discrimination and disparities
- Need bridging of cultures to benefit from views and abilities of all community members
- Need diverse work force
- Publicity about resources and services does not reach immigrant and refugee populations
- Communication gap if providers only speak English discourages seeking or using services

Quotes from Task Force and Public Meeting

"Lack of knowledge [among] immigrants and English Language Learners results in low access to services, lower education attainment, racism, and discrimination."

⁷ Elements of this section are based on information in a research report produced by the Eastside Refugee and Immigrant Coalition and the Eastside Human Services Forum in September 2005. The report is entitled *Community Perspectives: Ideas for Improving Immigrant and Refugee Access to Human Services in East King County*. Retrieved on October 7, 2009 at <http://www.eastsideforum.org/pdfs/CommunityPerspectives.pdf>

"As ethnicity increases, so may the isolation increase if people cannot communicate within the community. They stay within themselves. This could result in issues that affect how services are accessed and funded."

"[There needs to be] more adult English language learning and social service aids."

"[There is a] lack of opportunities for 'cultural differences' education; [it] continues the "we and them" thinking especially in a city that is English speaking."

Shoreline data

- 14,838 people of color⁸ including 3,506 students in Shoreline⁹
- 10,337 people over age 5 in Shoreline speak a language other than English at home
- 552 students enrolled in the 2008-09 English Language learning program at Shoreline Public Schools

Strategies and Examples of Actions to Implement Them

Diversify staffing of agencies to reflect the cultural membership and needs of Shoreline.

- City of Shoreline places an emphasis on recruitment and retention of staff who are bi-lingual, bi-cultural, skilled at working with people with disabilities, and provides funding to social services agencies to do the same.
- Social services agencies make a commitment to hire people from diverse backgrounds and hire high quality employees that represent the community.
- City employees strengthen their cultural competency to work more effectively with cultural/ethnic associations and other organizations serving diverse populations.
- Programs and services hire bi-lingual/bi-cultural staff and seek out bi-lingual/bi-cultural volunteers.
- Schools and hospitals provide more bilingual support.
- Library and educational institutions continue to provide ESL classes.

Provide comprehensive information about services and events in Shoreline in the languages most spoken.

- Groups already involved in cultural competency advocacy and training could be expanded to provide more workshops and resource publications in additional languages.
- City works with local business, educational communities, and cultural associations to hold meetings and discussions to help cultural groups get information, ask questions and expand connections within Shoreline.
- The City uses translation services for website information and mailings.
- King County libraries, community colleges, and City should develop a database of cultural and ethnic associations that provide services.

⁸ Includes Latino students self-identifying as White, Office of the Superintendent of Public Instruction, 2008-09

⁹ Office of the Superintendent of Public Instruction, 2008-09.

- City targets outreach to cultural groups through local [cultural and ethnic] associations. (Public comment)

Community members organize cross-cultural education and communications events.

- City engages with businesses to support greater understanding of how to provide goods and services and promote use of local businesses by populations of color.
- Schools, colleges, and the City continue to sponsor and or expand cultural events and celebrations.
- Faith groups communicate with community leaders of various cultural groups to have a cultural exchange.

Provide cultural competency and orientation education to immigrants and refugees and those who serve them.

- Human Services agencies offer emergency ESL and citizenship classes to cover the basics for newcomers
- Faith communities and City develop a community improvement program (similar to the Works Progress Administration) that focuses on immigrants and refugees, encouraging people to work together to make a difference.
- Agencies and City educate funders about what it takes to provide culturally competent services for immigrants and refugees and that not all results are measurable in traditional ways.
- Schools, agencies, and City expand multi-lingual language lines so agencies can access interpreters at any time.
- City develops and maintains a list of trained interpreters, the languages they speak, and the help they can offer.
- Schools and agencies engage and coordinate knowledgeable adults and teens within the immigrant and refugee communities to orient, assist, and interpret for others within their community.

Examples of outcomes

- Increased cultural competency of City-funded nonprofit organizations
- Increased inclusion of representatives of cultural/ethnic communities in community decision-making and community strengthening.

Raising young and elementary school children

Conditions

- Some parents lack the knowledge and skills needed to guide the social, emotional, physical and cognitive development of their babies and young children during their most formative years.
- Children who arrive at kindergarten not fully ready to learn start considerably behind their peers and often do not catch up.
- Need for high quality early learning settings for young children..

- Quality child care is not affordable.
- Family/informal caregivers (grandparents and other relatives, family friends and neighbors; parents) and formal caregivers (teachers and staff at preschools and licensed child care programs) would benefit from increased knowledge and skills around early learning and child development.
- Child abuse and neglect most commonly affect the youngest children, and can leave long-lasting physical and emotional scars.
- Recent reports indicate that as many as 1 in 85 or 100 children has a disorder on the autism spectrum.

Quotes from Task Force

"Lack of parenting skills harms young children and perpetuates [the harm] over generations."

"Research indicates early education preparation has great impact on future student success."

"Without early intervention with children in situations concerning abuse, hunger, slow learning, housing, etc., the statistics are consistent that they turn to crime and gangs as a way to vent their frustration."

Shoreline data

- There are about 2,000 children under age 5 in Shoreline.
- There are about 2,900 children between 5 to 9 years of age in Shoreline
- 27 percent of Shoreline kindergarten children in 2008 were determined to be vulnerable (not ready) for kindergarten in one or more categories of school readiness. In the central east part of the city, 46 percent of children were vulnerable.
- Family, friend and neighbor (FFN) caregivers care for twice as many babies and toddlers as licensed providers. Grandparents, aunts and uncles, elders, friends and neighbors provide the greatest amount of child care for infants and toddlers .
- 9,100 children North King County eligible for Head Start and ECEAP (state funded preschool) were not served in 2007 because the programs were already at full capacity
- In 2007, almost 1,000 Shoreline children received services from the Washington State Department of Social and Health Services related to child abuse and neglect, foster care and adoption.
- Out of 105 out of school time programs identified in Shoreline in 2008, 81 operated year round and 93 served ages 5-12.¹⁰

¹⁰ Schools Out Washington. (2009). *Afterschool Programs in Washington. Aligning Capacity with Family Needs. A Study of the Supply of and Demand for Afterschool and Youth Development Programs in Washington.* Seattle, WA. January 2009.

Strategies and Examples of Actions to Implement Them

Provide support and resources to all adults with a significant influence on the development of young children.

- The City of Shoreline and human services agencies publicize events and learning opportunities offered through early learning organizations and collaborations to build on and strengthen existing early learning collaborations.
- Libraries, family centers, recreation programs, faith communities, schools, ethnic communities, and others provide research-based support, resources and connections for parents and relative/friend caregivers of young children engage more trusted community organizations in supporting parents and family, friend and neighbor caregivers.
- Increase opportunities for teens providing child care to increase their knowledge and skills about how to care for younger siblings and engage them in meaningful activities.

Provide opportunities for adults and young children to interact in ways that are fun and support learning for both of them.

- Libraries, family centers, faith communities, recreation programs, ethnic communities, and others provide additional Play & Learn groups for young children and their parents or relatives/friends who are providing child care that model interactions and skills that promote children's social and cognitive development and reduce isolation for both adults and children.

The whole community has a consistent and explicit framework for supporting the optimal development of young children

- The City forms a partnership with other governments, funders and service providers for the express purpose of selecting a broad framework to guide actions and activities targeted to support the optimal development of young and elementary school age youth.

Strengthen knowledge about child mental health.

- Community agencies provide a forum regarding mental health issues related to families; include the child and parent perspectives and single-parent needs.
- Faith communities and youth volunteers participate in positive activities for young children with mental health issues to provide more community support.

Examples of Outcomes

- More vulnerable children start kindergarten ready to learn.
- Increased use of research based practices in caregiver interaction with children.
- Organizations implement best practices in delivery of services.
- Decrease in child abuse and neglect

Older adults

Conditions

- Isolation leads to health problems
- Lack of transportation limits access to services and ways to socialize
- Mental health/depression may not be identified or treated
- Lack of adequate retirement income increases the number of older adults who may seek help to meet basic needs
- Cuts in state and private funding will reduce available services
- About 12 percent of adults age 65 and older in Shoreline come to the Senior Center regularly and 6 percent attend infrequently.
- Although the Shoreline Parks, Cultural and Recreational Services Department includes offerings at the Senior center in its Recreation Guide, it does not appear to offer programs of its own specifically for older adults.
- Most recent retirees are not participating in senior centers as they do not see themselves as *seniors*
- Increased life expectancy means more older adults are at risk of developing dementia which creates heavy financial and caregiving burdens for families.

Quotes from Task Force and Older Adult Focus Group

"I think the main thing I would be concerned about are the silent seniors who are in the community and not having their needs met. That is where our focus should be."

"The change is older people want to live in their homes as long as possible. More and more agencies are helping people live by themselves. If you can stay home you are living a higher quality of life."

"As baby boomers retire, and considering that many do not have the retirement income they thought they would, the need for senior services will increase."

"[There is a] lack of transportation for seniors and people with disabilities. [They] can't get needed food or medicine."

"We need less expensive help for family caregivers so they don't have to be poor to be eligible for them. Adult day care, in home respite care. [A caregiver could have] health problems of her own. That is one of the unmet needs."

"I live in senior housing. Many people there have given up their car. That is a big loss for independence. They are always trying to find transportation."

*"We have two groups. Those that are too busy and the invisible ones we don't know about."
"There are a lot of people who need adult day care- you could leave them for the day and get downtime for yourself. There is a real need for adult daycare."*

"Social contacts are so important for us and to keep our minds clear. My neighbor has been very helpful."

Shoreline data

- 3,742 seniors ages 65-74
- 2,905 seniors ages 75-84
- 1,569 seniors ages 85 and older
- The population of seniors is projected to increase to 21.4 percent of Shoreline's population by 2020
- 767 people used aging and adult services provided by the state Department of Social and Health Services in 2009
- 81 percent of baby boomers expect to work beyond retirement
- Many more older women will live in poverty than older men
- In 2000, a higher percent of people 65 and older in Shoreline lived in poverty (7.3 percent) than for all people in poverty (6.9 percent) in Shoreline.
- County-wide the poverty rate for older adults has increased from 7.3 percent in 2000 to 9 percent in 2006
- While the population of older adults, 60 and older, is expected to double by 2025, the number living in poverty is projected to more than double.
- For people requiring housing that offers daily assistance, options in Shoreline include more than 100 adult family homes, six nursing homes and two assisted living facilities.

Strategies and Examples of Actions to Implement Them

Connect more older adults to programs, volunteers, and organizations to reduce isolation.

- Neighborhood associations and faith organizations could identify elderly people who are isolated, provide them with information about resources and services, and identify ways to include them in the community.
- Seniors who want to age in their homes but need some help and individuals who would provide assistance in exchange for rent are matched with people who also want to share a home and provide support and care for the homeowner.
- Community Services Division provides information about where to turn for older adult services to other city departments (including fire department and Currents newsletter).
- Senior Center and faith communities exchange information to share their activities and refer older adults to one another.
- Cat and dog rescue shelters invite older adults to spend time with animals (some shelters have buses to provide transportation).
- Schools, community colleges, the Parks Department of the City of Shoreline, senior centers, and senior housing programs work together to produce cross-generational activities at various times of the year.

Best practices are incorporated into planning and implementation among service agencies and City government to better serve the growing population of older adults.

- The City of Shoreline encourages all of its own programs and operations to be friendly, welcoming and accessible to older adults and encourages all community and human services organizations to do the same.
- The City of Shoreline, across several departments, begins comprehensive planning for the increase in older residents and develops ways to engage them as resources to provide lifelong learning and health opportunities, and ensure appropriate resources and services are in place.
- Organizations serving older adults design their activities and services to build on the strengths and meet the needs of baby boomer retirees.

Examples of outcomes

- Older adults are active and more connected to the local community.
- Increased support for vulnerable older adults.
- Increased planning, programs, and support across public and private organizations to integrate older adults into the community.

Youth (Ages 13-17) and Young Adults (18-24)

Conditions

- High overall test rates mask significant disparities in educational achievement between white students and students of color, with low incomes, and with a home language other than English. Students suffering these disparities have decreased chances of long-term success.
- Many Shoreline youth lack the protective factors (such as caring adult relationships) shown to reduce the likelihood of risk factors that are associated with behaviors such as alcohol and drug use, violence and delinquent behaviors.
- Available supervised activities for youth after school may fail to engage youth who are isolated and disconnected.
- Some out of school activities may be unavailable due to cost, limited hours of operation, or lack of transportation.
- Some youth lack help in making a successful transition to adulthood.
- Depression and mental health issues among teenagers may go undiagnosed and compound harmful situations.

Quotes from Task Force and Public Meetings

"Lack of safe and positive activities for youth increases the likelihood that youth [will] be influenced by negative peer pressure and participate in petty crime which can lead to bigger criminal activities."

"Lack of adequate nurturing relationships for teens and young adults leaves many struggling to navigate complexities of independence, housing, health care, and transportation."

"Isolation among disconnected youth and seniors creates a number of mental and health issues that could be addressed by connecting these groups together in cross-generational activities."

"Look at youth-created strategies- they have great ideas."

"Internships give meaning and increase learning capacity [among youth]. Connect to local business."

"Make sure that youth voice is included [in planning]." -Public comment

"Homeless teenagers are invisible though the school district has a staff person. There need to be more resources for homeless teens to live... for example, getting a deposit for an apartment."

Shoreline data

- In the 2008-09 school year, students of color comprised 38 percent of students in the Shoreline School District.
- Shoreline has 3,355 teens between ages 15 to 19.
- About 20 percent of 6th-12th grade students in King County reported two or less protective factors-out of eight.¹¹
- As youth get older, they tend to spend their time after school in lessons, clubs or sports; working for pay; and spending time with family or friends. They also spend many hours watching TV, video and DVDs, as well as using computers and video games.
- Out of 105 out of school time programs identified in Shoreline, only 12 served youth ages 13 and up.¹²

Strategies and Examples of Actions to Implement Them

Ensure youth have meaningful and healthy relationships with adults that include mentorship.

- College students provide mentoring for children and youth, especially children and youth who are immigrants and refugees.
- Adults in Shoreline are encouraged to be a mentor or a tutor for the long-term to avoid a "revolving door" of meaningful adult relationships.
- After-school and summer programs engage more youth in structured activities when youth are not in school.

Youth are given meaningful roles in improving the well-being of residents in Shoreline

- Schools and the City of Shoreline develop a menu of possible high school community service and high school senior projects that improve the well-being of

¹¹ Research shows that certain risk factors are associated with increased likelihood of health risk behaviors including alcohol, tobacco, and drug use, violence, and delinquent behaviors. Similarly, research has shown that protective factors including positive interactions with family and peers, exert a positive influence against the negative influence of risk factors.

¹² Schools Out Washington. (2009). *Afterschool Programs in Washington. Aligning Capacity with Family Needs. A Study of the Supply of and Demand for Afterschool and Youth Development Programs in Washington*. Seattle, WA. January 2009.

people in Shoreline, help children succeed in school, connect newcomers and long-time residents, etc.

- The City of Shoreline brings youth into its decision-making in effective and meaningful ways.
- Schools and youth-serving organizations engage all youth in developing adventure and skill-building opportunities.
- Include youth in existing planning efforts rather than creating something artificial
- Use the web and networking media to reach more youth

The whole community has a consistent and explicit framework for supporting the optimal development of youth

- The City forms a partnership with other governments, funders and service providers for the express purpose of selecting a broad framework to guide actions and activities targeted to support the optimal development of youth.

Examples of outcomes

- More vulnerable youth report having caring relationships with adults.
- Youth are given meaningful role in improving the well-being of residents of Shoreline.
- More youth and families report they are able to enroll in out of school time programming.
- Youth are more connected to their school and community.

People with disabilities

Conditions

- Isolation among home-bound people with disability leads to health problems and increased mental health and depression issues.
- Lack of transportation lowers quality of life
- Aging caregivers for young and middle-age adults with disabilities is a challenge for families
- Lack of adequate income due to inability to work or cuts in funding.
- Disabilities services are often lumped in with services for older adults even though people of all ages have disabilities
- Shoreline has a disproportionately large number of developmentally disabled people. Early mental health diagnosis and treatment help prevent permanent disability
- Disabilities and mental health needs affect many other issues
- Disabled veterans and their families need support beyond what the Veterans Administration offers

Quotes from Task Force and Public Meeting

"The increase in seniors living in poverty will create greater demand for housing and disability needs (aid for transportation and mental health). To decrease isolation, [provide for a] daily meal and health needs."

"Everyone else is temporarily able-bodied."

"Support early diagnosis, treatment, and supervision. You will reduce permanent disability and achieve full potential."

"We need to normalize the discussion and pursuit of mental health service. Mental health is treatable. Spread the word. Data support this."

Shoreline data

- 9,984 people ages 5 and older live with disabilities
- Self-limitations are increasing among 45-64 year olds
- Disability rates are increasing among females, low income, less educated, older adults
- For people requiring housing that offers daily assistance, options in Shoreline include more than 100 adult family homes, six nursing homes and two assisted living facilities
- Among older adults 75 and older in King County, 42 percent experience physical disabilities and 23 percent sensory disabilities
- About 80% of older adults needing assistance with daily care are cared for in the community by an unpaid family member
- Recent research at the national level indicated that 1 out of 100 children has a disability on the autism spectrum
- Among returning veterans, about 20 percent meet the criteria for post-traumatic stress disorder, depression, and anxiety

Strategies and Examples of Actions to Implement Them

More people with disabilities are connected to programs, volunteers, and organizations to reduce isolation.

- Large social services agencies should provide home-matching for people with disabilities and individuals who would provide assistance in exchange for rent.
- Neighborhood associations and faith organizations should identify people with disabilities who are isolated, provide them with information about resources and services, and identify ways to include them in the community.

Best practices are incorporated into planning and implementation among service agencies and City government to better serve people with disabilities.

- The City of Shoreline, across several departments, begins comprehensive planning for people with disabilities and develops ways to engage them as resources, provide lifelong learning and health opportunities, and ensure appropriate resources and services are in place.

- The City of Shoreline encourages all of its own programs and operations to be friendly, welcoming and accessible to people with disabilities, and encourages all community and human services organizations to do the same.

Increase community awareness around disabilities caused by mental health issues and where to refer family and friends.

- City hosts a public meeting with Shoreline residents about available resources, possible solutions in mental health and disabilities.
- Agencies, hospitals, and City build a directory of disability and mental health services available to Shoreline residents including payment options.

Veterans and older adults gain greater supports and access to disability and/or mental health services.

- Agencies assist veterans with mental health issues that are not being addressed by the Veterans Administration.
- City should assist in engaging veterans in volunteer opportunities to keep them connected to the community.
- Senior Center provides home visitors to check on people with mental health needs and assist with referrals.

Examples of outcomes

- People with disabilities feel more connected to the local community
- Increased planning, programs, and support across public and nonprofit organizations to integrate people with disabilities into the community.
- Increased knowledge among public and private agencies about available disability and mental health services and how to make referrals.
- Increased outreach and referrals to children, youth, older adults, and veterans showing early signs of mental illness.

Themes and Interconnections across Strategies

There are a number of commonalities across the strategies in different critical areas. This situation provides opportunities for making progress in multiple critical areas by implementation of some strategies. The following themes run across strategies:

People need to know about available resources. In many communities, despite the existence of several telephone information lines and web sites to find those services, people do not know there to find information or do not find the information and referral mechanisms effective. As a result, many people who would benefit from available resources are not using them resulting in greater hardships and worsening of conditions. This is an issue that likely requires substantial and strategic ongoing efforts across many sectors and could make major contributions to the well-being of Shoreline residents.

Disparities and discrimination. Shoreline is no longer a mostly homogeneous community. It is increasingly home to a growing number of immigrant and refugee families, people of color, and people with low incomes. Some residents and organizations lack information about the growing diversity and are not well-prepared to serve a different

population mix than they served years ago. Without the necessary knowledge and attention now and in the future to the evolving community mix, there is a risk of growing disparities and discrimination diminishing the well-being of the entire community.

Isolation. Older adults, people with disabilities, immigrants and refugees, youth and others in Shoreline experience isolation. This can harm their emotional and physical health, deprive them of opportunities to belong and contribute, and leave them without sources of help until a crisis arises. Reaching and linking isolated people to each other and to supports and services can provide myriad benefits to them.

Natural actors need services and supports. Family, friends, neighbors, and faith or cultural communities are the most common places people turn when they need help. These "extended family" members provide food and shelter, child care, care for people with disabilities, care for older adults who require support to stay in their homes, and opportunities for socializing -- often on a very long-term basis and with little assistance. Many of these informal providers would benefit from services and supports, which would in turn increase the well-being of the people for whom they are caring. This strategy maximizes the capacity of community members and organizations, which will always be larger and more extensive than professional services.

Shared community strategies for youth and older adults. Shared strategic frameworks and goals for serving youth and older adults would maximize community resources. Many organizations contribute to the well-being of youth and older adults in Shoreline. Those populations and the community would likely be best served if those organizations worked together toward common goals.

Mental health. Mental health and mental illness are points along a continuum. Good mental health supports are critical for people with disabilities, veterans, teens, new parents, and older adults. Mental illness is a barrier to obtaining services and makes it harder for a person to meet his/her basic needs. Mental illness is considered a disability and compromises a person's independence and increases his/her vulnerability.

Publicly funded mental illness treatment is provided by federal and state government, with services organized and administered by county government and delivered to eligible consumers through community mental health centers. While mental illness treatment falls under the purview of the county and state, the City can participate in promoting positive mental health. The City can educate the community about effective treatments, reducing the stigma associated with seeking and using mental health services, engage the natural actors that people turn to first, and encourage early detection and health promotion programs.

Increased use of best practices. More and more research and reports on best practices are now available in the field of human services. Both the City and human services agencies can better serve the community by regularly updating themselves on the best and latest national and local research to guide their investments in services and supports.

City as convener and catalyst for community organizing. Many people and organizations see the City's Human Services Division as a valuable convener of those involved in human service issues. The City is one of the few organizations in a position and with resources to fill that important role and get people working together in coordinated, efficient, and effective ways.

In addition, with a small boost, the City can facilitate and provide modest funding to support community organizing efforts in which residents and organizations band together to address an issue or solve a problem using their own resources and advocacy skills. That approach can build community connectedness, social capital, and low cost but effective prevention strategies.

Section 3: City of Shoreline's Roles

Implementing the Overall Human Services Plan

The City of Shoreline and partner organizations play a number of roles in assuring that a sustainable system of human services is available to the community. The City may employ one or more of the roles listed below to achieve the outcomes selected by the Task Force.

1. **Document and analyze** the extent to which the needs of low and moderate income citizens are being met. This role includes gathering information to show the nature or scope of a problem and where the City can have influence.
2. **Demonstrate new approaches.** This role includes sharing updated information and innovative approaches with the community via best practices research.
3. **Inform and educate** the public about social and health problems affecting residents. This role includes proactively communicating with local residents about strengths within the community and possible ways to solve or reduce the severity of a problem.
4. **Help those affected** to develop solutions and plans for action. This role includes convening various players in the nonprofit, faith, education, and other communities to collaboratively bring about positive change.
5. **Advocate** for the needs of Shoreline residents with regional agencies and King County. This role includes communication with organizations that have long-standing and new relationships with Shoreline.
6. **Fund** services through the Community Development Block Grant program and General Fund. This role includes supporting the ad-hoc Allocations Committee that recommends funding priorities to the Shoreline City Council every two years.

The City's funding role also includes encouraging grantees to use evidence-based and promising practices based on research and experience in the community. In general, successful programs include these components:

1. Select target population which can most benefit from services
2. Address factors open to change within target population
3. Sound theoretical basis for intervention and expected outcomes
4. Use interventions shown to be effective
5. Implement with quality and fidelity to the program design
 - Match services to characteristics of program participants
 - Cultural competence
 - Staff practice, qualifications, and support
 - Engagement, motivation and retention of participants
 - Sufficient intensity and duration
 - Evaluation and continuous improvement
6. Select agencies with the capacity and community trust to effectively deliver the program

Collecting Outcome Data and Prioritizing Decisions

The Task Force outlined a series of outcomes for each of the critical issues. These outcomes offer guidance to the City in its legislative, collaborative, advocacy, and funding decisions. The City should share those outcomes with its potential grantees as part of its decision making criteria concerning allocation of funds. The City should review performance data its grantees produce as part of routine agency evaluation.

Addressing Older Adult Issues

One of the City Council's directives to the Task Force was to advise them on ways to address the growing older adult population. Over the life of this plan, from 2010 - 2020, the City will face the challenge of simultaneously sustaining current services for older adults while preparing to respond to the full breadth of needs of the growing older adult population. The City should facilitate the expansion and development of programming that responds to the recreation and socialization needs of older adults and continue to fund programs that address their human services needs. These recommended tasks can be accomplished in two phases.

1. By 2012, the City develops operating agreements with the Shoreline/Lake Forest Park Senior Center and Senior Services of King County to more fully coordinate and integrate the services offered through the Shoreline Lake Forest Park Senior Center with an expanded set of recreation and socialization activities offered through the City's Department of Parks, Recreation and Cultural Services.
2. By 2015, the City involves all city departments, non-profit service providers, the faith, business community and others in gaining knowledge about effective practices and in developing ways to meet the needs and tap the human resources of the coming age-wave of older adults.

Addressing Youth Issues

Another of the City Council's directives to the Task Force was to lay the groundwork for better engagement of local youth. Youth are supported in their education growth and development by an array of public and private services and organizations as well as by their family and friends. Organizations and groups include: Shoreline public schools, private and home schools, the Shoreline Parks Recreation and Cultural Services Department, faith communities, employers, preschools, counseling agencies, private counselors, after school programs and sports and recreation clubs. Each of these groups overlay and intersect. The City can be integral to bringing them together to identify a consistent framework, research basis, and collective action all can use.

The City should form a partnership with other governments, funders, and service providers for the express purpose of identifying a broad framework to guide actions and activities of organizations across the City intended to support the optimal development of youth.

Contributing to Regional Service Delivery Systems

Most human services are planned for, funded, and delivered by county-wide or regional public or non-profit organizations. The City plays the following roles in maintaining a viable system of regional human services:

- Funds specialized services such as sexual assault counseling and treatment, eviction prevention, the 24 hour Crisis Line and others that cannot be efficiently provided locally;
- Advocates before regional funding bodies for equitable allocation of funds to North King County including Shoreline;
- Participates in and urges the use of research-based approaches in regional planning and funding committees convened through the Puget Sound Council of Governments, United Way and King County;
- Joins in implementing and relying on high-quality inclusive regional planning processes, rather than trying to develop local plans that lack a broader perspective and depth of views and expertise;
- Works with regional human service agencies, many of which offer specialized services, to acquaint them with the needs in Shoreline.

Monitoring Indicators of a Healthy Community

While the City is not in a position to affect change in population-wide indicators, it monitors major trends and needs expressed through such indicators. By tracking these data, the City will be better able to re-focus and/or recalibrate its activities in response to change. The City will use existing sources such as Communities Count, the American Community Survey, School District demographic and test data, and DSHS Client Services Data to monitor the following indicators.

- Use of Department of Social and Health Services funded services; quantifies number of Shoreline residents using a broad range of social and health services.
- Connection to community; how much do people feel isolated or integrated
- Food Insecurity /hunger, affects both near and long-term health.
- Poverty/Living Wage Income Levels; measures changes in the ability of residents to meet their basic needs.
- Languages spoken in homes; reflects the ethnic and cultural diversity in the city and alerts service providers to potential language and cultural barriers to service.
- Rates of poverty and homelessness among individuals and families; being mindful about engaging those who are invisible.

Funding Implications

To fully implement the strategies in this plan will require additional resources from the City and from the community. These resources include funding and will increasingly rely on time and talent.

The City currently provides funding for a broad range of services allocating close to \$400,000 per year to agency services. Quite clearly the City is neither the appropriate entity nor does it possess sufficient resources to fund each and every service need in the community. Yet the City's funding provides an important piece of the overall effort undertaken by agencies serving Shoreline.

Currently, the City's financial picture is similar to other municipalities as well as other public and private organizations. Projections show an increasing gap between revenues and the levels of expenditure needed to maintain current services. The City's current financial projections do not anticipate an increase in either the funding allocated to community agencies nor do they anticipate a shift or increase in staffing resource. The fiscal picture for the County and State are even more constrained.

During at least the first few years of this plan we are likely to see a further erosion of state and county support for locally delivered services. While this report does not address the larger question of who is responsible for funding and support services, it is clear that the City and community will have a role to play supporting the work laid out to implement these strategies.

The Task Force recommends that the City evaluate the pace at which it can enhance its funding and resource allocation to address the critical issues and strategies identified in this plan and include this work in its financial and staffing projections.

Section 4: Input from Local Human Services Experts

The City of Shoreline, like most municipalities, does not directly provide social and health services. Our most effective role is to involve, support and nurture the work of non-profits and other governments so they have a fuller understanding of our community and thus are better able to address the needs of our residents.

As part of the environmental scan, the consulting team conducted interviews with experts in various sectors of human services, including funders, providers and local advocates and community leaders in order to understand their capabilities, priorities and interests. The discussions examined major service delivery systems issues as much or more than the services or needs of a particular segment of our population. Below are some key comments derived from these interviews.

"There is a scarcity mentality rather than building together. What do we need? Why compete. Find where we are best suited. Community needs to work together. Maximize resources we already have."

"City should collaborate and put that language into grants. City should act as a conduit to generate those discussions. Bang for the buck. Leverage strength and funding."

"Co-locate services. Do outreach to learn who is underserved and then link with agencies with [multi-lingual] capacity. Need to engage people with bilingual staff. The issue is funding. If your core mission is not serving immigrants and refugees, why hire bi-lingual staff? Leverage money [by subcontracting with multi-lingual agencies]."

"Be the convener. There is lots of respect for city staff. Bring multiple people to the table."

"For government, make sure everything is physically accessible. Buildings universally designed not just for wheelchairs. Look at the park system. Use zoning authority. This helps all generations."

"Communicate with other departments- urban planning, parks. In short term, start in depth planning across disciplines."

"Acknowledge there are more needs than dollars. Think about education of community about needs in their community."

"We need to better educate about needs. That we have unmet needs, educate the general public and government. Most people in Shoreline don't understand the degree of need. They see a suburb."

"People want a connection to their community. They contribute more. Anything the city can do to create those connections. The City should promote community building. Volunteers don't know how to [plug in]."

"Have people know needs better so they know why they are taxed. And city officials [know needs better]."

"Equality of access. We will need more services 10 years from now. We don't know what people are going to be like down the road. Data cuts both ways."

Based on key informant feedback, and information gathered through the process of developing this plan, the following themes were identified and considered in developing strategies and selecting issues for future action.

- Promoting continued and enhanced coordination and collaboration among agencies serving Shoreline. This would potentially include the development of co-located services in a “family center” setting.
- Provide funding at levels that allow agencies to provide an added increment of service to Shoreline.
- Convene cross-discipline conversations and work groups that will engage the non-profit sectors as well as the business, faith and school communities around selected issues.
- Include human services needs as an element of other city planning and transportation process and decisions.
- Continually solicit information on and educate the community about human services needs in Shoreline.

Appendix A

Description of Cultural Competence from the National Center for Cultural Competence at the Georgetown University Center for Child and Human Development

*Cultural competence is a developmental process that evolves over an extended period. Both individuals and organizations are at various levels of awareness, knowledge and skills along the cultural competence continuum.**

Cultural competence requires that organizations:

- * have the capacity to (1) value diversity, (2) conduct self-assessment, (3) manage the dynamics of difference, (4) acquire and institutionalize cultural knowledge and (5) adapt to diversity and the cultural contexts of the communities they serve.

- * have a defined set of values and principles, and demonstrate behaviors, attitudes, policies and structures that enable them to work effectively cross-culturally.

- * incorporate the above in all aspects of policy making, administration, practice, service delivery and involve systematically consumers, key stakeholders and communities.

Below is a brief description of *Culturally Competent Guiding Values & Principles*

Organizational

- * Systems and organizations must sanction, and in some cases mandate the incorporation of cultural knowledge into policy making, infrastructure and practice.*

- * Cultural competence embraces the principles of equal access and non-discriminatory practices in service delivery.*

Practice & Service Design

- * Cultural competence is achieved by identifying and understanding the needs and help-seeking behaviors of individuals and families.*

- * Culturally competent organizations design and implement services that are tailored or matched to the unique needs of individuals, children, families, organizations and communities served.*

- * Practice is driven in service delivery systems by client preferred choices, not by culturally blind or culturally free interventions.*

- * Culturally competent organizations have a service delivery model that recognizes mental health as an integral and inseparable aspect of primary health care.

Community Engagement

- * Cultural competence extends the concept of self-determination to the community.*
- * Cultural competence involves working in conjunction with natural, informal support and helping networks within culturally diverse communities (e.g. neighborhood, civic and advocacy associations; local/neighborhood merchants and alliance groups; ethnic, social, and religious organizations; and spiritual leaders and healers).*
- * Communities determine their own needs.**
- * Community members are full partners in decision making.**
- * Communities should economically benefit from collaboration.**
- * Community engagement should result in the reciprocal transfer of knowledge and skills among all collaborators and partners.**

Family & Consumers

- * Family is defined differently by different cultures.***
- * Family as defined by each culture is usually the primary system of support and preferred intervention.***
- * Family/consumers are the ultimate decision makers for services and supports for their children and/or themselves.***

* Adapted from Cross T., Bazron, B., Dennis, K., & Isaacs, M. (1989). Towards a Culturally Competent System of Care, Volume I. Washington, D.C.: Georgetown University Child Development Center, CASSP Technical Assistance Center.

** Adapted from "Other Guiding Values and Principles for Community Engagement" and "Family & Consumers" are excerpts from the work of Taylor, T., & Brown, M., 1997, Georgetown University Child Development Center, (GU CDC) University Affiliated Program.

*** Adapted from "Promoting Cultural Diversity and Cultural Competency- Self Assessment Checklist for Personnel Providing Services and Supports to Children with Disabilities & Special Health Care Needs Goode, T., 2002, NCCC, GU CDC.