

CITY COUNCIL AGENDA ITEM
CITY OF SHORELINE, WASHINGTON

AGENDA TITLE: Council Goal 8 Update
DEPARTMENT: Community Services Division
PRESENTED BY: Julie Underwood; Assistant City Manager
Rob Beem, Community Services Manager

ISSUE STATEMENT:

In July the City Council formally adopted their goals for 2008-09. A majority of their goals were continuing in nature; however, the following new goal was added to the work plan:

Goal No. 8

Develop a "healthy city" strategy to ensure the community's access to needed human services

- Update the Human Services Plan and Desired Outcomes
- Update the Youth Policy Plan
- Work to increase and retain affordable housing units
- Sponsor a cultural diversity event

Tonight's study session will be the first opportunity the Council has had to discuss this goal in more detail and to provide staff to direction.

FINANCIAL IMPACT:

The 2009 budget contains \$40,000 to support this work and will be sufficient to cover the cost of consulting services and additional staff time necessary for the plan updates. Staff believes that implementing the recommendations for the affordable housing strategy and the cultural diversity event can be accomplished within existing budget and resources.

RECOMMENDATION

Staff recommends that the City Council endorse the proposed program to implement Council's Goal No. 8.

Approved By: City Manager  City Attorney _____

BACKGROUND

Health and Human Services Strategy and the Youth Services Plan

While the Council has formally adopted Goal No. 8 as a new goal, this is not a new area of emphasis for the City. Currently Shoreline's Human Services and Youth Services activities and investments are guided by two plans/strategies. The Health and Human Services Strategy has been in effect since 1998 and the Youth Services Plan since 2000 (see attachments A, B and C). The adoption of Goal No. 8 recognizes that after a decade of activity, we need to reassess where we are and set a course for the next 10 years. Although these plans are a decade old, the Human Services Strategy and the Youth Services Plan remain very current in their overall policy framework.

Shoreline's policy plans are somewhat unique in that they rest on a "strengths-based" approach to identify the types of services and programs that need to exist. This strengths-based approach stands in contrast to the more commonly used problem reduction model where progress is assessed in terms of reduction or elimination of need. The HS Plan calls for the City to work with partners in the region and the community to focus on achieving a set of "15 Desired Outcomes." Achieving these outcomes provides a way to establish a broader and more resilient set of supports for individuals and families in need.

Each of these plans and strategies call for the City to play an active and critical part in supporting an effective system of services for Shoreline. They lay out a policy framework that supports the City's work as a:

1. Funder of programs and services;
2. Partner with other governments, schools, families, and non-profit service providers; and
3. Advocate for services that are responsive to Shoreline's needs with other funders, providers, and governments.

Over the past 10 years, the City has been able to enhance services to our citizens through work in each of these areas. Some examples include:

Funder:

- Youth Services Plan - \$100,000 split among Parks, Recreation and Cultural Services Department (PRCS) and Human Services Program
- General expansion of the Human Services Funding - \$83,000
- Utility Assistance - \$25,000

Partner:

- Joined with Shoreline Public Schools to convene the Community Resource Team bringing together 20 agencies, schools and governments to identify and address issues facing school age youth and families.
- Worked with United Way and Hopelink to secure a permanent location for a food bank and emergency services center in Shoreline

- Worked with our PRCS Teen Program, King County Housing Authority, and the Center For Human Services to support the development and expansion of the Homework Factory and Family Support Center at Ballinger Homes.
- In concert with the YMCA, Kellogg Middle School, and the City of Lake Forest Park developed and supported "Hang Time" after school program
- Used Community Development Block Grant (CDBG) funding to locate the Compass Center's Veterans Housing in Shoreline.
- Served in leadership positions with the Northshore/Shoreline Community Network (Councilmember McGlashan and human services staff).

Advocate:

- Input into planning for Vets and Human Services Levy
- Support to the Joint Regional Committee – CDBG
- Promotion of the Ten-Year Plan to End Homelessness
- Leadership in United Way of King County and the North Urban Human Services Alliance

Affordable Housing

In 2006 the City Council adopted a goal to develop a comprehensive housing strategy. Subsequently, the Council appointed a citizen advisory committee (Deputy Mayor Scott and Councilmember Eggen served on this committee prior to serving on the City Council) to help staff develop a strategy to serve as an overall framework for the many large and small decisions the City makes that affect the type, design, location and cost of housing. After a year of studying and debating complex issues involving demographic shifts and the housing market, the committee completed their report in January and the City Council adopted it in March 2008. Likewise, approximately \$75,000 from Community Development Block Grant funding has been set aside to help implement the Comprehensive Housing Strategy. Finally, Councilmember McGlashan has represented the Suburban Cities Association and the City of Shoreline on the Committee to End Homelessness. His active participation on the Committee helps to provide oversight and policy development to promote and sustain the vision and leadership of the Ten-Year Plan.

Cultural Diversity Events

One of the goals of the Parks, Recreation and Cultural Services Department is to provide an array of culturally diverse opportunities for the citizens of Shoreline. As a result a wide variety of performers and vendors have actively participated in events throughout the years.

Events have included annual free lunchtime concerts in the parks; the City sponsors six (6) a year. Another opportunity to showcase performers and also food vendors is the annual Celebrate Shoreline event which is held the third weekend of August. A number of ethnic groups have also participated in the parade and festival each year, and in 2007 the theme for Celebrate Shoreline was "Celebrating Shoreline's Cultural Diversity." The following is an example of performers who have participated at our various concerts:

- Urban Oasis: Brazilian
- Morning Star Dancers: Korean Dance troop
- Kaze Daiko: Japanese Taiko drumming
- Anzanga Marimba Ensemble: African Marimba group
- Chaopraya Ensemble: Traditional Thai music
- Halau Hula O'Napualani: Pacific Island Dance Group
- One World Taiko: Japanese Taiko Drumming
- Lagni Sussu: African Rhythm group
- The Islanders: Jamaican Steel Drum Group
- Mango Son: Latin, Brazilian
- Maya Soleil: Afro Fusion

Food vendors who have participated at Celebrate Shoreline are: Sing Wah-Vietnamese, Chinese; Bahn Lao and Full Moon Thai-Thai; and Bengal Tiger-Indian

In addition, the City has partnered with the Shoreline-Lake Forest Park Arts Council for their annual arts festival. This multi-day event, which is estimated to approximately 10,000 people, features two stages of music and dance, juried art, sculpture, photography and poetry, hands-on art activities, and an artisan marketplace. Similar to the City's tradition of selecting ethnically diverse performers for our concerts, the Arts Council has had a tradition of showcasing diverse artists and performers in all the arts. More specifically, over the last ten years the annual Philippine Festival has been an active part of the overall festival, featuring "cultural rooms" with displays of artwork and artifacts, lantern-making workshops, a parade through the festival grounds, and performances with youth dance groups, traditional adult dancers, and deaf dancers.

In 2006, Shoreline's Sister City Boryeong, South Korea, displayed and demonstrated Korean ceramics and other artworks in one of the cultural rooms. In 2007 the festival included a Chinese Cultural Room, featuring textiles, paintings, and calligraphy demonstrations and lessons. In 2008, an Eritrean African Cultural Room exhibited baskets, sculpture, textiles, and artifacts arranged by the Eritrean immigrant community, headed by local African poet Hidaat Ephrem.

Likewise, annually a diverse line-up of acts take the stage. As an example, the following are some of the groups that performed last year:

- Shoreline Senior Singers
- Baile Glas Irish Dancers
- Filipiniana Dancers
- Melody Institute Chinese Dance
- Hawaiian Hula Troupe
- Eclectic Cloggers - Appalachian Folk
- Total Experience Gospel Choir
- Onochi Taiko Japanese Drums

Besides events to celebrate and showcase Shoreline's rich diversity, the Parks, Recreation and Cultural Services Teen Program's core mission is to promote diversity

and acceptance. Council has had the opportunity to meet some of the participants each year when members of the program present to the City Council on Martin Luther King Day. "Open Your Eyes," better known as OYE encourages participants to open their eyes and look at other cultures and what makes them unique. This is experienced through customs, cuisines, music, presentations, games, festivals and other celebrations of life.

Likewise, each year MASKS, a teen diversity conference, is coordinated for students who attend Shorewood and Shorecrest High School to explore the diversity of our community. It is held at Shoreline Community College and features speakers, presentations and programs geared to our high school attendees. Sponsors of this program include the City of Shoreline, Northshore/Shoreline Community Network, Shoreline Community College and the YMCA of Greater Seattle. This year the event will take place on Monday, December 8, 2008 (see attachment D).

IMPLEMENTATION OF GOAL NO. 8

Update the Human Services Plan and Desired Outcomes

Staff recommends that we continue with the strengths-based approach to update the Human Services Plan and Desired Outcomes. We would focus on identifying a series of community supported near- and long-term strategies consistent with the existing framework. Drafting of the update would be overseen by an ad-hoc citizen advisory committee appointed by the City Council. Staff recommends that the committee be comprised of local interested citizens representing the diversity of the community (the City would solicit volunteers to serve), representatives of key stakeholders such as the School District, human service providers, funders, the business community, and faith-based community. The staff and committee's work would address:

1. How can the City provide leadership and maintain an active ongoing dialogue with the community about current and emerging human service needs, problems, and solutions?
2. The City Council and staff engage in many roles in carrying out the human service function including advocate, researcher and analyst, educator, technical assistance provider, funder, convener, and problem solver. Are some roles more critical than others?
3. Should City funding be directed primarily to a narrow band of "core services"? How would the committee define core services?
4. Shoreline residents need and use human services located outside of Shoreline - what should the City's role be in regional human services planning and allocation decisions?

Specific tasks in the update process would include:

- Updating the current Human Service Plan to include
 - Strategies to implement priorities among the 15 Desired Outcomes that could be carried out over the next three, five, and 10 years.
 - A set of indicators to track progress on each outcome.

- Updating the socio-economic and demographic descriptors of the community and analyze how these changes may affect existing and future City policy.
- Developing updated criteria for reviewing funding applications.
- Lay the groundwork for phase II: development of a Youth Master Plan.

Develop a Youth Master Plan

Developing a Youth Master Plan would follow after the overall Human Services Plan and Desired Outcomes update. Given that youth activities are shared among a range of providers including the Shoreline School District, developing a master plan would involve a broad scope and reach.

Nine of 15 of the Desired Outcomes are focused on youth. The existing Youth Services Plan completed in 2000 spells out the City's role in achieving each of these outcomes. With such a strong connection to youth in the City's overall Human Services Plan and with specific Council guidance, the ad hoc committee would be expected to lay the specific path for the development of a more broadly held and community-wide Youth Master Plan. Recommendations about the specific work plan elements would be brought to Council in fall 2009.

Efforts to Further Affordable Housing

Following the adoption of the overall Housing Strategy staff in Planning and Development Services, the City Manager's Office and the Community Services Division have each contributed to efforts to support the development of affordable housing. This work is directly tied to the specific strategy – support the development of affordable housing contained in the City's overall housing strategy. Recent Council actions underscore this work:

- Property Tax Exemptions for Arabella II and for Ridgecrest
- Allocation of CDBG funds to the International Community Health Centers for development of a community clinic and housing.

As called for in the Housing Strategy, staff would continue to encourage and respond to proposals that hold promise for the development and preservation of affordable housing. Staff anticipates that this will again be a focus area for the use of 2010 CDBG funding.

Supporting Citywide Cultural Diversity Events

Since the adoption of this goal, a cross-department group of staff have met to brainstorm and identify events for the Council to consider. Recently, staff met with Nancy Frey, Executive Director of the Shoreline-Lake Forest Park Arts Council, to discuss events that they have planned for 2009. In this discussion, we learned that the Arts Council's theme for the 19th Annual Arts Festival, which is scheduled for June 27-28, 2009, is "Weaving a Cultural Tapestry."

Given the City's limited staff and financial resources, staff recommends leveraging our sponsorship of the Arts Festival. To help put this into context, Celebrate Shoreline, a one-day parade and festival costs approximately \$20-30,000 in direct costs (indirect costs primarily include staff time).

The theme of the festival lends itself to creating a work of art by literally "weaving" textiles and the like. This initiative would be lead and overseen by a local artist. The "weave of cultural tapestry" would be symbolic of weaving together a richly diverse and unified community. The resulting product could then be installed and exhibited in the newly constructed City Hall. Staff estimates this contract with a local artist would be between \$5-7,000 and could be funded within our existing budget.

In addition, through the year, staff recommends finding opportunities for the City Council to sponsor and support events that other organizations are organizing, especially if their events emphasize celebrating our ethnic and cultural diversity. Examples of events may include:

- The City's recognition and Shoreline Public Schools' celebrations of Martin Luther King, Jr. Day.
- Shoreline Teen Program's "MASKS: Faces of Diversity" youth conference held in December of each year.
- Conversations on diversity hosted by the Northshore/Shoreline Community Network.

Summary of Recommendation

Overall the development of the Healthy City Strategy would include:

- Update the Human Services Plan by fall 2009;
 - Identify strategies for achieving desirable changes in the community over the next 10 years, consistent with resources available;
 - Develop a set of indicators to track progress on each outcome;
- Develop a Youth Master Plan to implement a youth strategy by spring 2010;
- Continue efforts to support the development of affordable housing; and
- Leverage existing events as well as plan events to include an emphasis on celebrating our diversity.

FINANCIAL IMPACT

The \$40,000 budget would be used for consultant services and additional administrative staff assistance. The consultant would assist staff to:

1. Interview human service providers, especially those that have a major presence in the community, concerning their perceptions of need, resources they control to address the problem, and or willingness to engage with other stakeholders in finding a solution.

2. Oversee the public involvement process which will include focus groups of citizens and at least one facilitated group discussion with human service providers.
3. Prepare a report on the results of the public process and the input from the ad-hoc committee, as well as include the updated needs and social and economic characteristics information into an updated draft plan.

Staff would be responsible for updating statistical information. Likewise, much of the ongoing support of the citizen committee would be handled using in-house staff.

RECOMMENDATION

Staff recommends that the City Council endorse the proposed program to implement Council's Goal No. 8 - Develop a Healthy Community Strategy.

ATTACHMENTS

Attachment A: Staff Report 9/21/1998 "Proposed Health and Human Services Strategy"
Attachment B: City of Shoreline's Current Human Services Strategy
Attachment C: Summary of Youth Services Plan
Attachment D: MASKS: Teen Diversity Conference flyer

Council Meeting Date: September 21, 1998

Agenda Item: 4(d)

CITY COUNCIL AGENDA ITEM

CITY OF SHORELINE, WASHINGTON

AGENDA TITLE:	Review of City's Draft Human Services Needs Assessment and the Proposed Health and Human Services Strategy
DEPARTMENT:	City Manager
PRESENTED BY:	Larry Bauman, Assistant City Manager <i>LB</i>

EXECUTIVE / COUNCIL SUMMARY

The purpose of this staff report is to provide a basis for your Council's discussion and direction to staff regarding the preferred role for the City regarding health and human services. This role definition for the City's human services is goal No. 12 of the City Council's 1998 Work Plan. Staff recommends that the City's role be determined by your Council within the context of two documents that were created for Shoreline: A Preliminary Assessment of Shoreline Residents and Human Services (see Attachment A) and the Proposed Health and Human Services Strategy for the City of Shoreline (see Attachment B). Developing a strategy consistent with both the current and the probable future landscape of human services in Shoreline also requires a recognition of services now provided by the City as well as the ongoing work regarding Regional Finance and Governance (RF&G) (see Attachment C). Most of the work required in the proposed Strategy document was completed independent and prior to the Suburban Cities' RF&G revised plan. The Assessment and Strategy documents form the policy foundation of the proposed human services policies, and they should provide your Council with the background necessary for Council discussion and direction. If these policy documents do not reflect your Council's thinking on these issues, they should be modified prior to further implementation. The realities of the City's current human services investments, such as programs for teens and seniors, as well as the RF&G process provide additional context in which to understand the likely future for local government human services responsibilities and roles in King County.

The Preliminary Assessment was developed under contract with the City by consultant Carolyn Maxim (also Community Development Block Grant Coordinator for the City of Redmond). This document provides an analysis of the City's population and the range of human services available to City residents. While this document was informally shared with your Council in 1996, it has undergone revisions that reflect statistical changes during 1997. Among the many conditions identified in this Preliminary Assessment are that:

- Some 33 percent of Shoreline residents have trouble satisfying basic needs and 15 percent of the children in its schools come from homes receiving food stamps;
- The needs of affordable and decent housing and sufficient food affects substantial numbers of residents;
- Substance abuse is a big problem with youth and often reflects similar problems at home;
- Few local services are available to those who need mental health care, need to learn English or need shelter because they are victims of domestic violence.

The Human Services Strategy was developed by a 23-member Human Services Task Force with the assistance of consultant Nancy Ashley and the input of some 120 members of focus groups established by the City's Office of Health and Human Services. The Task Force relied upon this set of focus groups as much if not more than the Assessment report, which was based largely upon 1990 census data and which may need further analysis and updating.

It is the Task Force's Strategy document that suggests the City's role regarding human services and proposes some policies concerning the approach the City should take in developing its responses to many of the community needs identified in the Assessment.

In helping to define this role, the Task Force adopted a strength-based framework for proposing the City's strategy. This approach was selected over the problem-reduction model that had been commonly used in human services for more than 25 years. The strength-based approach focuses on how communities can build upon existing assets to develop a stronger base of support for individuals and families in need. In other words, this approach involves the entire community and seeks to build on its strengths. The older problem reduction model tends to measure success by the reduction of or the elimination of problems. Strategically this is a key difference: the strength-based system seeks to involve the entire community in supporting the community's needs and assumes that it is unrealistic to assume that all problems can be fixed, especially by governmental agencies. The problem reduction method tends to focus on how traditional government institutions can work to do away with human service problems. It also assumes that such problems can be fixed by governments and government-funded agencies.

The strength-based model works on improving the existing conditions and variables illuminated in the Assessment. However, we cannot draw all the necessary conclusions from the demographic analysis of the Assessment because it addresses only problems, not the strengths in the community which the Strategy recommends become the basis for building human services programs.

The core of the Task Force's recommendations are included in the desired outcomes that it believes would create positive change during coming years as a result of implementing this new approach to the City's health and human services. Most of the desired outcomes of the City's health and human services policies, as recommended by the Task Force, are listed below in priority order. The one exception is the final, unranked outcome for seniors, which the Task Force added and said it would prefer your Council rank this outcome's priority.

1. More youth in structured, positive activities
2. Reduce delinquency, violence, and crime
3. More young people more skilled and prepared
4. Reduce substance abuse
5. Reduce child abuse and neglect
6. More people have adequate food, shelter, and clothing
7. More youth have contact with caring adults
8. More community members work together to solve problems
9. Increase affordable child care
10. Increase affordable housing
11. Increase employment

12. Reduce teen pregnancy

13. Reduce domestic and dating violence

14. Increase overall levels of academic, vocational, and self-improvement learning for people of all ages, to ensure employability and personal growth.

(To be included in desired outcomes but not yet ranked):

- Preserve the independence and quality of life for seniors

While the Task Force sees a limited role for the City in directly providing or funding programs that address these outcomes, it recommends that the more important role for the City would be to help to further a strength-based approach in Shoreline. This means that the City should use its position of leadership and potential partnership to:

1. Partner with other organizations (schools, churches, non-profits, governmental agencies) to meet common goals and share information about available resources;
2. Provide funding to meet health and human services goals and desired outcomes;
3. Include human services goals in all aspects of City operations;
4. Advocate with other levels of government for policies and funding that support Shoreline's goals and desired outcomes;
5. Convene those with common interests;
6. Provide funding for communities with specific human services concerns (similar to the City's existing neighborhood mini-grants).

At the same time, the City could focus its limited General Fund dollars for high priority programs and services that would not otherwise be available to its residents. Staff proposes that a competitive process—for example, a challenge grant program—be used for this General Fund component of the City's health and human services support system. Staff would develop a set of guidelines for developing a competitive process for these funds much like the Community Development Block Grant (CDBG) funding process. Staff recommends that this challenge grant program be implemented during 1999 for funding allocations in the year 2000 to give area agencies sufficient time to understand the City's funding priorities and to develop programs that would fit them. This also will be coordinated with the CDBG competitive process. If Council supports this approach, further discussion of this grant process would occur as part of the 1999 budget process.

RECOMMENDATION

Staff recommends that Council review, discuss and suggest any desired changes to the two documents—the Preliminary Assessment of Shoreline's Residents and Human Services and the Proposed Health and Human Services Strategy for the City of Shoreline—and direct staff to:

1. Adopt a strength-based approach, which would help define the City's role primarily as one of coordination, partnership building and facilitation, to achieve desired outcomes for health and human services;
2. Develop an annual competitive grant program that would fund human services priorities adopted by Council through a limited General Fund budget (to be discussed during the 1999 budget process);
3. Further refine the strategies for the City's CDBG process to reconcile and support Shoreline's desired outcomes for human services and the eventual outcome of the Regional Finance and Governance process.

Approved By: City Manager LB City Attorney N/A

BACKGROUND / ANALYSIS

Creating a static and very specific role for the City in health and human services is not a task that can be completed definitively for the long term. By its nature, a city's role must be ongoing and evolving, flexible enough to respond to changes in needs. The realm of human services, after all, represents the efforts of a complex web of uncoordinated private, non-profit and governmental agencies attempting to address an ever-changing set of human needs.

However, given the limitations inherent in this process, the City has completed two documents that attempt to better define the nature of Shoreline residents' human services needs and that recommend a set of roles that fit both the City's financial ability and the priority outcomes that would most benefit the community. These two documents, together with what is becoming more clear as a likely outcome of the Regional Finance and Governance (RF&G) process, frame the issues for this discussion.

The Task Force was composed of: Dr. Will Ackles, Calvin Presbyterian Church; Dr. Linda Averill, Shoreline School District; Diane Chapman, Richmond Highlands Neighborhood Association; Kevin Grossman, Echo Lake Neighborhood Association; Dr. Robert Hauck, Healthy Start/Shoreline Breakfast Rotary; Jim Hills, Shoreline Enterprise; Leo Hogan, Shorecrest High School; Laurel Jacobs, Youth; Hilda Lam, Parent/Center for Human Services; Bob Lohmeyer, Shoreline/Lake Forest Park Senior Center; Lois Loontjens, New Beginnings; Pastor J. Allen Ocampo, Ronald United Methodist Church; Harley O'Neil, Royal Property Management, Inc.; Deb Osborne, Healthy Start; Mary Pavek, North Public Health Center; Dee Pinkerton, Senior and Shoreline/Lake Forest Park Senior Center; Jim Schaffner, Ridgecrest Elementary School; Adie Simmons, Parkwood Readiness to Learn; Andrea Smith, Shoreline/Northshore Public Health and Safety Network; LaDonna Smith, City of Shoreline; Elizabeth Swain, 45th Street Clinic; Gidget Terpstra, Shoreline Readiness to Learn; Jennifer Wiley, Shorewood High School.

During 1997 the Task Force developed to form the Human Services Strategy recommendations met six times and each member reviewed more than 100 pages of materials, including the Preliminary Assessment. An additional and final meeting was held September 2, 1998, to review the draft Strategy document and allow Task Force members to suggest any final changes that might be appropriate for its adopted priorities. One of the key questions for the Task Force at that meeting was whether it intended to not include a specific priority outcome for senior services. The response of Task Force members was that they had initially believed that many of the desired outcomes (see list below) implicitly included outcomes for seniors. However, following further discussion the group decided it wanted to include a new item responding to senior needs but chose not to rank this outcome, believing it would be appropriate for the City Council to determine this item's priority.

The Assessment

The Preliminary Assessment of Shoreline's Residents and Human Services was produced by the City's consultant, Carolyn Maxim, primarily based on 1990 census information and other data gathered more recently by health and human service providers serving Shoreline residents. The main objective of the Assessment is to sketch the outlines of the City's health and human services needs. Due to the methodology of such studies, however, it is a rough and somewhat incomplete picture. Because the Assessment was based on demographic analysis, some of its observations are extremely general and remain open to further interpretation. For example, the Assessment points out that some 2,700 people, about 5.4 percent of Shoreline

residents, lived below the federal poverty level in 1990. However, the report also observes that Shoreline has a higher proportion of individuals, some 4,000 people, with disabilities such as mental illness and developmental disabilities. It is quite possible that a good portion of those 2,700 people below the federal poverty line are the same individuals described as the 4,000 mentally ill or developmentally disabled. Many of the developmentally disabled, however, are cared for in facilities such as Fircrest and various group homes within Shoreline. While they technically may fit the definition of the "poorest of the poor," they may not represent the people of greatest need: those individuals and families who do cannot regularly pay for their basic needs. That poverty exists in Shoreline is not the question, but the extent of it may be, based on this inconclusive evidence. If Shoreline's rate of low and moderate income is the 32 percent estimated in the Assessment, however, the City would be comparable to Kirkland and Federal Way and less than other communities, such as Renton, Tukwilla, SeaTac and Burien. In other words, as far as poverty levels go in our region, Shoreline may sit somewhere in the middle level.

The Assessment's findings also highlight the following:

- Twice as high a percentage of Shoreline residents called the Community Information Line in need of rental and mortgage assistance as called Countywide;
- Almost three times as high a percentage called in need of food;
- More than four times as high a percentage called in need of assistance with utility payments;
- A higher percentage of Shoreline residents pay more than 35 percent of household income for housing than in King County as a whole;
- 385 incidents of domestic violence received police attention in 1996.

The Assessment also found some strengths within the community, including a high level of home ownership (70 percent), some highly involved and organized neighborhoods, and a school system with a strong reputation for investment in students' education.

The Recommended Strategy

Against the backdrop of this Assessment, the Health and Human Services Strategic Task Force met to consider recommendations that include potential roles for the City in addressing some of these needs. This Task Force was also able to base its recommendations upon the work of some 120 people in 11 focus groups who met to discuss key questions and issues. The participants in these focus groups included parents, school personnel, religious leaders, service providers, neighborhood representatives, business leaders, seniors, young people, City staff and Comprehensive Plan Advisory Committees (CPAC) participants. The 23-member Task Force contained community members including a key administrator for the Shoreline School District, a local newspaper editor, a pediatrician, a commercial property owner, an immigrant parent and key service providers. This group was facilitated by Nancy Ashley, a consultant who met with the Task Force seven times and wrote the report that summarized its recommendations.

The Task Force recommends that the City's overall approach for its health and human services strategy be one that identifies and builds strengths in the community while also mitigating risks. The fundamental concept of this strategy is the so-called strength-based or asset development approach in human services. It is an approach that has recently won the support of many organizations and is distinctly different from the problem reduction model that has focused social service programming during much of the past 25 years. This strength-based concept:

- Places ownership and responsibility on both community members and professionals;

- Focuses on proactive rather than reactive approaches;
- Provides common ground upon which to unite rather than divide the community;
- Leverages multiple benefits from investments and seeks to reduce fragmentation by coordinating the efforts of various organizations with complementary missions (non-profits, schools, churches, etc.)

Desired Outcomes

The Task Force described the outcomes it believed would create changes to improve the lives of individuals and families. This is not so much a quantitative approach as it is an effort to describe the qualitative changes that should be the object of the City's efforts. The desired outcomes recommended by the Task Force are these (in priority listing):

1. More youth in structured, positive activities
 2. Reduce delinquency, violence, and crime
 3. More young people more skilled and prepared
 4. Reduce substance abuse
 5. Reduce child abuse and neglect
 6. More people have adequate food, shelter, and clothing
 7. More youth have contact with caring adults
 8. More community members work together to solve problems
 9. Increase affordable child care
 10. Increase affordable housing
 11. Increase employment
 12. Reduce teen pregnancy
 13. Reduce domestic and dating violence
 14. Increase overall levels of academic, vocational, and self-improvement learning for people of all ages, to ensure employability and personal growth
- (To be included in desired outcomes but not yet ranked):*
- Preserve the independence and quality of life for seniors

As you can see, a majority of the priority outcomes recommended by the Task Force are directed toward the needs of youth in Shoreline, not an unexpected result in a community that has made major investments in its school district. When Shoreline incorporated, your Council, perhaps intuitively, chose to place its human services emphasis on providing a Teen Center focused on at-risk youth. This program's goals include several top-priority desired outcomes recommended by the Task Force. The Teen Center has been the one human service that has been provided directly by the City since its beginning. Since incorporating, the City has also been informed that previously supported programs for the Shoreline/Lake Forest Park Senior Center would no longer be receiving the King County funding they had relied upon in the past. The City was also informed that grants previously provided by King County to CHS were also ending. As a result, your Council chose within the 1998 Budget to provide one-time grants to both the Senior Center and CHS. At that time, you directed staff to develop a proposed long-term role for the City with respect to human services. We were then to review these and future requests vis-à-vis the City's defined role.

Proposed Roles

The Task Force recommends the following as the most appropriate and effective roles for the City of Shoreline for its health and human services efforts, in priority order:

1. Partner with others to meet common goals and share information about available resources. (In these situations, the City would be an active partner and would participate in planning and implementation of a specific approach or activity.)
2. Provide funding to meet health and human services goals and desired outcomes. (This funding would be used to carry out activities and programs included in the City's overall strategy and approach, either through competitive proposals or through use of City staff and resources, such as with the Teen Center program.)
3. Include human service goals in all aspects of City operations. (This tactic would involve looking for opportunities to better use existing resources, such as training Customer Response Team members in health and human service issues, ensuring that recreation programs were consistent with human service strategies and provided linkages to specialized services, etc.)
4. Advocate with other levels of government for policies and funding that support Shoreline's goals and desired outcomes. (Shoreline may do this through membership in the Human Services Roundtable and the Association of Washington Cities and support of those organization's legislative agendas. Also, Shoreline officials might talk directly with County and City of Seattle officials about Shoreline needs.)
5. Convene those with common interests. (In this situation, the City would serve as a neutral facilitator for an issue of importance to the City, but not as an active partner.)
6. Provide funding for communities with specific human services concerns (e.g., neighborhoods, people with a common characteristic; this funding would be very small amounts to respond to a particular issue identified by groups who want to invest a large amount of their own resources and elbow grease in addressing an issue that is important to the City's overall health and human services strategy.) For example, this process could be similar to the City's existing neighborhood mini-grants, which provide a matching (usually with sweat equity) grant of up to \$5,000 for each qualified neighborhood.

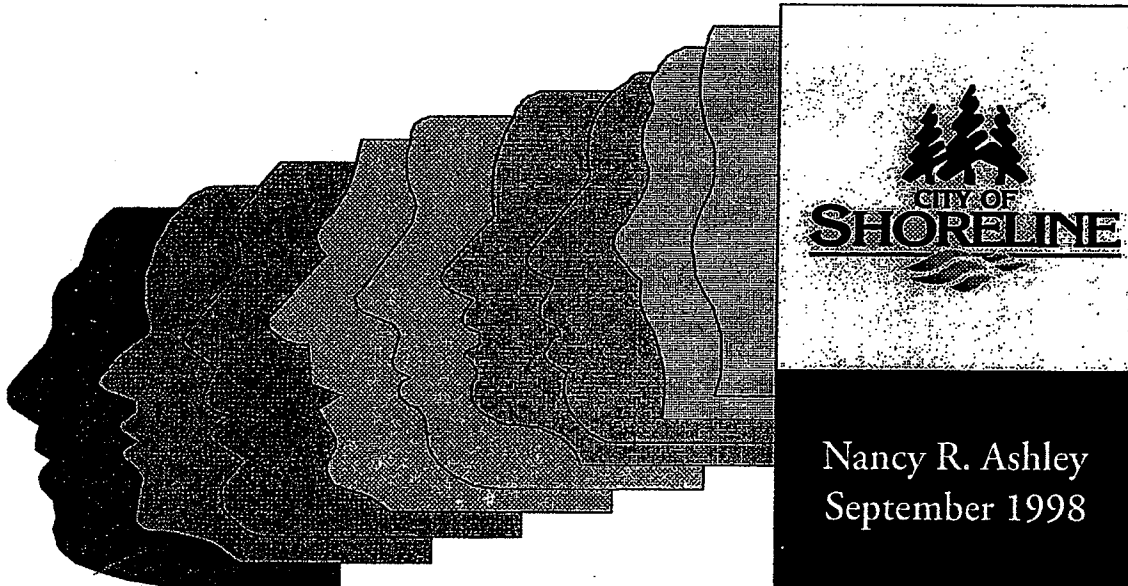
While some of these roles are similar to others, each has a unique dimension. In some cases, the City might engage in more than one role on a particular project. In terms of current and previous activities, the City has already engaged in some of these roles but without the priorities delineated in this report. For example, the City:

- Partnered with CHS to provide substance abuse counseling for youth at the Shoreline Teen Center, funded through the City's 2 percent share of alcohol sales tax revenues (approximately \$9,000 annually);
- In 1998 funded the CHS (\$40,000) and the Shoreline/Lake Forest Park Senior Center (\$67,739). This funding decision, was made, of course, without the benefit of the Assessment or Strategy documents;
- Advocated, along with other human service providers, for funding to area agencies through the United Way of King County, which led to the United Way's assignment of a staff member to north King County and establishing a small discretionary grant program for 1998;
- Convened teen program providers to review their roles and objectives prior to recruiting a new Teen Program Supervisor. The new Supervisor is now talking to other organizations with the goal of developing a network of complementary efforts focusing on our youth.

Proposed
Health and Human
Services Strategy
for City of Shoreline

DRAFT

*Maximizing Shoreline's Vested Interest
in Its People and Communities*



Shoreline Health and Human Services Strategic Task Force

Dr. Will Ackles, *Calvin Presbyterian Church*
 Dr. Linda Averill, *Shoreline School District*
 Diane Chapman, *Richmond Highlands Neighborhood Association*
 Kevin Grossman, *Echo Lake Neighborhood Association*
 Dr. Robert Hauck, *Healthy Start/Shoreline Breakfast Rotary*
 Jim Hills, *Shoreline Week*
 Leo Hogan, *Shorecrest High School*
 Laurel Jacobs, *Youth*
 Hilda Lam, *Parent/Center for Human Services*
 Bob Lohmeyer, *Shoreline/Lake Forest Park Senior Center*
 Lois Loontjens, *New Beginnings*
 Pastor J. Allen Ocampo, *Ronald United Methodist Church*
 Harley O'Neil, *Royal Property Management, Inc.*
 Deb Osborne, *Healthy Start*
 Mary Pavek, *North Public Health Center*
 Dee Pinkerton, *Senior and Shoreline/Lake Forest Park Senior Center*
 Jim Schaffner, *Ridgecrest Elementary School*
 Adie Simmons, *Parkwood Readiness to Learn*
 Andrea Smith, *Shoreline/Northshore Public Health and Safety Network*
 LaDonna Smith, *City of Shoreline*
 Elizabeth Swain, *45th Street Clinic*
 Gidget Terpstra, *Shoreline Readiness to Learn*
 Jennifer Wiley, *Shorewood High School*

PREFACE

Below are some samples of what the participants said about health and human services in Shoreline during the community involvement and assessment process of developing the Proposed Health and Human Services Strategies:

The stronger your community, the happier your neighbors are, the happier you are personally.

—Senior

There is a perception that only families at risk need services. — Parent

Our society has quit building relationships that include accountability, giving hope.

— Religious leader

Investing in youth is a building block, not just a waste of time.

— Service provider

We need to keep our youth active in a positive manner.

— Neighborhood representative

The child sitting next to mine will be the adult next to mine. — Parent

In the past we have kept defining the problem.

Let's get to the solution.

— Parent

If we focus on deficits, we tend to retrench and back off; by focusing on strengths we have a greater chance of affecting the deficits.

— Religious leader

Cultural diversity is increasing and this seems to go unrecognized.

— City Staff

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EXECUTIVE SUMMARY



EXECUTIVE SUMMARY

The purpose of a health and human services strategy is to appreciate how the community's life is interconnected with the well-being of its residents—their health, development, skills, and productivity. Cities must focus on physical infrastructure (such as roads, libraries, playing fields), on regulation of land use, and on maintaining public safety. However, the human infrastructure is also vital to the community's success. For example, human services play a key role in economic development, criminal justice, and education. A strategy that helps to implement programs that support these service areas is one of the foundations to developing a community that is healthy in the broadest sense. It is with this objective in mind that the City of Shoreline has designed a Health and Human Services Strategy.

What Are Health and Human Services?

Health and human services in this report refers to actions that promote the well-being of individuals, families, and communities. They both (1) offer the general population a set of prevention, support, and strengthening services and (2) offer short or long-term assistance to individuals facing challenges to their well-being.

A 1995 National League of Cities (NLC) survey shows that the vast majority of cities are involved in some way with issues, programs, or policies affecting children and families. While the federal, state and county government continue to play major roles in providing human services, cities have also recognized a need to provide some limited form of health and human services. Of those cities responding to the NLC survey, 80 percent said they use general municipal revenues to finance programs; 11 percent of the cities responding have dedicated taxes for these purposes.

In Shoreline, the health and human services programs provided during the City's first three years of existence included the development of a Teen Center, the funding of a day program for developmentally disabled residents, and the funding of capital and programmatic grants with Community Development Block Grants (CDBG). In addition, City Councilmembers and staff have worked to support local and regional human services associations and programs to expand the range of services available to Shoreline residents. Among these during 1998 were contracts for \$40,000 to the Center for Human Services (CHS) and \$68,000 to the Shoreline Lake Forest Park Senior Center. Under a separate agreement, the City also provides \$17,900 a year for alcohol and substance abuse counseling during 1998 and 1999.

Shoreline has also taken advantage of its new status as a city to absorb powerful new research and assessments of what is and what is not working. It has involved over a hundred of its community members and leaders in learning the complexities of health and human services and collaboratively forming a creative and modern proposed approach for the City.



Purpose of Report

This report seeks City Council approval for the policy framework for the City of Shoreline's approach to health and human services. It does not recommend specific activities or programs because those will be developed once policy guidance is in place.

This report addresses the City's goals to define its role in human services and to refine its CDBG policies and strategies. The recommendations of the Shoreline Health and Human Services Strategic Task Force (a roster is provided on the inside front cover) provide the basis from which the Council will shape its approach to health and human services for at least the next three to five years, and will provide the Council with support for decisions such as:

- ◆ *Allocation of resources* among departments and service areas, considering the overall well-being of the City;
- ◆ *Specific uses of City general funds, CDBG funds, and grant funds* related to health and human services;
- ◆ *Products, services, and service goals of the Office of Health and Human Services;*
- ◆ *Articulation of the City's overall philosophy and direction*, including coherent and consistent messages and leveraging of opportunities across departments.

This report does not specify support of particular programs or organizations, nor does it provide a detailed implementation map. It does not directly address how the City should respond to the transitional loss of County funding for youth and senior services. Until the Council determines its proposed framework, goals, desired outcomes, roles of the City, and allocation of resources, it is premature to determine the most effective administrative steps.

An additional reason that no specific programs may be recommended at this time is that the health and human services roles of all cities within King County may be affected by the outcome of work to resolve the issues of regional finance and governance. The resulting recommendations from this process, which has involved work by the county-wide Human Services Roundtable and the Suburban Cities Association, must first be referred to the Growth Management Planning Commission and then would be ratified by the King County Council. One of the first service areas being considered for resolution in this process is the delivery of health and human services—specifically which services should be the role of the county, which should be the role of the cities, and how these services should be funded.

How Proposal Was Developed: Community Involvement and Assessment

An in-depth study about the human service needs and resources for Shoreline was conducted in 1996. The City's Office of Health and Human Services then retained a consultant with extensive experience in innovative approaches to health and human services to assist in development of a proposed Health and Human Services Strategy. In 1996, eleven focus



groups were held with a total of 120 people to begin shaping this strategy. Participants included parents, school personnel, religious leaders, service providers, neighborhood representatives, business leaders, seniors, young people, City staff, and Comprehensive Plan Advisory Committees.

In May 1997, the Health and Human Services Task Force was formed. The 23-member group contained community members ranging from the acting school superintendent to a pediatrician to a commercial property owner to an immigrant parent to key service providers (see roster on inside front cover). The group met six times, and each member reviewed over a hundred pages of materials. Its final meeting was July 31, 1997. The Task Force's recommendations are the basis of this draft report.

During its work, the group learned about current research and innovative models of health and human services strategies. They studied the complex human services "system," a complex and illogical mix of roles among federal, state, and local governments; foundations and private donors; and community institutions ranging from congregations to child care to senior centers to youth development agencies. They compared their conclusions to the input of the focus groups, and found them surprisingly similar. They learned about each other's work and roles in the community. They debated and prioritized. They edited and refined their initial ideas. They demonstrated a striking sophistication about human and community development and acted almost faultlessly without personal bias.

The proposals in this report are those unanimously recommended by the Task Force. This approach is consistent with the City's desire to build and participate in collaboration among various sectors of the community. It also infuses the collective wisdom, perceptions, and skills of 23 people and their constituencies into a topic sorely in need of joint learning and solutions.

Recommended Strategy: A Strength-Based Approach

The Task Force *recommends that the City adopt an overall approach for its health and human services strategy that identifies and builds strengths in all community members while also mitigating risks.* This approach encompasses a number of emerging trends in human services, known under names such as family support, positive youth development, building strengths and capacities, and increasing developmental assets in youth. The strength-based approach:

- ◆ 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.

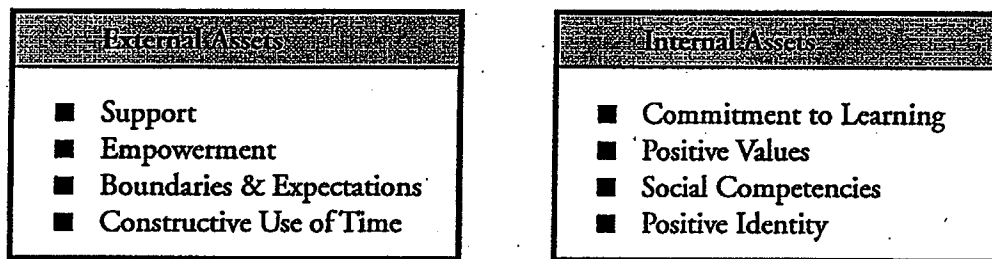
The strength-based framework was selected over a problem reduction model, which has shaped many social programs over the last 25 years. The problem reduction model creates a



bias toward strategies that are short term and service-heavy, and toward formal delivery systems. It leads to a series of high cost, narrowly focused remedial programs, which in many cases have not worked. It also suggests that the absence of problems is the ultimate goal—rather than the presence of strengths, skills, capabilities, and responsibility. It makes outcomes such as reduced teen pregnancy and reduced child abuse and neglect ends in themselves rather than first steps toward strengthening the community. 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.

The strength-based approach defines the goal as promoting development of people and communities. This creates a bias toward long-term strategies that shifts the balance from the typical government model of service delivery toward a renewed emphasis on supports and opportunities. The emphasis on supports and opportunities emphasizes informal and naturally occurring delivery systems like families, schools, neighbors, religious organizations, parks and recreation, and community organizations. This approach assumes that it is unrealistic to believe that we can “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.

The power of the strength-based approach is perhaps best illustrated by the research of the Search Institute in Minneapolis. The Search Institute has catalogued 40 fundamental supports that every young person needs to succeed. The 40 assets are divided into external assets (concrete things families and the community provide) and internal assets (things that become planted into the hearts and heads of young people). The assets are grouped in eight “building blocks:”



The individual “assets” range from family support to developing competencies such as planning and decision-making (see chart on page 17). Asset building is viewed as a proactive research-based approach that works for all children.

The developmental assets approach suggests that by ensuring each young person has a caring school climate, several relationships with adults who care, open communication in the family, structured and positive activities, and boundaries of what is right and wrong—which do not require extensive amounts of money—it will yield far better results for most youth than all the human services combined. However, the task of unleashing existing capacity in a community to build more assets is a complex undertaking.

Extensive research indicates that young people with more developmental assets are less likely to engage in a wide range of high-risk behaviors, and are more likely to exhibit many positive, thriving behaviors. (See table below.) This research demonstrates the potential of leveraging youth development efforts by an entire community. The results in this table show 21 desired outcomes from building assets in youth. This contrasts with earlier models featuring a myriad of categorical programs, each attempting to produce only one or two of these outcomes.

Results of Higher Levels of Developmental Assets in Youth		
Behaviors that Decrease		Behaviors that Increase
■ alcohol use & misuse ■ tobacco use ■ use of inhalants ■ marijuana use ■ other drug use ■ driving with alcohol use ■ sexual intercourse	■ anti-social behavior ■ violence ■ school truancy ■ gambling ■ eating disorders ■ depression ■ attempted suicide	■ success in school ■ valuing diversity ■ maintaining good health ■ exhibiting leadership ■ resisting danger ■ delaying gratification ■ overcoming adversity

Recent surveys of students in Seattle, Bellevue, and across the country indicate that most young people have only 16-20 (or typically less than half) of the 40 identified developmental assets. The Search Institute suggests that all young people should have at least 31 of the 40 assets.

While the Search Institute's research applies to young people, there is a growing body of anecdotal evidence to suggest that a strength-based model is also effective with adults, families, seniors, and community development. Certainly, the long-range approach is that by developing programs supporting youth, they will develop into adults needing fewer supports from the community. Also, the strength-based, community-wide ownership model is at the heart of trends such as community policing.

For these reasons, the Task Force recommends the proposed strength-based approach as the foundation for the Health and Human Services Strategy recommendations.

Building on Existing Community Strengths

A strength-based approach builds on the capabilities and potential of all people and organizations in a community. Unmet human needs are, in part, the result of a community's failure to provide its young people with sufficient developmental assets.



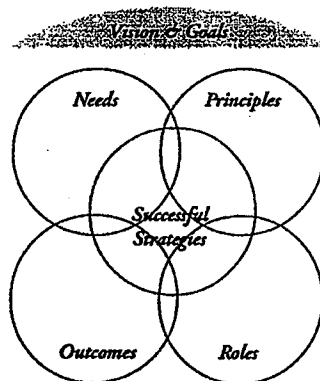
Becoming a strength-based city will involve mobilizing individuals and asking all types of organizations, including social service providers, to shift their existing resources to build assets as well as meet needs. The Search Institute estimates that perhaps more than half of a community's asset-building potential resides in daily relationships between individuals. The rest lies within all of the socializing systems of a community—including families, schools, congregations, youth organizations, neighborhoods, employers, and health care providers.¹

Overall Strategy:

Integration of Components of Framework

The Task Force recommends that the City adopt a health and human services strategy that integrates the highly ranked items within the multiple components of an overall framework. In other words, specific activities and programs would represent the most important elements of the vision, goals, principles, outcomes, roles, and problems described below. This approach allows Shoreline to gain the maximum leverage from its investments and takes into consideration all relevant aspects of program and activity choices. These choices would change as conditions in the community change.

The integration of these components is represented as follows, where the six outer ellipses represent the policy framework which the City Council is asked to adopt, and the center circle represents the next phase of developing concrete actions that respond to this policy guidance.



Vision

The Task Force developed this vision for Shoreline's health and human services approach:

Through a sense of belonging, responsibility, and hopefulness, all individuals and organizations work together to enhance the well-being of people in Shoreline. They work creatively and in sometimes unconventional ways to leverage multiple benefits from their efforts, their resources, and their facilities. They ensure that services and activities are easy to find and use, welcoming, and effective for all.

¹ Attached to the report is a comprehensive directory of the social services, both within and outside the City limits, which currently serve Shoreline residents.



Goals

The Task Force recommends the following as goals for Shoreline's health and human services strategy:

Individuals, families, neighborhood associations, businesses, service providers, religious organizations, schools, media, community and civic groups, and local government work together as partners to:

- ◆ Develop Shoreline as a healthy, safe, and economically prosperous community;
- ◆ Build on the strengths and assets in the Shoreline community, and reduce risks that lead to undesirable outcomes;
- ◆ Ensure that health and human services reflect and are sensitive to the cultural, racial, economic, age, ability level, and social diversity of Shoreline;
- ◆ Eliminate programmatic and physical barriers to services and supports;
- ◆ Promote the involvement of Shoreline community members in identifying and assessing the strengths, risks, and needs of Shoreline during planning and decision-making;
- ◆ View roles more broadly, to encompass involvement in community building.

Desired Outcomes

Outcomes describe the changes in individuals, families, or communities as the result of programs, activities, or strategies. Rather than simply counting units of service, outcomes report on the effects of a particular intervention. The Task Force recommends the following, in the following priority listing, as the changes that should result from Shoreline's health and human services strategy:

1. More youth in structured, positive activities;
 2. Reduce delinquency, violence, and crime;
 3. More young people who are skilled and prepared;
 4. Reduce substance abuse;
 5. Reduce child abuse and neglect;
 6. More people have adequate food, shelter, and clothing;
 7. More youth have contact with caring adults;
 8. More community members work together to solve problems;
 9. Increase affordable child care;
 10. Increase affordable housing;
 11. Increase employment;
 12. Reduce teen pregnancy;
 13. Reduce domestic and dating violence;
 14. Increase overall levels of academic, vocational, and self-improvement learning for people of all ages, to ensure employability and personal growth.
- (To be included in desired outcomes, but not yet rated):*
- Preserve the independence and quality of life for seniors.



The City of Shoreline has many options in how it chooses to work toward these outcomes. As noted in the next section, a variety of roles are recommended for Shoreline's health and human services efforts. Based on resources available, existing efforts, and emerging opportunities, the City can select its roles to maximize the likelihood of reaching the desired outcomes that are of the highest priority. As noted above, it is possible to achieve multiple outcomes by building developmental assets in youth and using other strength-based approaches.

Roles for the City of Shoreline

The Task Force recommends the following as the most appropriate and effective roles for the City of Shoreline for its health and human services efforts, in the order listed:

1. Partner with others to meet common goals and share information about available resources. *(In these situations, the City would be an active partner and would participate in planning and implementation of a specific approach or activity.)*
2. Provide funding to meet health and human services goals and desired outcomes. *(This funding would be used to carry out activities and programs included in the City's overall strategy and approach, either through block grant and/or general fund competitive proposals or through use of City staff and resources.)*
3. Include human service goals in all aspects of City operations. *(This tactic would involve looking for opportunities to better use existing resources, such as training Customer Response Team members, police officers, building inspection and other field-oriented staff in health and human services issues, ensuring that recreation programs were consistent with human services strategies and provided linkages to specialized services, etc.)*
4. Advocate with other levels of government for policies and funding that support Shoreline's goals and desired outcomes. *(Shoreline might do this through membership in the Human Services Roundtable and the Association of Washington Cities and support of those organizations' legislative agendas. Also, Shoreline officials might talk directly with County and City of Seattle officials about Shoreline needs.)*
5. Convene those with common interests. *(In this situation the City would serve as a neutral facilitator for an issue of importance to the City, but not as an active partner.)*
6. Provide funding for communities with specific human services concerns (e.g., neighborhoods, people with a common characteristic). *(This funding would be provided in very small amounts to respond to a particular issue that is important to the City's overall health and human services strategy. The groups who receive this funding will invest a large amount of their own resources and elbow grease.)*

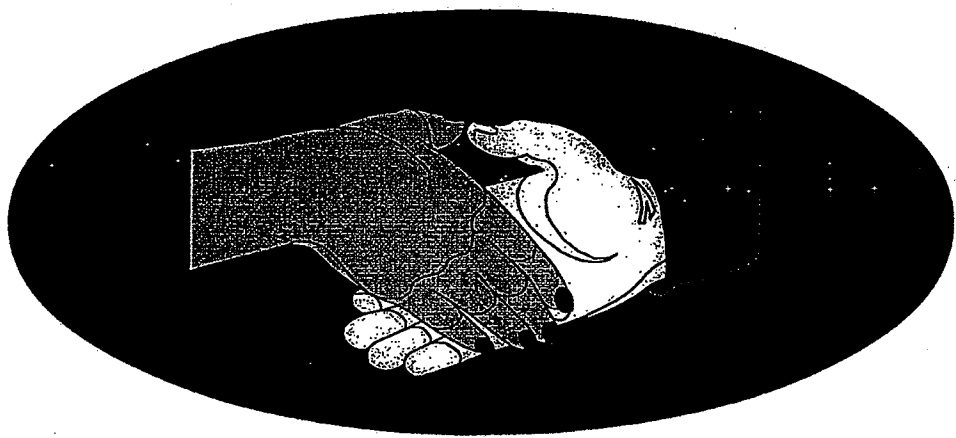
Products to Achieve Desired Results

Task Force members recommend that the City work with others to develop the following products in the next two to three years to begin implementing the vision and approach recommended by the Task Force:

- ◆ A variety of new and enhanced partnerships working to meet the goals and outcomes recommended by the Task Force;
- ◆ An enhanced resource, referral, and linkage service, which not only provides information but also ensures that individuals seeking assistance are actually linked with an effective response *and* that organizations are better linked to serve the community;
- ◆ A reasonable allocation of City resources for health and human services efforts, which reflects their relative importance to the City's overall thriving and well-being;
- ◆ A responsible and responsive grant application and selection process for City general funds and block grant funds which is consistent with building strengths as well as reducing risks (based on the framework, vision, goals, desired outcomes, and guiding principles for health and human services as adopted by the City Council);
- ◆ An effective system for garnering outside resources to assist the City and community partners to reach Shoreline's health and human services goals and outcomes, including identification of funding sources, communication of opportunities, and technical assistance for applicants;
- ◆ A list of ways in which various departments and activities of the City will be leveraged to enhance the City's health and human services goals and desired outcomes (as a result of a screening process to assess the impact of City projects on health and human services issues);
- ◆ Technical support and training in areas such as community building, developmental assets, and outcome evaluations for applicants to leverage the efforts of and build capacity among all community partners who are engaged in building individual and community strengths.



INTRODUCTION



INTRODUCTION

Human services plays a key role in economic development, criminal justice, and education.

The futures of Shoreline and its people are interdependent. The vitality of any community depends primarily on the well-being of its residents—their health, development, skills, and productivity. Traditionally, cities have focused on physical infrastructure such as roads, libraries, playing fields; on regulation of land use; and on maintaining public safety. However, during the last two decades, municipal leaders have recognized that development of their human infrastructure is necessary if they want their other investments to be effective.

Human services plays a key role in economic development, criminal justice, and education.

"Health and human services" in this report refers to activities that promote the well-being of individuals, families, and communities. They both (1) offer the general population a set of prevention, support, and strengthening services and (2) offer short or long-term assistance to individuals facing challenges to their well-being.

Most cities across the nation are involved with children, youth and family issues

Today, almost every city responding to a 1995 National League of Cities survey is involved with issues, programs, or policies affecting children and families. Eighty percent of those cities use general municipal revenues to finance programs and 11 percent of them have dedicated taxes for these purposes.

Most of King County's larger cities devote general funds to human services

In King County, the larger cities fund and support a wide variety of health and human service issues. All cities with over 15,000 residents allocate general funds to health and human services.

Cities add a thin but critical layer to human development investments

Shoreline has an opportunity to leverage the human service investments of other public and private organizations by adding a thin but critical layer. Shoreline can see up close what is needed and how to provide it. With a limited investment, Shoreline can be a catalyst to providing increased strength among its residents without taking on the responsibility of other levels of government. Shoreline can use a strategic approach to maximize its human and community development as part of the overall vision for a thriving, caring community.

*New research provides
new opportunities*

Shoreline has taken advantage of its new status as a city to absorb powerful new research and assessments of what is and what is not working. It has involved more than a hundred of its community members and leaders in learning the complexities of health and human services and collaboratively forming a creative and modern proposed approach for the City.

Purpose of Report

This report seeks City Council approval for the policy framework for the City of Shoreline's approach to health and human services.

*Proposals in the report
will integrate:*

- *City's role in
human services*
- *Guidelines for
CDBG allocations*
- *Human Services
element of Com-
prehensive Plan*

This report addresses the City's goals to define its role in human services and to refine its Community Development Block Grant (CDBG) policies and strategies. The recommendations of the Shoreline Health and Human Services Strategic Task Force (see roster on inside front cover) provide the basis from which the Council will shape its approach to health and human services for at least the next three to five years, and will provide the Council with support for decisions such as:

- ◆ *Definition of its framework for health and human services as either a strength and capacity-building model or a need/deficit model;*
- ◆ *Allocation of resources among departments and service areas, considering the overall well-being of the City;*
- ◆ *Specific uses of City general funds, CDBG funds, and grant funds related to health and human services;*
- ◆ *Products, services, and service goals of the Office of Health and Human Services;*
- ◆ *Articulation of the City's overall philosophy and direction, including coherent and consistent messages and leveraging of opportunities across departments.*

*After the Council sets policy
and direction, specific
actions will be developed*

This report does not specify support of particular programs or organizations, nor does it provide a detailed implementation map. It does not directly address how the City should respond to the transitional loss of County funding for youth and senior services. Until the Council determines its proposed framework, goals, desired outcomes, roles of the City, and allocation of resources, it is premature to determine the most effective administrative steps.



COMMUNITY INVOLVEMENT AND ASSESSMENT



COMMUNITY INVOLVEMENT AND ASSESSMENT

Under the guidance of Shoreline's Office of Health and Human Services, the City retained a consultant with extensive experience in innovative health and human services approaches to assist in the development of a proposed Health and Human Services Strategy.

Earlier, the City had commissioned a Needs Assessment of health and human service issues and resources in Shoreline. That report contained extensive demographic and statistical data about human services problems and available services. The findings of that report informed the process for development of the proposed health and human services strategy.

Focus Groups

*Eleven focus groups with
120 people provided input*

In 1996 and early 1997, eleven focus groups were held with a total of 120 people. Participants included parents, school personnel, religious leaders, service providers, neighborhood representatives, business leaders, seniors, young people, City staff, and Comprehensive Plan Advisory Committees.

Purpose. The purpose of holding focus groups was to hear from people connected to the Shoreline community, in their own words, about factors that will affect the City's health and human services strategies. The focus group questions were designed to identify the:

*Recruiting was designed to
represent a diversity of
opinions*

- ◆ Strengths upon which to build,
- ◆ Attitudes held,
- ◆ Outcomes desired,
- ◆ Strategies for achieving the outcomes,
- ◆ Problems of concern, and
- ◆ Roles which the City itself should play.

Methodology. In July 1996 through January 1997, the eleven focus groups were asked the same questions. Both open-ended and closed-ended questions were used. The results of the closed-ended questions are contained in Appendix A.

Participants within each sector were recruited, to the extent practical, to represent a mix of viewpoints, ages, race/ethnicity,

and geographic areas of the City. Of the total participants, 76% were residents and 23% were non-residents who worked in or had a significant connection to the community. Sixty-five percent of participants were female; 35% were male. Five percent of participants were under age 18; 4% were between ages 18 and 30; 58% were between ages 31 to 55; and 33% were over age 55.

Health and Human Services Task Force

A 23-member Task Force developed these proposals

In May 1997, the Health and Human Services Task Force was formed. The 23-member group contained community members ranging from the acting superintendent to a pediatrician to a commercial property owner to an immigrant parent to key service providers (see roster on inside front cover). The group met six times and read over a hundred pages of materials. A final meeting was held September 2, 1998 to review and comment on the draft report.

During its work, the group learned about current research and innovative models of health and human services strategies. They reviewed the data in the Shoreline human services needs assessment prepared in August 1996. They studied the existing human services "system," a complex and illogical mix of roles among federal, state, and local governments; foundations and private donors; and community institutions ranging from congregations to child care to senior centers to youth development agencies.

The Task Force used:

- *Data*
- *Research findings*
- *Focus group results*
- *Needs assessment*
- *Understanding of others' roles*
- *Their own expertise*
- *Group discussion*

They compared their conclusions to the input of the focus groups, and found them surprisingly similar. They learned about each other's work and roles in the community. They debated and prioritized. They edited and refined their initial ideas.

They demonstrated a striking sophistication about human and community development and acted almost faultlessly without personal bias.

The proposals in this report are those unanimously recommended by the Task Force. This approach is consistent with the City's desire to build and participate in collaboration among various sectors of the community. It also infuses the collective wisdom, perceptions, and skills of 23 people and their constituencies into a topic sorely in need of joint learning and solutions.



TODAY'S ENVIRONMENT



TODAY'S ENVIRONMENT

While it is impossible to provide a truly comprehensive view of the human services systems and notable trends that form the overall context for Shoreline's health and human services strategic plan (and this task is beyond the scope of this report), some of the highlights are noted below.

Changes in the Region's Well Being

Many families in King County struggle to make ends meet

More elderly people, more single parent households, more refugees and immigrants, more diversity

Attitudes remain at the root of racism and domestic violence

- ◆ Relative to other metropolitan areas in the nation, the Seattle-King County area affords its residents overall greater health, less violent crime, and a stronger economy.
- ◆ Many families, even households with two wage earners, have a tough time making ends meet, given high housing costs and the increasing shift to service jobs with relatively lower pay and fewer benefits.
- ◆ Approximately 17 percent of Washington's children live in households with incomes below the official poverty line. In Shoreline, 5.7% of the total population is below the official poverty line.
- ◆ Changes in demographic makeup continue. A growing number of people have disabilities; the population is aging; there are more single-parent households; more refugees and immigrants are making their new homes in King County; etc.
- ◆ Health crises such as HIV/AIDS and high levels of drug and alcohol abuse seem daunting.
- ◆ Certain deeply ingrained beliefs and attitudes (passed on to younger generations) continue to fuel such problems as discrimination, racism, and domestic violence. Fear of being in need sometimes translates into scapegoating or stereotyping of those who need help, or an aversion to seeking help.

Multiple Levels of Service

Planning, Funding and Delivery

The "human services system" is a complex jumble of players with a mix of roles

Various public and private organizations plan for, deliver and fund different health and human services, and sometimes for the same services. Many services are funded by one level of government and delivered by another, or by the non-profit sector. A limited amount of coordination exists. "Who does what?" is a question that cannot be simply answered, but some key roles are noted on the following pages:



The federal government provides the greatest proportion of human services funding to a community

The *federal government* provides by far the most money, both through direct payments (e.g., social security) and through "pass-through" funding to state, local, and tribal governments. The federal government funds programs such as Medicare and veterans' services. Certain programs like Head Start and housing subsidies through the Department of Housing and Urban Development follow standard regulations from state to state. Other funding comes to states as more of a "block grant" with which they have higher degrees of flexibility.

The *state government* administers economic and medical services (jointly funded with the federal government), including Medicaid and welfare. The state also is responsible for child and adult protective services, juvenile institutions, early childhood education, vocational rehabilitation, the Washington Basic Health Plan, foster care, long-term care, and various other prevention programs and advocacy services.

King County government administers (with federal and state funding) aging and adult services, services for seriously mentally ill people, alcohol and substance abuse services, services for people with developmental disabilities, and veterans' services (with some planning and service delivery also done at the state level). In addition, county government provides or funds youth services, public health services, employment services, some domestic violence services, child care, and emergency services. The county is also involved in various types of planning involving health and human services.

Larger cities in King County fund a variety of health and human services, form partnerships with one another, and participate in community collaborations

City governments in King County vary in what human services they support. All cities with a population of over 15,000 use some amount of local general funds to address a variety of specific local needs; to team up with other cities and United Way to fund regional (e.g., domestic violence) or sub-regional (e.g., affordable housing) service systems; to conduct planning; for prevention; and for other functions. Larger cities use federal Community Development Block Grant funds for capital and other service projects; to create a comprehensive plan under the Growth Management Act; to develop a Comprehensive Housing Affordability Strategy; and to generate human services needs assessments and plans.

In July 1996, a survey of 14 cities conducted by the Human Services Roundtable indicated that common spending priorities for those cities were family violence, self-sufficiency for seniors, affordability of housing, youth enrichment, self-sufficiency for people with disabilities, health and dental care, self-sufficiency for families, child care, and homelessness. Thirteen additional categories of funding were named by these cities, indicating a diverse funding approach. (While knowledge of other cities' funding priorities may be helpful, this report recommends an approach considerably different than that currently used by most cities in King County.)

Public Health and Safety Networks are new to the mix

Public Health and Safety Networks were formed by the Washington State Legislature in 1994 to give local communities greater involvement in human services issues and funding. They were required to develop a 10-year plan to reduce at-risk behaviors of youth. The Northshore/Shoreline Public Health and Safety Network encompasses the Northshore and Shoreline School Districts. This Network chose domestic violence, youth violence, youth substance abuse, and child abuse and neglect as its priority areas. It currently receives federal funds and a small amount of state funds to implement its 10-year plan. In addition, the Network received a grant from the King County Children and Families Commission which expires at the end of 1998. In May 1998, the Network had \$120,000 of federal and state funds available for use through June 1999. The use of federal funds for Networks has become more restrictive, and must be related to supporting families and avoiding out-of-home placement of children. Funding for Networks was reduced substantially by the 1997 Legislature, and no funding is guaranteed beyond June 1999.

The Network initially funded a number of direct services. This included grants in support of the Shoreline's Teen Center programs. In 1998, the Network has funded community collaborations but is still deliberating on other funding areas.

Community-based agencies have a mix of funding sources

Community-based providers deliver services to people in need. They typically do so with a mix of federal, state, county, and local funds and almost always add resources derived from fees, fundraising efforts, grants, volunteer resources, and in-kind donations.



United Way of King County is a fundraising, planning, and allocations agency. This agency has recently opened a North County office in response to issues raised concerning lack of grants allocated to health and human services programs in the area. United Way was also allocated a small amount of discretionary funds to North County activities.

Religious and other organizations provide food banks, feeding programs, housing assistance, emergency financial help and other services to their communities, often from their own resources.

Every sector of the community plays a role in shaping human strengths and responding to human needs

Schools, businesses, civic groups, parks and recreation programs, neighbors, family members, child care and after-school programs, local and national media, and others play a far larger role in meeting human needs than is normally acknowledged. While the multiplicity of these efforts makes their activities difficult to fully inventory, these people and institutions provide help and support in shaping the strengths in community members and responding when they need help.

Funding Reductions and Pressures; Changing Roles and Responsibilities

The federal government is reducing spending

The *federal government* is reducing funding levels and providing more flexibility to state governments and other recipients of its funds — a trend of passing responsibility and authority which has been dubbed “devolution.”

The state legislature's decisions about welfare reform, housing, health care, and other human service funding will affect Shoreline

The *state government* is balancing reductions in federal revenue with spending limits imposed by Initiative 601. On August 1, 1997, the clock began to run on Washington State's new 5-year lifetime limit on receipt of welfare benefits. Current recipients trying to find and keep jobs are likely to strain the already inadequate capacity for quality child care, food and nutrition programs, vocational education, basic education, English as a second language classes, substance abuse treatment, mental health treatment, and domestic violence systems. It will take time for the effects of this massive change in social policy to become visible, so local governments do not yet know the impact on their communities.

Legal immigrants in the country prior to August 22, 1996, will remain eligible for most benefits. Immigrants arriving after that date will have a 5-year waiting period before they are eligible for most benefits.

The 1997 Legislature did little to address the waiting list of 90,000 people for the state's Basic Health Plan. New federal funding for uninsured children will provide some limited relief for low-income families.

The 1997 Legislature provided a \$4.7 million increase to the State's Housing Trust Fund for the biennium, which will do little to mitigate an expected \$182 million biennial loss in federal homelessness and low-income housing funds.

King County is re-examining its role as a regional funder in light of numerous incorporations

King County government is faced with decisions about its role in human services. Annexations and incorporations of new cities result in a net gain of tax revenues to the County. The suburban cities believe that there exists a subsidy for rural services that comes from tax revenues in the urban areas. Currently, King County has policies in place that result in loss of county funds to senior centers and Youth Service Bureaus located in formerly unincorporated areas (such as Shoreline) within two years of incorporation.

Negotiations are continuing with the objective to sort out County and municipal responsibilities

The Growth Management Planning Council is currently working through its Regional Finance and Governance Oversight Committee to define how regional and local services, facilities, and infrastructure will be financed, coordinated, and governed in the future. Formal human services are among the first of almost 70 issues being considered in a complex process to negotiate which services fall to municipal jurisdictions and which to King County. The resolution of this process is expected to have a significant impact on the roles the cities and County will fill in providing specific services. This process is also expected to identify funding mechanisms for services.

Financing of this package needs to be decided between the suburban cities and King County. The suburban cities have indicated that the appropriate method of funding these services is to use the subsidy that King County had been using to pay for an urban level of service in the rural, unincorporated sections of the county. Much refinement and negotiation remains before local governments will know the final resolution of either the governance or finance components of this undertaking.

County Community Services Division is using joint subregional planning to drive its 2000-2002 human services allocations

After regional finance and governance issues are resolved, the King County Community Services Division will continue developing its strategic plan to guide future funding and programming decisions for human services that are provided with general tax revenues of the county. The Community Services Division provides community-based human services throughout King County and housing and community development services for low-income populations.

The Community Services Division has divided the county into seven subregions for the purpose of joint subregional planning among cities and other funders in each region. Shoreline is in the North subregion, which is formed by the boundaries of the Northshore and Shoreline school districts. During 1998, the schedule for joint planning in other subregions is expected to be announced. Funding decisions based on this planning will affect County allocations in the years 2000 to 2002.

United Way is changing its overall funding approach, from general support to agencies to contracting for results in addressing specific causes or issues

United Way of King County, which provides nearly \$50 million annually to meet human services needs, is beginning a transition from providing general agency support to funding "cause areas," whereby one or more agencies will negotiate with United Way to deliver specific results within an issue or problem area. This transition may cause disruption in the funding and operations of community-based agencies that have relied upon United Way for certain flexible funds to support their overall operations. The effects will not be known for months or years; United Way began with one pilot "cause" in 1997—low income, at-risk youth. None of the \$1.5 million per year funding was allocated to serve Shoreline youth.

The City of Shoreline has been working with United Way to explore the relative lack of sufficient and accessible services in the northern parts of King County. As a result, United Way has opened a new office in North King County and is working more closely with local human service providers.

City governments are facing new responsibilities and expectations from their residents

City governments are watching themselves becoming the end of the "food chain" for human services. As the federal and state governments follow a policy of "devolution" of services to the local level, cities are faced with hard choices that previously were dealt with elsewhere. Cities are most likely to

first see the effects of poverty, homelessness, hunger, and violence in their communities—and residents are likely to call on their local leaders to address these issues. With the federal and state safety nets seriously lowered, cities will bear the brunt of these changes.

New cities must address the effect of loss of county funding on youth and senior services and determine their own local priorities and approaches.

Proactive cities are using creative mechanisms and partnerships to strengthen their communities in the face of changing resources.

Lack of Information; Misperceptions; Stereotyping and Scapegoating

*Human services is a subject
fraught with misperceptions
that cause us to overlook the
facts*

From prominent national figures to local citizens, most people debate health and human services policies without sufficient information and with an accumulation of misconceptions. The Human Services Roundtable, a coalition of elected officials from 15 cities (including Shoreline and King County) along with United Way, sponsored the *Everyone Counts* campaign to get the word out that most people in need are children; that most poor children come from families where one or both parents work; that 70% of welfare recipients leave the "system" within two years; that many recipients of help are passionate about helping others when they can; and that good programs work. Much more work is needed to ensure that policy decisions reflect available data and respond to reality rather than myth.

Improved Efficiency, Effectiveness, and Collaboration

*Research shows how to
make programs more
effective*

Among the encouraging trends in health and human services are the *evolution of programs* which are:

- ◆ Comprehensive and responsive to family needs;
- ◆ Geographically, physically and psychologically accessible;
- ◆ Family-centered and family friendly;
- ◆ Responsive to neighborhoods and the community.

*A changing mindset:
engage the whole
community in
building strengths*

*Greater accountability
is being demanded*

*Outcome evaluations
measure what has changed*

Changing approaches to services and programs include:

- ◆ Greater emphasis on prevention;
- ◆ Building on the strengths of families, youth, and children so staff don't just fix problems, but help build competencies. In addition, every sector of the community can take an active role in building strengths.
- ◆ Increasing cultural relevancy.
- ◆ Bringing services to the people instead of insisting that people come to the services;
- ◆ Increasing flexibility and reducing rigid, categorical requirements.

Many funders and providers are *measuring the results or outcomes* of their programs to provide increased evidence of the value of what is provided. Rather than simply counting the number of hours of counseling or bednights provided or classes offered, programs are now being asked to document *what has changed in the lives of participants or the community as a result of their services.*

This outcome-based evaluation can also provide rich information to improve or modify program designs to maximize their impact.

Implementing outcome-based evaluation requires both significant resources and considerable staff training. The start-up investment is normally larger than the effort needed to maintain a system after it is established. Funders have found that they may need to assist agencies in designing their evaluation systems or provide adequate additional resources to support evaluation efforts. Outcome-based evaluations can range from sophisticated pre-, post-, and long-term measures to simple customer satisfaction surveys.

The choice involves the type of program, the resources available, and the type of information desired from the evaluation.

United Way of King County is gradually requiring all agencies that receive its funds to shift to an outcome-based evaluation model. The initial step in 1997 was to require those submitting proposals to develop "logic models," which show the relationships between the activities a program conducts and the kind of changes these activities will



produce. The logic models help programs and funders understand and assess the underlying theory of a program and the likelihood that it can achieve its stated outcomes.

Increased collaboration leads to more comprehensive solutions for multi-faceted issues

There is *increased collaboration* within different disciplines at the local level (law enforcement, human services, education, and land use planning), among cities within sub-regions of King County (e.g., common application forms for human service funding, a regional approach to creating low-income housing on the Eastside), among the private and public sectors (e.g., business support of education and job training efforts), and among different levels of government. While sometimes cumbersome and slow, good collaborative efforts hold the promise of creating a more comprehensive and thoughtful response to complex issues than do projects conceived and delivered in isolation.

PROPOSED HEALTH AND HUMAN SERVICES STRATEGY



PROPOSED HEALTH AND HUMAN SERVICES STRATEGY

The material in this section is proposed as the basis for Shoreline's approach to health and human services for the next three to five years. Human beliefs and behavior are complex. The human services "system" is a constantly shifting multi-dimensional chess board. Opportunities arise that were not even on the horizon a few months earlier. Therefore, there is no simple way to specifically and finally define what Shoreline "should" do. However, the proposals in this section provide policy guidance from which specific actions can unfold over several years.

The Shoreline Health and Human Services Strategic Task Force has developed recommendations for Shoreline's health and human services approach, through development of the following components:

- ◆ Strength-Based Approach
- ◆ Vision
- ◆ Goals
- ◆ Guiding Principles
- ◆ Desired Outcomes
- ◆ Roles for the City of Shoreline
- ◆ Seriousness of Health and Human Services Problems in Shoreline
- ◆ Initial Products to Achieve Desired Results
- ◆ Criteria for Use of Shoreline Resources

Each component is part of a complex picture for a topic with multiple facets. The direction developed by the Task Force is in large part consistent with that of the National League of Cities' Children and Families in Cities Program.

Overall Strategy:

Integration of Components of Framework

The Task Force recommends that the City adopt a health and human services strategy that is based in the vision and goals, and that integrates the multiple components of the overall framework. In other words, specific activities and programs would be consistent with the vision and goals * and would address important elements of the principles, outcomes, roles, and needs described below. This approach allows Shoreline to gain the maximum leverage from its investments and takes into consideration all relevant aspects of program and activity choices.

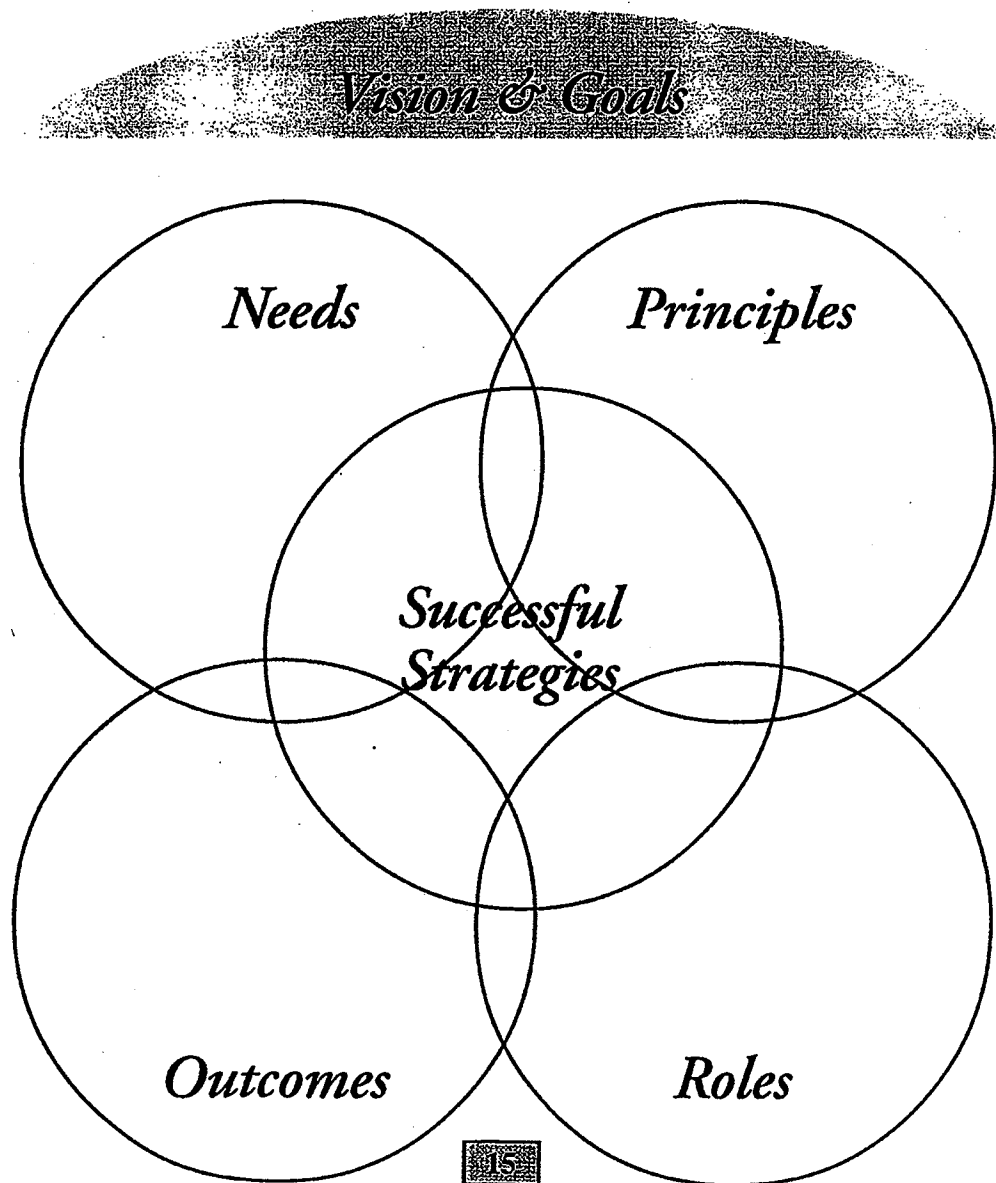
The relationship of these components is represented on the following page, where the vision and goals become the guiding umbrella of the health and human services strategy; the four interlocking circles represent the other important components of the strategy; and the center circle represents the next phase of developing concrete actions that respond to this policy guidance.

Successful Strategies for Shoreline Occur at the Intersection of Framework Components

Strategies must be strength-based.

Strategies will creatively fulfill the highest-ranked elements within multiple components of the Framework.

This approach allows Shoreline to gain the maximum leverage from its human services investments.



Strength-Based Approach

The Task Force *recommends that the City adopt an overall approach for its health and human services strategy that identifies and builds strengths in all community members while also mitigating risks.* This framework:

- ◆ 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.

The Task Force agreed that it is also important to know about and understand needs in the community. This information can promote efforts to reduce risks and build strengths, and can provide data and motivation to support action.

Having an overall approach will provide the following benefits:

- ◆ Provide a clear, focused, cohesive direction;
- ◆ Assist in setting priorities;
- ◆ Assist in garnering resources;
- ◆ Encourage proactive rather than reactive approaches;
- ◆ Provide a solid grounding for the good of the whole, to avoid decisions based on political pressure or single cause advocacy.

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 that 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, schools, 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.

A strength-based framework builds on the capabilities and potential of all people and organizations in a community. Unmet human needs are, in part, the result of a community's failure to provide people with sufficient developmental assets.

The power of the strength-based approach is perhaps best illustrated by the research of the Search Institute in Minneapolis. The Search Institute has catalogued 40 fundamental supports that every young person needs to succeed, which are shown in Appendix B. These "assets" range from family supports to developing competencies such as planning and decision-making. Asset building is viewed as a proactive research-based approach that works for all children.

Extensive research indicates that young people with more developmental assets are less likely to engage in a wide range of high-risk behaviors, and are more likely to exhibit many positive, thriving behaviors (see table below). This research demonstrates the potential leveraging of youth development efforts by an entire community—21 desired outcomes result from building assets in youth. This contrasts with earlier models that would feature a myriad of categorical programs, each attempting to produce one or two of these outcomes.

Results of Higher Levels of Developmental Assets in Youth		
Behaviors that Decrease		Behaviors that Increase
■ alcohol use & misuse ■ tobacco use ■ use of inhalants ■ marijuana use ■ other drug use ■ driving with alcohol use ■ sexual intercourse	■ anti-social behavior ■ violence ■ school truancy ■ gambling ■ eating disorders ■ depression ■ attempted suicide	■ success in school ■ valuing diversity ■ maintaining good health ■ exhibiting leadership ■ resisting danger ■ delaying gratification ■ overcoming adversity

Recent surveys of students in Seattle, Bellevue, and across the country indicate that most young people have only 16-20 (or less than half) of the 40 developmental assets. The Search Institute suggests that all young people should have at least 31 of the 40 assets.

While the Search Institute's research applies to young people, there is a growing body of anecdotal evidence to suggest that a strength-based model is also effective with adults, families, seniors, and community development. Also, the strength-based, community-wide ownership model is at the heart of trends such as positive youth development (based on the concept that a problem-free young person is not fully prepared), family support (based on the concept of helping parents obtain information and support before a crisis develops), and community policing.

The proposed strength-based approach is the foundation of all Task Force recommendations.

Building on Existing Community Strengths

Becoming a strength-based City will involve mobilizing individuals and asking all types of organizations, including social service providers, to shift their existing resources to build assets as well as meet needs. The Search Institute estimates that perhaps more than half of a community's asset-building potential resides in daily relationships between individuals. The rest lies within all of the socializing systems of a community—including families, schools, congregations, youth organizations, neighborhoods, employers, and health care providers. Examples of the existing resources (and their capabilities) which are available to work together to strengthen the City of Shoreline include:

Individuals	Who can...
■ young people ■ adults ■ seniors ■ families ■ parents ■ grandparents ■ aunts, uncles, and other extended family members ■ civic leaders ■ teachers ■ childcare workers ■ gambling ■ social service providers ■ youth workers ■ religious leaders	<i>Recognize their responsibility to others in the community</i> <i>Build caring relationships with others</i> <i>Be active in advocacy, public policy, and civic involvement</i>

Organizations	Social service providers, including those that address...	Which can...
■ schools ■ congregations ■ neighborhoods ■ local government ■ community centers ■ civic organizations ■ employers ■ media	■ basic needs ■ people with disabilities ■ domestic violence ■ drug & alcohol issues ■ employment assistance ■ English as a second language (ESL) ■ family & youth issues ■ health ■ housing ■ literacy / GED ■ seniors	<i>Shape programs and services to build assets</i> <i>Integrate asset building as part of their mission and daily operations</i> <i>Participate in and support a community-wide asset building initiative</i> <i>Network with and reach out to other organizations and individuals in the community to work together to build assets</i>

² Attached to the report is a comprehensive directory of the social services, both within and outside the City limits, which currently serve Shoreline residents.

Examples of social service agencies in Shoreline whose program design is based on an asset model include:

- ◆ Healthy Start, a fledgling one-on-one mentoring program for young, first-time, at-risk mothers which helps mothers recognize and build their own and their child's strengths.
- ◆ The Family Support Center at the Center for Human Services, which supports families who are working hard to cope the stresses associated with poverty, and other issues. Families are encouraged to seek connections with each other and the community before a crisis occurs.
- ◆ Power of One, an all-volunteer group from the Senior Center which mentors and tutors local elementary school children.

Vision

The Task Force developed a vision of Shoreline's health and human services approach which can be summarized as follows (the complete version of the vision statement is contained in Appendix C):

Through a sense of belonging, responsibility, and hopefulness, all individuals and organizations work together to enhance the well-being of people in Shoreline. They work creatively and in sometimes unconventional ways to leverage multiple benefits from their efforts, their resources, and their facilities. They ensure that services and activities are easy to find and use, welcoming, and effective for all.

Goals

The Task Force recommends the goals listed below for Shoreline's health and human services strategy.

Individuals, families, neighborhood associations, businesses, service providers, religious organizations, schools, media, community and civic groups, and local government work together as partners to:

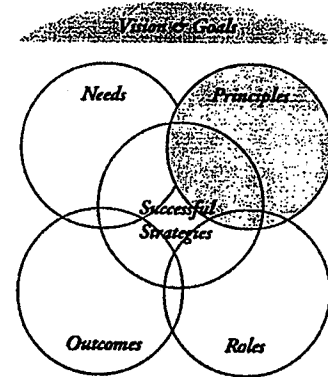
- ◆ Develop Shoreline as a healthy, safe, and economically prosperous community;
- ◆ Build on the strengths and assets in the Shoreline community, and reduce risks that lead to undesirable outcomes;
- ◆ Ensure that health and human services reflect and are sensitive and responsive to the cultural, racial, economic, age, ability level, and social diversity of Shoreline;
- ◆ Eliminate programmatic and physical barriers to services and supports;
- ◆ Promote the involvement of Shoreline community members in identifying and assessing the strengths, risks, and needs of Shoreline during planning and decision-making;
- ◆ View community members' roles more broadly, to encompass involvement in community building.

Guiding Principles

Guiding principles contain an organization's philosophy about *how* plans are implemented; they are essential qualities or standards. The Task Force developed the following principles:

About the People of Shoreline...

- ◆ 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.



About Shoreline's Resources, Services, and Activities...

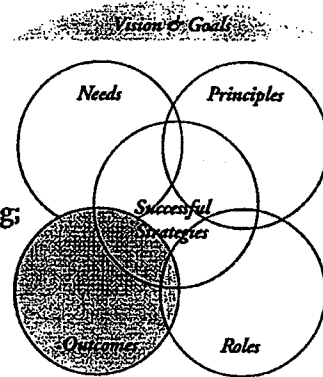
Individuals, families, neighborhood associations, businesses, service providers, religious organizations, schools, media, community and civic groups, and local government are working together as partners.

- ◆ People think and demonstrate that health and human services are essential.
- ◆ Resources are leveraged in creative ways to gain multiple benefits.
- ◆ Efforts will be collaborative and will work to weave together new and existing resources.
- ◆ Residents seek to build on existing community strengths and services.
- ◆ Resources will be provided in ways and locations that are effective, convenient, culturally competent, and affordable. (Cultural competence is the use of program design and interpersonal skills to increase understanding and appreciation of cultural differences in ways that affirm and reflect the value of different cultures.)
- ◆ Resources and activities are based on community data and desires.
- ◆ Services will be provided in a way that promotes and offers incentives for self-sufficiency rather than dependency.
- ◆ Services and activities promote the health and strength of families.
- ◆ Prevention programs are important and valued.

Desired Outcomes

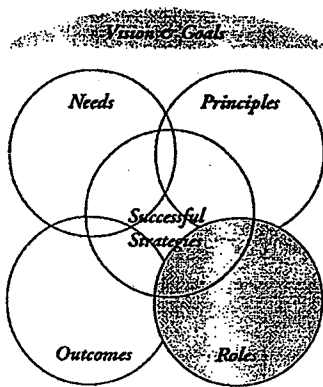
Outcomes describe the changes in individuals, families, or communities as the result of programs, activities, or strategies. Rather than simply counting units of service, outcomes report on the effects of a particular intervention. The Task Force recommends the following, in the order listed, as the changes that should result from Shoreline's health and human service strategy:

1. More youth in structured, positive activities;
 2. Reduce delinquency, violence, and crime;
 3. More young people who are skilled and prepared;
 4. Reduce substance abuse;
 5. Reduce child abuse and neglect;
 6. More people have adequate food, shelter, and clothing;
 7. More youth have contact with caring adults;
 8. More community members work together to solve problems;
 9. Increase affordable child care;
 10. Increase affordable housing;
 11. Increase employment;
 12. Reduce teen pregnancy;
 13. Reduce domestic and dating violence;
 14. Increase overall levels of academic, vocational, and self-improvement learning for people of all ages, to ensure employability and personal growth.
- (To be included in desired outcomes, but not yet rated):
- Preserve the independence and quality of life for seniors.



The City of Shoreline has many options in how it chooses to work toward these outcomes. As noted in the next section, a variety of roles are recommended for Shoreline's health and human services efforts. Based on resources available; existing efforts, and emerging opportunities, the City can select its roles to maximize the likelihood of reaching the desired outcomes that are of the highest priority. As noted above, it is possible to achieve multiple outcomes by building assets and using other strength-based approaches.

Roles for the City of Shoreline



The Task Force recommends the following as the most appropriate and effective roles for the City of Shoreline for its health and human services efforts, in the order listed:

1. Partner with others to meet common goals and share information about available resources. *(In these situations, the City would be an active partner and would participate in planning and implementation of a specific approach or activity.)*

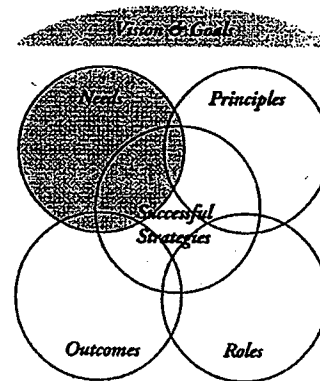
2. Provide funding to meet health and human services goals and desired outcomes. *(This funding would be used to carry out activities and programs included in the City's overall strategy and approach, either through competitive proposals or through use of City staff and resources, such as with the Teen Center program.)*
3. Include human service goals in all aspects of City operations. *(This tactic would involve looking for opportunities to better use existing resources, such as training Customer Response Team members in health and human service issues, ensuring that recreation programs were consistent with human services strategies and provided linkages to specialized services, etc.)*
4. Advocate with other levels of government for policies and funding that support Shoreline's goals and desired outcomes. *(Shoreline may do this through membership in the Human Services Roundtable and the Association of Washington Cities and support of those organizations' legislative agendas. Also, Shoreline officials might talk directly with County and City of Seattle officials about Shoreline needs.)*
5. Convene those with common interests. *(In this situation the City would serve as a neutral facilitator for an issue of importance to the City, but not as an active partner.)*
6. Provide funding for communities with specific human services concerns (e.g., neighborhoods, people with a common characteristic). *(This funding would be provided in very small amounts to respond to a particular issue that is important to the City's overall health and human services strategy. The groups who receive this funding will invest a large amount of their own resources and elbow grease.)*

While some of these roles are similar to others, each has a unique dimension. In some cases, the City might engage in more than one role on a particular project.

Seriousness of Health and Human Service Needs in Shoreline

Although the Task Force is recommending a strength-based approach, the group also acknowledged the importance of identifying problems and needs in the community.

Members of the Shoreline Health and Human Services Strategic Task Force were asked to rate the seriousness of the following list of health and human services issues on a scale of 1 to 5, with 1 being very serious and 5 not at all serious. (The rating of problems does not coincide with the Task Force's list of desired outcomes. The outcomes give greater weight to those items over which Shoreline is likely to have greater influence. For example, lack of affordable housing (which is largely affected by market forces and federal and state resources) is rated as the sixth most serious problem.



However, the Task Force ranked increasing affordable housing as the tenth most important outcome. In addition, some of the outcomes listed have the potential to address several of the problems—there is not a one-to-one relationship between the two lists.)

The eleven community focus groups also rated these issues, with very similar results. Both groups based their rating on whatever data they knew and their own perceptions. The Task Force likely had more information and knowledge about these issues at the time they rated them than did the focus group participants.

Small differences in ratings among issues are likely of limited significance; the numerical ratings simply help to reflect the overall sense of seriousness of each of these issues.

Shoreline Health and Human Services Needs In Order of Perceptions of Greatest Seriousness	
Issues	Task Force Rating
Alcohol and substance abuse	2.1
Family dysfunction	2.1
Lack of affordable quality child care	2.2
Lack of quality before and after-school programs	2.3
Health care	2.3
Lack of affordable housing	2.4
Child abuse and neglect	2.6
Domestic violence	2.7
Delinquency, crime and violence	2.7
Limited English proficiency	2.7
Mental health	2.7
Teen pregnancy	2.9
Youth running away from home	2.9
Poverty	2.9
Hunger	3.1
Physical or mental disabilities	3.2
Unemployment	3.4
Homelessness	3.4
Illiteracy	3.6

Next Phase: Create, or Seek Proposals, for Specific Activities, Services, or Projects

After the City Council provides policy guidance in response to the proposed health and human services strategy set forth in this report, the City can begin to create (or modify) specific activities, services, and projects that represent the intersection of the strategy components. An example (project description) follows.

Outlined below is an example of how the City might approach the issue of increasing the supply of quality after-school programs. The table which follows illustrates how the top items in each of the strategy components (vision, goals, principles, outcomes, roles, and problems) can be addressed by creative planning.

Project Description

The City approaches two or three organizations which already play a strong role in after-school programs (school district, YMCA, religious organizations, etc.) to form a collaborative effort to improve the quantity and quality of after-school programs and to reach young people not currently engaged in these programs. The group invites other constituencies (including young people, seniors, police, Shoreline Community College, and businesses) to inventory all potential community resources for improving the quality and quantity of after school programs. Resources might include facilities, people, supplies, links to locations for field trips, etc.

Based on the inventory, the expanded group develops a plan to improve the quality and quantity of after-school programs in Shoreline using the developmental assets model. Someone in the group provides or seeks funding for all involved to receive training in the developmental assets model, and for one or two ongoing resource people to become experts in this area. Participants learn that the model involves not only providing skilled services during program hours, but ensuring that each participant has a web of support in his or her personal life. Program staff begin reaching out to participants' family members and other supporters, which results in offering services to strengthen the lives of those individuals without the stigma of some other routes to service.

Special care is given to ensure that youth are given responsible roles in planning and in ongoing program activities. Programs are designed to reach families with limited English-speaking ability and to engage participants and staff in service projects that build cultural understanding and benefit other groups in the community.

Fit with Strategy Components

Vision	■ Individuals and organizations are working together on a common goal ■ Leveraging of multiple benefits from efforts and facilities ■ Services are easy to find and effective
Goals	■ A higher proportion of structured, positive activities is one of the key elements in distinguishing the most healthy from the least healthy communities ■ Builds on existing strengths and assets ■ Expands roles of existing organizations
Guiding Principles	■ Services are provided for a wide range of young people and draw in untapped resources in the community ■ Diversity is respected and valued
Desired Outcomes	<i>This project would help produce the following outcomes:</i> ■ More youth in structured, positive activities ■ Reduce delinquency, violence, and crime (nationally, most juvenile crimes occur between 3:00 and 6:00 p.m.) ■ More young people are skilled and prepared ■ Reduce substance abuse ■ More youth have contact with caring adults ■ More community members work together to solve problems
Roles	■ The City would work as a partner to meet common goals ■ The City might provide funding ■ Also, the project does not duplicate the role of any other level of government or organization
Needs	<i>Of the health and human services needs rated by the Task Force, this project addresses two of the top nine directly and several of the top ten indirectly:</i> ■ Lack of quality before and after-school programs (direct) ■ Delinquency, crime and violence (direct) ■ Family dysfunction (indirect) ■ Alcohol and substance abuse (indirect) ■ Child abuse and neglect (indirect) ■ Limited English proficiency (indirect)

Products to Achieve Desired Results

By applying the overall strength-based approach and applying the multi-layered strategy recommended, Task Force members suggest that the City work with others to develop the following products in the next two to three years to begin implementing the vision and approach recommended by the Task Force. *How* those products would be developed would be determined in further planning or in seeking proposals.

- ◆ A variety of new and enhanced partnerships working to meet the goals and outcomes recommended by the Task Force;
- ◆ An enhanced resource, referral, and linkage service, which not only provides information but also ensures that individuals seeking assistance are actually linked with an effective response *and* that organizations are better linked to serve the community;
- ◆ A reasonable allocation of City resources for competitive proposals to support external health and human services efforts, which reflects their relative importance to the City's overall thriving and well-being;
- ◆ A responsible and responsive grant application and selection process for City general funds and block grant funds which is consistent with building strengths as well as reducing risks and is based on the framework, vision, goals, desired outcomes, and guiding principles for health and human services as adopted by the City Council;
- ◆ An effective system for garnering outside resources to assist the City and community partners to reach Shoreline's health and human services goals and outcomes, including identification of funding sources, communication of opportunities, and technical assistance for applicants;
- ◆ A list of ways in which various departments and activities of the City will be leveraged to enhance the City's health and human services goals and desired outcomes (as a result of a screening process to assess the impact of City projects on health and human services issues);
- ◆ Technical support and training in the areas of community building, developmental assets, and outcome evaluations which will leverage the efforts of and build capacity among all community partners who are engaged in building individual and community strengths.

Criteria for Priorities for Use of Shoreline Resources

In addition to seeking projects or activities which represent the intersection of the strategy components, Task Force members recommend that priority for use of Shoreline's health and human services resources favor projects which:

- ◆ Maintain consistency with local responsibilities under the Regional Finance and Governance agreement among local governments in King County, while retaining flexibility to enhance regional services;
- ◆ Make a substantial difference with the resources available;

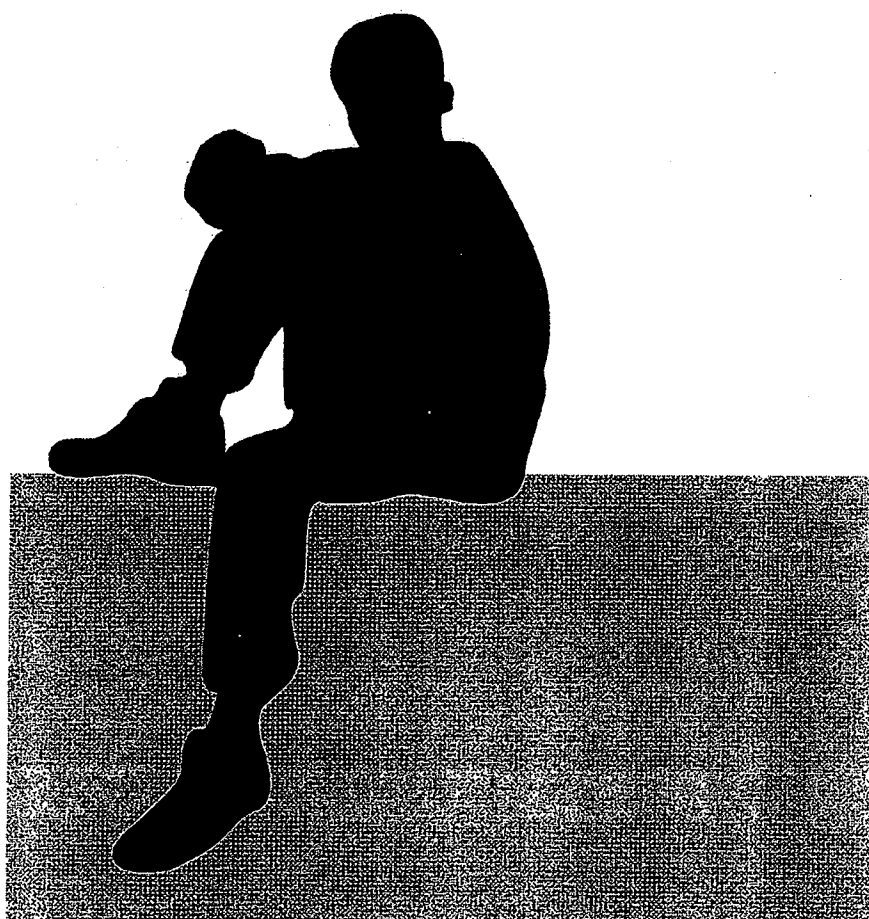
- ◆ Get at the root of the problem, rather than addressing symptoms;
- ◆ Provide a long-term benefit;
- ◆ Are sustainable;
- ◆ Contribute to community-building;
- ◆ Encourage economic development that brings jobs with livable levels of compensation to Shoreline;
- ◆ Do not diminish the responsibility of another level of government;
- ◆ Complement or enhance other systems, rather than duplicate or replace them;
- ◆ Address issues which affect a large number of people;
- ◆ Fill a need or gap not being addressed by others;
- ◆ Provide help to those with the fewest options.

(Task Force members noted that most strategies/approaches/areas will not fit all criteria, and that some criteria are contradictory to one another. However, they view these criteria as important guidelines to the overall balance of Shoreline's response to health and human services issues.)

Task Force members also recommend that priority be given to *specific activities or services* which:

- ◆ Have a program design based on knowledge and research of what works;
- ◆ Can define and achieve measurable outcomes;
- ◆ Leverage and link with other resources;
- ◆ Benefit several people (e.g., assistance to one family member benefits others in the family);
- ◆ Are cost effective;
- ◆ Move people to self-sufficiency, through education, support, and skill-building.

SUMMARY



SUMMARY

Summary. The focus groups and Task Force members displayed a deep sense of caring about their community and viewed human services as critical to the vitality and safety of the Shoreline community. They favor a strength-based, capacity-building model, while recognizing this must be balanced with mitigating risks. They want the City to be a partner, collaborator, and funder—and expect their own organizations to also participate and provide resources. They want to build on what already exists and ensure that strategies are responsive to the cultural, racial, age, economic, and social diversity of Shoreline. They want the City and others to be creative, leverage resources, and be informed by available research in order to obtain effective results.

The Task Force recommends that the City Council adopt a health and human services strategy that maximizes the use of community resources because it works at the intersection of the many complex layers of health and human services issues.

REFERENCES

Ashley, Nancy R. *Initial Report on the Development of Shoreline's Health and Human Services Strategy*, May, 1997.

Benson, Peter, et al. *Developmental Assets Among Seattle Youth: The Urgency of Promoting Healthy Community*, Search Institute, April, 1997.

Blyth, Dale and E. Roehlkepartain. *Healthy Communities, Healthy Youth: How Communities Contribute to Positive Youth Development*, Search Institute, 1993.

Center for Youth Development and Policy, Academy for Educational Development. *Achieving Positive Outcomes for Youth: Changing the Goal from Problem Reduction to Promoting Development*, February, 1994.

City of Redmond. *Review of Research on Help-Seeking Behavior and Social Marketing*, January 1995.

City of Seattle Planning Department. *Addressing Human Needs: A Report to the Community*, April 1992.

Human Services Roundtable. *Everyone Counts* brochure, 1996.

Human Services Roundtable. *Today's Human Services Environment*, March 1994.

Maxim, Carolyn. *A Preliminary Assessment of Shoreline's Residents and Human Services*, August 1996.

National League of Cities. *Critical Needs, Critical Choices: A Survey on Children and Families in America's Cities*, March 1996.

LIST OF APPENDICES

Appendix A: Summary of Responses to Closed-Ended Questions at Focus Group

Appendix B: 40 Developmental Assets

Appendix C: Full Version of Proposed Vision

APPENDIX A: SUMMARY OF RESPONSES TO CLOSED-ENDED QUESTIONS AT FOCUS GROUP

City of Shoreline Strategy for Healthy People and Strong Communities Summary of Responses to Closed-ended Questions Asked at Focus Groups

ATTITUDES & BELIEFS

(On a scale of 1 to 4, where 1 is strongly agree and 4 is strongly disagree.)

	Parents	Parents	Schools	Religious Leaders	Young People	Service Providers	Neighborhoods	Seniors	Business	CPAC	CPAC2	Overall Score
1. It is tough being a good parent, but it is the most important job in America.	1.0	1.6	1.0	1.5	1.6	1.7	1.6	1.5	1.2	1.3	1.2	1.4
2. Prevention of bad outcomes is not enough; a community should strive to provide young people and adults with healthy, fulfilled lives and strong skills.	1.2	1.8	1.2	1.8	1.5	1.3	1.4	1.5	1.5	1.9	1.7	1.5
3. Every person and organization has a responsibility to contribute to the overall health of their community.	1.3	1.3	1.2	1.7	2.1	1.5	1.6	1.7	1.5	1.4	1.3	1.5
4. Healthy communities will nurture and support healthy families and individuals. The ways to improve the lives of individuals is to improve the community in which they live.	1.7	1.1	1.5	2.0	1.9	1.5	1.7	1.2	1.2	1.8	1.6	1.6
5. A strong sense of neighborhood/ community is important in developing strong families.	1.5	1.5	1.7	2.0	1.9	1.5	1.2	1.7	1.2	1.9	1.6	1.6
6. Youth should be engaged as partners in creating their own and their community's future.	1.5	1.5	1.4	1.3	1.9	1.5	2.0	1.7	2.0	1.7	1.5	1.6
7. It is only fair to do all we can to help those parents and children who are struggling hard to help themselves under circumstances that would wear down the best of us.	1.2	2.0	1.4	1.6	1.7	1.2	2.0	1.5	1.2	2.1	1.7	1.6
8. New and innovative approaches to assisting children, families, and communities should be tried.	1.7	1.5	1.7	1.8	2.0	1.5	2.0	1.5	2.5	1.9	1.6	1.8

40 Developmental Assets

Search Institute has identified the following building blocks of healthy development that help young people grow up healthy, caring, and responsible.

EXTERNAL ASSETS	CATEGORY	ASSET NAME AND DEFINITION
	Support	1. Family support—Family life provides high levels of love and support. 2. Positive family communication—Young person and her or his parent(s) communicate positively, and young person is willing to seek advice and counsel from parent(s). 3. Other adult relationships—Young person receives support from three or more non-parent adults. 4. Caring neighborhood—Young person experiences caring neighbors. 5. Caring school climate—School provides a caring, encouraging environment. 6. Parent involvement in schooling—Parent(s) are actively involved in helping young person succeed in school.
EXTERNAL ASSETS	Empowerment	7. Community values youth—Young person perceives that adults in the community value youth. 8. Youth as resources—Young people are given useful roles in the community. 9. Service to others—Young person serves in the community one hour or more per week. 10. Safety—Young person feels safe at home, at school, and in the neighborhood.
	Boundaries & Expectations	11. Family boundaries—Family has clear rules and consequences and monitors the young person's whereabouts. 12. School boundaries—School provides clear rules and consequences. 13. Neighborhood boundaries—Neighbors take responsibility for monitoring young people's behavior. 14. Adult role models—Parent(s) and other adults model positive, responsible behavior. 15. Positive peer influence—Young person's best friends model responsible behavior. 16. High expectations—Both parent(s) and teachers encourage the young person to do well.
	Constructive Use of Time	17. Creative activities—Young person spends three or more hours per week in lessons or practice in music, theater, or other arts. 18. Youth programs—Young person spends three or more hours per week in sports, clubs, or organizations at school and/or in the community. 19. Religious community—Young person spends one or more hours per week in activities in a religious institution. 20. Time at home—Young person is out with friends "with nothing special to do" two or fewer nights per week.
	Commitment to Learning	21. Achievement motivation—young person is motivated to do well in school. 22. School engagement—Young person is actively engaged in learning. 23. Homework—Young person reports doing at least one hour of homework every school day. 24. Bonding to school—Young person cares about her or his school. 25. Reading for pleasure—Young person reads for pleasure three or more hours per week.
INTERNAL ASSETS	Positive Values	26. Caring—Young person places high value on helping other people. 27. Equality and social justice—Young person places high value on promoting equality and reducing hunger and poverty. 28. Integrity—Young person acts on convictions and stands up for her or his beliefs. 29. Honesty—Young person "tells the truth even when it is not easy." 30. Responsibility—Young person accepts and takes personal responsibility. 31. Restraint—Young person believes it is important not to be sexually active or to use alcohol or other drugs.
	Social Competencies	32. Planning and decision making—Young person knows how to plan ahead and make choices. 33. Interpersonal competence—Young person has empathy, sensitivity, and friendship skills. 34. Cultural competence—Young person has knowledge of and comfort with people of different cultural/racial/ethnic backgrounds. 35. Resistance skills—Young person can resist negative peer pressure and dangerous situations. 36. Peaceful conflict resolution—Young person seeks to resolve conflict nonviolently.
	Positive Identity	37. Personal power—Young person feels he or she has control over "things that happen to me." 38. Self-esteem—Young person reports having high self-esteem. 39. Sense of purpose—Young person reports that "my life has purpose." 40. Positive view of personal future—Young person is optimistic about her or his personal future.

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APPENDIX C: FULL VERSION OF PROPOSED VISION

Vision for Shoreline's Health and Human Services Approach

Definition of a vision: An idealistic, imaginative picture of the future that demonstrates the desired results and inspires people to seek those results.

Through a sense of belonging, responsibility, and hopefulness, all individuals and organizations work together to enhance the well-being of people in Shoreline. They work creatively and in unconventional ways to leverage multiple benefits from their efforts, their resources, and their facilities. They ensure that services and activities are easy to find and use, welcoming, and effective for all.

We envision that after five years of following the proposed framework in Shoreline, we would observe:

People...

- Each person feels a sense of belonging in a household, family, or small community of supporters.
- Each person feels a sense of belonging and community in relation to Shoreline; each person cares about and seeks to enhance the Shoreline community.
- All adults, seniors, and children obtain community services when needed and contribute to ensuring that others are served.
- Each generation, from the oldest to the youngest, offers its skills and abilities to others in the community; everyone is a lifelong learner.
- People of all ages and cultures work together on projects and activities of common interest.

- Individuals who are community assets are recognized and honored.
- Business owners provide mentoring and internships to young people, combining job readiness skills with earning adult relationships.
- All parents, especially new parents, are connected to family resources, parenting classes, and community support.
- Adults, seniors, and children with limited English language skills receive swift, abundant, and welcoming assistance with language and other acculturation services.

Organizations...

- Resources are abundant and are effectively tapped into to meet needs.
- A centralized information and referral service matches needs and resources in effective ways that ensure connections are made and no one falls through the cracks.
- Whenever possible, the match accomplishes multiple goals, such as giving middle school students responsible community positions while providing support to seniors to engage in community activities.
- Services and activities are easy to find (through local newspapers, web pages, and individual assistance), easy to access, coordinated, and effective.
- Creative outreach efforts reach those who need assistance who would otherwise not be noticed or helped.

- Churches and faith communities are partners with many other types of organizations; they adopt a school; they host adult day care programs; they provide space for after-school activities. The synergy of the partnerships creates multiple benefits.
- Organizations that are community assets are recognized and honored.
- A youth council provides a meaningful voice for young people in the community and communicates youth vision, concerns, and needs.
- Organizations regularly enjoy ethnic or cultural exchanges, such as exchanging church choirs or doing service projects for each other.
- Civic and service clubs and organizations, neighborhood associations, and community events (all of which draw people together on a more personal level) are promoted and supported by community individuals and institutions.
- A community health clinic in Shoreline provides excellent health care.
- Police officers interact regularly with all ages and types of people, as a proactive resource in community safety and violence prevention.
- Shorefront Neighborhood Police Centers are a resource for many types of information and referrals.

Facilities...

- School buildings are maximized as sites for community activities; they are hubs for family support, lifelong learning, intergenerational activities, computer labs, health and human services, acculturation of children and adults, and community fun.
- A drop-in community center is vibrant and attractive; those who use it provide for its upkeep and renewal.
- Senior centers hum with the presence of children, youth, adults, and seniors.

City of Shoreline Youth Services Policy

The City of Shoreline places a high priority on the healthy development of its children and youth. In January of 2000, the Shoreline City Council endorsed a policy that clearly outlines how the City will relate vis-à-vis others in the community that also provides support and programming to meet the needs of children and youth. This policy is based on a review of the needs of children and youth, the availability of services, and the roles that various governments, agencies, and organizations play in meeting those needs.

YS Policy 1: The City will fulfill the role of Direct Service Provider/Lead Agency in pursuit of Outcomes 1, 2 and 7.

YS Policy 2: The City will fulfill the role of a Partner in pursuit of 3, 4, 5, and 13. In its role as a partner, the City may from time to time fill critical gaps in services when it finds that support from other appropriate organization(s) is not providing adequate levels of service to the City's residents. In such instances the City's support will be temporary.

YS Policy 3: The City will fulfill the role of advocate in pursuit of all Outcomes. In this capacity as an advocate, the City will seek the creation of community partnerships and non-City funding that improves service levels. As an advocate, the City will also work to see that other appropriate levels of government and organizations provide adequate resources to fill critical gaps in services to Shoreline residents.

City's Role in Youth Services

Area of Service/Desired Outcome	City	County	Schools
1. More youth in structured activities	D/L	P	D/L
2. Reduce delinquency, violence and crime	D/L	P	A
3. More young people who are skilled and prepared	P	D/L	D/L
4. Reduce substance abuse	P	D/L	A
5. Reduce child abuse and neglect	P	D/L	P
7. More youth have contact with caring adults	D/L	P	P
9. Increase affordable child care	A	D/L	D/L
12. Reduce teen pregnancy	A	D/L	P
13. Reduce domestic and dating violence	P	D/L	A

D/L Direct Service Provider/Lead Agency: Fulfilling this role includes funding and/or direct service provision. Decisions about what services to provide or to fund in this area will be made through the City's regular budget processes. In instances where the City finds it to be more effective to contract for a service, the City will use its regular purchasing/contracting process to identify and select a qualified provider.

P Partner: Fulfilling this role may include funding to fill critical gaps in services when the City finds that support from other appropriate organization(s) is not providing adequate levels of services to Shoreline residents. In such instances, the City's support will be temporary. Funding decisions in this area will typically be made through the City's biannual H&HS funding process.

A Advocate: Fulfilling this role does not include direct funding of services to achieve this outcome.

MASKS

Teen Diversity Conference
@ Shoreline Community College
Monday, December 8th

8:00am till 2:00pm

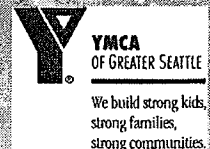
Take the school bus @ 7:50am
outside your school and we'll bring
you back by 2:15pm.

Join students from Shorewood and Shorecrest for:

- Food, prizes & conversations
- Dance and stage performances
- Discussions on the following topics:
 - Identity through music
 - Racism/Stereotypes
 - Bi-Racial Issues
 - Sexism & Sexual Orientation
 - Being an Ally
 - Taking Action



Northshore/Shoreline
Community Network



For more information please contact Sigrid Batara at (206) 801-2642

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