



King County

**Task Force on
Regional Human Services**

**Stand Together: A Blueprint for
Transforming Human Services in
King County**

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**Report of the Task Force**

**August 23, 2004**

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## **Task Force Membership Co-Chairs**

**Bruce Brooks** is executive vice president and director of corporate and community affairs for the Federal Home Loan Bank of Seattle. Previously, he was director of community affairs for Microsoft Corporation, and also served as deputy mayor in the Norm Rice administration, managing a range of issues including economic development and human services. Mr. Brooks is chair of the board of directors of the Northwest Area Foundation, a private foundation that seeks to reduce poverty, and has also served on the boards of the Seattle Housing Authority, United Way of King County, Legal Aid for Washington Fund, Greater Seattle Chamber of Commerce, and the Seattle Jobs Project.

**Toshi Moriguchi** is the treasurer and a director of Uwajimaya, Inc., a family-owned, Seattle-based business specializing in Asian food products. Mr. Moriguchi was born and raised in Seattle. He is an executive board member of the Seattle-King County Visitors and Convention Bureau, a member of the Seattle YMCA's Scholarship Committee, the First Hill Lions Club, and a charter member of the Higher Education International Consortium. Mr. Moriguchi served on the Seattle Organizing Committee for the 1990 Goodwill Games and is a founding member of the Alliance for Education.

## **Task Force Members**

**Kikora Dorsey** is a senior manager of Casey Family Programs. Previously, she served as executive director of the Washington Council for Prevention of Child Abuse and Neglect and also served as regional administrator of the Division of Children and Family Services. She has served on the Front Line Advisory Group (FLAG) with the Northwest Institute for Children & Families; as past co-chair of Children of Color Organizer's and Advocates; and as past board member of the National Black Child Development Institute. Ms. Dorsey was the first recipient of the Thomas C. Wales Passionate Citizenship Award in 2002.

**Stephen Dowell** is the president of the Dowell Company in Kent. He is a former member of the Kent City Council, is a current member of the Kent Land Use and Planning Committee and has been active in Kent city government in various capacities for over twenty years. He is a Marine Corps Korean veteran, past president of the Kent Chamber of Commerce, past president and charter member of Kent Rotary, and a member of the Summit Club of Swedish Hospital.

**Kris Engskov** is the director of public policy and government affairs at Starbucks Coffee Company. Prior to joining Starbucks, Mr. Engskov worked on a variety of federal policy issues while serving in the White House during the Clinton Administration and on Capitol Hill.

**Joan Enticknap** is president, chief operating officer and a member of the Board of Directors at HomeStreet Bank. In this capacity, she oversees all branches, lending units and company-wide operations and technology departments. With 25 years of banking experience, Ms. Enticknap was formerly executive vice president of retail delivery systems, chief financial officer and headed commercial banking at Bank of America.

**Carter Hawley** is the assistant city manager for the City of Kenmore. She worked on the regional human service issue when it was studied by the King County Regional Policy Committee. She has worked in city government for 13 years. She serves on the board of directors for the E-City Government Alliance and the Emergency Services Coordinating Agency. Previously Ms. Hawley worked for the Iowa Legislature, serving as the fiscal staff for the Human Services Appropriations Committee and the School Finance Committee.

**Rev. Carol Kirkpatrick** is pastor at First Presbyterian Church of Kent. She is a member of the Religious Task Force of the King County Alliance for Human Services and was chair of the board of the South West Mental Health Ministry, a non-profit organization that provides support to individuals and families struggling with mental illness in south and west King County. Rev. Kirkpatrick has been in ministry for 15 years.

**Anson Laytner** is rabbi/executive director of Multifaith Works, a non-profit agency that mobilizes volunteers from diverse backgrounds to provide emotional and practical support and low-income housing for people living with AIDS, MS, or other life-threatening illnesses. He received a Masters in Not-for-Profit Leadership from Seattle University and served as a Hesselbein Fellow with the Peter F. Drucker Foundation (now the Leader to Leader Institute). Previously, Rabbi Laytner directed the Seattle Jewish Federation Community Relations Council, co-founded the Interfaith Council of Washington, and has served on a variety of local, regional and national non-profit boards.

**Dr. Rayburn Lewis** is the medical director for the Ballard and Providence campuses of Swedish Medical Center. He is current president of the Washington State Association of Black Professionals in Health Care, a member of the board of trustees of the Washington State Medical Association, and a clinical associate professor at the University of Washington School of Medicine.

**Patricia McInturff** is the director of human services for the City of Seattle. She has over 25 years of experience in public health and human services. Prior to her current appointment, Ms. McInturff was the deputy superintendent of Seattle Parks; a visiting scholar at the Centers for Disease Control and Prevention in Atlanta; CEO of Senior Services of Seattle-King County; and director of regional services for the Seattle-King County Department of Public Health.

**James Mirel** is the Senior Rabbi of Temple B'nai Torah in Bellevue. He has been a resident of King County for the past 29 years. A well-known author and columnist, he recently published a guest editorial in the Seattle Times entitled "A Plea for Civility." Rabbi Mirel has served on the boards of many local non-profit groups including Food Lifeline, Center for Ethical Leadership and the American Jewish Committee.

**Stephen Norman** is executive director of the King County Housing Authority, which serves 35,000 county residents on a daily basis. He has an extensive background in the design, development and operation of service enriched and affordable housing. Mr. Norman previously served as an assistant housing commissioner for the City of New York and as national vice-president of the Corporation for Supportive Housing.

**David Okimoto** is vice president of community services for United Way of King County. Prior to that he served on the United Way board for a year, as well as from 1985-1990. He has

run two United Way partner agencies, the Atlantic Street Center from 1990-2001 and the Asian Counseling and Referral Service from 1977-1985. He also served under Mayor Charles Royer as the director of the Department of Human Resources for the City of Seattle. Mr. Okimoto is a lifelong human service practitioner and advocate.

**Kerri Sanford** is the branch manager of the Benson Plaza Financial Center in Renton. She was raised in Bellevue and graduated from high school in 1989. That same year she began her career in banking and has been with Washington Mutual Bank since 1994. While working for Washington Mutual Bank, she has been attending college part time and has less than two years left to complete her business degree. Ms. Sanford is a graduate of the King County Young Families Independence Program (YFIP).

**Molly Stearns** is senior vice president of The Seattle Foundation. She previously worked in the fields of corporate public affairs and nonprofit organizational fund-raising consulting. She has served as a trustee of The Overlake School; founding member of the Think Children Coalition and Its About Time for Kids Project Steering Committee; and former chair of the Seattle Advisory Committee for the Local Projects Support Corporation. She currently serves on the boards of Npower, Nonprofit Assistance Center, Leadership Tomorrow and Philanthropy Northwest. Ms. Stearns also sits on the Council on Foundation's Community Foundation Leadership Team.

**Kristy Sullivan** is in her seventh year serving on the Snoqualmie Valley School Board. Working as the executive director for two Family Policy Council Community Networks, the Snoqualmie Valley Community Network, and the Greater Issaquah Youth and Family Network, she was instrumental in implementing local plans to address youth substance abuse, child abuse and neglect, youth suicide, and family violence. Ms. Sullivan serves on the Eastside Human Services Forum, Eastside Human Services Alliance, the Community Networks Coalition, and the United Way East Council.

## **Executive Summary**

### **Mission**

The Task Force on Regional Human Services was convened to examine the current Regional Health and Human Services system and to provide practical and strategic recommendations for stabilizing, improving and maintaining the regional human services system for the future.

Regional Health and Human Services refers to the set of *Regional Services to be Provided through a Countywide Partnership*, as approved in 2003 by the Regional Policy Committee (RPC) of the Metropolitan King County Council. The services are grouped into five Community Goals adopted by United Way, King County, Seattle, Bellevue, and the South King County Human Services Forum:

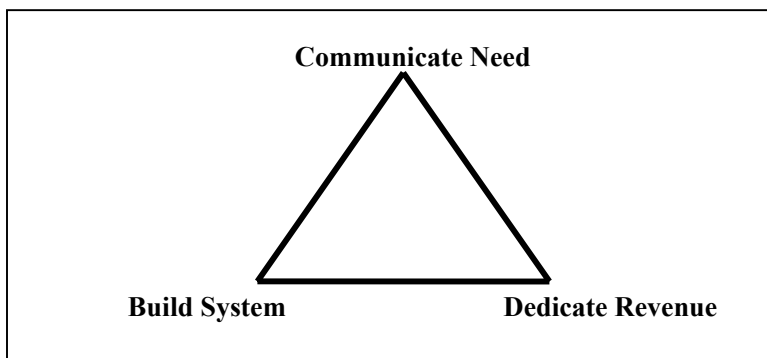
1. *Food to eat and a roof overhead*
2. *Supportive relationships within families, neighborhoods, and communities*
3. *Safe haven from all forms of violence and abuse*
4. *Health care to be as physically and mentally fit as possible*
5. *Education and job skills to lead an independent life*

These Goal Areas and the programmatic Service Areas listed for each Goal Area form the foundation for the work of the Task Force. Details regarding the Goal Areas and the programmatic Service Areas are found in Attachments A and B.

### **Findings**

The Task Force, based on the information gathered and reviewed, finds that the region's current health and human services response is unable to meet the basic health and human services needs of King County's residents, particularly as the population and the needs have grown. There are three interlocking components required to transform the current response into a more effective system:

**Figure 1**



## Communicate Need

- There is not a common understanding of the continuum of human services or their impact. People do not have a comprehensive concept of human services or the extent to which these services affect the lives of those they care about and the community in general, although certain specific services are understood and supported.
- There are a wide range of human services delivered in relationship to the five community goals. These services are a part of every King County community and support families and individuals of all ages. As such, human services are not about “welfare” for “them”, but are prudent investments in “us” and our communities.
- Substantial public involvement and education is needed regarding the importance of these services to the health and safety of families and the community.

## Build System

- The region’s current health and human services response is hampered by fragmented planning, administrative and service delivery processes. Current efforts lack a coherent long-term strategic framework, integrated systems planning, and the ability to identify and promote the most effective service delivery models.

### *Examples of Human Service Needs in King County (Excerpts from Attachment B)*

1. **Food to eat and a roof overhead.**  
*Need: A person must earn \$17.75 per hour to afford a modest two bedroom apartment.*
2. **Supportive relationships within families, neighborhoods, and communities.**  
*Need: Parents of about 12,300 children aged 0-12 need child care but cannot find suitable care at a price they can afford.*
3. **Safe haven from all forms of violence and abuse.**  
*Need: Rates of reported domestic violence have increased since 1997 in East and South King County, nearly doubling in Bellevue. Every year, thousands of women are turned away from domestic violence shelters due to lack of space anywhere in the county.*
4. **Health care to be as physically and mentally fit as possible.**  
*Need: From 1999-2001, 9.2% of adults under age 65 did not have any health insurance. For North King County, this was 14.6%, the highest among the regions of Seattle/King County.*
5. **Education and job skills to lead an independent life.**  
*Need: Completion rates in King County school districts for the class of 2001 range from 62.7% (Highline) to 95.5% (Mercer Island), with 9 of 19 districts reporting rates of less than 80%.*

### *Human Service System Requirements in King County*

- *Countywide planning function*
- *Countywide indicators of health and well being*
- *Standardized contracts, outcome measurement, and data collection*
- *Oversight of quality and implementation of best practices*

- Efficient and effective long term planning, administration and delivery of services requires the creation of a more integrated planning and oversight process involving key stakeholders on both the regional and local level. A new infrastructure is needed that builds upon and utilizes key aspects of existing activities, tracks results and assures stewardship of resources.

## Dedicate Revenue

- The current response is inadequately financed to meet the basic needs of our communities, and sources of regional revenues are declining.
- A dedicated revenue source is needed to invest strategically in solutions that promise greater effectiveness over the long term. Declining local sources of support for regional services and the expansion of efforts to meet current needs and gaps in services, as well as investment in prevention, will require more funds than are currently available.

### *Human Service Revenue Concerns in King County*

- *Declining federal, and state resources for human services*
- *Structural budget deficits in local governments*
- *Instability and unpredictability for community-based, not-for-profit human service providers and the people they serve*

## Recommendations for the Future

### Communicate Need:

#### A Regional Public Information Campaign Regarding Investment in Human Services

Unlike parks or libraries, which garner support due to their tangible benefits that many can readily see and use, most people believe that human services are used by someone else and do not understand the contribution these services make to the common good. Substantial public involvement and education is needed regarding the importance of human services to the health and safety of families and the community.

### Build System:

#### A Regional Administrative Infrastructure to Manage Human Services

The RPC Task 2 Report identified the need for an administrative framework that addresses “predictability, parity, and accountability in the provision of these services”.

The Task Force finds that an overarching administrative infrastructure, a Regional Human Services Board, is needed to organize an ongoing planning function that convenes all funders (local government, private, state, federal) to review gaps/duplications, examine where additional investments would be made (or recommend where existing funds might be reallocated) in line with commonly agreed upon principles and best practices, and to coordinate (not pool) government and other entities’ funding. Tasks include:

1. Identify countywide indicators of health and

### Dedicate Revenue:

#### A Regional Funding Mechanism Dedicated to Human Services

Given the recent and predictably ongoing erosion in public funding for regional human services, the future regional system needs a dedicated revenue source that is focused on prevention (including intervention to prevent future intensive service needs). New funding would support the front end investment that is needed to reduce long term demand for high cost services and result in lower overall system costs.

The Task Force recommends a new voter-approved initiative to create this dedicated revenue source. The initiative should encompass the *Regional Services to be Provided through a Countywide Partnership* list of health and human services that, in turn, link to law and justice costs and community



### **Build System:**

#### **A Regional Administrative Infrastructure to Manage Human Services**

- well being that will be used to evaluate achievement of goals, building on the Communities Count project;
2. Establish common principles and goals that galvanize the system;
  3. Select best practices and measures of performance;
  4. Standardize common constructs and language, definitions, data sets and measurement tools;
  5. Identify gaps and possible duplications in the delivery system;
  6. Address policy and other barriers to efficient use of current services (e.g., food stamps barriers);
  7. Use existing entities, such as King County, Public Health-Seattle & King County, City of Seattle or United Way for planning support and as fiscal/system administrators for specific Service Areas, building on their broad base of programming and the capacity to contract for and oversee system services;
  8. Maximize access to services for those who need them and assure delivery system effectiveness and efficiency;
  9. Produce data on overall system performance;
  10. Establish a Continuous Quality Improvement mechanism that uses the data to improve performance;
  11. Coordinate joint county/city proactive advocacy to influence state and federal policy on key issues that affect regional and local services;
  12. Facilitate flexible and integrated use of resources across programmatic service areas

### **Dedicate Revenue:**

#### **A Regional Funding Mechanism Dedicated to Human Services**

health and safety.

Acknowledging that current vehicles could include a sales tax and/or a property tax levy, the Task Force is not prepared to recommend one over the other or preclude the development of a different taxing mechanism. Such a voter-approved initiative **should be considered for the ballot no later than 2006. This provides a valid deadline and must be preceded by important work needed prior to a ballot measure:**

1. A more thorough analysis regarding gaps and improvements in the service delivery system;
2. Development of a Regional Human Services Board governance and oversight mechanism that would be clearly defined in a ballot measure;
3. Regional implementation in a few key Service Areas to demonstrate the ability to achieve greater efficiencies, higher quality, and improved outcomes for the region's residents;
4. Development of a plan for assuring that baseline health and human services needs of the region's residents are adequately addressed; and,
5. Substantial public involvement and education regarding the importance of human services to the community.

The Task Force is aware of the current and ongoing structural budget deficits faced by King County, the City of Seattle and the suburban cities. In addition to supporting new investment in prevention, the new revenue source will be required to fund some portion of the current "floor" of at-risk general fund revenues that support the *Regional Services to be Provided through a Countywide Partnership* list of services, equal to approximately \$36 million dollars, based on

**Build System:**

**A Regional Administrative Infrastructure to Manage Human Services**

to strategically address overarching goals;

- 13. Coordinate region-wide efforts with local decision making; and
- 14. Maximize access to, and promote flexible and coordinated use of, state and federal funds.

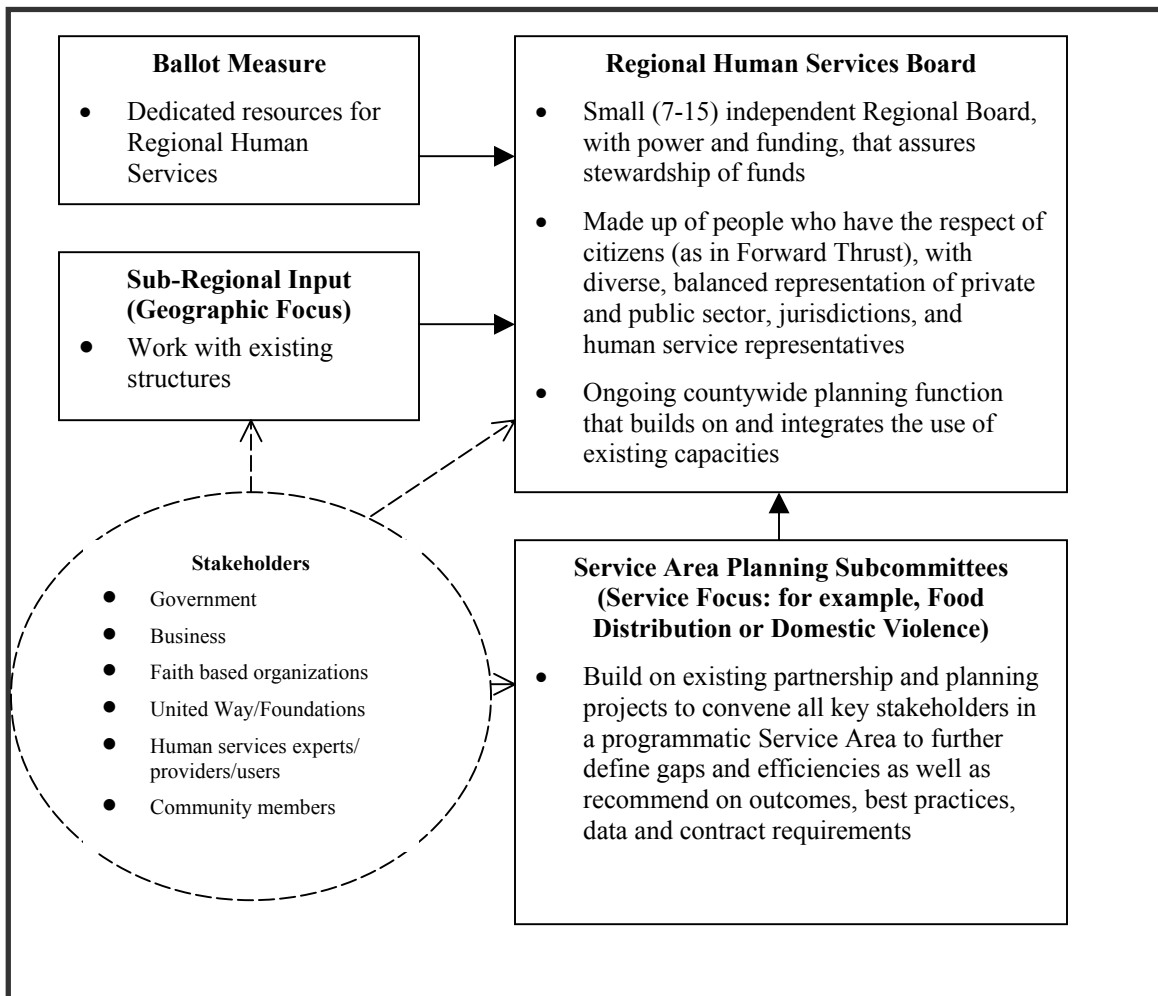
**Dedicate Revenue:**

**A Regional Funding Mechanism Dedicated to Human Services**

2004 contributions from King County, the City of Seattle, and the suburban cities. (See Attachment C for a summary of revenues.)

The information needed to establish a more precise estimate of the funds required above the “floor” necessitates a 12-18 month Service Area planning process, outside of the capacity of this time-limited Task Force. *It should be noted, however, that demands for extensive analysis may delay the ballot measure, and the benefits of such analysis should be carefully considered, in light of the success of Task Force and other data-gathering efforts.*

**Figure 2**



The structure for the future process, roles and responsibilities should follow that outlined in abbreviated Figure 2 above (a more complete Figure 2 is presented in the full report). In order to create this future administrative infrastructure and funding mechanism, an implementation phase will be required, beyond the scope of this time-limited Task Force. A recommended process is outlined in the Recommendations Regarding Current and Interim Actions sections of the report.

In addition to the Regional Public Information Campaign, Regional Administrative Infrastructure and Regional Funding Mechanism components, recommendations for the future regarding the Goal Areas and programmatic Service Areas include:

- The full list of *Regional Services to be Provided through a Countywide Partnership* should be considered for prioritization as part of the regional financing mechanism.
- Funding across sub-regions should follow shifts in the location of need.
- Close coordination between regional and local efforts to address health and human service needs should take place on the sub-regional level.

Recommendations for specific additional actions by Goal Area and programmatic Service Area are detailed in the full report.

### **Recommendations for Current Action**

The Task Force, in noting the at-risk status of the current “floor” funding level of \$36 million dollars, is concerned that further funding reductions will result in dismantling of programs that are a necessary part of the delivery system, requiring redevelopment when a new revenue source is in place. To avoid this, the Task Force recommends that:

1. The King County Executive and Council should maintain the current level of funding for human services in the *Regional Services to be Provided through a Countywide Partnership* list of services (approximately \$11 million dollars) through continuation of the solid waste revenues or some other replacement source.
2. Other jurisdictions should also maintain their current level of funding for human services in the *Regional Services to be Provided through a Countywide Partnership* list of services.
3. All jurisdictions should look at every available funding source to maintain the current level of funding. For example, passage of the Seattle Family and Education Levy will retain the current level of Levy funding and bring new resources into the system. Capital financing capacity should be considered for support of the 2-1-1 implementation (see Goal 2) or improvements to food transportation and storage (see Goal 1). At the same time, jurisdictions should collaborate strategically to assure that levy issues don't compete on the same ballot.
4. King County, Public Health-Seattle & King County, City of Seattle, United Way and the suburban cities should collaborate to reduce multiple contracts with the same agency and to establish standard nomenclature for data elements, service definitions and outcomes to be measured.

5. Public education begins with the release of this report and the development of the interim implementation process. All parties should use every opportunity to educate the community about the needs and opportunities for improvement identified by the Task Force.

While the ultimate intent of the Task Force is to support new investment in preventive services and improve the efficiency of the current system, these immediate strategies are a critical part of stabilizing and maintaining current investment.

### **Recommendations for Interim Action**

As noted above, an implementation phase will be required, beyond the scope of this time-limited Task Force. An interim body that is representative of the key stakeholders identified in Figure 2 should be convened by the County Executive in order to establish the detailed requirements for a future ballot measure. This interim implementation group would be expected to:

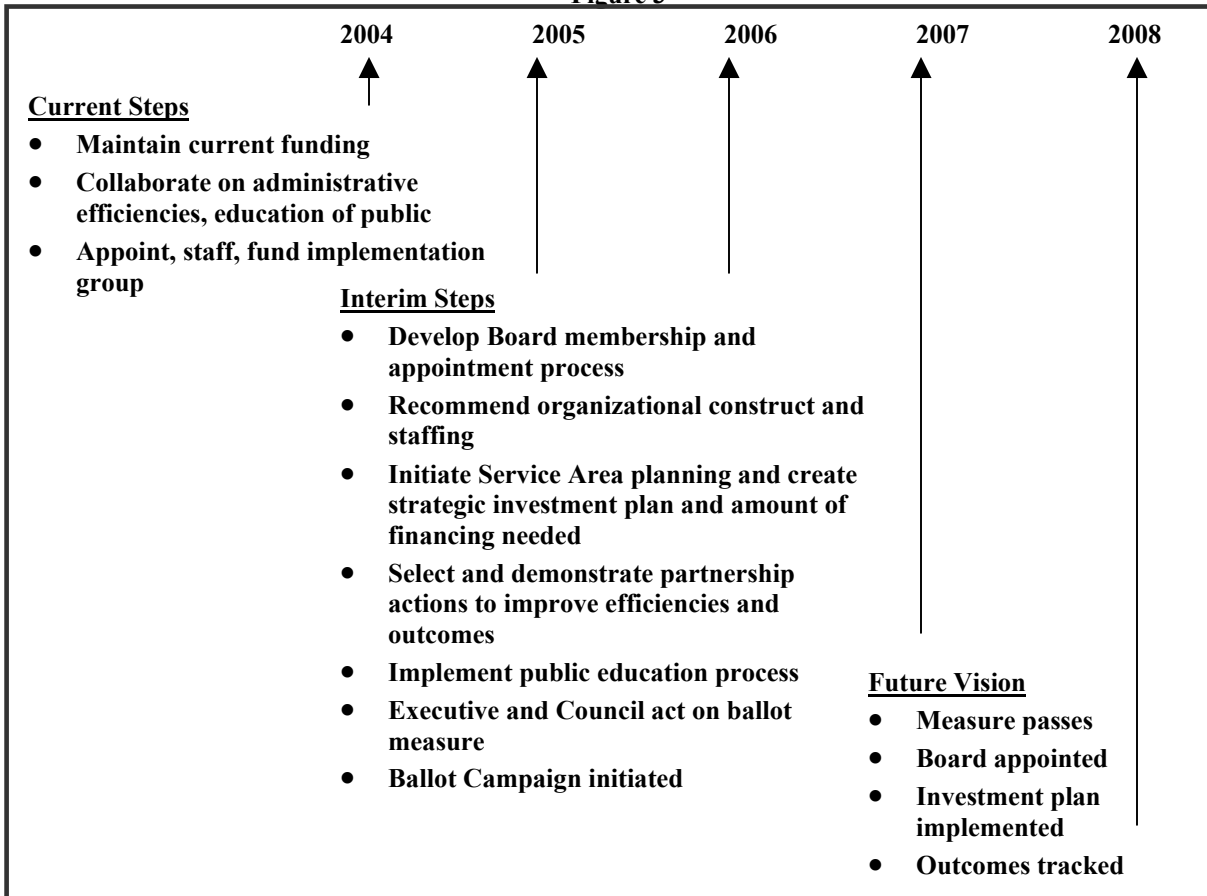
1. Convene before year end 2004 to initiate work on a 12-18 month implementation plan, initially supported by governmental in-kind staffing support.
2. Seek private sector, philanthropic and other non-governmental funding to be used, in addition to governmental in-kind staffing support, in carrying out the implementation plan.
3. Develop the charge, membership, and appointment process for a Regional Human Services Board, to be clearly defined in the future ballot measure. New revenues for the Board to administer will make for a robust and leveraged Board process, but some level of regional system is needed in any event. Therefore, there should be an alternative regional process recommended for implementation should a ballot measure fail.
4. Recommend the organization and staffing for the Regional Human Services Board. (See Attachment D regarding administrative options.)
5. Initiate programmatic Service Area subcommittees, building on existing projects and planning processes to develop an overarching strategic investment plan that identifies levels of need, quantifies dedicated revenue funding levels, and specifies outcomes. Select a subset of these programmatic Service Area efforts to implement partnership actions toward improved efficiencies and outcomes. The recommendations of the Task Force regarding priority actions in each of the Goal Areas should be the basis for these projects.
6. Recommend the amount of financing needed for the future and the suggested revenue source(s).
7. Work with key stakeholders to develop a strong public involvement and education process that precedes placement of a new revenue measure on the ballot.

The Task Force appreciates that local governments are facing reductions in funding from federal and state governments, and do not have enough funding resources to fill the gaps. The Task Force believes that scarce local funds should be applied strategically and in a coordinated

fashion, focusing on targeted preventive services and intervention programs that reduce the need for services over time.

## Action Steps Summary

Figure 3



## **Mission**

The Task Force was convened to examine the current Regional Health and Human Services system and provide practical and strategic recommendations for stabilizing, improving and maintaining the regional human services system for the future.

Regional Health and Human Services refers to the set of *Regional Services to be Provided through a Countywide Partnership*, as approved in 2003 by the Regional Policy Committee (RPC) of the Metropolitan King County Council. The services are grouped into five Community Goals adopted by United Way, King County, Seattle, Bellevue, and the South King County Human Services Forum:

1. *Food to eat and a roof overhead*
2. *Supportive relationships within families, neighborhoods, and communities*
3. *Safe haven from all forms of violence and abuse*
4. *Health care to be as physically and mentally fit as possible*
5. *Education and job skills to lead an independent life*

These Goal Areas and the programmatic Service Areas listed for each Goal Area form the foundation for the work of the Task Force. The specific programmatic Service Areas for each Goal Area are described in the RPC Task 2 report and are summarized in Attachments A and B of this report. The criteria used by the RPC to develop this list of services included: elements needed to support the infrastructure for regional services; services not feasible to offer in every locality or for which economies of scale make regional delivery the most viable option; services people require for security reasons in localities other than where they reside; and, services that any eligible King County resident can access regardless of place of residence.

## **Process**

The Task Force was convened on February 12, 2004, and initially sponsored a series of presentations regarding the five Goal Areas. Presenters included staff from King County, Public Health-Seattle & King County, City of Seattle, United Way, King County Alliance for Human Services, and representatives of the geographic sub-regions of King County (South, East, and North). At each meeting, the Task Force additionally reserved time for comments from the public.

The materials presented in the Goal Area sessions, along with staff analysis of research literature and best practices, prevalence or utilization data, relationships across goal areas, local planning projects, gaps reported, and examples of current and future indicators and measures were integrated into a Qualitative Analysis for each of the programmatic Service Areas listed under the Goal Areas. The initial versions of these Qualitative Analyses were presented at a Task Force retreat and included staff recommendations for basic service levels to maintain current level investment, strategically improve or leverage change, or achieve

optimal levels, as well as opportunities for advocacy related to other goal areas, regional services, local services, and other systems. As the Task Force proceeded in their deliberations, this staff analysis was removed and additional background material added based on feedback from retreat participants and other readers. These revised Qualitative Analyses are included as Attachment B.

Staff to the Task Force updated the financial information gathered during the RPC Task 2 process, with a focus on adding information from United Way and refining the contribution levels from the King County and City of Seattle general fund dollars. Additionally, staff to the Task Force conducted a survey of provider organizations regarding their 2002 revenues, costs and service levels. This effort yielded new information about other sources of revenue supporting the “left hand column”. (See Attachment A *Regional Services to be Provided through a Countywide Partnership* for the list of “left hand column” programmatic Service Areas, as defined by the RPC Task 2 Report.)

An effort was made to reach out to the widest possible set of organizations in the survey, using the Crisis Clinic's Information & Referral database, not knowing specifically which "left hand column" services might be offered by which organizations. Thus, while many organizations did not respond, it should be noted that this was a deliberate over-sample. The survey was sent to 644 organizations representing 777 programs. Overall response rates to the survey were disappointing and limit the ability to forecast findings from the entities reporting to those entities not reporting.

|                                        | <b>Organizations</b>                | <b>Programs</b> |
|----------------------------------------|-------------------------------------|-----------------|
| Surveys Sent                           | 644                                 | 777             |
| Survey not Applicable Response         | 46                                  | n/a             |
| Surveys Received                       | 94                                  | 125             |
| Surveys in Data Set                    | 90                                  | 107             |
| No Response                            | 503                                 | 652             |
| <br>                                   |                                     |                 |
| <b>Type of Organization Responding</b> | <b>% of Total Responses (N= 94)</b> |                 |
| Community-based Not-for-Profit         | 55%                                 |                 |
| Faith-based Organization               | 20%                                 |                 |
| Government Organization                | 21%                                 |                 |
| Other                                  | 4%                                  |                 |

Observations about the survey process include:

- Training and technical assistance were broadly offered and there was outreach to tribal organizations and refugee and immigrant organizations. Follow up calls were made to major providers. The provider alliances really made an effort, but the survey was often lost in someone’s in-box—there is no overarching communication mechanism to the leaders of the region’s health and human service organizations, and working through multiple structures didn’t successfully get the message out regarding the importance of participation in the survey.
- There are vastly different levels of business infrastructure among provider organizations, and differing levels of skill in working with a spreadsheet format.

- Current reporting mechanisms frame how organizations gather and organize financial and service data—it was difficult for many organizations to conceptualize their service and financial data for just the “left hand column”. This underlines the importance of developing agreed upon regional financial and service definitions in the future.
- Of the entities reporting that they received funding from King County, or the City of Seattle, or one of the suburban cities (N=77), slightly over 50% of the overall county or city funding is represented in their responses. Similarly, slightly over 50% of overall United Way funding is represented. However, the percent of representation varies considerably among Goal Areas. It is this group of respondents that forms the basis for the updated financial analysis in Attachment C.

Attachment C provides the updated financial analysis and a brief summary of financial information gathered through the survey process.

The Task Force sponsored a full day retreat in which almost 100 people (local government, United Way, provider organization and community representatives, together with the Task Force members) were provided with the Qualitative and initial Quantitative analyses. The participants deliberated on the key questions assigned in the Task Force mission, including a review of administrative and financing options. Attachment D is a revised version of the staff-prepared paper on administrative options that was circulated in advance of the retreat.

Based on feedback from the retreat, staff to the Task Force prepared a draft diagram regarding financing and administrative structures for discussion by the Task Force, as well as to gather feedback from the wider community. During this same time frame, the Task Force met jointly with the Regional Policy Committee and released a draft of their initial recommendations. Subsequently, the Task Force released a draft report for public comment on August 6, 2004, held a public meeting to gather comment on August 10, 2004, and finalized its recommendations on August 12, 2004.

## **Assumptions**

To further their work on the mission, the Task Force identified assumptions and principles that are the foundation for their recommendations.

1. Current regional planning and funding are not equitable, have multiple, uncoordinated planning/delivery processes and participants, and do not operate as a regional system—significant intervention is required to really change the system.
2. Investments made in prevention (including intervention to prevent future intensive service needs) will result, over time, in less need for services, thus reducing total costs across the continuum of services.
3. There is not enough money to meet all of the needs in each of the Goal Areas, but new resources are needed to create sufficient prevention impact and reduce the need for higher cost services.



4. People are willing to contribute in a variety of ways (e.g., volunteer, charitable contributions, taxes) to promote the common good if they understand the value derived from their contributions, believe the system is well managed, and see the direct benefit to the community.
5. Existing delivery of services can be made more effective and service delivery should be clearly driven by priorities.

## **Principles**

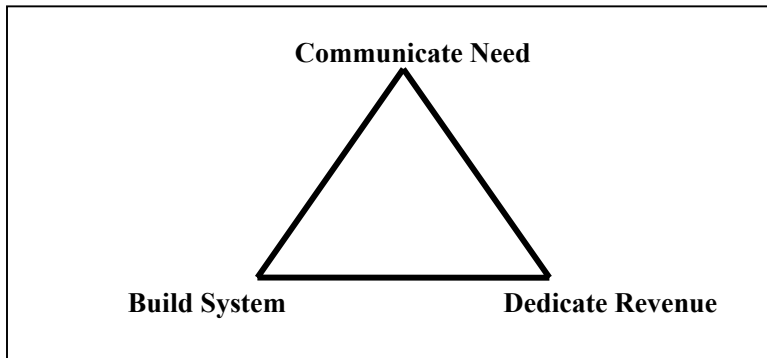
The following principles were developed to guide the creation and implementation of a future regional human services system. The new Regional Human Services System should:

1. Prioritize prevention services (including intervention to prevent future intensive service needs), proven/best and promising practices, and assure that the services provided are linked to the outcomes the system wants to achieve.
2. Use currently available funding efficiently and effectively, making the wisest possible investments. New funding should be used to make the most strategic interventions for change.
3. Focus on King County as a geographic region, as well as a governmental entity or funder of the *Regional Services to be Provided through a Countywide Partnership*.
4. Create a countywide, regional system that increases collaboration for the common good. A regional system cannot exist and will not be truly regional without input from all of the partners. Incentives are needed for all jurisdictions, other stakeholders and partners to participate in planning and managing a regional system. This regional approach would also include thinking about all “three columns” identified in the RPC Task 2 Report (see Attachment A), to assure appropriate connections between the services.
5. **Review** current planning and delivery structures **to assure an efficient and effective system, studying options** such as consolidation in the delivery system. Efficiencies should not focus simply on driving down costs, but also on assuring operating infrastructure and appropriate salary levels and benefits in community-based service organizations.
6. Develop an overall set of strategies—beyond a focus on service delivery—in order to achieve regional goals. Strategies might include education, advocacy/policy development, volunteerism, economic development/jobs, community norms and supports.
7. Support all service providers in learning and growing through feedback about what works and constantly improve provider performance and system outcomes by rewarding organizations that are able to accomplish outcomes effectively.
8. Assure a culturally competent delivery system.
9. Assume responsibility for educating the public and engaging their involvement in health and human service needs and responses.

## Findings

The Task Force, based on the information gathered and reviewed, finds that the region's current health and human services response is unable to meet the basic health and human services needs of King County's residents, particularly as the population and the needs have grown. There are three interlocking components required to transform the current response into a more effective system:

Figure 1



### Communicate Need

- There is not a common understanding of the continuum of human services or their impact. People do not have a comprehensive concept of human services or the extent to which these services affect the lives of those they care about and the community in general, although certain specific services are understood and supported.
- There are a wide range of human services delivered in relationship to the five community goals. These services are a part of every King County community and support families and individuals of all ages. As such, human services are not about “welfare” for “them”, but are prudent investments in “us” and our communities.
- Substantial public involvement and education is needed regarding the importance of these services to the health and safety of families and the community.

### Examples of Human Service Needs in King County (Excerpts from Attachment B)

3. **Food to eat and a roof overhead.**  
*Need: A person must earn \$17.75 per hour to afford a modest two bedroom apartment.*
4. **Supportive relationships within families, neighborhoods, and communities.**  
*Need: Parents of about 12,300 children aged 0-12 need child care but cannot find suitable care at a price they can afford.*
6. **Safe haven from all forms of violence and abuse.**  
*Need: Rates of reported domestic violence have increased since 1997 in East and South King County, nearly doubling in Bellevue. Every year, thousands of women are turned away from domestic violence shelters due to lack of space anywhere in the county.*
7. **Health care to be as physically and mentally fit as possible.**  
*Need: From 1999-2001, 9.2% of adults under age 65 did not have any health insurance. For North King County, this was 14.6%, the highest among the regions of Seattle/King County.*
8. **Education and job skills to lead an independent life.**  
*Need: Completion rates in King County school districts for the class of 2001 range from 62.7% (Highline) to 95.5% (Mercer Island), with 9 of 19 districts reporting rates of less than 80%.*

## Build System

- The region's current health and human services response is hampered by fragmented planning, administrative and service delivery processes. Current efforts lack a coherent long-term strategic framework, integrated systems planning, and the ability to identify and promote the most effective service delivery models.

### *Human Service System Requirements in King County*

- *Countywide planning function*
- *Countywide indicators of health and well being*
- *Standardized contracts, outcome measurement, and data collection*
- *Oversight of quality and implementation of best practices*

- Efficient and effective long term planning, administration and delivery of services requires the creation of a more integrated planning and oversight process involving key stakeholders on both the regional and local level. A new infrastructure is needed that builds upon and utilizes key aspects of existing activities, tracks results and assures stewardship of resources.

## Dedicate Revenue

- The current response is inadequately financed to meet the basic needs of our communities, and sources of regional revenues are declining.
- A dedicated revenue source is needed to invest strategically in solutions that promise greater effectiveness over the long term. Declining federal, state and local sources of support for regional services and the expansion of efforts to meet current needs and gaps in services, as well as investment in prevention, will require more funds than are currently available.

### *Human Service Revenue Concerns in King County*

- *Declining federal, and state resources for human services*
- *Structural budget deficits in local governments*
- *Instability and unpredictability for community-based, not-for-profit human service providers and the people they serve*

## **Recommendations Regarding a Regional Public Information Campaign Regarding Investment in Human Services**

Unlike parks or libraries, which garner support due to their tangible benefits that many can readily see and use, most people believe that human services are used by someone else and do not understand the contribution these services make to the common good. Substantial public involvement and education is needed regarding the importance of human services to the health and safety of families and the community.

The campaign to educate the community regarding investment in human services begins with the release of this report and continues through the implementation the structural and revenue recommendations, requiring a focused effort of all partners and significant community leadership.

## **Recommendations Regarding a Regional Funding Mechanism Dedicated to Human Services**

Given the recent and predictably ongoing erosion in public funding for regional human services, the future regional system needs a dedicated revenue source that is focused on prevention (including intervention to prevent future intensive service needs). New funding would support the front end investment that is needed to reduce long term demand for high cost services and result in lower overall system costs.

The Task Force recommends a new voter-approved initiative to create this dedicated revenue source. The initiative should encompass the *Regional Services to be Provided through a Countywide Partnership* list of health and human services that, in turn, link to law and justice costs and community health and safety.

Acknowledging that current vehicles could include a sales tax and/or a property tax levy, the Task Force is not prepared to recommend one over the other or preclude the development of a different taxing mechanism. Such a voter-approved initiative **should be considered for the ballot no later than 2006. This provides a valid deadline and must be preceded by important work needed prior to a ballot measure:**

1. A more thorough analysis regarding gaps and improvements in the service delivery system;
2. Development of a Regional Human Services Board governance and oversight mechanism that would be clearly defined in a ballot measure;
3. Regional implementation in a few key Service Areas to demonstrate the ability to achieve greater efficiencies, higher quality, and improved outcomes for the region's residents;
4. Development of a plan for assuring that baseline health and human services needs of the region's residents are adequately addressed; and,
5. Substantial public involvement and education regarding the importance of human services to the community.

The Task Force is aware of the current and ongoing structural budget deficits faced by King County, the City of Seattle and the suburban cities. In addition to supporting new investment in prevention, the new revenue source will be required to fund some portion of the current "floor" of at-risk general fund revenues that support the *Regional Services to be Provided through a Countywide Partnership* list of services, equal to approximately \$36 million dollars, based on 2004 contributions from King County, the City of Seattle, and the suburban cities. (See Attachment C for a summary of revenues.)

The information needed to establish a more precise estimate of the funds required above the "floor" necessitates a 12-18 month Service Area planning process, outside of the capacity of this time-limited Task Force. **It should be noted, however, that demands for extensive analysis may delay the ballot measure, and the benefits of such analysis should be carefully considered, in light of the success of Task Force and other data-gathering efforts.**

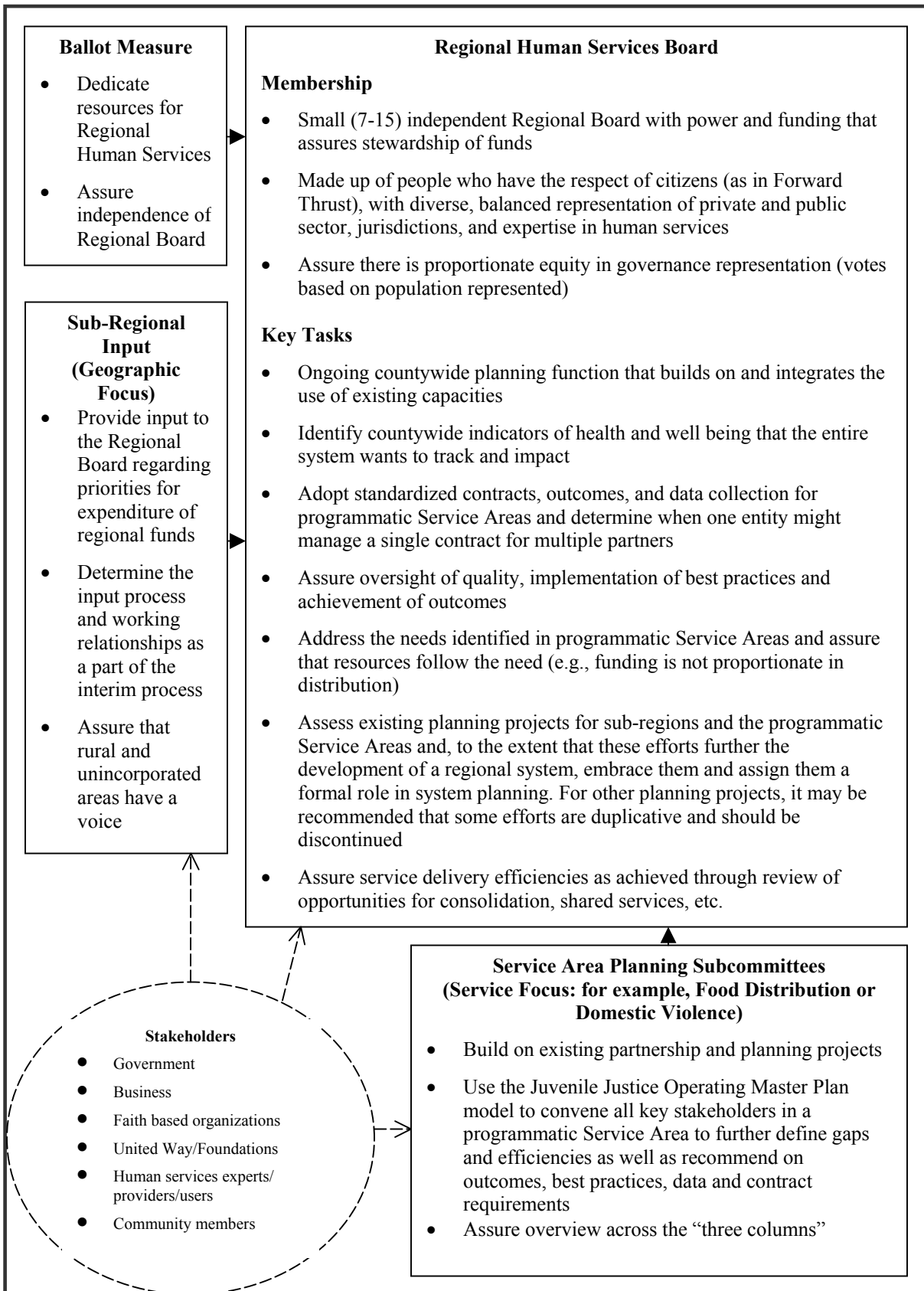
## ***Recommendations Regarding a Regional Administrative Infrastructure to Manage Human Services***

The RPC Task 2 Report identified the need for an administrative framework that addresses “predictability, parity, and accountability in the provision of these services”.

The Task Force finds that an overarching administrative infrastructure, a Regional Human Services Board, is needed to organize an ongoing planning function that convenes all funders (local government, private, state, federal) to review gaps/duplications, examine where additional investments would be made (or recommend where existing funds might be reallocated) in line with commonly agreed upon principles and best practices, and to coordinate (not pool) government and other entities’ funding. Tasks include:

1. Identify countywide indicators of health and well being that will be used to evaluate achievement of goals, building on the Communities Count project;
2. Establish common principles and goals that galvanize the system;
3. Select best practices and measures of performance;
4. Standardize common constructs and language, definitions, data sets and measurement tools;
5. Identify gaps and possible duplications in the delivery system;
6. Address policy and other barriers to efficient use of current services (e.g., food stamps barriers);
7. Use existing entities, such as King County, Public Health-Seattle & King County, City of Seattle or United Way for planning support and as fiscal/system administrators for specific Service Areas, building on their broad base of programming and the capacity to contract for and oversee system services;
8. Maximize access to services for those who need them and assure delivery system effectiveness and efficiency;
9. Produce data on overall system performance;
10. Establish a Continuous Quality Improvement mechanism that uses the data to improve performance;
11. Coordinate joint county/city proactive advocacy to influence state and federal policy on key issues that affect regional and local services;

Figure 2



12. Facilitate flexible and integrated use of resources across programmatic service areas to strategically address overarching goals;
13. Coordinate region-wide efforts with local decision making; and
14. Maximize access to, and promote flexible and coordinated use of, state and federal funds.

The structure for the future process, roles and responsibilities should follow that outlined in Figure 2 above. In order to create this future administrative infrastructure and funding mechanism, an implementation phase will be required, beyond the scope of this time-limited Task Force. A recommended process for an interim implementation group is outlined in the Recommendations Regarding Current and Interim Actions sections of this report.

### **Recommendations Regarding Current Actions**

The Task Force, in noting the at-risk status of the current “floor” funding level of \$36 million dollars, is concerned that further funding reductions will result in dismantling of programs that are a necessary part of the delivery system, requiring redevelopment when a new revenue source is in place. To avoid this, the Task Force recommends that:

1. The King County Executive and Council should maintain the current level of funding for human services in the *Regional Services to be Provided through a Countywide Partnership* list of services (approximately \$11 million dollars) through continuation of the solid waste revenues or some other replacement source.
2. Other jurisdictions should also maintain their current level of funding for human services in the *Regional Services to be Provided through a Countywide Partnership* list of services.
3. All jurisdictions should look at every available funding source to maintain the current level of funding. For example, passage of the Seattle Family and Education Levy will retain the current level of Levy funding and bring new resources into the system. Capital financing capacity should be considered for support of the 2-1-1 implementation (see Goal 2) or improvements to food transportation and storage (see Goal 1). At the same time, jurisdictions should collaborate strategically to assure that levy issues don't compete on the same ballot.
4. King County, Public Health-Seattle & King County, City of Seattle, United Way and the suburban cities should collaborate to reduce multiple contracts with the same agency and to establish standard nomenclature for data elements, service definitions and outcomes to be measured.
5. Public education begins with the release of this report and the development of the interim implementation process. All parties should use every opportunity to educate the community about the needs and opportunities for improvement identified by the Task Force.

While the ultimate intent of the Task Force is to support new investment in preventive services and improve the efficiency of the current system, these immediate strategies are a critical part of stabilizing and maintaining current investment.

## ***Recommendations Regarding Interim Actions***

As noted above, an implementation phase will be required, beyond the scope of this time-limited Task Force. An interim body that is representative of key stakeholders identified in Figure 2 should be convened by the County Executive in order to establish the detailed requirements for a future ballot measure. This interim implementation group would be expected to:

1. Convene before year end 2004 to initiate work on a 12-18 month implementation plan, initially supported by governmental in-kind staffing support.
2. Seek private sector, philanthropic and other non-governmental funding to be used, in addition to governmental in-kind staffing support, in carrying out the implementation plan.
3. Develop the charge, membership, and appointment process for a Regional Human Services Board, to be clearly defined in the future ballot measure. Consideration should be given to such issues as: mechanisms for representation from all jurisdictions within King County that balance with the need to keep the group small enough to be effective; connections with sub-regional structures as a mechanism for appointment; role of the King County Executive and Council in the appointment process; the balance between community stakeholders, business and faith community representatives and people with expertise in human services, including funders, managers, providers and users; overall size; and, terms of office.

New revenues for the Board to administer will make for a robust and leveraged Board process, but some level of regional system is needed in any event. Therefore, there should be an alternative regional process recommended for implementation should a ballot measure fail.

4. Recommend the organization and staffing for the Regional Human Services Board (See Attachment D regarding administrative options.)
5. Initiate programmatic Service Area subcommittees, building on existing projects and planning processes to develop an overarching strategic investment plan that identifies levels of need, quantifies dedicated revenue funding levels, and specifies outcomes. Select a subset of these programmatic Service Area efforts to implement partnership actions toward improved efficiencies and outcomes. The recommendations of the Task Force regarding priority actions in each of the Goal Areas should be the basis for these projects.
6. Recommend the amount of financing needed for the future and the suggested revenue source(s).
7. Work with key stakeholders to develop a strong public involvement and education process that precedes placement of a new revenue measure on the ballot.



## **General Recommendations Regarding Regional Services**

In addition to the recommendations regarding the Regional Public Information Campaign, Regional Administrative Infrastructure, and Regional Funding Source, recommendations regarding the Goal Areas and programmatic Service Areas include:

- The full list of *Regional Services to be Provided through a Countywide Partnership* should be considered for prioritization as part of the regional financing mechanism.
- Funding across sub-regions should follow shifts in the location of need.
- Close coordination between regional and local efforts to address health and human service needs should take place on the sub-regional level.

## **Recommendations Regarding Goal 1**

In addition to the General Recommendations above, the Task Force recommends these specific additional actions, some of which might become projects during the next phase of implementation.

### **Homeless Services/ Shelters/Transitional Housing/Special Needs Housing/ Housing Stabilization**

- Assure a countywide coordinating structure (e.g., The Committee to End Homelessness in King County) that works across the “three columns” to put together a business plan that includes:
  - Maximized coordinated and flexible use of federal and state resources for housing;
  - A regional management information system—Safe Harbors;
  - Coordinated homelessness prevention strategies, including discharge planning from criminal justice and inpatient systems;
  - Coordinated access to mental health/substance abuse services;
  - The provision of adequate permanent housing with appropriate supportive services as being the key long-term solution to homelessness; and,
  - Support for system integration efforts to address barriers to access to services.
- Convene a regional forum for education and engagement of the suburban cities regarding these issues and identify incentives for participation such as “good neighbor” relationships. Seek mechanisms for local buy-in, such as the ARCH model.
- Assure case management supports are wrapped around housing programs to address mental health/addictions, joblessness, domestic violence and other issues that lead to homelessness.

## **Distribution and Transportation of Food**

- Assure a countywide coordinating structure (e.g., the Food Policy Council) that works across the “ three columns” to put together a business plan that includes:
  - Coordinated distribution of food, including refrigerated distribution and storage
  - More private engagement and use of their storage and distribution resources.
- Improve access to entitlement programs that now exist (e.g., one application for one service can be used in all other services).

## ***Recommendations Regarding Goal 2***

In addition to the General Recommendations above, the Task Force recommends these specific additional actions, some of which might become projects during the next phase of implementation.

### **Child Care Resource and Referral Services**

- Assure regional funding

### **Early Intervention Programs for At Risk Infants/Children**

- Support a broad focus on and additional capacity in Family Supports.
  - At-risk infants and children
  - Families with older adults
  - Build a connection between Regional Services and Local Services

### **Intervention for High Risk Youth**

- Support a broad focus on and additional capacity in Family Supports, including families of High Risk Youth

### **Legal Assistance**

- No specific recommendations; additional analysis is required and the absence of a recommendation does not imply endorsement of the status quo.

### **Refugee/Immigrant Services**

- No specific recommendations; additional analysis is required and the absence of a recommendation does not imply endorsement of the status quo.

## **Outreach Information and Referral Assistance to Improve Access to Human Services**

- Assure regional funding for the 2-1-1 system
  - Integrate existing Information And Referral systems wherever possible
  - Includes Teen Link
  - Access to supports for grandparents and other family caregivers
  - Develop a single site for Domestic Violence Information And Referral
  - Develop metrics for the system

### ***Recommendations Regarding Goal 3***

In addition to the General Recommendations above, the Task Force recommends these specific additional actions, some of which might become projects during the next phase of implementation.

#### **Comprehensive Domestic Violence Services**

- Create a regional system through 2-1-1 recommendation above, standard data collection and the specific recommendations below
- Assure regional capacity for emergency and transitional supportive housing
- Create treatment services for children
- Develop additional prevention projects and encourage local prevention projects

#### **Crisis Line/Teen Link Services**

- Include in 2-1-1 recommendations

#### **Comprehensive Sexual Assault Services**

- No specific recommendations; additional analysis is required and the absence of a recommendation does not imply endorsement of the status quo.

### ***Recommendations Regarding Goal 4***

In addition to the General Recommendations above, the Task Force recommends these specific additional actions, some of which might become projects during the next phase of implementation.

## **Basic Health Care to Provide a Network of Community Health Services**

- Provide predictable regional financing for Community Health Centers and other safety net primary care clinics to provide a broad range of primary care and selected specialty services, accessible in all communities (e.g., distribution and capacity of clinics, culturally appropriate services).
  - Look at how to leverage the substantial healthcare dollars already in the system (see Task Force on Health Report).

## **Diversion and Transition Services for Persons in the Criminal Justice System with Mental Health and Substance Abuse Problems**

- Use regional financing to leverage state and federal financing.
- Advocate for state and federal financing for mental health and substance abuse services.

## ***Recommendations Regarding Goal 5***

In addition to the General Recommendations above, the Task Force recommends these specific additional actions, some of which might become projects during the next phase of implementation.

### **Educational Instruction for Out-of-School/ At-Risk Youth**

- Use the case management model to engage youth (ages 16-21) who have left the school system.

### **Services for Learning Disabled**

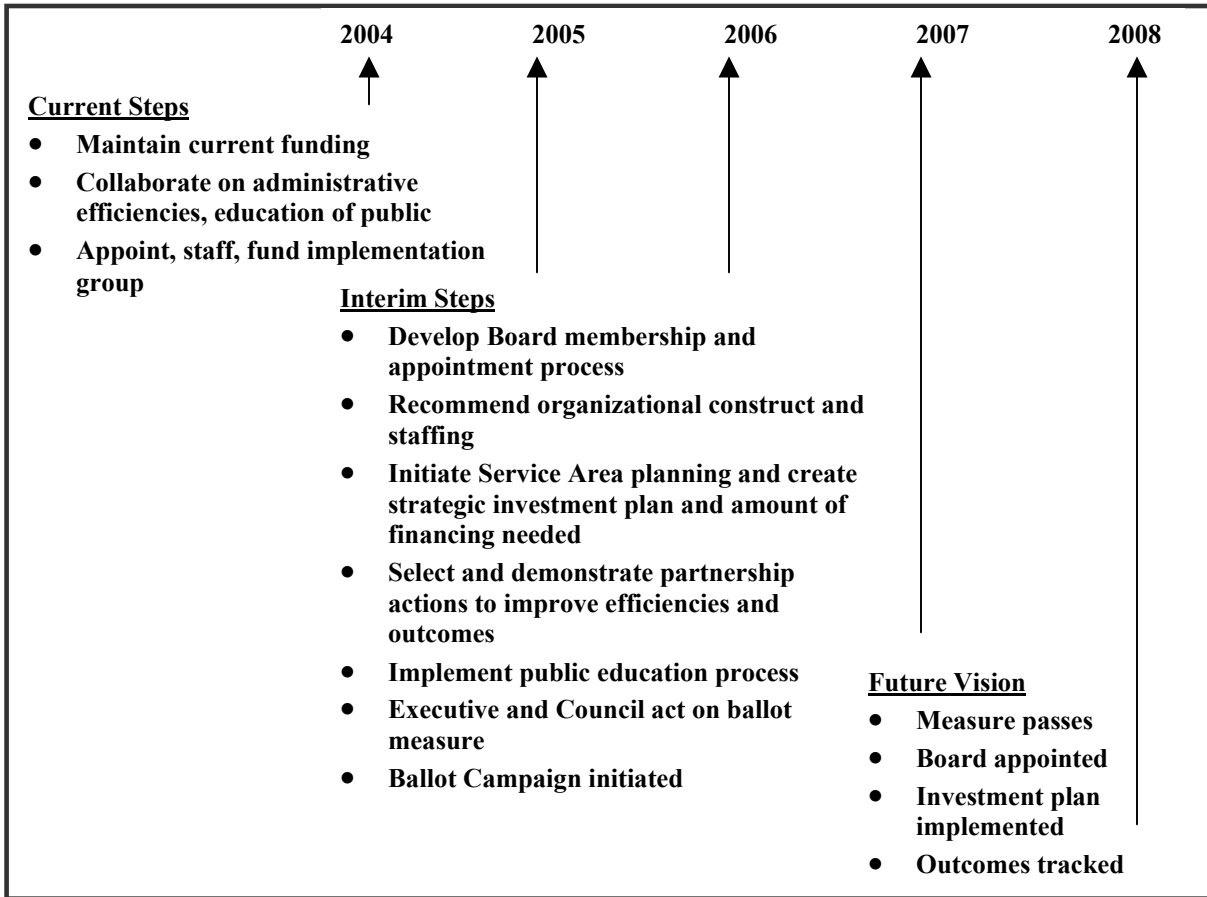
- No specific recommendations; additional analysis is required and the absence of a recommendation does not imply endorsement of the status quo.

### **English-as-a-Second Language Training (Adults)**

- Develop a regional system to assure regional capacity and outreach, in partnership with the community college system.

## Action Steps Summary

Figure 3



The Task Force appreciates that local governments are facing reductions in funding from federal and state governments, and local governments do not have enough funding resources to fill the gaps. The Task Force believes that scarce local funds should be applied strategically and in a coordinated fashion, focusing on targeted preventive services and intervention programs that reduce the need for services over time.

## ATTACHMENT A: RPC CHARTS

**Chart 1 Organizing Principles for Regional v. Local Human Services**

| <b>REGIONAL SERVICES RECOMMENDED FOR COUNTYWIDE PARTNERSHIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>OTHER REGIONAL SERVICES</b>                                                                                                                                   | <b>LOCAL SERVICES</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Funding:</b> To be developed*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Funding:</b> Primarily by state and federal government                                                                                                        | <b>Funding:</b> Local/Municipal (general funds, levies, and federal, state and private grants)                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Administration:</b> To be developed *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Administration:</b> Primarily King County, as agent of state or federal government                                                                            | <b>Administration:</b> Municipalities                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <p>1. Elements needed to support the infrastructure for regional services, for example: policy development, administration, evaluation and transportation. (Example: The system to transport food to food banks throughout the county)</p> <p>2. Services not feasible to offer in every locality, and/or for which economies of scale make regional delivery the most viable option. Services for which there is significant regional demand but insufficient local demand to justify operation /development of local services. (Example: Information and Referral services, like the Community Information Line)</p> <p>3. Services people require for security reasons in localities other than where they reside. (Example: Domestic Violence Services)</p> <p>4. Services that any eligible King County resident can access regardless of place of residence. (Example: Access to Emergency Shelter)</p> | <p>1. Services that are regional in nature, but receive dedicated, primary funding from the state or federal level (whether the funding is adequate or not).</p> | <p>1. Services meeting unique, local needs and strongly supported by local communities.</p> <p>2. Services that fit into local partnerships (especially school districts and other key local parties).</p> <p>3. Services for which local demand is high enough to make local operation/ development feasible.</p> <p>4. Services that are recreational.</p> <p>5. Enhancement of regional services.</p> <p>6. Services that do not fall into any of the “regional” categories.</p> |

\* Both funding sources and administrative responsibility or governance for a proposed countywide partnership for the provision of regional human services will be developed as part of the next phase of this work.

Chart 2

List of Regional and Local Human Services

| REGIONAL SERVICES RECOMMENDED FOR A COUNTYWIDE PARTNERSHIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | OTHER REGIONAL SERVICES (primarily funded by state and federal governments)                                                                                                                                                                                                                                                     | LOCAL SERVICES (funded by local or municipal governments)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>#1 Food to Eat and Roof Overhead</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <ul style="list-style-type: none"> <li>• <b>Homeless Services</b> (case management, education, counseling, child care shelter meals, mobile outreach, day centers, hygiene/laundry services)</li> <li>• <b>Emergency Shelters/Transitional Housing</b> for individuals, families, couples, and children/youth</li> <li>• <b>Special Needs Housing</b> (seniors, mentally ill, disabled, persons with AIDS, individuals released from jail, etc.)</li> <li>• <b>Housing Stabilization/ Homelessness Prevention</b> (Tenant assistance, eviction prevention assistance, including vouchers, rental and utility assistance)</li> <li>• <b>Distribution, Transportation of Food</b></li> </ul>                                                                                                                                                              | <ul style="list-style-type: none"> <li>• Permanent affordable housing</li> <li>• Child care nutrition programs</li> <li>• Meal and nutrition programs (home-delivered, congregate, summer sack, food vouchers)</li> <li>• Disaster relief</li> </ul>                                                                            | <ul style="list-style-type: none"> <li>• Voice mail, check cashing, mail services, storage, etc.</li> <li>• Homebuyer assistance</li> <li>• Credit enhancement</li> <li>• Homesharing for seniors</li> <li>• Clothing and Furniture</li> <li>• Community preparedness</li> <li>• Emergency food and food banks</li> <li>• Home repair/housing preservation</li> <li>• Protective payee services</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>#2 Supportive Relationships within Families, Neighborhoods, Communities</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <ul style="list-style-type: none"> <li>• <b>Child Care Resource and Referral Services</b> (including training for child care providers)</li> <li>• <b>Early Intervention Programs for At Risk Infants/Children</b> (home visiting, Early Headstart, parent education, advocacy and support services for new young families, teen parents, etc.)</li> <li>• <b>Intervention for High Risk Youth</b> (involved in the criminal justice system and at high risk for reinvolvement)</li> <li>• <b>Legal assistance</b> (civil)</li> <li>• <b>Refugee/Immigrant Services</b> (including language bank/interpretation services, citizenship classes, training, access and outreach)</li> <li>• <b>Outreach, Information and Referral Assistance to Improve Access to Human Services</b> (Community Information Line, Senior Assistance Line, etc.)</li> </ul> | <ul style="list-style-type: none"> <li>• Chore services for elderly and disabled</li> <li>• Child care scholarships or subsidies for low-moderate income families</li> <li>• Foster care and group homes for children/youth</li> <li>• Respite care</li> <li>• Early childhood services for developmentally disabled</li> </ul> | <ul style="list-style-type: none"> <li>• Programs to support children's home language/ culture</li> <li>• Case management to help families and individuals become self-sufficient</li> <li>• Dropout prevention &amp; youth development, e.g. adult mentors/advocates for children/ youth, life skills training, summer &amp; after school programs, service learning opportunities, leadership development</li> <li>• Family involvement in schools; school-based family support &amp; advocacy programs</li> <li>• Outreach, prevention and early intervention for youth and families, including counseling, case management and information &amp; referral</li> <li>• Programs, centers, &amp; intergenerational activities supporting seniors, families</li> <li>• Assistance with community organizing</li> <li>• Prevention of youth involvement with the criminal justice system</li> </ul> |

**#3 Safe Haven From all Forms of Abuse**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• <b>Comprehensive Domestic Violence Services</b> (confidential shelter, transitional housing, supportive services for children, supportive services for domestic violence victims, batterers treatment, domestic violence education and prevention)</li> <li>• <b>Crisis Line/Teen Link Services</b> (violence/suicide prevention)</li> <li>• <b>Comprehensive Sexual Assault Services</b> (support services including counseling and therapy, support groups, legal and medical advocacy, sexual assault education and prevention)</li> </ul> | <ul style="list-style-type: none"> <li>• Elder abuse prevention and intervention</li> <li>• Child abuse prevention and intervention</li> <li>• Guardianship, advocacy and support services for disabled persons</li> </ul> | <ul style="list-style-type: none"> <li>• Gang prevention and intervention</li> <li>• Teen dating violence prevention and advocacy</li> <li>• Community based alternatives to incarceration</li> <li>• Crisis intervention</li> <li>• Suicide prevention training in schools</li> </ul> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**#4 Health Care To be as Physically and Mentally Fit as Possible**

|                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• <b>Basic Health Care to Provide a Network of Community Health Services</b> (dental care, medical care, home health services, school-based health and health education services, community outreach)</li> <li>• <b>Diversion and Transition Services for Persons in the Criminal Justice System with Mental Health and Substance Abuse Problems</b></li> </ul> | <ul style="list-style-type: none"> <li>• Adult day health services</li> <li>• Case Management for frail seniors and people with disabilities to allow them to stay home</li> <li>• Mental health and chemical dependency inpatient / residential services for youth &amp; adults</li> <li>• Mental health and chemical dependency outpatient services, e.g. assessment/evaluation, day treatment, individual/group counseling, emergency intervention, etc.</li> <li>• Mental health specialized treatment, e.g. dual diagnosis</li> <li>• Senior wellness and transportation, e.g. volunteer transportation, escorts to medical appointments</li> <li>• Therapy for children ages 0-3 with developmental disabilities</li> </ul> | <ul style="list-style-type: none"> <li>• Health promotion and chronic disease management, e.g. HIV/AIDS, diabetes, cancer, epilepsy, CPR training, etc.</li> <li>• Counseling and rehabilitation training, e.g. persons with vision impairments, multiple sclerosis</li> <li>• Family counseling and support groups</li> </ul> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**#5 Education And Job Skills to Lead an Independent Life**

|                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• <b>Educational Instruction for Out of School/At Risk Youth</b> (GED preparation classes, tutoring and career education programs, (pre) employment training, work-based learning and internships)</li> <li>• <b>Services for Learning Disabled</b></li> <li>• <b>English-As-Second-Language (ESL) Training</b></li> </ul> | <ul style="list-style-type: none"> <li>• Employment assistance, including job skills training, placement, retention support and day labor, for persons with barriers to employment and persons with disabilities</li> </ul> | <ul style="list-style-type: none"> <li>• Support services, including transportation, tuition assistance and life skills training</li> <li>• Literacy services for functionally illiterate</li> <li>• Vouchers for support services to help students stay in school</li> </ul> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|



## **ATTACHMENT B: QUALITATIVE ANALYSIS OF GOAL AREAS**

Available as a separate file.

## **ATTACHMENT C: QUANTITATIVE ANALYSIS OF GOAL AREAS**

Available as a separate file.

## **ATTACHMENT D: ADMINISTRATIVE OPTIONS**

Available as a separate file.