



Human Services Strategic Plan

City of Shoreline | Approved April 8, 2024

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Executive Summary

The City of Shoreline’s vision is for people of all ages, abilities, cultures, income levels, and backgrounds to be able to live, work, play, and thrive in Shoreline. To ensure that their investments and delivery of human services supports that vision, the City of Shoreline engaged BERK Consulting in summer 2023 to provide a comprehensive Human Services Strategic Plan to make recommendations on program goals, priorities, staffing, and funding.

The primary objectives of this Human Services Strategic Plan are as follows:

- Review established data and information to prioritize service areas and identify gaps.
- Review City programs, policies, staffing and best practices to make recommendations that will guide the work of the City.
- Identify policy and program opportunities to promote equity and inclusion and build on community strengths.
- Provide a rationale for an appropriate level of funding required to have the impact in the areas that the Plan prioritizes.

BERK conducted a current-state review of Shoreline human services provision and funding, as well as looking at recent or concurrent needs assessment processes and data sources within the City of Shoreline. Along with City staff, BERK conducted outreach and information-gathering including:

- Key informant interviews with service providers and aligned systems (such as Shoreline Public Schools and the King County Regional Homelessness Authority);
- Peer jurisdiction interviews with staff from Bothell, Issaquah, Kenmore, Kirkland, and Redmond;
- City of Shoreline staff focus group; and
- Contracting with four engagement partners (Banchemo Disability Partners, Canopy Scholars, Center for Human Services, and St. Dunstan’s Episcopal Church) to solicit and collect direct input from current and potential service users.

Strategic Considerations

Based on analysis of the findings in this outreach and assessment process, several key considerations emerged to shape and constrain the strategic recommendations for the City of Shoreline to improve the allocation and delivery of human services to residents, students, and workers.

- Homelessness is a high community priority, exacerbated by the affordable housing crisis.
- Affordable housing and homelessness solutions require more resources, coordination, and expertise than one city can provide; yet benefits from regional partnership may be difficult to measure.
- There is a high community priority on quality human services, including behavioral health and basic needs, increasing with the end of pandemic support programs.

- Some eligible participants lack awareness of existing services or experience barriers to access, including lack of linguistically and culturally diverse programs and complex eligibility and application requirements.
- Need significantly exceeds current investments. Federal COVID-19 response funds conclude at the end of 2024, resulting in a substantial funding gap for existing programs.
- Appropriate division of roles between City human services staff and contracted partners is an important consideration. Most direct human services in Shoreline are provided under contract, for reasons of cost-effectiveness, scalability, and sector-specific skills and credentials.

Recommendations

The Shoreline City Council has expressed the intention of adopting a strategic approach that will have a meaningful impact on the level of need among Shoreline communities. To enable such impact, this Plan identifies six recommendation areas that should be part of a package of actions to improve the ongoing organization and delivery of services of key importance to people in Shoreline.

1. Update human services priorities justified by current needs, and develop target metrics.
2. Increase contract services funding with a focus on equity, priority areas, and outcome metrics.
3. Explore or pilot innovative human service programs and connect human services to housing strategies.
4. Increase administrative staffing levels.
5. Maintain or increase community support specialists.
6. Identify additional funding sources.

These recommendation areas are generally interdependent, and for the most part cannot be effectively implemented individually. This Plan is intended to serve as a policy framework within which City of Shoreline leadership can sequence and scale recommended actions according to dependency, resource availability, and need. In several of the recommendation areas, this Plan provides a matrix indicating the actions and level of investment needed to support different, increasing service levels, as follows:

- **Return to Prior Level of Service:** removal of COVID-19/American Rescue Plan Act (ARPA) and other one-time funded programming to return to the level of services with current ongoing funding as the base
- **Maintain Current Level of Service:** continuation of both base services and additional services that were made possible by one-time and COVID-19/ARPA funding
- **Significant:** notable expansion of service or impact in one or more dimensions
- **Transformative:** investment would meet significantly more community need and/or enable clarity on the impact of these investments

The table below summarizes the financial basis, cost, and impacts at each level of service. Shoreline staff will develop biennial workplans and budget actions that enable the City to achieve, in a phased manner, the framework elements and funding levels endorsed by the City Council across the six recommendation areas.

	Return to Prior Level of Service	Continued Increased Level of Service (including replacement of COVID Response and One Time Funding)	Significant	Transformative
Basis	1% of General Fund \$ + current directed funding	1.5% of GF + homeless services and directed funding set asides	2% of GF minus any additional directed funding + current directed funding	New levy or expansion of existing levy lid lift + 1.5% of GF + current or expanded directed funding
Cost	\$758,756 total \$510,000 (2024 competitive) + \$248,756 (2024 directed)	\$1.83 million total \$1.5 million + 2.0 FTE (\$331,000)	\$2.49 million total \$1.83 million + 4.0 FTE (\$663,000)	\$6.69 million total \$4 million levy funding + \$1.5 million /1.5% GF + 7.0 FTE (\$1,185,000)
Impact	<ul style="list-style-type: none"> ▪ Funding will have small increase year over year ▪ No increase to directed funding ▪ No additional staff capacity to develop metrics and track outcomes 	<ul style="list-style-type: none"> ▪ Maintains current level of service <ul style="list-style-type: none"> ▫ Converts one-time and COVID-supported expenditures to permanent ▫ Increases City staff capacity to sustainable levels 	<ul style="list-style-type: none"> ▪ Allows expansion of current contracts <ul style="list-style-type: none"> ▫ Includes support of wage equity strategies ▫ Improved community support and access 	<ul style="list-style-type: none"> ▪ Scales current service levels to meet significantly more community need ▪ Direct support to foster awareness and access across all Shoreline communities ▪ Piloting new affordable housing and innovative programming

Introduction

Project Background

The City of Shoreline engaged BERK Consulting to provide a comprehensive Human Services Strategic Plan to make recommendations on program goals, priorities, staffing, and funding. While the City has been funding human services programs since shortly after incorporation in 1995, there has never been a comprehensive review of program services, goals, and outcomes.

The primary objectives of the Human Services Strategic Plan are as follows:

- Review established data and information to prioritize service areas and identify gaps.
- Review City programs, policies, staffing and best practices to make recommendations that will guide the work of the City.
- Identify policy and program opportunities to promote equity and inclusion and build on community strengths.
- Provide a rationale for an appropriate level of funding required to have the impact in the areas that the Plan prioritizes.

As part of the development of this Human Services Strategic Plan, a broad array of individuals were engaged to identify current service provision and identification of Shoreline's priority needs and gaps. Interviews and engagement activities were conducted with City staff, other local jurisdiction management staff, service providers across agencies, and community-based organization supporting Shoreline.

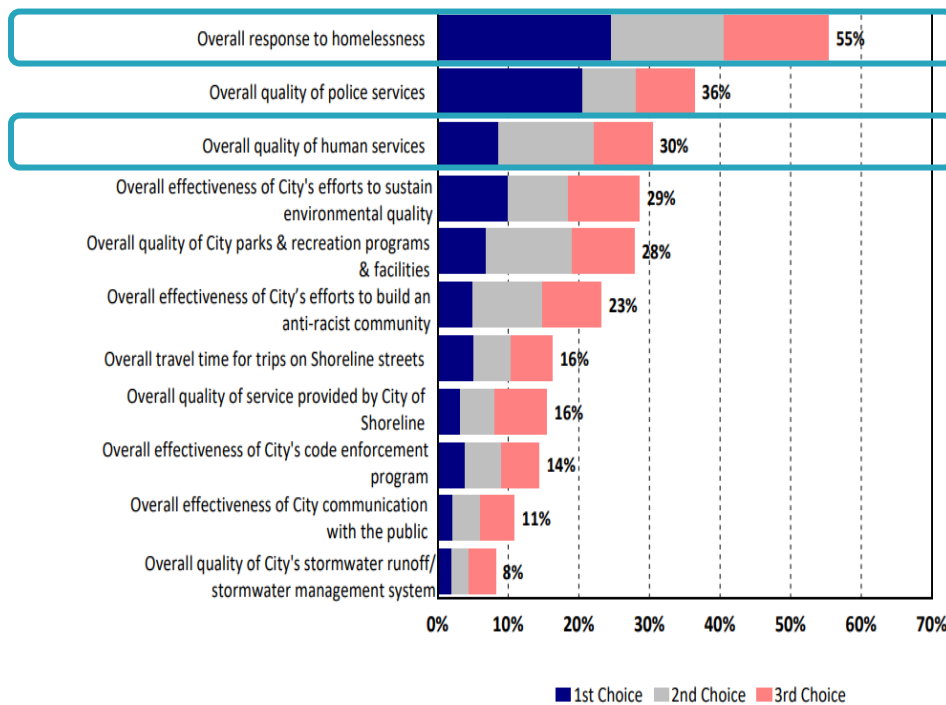
This report summarizes the historical context, trends, gaps, needs, and recommendations to provide the City of Shoreline with a well-rounded understanding of unmet human services needs and strategies to address them.

Community Desire

The Shoreline community has expressed strong support to improve the quality of human services through the semiannual Resident Satisfaction Surveys conducted in 2020 and 2022.¹ Residents selected the overall response to homelessness and overall quality of human services as high priorities. These results inform the need to invest and evaluate the services provided to the community (see Exhibit 1 for further details on the breakdown of services and priority level).

¹ ETC Institute. 2022 City of Shoreline Resident Satisfaction Survey Findings Report, July 2022.
<https://www.shorelinewa.gov/home/showpublisheddocument/57192/638001311339870000>.

Exhibit 1. Top priorities of City Service investment from the 2022 Resident Satisfaction Survey (in response to City Services that should receive the most emphasis over the next two years by major category)



Source: ETC Institute, 2022

Community Highlights

The demographic makeup of the City can inform understanding of unmet needs and disparities to then craft strategic mitigation approaches for the Shoreline community. Shoreline is home to just over 60,000 residents, with increasing population rates and density projected with the opening of the light rail stations and adjacent housing development. Shoreline’s population is also increasingly more racially diverse. Compared to King County as a whole, the Shoreline population has a lower average household income, and a higher percentage of older adults and people with disabilities. On average, residents are five years older compared to King County overall, and the aging population is rising at a higher rate in north County cities (which include Bothell, Kenmore, Lake Forest Park, and Woodinville) (12% growth in people over 60 between 2018 and 2022) than in the County as a whole (10% for the same category and interval).² Older adults typically have higher rates of disability and poverty than other age demographics. Their priorities (housing, transportation, medical and basic needs) are mirrored in those of Shoreline as a whole, with some nuances including the need for help in navigating the medical system.³

² “Area Plan 2024-2027 for Seattle and King County, Washington.” *State Unit of Aging*, November 2, 2023. https://doi.org/https://www.agingkingcounty.org/wp-content/uploads/sites/185/2023/11/ADS_AreaPlan2024-2027_submitted2023-11-02.pdf.

³ “King County Community Health Needs Assessment 2018/2019.” *King County Hospitals for a Healthier Community*, 2018. <https://cdn.kingcounty.gov/-/media/depts/health/data/documents/2018-2019-Joint-CHNA-Report.ashx>.

Among Shoreline residents *under* the age of 65, the rate of disability is 8.4%, almost a third higher than the King County rate of 6.7%.⁴

If trends from the past ten years continue, the City will see a proportional decline in the White population and an increase in other groups, specifically Asian, Black, and multiracial residents.⁵ More than a quarter (26%) of Shoreline residents speak a language other than English and over 9% speak English less than “very well” .⁶ Shoreline School District has 9,641 students enrolled and 10.6% are in the English Language Learners (ELL).⁷

Only 7.7% of Shoreline residents are employed in Shoreline, with almost half of all workers employed in the neighboring city of Seattle.⁸ While they work similar jobs to residents of King County at large, in 2021, the average household in Shoreline made about \$10,000 less than the average King County household.⁹ It is estimated that 8.2% of Shoreline residents are in poverty (defined by household income falling below income thresholds that varies by family size and composition), compared with King County estimate of 8.5 percent. ¹⁰ These demographic trends were utilized to identify critical policy and programmatic gaps in service provision to promote racial equity, inclusion, and build on community strengths.

Current Human Services Strategy

City Programs

The City of Shoreline’s vision is for people of all ages, abilities, cultures, income levels, and backgrounds to be able to live, work, play, and thrive in Shoreline. Shoreline is engaged with human services in three domains: funding, convening, and internal staffing. In support of the City’s vision, Shoreline has prioritized its limited human services to fund four priority areas: basic needs, counseling/behavioral health, children and youth, and older adults. This is achieved through funding and building relationships with community organizations, convening regional partnerships, and leveraging existing resources. Key values that guide the City’s human service priorities include supporting culturally and linguistically appropriate services, a commitment to building an anti-racist community, and prioritizing services for those who are most harmed by institutional and systemic barriers.

⁴ “Shoreline City, Washington Quick Facts.” United States Census Bureau. Accessed March 2024. <https://www.census.gov/quickfacts/shorelinecitywashington>

⁵ “City of Shoreline Racial Equity Analysis (draft).” *City of Shoreline*, June 30, 2023. Accessed March 2024. <https://www.shorelinewa.gov/home/showpublisheddocument/59660/638315898007570000>

⁶ American Community Survey (data set ACSST5Y2022).

⁷ “WA Office of Superintendent of Public Instruction.” Shoreline School District Report Card. Accessed March 2024. <https://washingtonstatereportcard.ospi.k12.wa.us/ReportCard/ViewSchoolOrDistrict/100236>.

⁸ “City of Shoreline Racial Equity Analysis (draft).” *City of Shoreline*, June 30, 2023. Accessed March 2024. <https://www.shorelinewa.gov/home/showpublisheddocument/59660/638315898007570000>

⁹ Ibid.

¹⁰ “Shoreline City, Washington Quick Facts.” United States Census Bureau. Accessed March 2024. <https://www.census.gov/quickfacts/shorelinecitywashington>

As the City has grown, components of its Human Services program have been modified with the changing community. Outside factors such as the COVID-19 pandemic, rising costs of housing, and the opioid crisis have affected human services programs in the region. At this inflection point, it is vital to consider the needs, services, partnerships, and funding allocations to determine if the City of Shoreline is sufficiently meeting community needs.

City staff oversee the Human Services contracts and also coordinate with providers, other cities, and the community at large. Staff are also involved in developing projects and programs to assist the community, such as the Back-to-School Consortium (in partnership with the Shoreline school community) and the Shoreline Severe Weather Shelter. Many of the human services concerns facing Shoreline are common throughout the North King County area; therefore, regional coordination and partnership can lead to collective solutions and address systemic problems, creating a shared pool of resources that also benefit Shoreline residents. Current partnerships and regional connections include the Community Resource Team, King County Regional Homelessness Authority (KCRHA), North King County Coalition on Homelessness, North Urban Human Services Alliance, and Human Services Funding Collaborative.

City Staffing

Staffing for Human Services has changed over time. In 1998, the Human Services program (organized as Office of Housing and Human Services) was staffed with two full-time positions. However, over time, staffing has been reduced and there are currently no permanent full-time positions dedicated to this work. Instead, a portion of the Community Services Manager's position is allocated for this body of work, in addition to the three other programs that fall under their scope within the Community Services Division (CSD). The current staffing structure and limited capacity does not allow for in-depth review or comprehensive evaluation of programs.

The staffing for Human Services is as follows:

- Permanent staff: Approximately 0.4 FTE Community Services Division Manager
- Limited-Term staff: 1.4 FTE Community Support Specialists (funded by American Rescue Plan Act ending 2024)

In addition, staff in other divisions of CSD and other City departments contribute to the City's human services portfolio as follows:

- Partnerships and regional connections to support multicultural appropriate services, equity, and anti-racism (Equity and Social Justice Program Coordinator)
- Community micro-grants and project support (Neighborhoods)
- Services in Community and Teen Centers (Parks, Recreation & Cultural Services)
- Planning and compliance monitoring with affordable housing developers and providers (Planning & Community Development)
- Resource-sharing in [Community Court](#) (King County District Court)

City Funding

In addition to staff costs for coordination and planning dedicated to human services programs, funding is provided to support service provision through the City's General Fund, as well as other restricted

revenues. As part of the biennial budget process, the human services funding allocation and Human Services Funding Plan, which includes spending parameters and goals, is updated every two years. Shoreline’s funding for human services contributes to both local and regional programs, collectively offering residents a range of services aimed at improving systemic problems and addressing urgent needs.

The 2023-2024 Human Services Funding Plan supports 25 programs, projected to serve 3,000 residents by providing access to basic needs, mental health and counseling support, services to support healthy youth and families, and services to sustain older adults in the community (see Exhibit 2 below for a detailed breakdown of all funded organizations). Shoreline provides funding and support to existing external organizations (e.g., Hopelink, Lake City Partners, Center for Human Services) and multi-city partnerships (e.g., King County Regional Homelessness Authority) rather than functioning as a direct service provider.

Exhibit 2. 2023-2024 City of Shoreline Funding Plan

Agency Name	Program Name	2023 Request	2022 Award	2023 Proposed	2024 Proposed	Two Year Totals
Crisis Connections (formerly Crisis Clinic)	Crisis Line	\$ 8,320	\$ 8,000	\$ 8,000	\$ 8,000	\$ 16,000
Crisis Connections (formerly Crisis Clinic)	King County 2-1-1	\$ 24,000	\$ 12,500	\$ 12,500	\$ 12,500	\$ 25,000
Eastside Legal Assistance Program	Housing Stability	\$ 25,000	\$ -	\$ 7,500	\$ 7,500	\$ 15,000
Hopelink	Adult Education	\$ 15,000	\$ 6,000	\$ 6,000	\$ 6,000	\$ 12,000
Hopelink	Employment	\$ 10,000	\$ 10,000	\$ 10,000	\$ 10,000	\$ 20,000
Hopelink	Family Development	\$ 15,800	\$ 11,000	\$ 11,000	\$ 11,000	\$ 22,000
Hopelink	Financial Assistance Resiliency Program	\$ 149,940	\$ 27,000	\$ 39,307	\$ 39,307	\$ 78,614
Hopelink	Food Programs	\$ 137,543	\$ 59,000	\$ 59,000	\$ 59,000	\$ 118,000
Hopelink	Housing	\$ 26,522	\$ 25,750	\$ 25,750	\$ 25,750	\$ 51,500
Lake City Partners Ending Homelessness	24/7 Enhanced Homeless Shelter (The Oaks)	\$ 18,612	\$ 18,612	\$ 25,067	\$ 25,067	\$ 50,134
Lake City Partners Ending Homelessness	Housing Outreach Program	\$ 54,500	\$ 25,000	\$ 45,000	\$ 45,000	\$ 90,000
Mary's Place Seattle	Flexible Financial Assistance	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000	\$ 10,000
Harborview Medical Center	Sexual Assault Counseling	\$ 5,459	\$ 5,150	\$ 5,150	\$ 5,150	\$ 10,300
King County Sexual Assault Resource Center	Comprehensive Sexual Assault Advocacy Services	\$ 8,900	\$ 8,320	\$ 8,320	\$ 8,320	\$ 16,640
Center for Human Services	Behavioral Health Programs	\$ 120,000	\$ 109,000	\$ 109,000	\$ 109,000	\$ 218,000
Center for Human Services	Family Support Programs	\$ 120,000	\$ 80,000	\$ 102,307	\$ 102,307	\$ 204,614
Child Care Resources	Information/Referral, Technical Assistance, and Training	\$ 5,882	\$ 5,000	\$ 5,000	\$ 5,000	\$ 10,000
Wonderland Child and Family Services	The Next Level Early Support Program	\$ 9,000	\$ 7,250	\$ 7,250	\$ 7,250	\$ 14,500
Sound Generations	Community Dining	\$ 12,000	\$ 7,500	\$ 7,500	\$ 7,500	\$ 15,000
Sound Generations	Meals on Wheels	\$ 7,950	\$ 6,000	\$ 7,950	\$ 7,950	\$ 15,900
Sound Generations	Volunteer Transportation Services (VTS)	\$ 4,120	\$ 4,000	\$ 4,000	\$ 4,000	\$ 8,000
Totals for Competitive Allocation		\$ 783,548	\$ 440,082	\$ 510,601	\$ 510,601	\$ 1,021,202

Other Programs Supports/Fund Source		2021 Funded	2023 Proposed	2024 Proposed	Two Year Totals
Hopelink/City Utility Revenue (GF)	Utility Assistance	\$ 25,000	\$ 25,000	\$ 25,000	\$ 50,000
Hopelink/Substitute House Bill 1406	Affordable and Supportive Housing	\$ 85,929	\$ 85,929	\$ 85,929	\$ 171,858
CHS/State Shared Revenue	Behavioral Health/Substance Abuse	\$ 14,850	\$ 15,514	\$ 15,514	\$ 31,028
New Beginnings/State Shared Revenue	Domestic Violence Services	\$ 26,605	\$ 26,605	\$ 26,605	\$ 53,210
Total for Other Programs		\$ 152,384	\$ 153,048	\$ 153,048	\$ 306,096

TOTALS FOR ALL PROGRAMS \$ 592,466 \$ 663,649 \$ 663,649 \$ 1,327,298

Priority Areas	2023 Proposed	2024 Proposed
Basic Needs	\$ 365,053	\$ 365,053
Counseling/Behavioral Health	\$ 164,589	\$ 164,589
Children/Youth	\$ 114,557	\$ 114,557
Older Adults	\$ 19,450	\$ 19,450
Total for Priority Areas	\$ 663,649	\$ 663,649

Source: City of Shoreline, 2023

Funding for Human Services programs is split into three categories, in addition to a temporary COVID-19 response funding category: competitive, dedicated/reserved, and one-time funding. The funding levels for these categories are displayed in Exhibit 3 below.

Exhibit 3. 2024 Human Services Funding Categories

Human Service Funding Category	2024 Funding Level
Competitive	\$510,601
Dedicated/Reserved	\$248,756
One-Time	\$176,000
COVID-19 Response (temporary)	\$479,500
Total	\$1,414,857

Source: City of Shoreline, 2023

Competitive Funding. In 2016, the Council set a goal of allocating 1.0% of Net General Fund (GF) revenues for competitively allocated human services by 2022. There has been a gradual increase each year between 2017 and 2022 to meet this goal. The current 2023-2024 Human Services Plan meets the Council's goal of 1.0% of Net General Fund Revenues for 2023 and 2024, respectively. While the GF allocation for competitive Human Services funding is budgeted at \$503,438 in 2023 and \$517,764 in 2024 (1.0% of reoccurring GF revenues for each year), the Human Services Plan divides the funding equally over two years. This allocates \$510,601 in 2023 and \$510,601 in 2024 to support services provided by agencies that submit applications through the competitive human services allocation process. However, less than half of requests that come through the competitive funding process every other year can be funded within this allocation. Funding amounts to organizations range widely, from \$5,000 for a single purpose to \$260,000 for a suite of services in line with City priorities.

Dedicated/Reserved Funding. This budget category includes a small amount of dedicated funding with specific purposes – either as line items within the budget or that include a restricted funding source. These include the Shoreline-Lake Forest Park Senior Center, Utility Assistance (as a component of the Council's approval of a utility tax increase), local sales tax for affordable and supportive housing, state tax dedicated to drug/alcohol counseling, and domestic violence sheltering.

One-Time Funding/Urgent Needs. Currently, the City has one-time funding allocated in the 2023-2024 budget in support of the Behavioral Health Case Manager at the Shoreline-Lake Forest Park Senior Center. Additionally, the Council added \$100,000 for specific services as part of the 2023-2024 Mid-Biennium Budget Update.

COVID-19 Response Funding. This funding is part of the \$1.9 trillion economic stimulus bill known as the American Rescue Plan Act (ARPA); the City of Shoreline was awarded approximately \$7.53 million in ARPA funding in response to the economic and social impact of the COVID-19 pandemic. This funding ends in 2024. The funds are distributed across four years between 2021 and 2024, across various categories as described in Exhibit 4. The subcategories related to human services are the community and youth recovery, limited-term ARPA Navigators, and human services needs outlined in red.

Exhibit 4. Total COVID-19 Response Funding Overview 2021-2024

Category*	Subcategory	Targeted Amounts
Cost Recovery for COVID-19 Related Expenses		\$500,000
Make Necessary Investments in Water, Sewer, Stormwater, or Broadband Infrastructure		\$4,022,000
Respond to Public Health Emergency Caused by COVID-19 or its Negative Economic Impacts	Business Recovery and Stabilization	\$500,000
	Community and Youth Recovery	\$400,000
	Limited Term ARPA Navigators (1.4 FTE)	\$511,000
	Human Services Needs	\$1,600,000
COVID Respond Funding Total		\$7,533,000

Note: *Categories are based on federal funding requirements.

Source: City of Shoreline, 2023.

Additional detail on the specific activities funded is as follows:

- Community and Youth Recovery.** \$400,000 was used for programs to support youth in Shoreline by hiring the Youth Resource Navigator and to fill funding gaps in the mental health therapist and the Youth Outreach and Leadership Opportunities (YOLO) program.
- Limited Term ARPA Navigators.** The ARPA Navigator/Community Support Specialist role provides direct assistance to residents in need, which includes helping residents identify appropriate resources, referrals to organizations with capacity to provide ongoing case management and support and provide assistance with completing application forms as needed. While urgent needs related to the COVID-19 pandemic have decreased, residents continue to seek out these services and the City continues to receive many requests for assistance. The 1.4 FTE ARPA Navigators roles will be eliminated if more funding is not allocated.
- Human Services Needs.** \$1.6 million was used for a variety of different funding categories to support emergency initiatives and investment in existing services. See Exhibit 5 for a detailed table of funding recipients.

Exhibit 5. 2023 Human Service Needs COVID-19 Response Funding Breakout

Human Service Needs - \$1,600,000

The report on the 2023 Human Service Needs funding is as follows:

Funding Category	Program	Carryover from 2023	2023 Expenditure
A. Emergency Support	Holiday Baskets		\$50,000
	Additional Grocery Cards		\$0
	Center For Human Services – Flexible Financial Support		\$50,000
	Canopy – Flexible Financial Support		\$25,000
	Shoreline Community Care – Flexible Financial Support		\$50,000
B. Investment in Services	Charmd/Grouped		\$98,500
	Center for Human Services		\$120,000
	Canopy		\$57,000
	Hotel Vouchers	\$10,000	\$0
	Bus/Transportation		\$5,000
	Housing Outreach		\$25,839
	Hopelink – Food		\$30,000
C. Strengthen Civic Connections	Love Your Community Grants	\$10,000	\$10,000
TOTALS		\$20,000	\$511,339

Source: City of Shoreline, 2023

Exhibit 6 reflects the proposed funding for the final remaining 2024 COVID-19 response funding.

Exhibit 6. 2024 Proposed COVID-19 Response Funding

Agency Name	Program Name	2024
Center for Human Services	Family Support	\$ 120,000
Canopy Scholars	Flexible Financial Support	\$ 25,000
Center for Human Services	Flexible Financial Support	\$ 50,000
Shoreline Community Care	Flexible Financial Support	\$ 50,000
Charmd	Behavioral Health Services	\$ 98,500
Canopy Scholars	Tutoring and STEM Programs	\$ 57,000
Lake City Partners	Housing Outreach	\$ 40,000
Hopelink	Food Support	\$ 30,000
Hunger Intervention Program	Food Support	\$ 10,000
Hotel Vouchers*	Hotel Vouchers	\$ 4,000
Total Yearly		\$ 484,500

Note: *using 2023 allocated funds

Source: City of Shoreline, 2023

Part of the overarching purpose of the COVID-19 response funding was to serve communities most affected by the pandemic. Therefore, funding is focused on programs serving Shoreline’s low-income and historically underserved communities, including those experiencing homelessness, immigrant and refugee individuals and families, as well as those who identify as Black, Indigenous, and People of Color.

Methodology

Desk Research

To understand the City’s current human services landscape, the following documents were reviewed.

- All City of Shoreline staff reports from 2018 to present related to Human Services and COVID-19 ARPA Funding
- [City of Shoreline Comprehensive Plan](#) and Comprehensive Plan Survey Results (internal)
- [2022 City of Shoreline Resident Satisfaction Survey Findings Report](#)
- [City of Shoreline Racial Equity Analysis \(draft\)](#)
- 2023-2024 Human Services Funding Plan
- [Wage Equity for Non-Profit Human Services Workers: A study of work and pay in Seattle and King County](#)
- [2018/2019 King County Community Health Needs Assessment](#)

Interviews

Representatives from the following organizations provided information through interviews about how community members access services and confirm community needs:

- Banchemo Disability Partners
- Canopy Scholars
- Center for Human Services
- Hopelink
- Lake City Partners Ending Homelessness
- Regional Crisis Response Agency
- Shoreline PTA Council
- Shoreline School District
- St. Dunstan’s Episcopal Church

These interviews also served to identify engagement partners for further conversation. Interviewees identified the following community needs:

- **Affordable housing and homelessness services.** People struggle to find affordable housing, especially apartments that are big enough for a large family. Eviction prevention is needed in the

City, with many individuals being referred to the Financial Resiliency Program at Hopelink that gives up to \$3,000 of rental assistance on a lottery system. Other interviewees recognized that rental assistance is more of a band aid when the region is dealing with the affordability crisis.

- **Overwhelmed behavioral health system.** The behavioral health system is at capacity with people with private insurance and it is difficult for community members with Medicaid or Medicare to navigate systems and access mental health services. There are not enough behavioral health professionals to serve everyone in need.
- Food insecurity, as well as high utility costs, medical bills, and car repairs were also mentioned.

Engagement Partners

To ensure the Human Services Strategic Plan was informed by a broad array of residents, as well as current or potential service users in the city of Shoreline, BERK initiated compensated agreements with four community non-profit partners to conduct deeper engagement with a sample of individuals and families who might have been underrepresented in other information-gathering. Although engagement partners were provided with general questions (Appendix A) and suggested methods of engagement, each organization devised tailored data collection approaches based on a culturally responsive understanding of the people they serve. The organizations were paid for their time to conduct this outreach.

The four contracted engagement partners were:

- Banchemo Disability Partners
- Canopy Scholars
- Center for Human Services (CHS)
- St. Dunstan's Episcopal Church

These organizations offer a diverse range of services, including supportive housing, behavioral health, youth education, food and housing assistance. The partner organizations were intentionally selected for their ability to engage individuals who may be less likely to participate in the annual City-distributed resident satisfaction survey (including non-native speakers of English) or otherwise provide direct input to the City of Shoreline on its human services offerings. Three of the four organizations are not contracted by the City of Shoreline, to ensure representation of perspectives that may not have been heard in the past.

Each community partner engaged with different segments of the Shoreline community, and surfaced distinct community needs and barriers. Despite their distinct circumstances, certain key themes emerged from across the organizations as takeaways, described below. For results based on analyses of each organization's data, see Appendix B.

Engagement Partner Takeaways

Medical care, rental/housing, and food assistance were identified as the highest priority needs across all engagement partners. Other service needs were identified across specific organizations. St. Dunstan's participants identified transportation as a need, CHS and Banchemo participants both presented

a need for education services, and Canopy Scholars families noted a high need for language access services. CHS participants also named utility assistance as a high need.

There is a need for information accessibility. Overall, participants expressed that the quality of services was generally “good.” However, there were consistent reports of not knowing about the services and where to go to obtain this information, indicating a need to improve information accessibility and navigation support. This was true across organizations, despite the wide variety of individual barriers to access.

Importance of tailored outreach. Along with a lack of access to information, the data also highlighted a need for more tailored outreach to specific populations and communities. Outreach needs to be proactive for these groups, rather than relying on one platform and expecting people to be aware of these services. For example, Canopy Scholars is an after-school tutoring program serving recent immigrant Eritrean and Ethiopian youth and families, who may have limited English abilities. There should be language accommodation in place for learning about resources. Participants at the community dinner at St. Dunstan’s and families of Canopy Scholars requested the use of different modalities, such as in-person assistance, to learn about different resources.

Importance of tailored services. The engagement findings further demonstrated that when communities were informed and able to access services, it was important that these services were shaped and delivered in a way to meet the needs of their specific communities, rather than adopting a broad approach to all communities.

Prevalence of administrative toll. Even in cases where people were able to access the appropriate information to apply for services, the administrative toll was very taxing: there were multiple “hoops to jump through” and waiting lists, and participants reported constantly getting referred to other individuals.

The majority of respondents overwhelmingly expressed a desire to live and stay in Shoreline, though affordability and access to services may limit people’s ability to do so.

Most respondents identified an ongoing and “high” need for services rather than a temporary or short-term need, which speaks to the level of investment and type of programming that will be required to address these chronic and systemic issues.

City Staff Focus Groups

We met with City staff who intersect with human services and spoke with them about the biggest community needs in Shoreline and what would make their work more effective. We spoke with:

- Kerry Feeman: Housing and Human Services Coordinator
- Judy Kuguru: Community Support Specialist
- Constance Perenyi: Neighborhoods Coordinator
- Georgette Stagers: Administrative Assistant II, Recreation Department
- Amanda Zollner: Teen Services Supervisor, Recreation Department

City Staff Focus Group Takeaways

Community needs are increasing. Staff noted that the biggest needs they see are homelessness services, affordable housing, transportation for youth, mental health support, and addressing food insecurity and that these needs are increasing.

There are regional needs. Residents of Shoreline primarily access local services, but there's also demand from neighboring areas. Immigrant and refugee families, older adults, youth, and individuals experiencing homelessness are among those seeking assistance.

Dedicated marketing for services would help community members know what is available. City staff also mentioned the importance of having bilingual navigators, given they work with many immigrant and refugee families. During the focus group, City staff learned about services that are available from each other's programs or contacts.

Jurisdiction Interviews

A review of municipal human service program models in comparable jurisdictions was conducted to better understand how other cities fund, staff, and govern their health and human service efforts. The following cities were interviewed to further understand the main functions of their human services program, staffing of direct and administrative support, the level of funding and contracts, and performance measurement standards.

- City of Bothell: Becky Range, Assistant City Manager, and Anand Manthripragada, Human Services Coordinator
- City of Issaquah: Hannah Roberts, Human Services Coordinator
- City of Kenmore: Tambi Cork, Housing and Human Services Manager
- City of Kirkland: Jen Boone, Human Services Manager
- City of Renton: Guy Williams, Human Services Manager

Each city was selected for various reasons, including but not limited to similar city characteristics, growth expectations, extensive experience in human services, and the recent hire of a human services coordinator.

Jurisdiction Interview Takeaways

Strategic decision-making is being considered by several neighboring jurisdictions: The five jurisdictions interviewed are considering many of the same questions as Shoreline regarding their role in human services, including how to make strategic funding decisions. All jurisdictions noted that they are aiming to fund fewer agencies but allocate a larger grant amount to increase their impact and reduce administrative burden on individual agencies.

Changing the process of pooled contracts will have an impact on jurisdictions and agencies: The City of Bellevue will not support the administrative work of pooled contracts starting in 2025, and interviewees noted the large impact this will have on jurisdictions in the north end. The City of Kirkland is likely to take over this role, with confirmation coming in early 2024.

American Rescue Plan Act (ARPA) funding allowed jurisdictions to expand their reach: ARPA funding allowed jurisdictions to temporarily add positions and increase agency contracts. While this funding ends in 2024, cities recognize that the needs exacerbated by the COVID-19 pandemic have not ended. Many are looking at other strategies to continue funding at a higher level than pre-pandemic, if not at the level enabled by federal funding.

Shoreline should consider the role they want to play, before providing direct services: While all neighboring jurisdictions provide funding and support local social service agencies, Kirkland and Issaquah have added direct service work because they were unable to find an agency willing and available to fill a need. Other jurisdictions like Mercer Island also provide a direct service role. There are benefits of jurisdictions stepping into a direct service role, including community members getting excellent access to care, quick call backs, and retaining staff longer, given generally better compensation in the public sector.

Questions about the impact of new funding partnership with King County Regional Homelessness Authority (KCRHA): Several jurisdictions noted the importance of KCRHA while also expressing concern that the money they are investing is not necessarily making its way back in service delivery to the north-end jurisdictions.

Human Services Commissions can have equity implications. While most jurisdictions interviewed use human services commissions to help make funding decisions, one jurisdiction noted that they see equity challenges with commissions, given who generally has the time and resources to sit on a city commission.

Jurisdictions are aiming to reduce the number of agencies they fund, opting for higher award amounts. Recognizing the administrative burden on organizations to apply for small grant amounts, as well as city staff time needed to manage many contracts, Renton, Bothell, Issaquah, and Kirkland all mentioned efforts to fund a smaller number of agencies more holistically.

Exhibit 7 summarizes human services funding and staffing at Shoreline and the other jurisdictions.

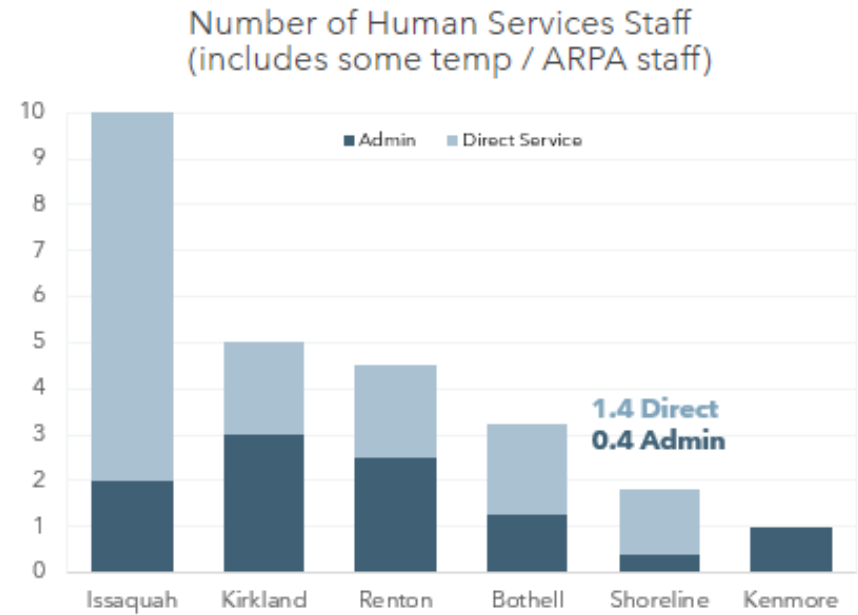
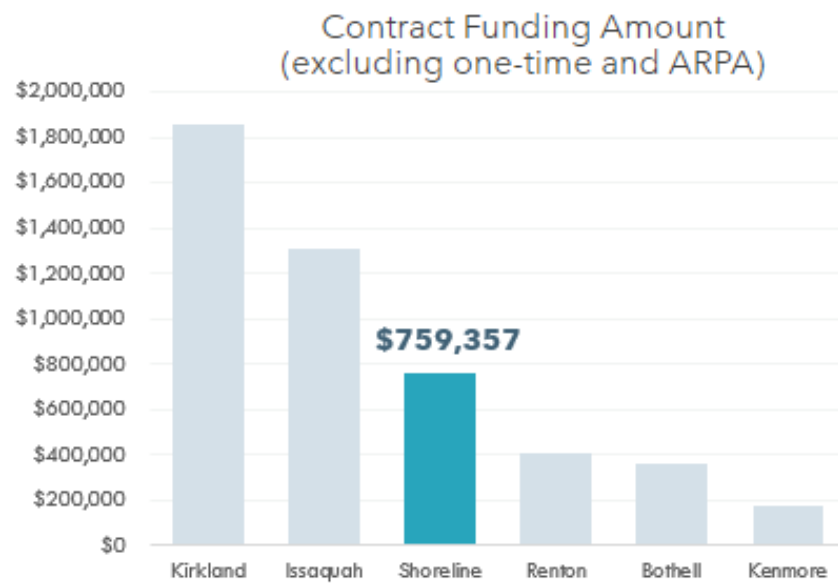
Exhibit 7. 2023 Select King County Cities Human Services Funding Comparisons

	Shoreline	Bothell	Kenmore	Renton	Issaquah	Kirkland
Basis	General Fund %	Per capita				Prior year adjusted + requests
Human Services contract \$ (annual, excluding one-time)	\$759,357	\$358,000	\$180,000	\$406,000	\$1,306,720	\$1,854,638
% of GF	1.00%	0.3%	1.2%	0.7%	0.9%	0.6%
City Population (Census, 2022)	59,690	49,017	23,478	104,047	39,344	92,151
Per Capita Amount	\$8.25	\$8.00	\$7.53	\$6.76	\$13.60	\$9.08
Number of Organizations Funded	25	25-30	17 agencies	64 agencies	42 programs	74 contracts
Staff FTE	0.4 Admin 1.4 Direct	1.25 Admin 2 Direct	1 Admin	2.5 Admin 2 Direct	2 Admin 8 Direct	3 Admin 2 Direct

Note: Because of the different way each city calculates its contract spending, these numbers may not reconcile with the annual budget amounts reported in interviews, which are captured in tables in Appendix C.

Source: BERK, 2023, aggregated from interviews and correspondence with staff from participating cities.

Exhibit 8. 2023 Select King County City Human Services Funding and Staffing Comparisons



Source: BERK, 2024, based on interviews.

Analysis and Recommendations

Strategic Considerations

Based on analysis of the findings in the human services assessment process, several key considerations emerged to shape and constrain the strategic recommendations for the City of Shoreline to improve the allocation and delivery of human services to residents, students, and workers.

- Homelessness is a high community priority with many related challenges (lack of shelter services for unhoused residents, risk of housing loss, and extreme housing cost burden), which are exacerbated by the affordable housing crisis.
- Affordable housing and homelessness solutions require more resources, coordination, and expertise than one city can provide and requires partnership with regional providers. Investments in regional partnerships, like the King County Regional Homelessness Authority (KCRHA), are shared across cities, which may make their specific impact on Shoreline harder to measure.
- There is a high community priority on quality human services, including behavioral health and basic needs (food, medical and financial assistance, etc.), which are in high demand and increasing with the end of pandemic support programs.
- Some eligible participants lack awareness of existing services or experience barriers to access, including lack of linguistically and culturally diverse programs and complex eligibility and application requirements.
- Need is significantly more than current investments. Federal COVID-19 response funds conclude at the end of 2024, resulting in a funding gap for existing programs.
- City human services staff conduct both contract management and direct services support. Most types of direct services are more efficiently and effectively delivered through contracts with community-based agencies, rather than City employees. Resource navigation, outreach, and City site-based services (such as at the Teen Center) may be more effective when staffed internally.

Strategic Recommendations

The Shoreline City Council has expressed the intention of adopting a strategic approach that will have a meaningful impact on the level of need among Shoreline communities. To enable such impact, this Plan identifies six recommendation areas as part of a package of actions to improve the ongoing organization and delivery of services of key importance to people in Shoreline, as follows:

1. Update human services priorities justified by current needs and develop target metrics.
2. Increase contract services funding with a focus on equity, priority areas, and outcome metrics.
3. Explore or pilot innovative human service programs and connect human services to housing strategies.
4. Increase administrative staffing levels.
5. Maintain or increase community support specialists.

6. Identify additional funding sources.

These recommendation areas are generally interdependent, and for the most part cannot be effectively implemented individually. This Plan is intended to serve as a policy framework within which City of Shoreline leadership can sequence and scale recommended actions according to dependency (for example, setting priorities and increasing administrative staff levels are necessary precursors to scaling up and optimizing contract services or implementing innovative programs), resource availability, and preference. In several of the recommendation areas, this Plan provides a matrix indicating the actions and level of investment needed to support different, increasing service levels, as follows:

Return to Prior Level of Service: removal of COVID-19/ARPA and other one-time funded elements to return to the level of services with current ongoing funding as the base

Maintain Current Level of Service: continuation of both base services and services funded only through 2023-24, with sustainable funding moving forward

Significant: notable expansion of service or impact in one or more dimensions

Transformative: investment would meet significantly more community need and/or enable clarity on the impact of these investments

These service levels generally build on each other sequentially, so that for example achieving “Transformative” level of service requires all the elements of a “Significant” level of service to be met first. And, these levels are consistent across the recommendation areas. For example, so that to Maintain Current Level of Service in contract services (recommendation area #2), administrative staffing and funding would also need to be implemented to Maintain Current Level of Service.

Each recommendation area is described in greater detail below, including the rationale, specific recommended actions, and (where appropriate) implementation considerations. Shoreline staff will develop biennial workplans and budget actions that enable the City to achieve, in a phased manner, the framework elements and funding levels endorsed by the City Council across these recommendation areas.

1) Update human services priorities justified by current needs and develop target metrics.

Rationale

The City of Shoreline has three priority areas for human services funding which have emerged over the past three decades of human services provision:

- Basic Needs
- Counseling/Behavioral Health
- Housing and Homelessness

These priorities blend service type and population focus, which may make it difficult to use them to determine investment levels. We interviewed direct service providers and partnered with four engagement partners to reach their clients. We confirmed that top needs in Shoreline include housing and homelessness, behavioral health, and basic needs. We also found that community members, especially those who don't speak English as their first language, have difficulty finding resources. Older adults

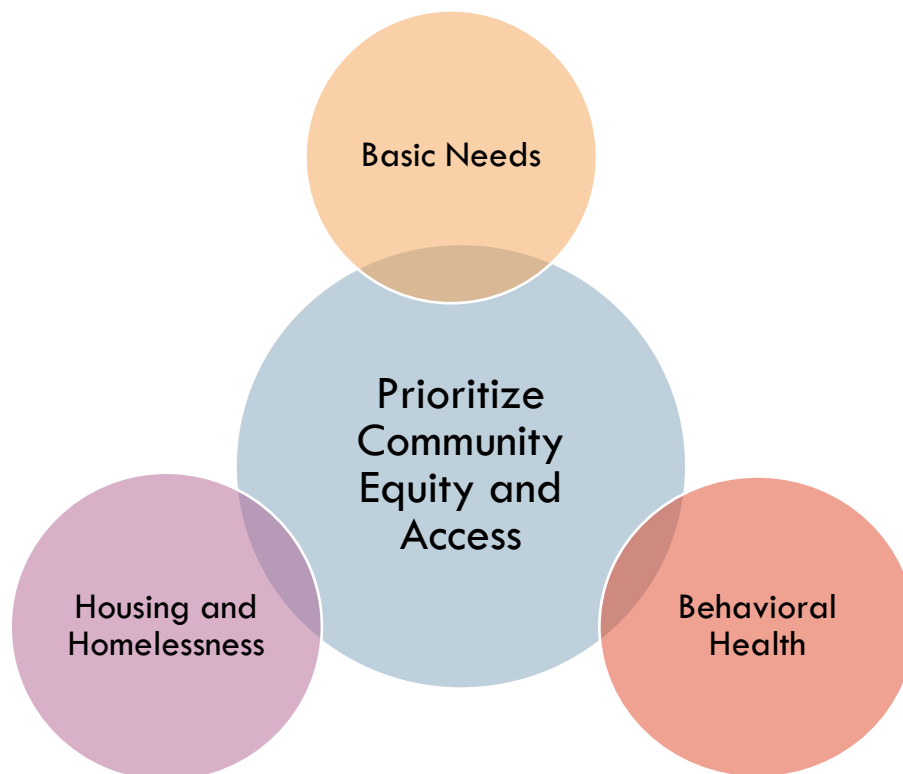
continue to be a significant population in Shoreline, with unique needs. Youth present specific needs as well and were particularly impacted by the pandemic, especially in terms of mental health.

Recommended Actions

- **Add housing and homelessness support to human service priorities.** Housing support could include rental assistance, homeless services, deposit assistance, or other eviction prevention services, in addition to developing a cohesive affordable housing program. While the affordable housing crisis requires a regional approach and will not be solved alone by the City, investments in short-term support for community members is needed to reduce evictions and provide basic needs specifically to people experiencing homelessness in Shoreline.
- **Prioritize serving communities most negatively impacted by inequity.** Equity and access encompass services such as translation and interpretation, or services targeted at specific populations, like Spanish speakers or recent immigrants, and could also include tailoring services to enhance cultural competence, engage people in different age bands (such as youth or seniors), or to emphasize outreach and enrollment for populations exhibiting higher levels of need.

Exhibit 9 describes a priority structure in which the emphasis on equity and access cuts across priority human needs and services sectors.

Exhibit 9: Proposed Shoreline Priority Structure



Source: BERK, 2024

Applying a focus on equity to all human services funding aligns with the City of Shoreline’s Vision 2029, as well as Shoreline City Council’s [Resolution 467](#) declaring the City’s commitment to building

an anti-racist community and [Resolution 401](#) declaring the City to be an inviting, equitable, and safe community for all.

One area of focus within equity and access is services and programs for older adults. One framework to examine Shoreline area programs would be to work towards becoming an “Age Friendly Community.” The American Association of Retired Persons (AARP) describes an Age Friendly Community as “a livable community for people of all ages.” Earning this designation is a five-year process, beginning with enrollment and community needs assessment, and culminating in development and implementation of an action plan and evaluation of the report. If supported by adequate staffing and sustained over five-year cycles, this process could be accomplished in conjunction with a broader human services measurement plan.

- **Determine target outcome metrics for priority areas** and implement a system for tracking and reviewing over time. Shoreline has already identified key areas of unmet human services need, further refined by this Strategic Plan, to direct meaningful investments. However, a framework is needed to measure the impact of expenditures and to adjust for optimal distribution and return on investment. Shoreline has opportunities to advance this work in partnership, for example by collaborating with the Human Services Funding Collaborative in developing a shared framework for outputs and outcomes and aligning with the new Performance Management position in the City Manager’s office.

Establishing a specific measurement plan will allow Shoreline to track its progress and invest not just to meet needs but to reduce need among community members, by fostering increased self-sufficiency and transitioning away from crisis intervention.

Implementation Considerations

Additional administrative staff are necessary to determine target outcomes of City investment and to track progress over time. It is also important to relationship building and site visits to contract agencies, ensuring compliance and a shared understanding of needs and goals. Staff should work closely with the new Performance Management & Continuous Improvement Analyst in the City Manager’s Office to align human services work with other City goals.

2) Increase contract services funding with a focus on equity, priority areas, and outcome metrics.

Rationale

Interviews with direct service providers and the engagement partner reports showed that current service delivery levels do not meet community needs in the priority areas. Further, with the end of federal COVID-19/ARPA funding, and other one-time funding adds, maintaining the same level of service requires higher investment from the City. Building provider contracts over the long term within an equity framework is critical to aligning with City values and reaching populations who struggle to access services.

Recommendations

Continue funding to maintain current level of services and ensure compensation commensurate with true cost of providing services.

- Designate Community Funds to continue supporting community-based organizations with competitive funding (currently budgeted at the 1% of General Fund level).
- Set aside Core Human Services (ex. dedicated/reserved funds, the Senior Center operations and social worker, utility and food assistance) as part of the ongoing human services budget.
- Increase Homelessness investments to KCRHA to approximately 25% of the human services Community Fund.

Adopt contracting practices that enhance positive partnership with provider organizations, including funding to support higher compensation, and recognize their importance to the community.

- Apply key strategies from the King County wage equity study to support family living wages for nonprofit service provider staff, including annual COLA increases to ongoing contracts.
- Scale requirements and contract parameters to funding amount and organization size. For example, limit reporting requirements for small contracts, allow small agencies to receive advance payments to address cash flow constraints, and consider multi-year contracts. Ensure all contracts are sufficiently funded to reflect meaningful partnerships with organizations.
- Prioritize organizations that can provide culturally competent, in-language assistance for Shoreline's diverse populations.

Provide support and capacity-building to a wide array of organizations tied to diverse communities in Shoreline.

- Consider funding for outreach activities determined by the organizations themselves as appropriate to the communities they serve.
- Initiate some contracts to support capacity-building for community-based organizations with strong ties to communities facing barriers to service access. This could take the form of accelerator grants at a specific dollar amount, with outcomes developed in collaboration with the specific grantees.

Exhibit 10. Impact and Cost Breakout of Recommendation 2 (Increase contract services funding with a focus on equity, priority areas, and outcome metrics).

	Return to Prior Level of Service	Continued Increased Current Level of Service	Significant	Transformative
Impact	Maintain existing 1.0% of GF reoccurring revenues for competitive allocation and dedicated revenues (funding formula prior to inclusion of one-time ARPA funds)	Increase funding to continue existing competitive funding levels and fund services previously backed by ARPA and other one-time sources on an ongoing basis	Increase funding to support wage equity for human service providers and to engage organizations serving populations to increase access and equity	Secure and sustain additional funding to build ongoing provider capacity and increase service levels to meet the majority of need in priority areas
Cost (all amounts in 2024 dollars)	\$760,000	\$1.5 million + administrative staffing costs	\$1.83 million + staffing	\$3.5 million + staffing

Implementation Considerations

Current service providers may be able to add some service in the near term, but this will be limited by their ability to rely on sustainable funding over multiple years and by both the providers and the City’s need to build out administrative supports and structures. The development of the target outcome metrics for priority areas, as described in recommendation #1, is critical to determining the specific impact of increases on the gap between services and need.

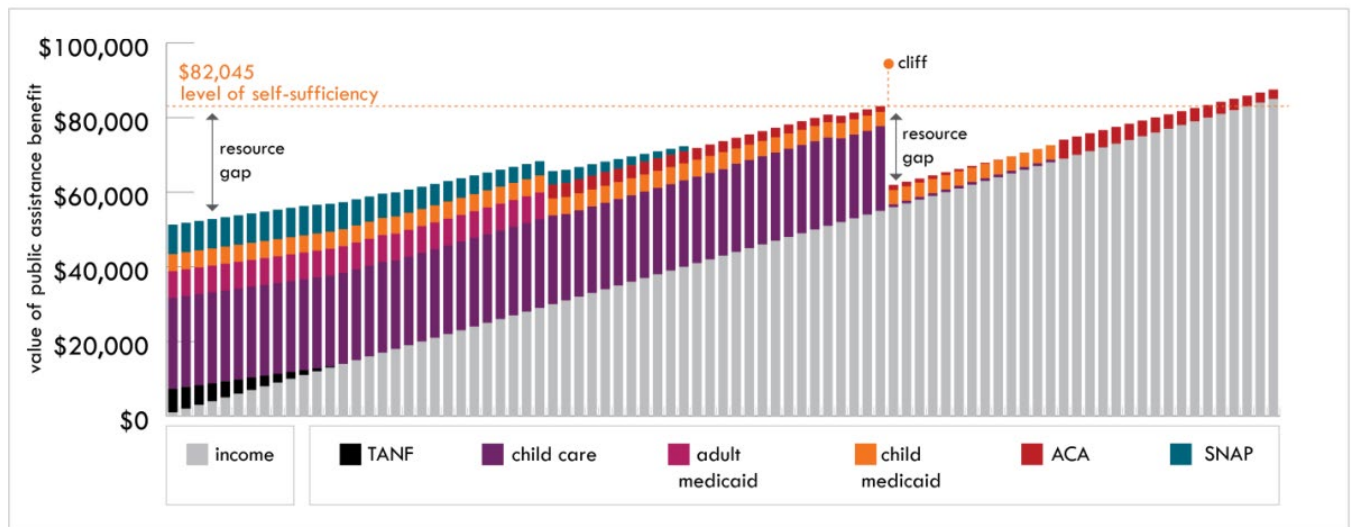
3) Explore or pilot innovative human service programs and connect human services to housing strategies.

Rationale

The affordable housing crisis across the Puget Sound area has a nexus with human services. Shoreline has existing staff that work in regulatory or other aspects of housing and participate in regional efforts. The City funds homeless services and eviction prevention, but these components are not yet structured to support a long-term, strategic response. A coherent plan would ensure that Shoreline clearly defines its own role, influences larger efforts, and is accountable for results benefiting the Shoreline community.

In addition to housing needs, the higher cost of living and childcare expenses continue to impact families across the region. Public assistance generally falls short of meeting most families’ foundational needs. Exhibit 11 shows the resource gap for a family of three in King County while receiving public benefits, as well as after the sizable “cliff” that happens as employment income increases. Even with substantial investments in human services, there will still be individuals and families struggling to make ends meet requiring creative solutions and partnerships to address longer-term issues in the region.

Exhibit 11: Gaps and Cliffs in Select Public Assistance Programs for a Family of Three, King County



Source: [Washington State Basic Income Feasibility Study, 2022.](#)

While the COVID-19 pandemic exacerbated needs, it also demonstrated the impact that unrestricted funds can have for individuals and families. Additional ARPA funding allowed agencies like the Center for Human Services in Shoreline to provide direct assistance for rent or food, rather than having to refer the community member elsewhere. The Financial Resiliency Program at Hopelink provides direct assistance to income-eligible individuals. They have supported community members with eviction prevention, utility costs, medical bills, and car payments. In August 2023, they provided \$35,000 in financial assistance, which was below the \$55,000 requested by individuals. And many more may not have made requests because they were unaware of the funding availability, didn't know they were eligible (or were on the edge of eligibility), or for other reasons, such as difficulty completing an application.

While flexible direct financial assistance can have meaningful impacts, one-time grants may not be enough to support many individuals or families to achieve greater stability and self-sufficiency. Exploratory basic income programs are building a strong evidence base that a longer term of dependable assistance can lower stress levels and the amount of energy dedicated to crisis management, enabling longer-term planning and participation in programs and activities that provide a pathway to reduced service needs. But there is still much to be learned in terms of the appropriate length and level of assistance for a program that would best serve Shoreline and its diverse residents.

Recommendations

- Prioritize the review and development of an Affordable Housing Program. Research appropriate affordable housing program components (subsidies, partnership in developing units, etc.) scaled for Shoreline and aligned with existing or potential resources, and determine appropriate human services role.
- Empower community-based organizations to directly distribute financial assistance grants to community members without constraining the uses.

- Pilot a basic income program to support employment training, education completion or other programming to help individuals increase stability and self-sufficiency.

Implementation Considerations

As Shoreline continues to prioritize investments in human services and builds staff capacity, exploring or piloting creative solutions would allow the City to address current issues and basic needs of community members, while investing in long-term solutions.

Currently, there are some people working on affordable housing issues at the City, but there is a need to coordinate under a larger umbrella of an Affordable Housing Program.

4) Increase administrative staffing levels.

Rationale

Developing a Strategic Plan was the first step towards systematizing Shoreline's human services response and planning for appropriate priorities and levels of investment. However, this point-in-time effort is not sufficient to track dynamic need, cultivate new funding and ideas, and guide the most effective and efficient use of available resources to serve the Shoreline community. The Strategic Plan assessment revealed that the City's human services staffing levels are well below those of comparable cities in the region, leaving Shoreline ill-equipped to serve as an influential partner and funder on regional efforts in addition to managing its own human services activities.

Increasing administrative staff capacity is a critical first step in undertaking the rest of these recommendations. In 1998, the Human Services program was staffed with two full-time positions, despite a population that was 12% smaller than today. Currently, there are no permanent full-time positions dedicated to human services. Instead, a portion of the Community Services Manager's position is allocated to this body of work, in addition to the three other programs that fall under their scope within the Community Services Division. This staffing level does not allow for in-depth review or comprehensive evaluation of programs.

All five comparison cities have established one or more human services coordinator positions dedicated to this work (for a total of 1-3 administrative staff). Dedicated human services staffing has allowed them to be more strategic about contracting and performance measurement, evaluate their human services grant applications, support and monitor grant agencies, and build partnerships across city departments, the community and the region.

Supporting the larger Strategic Plan will necessitate investing staff time in different components. For example, as described in the recommendation to develop and implement a measurement plan above, achieving AARP's Age-Friendly City designation is an in-depth process that must be renewed in five-year cycles. Within existing staff capacity, Shoreline does not have sufficient resources to evaluate and potentially implement the designation process.

Recommendations

Restore administrative staffing to historical (2.0 FTE) level in line with peer jurisdictions.

Task administrative staff with:

- developing ongoing metrics,

- administering contracts (including implementing performance incentives),
- researching promising practices and program models,
- relationship- and capacity-building across community organizations and providers (including providing technical assistance matched to specific provider needs), and
- collaborating with other City staff to develop funding strategies and manage resources.

Exhibit 12. Breakdown of Cost and Impact of Recommendation 4 (Increase Administrative Staffing levels)

	Maintain Level of Service	Increased Level of Service	Significant	Transformative
Administrative Staffing	0.4 FTE	Add 1.0 FTE	Add 2.0 FTE	Add 4.0 FTE
Increased Cost	\$0	\$190,000	\$380,000	\$780,000
Impact	No staff capacity to develop metrics and track outcomes	Ensure the sustainability and effectiveness of the existing portfolio of City funding strategies, including administering contracts, tracking outcomes, and collaborating across City staff, agencies, and regions	Additional responsibilities: 2.0 FTE would allow staff to focus on strategic approaches and new program models, including more in-depth support and evaluation in priority areas such as homelessness	Additional responsibilities: 4.0 FTE would provide transformative changes and allow for a new affordable housing program under human services

Implementation Considerations

Restoring administrative staffing to historical levels (2.0 FTE) would not only align with peer jurisdictions, but also allow for the development of metrics to track progress toward goals. This level of staffing with the current number of contracts, would enable the City to collaborate with providers more actively, more closely monitor contracts, and maximize impact in the City’s priority areas. 2.0 FTE would also allow for performance and measurement evaluation at a higher level than for individual contracts and outputs, looking at outcomes and progress in closing gaps to meeting community needs. Staff dedicated to this work could potentially research and execute promising practices and program models, on a limited basis. Additional staff capacity would enable transformative efforts, such as collaboration with other City finance and executive staff to develop new funding strategies and sources (see recommendation #6) and establish an Affordable Housing Program.

Increasing administrative staff capacity is critical to realize other aspects of the Strategic Plan. Providing more than 2.0 FTE will support current initiatives, and the additional positions could be phased in over time as new funding is identified and committed.

5) Maintain or increase community support specialists.

Rationale

The City was awarded \$7.5 million in ARPA funding in 2020, which expires at the end of 2024. There is no ready source to replace all the funding, staffing, and initiatives that were possible due to this funding. Converting a temporary 1.0 FTE Community Support Specialist to a permanent position should be a priority, to minimize disruptions at the end of the year. The Community Support Specialist has been instrumental in providing direct support to residents in diverse domains, encompassing food and basic needs, financial assistance, transportation support, employment, health and medical needs, as well as referrals to legal assistance related to immigration and domestic violence. In specific case management, the Community Support Specialist assists with applications to the State Department of Social and Health Services programs for food and basic needs, provides rent and mortgage aid for housing, and extends support for financial matters such as bus tickets, car repairs, and social security applications. The Community Support Specialist has offered assistance with health insurance applications and access to medical services and offered employment-related aid such as resume assistance and training opportunities.

The community engagement partners all highlighted significant need for assistance identifying and accessing available resources among the diverse populations they serve. This finding underscores the potential adverse impacts on community well-being that would arise if the Community Support Specialist established under ARPA, who serves over 200 individuals annually, were to be eliminated.

Recommendations

- Convert 1.0 FTE temporary Community Support Specialist staff to permanent.
- Consider providing additional community support specialists and related services.

Exhibit 13. Breakdown of Cost and Impact of Recommendation 5 (Maintain or Increase Community Support Specialists)

	Return to Prior Level of Service	Continued Increased Level of Service	Significant	Transformative
Direct Staffing	0.0 FTE	1.0 FTE	2.0 FTE	3.0 FTE
Cost	\$0	\$141,670	\$283,000	\$425,010
Impact	Ability to provide in-depth assistance to connect residents to resources would be severely limited	Case management, referrals, navigational support of existing resources	Increased capacity to raise awareness and enhance services for specific populations	Additional responsibilities: service and site-specific community navigators

Implementation considerations

Community engagement has surfaced a clear need for navigational support across priority areas to access resources.

The City has been able to provide navigational support for existing resources with this position, but replacing the ARPA funding for this role, and establishing additional community navigators could allow enhanced focus on specific priority areas or services (e.g., within affordable housing complexes, shelters, Shoreline/Lake Forest Park Senior Center).

The ARPA funded Community Navigator role is expiring at the end of 2024. At a minimum, this position should be renewed in 2025 with no break in service at a cost of \$142,000 per year. Onboarding costs would be minimal since an existing position would be converted. Although the recommendation is to convert this temporary position to a permanent role, there are opportunities and needs for providing additional community navigators for specific priority areas and services, such as affordable housing complexes, Shoreline/Lake Forest Park Senior Center, and Shoreline schools. Each addition would cost \$141,670 and should follow a phased implementation approach over two to three years.

The City has established relationships with a variety of community service providers, and the ability to cultivate additional capacity among emerging organizations rooted in specific communities. Additional community support positions might be better contracted within community-based organizations.

6) Identify additional funding sources.

Rationale

Shoreline communities have a demonstrated need for human services over and above what the City currently provides, that has increased alongside population growth, the regional housing crisis, and the COVID-19 pandemic and recovery period. Supporting the vision of leadership and the mission of the City to allow all Shoreline families and individuals to thrive will require increasing current human services investments and identifying significant new resources. This Strategic Plan provides a pathway to meaningful impact through the prior set of interconnected recommendations, but realizing these depends on an ambitious and sustained funding strategy.

Recommendations

- In the near term, increase percentage of General Fund support to backfill ARPA/COVID funded staff and activities.
- Review and maximize uses of other funding, including Community Development Block Grant, state funds, and utility fees.
- Consider a focused ballot initiative for human services levy funding.

Exhibit 14. Cost and Impact Breakdown of Recommendation 6 (Identify Additional Funding Sources)

	Return to Prior Level of Service	Continued Increased Level of Service (including replacement of COVID Response and One Time Funding)	Significant	Transformative
Basis	1% of General Fund \$ + current directed funding	1.5% of GF + homeless services and directed funding set asides	2% of GF minus any additional directed funding + current directed funding	New levy or expansion of existing levy lid lift + 1.5% of GF + current or expanded directed funding
Cost	\$758,756 total \$510,000 (2024 competitive) + \$248,756 (2024 directed)	\$1.83 million total \$1.5 million + 2.0 FTE (\$331,000)	\$2.49 million total \$1.83 million + 4.0 FTE (\$663,000)	\$6.69 million total \$4 million levy funding + \$1.5 million /1.5% GF + 7.0 FTE (\$1,185,000)
Impact	<ul style="list-style-type: none"> ▪ Funding will have small increase year over year ▪ No increase to directed funding ▪ No additional staff capacity to develop metrics and track outcomes 	<ul style="list-style-type: none"> ▪ Maintains current level of service <ul style="list-style-type: none"> ▫ Converts one-time and COVID-supported expenditures to permanent ▫ Increases City staff capacity to sustainable levels 	<ul style="list-style-type: none"> ▪ Allows expansion of current contracts <ul style="list-style-type: none"> ▫ Includes support of wage equity strategies ▫ Improved community support and access 	<ul style="list-style-type: none"> ▪ Scales current service levels to meet significantly more community need ▪ Direct support to foster awareness and access across all Shoreline communities ▪ Piloting new affordable housing and innovative programming

Appendix A. Sample Questions for Shoreline Community Members

Please describe your household and its connection to the City of Shoreline.

Number of adults:

Number of children:

Is your household in Shoreline?

Number of household members working in Shoreline:

Number of household members attending school in Shoreline:

What types of services do people in your household need or use?

For each of these services, please describe:

- Level of need (high/med/low)
- Duration of need (one-time, short-term (6 months to 1 year), ongoing)
- Number of household members affected
- Do you currently receive or know where to get these services?
- Is there a gap in the need vs. availability of this resource?
- How would you evaluate the *quality* of services currently available?
- Are there barriers to accessing these services?

- Food assistance
- Housing or rental assistance
- Utility assistance
- Transportation
- Education services (tutoring, etc.)
- Language access services (ESOL, translation)
- Immigrant services
- Childcare & family support
- Medical care
- Mental health care

- Substance use services
- Other (please specify)

What should the City of Shoreline know about your need or your community's need for services?

Do your service needs affect your choice to live, work, or study in Shoreline? How?

What other comments or suggestions do you have?

Do you want to receive more information by email? If so, email address: _____

- Findings and recommendations from this project
- General information and communications from the City of Shoreline

Appendix B. Engagement Partner Results

BERK and the City partnered with four community non-profit partners to conduct deeper engagement with a sample of individuals and families who might have been underrepresented in other information-gathering. Although engagement partners were provided with general questions (Appendix A) and suggested methods of engagement, each organization devised their own tailored data collection approaches based on a culturally responsive understanding of the people they serve. The organizations were paid for their time to conduct this outreach.

The four contracted engagement partners were the Center for Human Services (CHS), St. Dunstan's Episcopal Church, Canopy Scholars, and Banchemo Disability Partners. These organizations offer a diverse range of service areas, including supportive housing, behavioral health, youth education, and food and housing assistance. The partner organizations were intentionally selected for their ability to engage individuals who may be less likely to participate in the annual City-distributed satisfaction survey (such as non-native speakers of English) or otherwise provide direct input to the City of Shoreline on its human services offerings. Three of the four organizations are not contracted by the City of Shoreline. We specifically included these organizations in our outreach efforts to ensure representation of perspectives that may not have been heard in the past.

This report summarizes the results based on analyses of each organization's data, as well as an aggregate summary of key takeaways across all organizations.

Key Takeaways

Each community partner engaged with different segments of the Shoreline community and surfaced distinct community needs and barriers.

The information reported showed the importance of tailoring services for specific communities rather than applying a broad approach to all communities.

However, despite the distinct needs and circumstances of each community within Shoreline, several overarching themes surfaced across the people engaged by the four partner organizations.

Overall, participants expressed that the quality of services was generally "good". However, there were consistent reports of not knowing about the services and where to go to obtain this information, indicating a need to improve information accessibility and navigation support. This was true across organizations, despite the wide variety of individual barriers to access.

Medical care, rental/housing assistance, and food assistance were identified as among the highest priority needs across all engagement partners. Other service needs were identified across specific organizations. St. Dunstan's participants identified transportation as a need, CHS and Banchemo participants both presented a need for education services, and Canopy Scholars families noted a high need for language access services. CHS participants also named utility assistance as a high need.

Along with a lack of access to information, the data also highlighted a need for more tailored outreach to specific populations and communities. Outreach needs to be proactive for these groups, rather than relying on one platform and expecting people to be aware of these services. For example, Canopy

Scholars is an after-school tutoring program serving recent immigrant Eritrean and Ethiopian youth and families, who may have limited English abilities. There should be language considerations in place for learning about resources. Participants at the community dinner at St. Dunstan’s and families of Canopy Scholars requested the use of different modalities, such as in-person assistance, to learn about different resources.

Even in cases where people were able to access the appropriate information to apply for services, the administrative toll was very taxing. There were multiple “hoops to jump through” and waiting lists, and participants reported constantly getting referred to other organizations or providers.

The majority of respondents overwhelmingly expressed a desire to live and stay in Shoreline, though affordability and access to services may limit people’s ability to do so.

Most respondents identified an ongoing and “high” need for services rather than a temporary or short-term need, which speaks to the level of investment and types of programming that will be required to address these chronic and systemic issues.

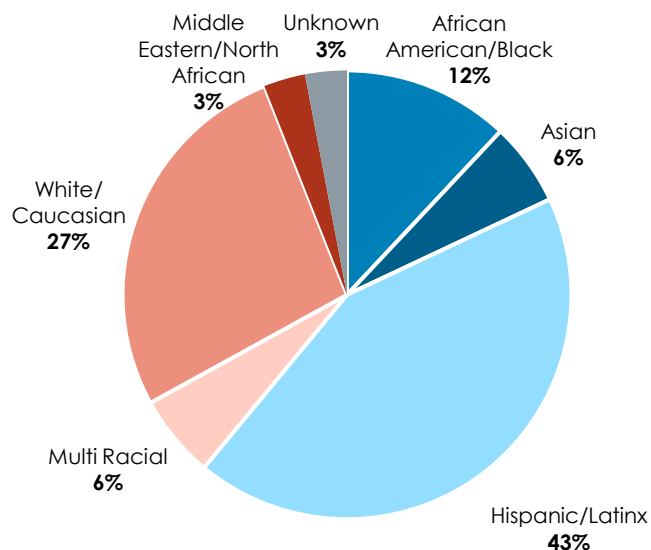
The Center for Human Services (CHS)

The Center for Human Services (CHS) serves low-income populations that reside, work, or attend school in the city of Shoreline. CHS primarily focuses on behavioral health and family support services, especially prevention and intervention. The City of Shoreline does contract with CHS for services, unlike the other engagement partners. CHS was chosen specifically to engage their Spanish speaking participants in their Family Support department. As part of their engagement, CHS administered and led a community-based discussion and surveyed 33 participants.

Demographic data (self-selected)

Of the 33 participants, Hispanic/Latinx represented the largest race/ethnicity demographic (43%), followed by White/Caucasian (27%) and African American/Black (12%). Exhibit 15 shows the participants broken down by racial/ethnic group.

Exhibit 15. Race/Ethnicity of CHS Survey Participants (n=33)

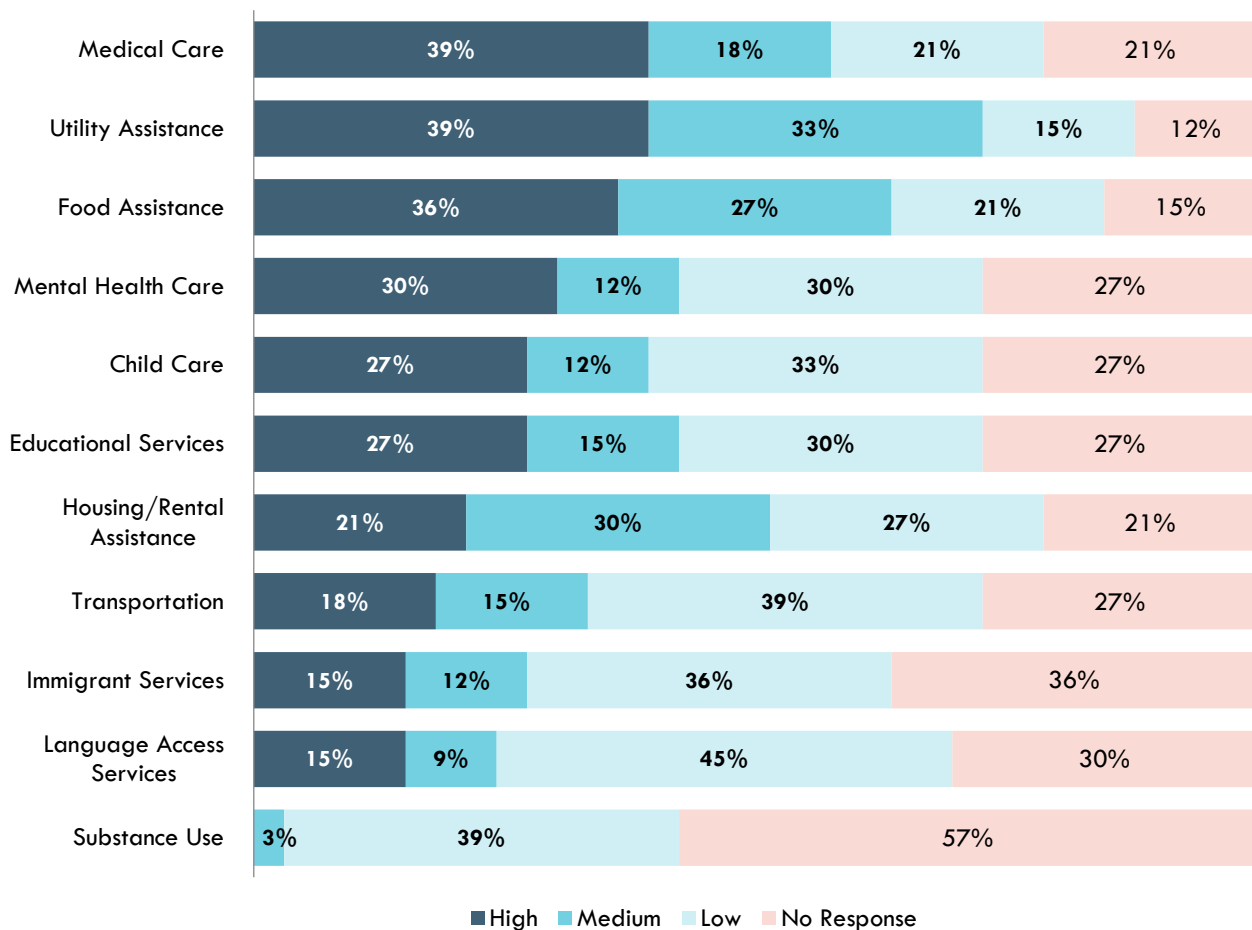


Three-quarters of the participants were residents of Shoreline (76%), while the other 24% comprised family members who work or attend school in Shoreline. Many responses reflected their household needs and concerns for their children and household members.

Priority areas

The most pressing community needs expressed by this group were medical care, utility assistance, and food assistance. Exhibit 16 presents a comprehensive ranking of the level of need across all service areas.¹¹

Exhibit 16. Center for Human Services Participant service areas categorized by level of need (n=33)



Medical care

The high cost of medical care and insurance, difficulty affording necessary treatment, loss of employer-sponsored insurance, inadequate coverage, and high deductibles were all mentioned as barriers experienced by participants. The following quote indicates the high cost of medical care.

¹¹ All respondents were provided with a list of service areas and asked to select their level of need from a list of services.

"I need medical insurance for a family of 4, each medical appointment is very expensive."

Utility assistance

Utility assistance was another commonly identified unmet need. Respondents lacked adequate knowledge about available utility assistance programs and frequently faced administrative barriers in applying for and successfully obtaining benefits.

Food assistance

Among individuals who selected food assistance as their most immediate need, community respondents identified several challenges, including:

1. Difficulty accessing food assistance due to long wait times and inadequate assistance with applications.
2. Insufficient amount of food assistance that did not account for family size or duration of need.

"The amount we get is not nearly enough to get through the month."

"We are hungry at least half the month."

3. Difficult life circumstances compounded food insecurity, such as transportation challenges, homelessness, and caregiving responsibilities.

"With no car it is hard to get around."

4. Ineligibility due to incomes that were slightly higher than the allocated threshold, but still too low to ensure adequate food security.

"I make just too much money to be eligible for food stamps but can't afford to keep food in the fridge."

In addition to these three highest areas of need, CHS collected input on the next three areas of need as ranked by participants: educational services, childcare, and mental health care. The participants directly related these needs to the health and wellbeing of their children and described similar challenges accessing existing resources and an overall lack of service availability.

St. Dunstan's Episcopal Church

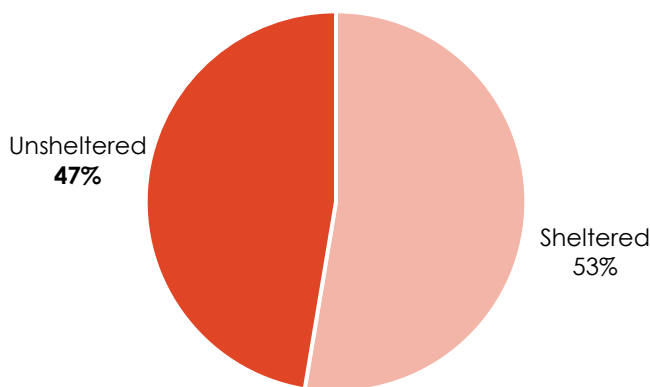
St. Dunstan's Episcopal Church provides a weekly self-serve buffet style dinner to the Shoreline community, hosts a tent encampment, serves as a severe weather shelter, and provides other community resources. Volunteers and staff at St. Dunstan's collected 54 survey responses during their weekly community dinner.

Demographic data

Given the focus of St. Dunstan’s work serving individuals experiencing homelessness, they asked participants about their housing status. The response rate for current housing status was limited, with only 38 individuals providing responses: out of these respondents, 47% were unsheltered (n=18), as illustrated in Exhibit 17. The majority of participants were single with no children (77%), while the rest of participants were part of 2-4-person households (22%). It’s important to note that there were several people who lived in their car or on the street that declined to answer survey questions because they were afraid to do so, out of fear of police retribution.

Exhibit 17. St. Dunstan’s Participant Households (n=54)

Participant living situation (n=38)



Around half of all participants lived in Shoreline, and 20% of participants were employed in Shoreline. Many respondents expressed a desire to specifically live in the jurisdiction, irrespective of service provision.

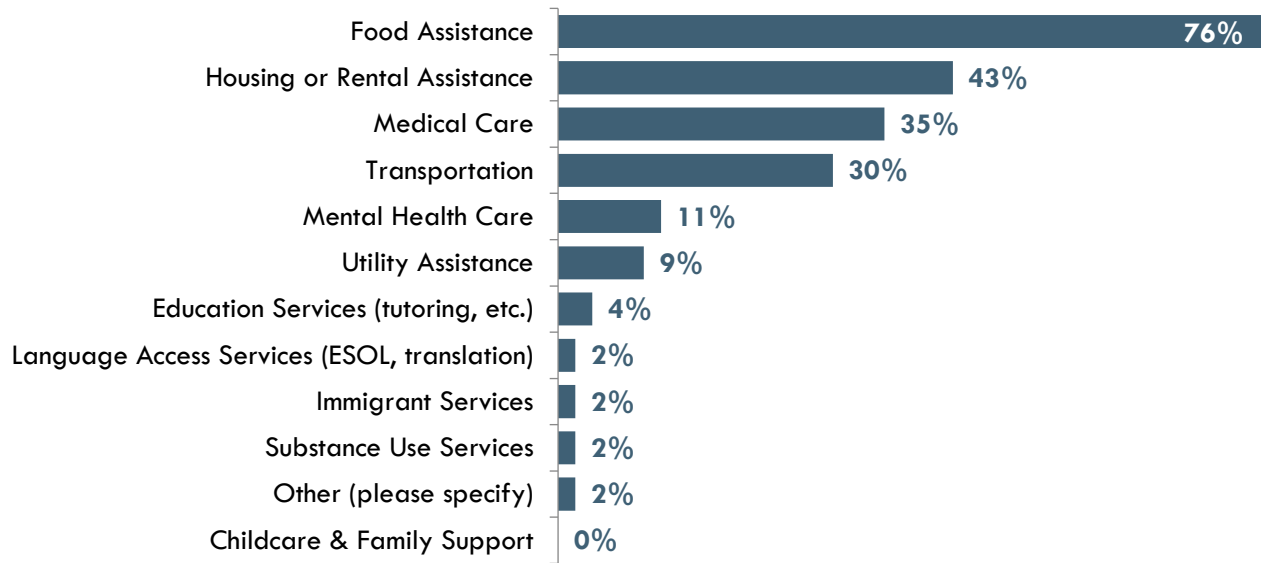
“I love Shoreline and I choose to stay here despite the challenges and lack of existing solutions.”

Priority areas

St. Dunstan’s Church asked participants about their greatest needs and if they currently use services offered in the area. Exhibit 18 shows the ranking of the biggest needs and services used.¹² These included food assistance (76% of all respondents), housing or rental assistance (43%), medical care (35%), and transportation (30%).

¹² All respondents were provided with and asked to select from a list of services that people in the household need or use (participants were not limited in the number of options they could select).

Exhibit 18. St. Dunstan’s Episcopal Church Participant service areas used or needed Ranking (n=54)

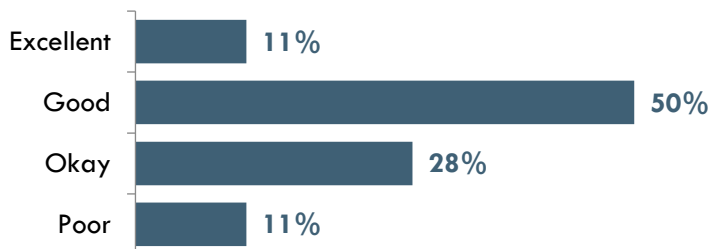


45% of participants self-identified their level of need for services as “high,” and 79% of participants believed that their need for services was an ongoing, long-term need.

Service access and quality

All participants were asked about the quality of services that they access. Exhibit 19 illustrates the perceived quality of services. More than 60% believed that the quality of services was good or excellent, while 28% rated the quality as “okay.”

Exhibit 19. Evaluation of quality of services currently available (n=36)



However, 68% of participants reported barriers to accessing services, which included challenges knowing where and how to access services, experiences of constantly getting referred somewhere else, lack of resources available, understaffed providers, “too many hoops to jump through,” and earning slightly above the eligibility threshold despite still needing services.

“[I spend] too much time calling different places...we get the run-around and are constantly referred elsewhere.”

“There is a lot of bureaucracy and not much help.”

“People need to know where to go to get services in general.”

In general, almost two-thirds (64%) of respondents believe there is a gap between the need and availability of resources.

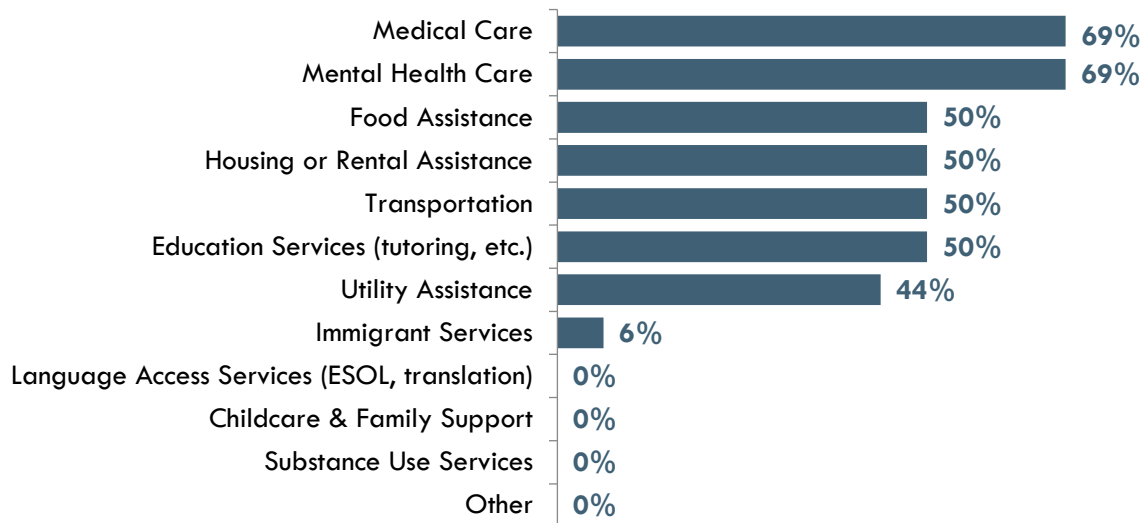
Banchemo Disability Partners

Banchemo Disability Partners has worked with adults with developmental disabilities through support services and case management for over 50 years. Banchemo currently serves 37 clients with intellectual and developmental disabilities who live in North Seattle and Shoreline. Staff surveyed 18 individuals, including board members, administrative staff, and case coordinators, and clients with intellectual and developmental disabilities.

Priority areas

The core priority areas that were indicated as the highest need and services used included medical care (69% of all respondents), mental health care (69%), food assistance (50%), housing or rental assistance (50%), transportation (50%), education services (50%), and utility assistance (44%). Exhibit 20 represents the ranking of the biggest needs and services used.¹³

Exhibit 20. Banchemo Disability Partners Participant service areas used or needed (n=16)



Many respondents expressed a need for more community outreach, as well as tailored interventions to support people with mental health and/or substance abuse issues and people with disabilities. Respondents expressed inadequacy of mental health care for those with state insurance.

“Mental health care services severely lacking and adequate care is impossible to find with state insurance.”

¹³ All respondents were provided with and asked to select from a list of services that people in the household need or use (participants were not limited in the number of options they could select).

“Mental health care inadequate for those with state insurance.”

There is a lack of information about services in general and a desire for more tailored interventions. There is enthusiasm for community engagement about issues that have a direct impact on communities and there is an interest in gathering solutions from within that center the experiences of these communities.

Community members also voiced a desire for expanded funding, better transportation access, mobility safety, subsidized housing, and community-based spaces for adults with disabilities.

“Safe activities in the city would be appreciated due to limited transportation access.”

“Our community would also benefit from greater funding and development of community-based spaces which may meet our needs. Shoreline parks programs are wonderful for the individuals who benefit from them, but our agency usually helps enroll a small group of the clients we serve, and the larger group that chooses not to enroll do not feel the courses offered meet their needs or feel interesting to them. For those clients, a space that allows them to meet with the typical population, and not just a segregated setting which is currently what is offered, would be massively inclusive and beneficial in fostering a sense of community belonging for the population we serve.”

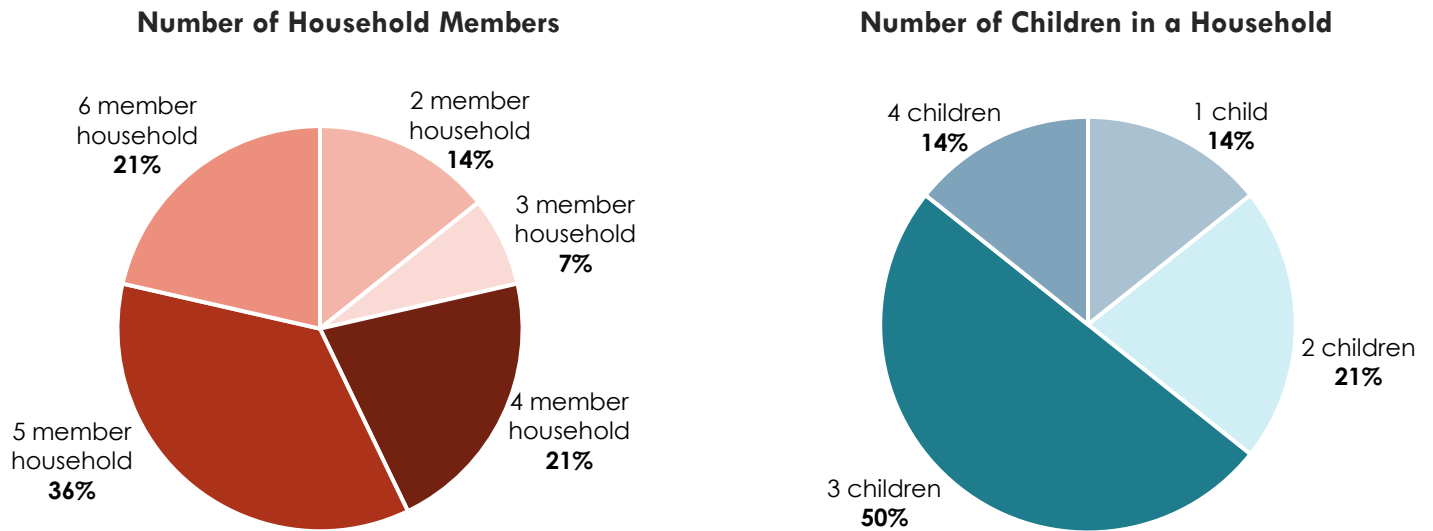
Canopy Scholars

Canopy Scholars provides tutoring and STEM programs to a diverse population of Shoreline elementary and middle school students, with a focus on students who qualify for the National School Lunch Program, which provides free and reduced-price school meals. To enroll in Canopy, many students are referred by their school’s family advocate, especially when they struggle with a particular school subject. The program largely serves the African immigrant population, with 86% of families from Eritrea or Ethiopia. Canopy Scholars staff members surveyed 14 parents and caregivers before, during, or after tutoring sessions as part of this engagement.

Demographic data

All respondents were parents of Canopy Scholars students and had at least one child in their household. Of the respondents surveyed, 86% of respondents had two or more children, with three children as the most common response (50% of respondents). Exhibit 21 illustrates the composition of household members. All households were in Shoreline, with a majority of household members either working or attending school in Shoreline.

Exhibit 21. Canopy Scholars Participant Household Makeup (n=14)

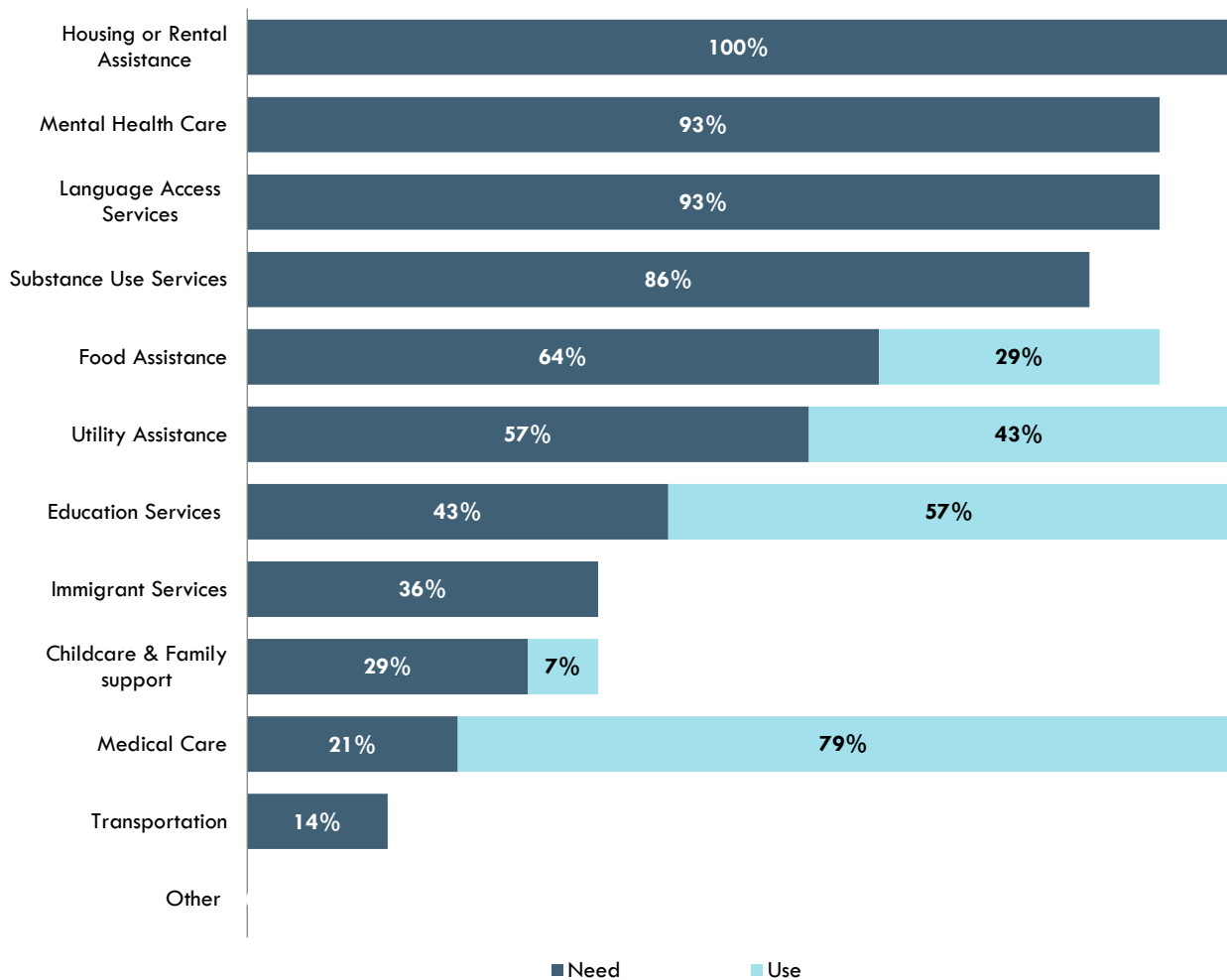


Priority areas

This population had extremely high rates of reported service use or need. The highest needs identified for this population were housing or rental assistance (100%), utility assistance (100%), education services (100%), medical care (100%), food assistance (93%), mental health (93%) services, and substance use services (86%). Exhibit 22 provides a detailed breakdown of identified needs and services used.¹⁴

¹⁴ All respondents were provided with and asked to select from a list of services that people in the household either need or use (participants were not limited in the number of options they could select).

Exhibit 22. Canopy Scholars Participant service areas needed or used (n=14)



All respondents indicated that housing or rental assistance was an unmet need. The majority of respondents expressed how difficult it is for families to afford to live in Shoreline and identified a need for more affordable, low-income housing.

“Rent is very expensive. There is no affordable house. Affordable = price and size. What’s being built are expensive two-bedroom apartments.”

“[Service needs affect my choice to live in Shoreline], because [it is] too expensive to live here. I have to work two jobs to pay my bills.”

Furthermore, language access services and mental health care, substance use services, and food assistance were identified by the majority of respondents as unmet needs (93%, 86%, and 64%, respectively).

Service access and quality

Overall, most respondents (83%) identified a high level of need for services and 92% stated that this need has persisted for at least one year. Many described that lack of adequate housing at an affordable rent prevents families from getting college degrees to be able to access higher paying jobs.

However, all respondents (100%) indicated that they did not currently receive or know where to access these services. Furthermore, all respondents indicated that there is a gap in need versus availability of resources and all respondents indicated that there are barriers to accessing these services. Language barriers and lack of knowledge about how and where to access information were recurring barriers.

Respondents requested an informational space for immigrants that have language barriers as well as access to social workers, in-person community information, and resources to learn about available services and how to access them. There is a clear information gap with no clear community solutions:

“I wish there was a place to go and ask information. We work so hard to live in Shoreline to pay our bills and our food.”

“You don't even know there is a service to use. Coming from a different country and trying to survive here is not easy...we need informational desk, community resources, newsletters, affordable housing, social workers, etc.”

Although the barriers prevented many families from accessing resources, the families that were able to access resources thought the services were “good”.

Many respondents expressed pride in and commitment to living in Shoreline. The majority of families moved to Shoreline to enroll their children in the Shoreline School District, but all respondents expressed that their service needs, specifically being priced out of affordable housing, affected their choice and ability to live, work, or study in Shoreline. Most respondents pointed to high rents and lack of affordable housing as the most significant limiting factor.

Appendix C: Select King County Cities Human Services Funding Comparison

	Funding Model	Approximate Budget Amount for Contracting/year	Role of City	Human Services Commission?	# of Staff	# of Orgs Funding	How the City makes funding decisions?
Shoreline	1% of ongoing General Fund revenues for competitive funding	\$510,601/competitive* *other funding provided through direct contracting	Funder	No	Admin 0.4 FTE- Portion of the Community Services Manager Direct 1.4 FTE funded with COVID-19 Response Funding - ends December 2024	25	Biennial competitive funding process, <i>ad hoc</i> investments with one-time funding based on survey and other data
Bothell	Per capita	\$8 per capita \$386,000	Funder, with some discussion of providing services	Council sub-committee (3 people)	3.25 FTE total Admin Assistant City Manager (0.25) Human Services Coordinator Direct Community Court Advocate Domestic Violence Advocate	25-30 organizations or 40-50 programs (Hopelink has multiple, for instance)	Identified through community surveys, feedback from non-profits, Council priorities. Currently working on a strategic plan

	Funding Model	Approximate Budget Amount for Contracting/year	Role of City	Human Services Commission?	# of Staff	# of Orgs Funding	How the City makes funding decisions?
Issaquah	Current Baseline + Population Growth/Per Capita Rate + Consumer Price Index (CPI)	\$556,720	Funder Direct Service Event Planner	Yes	10 FTE total Admin Human Services Manager Human Services Coordinator Direct Human Services/Community Court Case Manager Behavioral Health Specialist Behavioral Health Coordinators (3 FTE) Emergency Housing Program (3 FTE)	About 42 programs. That's about 2/3 of what they were funding last year.	4 priority areas 1) Physical and Behavioral Health 2) Community Resources 3) Housing Continuum (Affordable housing and homelessness) 4) Cultural Services and Language Access
Kenmore	Per capita	\$7.53 per capita \$180,000	Funder	No	1 FTE (split with housing) Admin Housing and Human Services Coordinator	27 contracts going to 17 agencies	Internal staff conversation Currently working on a strategic plan
Kirkland	Base budget and one time allocation requests to Council	\$1.7 million	Funder Direct Service	Yes	5 FTE total Admin Human Services Manager Human Services Coordinator – Community Wellbeing Human Services Coordinator – Equity	74 contracts between individually funding and pooled contracts	Comprehensive Plan Community Goal Areas 1) Housing Stability and Food Security 2) Supportive Relationships – Families,

Funding Model	Approximate Budget Amount for Contracting/year	Role of City	Human Services Commission?	# of Staff	# of Orgs Funding	How the City makes funding decisions?
				Direct Services Youth Services Coordinator Homeless Outreach Coordinator		Neighborhoods & Communities 3) Safe Haven from All Forms of Violence and Abuse 4) Healthcare to be Physically and Mentally Fit 5) Education and Employment Supports
Renton	Per capita \$6.76 per capita \$406,000	Funder	Yes	4.5 FTE total Admin Human Services Manager Human Services Coordinator Direct Service Housing Repair Program (2 FTE)	64 agencies	6 funding areas 1) Basic Needs 2) Connector Services 3) Domestic Violence 4) Health & Wellness 5) Homelessness and Housing Services 6) Economic Opportunity/Self-Sufficiency

Appendix D: City Profiles

City of Bothell

The City of Bothell has always had a focus on human services, but it was not necessarily formalized until recently. City staff used to consider human services as a County function. With the growth of the City, the City Council recognized the need for a more formal program. The City funded a community coordinator that supported a community court and resource center that began in 2021. The City started paying into the East and North end regional organizations [A Regional Coalition for Housing \(ARCH\)](#) and [North Urban Human Services Alliance \(NUHSA\)](#). A Human Services Coordinator position was created with ARPA funding in 2023 focusing on coalition building, managing the City's Human Services grants, and now developing a strategic plan and needs assessment. The City expects the human services program will need to be made permanent, with the potential for steady growth. An administrative assistant and the Assistant City Manager also support the City's human services work, but not full-time. The City of Bothell is currently working with a consultant team to develop a human services strategic plan.

Both city staff noted that the City of Shoreline is often seen as very successful in human services and Bothell looks to them as an example.

City of Issaquah

In 2021, the City of Issaquah developed a 5-year human services strategic plan internally. The City conducted a robust community needs assessment and made decisions about four top priority areas that would guide funding decisions. After the murder of George Floyd, the City decided to hire a Behavioral Health Coordinator to accompany police and provide homeless outreach services. While they put out a Request for Proposals and worked briefly with an agency contract for this role, they subsequently decided to bring the role in-house. After a year of implementation it expanded to two FTE and in 2023 had four FTE positions open.

The City's direct role in human services has grown since then, including supporting community court with case management services. They also have one FTE and two .75 FTE staff members managing a pilot emergency housing project with Motel 6. City staff also plan events related to human services but are trying to transition to community members leading this work, with the City moving into a supporting role.

The Human Services Coordinator oversees contracts (half were pooled with Bellevue, and the position will take over managing these in 2024), including invoicing, monitoring agencies, and giving quarterly reports to the Human Services Commission. The position also implements and tracks progress on Issaquah's human services strategic plan and is the staff liaison for the Human Services Commission.

Exhibit 23 details the City's Human Services funding allocations for 2023 and 2024.

Exhibit 23. City of Issaquah Human Services Funding Allocations

City of Issaquah Human Services Funding Allocations	2023	2024
HS Grants (General Fund)	\$556,720	\$556,720
Emergency Grants – rental assistance (0.1% Affordable Housing Sales Tax Revenue Funds (HB 1590))	\$200,000	
Emergency Housing Program – Pilot (0.1% Affordable Housing Sales Tax Revenue Funds (HB 1590))	\$550,000	\$950,000
Homeless Outreach Flexible funds (General Funds)	\$15,000	\$15,000

Source: City of Issaquah, 2023

City of Kenmore

The City of Kenmore, a new city, having been incorporated in 1998, is newer to human services work and has been giving some level of funding to contracted agencies for the last 10 years. In 2021, in response to the Council’s top priority of addressing the need of affordable housing in Kenmore, the City donated land and gave \$3.2 million in ARPA funds to develop a Plymouth Housing complex. However, despite several years of planning, the housing facility was ultimately rejected by Kenmore’s City Council in January of 2024, citing community concerns. In 2023, Council increased utility fees, solid waste fees, and car taxes to create a pool of funding to fund the City’s climate action plan and human services. While the increase did not allow for more funding for agencies, it did provide enough resources to hire a Housing and Human Services Manager (with 50% of their time dedicated to working on affordable housing, including the Plymouth and other upcoming, City-led developments, and the other half dedicated to contract management) and develop a human services strategic plan, which will provide more direction on funding decisions.

City of Kirkland

Of the jurisdictions interviewed, the City of Kirkland has the most unique structure for staffing their human services program. The City has four coordinators that focus on the following priority areas: community well-being, youth, equity, and homelessness. Three of these coordinators (focused on community well-being, youth, and equity) serve an administrative function through oversight of the human services grant program and youth programming. The fourth coordinator provides direct service to those experiencing homelessness in Kirkland. The community well-being and equity coordinators manage about 25 contracts each, and the youth coordinator supports approximately 10 contracts in addition to youth programming.

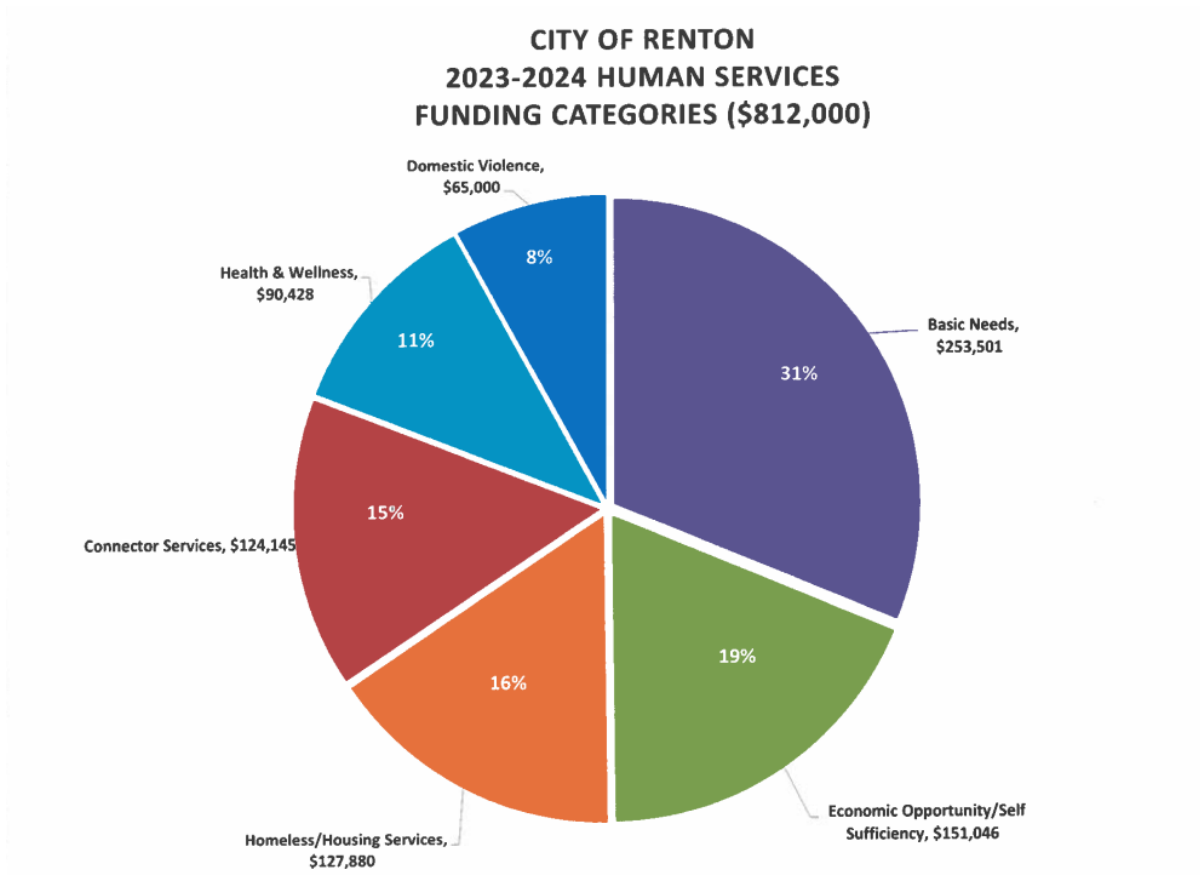
The Human Services Coordinator positions focused on community well-being and equity were created recently (in 2021) but have already identified benefits and drawbacks. The staff are able to speak to needs holistically and as experts in their subject area. However, there can be confusion among agencies about which staff member to reach out to, and the number of contracts and amount of work isn’t always distributed equally among Human Services Coordinators based on priority areas. The well-being position focuses on housing, homelessness, and behavioral health support compared to the equity position that focuses on equitable outcomes for priority populations served through human services grants, and

relationship building with agencies who have historically not received funding. The newest position is the homeless outreach coordinator, which was created in 2023.

City of Renton

The City of Renton receives over \$1 million in human services contract funding requests every year and works with its Human Services Advisory Committee to make funding decisions. In the future, the City hopes to receive more funding through levies, ARPA, and 1590 tax funds for mental health. With this funding, Renton expects to further develop a supportive framework for contracted agencies to provide outreach and direct services, with desired outcomes specified. Exhibit 24 shows the City’s funding categories for 2023-2024.

Exhibit 24. City of Renton Human Services Funding Categories 2023-2024



Source: City of Renton, 2023