AGENDA
Human Services Commission

6:30 PM - Wednesday, December 12, 2018
City Hall Council Chambers, Sammamish, WA

Page		Estimated Time
	CALL TO ORDER	**6:30 pm**
	ROLL CALL	
	PLEDGE OF ALLEGIANCE	
	APPROVAL OF AGENDA	
	APPROVAL OF THE MINUTES	
3 - 4	1. November 14, 2018 Regular Meeting View Minutes	
	PUBLIC COMMENT *3 minutes per person / 5 minutes if representing an organization*	**6:35 pm**
	OLD BUSINESS	**6:45 pm**
5 - 166	1. Finalize Recommendation to City Council on Human Services Strategic Plan View Updated Draft Human Services Strategy View PowerPoint	
	NEXT MEETING AGENDA TOPICS TBD	
	ADJOURNMENT	**8:30 pm**
	(NON-AGENDA) LONG TERM CALENDAR	
167 - 168	1. View Calendar	

Note: *This is an opportunity for the public to address the Human Services Commission. Three (3) minutes are granted per person, or five (5) minutes if representing the official position of a recognized community organization.*

If you are submitting written material, please supply 8 copies (7 for Human Services Commission; 1 for the record). If you would like to show a video or PowerPoint, it must be submitted or emailed by 5pm the day of the meeting to Janie Jackson at jjackson@sammamish.us.

THE COMMISSION MAY ADD OR TAKE ACTIONS ON ITEMS NOT LISTED ON THIS AGENDA.

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Please phone (425) 295-0500 at least 48 hours in advance. Assisted Listening Devices are also available upon request.

MINUTES
Human Services Commission Regular Meeting

6:30 PM - November 14, 2018
City Hall Council Chambers, Sammamish, WA

Commissioners Present:	Chair Tom Ehlers, Human Services Commissioner, Position 6 Jodi Nishioka, Human Services Commissioner, Position 1 CJ Kahler, Human Services Commissioner, Position 5 Joyce Bottenberg, Human Services Commissioner, Position 7
Commissioners Absent:	Vice Chair Larry Wright, Human Services Commissioner, Position 4 Nushina Mir, Human Services Commissioner, Position 2 Stanley Gunno, Human Services Commissioner, Position 3
Staff Present:	Community Services Coordinator Rita Badh Management Analyst Mike Sugg Executive Assistant Janie Jackson

CALL TO ORDER

6:32

ROLL CALL

Roll was called.

PLEDGE OF ALLEGIANCE

Joyce Bottenberg led the pledge.

APPROVAL OF AGENDA

MOTION: CJ Kahler moved to approve the agenda. Joyce Bottenberg seconded. Motion carried unanimously 4-0 with Vice Chair Larry Wright, Nushina Mir, and Stanley Gunno absent.

APPROVAL OF THE MINUTES

October 10, 2018 Regular Meeting

MOTION: Joyce Bottenberg moved to approve the minutes as presented. CJ Kahler seconded. Motion carried 4-0 with Jodi Nishioka abstaining, Vice Chair Larry Wright, Nushina Mir, and Stanley Gunno absent.

PUBLIC COMMENT

No public comment was made.

OLD BUSINESS

Chair Update on Human Services Grant Process

On November 6, 2018 the City Council adopted the 2019/20 budget, which included Human Services grant funding. Staff will notify providers of their award amounts. Human Services Provider reporting begins January 1, 2019, with first quarter reports due on April 1, 2019, and, if appropriate, payments for first quarter will be sent in May, 2019. Clarification was received on the City Council's discussion with the Sammamish Y.

Human Services Strategic Plan

Erika Rhett with BERK Consulting presented a Powerpoint including the goals within the five priority areas and the Commission Work Program. Commissioners provided feedback to ensure the goals of the Strategic Plan were in line with their vision. Using this input, the Plan will be further refined and presented for a vote of the Commission at their next meeting.

MOTION: CJ Kahler moved to extend the meeting by 15 minutes. Chair Tom Ehlers seconded. Motion carried unanimously 4-0 with Vice Chair Larry Wright, Nushina Mir, and Stanley Gunno absent.

NEW BUSINESS

NEXT MEETING AGENDA TOPICS

Human Services Strategic Plan

ADJOURNMENT

MOTION: Joyce Bottenberg moved to adjourn at 8:45 p.m. Jodi Nishioka seconded. Motion carried unanimously 4-0 with Vice Chair Larry Wright, Nushina Mir, and Stanley Gunno absent.

HUMAN SERVICES STRATEGIC PLAN

December 2018 Draft

City of Sammamish Washington

SAMMAMISH CITY COUNCIL, 2019 COUNCIL MEMBERS

- Christie Malchow
- Tom Hornish
- Karen Moran
- Jason Ritchie
- Chris Ross
- Pam Stuart
- Ramiro Valderrama

HUMAN SERVICES COMMISSION, 2018 MEMBERS

- Joyce Bottenberg
- Tom Ehlers
- Stanley Gunno
- C.J. Kahler
- Nushina Mir
- Jodi Nishioka
- Larry Wright

CITY OF SAMMAMISH, STAFF

- Rita Badh, Community Services Coordinator
- Mike Sugg, Management Analyst

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PROJECT TEAM

Allegra Calder, Principal

Erika Rhett, Project Manager

Kristin Maidt, Analyst

Sherrie Hsu, Analyst

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City of Sammamish Human Services Strategic Plan

DRAFT | December 2018

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Introduction

The *City of Sammamish Health and Human Services Needs Assessment,* adopted in 2018, laid the groundwork for the Human Services Strategic Plan. The Needs Assessment identified community needs and generated ideas for actions the City can take to support those needs. It included a Community Profile describing the current well-being of Sammamish residents, identified five priority areas for the City to focus on, and recommended potential actions the City can take to leverage, fund, partner, advocate, and provide direct services in each area.

PRIORITY AREAS FROM THE COMMUNITY NEEDS ASSESSMENT

- **Mental Wellness** – ensuring sound behavioral health and reduction in substance abuse for both adults and youth.
- **Basic Needs** – helping local residents reduce insecurity around access to housing, medical care, and food.
- **Cultural Inclusion** – embracing an identity as a welcoming community that meets the needs of the whole population.
- **Active Seniors** – providing a good quality of life for aging residents.
- **Domestic Violence** – connecting people in crisis with safe alternatives.

Transportation and Housing were also identified as regional advocacy issues that have significant impact on health and human service needs in Sammamish.

Development of the Strategic Plan picked up where the Needs Assessment left off by proposing a staffing model, work program, and options for funding. The purpose of the Strategic Plan is to explore how the City can better support the provision of human services in the community in the next two to five years. The Strategic Plan is guided by the idea that the City can maximize its investment in human services for the community with modest changes in staffing, work programs, and funding. Given this focus, it does not include all the possible roles and actions the City could take in regard to human services. Instead it examines realistic ways the City can begin to maximize its investment in human services in the short term. These actions are designed to establish a foundation for long-term improvements in the provision of human services. Long term success relies on the periodic reassessment of human services needs and adjustment of the Strategy. Long term investment should also include the establishment of a vision and mission for the City's human services efforts.

This document is organized to focus on the steps the City can take to support the provision of human services in the community. It starts with a five-point framework for taking action on the priority areas identified in the Needs Assessment. The framework covers the basics: city roles, staffing, focus areas, work program, and funding. Next the report dives into the five priority areas and looks at the goals, recommended actions, and metrics that could be used to effectively support each area. Finally, it describes how the Strategy was developed. Appendices include a review of how human services are provided on the Eastside and a copy of the Needs Assessment Document.

Human Services Strategy

The City of Sammamish has the opportunity to positively affect the lives of the people in its community by building on its existing role in Human Services. Currently, the City provides direct financial support to social service agencies through its Human Services Grant Program. Review of the grant program is within the purview of the newly created Human Services Commission. Direct staffing support comes from the Community Services Coordinator as well as crisis response by police and fire (both agencies provide contracted services to the City). Various City departments also provide indirect support for human services through functions such as land use planning, transportation planning, and parks and recreation.

The City can improve the effectiveness of its support for human services by establishing a framework that builds on existing functions to ensure a more responsive and adequately-resourced Strategy over time. Initial steps to establish such a framework include:

- clarifying **roles** in supporting human services in the community;
- identifying a preferred **staffing model;**
- designating an initial **area of focus** for City efforts;
- developing a **work program** for the Human Services Commission and staff; and
- identifying **funding** alternatives that work for the City.

Each of these steps is reviewed in more detail in the sections below.

ROLES IN HUMAN SERVICES

The Needs Assessment identified several roles the City could take to support human services, but there are four recommend roles that Sammamish is poised to assume at this time. In each of the roles, the City takes a leadership role in cooperating and coordinating with human service agencies and providers. This both supports the human services work being done in the community and provides an opportunity to extend the reach and effectiveness of the money provided through the grant program. Depending on the choices that the City makes in terms of staffing, area of focus, or work program, Sammamish may take on any or all of these roles in the next two to five years.

The four recommended roles are shown below, with role objectives shown in the text that follows.

Administrator

Apply the Strategy internally to support human service partners.

Facilitator

Support the needs of human service partners.

Communicator

Improve awareness of human services needs and resources.

Advocate

Participate in local and regional efforts to improve human services.

Administrator

In the role of administrator, the goal of the City is to make a positive community impact by applying the Human Services Strategy internally. It would support the community and its human services partners through the following objectives:

- **Focus on five priority needs.** Align City polices, programs, and budget decisions with the five priority needs identified in the *Health and Human Services Needs Assessment*. Additional details are shown in the recommendations by priority area, below.
- **Maintain a volunteer bank.** Expand volunteer coordination services to provide a one stop resource for non-profits that need volunteers as well as for youth, seniors, and adults looking to volunteer.
- **Measure progress.** Track key metrics over time to provide data and examine community progress on the five priority needs. Non-profits value the information generated by the *Healthy and Human Services Needs Assessment*. It helps them plan their programs and provides data that can be used in grant applications. It is also valuable to the City in helping to monitor the success of its grant program and measure the success of its strategies. In each of the priority areas it is important to know how many Sammamish residents are served.
- **Budget for Human Services.** Identify reliable sources to fund the City's work in human services and establish a dedicated fund to continue this work. Consider funding the budget at a level that would increase the per capita expenditure for human services. This would provide consistency in support for the grant program and for city staff with human services and related roles.

Facilitator

As a facilitator, the City can support the unique needs of the agencies and service providers that work within the five priority needs in Sammamish. It can do so by meeting the following objectives:

- **Convene partners**. Pull together agencies and non-profits in each of the priority areas to coordinate roles and responsibilities to address key community resources. The City would not be directing other organization's work programs but facilitating the exchange of information, identifying areas of collaboration, and looking for synergy in mission and action.
- **Reprioritize funding**. Use the Human Services Commission to restructure the grant program around the Human Services Strategy. Consider prioritizing non-profit partners working directly on strategies in this plan for grant funding or for larger grant amounts.
- **Help service agencies find space in the community**. Non-profits and other service agencies need access to affordable, low cost space in Sammamish to better do their work. Space is needed to provide services, for administrative functions, for classes and meetings, and for community gathering. The City can assist by offering City facilities, helping to coordinate agreements with schools or churches, and through regulatory incentives.

Communicator

The City already has several channels of communication that it uses to reach and engage the community. The goal of the Communicator role for human services is to use those channels to improve awareness of needs and services for the five priority areas. Partnerships within this role can be mutually beneficial. Partners can utilize the City's communication channels and outreach capacity to reach the people who can most benefit from their services. This is possible with the following objectives:

- **Jointly sponsor events and activities**. Service agencies need access to potential clients and the community benefits from seeing how an investment in human services is an investment in the health and vitality of the whole community. City support in advertising, organizing, or providing a venue for health fairs, welcoming events, community conversations, resource fairs, cultural events, and more can help communicate that Sammamish is a caring community and connect people to needed resources.
- **Participate in awareness campaigns**. Awareness campaigns are another important communication tool where the City could partner with service agencies and non-profits. Awareness of resources helps those in need connect with sources of support. Educating people can help them connect to resources before a situation becomes a crisis. Awareness also improves community understanding about issues and needs that can be invisible or silent such as mental wellness, cultural inclusivity, or domestic violence.
- **Provide training**. City staff, elected officials, and appointed officials all serve the public. One time and on-going training programs related to the five priority needs, such as equity training, will help the City provide better public service and should increase awareness of community needs and resources to help.

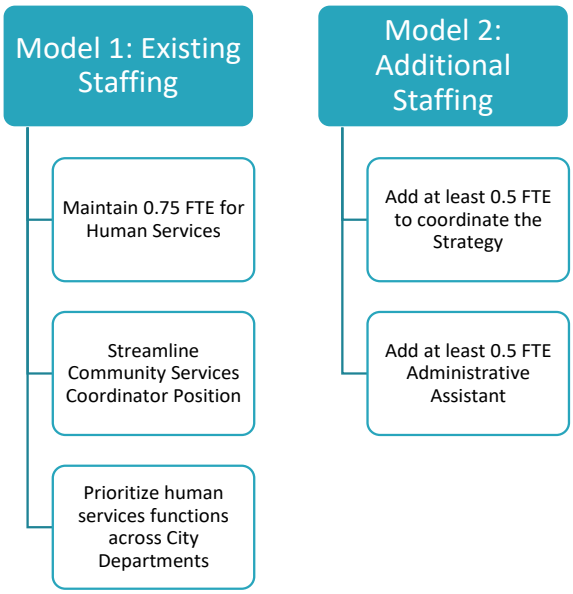
Advocate

As an advocate, the City's goal is to provide local and regional support for issues that affect the provision of human services. The City already acts as an advocate in several areas, some of which are applicable to human services, such as affordable housing or transportation. However, the City can improve its advocacy for human services by better coordinating its advocacy efforts and explicitly pursuing them from a human services perspective. Advocacy can help bring resources into the community and can help build coalitions to solve regional issues. The City can expand its role as an advocate by meeting the following objectives:

- **Add policy support in the Comprehensive Plan**. Consider adding a Human Services element that would include support for all five priority areas or adding goals and policies throughout the Comprehensive Plan to support ideas such as cultural inclusivity, aging in place, transportation alternatives for those without vehicles, and affordable housing for emergency, temporary, and permanent needs.
- **Address human services in regional transportation work**. Transportation is a regional issue but is also very important to the community. To support human services, transportation advocacy should include: alternatives to personal vehicles; shuttle support for seniors, youth, or other vulnerable populations; and enhanced public transit options.
- **Address human services in regional housing advocacy**. Housing is another regional issue that is difficult to address by Sammamish alone. To support human services, housing advocacy should include: county, state, and federal funding options for affordable housing; regional cooperation on emergency and transitional housing; and the provision of case management and other services to go with housing of vulnerable or transitional populations.
- **Participate in sub-regional advocacy groups.** The City already participates in a variety of groups that collaborate on human services issues on the Eastside. These groups include: the Eastside Human Services Forum, the Alliance of Eastside Agencies, the North East Funders Collaborative, and the Eastside Homelessness Advisory Council. Continued participation in groups that focus on the Eastside will help Sammamish residents benefit from stronger and more coordinated provision of services that are nearby.

STAFFING MODEL

The City provides both direct and indirect staffing support for human services. Clarifying and formalizing staffing assignments will help the City best make use of its resources. The ability to make progress on the five priority needs is affected by the amount of time and resources that the City can put into the Strategy. Additional staffing should help the City to make greater progress. However, since the decision to add staffing or FTEs (full time equivalent, or, one full time job) rests with the City Council and the budgeting process, two models are presented for consideration: a model that works with existing staffing and a model that adds an additional FTE.



Model 1: Reprioritize Existing Staffing

Currently the City has a lean workforce with only a 0.75 FTE Community Services Coordinator position working directly on issues related to human services. However, other positions both directly and indirectly touch on human services. An administrative assistant provides some limited support and a Management Analyst devotes about 10% of their time to human services (including the development of this Strategy).

Indirectly, some of the long-range planning and Comprehensive Plan work touches on issues with human services ties, such as affordable housing, as well as work on transportation in Public Works, and work on community programs and events in Parks and Recreation. Contracted work with Police and Fire provides some direct intervention and emergency services for people in crisis.

Working with the existing staffing of the City will require a greater emphasis to be placed on human services within work programs of staff in departments across the City. This means some shifting of work program priorities to accommodate human services work and identifying current work program items that have a lower priority. Using existing staffing in a variety of departments to do some of the work will require a conscious adjustment of work priorities. In most cases, something will need to be dropped from a work program in order to shift the focus on human services. This will require specific direction from Council and director buy-in and support. This Strategy could be applied through the following steps:

- Ensure a minimum of 0.75 FTE is devoted specifically to the overall responsibilities of the Human Services program. Currently there is a 0.75 FTE Community Services Coordinator in this role. At a minimum, this level of staffing should be maintained.
- Define the goals and objectives of the role of the Community Services Coordinator more clearly and delegate administrative functions. Currently this position fills a variety of roles and is not well defined. Outreach should be the primary function of this position, including

community engagement and connecting with service providers. This may include visiting and monitoring of grant recipients. Second to the outreach function is continued participation in regional and local human services coordination efforts, including attending the Eastside Human Services Forum, the Sammamish Healthy Community Coalition, and the Human Services Commission. It would be appropriate for the Community Service Coordinator to work with the chair of the Human Services Commission to set the agenda. Administrative functions currently handled by this position - such as budgeting, grant accounting, and meeting support for committees and commissions - should be delegated to an Administrative Assistant.

- Designate a portion of an FTE within appropriate departments to concentrate efforts in an area of focus (see below). For example, if Cultural Inclusion was selected as an area of emphasis, a 0.25 FTE in Administration/Human Resources might work on cultural awareness training and making City facilities more welcoming to people of different cultures or who speak languages other than English. A 0.5 FTE in Parks and Recreation may work with community partners to develop special events or recreational programming.

Model 2: Additional Staffing

By adding an additional FTE, the City will better coordinate the implementation of the Strategy. This additional staffing will also result in few work program trade-offs where existing work program items must be delayed or dropped to accommodate a human services focus. In this staffing model, the first three recommendations from above would still apply: ensure a minimum 0.75 FTE for the Human Services program, streamline the Community Services Coordinator role, and use the process to determine areas of focus. In addition, the following are recommended:

- Add at least a 0.5 FTE to oversee implementation of the Human Services Strategy. The person serving this function would likely be a management analyst or other similar position that would not be embedded in a particular department. This position could support departments in areas where their work intersects with human services, for example, help Community Development prepare aging in place policies or other updates to the Comprehensive Plan that would support human services, or support Parks and Recreation in planning community events. This position could also administratively coordinate multi-departmental tasks or non-departmental tasks such as organizing regional advocacy, convening community partners, or leading efforts to help non-profits and agencies find low cost space in the community.
- Add an Administrative Assistant with at least a 0.5 FTE. This support position would take on administrative and routine tasks that would free up the Community Service Coordinator and the position overseeing the implementation of the Strategy.

VOLUNTEERS

Volunteers may add value to the City's efforts to implement the Human Services Strategy. However, for volunteers to be effective, they must be recruited, trained, scheduled, managed, and supported. This is likely to require the efforts of at least one FTE in addition to the recommendation for additional staffing. For this reason, the integration of volunteers into the implementation of the Strategy may be an appropriate future step unless the City dedicates additional funding and staffing specifically for this purpose.

AREA OF FOCUS

With five areas of priority and four roles the City can take to advance human services in the community, there are a myriad of options that can be pursued. These options are highlighted in the Priority Area Recommendations section. Realistically, the City does not have the funding or staffing in place to aggressively pursue all the options. Strategically, it must focus its efforts to begin achieving results.

There are various ways to focus the City's efforts, but the most effective way would be to either pick one of the priority issues or one of the City roles and assign staffing and funding in pursuit of that selection. By picking one of the roles, for example the Communicator role, the City could focus efforts on the objectives of that role such as awareness campaigns or jointly sponsored events. This would likely allow the City to support human services work in each of the five priority areas. However, by selecting one of the five priority areas to focus on, the City could provide deep support in one particular area of concern. For example, if Mental Wellness was chosen, City resources could help convene and coordinate providers, sponsor a joint wellness event, improve access to resources through an awareness campaign, and support mental wellness education. This focused approach on Mental Wellness could result in increased use of available services, a decrease in crisis calls to emergency services, or positive changes in the mental health statistics for youths and adults. Other methods, such as rotating areas of focus or choosing multiple areas of focus should be calibrated to available staff and funding resources. Regardless of the method chosen, prioritizing and/or sequencing the focus areas creates opportunity to optimize community impacts.

WORK PROGRAM

Once Sammamish decides upon a preliminary commitment to staffing and has selected an area of focus, the City needs to establish a work program for staff and the Human Services Commission. The work program should consider the following:

- Identify options to align the grant funding program with the five priority areas or with the chosen focus area. This is a task for Human Services Commission review and recommendation.
- Assist in the development of policies, strategies, and awareness campaigns that support the implementation of the Human Services Strategic Plan. Both the Commission and staff can have roles in implementation. The Human Services Commission can advise, study, review, and recommend actions related to the five priority areas by taking a deeper dive into related subject matter. Staff may also study issues, convene meetings, plan programs and events, and conduct work programs based upon their current capacity and citywide priorities.
- Develop a vision and mission to guide the City's human services program. Both staff and the Commission are stakeholders in this process, but the City Council decides upon the adoption of these statements.
- Assess staffing support for Human Services at each budget cycle. Is a dispersed staffing model working to accomplish the implementation actions of the Strategy? Are additional FTEs or dedicated Human Services program staff needed? This is a decision of City Council with the support of staff.
- Update the Community Needs Assessment and review the Human Services Strategy every three to five years. This ensures that the City's efforts are responding to the appropriate community needs. Update of the Needs Assessment would be a staff work plan item, with review by the Human Services Commission.
- Maintain data to measure progress in the five priority areas. This can be used to measure progress, identify trends, and set community benchmarks. Additionally, the City could conduct its own survey on human services every few years. This could help establish a baseline and measure changes in perceptions, stigma, and awareness. Development of the survey questions would be a collaborative effort between staff and the Commission. Data measurement is an administrative task, but results should be reported to the Human Services Commission.
- Establish a set budget or funding formula (such as dollars per capita) for the grant program specifically and the Human Services program generally. Review and recommendation of this funding formula could come from the Human Services Commission.
- Establish an annual joint meeting between the Council and the Human Services Commission to discuss City priorities for Human Services, work program, and the implementation of the Strategy. Consider periodic joint meetings with related boards and commissions, such as the Parks and Recreation Commission or the Planning Commission.
- Set up a biennial meeting with other Human Services Commissions from cities involved in the Eastside Human Services Forum to promote regional collaboration and share information.

FUNDING OPTIONS

Funding for the Human Services program and the grant program currently come from the City's general fund. The general fund is an important source of human services funding that should be maintained. Increasing funding for human services could help to implement the Strategy more effectively by providing additional staff support, supporting related capital expenditures (for example on meeting space or community gathering space), or providing additional funding to the grant program. Sammamish funds its grant program at lower rates compared to other Eastside cities. The table below breaks down grant expenditures per capita and as a percentage of total general funds budgeted. {*Note: this chart is being updated this week with fresh 2019 budget numbers- we will bring the new numbers to the Commission Meeting as a handout*}

City	2019 Grant Funding	2018 Population	Per Capita Grant Funding	2019 General Fund Budget	Grant Funds as % of General Fund
Bellevue					
Redmond					
Kirkland					
Issaquah					
Sammamish					

Source: BERK Consulting, 2018; Local Government: Financial Reporting System, 2018; 2018 budget documents of Bellevue, Redmond, Kirkland, Issaquah, and Sammamish.

The list below highlights a variety of options for gathering additional revenues and financial support that could be used to advance the Human Services Strategy. Not all of these funding resources may be available or practical for the City to use at all times. The applicability of these resources should be reviewed as part of the human services work program.

- **Health and Wellness Levy.** The City could use its taxing authority to collect funds to support community health and wellness. Funds could be used to support services or capital investments. Human services support could also be folded into a larger package of community improvements such as parks and recreation. A levy is a voter approved taxing mechanism and would likely involve a robust campaign to educate the community about its purpose and benefits.
- **Non-profit Foundation.** Although the City has taxation authority it is limited in its ability to fundraise. Non-profits are less restricted than government in how they fundraise and spend money. Special purpose governments such as school districts often use this approach. That flexibility could be leveraged by creating a non-profit community foundation that could partner with the City on implementation of the Human Services Strategy. The charter for the non-profit could specifically relate to the five priority areas and the board could be set up to require City representation, if desired. A non-profit could also assist in soliciting and collecting donations from the community and corporations.
- **Grants.** Currently the City receives an allotment CDBG (Community Development Block

Grant) funding from the federal government, but the City does not use it directly. The City participates in the King County Consortium that adopts a countywide Consolidated Plan, which is necessary for CDBG eligibility. However, there are federal, state, and county programs that provide grants or other funding support for health and human services. They can be found on the websites of the federal Department of Health and Human Services, Washington State Department of Health, and King County Public Health. Many of these funds go to health departments or service providers. However, the City may be eligible for some grant funds through the development of specific initiatives in the five priority areas. For example, the Preventative Health Block Grant supports projects related to disease prevention (including adolescent health and substance use), translation of health education materials, and culturally relevant outreach. Grant programs also fund more general human services supports, such as transportation alternatives or affordable housing. Working with community partners, including other Eastside communities where applicable, would help in pursuit of and in implementing grant funding.

- **Corporate Sponsors and Community Partnerships.** Corporations, major employers, and community institutions located on the Eastside may provide sponsorship for capital facilities, events, or campaigns. They may be willing to provide space or in-kind support for one-time or on-going programs, projects, and events. Potential corporate sponsors or community partnerships could involve: Microsoft, Costco, Central Washington University, Bellevue College, Swedish Hospital, or local religious institutions.
- **Regulations.** Although an unlikely source of major support for human services, the City can use some of its regulatory power to generate funds or space. The City already has land use regulations that generate some funds for affordable housing. A comprehensive look at those and a greater inclusionary requirement for affordable housing provision could generate additional affordable housing in Sammamish. In addition, regulatory incentives that offer a developer something desired (such as extra density, building height, etc.) in exchange for providing a public good (such as affordable housing or community gathering space) could also have positive results. Regulatory changes of this nature should be calibrated to the market to ensure their effectiveness.
- **Reassigning City Resources.** Where the City has underused resources, particularly in the form of space or capital facilities, they can be assigned to a human services purpose according to this Strategy. In cases where facilities are leased or sold, the City could include provisions to support the human services Strategy in the lease, sales, or development agreements. Such provisions could include setting aside space for non-profits or creating community gathering space. The City may also consider the reassignment of CDBG funds.

Priority Area Recommendations

On the pages that follow are recommendations for City action in each of the priority areas. Each of the five priority areas represents a full work program based on recommended levels of staffing. As noted in the Focus Areas subsection, it is recommended that the City begin implementing the Strategy by narrowing its focus to a single priority area, or potentially to a single role (Facilitator, Administrator, Communicator, or Advocate) to most effectively produce results. Each priority area contains a goal, a list of recommended actions arranged by role, and example measurements of progress. This information was developed through outreach to service providers, a workshop with staff, and the input of the Human Services Commission. The lists of recommended actions are not exhaustive but are intended to help direct City efforts over the next two to five years. It should not exclude the development of other possible actions that could also implement the goals in the priority areas.

MENTAL WELLNESS

Goals

The City's overall goal in the mental wellness area is to address community factors that can contribute to mental health strain and dysfunction in individuals, particularly amongst youth. This can include establishing supports to recognize and respond to community health issues such as anxiety, depression, or substance abuse, as well as reducing the stigma that can be a barrier to individuals seeking support. In pursuit of mental wellness the specific needs of youth, adults, seniors, and immigrant communities should be considered.

Progress Measurement

In addition to measuring progress in these areas we can start with the Healthy Youth Survey, which is published every year and includes data on mental wellness. King County maintains data on community health indicators, including mental and behavioral health, that is updated every few years. To measure stigma, it would be helpful to track perceptions in the community. A survey could ask questions such as: How likely would you be to call a mental health provider? What barriers would stop you from doing so?

Community Partners

The following partners are either working in Mental Wellness in Sammamish or expressed interest in supporting the City's work in this area. The list is not exclusive.

- Evergreen Health
- NAMI Eastside
- Swedish
- Crosspath Counseling
- Youth Eastside Services
- School districts
- YMCA
- Friends of Youth
- Overlake Hospital

Priority Actions

The following actions will help Sammamish meet its mental wellness goals:

Facilitator

- Convene an introductory meeting where providers could meet one another, establish priorities for collective action to improve community mental wellness, and help make sure that they are not doubling up on work.
- Provide meeting space for regular mental wellness resources. A key aspect is to set aside space weekly and at the same time so community members know when they can access the resources. The space can help to foster belonging, which supports mental wellness.
- Partner with mental wellness organizations through joint events.

Communicator

- Ensure people know how to get help by improving awareness of what the providers are already providing, and make sure that resources are known in the community.
- Provide literature, presentation, and information on mental wellness to improve community understanding.
- Use the City's platform to publicize these resources and to reduce barriers to access.

BASIC NEEDS

Goals

The City's goals in basic needs are to increase access to food, shelter, medical care, and transportation throughout the community. The City's role is to make sure everyone has access to these basic needs and to respond to emergencies in these areas.

Progress Measurement

Some jurisdictions set aside a percent per capita of dedicated spending on Health and Human Services. A potential way to measure progress would be to track the number of people served by Basic Needs programs.

Priority Actions

The following actions will help Sammamish meet its goals for basic needs:

Community Partners

The following partners are either working in providing Basic Needs in Sammamish or expressed interest in supporting the City's work in this area. The list is not exclusive.

- Evergreen Health
- Imagine Housing
- Swedish
- Issaquah Food and Clothing Bank
- Issaquah Community Services
- Hopelink
- St. Vincent de Paul

Administrator

- Support basic needs through funding and measuring progress.

Facilitator

- Support non-profits in exploring options for a warehouse-like space for the food bank.

Advocate

- Advocate for affordable housing and Section 8 Housing.
- Advocate for increased regional transportation services.

CULTURAL INCLUSION

Goals

The City's goals are to ensure that all members of the community feel accepted and welcome in Sammamish. Part of this objective means fostering awareness, acceptance, and understanding to build a more inclusive community.

Progress Measurement

Progress is difficult to measure in this area, but some short-term measures could count the number of staff and elected officials that participate in diversity and equity training programs. Intermediate measures could examine the availability of signs and informational materials in different languages, availability of interpreter services, and availability of community space. Long term progress could be demonstrated by broader and more diverse representation of residents in civic events and as members of City boards and commissions or local organizations.

Community Partners

These partners expressed that they are willing to attend events, provide input, or join community work groups. The list is not exclusive.

- India Association of Western Washington
- Chinese Information and Services Center
- Issaquah and Lake Washington School Districts

Priority Actions

The following actions will help Sammamish meet its cultural inclusion goals:

Administrator

- Prioritize cultural inclusion and provide staff and budget for these efforts particularly for departments and programs working in facilitator and communicator roles.

Facilitator

- Provide a public space to meet, where people can meet regularly, as cultural organizations and as central gathering places for diverse groups. Being together fosters cultural inclusion.
- Offer community conversations where different communities come together to talk about the community's needs or simply to spend time together fostering cross-cultural relationships.
- Provide interpreter services that would help residents to navigate public transportation and resources.
- Provide on-going equity training for staff, elected officials, and appointed officials.

Communicator

- Provide more signage in multiple languages in city-owned spaces, such as local parks and City Hall.
- Celebrate cultural holidays as official events, which would both include broader communities in City events and develop awareness of diverse traditions.
- Actively participating in Welcoming Week, a national and local movement that sponsors a series of events and activities that bring together immigrants and native-born Americans to build community connections and improve inclusivity.

ACTIVE SENIORS

Goals

The City's goals are to provide well being and safety for aging Sammamish residents, in particular isolated seniors, while helping them to feel part of the community and ensuring that they have places to meet and connect.

Progress Measurement

Quality of life is difficult to measure, but some progress could be measured with availability of space, program registration, mobility options, and low cost or no cost access to space. Safety improvements can be measured with data on falls.

Priority Actions

The following actions will help Sammamish meet its goals for active seniors:

Community Partners

The following partners are either working with Active Seniors in Sammamish or expressed interest in supporting the City's work in this area. The list is not exclusive.

- Eastside Friends of Seniors
- YMCA
- Chinese Information and Services Center
- India Association of Western Washington
- Sound Generations
- Elder and Adult Day Services

Administrator

- Maintain a citywide time bank or volunteer bank to connect volunteers with those who would benefit from their time.
- Consider if there is need and demand for a Senior Center or whether the City wants to invest in senior programming. If the City decides to prioritize space, then pursue that route; if the City decides to focus on programming, then increase awareness of existing programs.

Facilitator

- Organize a senior health and safety fair where providers such as Swedish and Evergreen could bring resources to one central location.
- Identify underutilized space in the community that could be used for senior programming and activities. Underutilized spaces to consider may include facilities for youth that are vacant during school hours or facilities used by religious communities that may have space available midweek.
- Provide a HealthCare navigator to help seniors better understand their healthcare options. The navigator should be housed in an easily accessible community location such as the YMCA, city hall, or the library.

Communicator

- Advertise the availability of existing programs with health and safety benefits for seniors such as housing repair programs and fall prevention programs.

Advocate

- Advocate for increased regional transportation services, including services for those who use wheelchairs, which will help seniors to move around, attend community events, and access resources.

DOMESTIC VIOLENCE

Goals

Domestic violence can occur in gay or straight relationships and can occur to both men and women. In all situations there can be a stigma in reporting domestic violence. The City's long-term goal is to reduce domestic violence in the community. A more immediate goal is to increase reporting of domestic violence, improve awareness of services and access to services, and to provide better training to respond to domestic violence.

Progress Measurement

Measuring progress in domestic violence is difficult. There is difficulty in separating higher numbers of emergency calls from higher incidences, but the goal would be to increase the share of incidences that are being reported. Other measures could include the number of materials distributed in the community and the number of people who complete bystander training.

Community Partners

The City can partner with these community providers, who are already working with victims of domestic violence, providing trainings, and investing in awareness of and access to resources. The list is not exclusive.

- Lifewire
- Youth Eastside Services
- King County Sexual Assault Resource Center
- Crisis Clinic

Priority Actions

The following actions will help Sammamish meet its goals for addressing domestic violence:

Facilitator

- Provide non-profits and service groups that help families experiencing domestic violence with free bus tickets, free tickets to community events, and similar assistance to access community resources for their clients who can use them.

Communicator

- Promote domestic violence resources by placing information in newspapers, bathrooms, and other easily accessible sources. These are low-cost options.
- Support outreach and materials that are inclusive of men or sexual minorities who may be experience domestic violence in their relationships.
- Support awareness of programs that support children experiencing domestic violence.

Advocate

- Provide bystander training in the community to improve awareness and understanding of domestic violence. Evergreen Health is willing to hold seminars in schools or city events, emphasizing the importance of start early with kids to teach them what's acceptable and not. Lifewire is willing to hold a training with the police and fire department, preferring a longer-term engagement.
- Participate in regional advocacy that supports services for those affected by domestic violence. Domestic violence requires a regional support system as survivors often need to be geographically separated from their abuser to stay safe. Regional advocacy works to create safe, resource-rich places for families go in every community.

Development of the Strategy

Outreach to service providers guided the development of this Strategic Plan by providing information on the opportunities and constraints of potential community partners. The consultant team also reached out to other local jurisdictions to learn about their Human Services programs. Finally, staff provided valuable insights into staffing, work programs, and City capacity.

Service providers and potential partners were interviewed to gauge their capacity, interest, constraints, and timing considerations for pursuing the recommended actions from the Needs Assessment. Most of the providers participated in the development of the Needs Assessment and were eager to find areas where joint efforts could increase the positive impact of their programs and services on the community. Interviews were conducted with the following agencies and service providers representing all five priority areas of the Needs Assessment:

- Chinese Information and Services Center
- Crosspath Counseling
- Eastside Friends of Seniors
- Evergreen Health
- Imagine Housing
- India Association of Western Washington
- Issaquah Food and Clothing Bank
- Issaquah School District
- Lake Washington School District
- Lifewire
- National Alliance for the Mentally Ill (NAMI) Eastside
- Swedish Hospital
- YMCA

Interviews with peer jurisdictions included discussions with staff that manage or coordinate human services programs in the cities of Issaquah, Mercer Island, and Redmond. Discussion focused on the nuts and bolts of how other cities staff, fund, and govern their Health and Human Service efforts. Each city approaches human services differently and talking with these cities provided different models of how jurisdictions approach human services. Additional information about these models is included below.

BERK also met with an interdepartmental team of staff to discuss how potential human services strategies fit within their existing work programs, staffing, and capacity. When BERK spoke with an interdepartmental team of City staff, the team understood the need for the City to take a clearer role in supporting the provision of human services in Sammamish. Specific functions within

each department[1] that could support the Human Services Strategy include:

- **City Manager's Office.** Establish training programs that could better help staff and elected and appointed officials understand human service needs. This should include on-going and one-time trainings on topics such as equity training for all or domestic violence bystander training for public-facing positions. Focus the work of the Community Services Coordinator to maximize efforts.
- **Community Development.** Develop explicit policy support for human services-related issues in the Comprehensive Plan for topics such as affordable housing, emergency shelters, aging in place, transportation alternatives, and the provision of community gathering space. Develop regulatory incentives to support human services needs such as non-profit space, affordable housing, or community gathering space.
- **Finance.** Help with budgeting for human services staff and for the grant program.
- **Parks and Recreation.** Develop programs and events to advance the five priority needs, particularly those related to seniors, cultural inclusion, and mental wellness. Expand upon the volunteer bank. Identify City-owned and community spaces that are suitable for use by community service providers.
- **Public Works.** Address human services needs in transportation for issues such as senior transportation, local shuttle services, last mile transportation, and culturally appropriate way finding.

At the current time, City staff have a full work program. The Community Services Coordinator does some work across all these areas but is limited by time. For the most part, the work program for other staff does not specifically include the work above. However, staff is generally willing to take on such work if it was identified as a priority in their work programs. Staff also felt that taking on such work would benefit the City as a whole because it would improve cross-department collaboration, potentially provide training resources in key topics, such as equity, and improve service to the public.

This Strategy was also developed with the input of the Human Services Commission, who reviewed the Strategy as it was developed over a series of meetings. While the predecessor to the Commission, the Health and Human Services Task Force, was deeply involved in the selection of the five priority needs and the development of implementation ideas as part of the Needs Assessment, the Commission provided different input into the development of this Strategy. The Human Services Commission's role in the Strategy was to act as a sounding board for direction and the content within the Strategy and to ensure that it is in alignment with the Needs Assessment. The Commission also provided direct input as to their desired role and work program.

1 Note that Police and Fire are contracted services that develop their own staff work programs and procedures. The City can negotiate some aspects of this, but it is primarily the responsibility of the King County Sheriff and Eastside Fire and Rescue.

Appendix A - How Human Services are Provided on the Eastside

SAMMAMISH

Sammamish is not a direct provider of human services. This means the City supports human services indirectly through policies that direct decision-making on land use, transportation, housing, and parks and recreation. The City also employs a Community Services Coordinator who serves as a liaison to the community and the region and connects residents with local service providers. The City's Fire and Police departments, which are both contracted, provide some direct services through crisis response and other indirect services, such as referral for issues such as domestic violence and substance abuse. Parks and recreation programs address some community needs for social connection.

One important role the City plays is to provide small grants that support agencies doing health and human services work that benefits local residents. In the 2017-2018 biennium, the City distributed nearly $250,000 in grants. Selection of grant recipients is done by the Human Services Commission through a competitive grant process. Previously, the Health and Human Services Task Force selected grant recipients, and prior to that selections were made by staff. Although newly formed in 2018, the Human Services Commission has the capacity to take on additional policy work and make strategic recommendations.

The City of Sammamish also leads and participates in the Healthy Communities Coalition. The Healthy Communities Coalition was created by the Sammamish Police Department and is comprised of over 20 community organizations that come together bi-monthly to share information on key issues in the Sammamish community. Its goal is to promote a thriving community and increase communication between police, local government, businesses, health providers, social service providers, and non-profits.

OTHER JURISDICTIONS

We interviewed three peer cities - Issaquah, Mercer Island, and Redmond - to better understand how they staff, fund, and govern their health and human service efforts with a focus on what works, what does not, and how they manage staff time, measure success, and other lessons learned. Key takeaways from each jurisdiction are detailed below.

Issaquah

Approach to Human Services

Issaquah supports their community's human services needs through 1.0 FTE housed in the Sustainability Department. The main functions of the Human Services program are to support the Human Services Commission, a mayor-appointed and council-approved commission; provide grant administration; coordinate with internal city departments; and manage external and regional partnerships. Outside of the Sustainability Department, the city interacts with human services providers as a landlord to the Issaquah Food and Clothing Bank and AtWork!. The city also

provides space for nonprofits at low or no cost in the Community Hall for services that benefit the community, such as meal programs.

As part of the 2014 comprehensive plan, the city adopted a Healthy Community Strategy Goal that helps focus the city's efforts on health and wellbeing in the community. A subsequent Community Needs Assessment highlighted four areas of focus that the city then targets through grant funding allocations. In addition to baseline funding and funding targeted to areas of focus, last year the city set a minimum grant request of $4,000 per program.

Lessons Learned & Advice

- Support region-wide efforts around results-based accountability frameworks for grantees.
- Consider rebranding human services as health and well-being and be more intentional about the communication around human services both internally, with elected officials, and more broadly in the community. Residents don't typically connect with the terminology of human services, and it needs to be clear that it encompasses more than basic needs.
- Create an informal decision matrix that allows the city to be intentional about which local and regional groups need to be more heavily engaged in and determine the appropriate level of involvement for the city across departments. The city should remain involved in the eastside dialogue as issues arise.
- Clearly define the Community Services Coordinator role to be focused on clear bodies of work that will have measurable impact.

Mercer Island

Approach to Human Services

Mercer Island Youth and Family Services (MIYFS) provides a robust human and community services program, including direct services, with over 20 FTE and a budget of $2.5M. Direction for MIYFS is provided by the Mercer Island budget and specific programmatic strategic plans. Services provided by the department include:

- Community based initiatives focused on programs such as prevention services for youth, employment assistance, and emergency assistance for vulnerable seniors.
- Clinical services, including an outpatient clinic with counseling for individuals, youth, adults, and seniors, senior outreach, and a diversion program for youth with misdemeanors.
- The Mercer Island Thrift Shop, which is also staffed by approximately 60 volunteers and produced $1.6M of the department's revenue last year.
- Administration, including development, advocacy, planning, contracting, and community outreach.

Another unique feature of MIYFS is their foundation which helps generate additional revenue and provided over $200,000 to the operating budget in 2018.

Lessons Learned & Advice

The city provided information about lessons learned that can act as advice for Sammamish.

- The city should consider writing human services into the city charter and/or the municipal code to secure funding. Like roads and police, a city needs to pay attention to the health and well-being of the people that make up the community.
- Keep council engaged by talking to them as often as possible.
- Consider increasing contributions to local agencies through grants and formalizing the grant-making process.
- Provide low or no cost space for counseling services on the plateau. A local comprehensive partnership with regional organizations such as Hopelink or Friends of Youth is a good option for cities that cannot provide direct services.

Redmond

Approach to Human Services

The Redmond Planning and Community Development Department houses the city's Human Services office, which provides grant funding for regional human service providers, participates in regional and sub-regional working groups, manages the Human Services Commission, and provides direct homelessness outreach. The city staffs human services with 1.75 FTE Human Services Planners, an Assistant Director of Community Planning that spends 30% of their time on Human Services Issues, and a homelessness outreach FTE that is partially funded by the Police Department.

The department is guided by the human services element of the comprehensive plan, a 2009 strategic plan; and a yearly work plan. The Redmond Human Services Commission also provides feedback on the Human Services office's direction.

Lessons Learned & Advice

- The city should rely on shared resources and collaborations already in place to meet their community needs.
- Find the right balance of staffing and regional and local issues to be involved in.
- Capitalize on the wonderful community and any interest residents have in volunteering.
- Long-term, the city should consider a regional approach to human services, similar to ARCH, with cities paying into one fund with a commission made up of cities across the region.

Appendix B – Health and Human Services Needs Assessment

City of Sammamish Health and Human Services Needs Assessment

FINAL | March 6, 2018

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Executive Summary

In every community, people have human services needs at some point in their lifetime, and Sammamish is no exception. In fact, the invisibility of these needs makes them particularly urgent. In many cases people do not know where or how to get help. For a teen considering suicide, a senior who needs assistance with daily living, or a recent immigrant who does not understand the health care system, it can be confusing figuring out how to get help. In a community where it appears that most people have plenty, people may feel stigmatized by reaching out even when they know what they need to do. If the City is to continue to thrive as a *"state-of-the-art community – engaged, responsive and generous in its support for the full range of human endeavor,"*[1] it must thoughtfully examine the role it plays in supporting health and human services. There are ways the City can help make a difference for those in the community that need support.

This Needs Assessment identifies community needs in the realm of health and human services, and some preliminary ideas for actions the City can take to support those needs. In most cases, the City is not a direct provider of health or human services. However, it does provide crisis response through its emergency services agencies, and recreation through the parks and recreation program. To date, the City has provided small grants that support agencies doing health and human services work that benefits local residents. In the future, the City should consider how it can leverage its existing efforts for additional impact, how it can take a leadership role in developing new resources through community partnerships, and how it can become a stronger advocate for health and human service needs.

The following table includes a list of preliminary ideas for City action chosen for their potential to make an impact on community health and human service needs in the next three years. A few recommendations may have a longer timeline, but significant work could be completed within the next few years if the community is willing to engage. How quickly the City can accomplish these tasks depends on several factors: the availability of staff support, financial resources, and the cooperation of community partners. These ideas are organized around five priority issues: mental wellness, basic needs, cultural inclusion, seniors, and domestic violence. Additional information about the selection of the five priority issues can be found beginning on page 33.

[1] Sammamish Vision for 2035.

Preliminary Ideas for City Actions to Support Health and Human Services

Action	Financial Support	Staff Support	Timeline
MENTAL WELLNESS — *21% of Sammamish teens have considered suicide in the last year.*			
Mental Health Awareness Campaign	$	👤👤	⏰⏰
Comprehensive Referral List	$	👤👤	⏰
Influence the Choice	$	👤👤	⏰⏰
Mental Health First Aid	$$	👤👤	⏰⏰
School Counselor Support	$$	👤	⏰⏰⏰
BASIC NEEDS — *Approximately 1,500 people in Sammamish live in poverty.*			
Home Modification	$$	👤👤	⏰⏰
Food Van	$$	👤👤	⏰⏰
Rotacare Clinic	$$$	👤👤	⏰⏰⏰
CULTURAL INCLUSION — *27% of Sammamish residents speak a language other than English at home.*			
Welcome and Orientation	$$	👤👤	⏰
Cultural Navigators	$$	👤👤	⏰⏰
Bi-cultural Programming	$$	👤👤	⏰⏰
Cultural Competency Training	$$	👤👤	⏰
SENIORS — *40% of residents over age 75 have a disability in Sammamish.*			
Home Modification	$$	👤👤	⏰⏰
Senior Volunteer Bank	$	👤👤	⏰
Aging in Place	$$	👤👤	⏰
Recreational Programming	$$$	👤👤👤	⏰⏰
Transportation Shuttle	$$$	👤👤👤	⏰⏰⏰
DOMESTIC VIOLENCE — *27% of women will experience domestic violence in their lifetime.*			
Domestic Violence Advocate	$$	👤👤	⏰
Regional Support	$$	👤👤	⏰
Domestic Violence Awareness Campaign	$	👤👤	⏰⏰
Bystander Training	$$	👤👤	⏰

Financial Support

$ Under $100,000
$$ $100,000 to $500,000
$$$ Over $500,000

Implementation Timeline Once Project is Started

⏰ Within a year
⏰⏰ Within 3 years
⏰⏰⏰ Greater than 3 years

Staff Support

Existing staff could be used, but may include a reassignment of work priorities
Additional staffing needed to manage or coordinate
Additional staffing needed to manage or coordinate and to implement

Introduction

The City of Sammamish promotes a healthy community where every person is considered essential, and meeting basic human needs is considered a shared responsibility. In 2017, the City launched its first ever Needs Assessment process working closely with its Human Services Task Force and supported by BERK Consulting. This Community Needs Assessment will help the City prioritize funding for addressing human and social needs and provide common baseline information shared by the City and community service partners. It will also serve as a roadmap for the newly formed Human Services Commission as it begins its work.

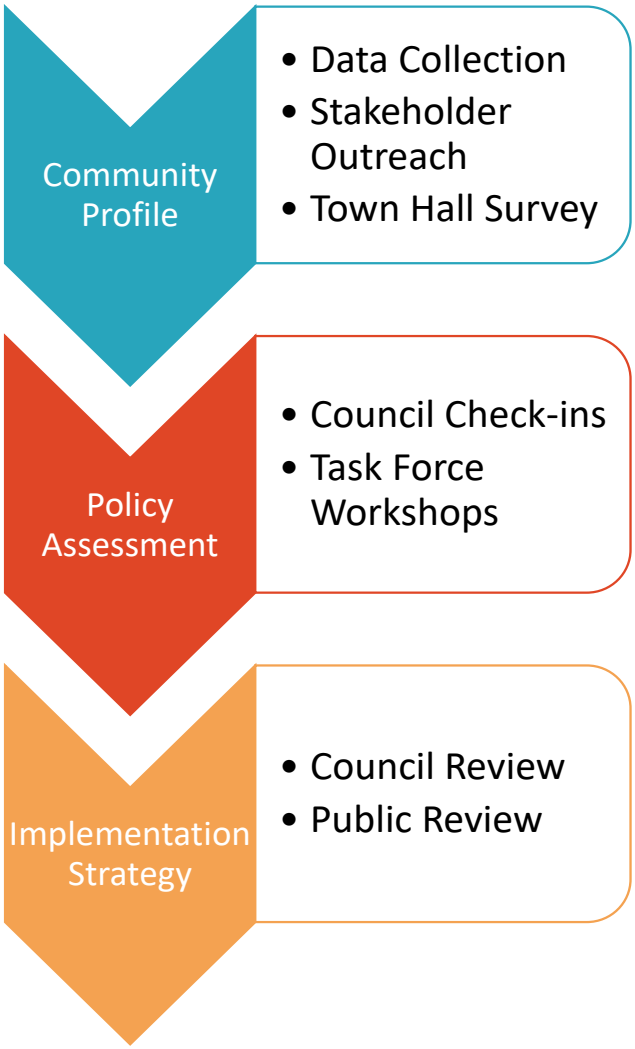
Currently, Sammamish does not directly provide human services, but acts as a resource for community members. The City provides grants of over $200,000 every two years to agencies that provide health and human services to Sammamish residents and maintains a list of resources that people can use for self-referral. It also supports a part time Community Service Coordinator, a position created in 2015 that allows the City to engage more deeply in Human Services than it has in the past.

PROCESS

Developing this Needs Assessment included three stages:

- **Creating a Community Profile** that describes the current well-being of Sammamish residents. This was developed through review of existing data sources, interviews, and outreach to service providers and community groups. Community input was collected during the summer of 2017 and included stakeholder interviews, three focus groups, four outreach events with providers and relevant organizations, and an online survey through a City of Sammamish Virtual Town Hall. The complete Community Profile and details about the outreach effort can be found in Appendix A.
- **Assessing policy** to understand current and potential strategies to address residents' needs. This included research on current efforts by the City and neighboring cities, presentation to City Council, and workshops with the Human Services Task Force.
- **Developing an implementation strategy** for the recommended policies and programs. This strategy will go through Council and public review.

Needs Assessment Process



The rest of this document examines community needs and lists preliminary ideas for actions the City can take to support these needs. It outlines the current state of health and human services, including what roles the City takes on now, then identifies five priority issues and recommends potential City action on each. Each action is assessed to identify potential next steps and preliminary needs for financial support, staff support, and timing.

Current City Roles in Health and Human Services

The City is not a direct provider of health and human services, but some of the City's policies, services, and programs may intersect with health and human services issues. Where there are overlaps, there are opportunities to support community health and human services. This section describes City departments and programs that intersect with health and human services at this time.

COMMUNITY DEVELOPMENT

The Department of Community Development maintains the Comprehensive Plan, which includes the development and implementation of policies that "*improve our quality of life by promoting the health, safety and welfare of the community, protecting and enhancing the natural and built environment.*"[2] This includes policies and standards for housing and transportation. There is strong policy support for health and wellness in the community through physical activity, transportation options, and affordable housing.

The Comprehensive Plan includes goals and policies for a healthy community. Land Use and Transportation goals and policies support a land use pattern that promotes walking and bicycling between neighborhoods and to community facilities such as parks, schools, and shopping. Policies include supporting regional transit and transportation systems that meet the needs of non-driving populations (such as seniors, youth, people with low incomes, or people with disabilities), including shuttle service, ride share, car share, or bike share.

Land Use and Housing policies support a high quality of life for families, including a healthy community with a range of housing options that meet all people's needs. This includes supportive housing for people with unique needs such as seniors, people with disabilities, and people experiencing homelessness. Policies also support Sammamish's participation in ARCH (A Regional Coalition for Housing) which develops, manages, and provides affordable housing throughout the Eastside. Currently the City also supports a Habitat for Humanity project that is building 10 homes in Sammamish to make homeownership options available to people with low incomes. Additional policy support for affordable housing is provided in the Sammamish Municipal Code (21B.75 SMC), where regulations specify minimum affordable housing requirements for any residential development in the Town Center These regulations also include incentives for creating more affordable housing than what is minimally required.

[2] https://www.sammamish.us/government/departments/community-development/

PARKS AND RECREATION

The Parks and Recreation Department provides parks, trails, and gathering spaces for meetings or events. The department also coordinates community events, which are offered to the community free of charge. Most of the recreational programs in the city are provided by other agencies, such as the YMCA, the Boys and Girls Club, or the Issaquah Senior Center. These agencies allow low cost participation for those who are unable to pay fees for their programs. These services can promote physical and mental health for Sammamish residents through all stages of life.

Parks policies in the Comprehensive Plan focus on the planning, development, finance, and maintenance of facilities for active or passive recreational use. Such policies aim to ensure there are a variety of parks and trails that provide opportunities for fitness, play, exposure to nature, and social gathering, which are all components that support good physical and mental health. Recreation policies support the provision of indoor recreation opportunities that meet the needs of people of all generations, and developing strong partnerships. Currently the City is updating the Parks, Recreation, and Open Space (PRO) plan, which will build upon existing policies and programs.

POLICE AND FIRE

The Sammamish Police Department provides services related to public safety and law enforcement. Sammamish contracts with the King County Sheriff to provide police services in the City. Eastside Fire and Rescue provides fire and emergency services to Sammamish. Police officers and fire and emergency personnel are sometimes the first, or only, contact from the City for individuals with acute health and human service needs. This can be especially true for people in domestic violence situations, and can also be true for some people experiencing homelessness or with mental health issues. First responders have a list of agencies and referral information they can give to people. Personnel are trained to deal with acute or crisis-level health and human service needs. However, navigating the system can be difficult for many that face basic needs challenges.

COMMUNITY SERVICES COORDINATOR

The City employs a Community Services Coordinator who convenes the Human Services Task Force and serves as the City liaison to community groups, social service providers, and other human services agencies. As a liaison between the City and the community, the Coordinator is responsible for maintaining a directory of community resources and supporting both formal and informal service networks. The Coordinator participates in a variety of community meetings, programs, and events on behalf of the City. Currently this is a part time position that is funded for approximately 30-hours per week.

TASK FORCE/COMMISSION

The 2017 Human Services Task Force is composed of six community members appointed by the City Council and represents faith groups, schools, human service providers, seniors, service organizations, public safety institutions, and the community at large. The task force guided this Needs Assessment and has the following responsibilities:

- Provide recommendations to the City Council on human service grant applications and related activities.
- Attend monthly task force meetings.
- Report quarterly to the Council Committee.

In late 2017, the City Council approved the formation of a seven-member Human Services Commission which will officially commence work in February 2018. The Human Services Task Force helped develop the proposal for the formation of the Commission.

REGIONAL COORDINATION

Many of the health and human service concerns facing Sammamish are common throughout the Eastside and Puget Sound area; regional coordination can result in collective solutions that benefit Sammamish residents. The City of Sammamish is active in both the Sound Cities Association and the Puget Sound Regional Council (PSRC), which appoint members to regional committees that address issues related to health and human services, including aging, homelessness, affordable housing, transportation, public health, domestic violence, and mental illness. City Council members, and sometimes staff, can be appointed to these committees if they apply through Sound Cities or PSRC.

The City is also a member of A Regional Coalition for Housing (ARCH), a coalition of Eastside cities that work together to ensure opportunities for affordable housing. Sammamish contributes to the ARCH trust fund and reduces developer impact fees for projects that include affordable housing units.

- Sammamish provided $200,000 for affordable housing through a City contribution to the ARCH trust fund in the 2016-2017 budget.
- Additional affordable housing contributions include an estimated $83,000 per year reduction in impact fees for affordable housing units from 2017 through 2026.

GRANT FUNDING 2016 - 2017

Sammamish provides grant funding for health and human services as part of the Human Service Funders Collaborative (HSFC), in addition to contributing to the ARCH trust fund. During the biennial budget process, the City Council reviews and approves funding for the Health and Human Services Grant Program. A flat amount is awarded.

In the 2016-2017 biennium:

- Funds distributed totaled $249,670
- Spending equaled $4.08 per resident
- 51 programs were funded at 39 different organizations

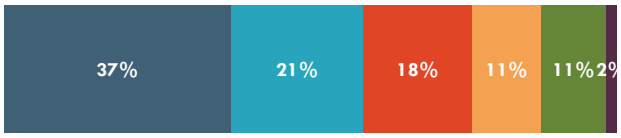
By Program (n=51)
Minimum Grant Size is $1,000
Maximum Grant Size is $10,000
Median Grant Size is $4,000

By Organization (n=39)
Minimum Grant Size is $1,300
Maximum Grant Size is $10,000
Median Grant Size is $6,088

Grant Distribution by Life Cycle

Lifecycle	Funds Distributed
Adults	$122,239
Youth	$85,931
Seniors	$26,500
Families & All Lifecycle Stages	$15,000
TOTAL	**$249,670**

Distribution by New Priority Issue



Category	Funds Distributed
Other	$92,743
Basic Needs	$53,588
Mental Wellness	$44,500
Domestic Violence	$28,039
Seniors	$26,500
Cultural Navigation	$4,300
TOTAL	**$249,670**

Note: "Other" includes programs like adult education and job training, legal services, poison center emergency services, and birth-to-three early education opportunities.

Priority Issues for Sammamish

The Community Profile looked at dozens of potential needs throughout the human lifecycle. Based on the results, the task force identified five priority issues for the City to pursue (not listed in a ranked order). These issues do not represent all needs in Sammamish, nor are they intended to (see the Appendix for a complete inventory of needs). Some needs, such as assisting veterans, will be supported by a focus on larger priorities such as mental wellness, meeting basic needs, or helping seniors. Other needs, such as helping all kids prepare for Kindergarten, were not considered a priority at this time, but that is not an indicator that no need exists. The five priority issues for Sammamish are:

- **Mental Wellness** – This includes both behavior health and substance abuse. Data indicates that Sammamish youth and adults feel stressed, depressed, and anxious at relatively high levels. There is a lot of pressure to be successful. When unaddressed, these types of mental health issues can manifest themselves in reduced quality of life, poor relationships, substance abuse, and self-harm or thoughts of self-harm. Mental health support is one need that appeared to affect many different people in the community.
- **Basic Needs** – Many people in Sammamish are fortunate to have their basic needs met, but some local residents experience periods of acute emergency and insecurity related to basic needs such as housing, access to medical care, or access to food. In a community full of wealth, it is important to help everyone secure their basic needs.
- **Cultural Inclusion** – Sammamish is a community with a high percentage of immigrants. Although other Eastside communities share similar demographics, cultural Inclusion is an opportunity for Sammamish to embrace its identity as a welcoming community and ensure it is adequately meeting the service needs of its whole population.
- **Seniors** – Sammamish feels a responsibility to provide a good quality of life for aging residents. The City strives to be a quality place for families to live, and that includes community elders.
- **Domestic Violence** – Domestic violence is a problem that affects communities regardless of income, ethnicity, or other demographics. Rates of domestic violence in Sammamish may be about average, but in a community of generally low crime rates, it is perceived as proportionally larger. Also, the high cost of living in the region can be a barrier for those

CITY ROLES

The City can take on several roles to implement the Health and Human Services recommendations in this assessment. These roles include:

- Leverage existing programs, plans, or policies for additional action and results
- Create new partnerships
- Provide funding support
- Create new direct-service programs (where applicable)
- Advocate for regional change at the county, state, or federal level.

who want to get out of domestic violence situations but are economically dependent upon their abuser.

Each priority issue is summarized in this assessment. The summary includes key information from the Community Profile to help establish why this issue is important to Sammamish, and includes a story sidebar that illustrates how this issue affects someone in the community. Current City actions are listed next, followed by metrics that show how the City can measure its progress in responding to the needs. Case studies are included in sidebars to demonstrate how other communities respond to these types of needs. A set of recommendations identify potential actions the City can take in the next three years to respond to the need. An implementation table follows the recommendations and identifies the general timeline, level of effort, and financial support needed to implement each recommendation.

In addition to the five priority issues, there are two advocacy issues that affect health and human services in Sammamish: lack of transportation options and affordable housing. These issues were mentioned repeatedly as barriers that affect everyone in Sammamish, but are particularly stressful for people who have other human service needs. Both reduce access to resources and hamper the ability to pay for other basic needs. Yet both affordable housing and transportation are complex regional problems. While the region works to address these issues in the long-term, advocacy is needed to provide short-term and medium-term solutions for Sammamish residents.

MENTAL WELLNESS

Community Needs

Sammamish is a community with a need to address mental wellness, both in terms of behavior health and substance abuse. Information from the Community Profile revealed that adults and youth experience significant stress. For adults, it may stem from the pressures of balancing two working parents with child care, concerns about rising costs in the region, or simply too many demands on one's time. Youth described a pressure to excel in school, bullying, and a life that can produce anxiety or depression. Sammamish is a multi-cultural community in which there may be very different attitudes about mental health related to family expectations or culture of origin. There can also be considerable stigma around the issue, which may lead to underreporting.

Adult Mental Health

Mental health plays an important role in the overall well-being of individuals and families. Poor mental health, along with a lack of access to mental health support, can have long-term consequences on the emotional, physical, and financial health of households and communities.

- According to the Washington State Department of Health, which publishes an indicator of poor mental health (defined as having 14 or more poor mental health days in the past 30 days), 8% of adults *(approximately 4,900 people)* in Sammamish reported that they had met this indicator.[4]

UNDER PRESSURE

Dad is working long hours at his tech job. His team has been working on a project that has had trouble getting off the ground. He worries that his career is stalling and hopes that putting in additional effort will help him get a promotion. That promotion would take some of the pressure off the family finances and make their mortgage a little more affordable.

Mom loves her job, but she commutes into Seattle daily, spending almost two hours on the road each day. She is trying to support her husband by taking on a greater share of the responsibilities at home, but she feels pulled in several directions. She unwinds each night by drinking a bottle of wine.

Their daughter does well in school and has an active schedule of extra-curriculars with an eye toward college. Everything looks great on the outside, but she feels more like a resume than a person. She keeps it to herself because she doesn't want her parents to be disappointed in her. She doesn't want to add to their stress by telling them that she goes through periods of depression and has even had thoughts of suicide. [3]

[3] For each priority issue there is a story that illustrates the need. The characters in the stories are fictional, but they are a composite of real stories and experiences collected during the outreach phase of this project. School personnel, community organizations, and youth reported on the types of needs they encounter and people they know who are struggling.

[4] Most data sources report results in percentages, not hard numbers. That is because the data is collected through a

This measure is used nationally by the Centers for Disease Control (CDC).

- Across King County, this measure has remained flat for the last 15 years with no significant increases or decreases in the share of residents experiencing bad mental health.
- Seniors, who are included in the adult figures for mental health, can experience mental health problems related to social isolation, the stress of living on a fixed income, and the deaths of friends and loved ones.

Adolescent Mental Health

Among adolescents, many factors can lead to anxiety, depression, and suicidal thoughts, including pressure to perform well in school, fixation on weight and appearance, and bullying, whether experienced in person or online. Untreated anxiety and depression can lead to substance abuse and even suicide. Currently, suicide is the leading cause of death for Washington teens aged 15 through 19.

During outreach for the Community Profile, teens commented that they were stressed and tired from school. Interviews revealed concerns about private access to mental health services. Cultural background, family expectations, and social stigma were all factors that make it important to some teens to have the ability to visit providers without peers or parents knowing about it.

The town hall survey conducted as part of this Needs Assessment showed that there is a felt need for mental health services, particularly for youth and teens who are struggling with stress, depression, and suicide. Respondents suggested coaching and counseling for children with attention-deficit/hyperactivity disorder (ADHD), stress management services for teens, and suicide prevention services for youth and teens.

Data from the Healthy Youth Survey[5] is presented in the exhibits below on the state of Sammamish adolescents' mental health, substance use, bullying, and family and community support.

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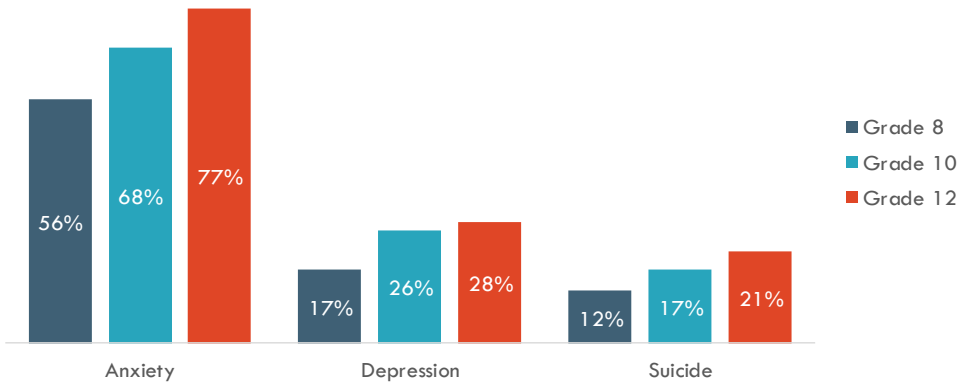
sampling process that looks at the number of occurrences in a statistically valid subset of the community. Throughout this report, where percentages are reported there may be a number in parenthesis next to it to represent the approximate number of Sammamish residents affected by an issue. Such numbers are not an exact count, but intended to help the reader better understand how many people are directly affected.

[5] The Healthy Youth Survey is a survey conducted by the State of Washington that looks at the health of adolescents. It measures risk factors and behaviors that contribute to illness, disease, death, and social problems in youth. In 2016, over 230,000 students participated in the survey. Survey reports are available showing results at the state, county, and local level. For more information, see Appendix 1.A or visit www.askhys.net.

Mental Health

Exhibit 1. Percentage of Sammamish Schoolchildren Who Reported Mental Health Issues, 2016

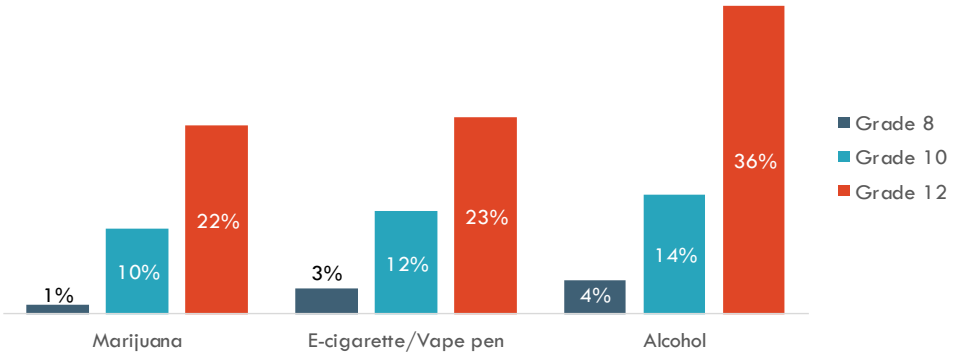


Source: Healthy Youth Survey Fact Sheets, 2016

- By the time students in Sammamish public schools reach the 12th grade:
  - 77% *(approximately 745 students)* reported being bothered by feeling nervous, anxious, or on edge for several days or more over the last two weeks.
  - 28% *(approximately 270 students)* reported feeling so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities.
  - 21% *(approximately 200 students)* have considered suicide over the past 12 months.
- Anxiety, depression, and suicide all appear to increase from grades 8 to 10 to 12, potentially reflecting increased stresses as youth get older.

Substance Use

Exhibit 2. Percentage of Sammamish Schoolchildren Who Reported Substance Use, 2016

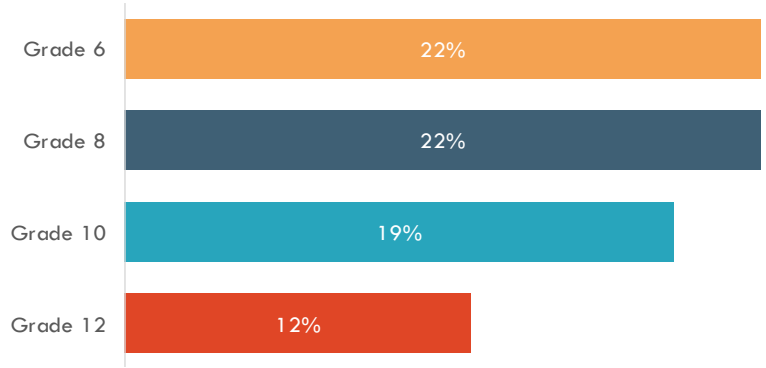


Source: Healthy Youth Survey Fact Sheets, 2016

- Among Sammamish public school 12th graders:
  - 22% *(approximately 210 students)* used marijuana at least once over the last 30 days.
  - 23% *(approximately 220 students)* used an e-cigarette at least once over the last 30 days.
  - 36% *(approximately 350 students)* drank alcohol at least once over the last 30 days.
- Marijuana, e-cigarette, and alcohol use all appear to increase as students get older.
- 8% *(approximately 80 students)* of Sammamish 10th graders and 23% *(approximately 220 students)* of 12th graders have had five or more drinks in a row in the past two weeks.

Bullying

Exhibit 3. Percentage of Sammamish Schoolchildren Who Reported Bullying, 2016



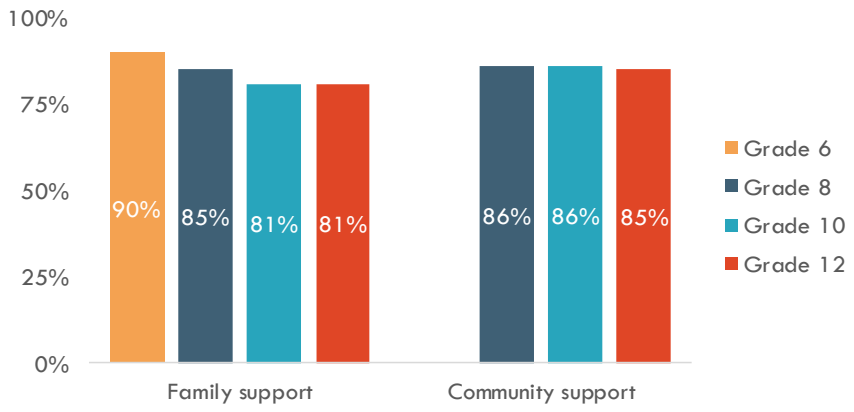
Source: Healthy Youth Survey Fact Sheets, 2016

When asked if students had been bullied at least once over the last 30 days, 22% of Sammamish 6th and 8th graders *(approximately 440 students in both grades)* responded that they had. This number decreases in higher grades, with 19% of 10th graders *(approximately 180 students)* and 12% of 12th graders *(approximately 120 students)* responding that they had been bullied in the last 30 days. It is unclear whether the drop in bullying in 12th grade is due to a reduction in bullying, the perception of being bullied, or a drop in reporting.

Family and Community Support

Family and community support can help youth be more resilient to mental health challenges by providing an outlet to talk about important issues and creating a sense that someone is in their corner. In addition to providing a safe space, these supports can help boost self-esteem, problem solving, and coping skills. The Healthy Youth Survey shows that many youths feel they can talk to their mom, dad, or an adult in the community about something important. However, panelists at the Action Forum for Youth, an event that brought together Sammamish youth and community leaders to discuss the results of the Healthy Youth Survey, suggested otherwise. At this event, youth indicated that they hesitate to reach out to parents on important topics like substance use or suicidal thoughts for fear of disappointing them.

Exhibit 4. Family and Community Support in Sammamish Schoolchildren, 2016



Source: Healthy Youth Survey Fact Sheets, 2016

- 90% of 6th graders feel they can ask their mom or dad for help if they have a personal problem, but this decreases to 81% in the 10th and 12th grades.
- 85-86% of students in 8th through 12th grade feel there are adults in the community they can talk to about something important. This survey question was not asked to 6th graders.
- School nurses and district family liaisons reported that some families are reluctant to seek help for their children because they believe mental health is a family matter, or they fear social stigma.

Indicators of Progress

Some of the factors affecting mental health for adults and youth in Sammamish may be related to personal factors such as choice of job or home or influences such as family expectations or support systems. Yet school nurses, youth organizations, and mental health specialists reported that these issues broadly impact the wellness of the entire community. Programs that support people experiencing high levels of stress may help to reduce depression, anxiety, and poor mental health in Sammamish. The most significant way that the community can improve mental health is to:

- Improve access to mental health care, particularly for members of the community that may have trouble obtaining help (such as youth).
- Remove the stigma associated with seeking help.
- Improve opportunities for awareness and early intervention before a mental health issue becomes a crisis.
- Reduce incidence of teen drinking and substance use.

Current City Response

The City of Sammamish has several policies and programs in place to address mental health issues, though frequently at the point of crisis. In addition, the City provides grants to several

human service providers that offer services for those struggling with mental health issues or substance abuse, as outlined below.

Policies and Programs

- Eastside Fire and Rescue works with King County EMS and Washington State to fund low-acuity type response units, commonly called community paramedic units. These can help address non-emergent medical issues before they either become emergencies or impact response times because of inappropriate use of 911 services.
- Sammamish police officers must attend a mandatory 72 hours of mental health crisis intervention training.
- By the first quarter of next year, Sammamish police officers will attend a 40-hour in-service training that covers talking to mentally distressed people and crisis de-escalation. This is in addition to other required online training on a variety of topics.

City Grant Program

The City of Sammamish has provided grants to several human services providers that offer mental health services, totaling $44,500 in 2016-2017.[6] These included:

- Crisis Clinic – 24-hour Crisis Line
- Crisis Clinic – Teen Link
- Friends of Youth – Family Services
- HERO House: Self Recovery
- Issaquah School Foundation – VOICE mentoring program
- National Alliance for the Mentally Ill
- Therapeutic Health Services

Preliminary Ideas for City Action

Leverage Existing Policies and Programs

- **Awareness Campaign.** A public education campaign on mental health awareness can help reduce stigma and promote available resources. City staff could use materials from local or national mental health resources, such as NAMI (National Alliance on Mental Illness) or the Anxiety and Depression Association of America. Staff resources will be needed to research campaign materials, get permission for their use, customize them for Sammamish, and publish and distribute materials. This will also require community outreach, through existing or new events. Specific campaigns could target families, youth, seniors, adults, or particular ethnic groups. The Human Services Commission could be helpful in vetting materials and promoting events.

[6] Note that under the current grant program, the maximum grant amount is determined by the total budget assigned to the grant program and the number of applicants. It does not reflect the need or demand for services.

Potential Work Plan Outline:

- *City staff and Human Services Commission identify specific goals for the Awareness Campaign.*
- *City staff researches and presents materials for Commission review and recommendation, including an outreach plan.*
- *City staff customizes materials, conducts outreach.*

- **Comprehensive Referral List.** The City could create a comprehensive list of mental health referrals that is regularly updated and available online and wherever the City provides services. This would build off the list of resources already maintained by the Community Services Coordinator. Additional effort would be needed to reach out to service providers and verify the list regularly. More frequent updates would also require printing and distribution.
  - *Potential Work Plan Outline: City staff contact service providers and conduct research to develop and enhance existing resource list.*
  - *City distributes list in print and on the internet.*
  - *City establishes a review and update timeline.*

Influence the Choice. There have been several attempts to formulate a community effort to reduce youth alcohol and substance abuse, including The Idea Project and Influence the Choice. The Issaquah School District was working on a grant to fund the Influence the Choice program, and the Lake Washington School District was working on a similar program, but in both cases efforts stalled. The City could take a leadership effort in pulling together a partnership and coordinating efforts on a city-wide basis, financial support may depend upon the implementation steps developed by the group.

Potential Work Plan Outline:

- *City staff meets with school district representatives, including those from Eastside Catholic, to identify objectives for a program to reduce alcohol and substance use by teens.*
- *Local partners develop a plan of action and assign implementation tasks.*

Create New Partnerships and Programs

- **Mental Health First Aid.** The Lake Washington School District participates in a program called Mental Health First Aid (www.mentalhealthfirstaid.org), which teaches people how to identify, understand, and respond to signs of mental illness and substance abuse. Much like physical first aid, the training teaches people to recognize mental health issues and get people connected to help. Evergreen Health also sponsors Mental Health First Aid classes, including training for program instructors.

  A community partnership between the City, the Lake Washington School District, Issaquah School District, and Eastside Catholic could extend this program. Other community partners could include community agencies like the YMCA, the Boys and Girls Club, or the local

chapter of NAMI. However, the program does not need to be geared only toward youth. City involvement and other partners could focus on broadly educating the community to understand how to identify and respond to mental health issues. A citywide campaign could promote community-wide training events to ensure that every neighborhood, community club, or workplace has at least one person trained in mental health first aid.

Potential Work Plan Outline:

- *Meet with Lake Washington School District, Issaquah School District, and Eastside Catholic and talk with representatives at the National Council for Behavior Health about the Mental Health First Aid program.*
- *Convene local partners to develop a community-wide Mental Health First Aid campaign.*
- *Include a representative from the Human Services Commission in the partnership meetings.*

Provide Funding Support

- **School Counselor Support.** Provide direct financial support to school districts to increase access to mental health counselors, including culturally appropriate options, for students and their families. The Mercer Island Youth and Family Services program is an example of such a program. This could be run through the grant program or could be a special set-aside fund.

  Potential Work Plan Outline:

  - *Contact school districts to discuss this program.*

Case Study:
Mercer Island Youth and Family Services

Working in partnership with the Mercer Island School District, professional counselors from the Mercer Island Youth and Family Services (MIYFS) department are based on site in each public school on Mercer Island. Staff provide counseling services for children, adolescents and their families; hold classroom presentations; and organize group activities to deal with personal difficulties and to promote healthy emotional and interpersonal development.

At the high school and middle school, substance abuse services include prevention, education, intervention and assessment and referral. This is funded by the City General Fund, non-profit organizations, and grants garnered by the School District.

Implementation Table

The requirements to implement each of the potential actions are shown in the table below, along with a potential timeline for implementation.

Possible Action	Financial Support Needed	Staff Support Needed	Timeline for Implementation
Awareness Campaign	$ – Materials from local or national organizations can be used. Most of the cost investment is staffing.	Low to Medium – Some research and coordination by staff is needed at the low end. More effort will be needed for community outreach and for targeted campaigns, if desired.	Mid-term.
Comprehensive Referral List	$ – This is primarily and investment staff time.	Low to Medium – This would be an extension of duties for the Community Services Coordinator.[7]	Short-term.
Influence the Choice	$ – This is primarily an investment of staff time.	Medium – This work is outside the scope of the Community Services Coordinator; additional staff resources will be needed.	Mid-term.
Mental Health First Aid	$$ – Support will be needed for advertising, materials, training, community events, and leadership and facilitation.	Medium – This requires coordination with a team of community partners. The City would be a likely lead or co-lead, especially to get this effort started.	Mid-term.
School Counselor Support	$$ – This requires direct financial support or grant program funding.	Low – Some coordination with school districts is needed, but largely this is financial support.	Long-term to ensure sustainable funding.
	Financial Support: **$** - < $100,000 **$$** - $100,000 - $500,000 **$$$** - > $500,000	Staff support needed: **Low** - Current staff, may need to adjust work priorities. **Medium** - Additional staff to manage or coordinate action. **High** - Additional staff to manage or coordinate and to implement.	Implementation Timeline once initiated: **Short-term** - 1 year **Mid-term** - 3 years **Long-term** - >3 years

[7] This recommendation, as well as others in this document, is within the range of duties of current City staff. However, implementation of some recommendations may require adjusted work priorities, additional hours, or additional staffing.

BASIC NEEDS

Community Needs

Lower-income families often feel that their presence in the community is overlooked and that poor people are being pushed out of the City. In addition, families with moderate incomes who must spend a high proportion of their earnings on housing often struggle in silence. Affordable housing was mentioned as a specific need in nearly every stakeholder interview. After affordable housing, transportation was the second most mentioned unmet need in Sammamish. The lack of reliable and affordable transportation affects the ability to access services, particularly for seniors, youth, and low-income adults in the community. Economic pressures related to the cost of living in Sammamish can result in insecurity in access to food, health care, childcare, and other essentials. This section focuses on insecurity in access to basic needs such as health care and food, as well as helping with crisis situations such as lack of shelter. [8]

JUST GETTING BY

The family moved to Sammamish for the great schools. Their house was a little out of their price range and they figured they could cut back on a few extras and get by. The father works as a manager at a popular local restaurant and the mother is a programmer.

Things were okay until the mother's contract expired. Her company was in the middle of a transition phase and she lost her job. The job she found doesn't pay as much. They don't have a health plan with good coverage. Every time their daughter gets an ear infection it costs about a week's worth of groceries to get her to the doctor.

Unable to afford childcare, their 13-year old son comes straight home from school to take care of his 10-year old sister. They are home alone until their mom comes home around 8 p.m. Sometimes there isn't a lot to eat in the house, so the kids go visit a neighborhood friend and hope his mom invites them to stay for dinner.

They have used up their savings and strained their credit to the max. They don't have the money to move and can't afford the gas to commute to work if they did.

Access to Care

Accessing quality health care and preventative services is important not only to physical outcomes but also to social and mental health outcomes. Preventative services can help individuals detect health issues early, avoid illness, and even save lives. Health insurance is one aspect of access to health services, but the location and cost of quality care are other important factors. Reducing these barriers and matching providers to community needs can improve health and well-being.

[8] Although they underlie many health and human service needs, the long-term needs for affordable housing and transportation are very large issues for the region and best addressed by advocacy at a regional level. That is addressed in the section Future State of Health and Human Services in Sammamish.

Data on Sammamish residents' access to care and preventive services is shown in Exhibit 5.

Exhibit 5. Access to Care and Preventive Services

	Uninsured (Age 18-64)	Could not see a doctor 1+ times in past year due to cost	Does not have a personal doctor	No flu shot during the past year	Never had pneumonia vaccination (age 65+)
Washington	18%	15%	26%	63%	27%
King County	15%	14%	26%	60%	28%
Sammamish	**3%**	**9%**	**21%**	**58%**	**21%**
Bellevue	13%	11%	25%	61%	29%
Issaquah	9%	5%	19%	56%	35%
Kirkland	11%	10%	22%	58%	34%
Lake Forest Park	12%	11%	18%	51%	21%
Mercer Island	4%	4%	16%	46%	23%
Redmond	10%	13%	24%	61%	34%
Shoreline	16%	12%	23%	57%	23%

	No dental visit during the past year	No mammogram within 2 years (age 50-74)	No Pap test within 3 years (age 21-65)
Washington	33%	29%	32%
King County	29%	28%	22%
Sammamish	**19%**	**18%**	**23%**
Bellevue	25%	23%	25%
Issaquah	24%	19%	35%
Kirkland	25%	22%	20%
Lake Forest Park	19%	36%	27%
Mercer Island	12%	22%	21%
Redmond	26%	27%	16%
Shoreline	25%	26%	19%

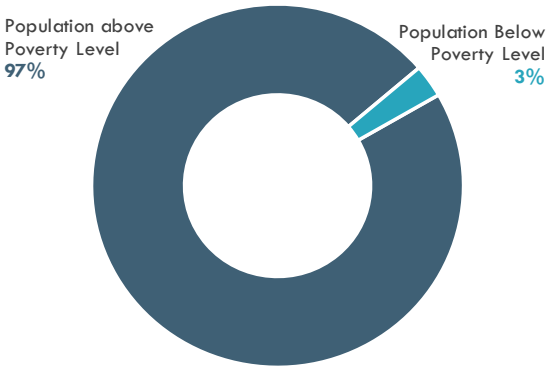
Source: Behavioral Risk Factor Surveillance System (BFRSS), WA State Department of Health, Center for Health Statistics via Public Health Seattle King County City Health Profiles, 2016.

- Over one-fifth of Sammamish residents *(more than 12,000 residents)* do not have a personal doctor that they see for routine visits.
- Nineteen percent of Sammamish residents *(approximately 12,000 residents)* did not see a dentist within the last year. Untreated dental diseases can lead to serious health issues.
- Sammamish residents had better access to care than the county for all measures except "no pap test within three years."
- Stakeholder interviews indicated that a lack of transportation or cultural barriers may provide challenges to access.

Household Insecurity

The Census Bureau defined poverty in 2015, the most recently available year of data, for an individual with an annual income less than $12,082 and for a family of four as less than $24,257.

Exhibit 6. Population Above and Below Poverty Level in Sammamish, 2015



Source: ACS 2015 5-year estimates, Estimate of Poverty Status in the Past 12 Months (Table S1701).

- In Sammamish, 3% of the population *(approximately 1,500 residents)* live in poverty as defined by the federal poverty level.
- In Sammamish, 300% of the poverty level is an annual income of $36,180 for an individual and $73,800 for a family of four. This represents over 8% of the families in Sammamish *(approximately 1,400 households fall into this category, or approximately 4,400 people)*. Given the cost of housing, it is likely that families under 300% of the poverty level experience insecurity in other basics needs.
- Both the Issaquah and Lake Washington School Districts noted that families well above the poverty line are struggling to make ends meet because of the high cost of housing in Sammamish. When families spend a majority of their income on housing they can struggle to pay for basic needs such as food, childcare, or healthcare.

Indicators of Progress

Sammamish is defined by is high quality of life and prosperity, but there are times when some families struggle to get by. Ensuring that the whole community has access to the basic essentials such as shelter, food, and health care can be accomplished by:

- Improving access to basic needs and services.
- Putting in place emergency measures for crisis response.

Current City Response

The City provides grants to several human service providers that offer housing, food, and other emergency assistance.

Policies and Programs

- Residents are entitled to King County Housing Repair Program for low income households

(income dependent for eligibility). This is the same program mentioned in the senior profile. In addition to modifications for disabilities, the program assists with weatherization and other minor home repairs.

- The Eastside Fire and Rescue's Union Local (IAFF 2878) has a benevolent fund that provides assistance for immediate needs such as food, clothing, minor repair work, etc.

Grants

The City of Sammamish has provided grants to several human services providers that offer services for basic needs, totaling $53,588 in 2016-17. These include:

- Catholic Community Services – Winter Shelters and Day Center
- Congregations for the Homeless
- Eastside Baby Corner
- Friends of Youth – The Landing Shelter
- Hopelink – Emergency Financial Assistance and Emergency Food
- Imagine Housing
- Issaquah Food and Clothing Bank
- St. Vincent de Paul – Mary Queen of Peace

Preliminary Ideas for City Action

Leverage Existing Policies and Programs

- **Home modification.** Expand eligibility for home repair program to include residents with moderate incomes and/or high housing costs (see recommendation for seniors for next steps).

Create New Partnerships and Programs

- **Food van.** Partner with the Issaquah Food Bank, Hopelink, or other agencies to develop a mobile food bank that provides regular and emergency food deliveries to Sammamish. Schools in Sammamish already distribute dozens of backpacks full of food to hungry kids to take home over the weekend so they have something to eat. Additional coordination could help families struggling with food insecurity get the help they need.

  Potential Work Plan Outline:

  - *Contact local agencies that provide emergency food service to begin planning for a mobile food bank.*
  - *Work through the grant program or another fund to support the mobile food bank.*

Case Study: RotaCare Clinic in Renton

In 2003 community partners in Renton including Valley Medical Center, Renton Rotary, Renton Technical College, and the Salvation Army launched a RotaCare Clinic. Volunteer medical personnel treat illness and minor injury regardless of ability to pay. Basic labs, x-rays, and medications are offered at no or low cost. Additionally, volunteers are available to help patients qualify for medication and treatment through state programs. The clinic accepts walk-in clients every Saturday morning and operates out of the Salvation Army Community Center and Food Bank.

- **Rotacare clinic.** Work with the local chapter of Rotary International to develop a free, walk-in medical clinic one or more days a week, available to anyone who needs care.

  Potential Work Plan Outline:

  - *Meet with the local chapter of Rotary International to work on a strategy for the Clinic.*
  - *Work through the grant program or another fund to support the Rotacare Clinic.*

Implementation Table

The requirements to implement each of the potential actions are shown in the table below, along with a potential timeline for implementation.

Possible Action	Financial Support	Staff Support	Timeline for Implementation
Home modification	$$ – The City would need to provide funding for the additional residents served, who might not be eligible for the existing program.	Low to Medium – This depends on the role assigned to City staff. This work is currently not performed by staff.	Mid-term.
Food Van	$$ – The City should contribute funding or grant program money to this project.	Medium – City staff is needed to initiate coordination, but once the program is going it could be lower if another agency takes the lead. Ongoing staff support will likely be needed.	Mid-term.
Rotacare Clinic	$$$ – The City should consider a financial contribution to this project.	Medium – City staff is needed to initiate coordination, but once the program is going Rotary volunteers could take the lead. Ongoing staff support will likely be needed.	Long-term.
	Financial Support: **$** - < $100,000 **$$** - $100,000 - $500,000 **$$$** - > $500,000	Staff support needed: **Low** - Current staff, may need to adjust work priorities. **Medium** - Additional staff to manage or coordinate action. **High** - Additional staff to manage or coordinate and to implement.	Implementation Timeline once initiated: **Short-term** - 1 year **Mid-term** - 3 years **Long-term** - >3 years

CULTURAL INCLUSION

FEELING AT HOME

Dadi (Grandma) came to Sammamish to live with her son and his family. The family takes care of each other and this has always been their way. Her dadi slept in her room when she was a little girl. She is proud of her son's success and happy to live here in America. There are other people here from her native country and she has made a few friends.

Yet these new friends aren't the same as her family and friends back home. There is no network of extended family to rely on, nor can they call on her, their favorite "auntie," to help. She sometimes feels a little lost and it's hard to know where she can get help when the family needs it.

Community Needs

In 2015, the Census Bureau estimated that a quarter of Sammamish residents were foreign born. Sammamish attracts immigrants who are part of the high-tech and global trade economy because of its proximity to companies and organizations with demand for highly skilled workers that come from all over the world. Many immigrants have intergenerational households, with parents living with their adult children and families for extended stays or permanently. For those seniors that do not speak English well or have limited transportation options, social isolation can be a problem.

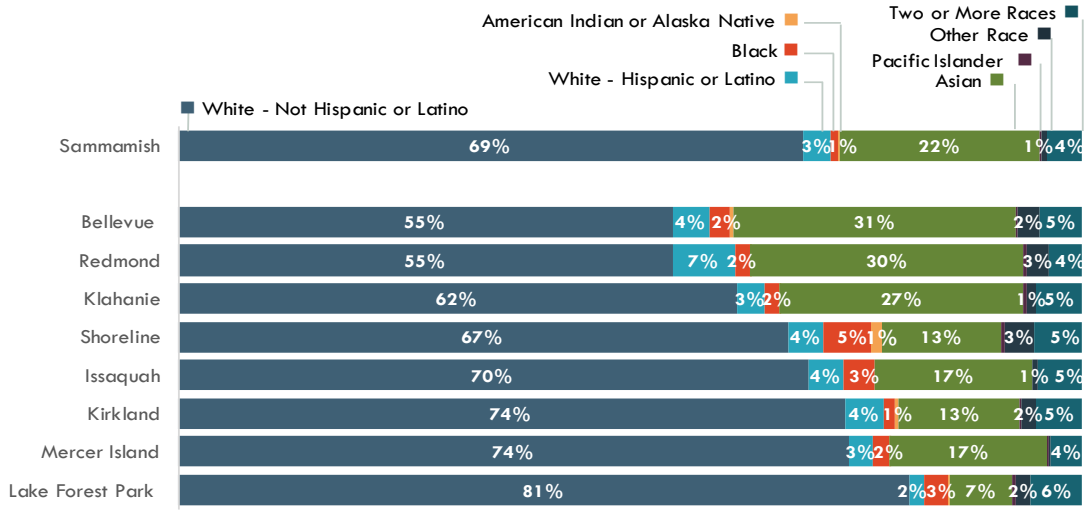
With diversity growing in the community, many children with immigrant parents have a foot in two different worlds. While American culture tends to emphasize individual success, many immigrant communities in Sammamish value a collectivist mindset. Youth struggle to navigate the tension between American values of forging new paths and their families' wishes to follow a set path. Faced with these pressures, youth may be less likely to turn to their parents and families for help.

Summary data on the race, ethnicity, and language spoken at home for Sammamish residents is shown in the following charts.

Race and Ethnicity

Exhibit 7. Race and Ethnicity in Sammamish and Peer Cities, 2010-2015

Sammamish	
White - Not Hispanic or Latino	69%
Asian alone	22%
Two or more races	4%
White - Hispanic or Latino	3%
Black or African American alone	1%
Native Hawaiian and Other Pacific Islander alone	0%
American Indian and Alaska Native alone	0%



Source: ACS 2015 5-year estimates, Demographic and Housing Estimates, BERK 2017.

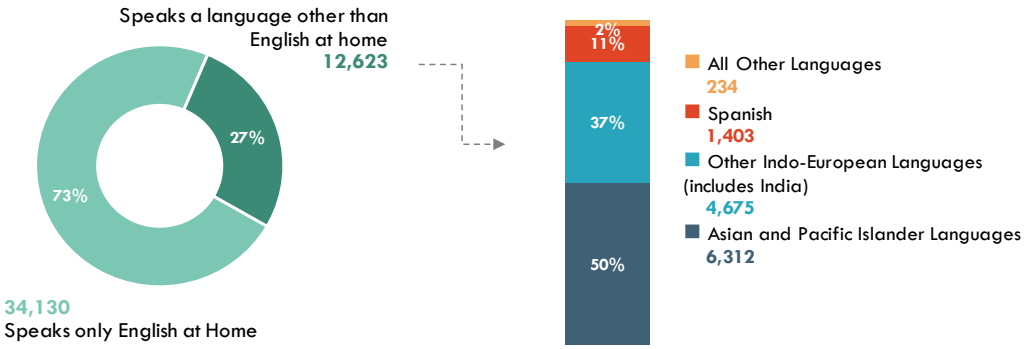
- The white non-Hispanic population in the State of Washington is close to 70%, similar to that of the U.S. overall. King County is more diverse with greater than a third of residents being Hispanic and/or not white alone.
- In Sammamish, most residents are White (69%), with a large proportion of Asian residents (22%). Approximately 3% of residents are White Hispanic and 4% identify as being two or more races. This is similar in racial makeup to neighboring cities of Issaquah and Mercer Island.
- In 2015, the Census Bureau estimated that a quarter of Sammamish residents were foreign born. Of those born elsewhere, the majority originate from Asia (62%), specifically Eastern Asia.
- Many non-citizen foreign born residents in Sammamish may work in the area. In FY2016 (October 1, 2015 – September 30, 2016) King County saw almost 4,000 certified H1B visas for Microsoft (Foreign Labor Certification, 2016).
- In recent decades, Sammamish has seen a decline in the number of foreign born residents

from Europe and Africa, and an increase in the share of residents born in Latin America and Oceania.

- Sammamish, prior to the annexation of Klahanie, saw similar proportions of foreign born Asians from Eastern Asia (42%), which includes China, and South-Central Asia (45%), which includes India. Klahanie has a much higher proportion of Asian residents from Eastern Asia (53%) and South-Eastern Asia[9] (16%) compared to Sammamish before the annexation.

Language Spoken at Home

Exhibit 8. Languages Spoken at Home in Sammamish, 2010-2015



Source: ACS 2015 5-year estimates, Language Spoken at Home (Table S1601), BERK 2017.

- A large percentage of Sammamish residents (27%) speak a language other than English at home. Of these, approximately 50% speak an Asian or Pacific Islander language, and 37% speak other Indo-European languages.
- Some families in Sammamish may speak another language at home, even if they are proficient at English. Of the population ages five and over in Sammamish, over 3,000 are estimated to speak English less than "very well" by the Census (7.2%). This is similar to the proportion in Kirkland, and a smaller share of the population than in neighboring Redmond (13.6%) and Bellevue (16.2%)
- Based on a 5-year American Community Survey sample from 2009-2013, 26% of King County residents over age 5 spoke a language other than English at home. These data are self-reported, and people may report they speak English at home if a family member speaks English.

[9] Southeast Asia refers to Bruneian, Burmese, Cambodian, Filipino, Hmong, Indonesian, Laotian, Malaysian, Mien, Papua New Guinean, Singaporean, Timorese, Thai, Vietnamese.

Indicators of Progress

Sammamish values the diversity of its community and wants to ensure that people feel welcome. Part of a strong network of health and human services is helping people feel connected to community and understand how to use the resources that are available to them. This is especially important for immigrant families who may not understand American institutions or conventions. Success in cultural inclusion will be marked in the following ways:

- Immigrant families and newcomers to Sammamish have the opportunity for a welcome and orientation to the community.
- People know where to find help in navigating health and human service resources.
- City operations and programs have an inclusive mindset based on embracing and engaging all cultures and facilitating shared community experiences.
- Greater participation in community events, programs, and by a variety of cultural communities.

Current City Response

The City has several policies and programs in place to increase cultural competence. In addition, the City provides grants to human service providers that foster cultural inclusion.

Policies and Programs

- Eastside Fire and Rescue's EMS training builds the cultural competency of firefighters and EMTs for their interactions with patients. Eastside Fire and Rescue has been attempting to utilize technology to improve communication with patients when English is either a second language, or not an option at all.
- The Sammamish Police Department participates regularly in diversity panels, forums, meetings, community events, and gatherings. Police Chief Bennett is involved in many community outreach and engagement efforts focused on cultural inclusion and immigrant concerns. This includes a Muslim Safety Forum, meetings with the Pacifica Institute, the Indian Association of Western Washington, the Issaquah Schools Foundation Cultural Bridges, and others, as well as community picnics and Ramadan Interfaith dinners hosted by the Muslim community.
- Police Chief Bennett created the Healthy Communities Coalition to identify key issues in the Sammamish community and strategize preventive actions and solutions. Over 20 different helping agencies serving the Eastside have attended meetings, and the coalition continues to grow. The top issue to address, as voted on by the coalition, was Cultural Bridges - assisting other cultures via education on both sides to create a healthy Sammamish community. The agencies who have expressed interest or attended meetings include:
    - Athletes for Kids
    - Boys and girls Club of King County
    - CareNet of Puget Sound
    - Central Washington University
    - CrossPath
    - Cultural Bridges

- Eastside Catholic
- Eastside Friends of Seniors
- Family to Family Senior Care
- Healthy Youth Initiative
- HeroHouse
- Hopelink
- India Association of Western Washington
- Influence the Choice - Drug Prevention
- Alliance for Youth
- Issaquah Food and Clothing Bank
- Issaquah Schools Foundation
- Kids without Borders
- King County Sheriff
- Kiwanis
- Lake Washington School District
- Lake Washington Schools Foundation
- Nourishing Networks
- Redmond Police
- Sammamish Arts Commission
- Sammamish Chamber of Commerce
- Sammamish Citizen Corps
- Sammamish Hills Lutheran
- Sammamish Rotary
- Sammamish YMCA
- TriAwareness
- YoungLife
- Youth Eastside Service

Grants

The City of Sammamish has provided grants to human services providers that offer services for Cultural Inclusion totaling $4,300 in 2016-17. These include:

- Cultural Navigator Program
- India Association of Western Washington

Case Study: Diversity Advantage Plan in Bellevue

People of color now represent over 40% of Bellevue's population. Like Sammamish, Bellevue sees its diversity as a strength, but it also presents some challenges.

The Diversity Advantage Plan is Bellevue's strategy for building inclusion and making sure there is equitable access to community resources including government, education, and human services. It recommends actions for improving cultural competency in government and in the community.

Preliminary Ideas for City Action

Leverage Existing Policies and Programs

- **Welcome and Orientation.** Enhance community welcoming activities and services. This could include a more robust "Welcoming Week" organized by the City, having "Welcome" on the front door of City Hall in the different languages that residents speak, holding a City services roadshow, and distributing welcome and orientation packets for newcomers, working with existing partners.

  Potential Work Plan Outline:

  - *Create a staff interdepartmental "Welcome" team.*
  - *Use the team to help plan events, materials, and the roadshow.*

- *Work with partners such as the India Association of Western Washington and the Chinese Information and Service Center to create and distribute materials for specific communities.*
- *Enhance cultural competency, equity and inclusion training for all staff personnel.*

Create New Partnerships and Programs

- **Cultural Navigation.** Cultural Navigation is a program that offers free and confidential assistance to immigrants. Immigrants and refugees may not understand how to undertake common tasks like meeting with a child's teacher, applying for a job, riding the bus, starting a business, or finding housing or health care. This is because there are different ways of doing these things in their native countries. Sammamish could partner with the Cultural Navigation Program that is currently funded through health and human service grants. This effort could also build off the work of the Healthy Communities Coalition. The City could either provide funds and space to support additional work by the existing Cultural Navigation Program, or it could develop its own volunteer program run out of a community facility or mobile van.

  Potential Work Plan Items:

  - *City staff contacts the Cultural Navigation Program and other community partners to discuss options for Sammamish residents.*
  - *Human Services Commission evaluates options for Cultural Navigation and sends recommendations to City Council.*
  - *City Council provides funding and/or staff support for one of the options.*

Case Study: Crossroads Mini-City Hall in Bellevue

Originally opened as a neighborhood service center to save residents a trip to City Hall, it became clear early on that culturally competent services would be needed. More than half of the users of the Crossroads Mini-City Hall had a language and/or cultural barrier.

Over the past two decades this facility has become a hub for cultural inclusion. Residents can receive information and services in eight languages. It offers a Cultural Navigator program, healthcare information and referral, and computer skills help. Many of the specialized services are provided through partnership with agencies such as King County Public Health, King County Public Library, or through trained volunteers.

Direct Service

- **Bi-cultural Programming.** Develop recreational and community bi-cultural programming that both recognizes cultural identity and celebrates being part of American culture. The City has already been exploring some work in this area through its arts and culture program, planning for a Chinese New Year Event, and initial planning for a possible Klahanie Field Day. Partners such as the India Association of Western Washington, the Chinese Information and Service Center, and others may be strategic advisors for this work. The focus for bi-cultural programming should encourage people from different cultural communities to socialize,

recreate together, and get to know each other.

Potential Work Plan Items:

- *Develop an interdepartmental team to explore ideas and options for bi-cultural programming and community events.*
- *Vet ideas with the Human Services Commission, the Parks and Recreation Commission, and the Arts Commission.*

- **Cultural Competency Training.** The City of Sammamish staff, Council, Boards and Commissions work very hard in service of the residents of the city. However, the demographic composition of City staff and leadership does not reflect the full diversity of the people who live here. This is an issue that many communities face, particularly when the local population has a high proportion of immigrants (25% for Sammamish). A commitment to diversity and inclusiveness is an important step to ensure equity and to help people from all backgrounds feel comfortable in Sammamish. There are several steps the City of Sammamish can take to improve its cultural competency, provide the best service it can to all its residents, and strive to encourage participation in all levels of government.

  Potential Work Plan Items:

  - *Formally adopt an equity statement that outlines the City's commitment to inclusiveness and diversity. Consider working with the City's Boards and Commissions on recommendations that will be transformed into a formal statement through one or more Council workshops.*
  - *Work with a consultant to develop a cultural competency program for staff, elected officials, appointed officials, and volunteers. While the initial program may begin with a large one-time training event, this should be an on-going program to ensure there is a consistent focus on inclusivity, diversity, and meeting community needs.*
  - *Develop communications strategies to reach culturally diverse groups in the community.*
  - *Gather an interdepartmental team to assess all aspects of City operations through a lens of equity, diversity, and inclusivity. The goal is to bring cultural competency awareness to all City policies, programs, and services.*

Implementation Table

The requirements to implement each of the potential actions are shown in the table below, along with a potential timeline for implementation.

Possible Action	Financial Support Needed	Staff Support Needed	Timeline for Implementation
Welcome and Orientation	$$ – This requires materials development. There would be some costs related to sponsoring community events, small giveaways, etc., and expenses for staff training.	Medium – Participation in an interdepartmental team and development of marketing materials will require additional workload. It is likely this item will require additional staff resources.	Short-term.
Cultural Navigation Program	$$ – This would involve funding to support more time and investment in the existing Cultural Navigators Program or costs for training, development of materials, and potentially a dedicated space for a Sammamish- specific program.	Medium – Cultural navigation programs can be run by volunteers, but additional staff resources will be needed to lead, organize, and train them.	Mid-term.
Bi-cultural programming	$$ – Funds are need for program development and materials, programming space, event promotion, etc.	Medium – Additional staffing will be needed to plan and implement additional recreation programs or events.	Mid-term.
Cultural Competency Training	$$ – Funding is needed to hire a trainer and for on-going staff support.	Medium – Additional staffing needed to coordinate the training program and ensure on-going compliance.	Short-term.
	Financial Support: **$** - < $100,000 **$$** - $100,000 - $500,000 **$$$** - > $500,000	Staff support needed: **Low** - Current staff, may need to adjust work priorities. **Medium** - Additional staff to manage or coordinate action. **High** - Additional staff to manage or coordinate and to implement.	Implementation Timeline once initiated: **Short-term** - 1 year **Mid-term** - 3 years **Long-term** - >3 years

SENIOR SERVICES

Community Needs

As Sammamish seniors age, it is important that they have opportunities to engage with their neighborhood and to access resources that can help them maintain autonomy and independence. In the town hall survey, 41% of respondents indicated that their family would benefit from services or programs for seniors.

- In Sammamish, 6.6% of males and 7.1% of females are ages 65 and over. In Klahanie, 4.7% of males and 9.3% of females are ages 65 and over.
- Based on U.S. Census data, 40% of the Sammamish population 75 years and older has a disability, and 9% of the population ages 65-74 has a disability *(approximately 725 residents age 65 and older)*.

Aging in place is a concept focused on ensuring that individuals have the "ability to live in one's own home and community safely, independently, and comfortably, regardless of age, income, or ability

HOLDING ON

He and his wife always dreamed of a beautiful home and they found it in Sammamish. It was a welcoming place for their children in their teen years and now they return each year with the grandchildren to spend the holidays together.

A couple years ago his wife passed away. His life isn't the same without her. Friends and neighbors really helped him overcome his grief.

When the kids came to visit last summer, they told him they were really concerned about him. He's had two fender-benders in the last six months. They think he should stop driving, but how will he get to the doctor, the grocery store, or his volunteer job as a Salmon Guide at the Issaquah hatchery?

He would feel lonely and stuck at home. If he moved somewhere he can manage better without a car, how would he stay in touch with his friends? He would have to give up his volunteer job, which he loves, and find a new doctor. He doesn't like these options, but doesn't know what to do.

levels."[10] At the community level this often involves increasing the livability of a community by aligning housing, transportation, health services, cultural opportunities, and the physical environment around community needs of older adults.

Supportive services provide the incremental and tailored supports that enable an individual to meet their independent living needs as they age. Supportive services are typically offered by a decentralized network of services across a range of organizations, projects, and initiatives. Many seniors face barriers to accessing the services they need because there is insufficient information (or it exists, but is difficult to find or across multiple websites) on what is available.

In addition to services that address health care and mobility needs, opportunities for social interaction are also important (see also the section on Cultural Inclusion). Social engagement helps prevent cognitive decline in seniors, and those with no social ties face increased risk for cognitive decline compared to those with five or six social ties. (Bassuk, Glass, & Berkman, 1999)

There are several factors critical to maintaining independence:

- Affordability of the home;
- Condition and accessibility of the home (and whether it can be readily and affordably modified);
- Availability of supportive services, including formal and informal help from family and friends; and,
- Whether neighborhood characteristics foster independence or make navigation difficult or unsafe. (Spillman, Biess, & MacDonald, 2012)

Falls often take place in the home and can be a consequence of ill-adapted housing. Installing grab bars in bathrooms and railings on both sides of stairs, removing tripping hazards (e.g., slippery area rugs), and improving lighting around the home and on outdoor walkways are all low-cost measures that can decrease the likelihood of falls (JCHS, 2014).

The cultural values associated with the Boomer Generation, which includes many immigrants, will lead to several trends in service provision, including:

- Emphasis on personal choice and individualized services.
- Movement away from institutional care and toward home and community based services.
- Increased interest in "aging in place." Many Boomers will wish to stay near their adult children and remain an active, productive member of their communities.
- Demand for active hobbies and activity options (more sports and fitness opportunities). (BERK Consulting, 2015).
- Interest in lifelong learning and continuing education.

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[10]Centers for Disease Control (2015) Healthy Places Terminology *http://www.cdc.gov/healthyplaces/terminology.htm*.

Indicators of Progress

Sammamish is a community for families. A community committed to families must meet the needs of the entire family, including our elders. Keeping seniors engaged in the community provides a resource of people who can share their knowledge and skills, volunteer their time, and provide a watchful eye over our neighborhoods. We create a safe and healthy intergenerational community when our policies and programs:

- Help create safe and affordable places for older generations to live.
- Increase mobility.
- Encourage social engagement, inclusion, and connection.

Current City Response

The City of Sammamish has several policies and programs in place to address seniors and active aging. In addition, the City provides grants to several human service providers that offer senior programming, as outlined below.

Policies and Programs

- Eastside Fire and Rescue's firefighters and emergency medical technicians are mandatory reporters of suspected physical abuse and neglect of children and vulnerable adults. Mandatory reporting occurs through the Police Department or the Washington State Department of Social and Health Services.
- City of Sammamish residents are entitled to the home accessibility modification program through King County Housing Repair Programs such as grab bars, wheelchair ramps, etc. Eligibility is determined by gross annual income.
- Sammamish is working with King County Metro – Community Connections to come up with solutions moving people within Sammamish, and examining options beyond fixed transit. The Council is focused on "last mile" challenges of getting people from the park-and-ride to their homes. Some thought has been given to partnering with Uber and Lyft to address transportation gaps, but there are challenges in implementation. These improvements would help seniors and others without transportation access.

Grants

The City of Sammamish has provided grants to several human services providers that offer services for seniors, totaling $26,500 in 2016-17. These include:

- Eastside Friends of Seniors
- Sound Generations – Meals on Wheels
- Elder and Adult Day Services
- Providence Marianwood – Issaquah Nursing Home

Preliminary Ideas for City Action

Leverage Existing Policies and Programs

- **Home Modifications.** Expand eligibility for home modifications to those with moderate incomes and/or high housing costs. This may involve setting up a fund or offering grant money to King County.

  Potential Work Plan Items:

  - *City staff works with the Housing Repair Program to determine how to expand eligibility for Sammamish residents.*
  - *City publicizes the availability of the home repair program.*
  - *City dedicates funding to support expanded eligibility.*

Case Study: Kirkland Senior Council

Established by the Kirkland City Council in 2002, the Kirkland Senior Council (KSC) is a group of concerned citizens dedicated to ensuring that Kirkland is, and remains a safe, vibrant community for residents age 50+. As an advisory group to the City Council, they advocate, support, shape and create programs and services that meet the needs of adults age 50+.

- **Volunteer Bank.** Maintain a listing of community-wide volunteer opportunities that may be of interest to seniors. This would allow people to make connections and use knowledge and skills to serve their community.

  Potential Work Plan Items:

  - *City staff develops and maintains a list of volunteer opportunities for seniors, including serving on local boards and commissions, volunteering at one-time events, and ongoing service jobs.*
  - *Publish the list online and advertise it through other means.*

- **Aging in Place.** Review planning policies to address aging in place as part of the next Sammamish Comprehensive Plan Update. Include police recommendations as part of the Housing Strategy Plan (a component of the Comprehensive Plan scheduled to be updated in 2018).

  Potential Work Plan Items:

  - *City staff or consultants audit the Comprehensive Plan to identify existing policies and policy gaps for the components of aging in place: affordable housing, housing diversity and choice, social connection, recreation, and transportation and mobility.*
  - *Propose policy updates to support aging in place. These should be vetted with the Human Services Commission and the Planning Commission before being recommended to City Council for inclusion in a Comprehensive Plan Amendment.*

Direct Service

- **Recreational Programming.** Explore multiple ways of expanding social and recreational programing for seniors aimed at physical health, mental health, mental acuity, and social exchange. This could include things like bridge club, chair yoga, choir, meditation, silver sneakers, etc. Include programming of special interest to different cultures, multi-generational programming, and programming that is free or low cost. The City may also build off existing partnerships with the Issaquah and Redmond Senior Centers, the YMCA, or could integrate shared space with youth programming agencies such as The Boys and Girls Club.

  Potential Work Plan Outline:

  - *Develop a departmental team to explore ideas and options for enhanced inter-generational and senior-oriented programming and events.*
  - *Contact community partners to explore opportunities for collaboration.*
  - *Vet ideas with the Parks and Recreation Commission.*
  - *Develop a strategy for implementing senior programming.*
  - *Publicize the availability of programs and opportunities for seniors, including partner resources. For example, let people know they can participate in YMCA programs for free or low cost if they are unable to pay.*

- **Transportation Shuttle.** A transportation shuttle bus for seniors could be used to attend recreational activities in Sammamish or surrounding communities, or for appointments or errands. There are many options for a transportation shuttle, including: a city operated shuttle, a partner operated shuttle (for example in coordination with King County Metro or a non-profit group), a volunteer operation, or even a subsidy of a for-profit system (such as Uber or Lyft).

  Potential Work Plan Items:

  - *Develop a departmental team to explore alternatives for a transportation shuttle. Conduct a study of alternatives and implementation strategies.*
  - *Vet ideas with the Human Services Commission and the Transit Committee before forwarding a recommendation to Council.*
  - *Council authorizes a Transportation Shuttle program and dedicates funding.*

Implementation Table

The requirements to implement each of the potential actions are shown in the table below, along with a potential timeline for implementation.

Possible Action	Financial Support	Staff Support	Timeline for Implementation
Home modification	$$ – The City would need to provide funding for the additional residents served, who might not be eligible for the existing program.	Medium – This depends on the role assigned to City staff. This work is currently not performed by staff.	Mid-term.
Senior volunteer bank	$ – This work is not currently included in staff work plans.	Low to Medium – This work is not currently included in staff work plans. Depending on the scope, additional staff resources may be needed.	Short-term.
Aging in place	$$ – Will require use of staff and/or consultant time to review existing policies.	Medium – Comprehensive Plan amendments are time consuming and will require additional one-time resources to complete the work.	Short-term.
Recreational Programming	$$$ – This would require additional staffing and funding for program development, program materials, implementation, and potentially program space.	Medium to High – This would require the development of programs and the hiring of staff to run them at the high end, and would require partnership coordination at a mid-cost.	Mid-term.
Transportation Shuttle	$$$ – This would require funding by the City.	Medium to High – The City needs to examine alternatives and coordinate an implementation strategy. Staff needs depend on the role of the City in implementation and management.	Long-term.
	Financial Support: **$** - < $100,000 **$$** - $100,000 - $500,000 **$$$** - > $500,000	Staff support needed: **Low** - Current staff, may need to adjust work priorities. **Medium** - Additional staff to manage or coordinate action. **High** - Additional staff to manage or coordinate and to implement.	Implementation Timeline once initiated: **Short-term** - 1 year **Mid-term** - 3 years **Long-term** - >3 years

DOMESTIC VIOLENCE

Community Needs

Domestic violence affects people of all incomes and backgrounds in Sammamish. Economic abuse and lack of affordable housing options make it difficult for those experiencing domestic violence to leave relationships. In some cases, victims may feel shame about their situation and reluctant to seek help. Since crime rates are low in Sammamish, domestic violence represents a larger share of calls to police than might be typical in other communities (though the numbers are still low).

Domestic violence is physical harm, bodily injury, assault, or the infliction of fear of imminent physical harm, bodily injury or assault, between family or household members. It can include physical assault, sexual abuse, and stalking. The Bureau of Justice estimates that 27% of women and 12% of men have experienced domestic violence and then suffered significant impacts such as post-traumatic stress disorder and injury as a result (Breiding, et al., 2011).

Domestic violence is intimately linked to housing and homelessness, and the fear of becoming homeless is a major reason domestic violence survivors stay with their abusers. Research shows that the need for, and the financial means to maintain, safe housing are two of the most pressing needs among women who are leaving or who have left abusive partners (Clough, Draughon, Njie-Carr, Rollins, & Glass, 2013).

Economic abuse is a common tactic used by abusers to gain power and control in a relationship; it may include tactics to limit the partner's access to assets or to hide information and accessibility to family finances. Financial abuse is a powerful method of keeping a survivor trapped in an abusive relationship, and research shows that financial abuse occurs in 98% of abusive relationships (National Network to End Domestic Violence).

Women from immigrant communities who are experiencing domestic violence may feel additional isolation and may not feel comfortable going outside of the family or cultural community for help with a

SURVIVING ABUSE

From the outside most people think that she has a great life. She lives in a beautiful house and has quiet, well-behaved children. Her husband makes good money and she doesn't have to work.

Yet she holds on to a secret that makes her feel ashamed. Her husband becomes jealous if she takes too long picking the boys up from soccer or unexpectedly stops at the grocery store for a gallon of milk. First comes the accusations, then the name-calling, and then the rage.

Although she is afraid for herself and her children, she is not sure where to go. She doesn't have family that can help and they have only lived in Sammamish a few years. It's hard to make friends when you can't spend any time with them. He says she can't be trusted with money, so her name isn't even on most of their accounts. When she has tried to leave, he threatened retribution.

She needs a safe place to go, affordable housing, financial support to get on her feet, help to keep her kids in school, counseling, and legal assistance. She isn't sure where to start or how to navigate the systems that might be in place to help her.

private matter. (Senturia, Sullivan, & Ciske, 2000).

For those who leave a domestic violence situation there is emergency shelter on the Eastside, but longer-term shelters are only in Seattle, and housing resources are mostly available in South King County. Housing and employment options and low-cost access to physical and mental health care in Sammamish would help families experiencing domestic violence.

Barriers to accessing resources in Sammamish include a lack of case management and programs that require income eligibility.

Indicators of Progress

Domestic violence occurs across the community regardless of ethnicity, income, or other demographic factors. Often when people leave domestic violence situations they are at most risk of harm. The region needs a variety of safe and confidential spaces and a secure and available referral network to get people the help they need. Sammamish will not solve this problem alone, but the community can do its part to make regional improvements in domestic violence support, such as:

- Improving the availability of safe houses and shelter resources for domestic violence survivors.
- Increasing awareness of help and resources for those affected by domestic violence.
- Educating the community about the warning signs of domestic violence and harassment.
- Increased contributions of time and funding to regional efforts to address domestic violence.

Current City Response

The City has several policies and programs in place to address domestic violence, and provides grants to human service providers that offer services for victims of domestic violence.

Policies and Programs

- The City contracts with King County Sheriff for a full time Domestic Violence Advocate that covers the City of Sammamish and other local communities. The advocate's job is to contact victims of domestic violence to provide further assistance.
- Eastside Fire and Rescue's firefighters and emergency medical technicians are mandatory reporters of suspected physical abuse and neglect of children and vulnerable adults. Mandatory reporting occurs through the Police Department or the Washington State Department of Social and Health Services.
- The City of Sammamish attends regional human service meetings of Eastside Cities' Human Services staff that can touch on domestic violence issues and funding.
- As the Fire Department becomes aware of issues, they assist customers with contacting social services or the Eastside Fire and Rescue Chaplaincy program.
- At any domestic violence event, Sammamish police officers hand out the Domestic Violence Protection Act form as seen below.

Exhibit 9. Domestic Violence Protection Act Form

Rights of Crime Victims and Witnesses

If you are a crime victim, a survivor of a crime, or a witness to a crime, the State of Washington provides that reasonable efforts be made to ensure you the following rights:

1. To be informed of the final outcome of the case.
2. To be notified of any scheduled changes in the court proceedings.
3. To receive protection from harm or threats of harm arising from your cooperation with law enforcement or prosecution.
4. To receive witness fees to which you are entitled.
5. To be provided, whenever practical, a secure waiting area during court proceedings, away from the defendant or the defendant's family.
6. To have any stolen or other property quickly returned by law enforcement or the superior court when it is no longer needed as evidence.
7. To have someone intervene with your employer if necessary when you are required to come to court.
8. To have access to immediate medical attention. With regard to victims of domestic violence, sexual assault or stalking (or their family members), to be allowed reasonable leave from employment to take care of legal issues, receive medical treatment or obtain other necessary services.
9. To have a crime victim advocate from a crime victim/witness program at any interviews.
10. To be present in court during trial if you are the victim or the survivor of a victim, after your testimony has been given and no further testimony is required.
11. To be informed of the date, time and location of the trial and, if requested, of the sentencing hearing in felony cases if you are the victim or the survivor of a victim.
12. To submit a victim impact statement to the court.
13. To present a statement personally or by representation at the sentencing hearing for felony convictions.
14. To have restitution ordered by the court in all felony cases, unless the court finds this inappropriate.

Rights of Child Victim and Witnesses

In addition to the rights that have been provided for all crime victims and witnesses, Washington law requires reasonable efforts be made to ensure the following rights for child victims and witnesses under the age of 18:

1. To have all legal proceedings and/or police investigations explained in language that can be easily understood by a child.
2. To have a crime victim advocate from a crime victim/witness program present at any interview.
3. To have, whenever practical, a secure waiting area provided for the child during court proceedings, and to have a support person or advocate stay with the child.
4. To not have the address or photographs of the child victim or witness disclosed by any law enforcement agency, prosecutor, defense counsel, or private or governmental agency involved in the case.
5. To allow the advocate to make recommendations about the ability of the child to cooperate with the prosecution and the potential effect of the proceeding on the child.
6. To allow the advocate to inform the court about the child's ability to understand the nature of the proceedings.
7. To provide information about social service agencies to assist the child and/or the child's family with the emotional impact of the crime, the investigation, and the judicial proceedings.
8. To allow the advocate to be present in court to provide emotional support to the child during testimony.
9. To inform the court as to the need to have other supportive persons present during the child's testimony.
10. To allow law enforcement agencies to enlist the assistance of other professional personnel such as Child Protective Services, victim advocates or prosecutor's staff trained in interviewing of child victims.

Domestic Violence Prevention Act
Victim's Rights

IF YOU ARE THE VICTIM OF DOMESTIC VIOLENCE, you may ask the city or county prosecuting attorney to file a criminal complaint. You also have the right to file a petition in Superior, District, or Municipal court requesting an order for protection from domestic abuse, which could include any of the following:

(a) an order restraining your abuser from further acts of abuse against you or your minor children;
(b) an order directing your abuser to leave your household;
(c) an order prohibiting your abuser from entering your residence, workplace, school, or your child(ren)s school or daycare;
(d) an order granting you temporary custody of your minor children;
(e) an order restraining your abuser from interfering with your custody or removing the children from the state.

The forms you need to obtain for a Protection Order are available in any Municipal, District or Superior court or at the King County Prosecuting Attorney's Protection Order Program:

King County Courthouse Seattle (Seattle) 206-477-1103
Regional Justice Center (Kent) 206-205-7406
http://www.protectionorder.org

Available 24 Hours a Day:

Information About Shelters and Alternatives to Domestic Violence
Washington State Domestic Violence Hotline..... 1-800-562-6025
National Domestic Violence Hotline..... 1-800-799-SAFE (7233)
TTY 1-800-787-3224
King County Domestic Violence Recorded Information Line 206-205-5555

Information Presented Here is Available in Alternate Formats
Voice: 206-296-4078 TTY Relay: 711

Information in other languages – Peace in the Home Helpline.....1-888-847-7205

Types of Orders for Victim Protection

Anti-Harassment Order ..... Reference RCW 10.14
No Contact Order ..... Reference RCW 10.99
Protection Order ..... Reference RCW 26.50
Restraining Order ..... Reference RCW 26.09 or 26.26
Sexual Assault Order ..... RCW 7.90
Stalking Protection Order ..... RCW 7.92
Vulnerable Adult Order ..... RCW 74.34
Extreme Risk Protection Order .....RCW 7.94

Grants

The City of Sammamish provided grants for 2017-2018 to several human services providers that offer services for victims of domestic violence totaling $28,039. These included:

- Harborview Sexual Assault/Traumatic Stress Services
- King County Sexual Assault Resource Center
- Lifewire
- Sophia Way

Preliminary Ideas for City Action

Leverage Existing Policies and Programs

- **Domestic Violence Advocate.** Improve awareness of the Domestic Violence Advocate by listing information and contacts on the City's website.

  Potential Work Plan Items:

  - *Develop page on City website with information about domestic violence, the services offered by the Domestic Violence Advocate, and contact information.*
  - *Include culturally appropriate materials in multiple languages.*

- **Regional Support.** Continue to work regionally to ensure there is adequate safe housing, affordable housing, and shelter space in and near Sammamish to keep families close to the community when it is safe to do so.

Potential Work Plan Items:

- *Work through the Sound Cities Association (and other regional groups) to ensure Sammamish representatives are placed on committees that work on issues that will improve options for survivors of domestic violence. This includes committees related to domestic violence, emergency shelter, and affordable housing.*
- *Develop a regular schedule of briefings and annual workshop where the regional committee representatives and the Human Services Commission exchange information and develop an advocacy strategy for domestic violence issues.*
- *Through the regional committee system, identify a specific need that the City of Sammamish can fund in the long term such as a safe house or emergency shelter.*

Create New Partnerships and Programs

- **Awareness Campaign.** The City could partner with Lifewire and other agencies such as King County Sexual Assault Resource Center to create an education and awareness campaign. It should include messages in multiple languages. There should be materials with information and referrals available throughout the community and include contact information for the Domestic Violence Advocate.

  Potential Work Plan Items:

  - *City staff contacts Lifewire and other community partners to develop a campaign. Multiple versions of the campaign may be needed for different cultural communities.*
  - *The partnership identifies specific goals for the Awareness Campaign.*
  - *City staff researches and presents materials for Commission review and recommendation, including an outreach plan.*
  - *City staff customizes materials, conducts outreach.*

Direct Service

- **Bystander Training.** Ensure that City Hall and other City facilities are recognized as safe places for people feeling threatened. This involves training for staff, particularly those working in high contact positions with the public, to recognize potentially threatening or abuse behavior and to quickly connect people to resources when needed.

  Potential Work Plan Items:

  - *City staff contacts Lifewire for help with Bystander Intervention Training.*
  - *Develop a sign or decal that facilities can display on their front door so people know they can safely ask for help.*

Implementation Table

The requirements to implement each of the potential actions are shown in the table below, along with a potential timeline for implementation.

Possible Action	Financial Support	Staff Support	Timeline for Implementation
Domestic Violence Advocate	$$ – Create a page on the City's website and potentially develop some informational materials. It may be possible to use materials from national or regional organizations. The Domestic Violence Advocate currently serves a limited scope of work. Expanding services will require additional funds.	Medium – This work is currently contracted and expanding the scope of work and/or implementing and advocacy campaign will require additional staff resources.	Short-term.
Regional Support	$ – Relies on elected official and staff support to attend regional committees. $$$ - Contributions to a regional project would require direct support or grant program support.	Low to High – Liaison duties with the Human Services Commission are within the duties of the Community Services Coordinator now. If work expands and the City becomes directly involved in managing or collaborating on a regional initiative, additional staff resources will be needed.	Short-term.
Awareness Campaign	$$ – It could be possible to use materials from Lifewire or other organizations.	Medium – Some coordination is needed at the low end. More effort will be needed for community outreach and for targeted campaigns. Additional staff resources may be needed.	Short-term.
Bystander Training	Medium – Fund a training program for City staff.	Medium – Additional staff resources will be needed to implement and maintain new training programs.	Short-term.
	Financial Support: **$** - < $100,000 **$$** - $100,000 - $500,000 **$$$** - > $500,000	Staff support needed: **Low** - Current staff, may need to adjust work priorities. **Medium** - Additional staff to manage or coordinate action. **High** - Additional staff to manage or coordinate and to implement.	Implementation Timeline once initiated: **Short-term** - 1 year **Mid-term** - 3 years **Long-term** - >3 years

Health and Human Services in the Future

A healthy community in which all people have their basic needs met will require the City to take action. Leveraging existing resources, taking a lead in developing partnerships, and providing a few direct programs will begin to improve health and human services in Sammamish over the next few years. In addition, the City should continue to track long-range issues that have impacts on health and human services. A lack of affordable housing and limited options for transportation complicate each of the priority issues, and these challenges were mentioned in nearly every stakeholder interview. Advocacy on these issues is essential to meeting health and human service needs.

ADVOCACY FOR AFFORDABLE HOUSING AND TRANSPORTATION

Affordable housing and transportation are complex, regional issues that cannot be solved by Sammamish alone. Yet the high cost of housing and lack of transportation options significantly impact health and human service needs in Sammamish. The City can benefit from investing in regional partnerships that catalyze and support long-term change in the community. In partnering with other peer cities on the Eastside and with local organizations in King County, it will be important to engage a range of community voices and to adopt an approach of information sharing, awareness building, and resource coordination. Legislative advocacy may also help to bring funding resources to the community.

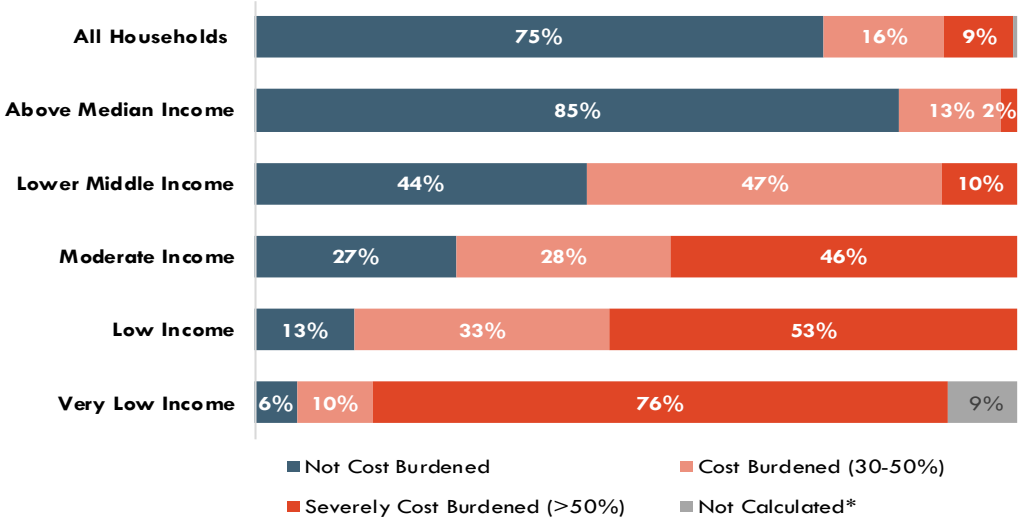
Need for Housing Affordability

Housing affordability is a significant concern in the Sammamish community, and rising housing costs across the region are a significant source of stress. This was echoed throughout outreach events and in the town hall survey. If families are housing cost-burdened, they will make trade-offs in areas such as healthcare, childcare, and adequate and nutritious food, to pay for housing. Families who wish to live in Sammamish because of the community or school district may sacrifice these basic needs.

The U.S. Department of Housing and Urban Development (HUD) deems housing to be affordable if a household spends no more than 30% of their gross income on housing costs (rent plus basic utilities or

gross monthly owner costs). Households are cost burdened if they pay more than 30% of their income for housing costs. Households paying more than 50% of their income for housing costs are considered severely cost burdened, leaving less income for other daily living expenses.[11]

Exhibit 10. Housing Cost Burden by Income Level – City of Sammamish



- One-quarter of households in Sammamish are housing cost burdened, paying more than 30% of their incomes on housing, and 9% are severely housing cost burdened, spending more than 50% of their incomes on housing.
- Some of the 13,240 households in Sammamish above area median income (AMI) have challenges with housing affordability. Fifteen percent of these households are cost burdened, paying more than 30% of their income on housing (almost 2,000 households), and 2% of these households are severely cost burdened, paying more than 50% of their incomes on housing (approximately 264 households).

Need for Transportation Options

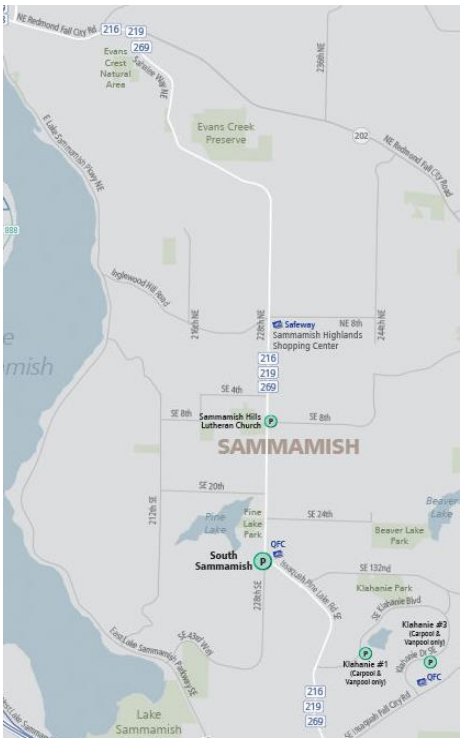
Sammamish is served by limited transit options, necessitating the need to drive most places, whether for work, school, or to grocery shopping or other errands. During outreach with seniors in the Indian community and with the YMCA, Sammamish residents and service providers highlighted a need for better

[11] HUD publishes cost burden estimates based on data from the ACS 5-year Estimates. The latest survey period for which cost burden data is available is 2010 to 2014. This means that cost burden estimates reflect income and housing costs as reported by a sample of residents in Sammamish during a rolling monthly survey between January 2010 and December 2014. This period includes the downturn in the housing market and rise in unemployment during and following the last economic recession. Housing costs have increased during the past few years, a fact that should be considered when interpreting cost burden data from HUD.

public transportation options.

There is minimal bus service in certain areas, and buses do not provide direct access to regional services and medical centers. In the town hall survey, Sammamish residents suggested several ideas related to improved transportation services: a small business service so that residents who don't drive can access the Issaquah Highlands or Redmond Bear Creek mid-day for medical services, or a circulator bus with access to retail centers, parks, the community center, and schools.

Exhibit 11. King County Metro Systems Map, Sammamish



Source: King County Metro System Maps

- Sammamish has three buses running north-south on one street through the center of Sammamish.
- Of the four park and ride lots, two are on the main bus line and two are for carpool and vanpool only in Klahanie.
- Residents can be as far as four miles away from a bus line. Walking to 228th Ave SE can take up to an hour.

Continued Advocacy

Sammamish should have continued presence on regional committees related to affordable housing, transportation, and health and human services. This may include elected officials applying for additional committees through the Sound Cities Association or PSRC. Part of the work of the Human Services Commission should include briefings on the work of these groups and developing strategies and policy direction to Council that could be forwarded to regional committees to advocate for improved funding and programming that could benefit health and human services in Sammamish.

When viewing complex issues such as transportation or affordable housing through the lens of health and human service needs, the following considerations may be useful:

- Short-term and mid-term solutions may be needed while the details of longer-term solutions are negotiated. For example, shuttle service may be needed as an interim solution while the region addresses mass transit options or develops mixed-use centers.
- Transportation options that increase the availability of alternate modes can positively address health and human service needs.
- Land use policies that make it more difficult to develop housing could negatively impact housing affordability, since a pipeline of housing is needed to develop affordable housing.
- Land use policies that directly or indirectly limit the production of diverse types of housing (townhomes, apartments, cottages, etc.) could negatively impact housing affordability.
- Coordinated land use and transportation policies that place medium or higher densities in a central location where people can walk, bike, or use transit for their daily needs are likely to help with both

housing affordability and transportation.

Legislative or Congressional Funding

The Washington State Legislature operates a biennial budget process to fund state agencies, programs, and services. In the 2015-2017 budget process, about one-third of the state general fund budget went toward human services. The United States Congress operates an annual budgeting process that distributes federal tax money, including the funding of major programs and federal agencies and the earmarking of funds for special projects. Careful work with local legislative and congressional delegations could result in additional funding to support housing affordability and transportation in Sammamish.

NEXT STEPS – DEVELOPING AN IMPLEMENTATION STRATEGY

The previous sections identified preliminary ideas for actions the City could take to address human services needs in Sammamish. These recommendations were based on early analysis and findings and were not prioritized. Taking action will require the City to make decisions about funding, staffing, and work program priorities. As an immediate next step, the City may consider developing a strategic plan with the following objectives:

- Define a clear strategy identifying the roles the City will play in each priority issue. For example, will the City be a direct service provider? Or will it continue with indirect services through partnerships and grant funding?
- Develop a prioritized work plan for implementing the City's desired model for staffing, funding, governance, phasing, and reporting.
- Establish long-term goals and policies for the human services program.

Given that the bulk of the analysis was already completed through this Needs Assessment, the final product will be a concise and simple document.

Appendix 1: Health and Human Services Community Profile

City of Sammamish Community Needs Assessment

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Health and Human Services Community Profile

City of Sammamish Community Needs Assessment

PURPOSE AND CONTEXT

The City of Sammamish conducted a Community Profile to better understand the health and human service needs of its residents. Currently, Sammamish does not directly provide human services, but acts as a resource for community members looking to find services. In addition, the City grants over $200,000 every two years to local non-profit organizations that provide health and human service programming to the Sammamish community. The purpose of this profile is to provide the City with a baseline understanding of the current conditions, help the City prioritize needs and where to put limited resources, and assess its role in addressing health and human service needs.

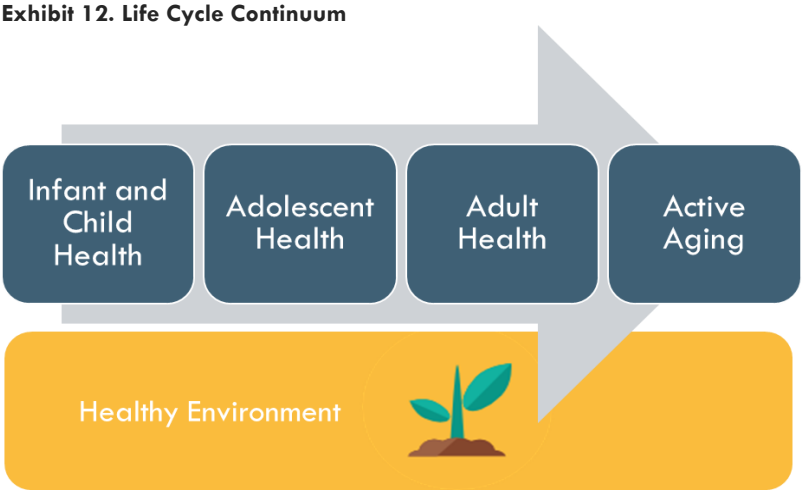
METHODS AND DATA SOURCES

This Community Profile was compiled between June and September of 2017. The approach uses various methods for data collection and analysis to create an understanding of the education, health, nutrition, and social service needs of the residents of the City of Sammamish.

Life Cycle Approach

The Needs Assessment is organized around the life cycle approach to exploring the health and human service needs in Sammamish. This approach follows the premise that health and human services build well-being throughout people's lives and is illustrated in **Exhibit 12**. The report looks at needs of Sammamish residents through each of these life stages. It also assesses the influence of environmental factors on community health such as housing affordability, transportation, and crime.

Exhibit 12. Life Cycle Continuum



Source: Frameworks Institute *Talking Human Services*, BERK illustration 2017.

- Pre-natal care is critical to ensuring the health of the mother and baby.
- In childhood, access to early education builds a foundation for future success.
- Through the teen years, human services can provide support for healthy physical, social, and emotional development.
- In adulthood, a focus on access to safe, stable housing, reliable transportation, and mental health support keep communities healthy and vibrant.
- As adults age, services focus on inclusion and engagement to maintain well-being.
- Supporting each stage of the lifecycle is the foundation of a healthy environment.

Secondary Data Sources

This report uses data from several data sources, which are summarized below.

- **American Community Survey (ACS).** In general, the analysis uses the 2010-2015 five-year estimates to support analysis at the city level.
- **Bureau of Labor Statistics**
- **Center for Disease Control and Prevention**
- **King County Metro**
- **Office of Refugee Resettlement (ORR)**
- **Office of Superintendent of Public Instruction (OSPI)**, including the Washington Kindergarten **Inventory of Developing Skills (WaKIDS)**
- **Partners for Our Children (PoC) Data Portal**
- **Public Health Seattle & King County (PHSKC) City Health Profiles**
- **Seattle/King County Coalition on Homelessness**
- **U.S. Department of Housing and Urban Development (HUD).** HUD releases housing data annually under the Comprehensive Housing Affordability Strategy program (CHAS). Data is based on ACS 5-year estimates, and provides information on housing affordability, household income, and household composition.
- **Washington Healthy Youth Survey**
- **Washington State Department of Commerce and All Home, Seattle/King County Continuum of Care**
- **Washington State Department of Health (DOH) Data and Statistical Reports**
- **Washington State Department of Social and Health Services**
- **Washington State Office of Financial Management (OFM) April 1 population estimates.** OFM develops inter-census estimates of the populations of all cities and towns in the state for April 1. These estimates are considered the official jurisdictional population and are used in state program administration and to allocate revenues.

Peer Cities

Where possible, data has been included on cities that neighbor Sammamish and/or could be considered peer cities. These cities were vetted with Sammamish city staff and the Human Services Task Force and include:

- **Bellevue**
- **Issaquah**
- **Kirkland**
- **Lake Forest Park**
- **Mercer Island**
- **Redmond**
- **Shoreline**

These peer cities were chosen due to their proximity to Sammamish, assumed similar socio-economic characteristics, or size. They serve as a point of comparison for Sammamish.

Klahanie

Sammamish annexed Klahanie in 2016 and the following data summaries attempt to treat the area this way as best as possible with the data available. Depending on the data source, we have approached including Klahanie differently. In most cases we've included Klahanie as a separate census designated place, because the most recent Census data pre-dates the annexation. There are several data sources, such as detailed Census tables and Public Health Seattle King County, that do not include Klahanie at all due to its small size prior to be annexed. In these cases, Klahanie is omitted from the data summaries and its omission noted appropriately. There are several local data sources, such as OSPI's Health Youth Survey, where data is reported by different geographic boundaries than city, such as school district or school. In these cases, we have included Klahanie as part of Sammamish.

COMMUNITY INPUT

Community input was collected over three months from June to August 2017. This included 20 stakeholder interviews, three focus groups, and four outreach events with providers and relevant organizations. It also included an online survey through the Sammamish Virtual Town Hall.

Virtual Town Hall Survey

The City of Sammamish Virtual Town Hall website hosted an online survey to learn more about community needs from all members of the Sammamish community. The survey was voluntary and open from June 12 to July 28, 2017. 184 people elected to participate in this survey and the results are shown in more detail in Appendix 1.A – Virtual Town Hall Results. Since third-party data shows that the incidence of health and human services challenges are low in Sammamish, the intent of the survey was to capture more detail about those residents who *may be* facing health and human services challenges. Postcards with survey links were placed in locations throughout the community and distributed by members of the Human Services Task Force at several community events. The City provided electronic links to the survey on its website and through social media. In addition, staff and consultants promoted in the diverse stakeholder outreach events described below.

Community Stakeholders and Service Providers

With the help of the Human Services Task Force and city staff, the project team identified a variety of community stakeholders and service providers active on the Sammamish Plateau. To collect information about community needs, the project team contacted over 30 groups to participate in telephone interviews

or focus groups. Participants included:

- City Clerk of Sammamish – administrator of the city's Health and Human Services Grant Program.
- Department of Social and Health Services – administers social services to children and adults in East King County.
- Eastside Catholic School – private middle school and high school.
- Eastside Fire & Rescue – local life safety emergency service provider and community support.
- Friends of Youth – youth service agency that helps address mental health and substance abuse.
- Friends of Seniors – service agency that helps seniors connect with resources to improve daily living.
- Imagine Housing – affordable housing developer, manages the Highland Gardens housing in Klahanie.
- India Association of Western Washington – provides social support for Indian immigrants.
- Issaquah Food & Clothing Bank – provider of food services and other short-term emergency needs.
- Issaquah School District – public education provider.
- Kindering Center – provides services to children and families with special needs.
- King County Library System – library facility that includes programming for social and community support.
- Lake Washington School District – public education provider.
- LifeWire – connects those experiencing domestic violence to services and assistance.
- Sammamish Police Department – law enforcement agency and community support.
- YMCA – provider of community support and health and recreational services for children, adults, and seniors.
- Youth Eastside Services – youth service agency that addresses mental health.

In addition to these community stakeholders, the project team conducted a focus group with staff from several peer cities to better understand the approaches that other cities take in helping to address health and human services needs.

Diverse Stakeholder Outreach

In accordance with the Diverse Stakeholder Strategy, the project team completed several outreach events to targeted groups, including youth, diverse communities (Chinese and Indian communities), low income individuals and families, and seniors. The project team held four outreach events within the local community from June to July 2017 to encourage attendees to complete the Town Hall survey. The following is a summary of outreach events to diverse stakeholders.

Diverse Communities: Chinese Play and Learn at KCLS Sammamish Branch Library

KCLS library staff allowed the project team to set up a table with surveys and flyers before and during their Chinese Play and Learn event at the Sammamish branch library on July 11, 2017. Two volunteer

Chinese language translators from Chinese Information and Service Center (CISC) also came to support the event. The Chinese Play and Learn attracted approximately 30 adults (grandparents, parents) and young children. We talked with many attendees to explain in Chinese what the needs assessment project is and why the City is seeking public input. A couple of attendees completed the survey, and this was a great opportunity to engage the Chinese community in Sammamish about health and human services and public participation in local government.

Diverse Communities: Chair Yoga Class

BERK and two task force members attended a morning chair yoga class at the Sammamish Teen & Recreation Center on June 19, 2017. The event was suggested by a contact at the India Association of Western Washington (IAWW), as a class with many Sammamish residents of South Asian/Indian heritage. Most of the attendees were also seniors. Surveys were distributed in English to attendees before the start of the class. About 25-30 surveys were completed at the event. Some attendees with limited English proficiency were not able to participate.

Youth: Sammamish Teen Center Summer Camp

The project team held a morning outreach event at the Sammamish Teen & Recreation Center on June 30, 2017. The Boys and Girls Club holds a summer day camp at this location with mainly tweens and teens. Campers were invited to fill out the survey, and morning breakfast treats and fruits were provided by the City. Approximately 20-25 youth completed the survey.

Youth: 2017 Action Forum for Youth Breakfast

The Issaquah Schools Foundation hosted a breakfast and invited community stakeholders to a discussion on how to best support youth in Sammamish. Representatives of both the Issaquah School District and the Lake Washington School District attended the event which included a presentation of the 2016 Healthy Youth Survey results. This event also featured a panel of about a dozen middle school and high school youth that answered questions about teen experiences related to substance use, mental health, and community support. City staff and a member of the project team attended to capture the thoughts and insights of the youth panel.

Families with Low Incomes: Pizza Party at Imagine Housing in Klahanie

The project team worked with Imagine Housing, a low income and affordable housing provider, to hold an event at their Sammamish property, the Highland Gardens in the Klahanie neighborhood. The event was held from 11:30 to 1:30 pm on June 27, 2017. Many children and some parents attended and a pizza lunch was provided by the City. Parents and older children filled out the survey online. There were approximately 20-30 attendees.

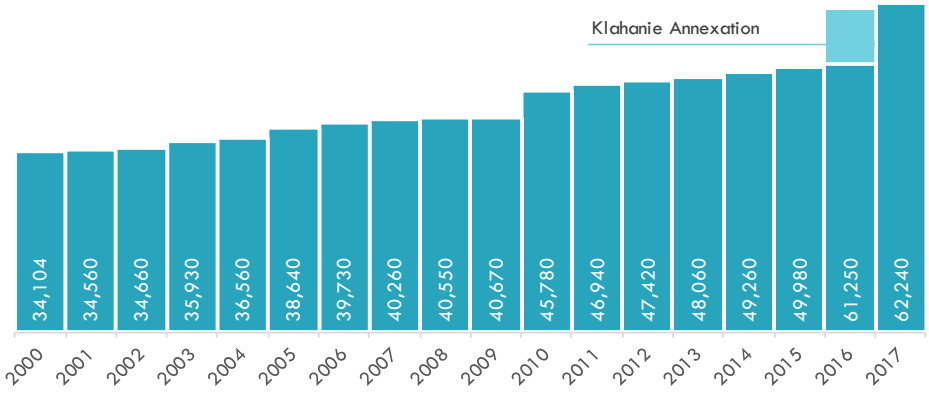
Population and Demographic Characteristics

By most measures, Sammamish is doing much better than average with high incomes and educational attainment, and good health outcomes. However, there are individuals and families who may need various forms of support at different times in their lives, even if that support is needed at lower rates than in surrounding communities.

POPULATION

Sammamish has grown steadily since its incorporation in August of 1999, almost doubling its population in just under 20 years. In 2000, the population was estimated to be just under 34,000 residents, and with the annexation of Klahanie in 2016, has grown to over 60,000, an increase of 83%. Prior to the annexation, from 2010 to 2015, Sammamish was growing at an average annual rate of 1.8%. This is a similar, but slightly higher growth rate to King County overall, which grew at 1.7% during the same period.

Exhibit 13. Sammamish Population, 2000 – 2016



Source: OFM April 1 population estimates, 2016 and BERK Consulting, 2017.

- The 2016 Sammamish population of 61,250 includes the April 2015 annexation of Klahanie.
- Prior to the annexation of Klahanie, from 2010 – 2015, Sammamish had an annual average growth rate of 1.8%.

AGE DISTRIBUTION

Exhibit 14. Percent of Sammamish and Klahanie Population by Year and Sex, 2015

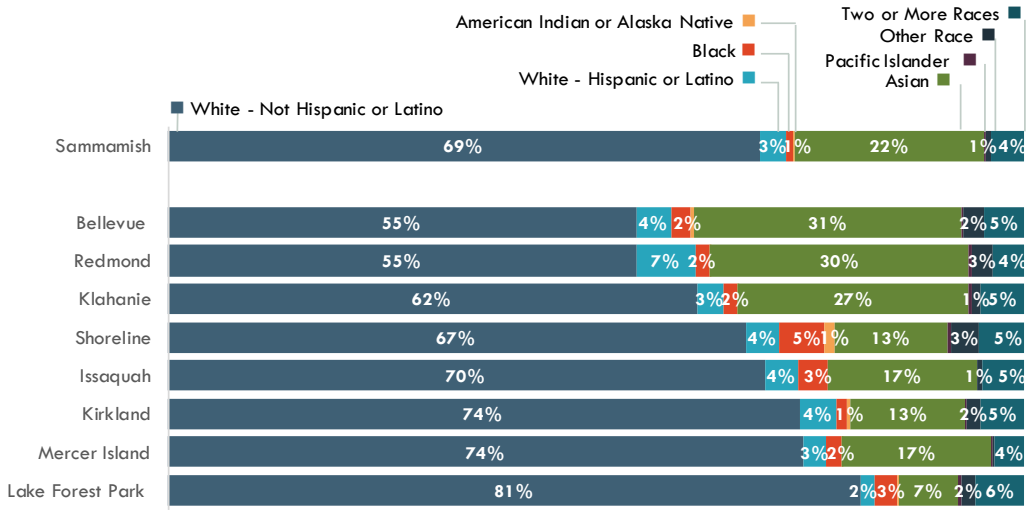
Source: ACS 2015 5-year estimates, Age and Sex, BERK 2017.

- 1/3 of the Sammamish and Klahanie population is under the age of 18 (33%).
- Klahanie has a slightly higher percentage of residents that are older than 55 compared to Sammamish. As of 2015, 19.8% of Klahanie was older than 55 years, while this age group represented only 17.6% of Sammamish residents. 2.1 percentage points of this population difference is driven by those aged 55 to 64.

RACE AND ETHNICITY

Exhibit 15 presents the distribution of people among the federal race categories and Hispanic ethnicity for the City of Sammamish and nearby cities. The white non-Hispanic population in the State of Washington is close to 70%, similar to that of the U.S. overall. King County is more diverse with greater than a third of residents being Hispanic and/or not white alone.

Exhibit 15. Race and Ethnicity



Source: ACS 2015 5-year estimates, Demographic and Housing Estimates, BERK 2017.

Sammamish has a similar racial makeup to neighboring Issaquah, as well as Mercer Island. Most residents are White (69%), with a large proportion of Asian residents (22%). In addition, approximately 3% of residents are White Hispanic and 4% identify as being two or more races.

IMMIGRANT POPULATION

In King County, the immigrant population is highly diverse with significant variations in life history. Sammamish likely attracts immigrants that are part of the high-tech and global trade-focused economy because of its proximity to companies and organizations that have created demand for highly skilled workers that come from all over the world.

In addition, the diverse ethnic population in King County makes the region attractive for economic immigrants. Long-standing, multi-generational immigrant communities can sponsor the immigration of family members from their home country or from the countries their family members fled to at the time of their displacement.

What we heard from Youth Eastside Services

- Diversity is growing, especially Indian and Chinese cultures.
- Youth from different cultures may feel that they are bringing shame upon the family if they reach out for help.

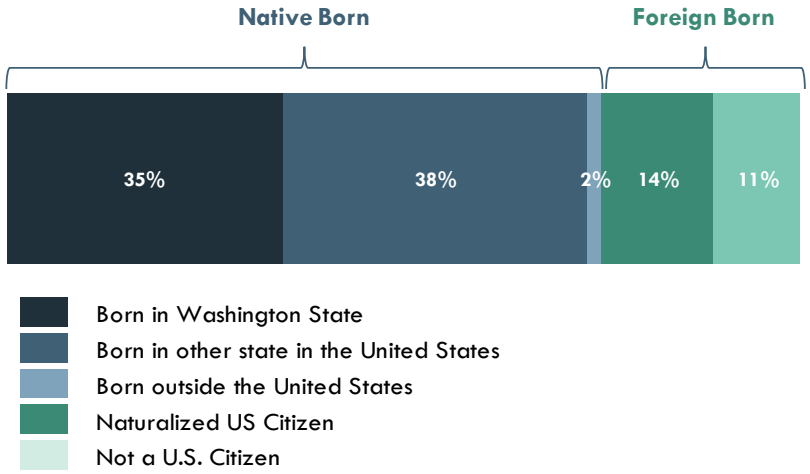
What we heard from Issaquah School District

- Kids with immigrant parents have a foot in two very different worlds.
- American culture is about personal, individual success, and forging one's own path.
- In Sammamish, most of the immigrant cultures are collectivist and value duty, honoring the family, following the path set for you.

Foreign Born

In 2015, the Census Bureau estimated that a quarter of Sammamish residents were foreign born, as seen in **Exhibit 16**. Of those born elsewhere, the majority originate from Asia (62%), specifically Eastern Asia, as seen in Exhibit 17 and Exhibit 18.

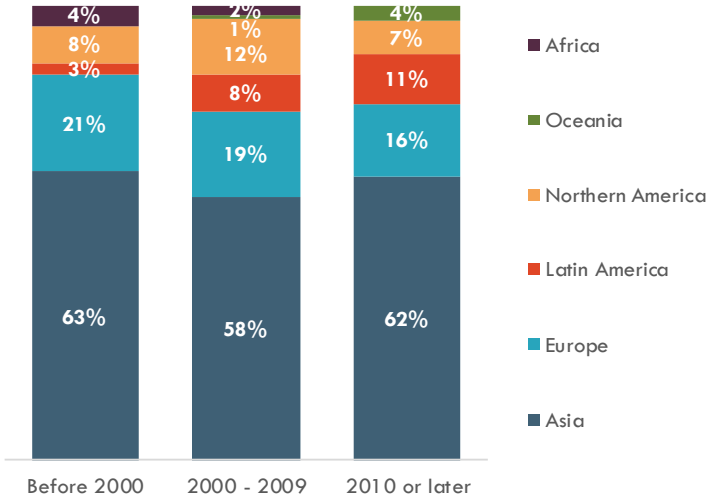
Exhibit 16. Place of Birth by Nativity and Citizenship Status



Source: ACS 2015 5-year estimates, Place of Birth for the Foreign-Born Population in the U.S. (Table B05002); BERK, 2017.

- Many non-citizen foreign born residents in Sammamish may work in the area. In FY2016 (October 1, 2015 – September 30, 2016) King County saw almost 4,000 certified H1B visas for Microsoft (Foreign Labor Certification, 2016).

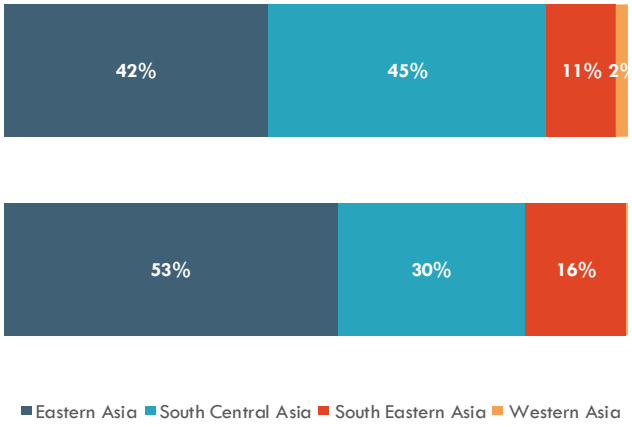
Exhibit 17. Sammamish Place of Birth for the Foreign-Born Population by Year



Notes: Oceania includes Australia and the nations of the Pacific. Similar information for Klahanie was not available in 2015.
Source: ACS 2015 5-year estimates, Place of Birth by Year of Entry by Citizenship Status for the Foreign-Born Population; BERK, 2017.

- In recent decades, Sammamish has seen a decline in the number of foreign born residents from Europe and Africa, and an increase in the share of residents born in Latin America and Oceania.

Exhibit 18. Place of Birth for Asian Born Population, Sammamish and Klahanie, 2010 – 2015



Source: ACS 2015 5-year estimates, Place of Birth for the Foreign-Born Population in the U.S. (Table B05006); BERK, 2017.

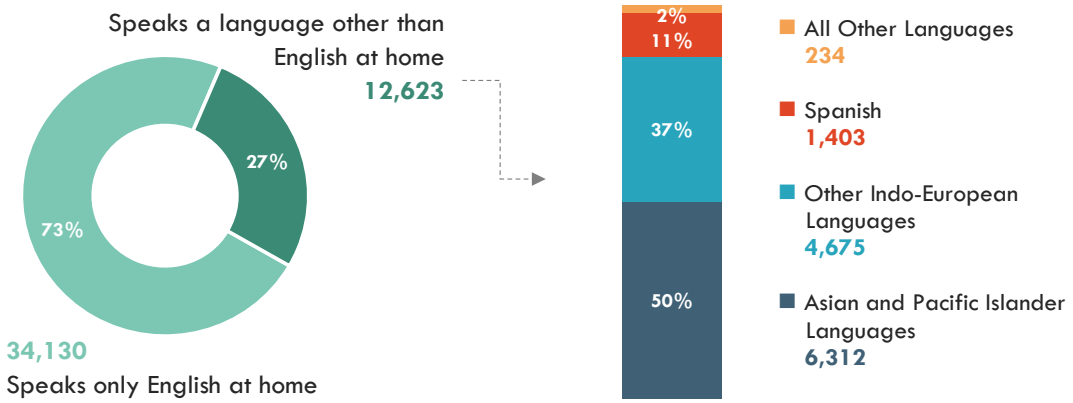
- Sammamish, prior to the annexation of Klahanie saw similar proportions of foreign born Asians from Eastern Asia (42%), which includes China, and South-Central Asia (45%), which includes India.
- Klahanie has a much higher proportion of Asian residents from Eastern Asia (53%), and South-Eastern Asia (16%) compared to Sammamish before the annexation.

Language Spoken at Home

Analysis of language spoken at home provides insight into both the needs of the community (in terms of barriers to information due to English ability) as well as detail on the ethnic and identity diversity of the community.

In Sammamish, most the population speaks only English at home. However, there is a large percentage (27%) that speaks a language other than English at home, the majority of which speak an Asian or Pacific Islander language (50%) as seen in **Exhibit 19**.

Exhibit 19. Languages Spoken at Home in Sammamish, 2010 – 2015

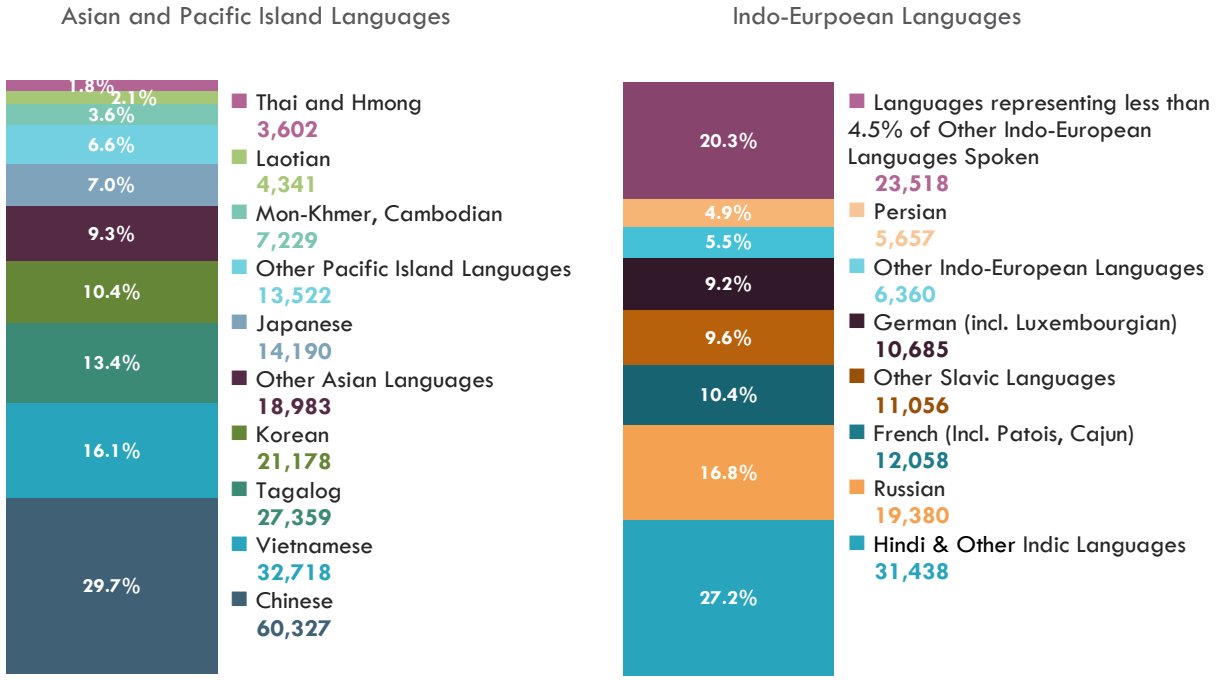


Source: ACS 2015 5-year estimates, Language Spoken at Home (Table S1601), BERK 2017.

Non-English speakers in Sammamish are mostly made of Asian and Pacific Islander Language speakers as well as other Indo-European language speakers. Although detailed language information is not available at the city-level, the U.S. Census published greater language detail based on an earlier American Community Survey sample (2009 – 2013, 5-year estimate) for King County. These data provide more detailed counts on many more languages than are typically published as part of the routine ACS data summary. In that year, there were more than 1.8 million people over the age of 5 in King County, 26% of whom spoke a language other than English at home. It should be noted that these data are self-reported, and people may report they speak English at home if a family member speaks English.

Exhibit 20 displays the detailed language breakout for King County for the two most prevalent language categories in Sammamish.

Exhibit 20. Detailed Languages Spoken at Home in King County, 2009 – 2013



Source: Detailed Languages Spoken at Home and Ability to Speak English for the Population 5 Years and Over for King County, WA: 2009-2013. Release Date: October 2015.

Some families in Sammamish may speak another language at home, even if they are proficient at English. To get a sense of individuals that may feel isolated or need outreach in another language, Exhibit 21 shows the level of English proficiency for residents of Sammamish and peer cities.

Exhibit 21. English Proficiency, 2011 – 2015

	Population Five Years and Over	Percent of Population who Speak English only or "very well"	Percent of Specified Population who Speak English less than "very well"
Lake Forest Park	12,358	97.5%	2.5
Mercer Island	22,992	95.4%	4.6%
Issaquah	31,175	95.3%	4.7%
Kirkland	79,092	92.9%	7.1%
Sammamish	46,753	92.8%	7.2%
Shoreline	51,966	90.3%	9.7%
Redmond	53,383	86.4%	13.6%
Bellevue	126,672	83.8%	16.2%

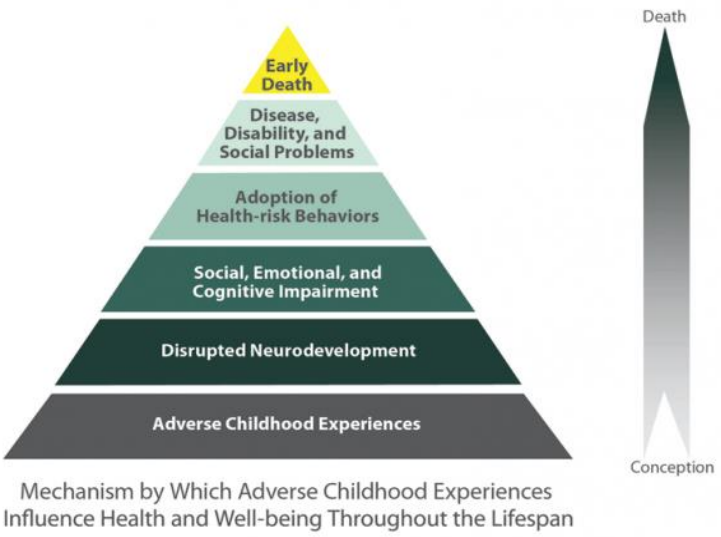
Source: ACS 2015 5-year estimates, Language Spoken at Home (Table S1601), BERK 2017.

- Of the population five and over in Sammamish, over 3,000 are estimated to speak English less than "very well" by the Census (7.2%). This is a similar percentage to the population in Kirkland, and a smaller share of the population than in neighboring Redmond (13.6%) and Bellevue (16.2%)

Infant, Child, and Adolescent Health

Childhood experiences have a life-long impact on future health and wellbeing (Felitti, 1998). Children and youth who live in healthy and secure environments have been shown to enjoy better health and more success as adults. Children who experience three or more adverse childhood experiences (ACEs) show increased risk for substance abuse, chronic disease, poor work performance, violence, poor mental health, unintended pregnancies, and a whole host of other factors that affect the entire lifecycle. ACEs include situations such as: economic hardship, parental death, divorce, living with someone who is depressed or mentally ill, or living in a household with substance abuse or violence. The Felitti study shows that ACEs are very common – about two-thirds of study participants reported at least one ACE. However, children exposed to more ACEs or with longer duration of exposure, are at increased risk of lifetime effects on physical health, mental health, overall well-being, and personal success. The Center for Disease Control and Prevention uses the figure in **Exhibit 22** to show how ACEs influence a child throughout their lifespan.

Exhibit 22. Adverse Childhood Experiences Pyramid



Source: Center for Disease Control and Prevention, 2016.

Reducing exposure to ACEs and addressing other obstacles that prevent children and youth from developing to their full potential helps the whole community thrive. Not only does this have the potential to improve health and life outcomes for individuals, but communities tend to be more stable and prosperous when children grow up to be healthy, capable, and functional adults.

PRENATAL HEALTH AND BIRTH RISK FACTORS

Birth risk factors are important for understanding childhood outcomes. Low and very low birth weights are known to have adverse effects on long term developmental outcomes of children and can have impacts on chronic conditions in adulthood and on educational attainment (Hack, et al., 2002).

Exhibit 23. Birth Risk Factors, 2010 - 2014

	Low birth weight (<2500 g)/100 births	Late or no prenatal care/100 births	Very low birth weight (<1500 g)/100 births	Smoking during pregnancy/100 births
Washington	6.3	6.1	1.0	10.6
King County	6.5	5.5	1.0	4.4
Sammamish	6.0	3.1	0.8	0.9
Bellevue	7.3	6.2	0.9	1.4
Issaquah	4.9	3.4	0.9	1.4
Kirkland	6.0	3.4	0.7	2.4
Lake Forest Park	5.8	2.9	0.9	2.9
Mercer Island	6.5	2.2	0.8	0.8
Redmond	6.6	3.8	1.1	1.3
Shoreline	6.3	3.8	1.1	5.1

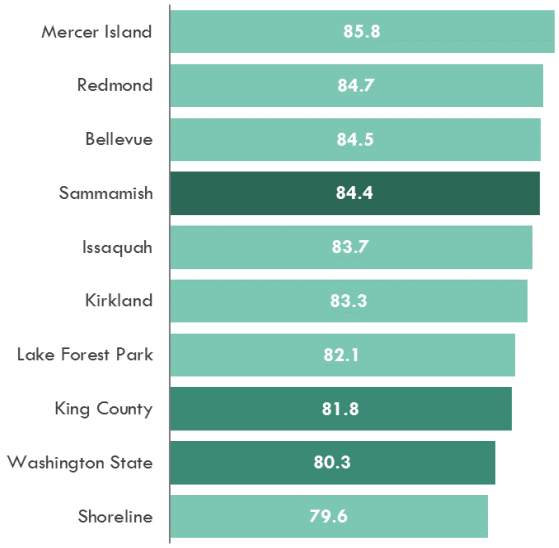
Source: Birth certificate and linked infant birth-death certificate data, Washington State Department of Health via Public Health Seattle & King County City Profile, 2016; BERK, 2017.

- Indicators of birth risk factors are low in Sammamish compared to King County. The City of Sammamish has similar rates of birth risk factors to the cities of Kirkland and Lake Forest Park on many indicators. However, Sammamish has much lower rates of smoking during pregnancy than those jurisdictions (0.9 per 100 births compared to 2.4 and 2.9 respectively).

Life expectancy at birth is often used as an outcome measure for health improvement efforts and population health. The U.S. Office of Disease Prevention and Health Promotion often uses this indicator to measure progress of their ten-year national objectives for improving the health of the U.S. population. The estimate for life expectancy at birth for the United States was 79.8 in 2016. The life expectancy at birth for Washington State, King County, and Sammamish are longer as seen in **Exhibit 24**.

Life expectancy typically depends on multiple factors such as personal and family health, but is also correlated with income. While life expectancy for the wealthy and middle-class have increased, life expectancy for the poor has not (National Academies of Sciences, Engineering, and Medicine, 2015).

Exhibit 24. Life Expectancy at Birth (years of age), 2010 – 2014



Source: Death certificate and the Behavioral Risk Factor Surveillance System (BRFSS), Washington State Department of Health, Center for Health Statistics via Public Health Seattle & King County City Profiles, 2016; BERK 2017.

CHILDHOOD POVERTY & HOMELESSNESS

Childhood poverty presents many risk factors for children that lead to diminished opportunities and success throughout life. Early education and child development services have been demonstrated to improve outcomes for children as they enter elementary school including improved pre-reading, pre-writing, vocabulary, and literacy skills.

The range of children that experience challenges associated with lower incomes can range from children experiencing homelessness, to kids living in subsidized housing, to kids whose families are not in poverty but are severely housing cost burdened to the point that it affects the ability to adequately provide for other basic needs.

What we heard from school districts and other youth service organizations

Kids from less wealthy or lower income families often:

- Struggle in school because they feel less accepted and like they don't fit in.
- Participate less in sports and extracurricular activities because they can't afford them, have problems finding transportation, or they have responsibility for their siblings after school.
- Experience increased social isolation and stress that can affect academic performance.

Free and Reduced-Price Meals (FARM)

One measure of family economic hardship is Free and Reduced-Price Meal (FARM) eligibility for school-aged children. The U.S. Department of Agriculture's Food and Nutrition Service determines meal eligibility for school-aged children based on federal poverty levels. Income guidelines are used by schools that participate in the National School Lunch Program, School Breakfast Program, Special Milk Program for Children, Child and Adult Care Food Program, and Summer Food Service Program. Children in foster care and those

receiving services under the Runaway and Homeless Youth Act are also eligible for FARM. **Exhibit 25** shows the number of students eligible for FARM in Issaquah and Lake Washington School Districts.

Exhibit 25. Enrollment and Eligibility for FARM, 2016-17 School Year

	Total Number of Students Enrolled	Non-FARM Eligible Students	FARM Eligible Students
Issaquah SD	20,399	93%	7%
Cascade Ridge Elem.	543	99%	1%
Challenger Elementary	573	95%	5%
Creekside Elementary	719	99%	1%
Discovery Elementary	587	99%	1%
Sunny Hills Elementary	638	95%	5%
Lake Washington SD	25,827	88%	12%
Blackwell Elementary	541	98%	2%
Carson Elementary	441	98%	2%
Margaret Mead Elem.	627	98%	2%
McAuliffe Elementary	533	98%	2%
Smith Elementary	639	99%	1%

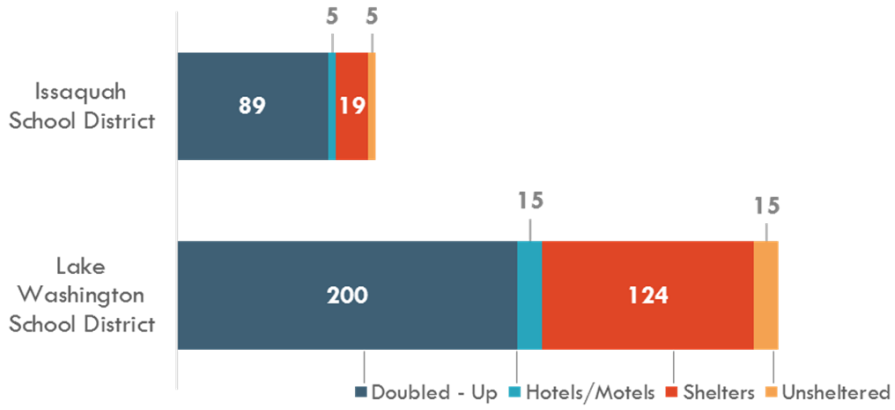
Source: OSPI, http://www.k12.wa.us/ChildNutrition/Reports.aspx

- 7% of Issaquah School District students are eligible for free and reduced meals, while 12% of Lake Washington School District students are eligible for free and reduced-price meals. Students at schools in Sammamish are eligible for free and reduced-price meals at lower rates than district averages.
- Schools in Sammamish have a lower percentage of students that are eligible for free or reduced-price lunch compared to the school districts overall.
- Both Sunny Hills and Challenger Elementary Schools in the Issaquah School District have higher shares of FARM eligible students than other Sammamish elementary schools (5%)
- The data not include children not-yet enrolled in school. Additionally, some families who qualify based on income may elect not to participate in the program due to dietary restrictions, not wanting to accept that they need the benefits, or other reasons.

Homeless Students

Homelessness has a particularly adverse effect on young children. Children who lack a nighttime residence that is fixed, regular, and adequate are considered homeless under the McKinney-Vento Act. This includes children from families sharing housing with others due to loss of housing, economic hardship, or other similar reasons, those living in shelters, motels, cars, and other places not designed for sleeping. **Exhibit 26** present the numbers of McKinney-Vento qualitied students in the Issaquah and Lake Washington School Districts.

Exhibit 26. McKinney Vento qualified students



Source: OSPI Homeless Students in Washington State by School District

- Percent of children qualifying for McKinney Vento (all grades):
  - 0.6% of Issaquah School District children
  - 1.3% of Lake Washington School District children

KINDERGARTEN READINESS

There is a large body of evidence on the importance of early education for brain development and lifetime success. Long term evaluations show that children who attend high-quality preschools are better prepared to enter kindergarten. This has led cities like Seattle to focus on implementing universal preschool programs. However, there are still many children who would benefit from quality preschool who remain underserved because of cost, availability, or both (City of Seattle, 2015).

Student preparedness for kindergarten is measured by assessing incoming students in kindergarten according to age-appropriate developmental benchmarks across six domains: social-emotional, physical, cognitive, language, literacy, and mathematics. For the purposes of the following analysis, children who do not meet developmentally appropriate expectations for their age (age 5) are considered not kindergarten ready. Exhibit 15 presents a summary of the assessment of readiness for kindergarten for Sammamish elementary schools in both Issaquah and Lake Washington School Districts.[12] Children who did not meet developmental benchmarks for age 5 across all six domains are listed as not kindergarten ready.

[12] Eastside Catholic provides private middle school and high school education in Sammamish to students who live throughout the region. As a private school, it is not included in most sources of school-related data. However, Eastside Catholic is a community stakeholder and a staff member of the school was interviewed as part of the outreach for this report.

Washington Kindergarten Inventory of Developing Skills (WaKIDS) Whole Child Assessment

The WaKIDS Whole Child Assessment is one component of a transition process for students and families entering kindergarten. State-funded, full-day students are assessed when entering kindergarten with the goal of identifying ways to improve the transition for children with varying degrees of skills.

During the Whole Child Assessment, six domains of skills are assessed by teachers across the state. Example measures of each domain is included below.

Social Emotional. Manages feelings, follows limits and expectations, interacts with peers, makes friends, responds to emotional cues.

Physical. Demonstrates traveling and balancing skills, has gross-motor manipulative skills, uses fingers and hands, uses writing and drawing tools.

Language. Comprehends language, follows directions, engages in conversations.

Cognitive. Attends and engages, solves problems, recognizes and recalls, uses classification skills.

Literacy. Notices rhymes, notices discrete units of sound, interacts during reading experiences, identifies and names letters.

Math. Counts, quantifies, understands shapes, demonstrates knowledge of patterns.

Exhibit 27. Kindergarten Readiness, School Year 2016 - 2017

	Percentage Not Meeting Kindergarten Readiness Benchmarks			Percentage Meeting Kindergarten Readiness Benchmarks	Students Assessed
Issaquah School District	26%	356	1,039	74%	1,395
Cascade Ridge Elementary	33%	20	41	67%	61
Challenger Elementary	36%	51	89	64%	140
Creekside Elementary	20%	20	80	80%	100
Discovery Elementary	10%	9	77	90%	86
Sunny Hills Elementary	32%	28	60	68%	88
Lake Washington School District	36%	828	1,472	64%	2,300
Blackwell Elementary	25%	20	59	75%	79
Carson Elementary	29%	18	44	71%	62
McAuliffe Elementary	21%	18	68	79%	86
Mead Elementary	19%	23	97	81%	120
Smith Elementary	24%	20	64	76%	84

Source: OSPI, http://reportcard.ospi.k12.wa.us/DataDownload.aspx Data Files WaKIDS Scores by District and School; BERK 2017

- The Issaquah School District has a lower proportion of children not meeting developmental benchmarks at age five than the Lake Washington School District. Note that these overall statistics

include schools outside of Sammamish.

- Cascade Ridge Elementary in eastern Sammamish has the highest proportion of students not meeting developmental benchmarks at age five (33%), followed by Sunny Hills Elementary near Klahanie, with 32% not meeting developmental benchmarks at age five.
- In the Lake Washington School District, Carson Elementary, in northern Sammamish, has the highest proportion of students not meeting developmental benchmarks at age five (29%).
- In Sammamish Elementary Schools on the whole, 23% of children do not meet Kindergarten Readiness Benchmarks (176 students in each Sammamish Elementary School), compared to:
  - Issaquah School District: 26% do not meet Kindergarten Readiness Benchmarks.
  - Lake Washington School District: 36% do not meet Kindergarten Readiness Benchmarks.

Nationwide there is a widening income achievement gap that has continued to grow over the last three decades. (Reardon, 2013) The income achievement gap is indicated by low-income students as a group performing less well than high-income students on most measures of academic success. In Sammamish, there is an income gap in Kindergarten Readiness, with students from low-income households performing less well on kindergarten readiness benchmarks, as indicated in **Exhibit 28**.

Exhibit 28. District Level Kindergarten Readiness by Income

	Percentage Not Meeting Kindergarten Readiness Benchmarks			Percentage Meeting Kindergarten Readiness Benchmarks	Income Achievement Gap
Issaquah School District					
All Students	26%	356	1,039	74%	**32%**
Low Income	58%	64	46	42%	
Lake Washington School District					
All Students	36%	828	1,472	64%	**35%**
Low Income	71%	149	62	29%	

Source: OSPI, http://reportcard.ospi.k12.wa.us/DataDownload.aspx Data Files WaKIDS Scores by District and School; BERK 2017

- Issaquah School District: 74% meet Kindergarten Readiness Benchmarks, while 42% of low income students meet benchmarks, leaving a 32-percentage point income achievement gap.
- Lake Washington School District: 64% meet Kindergarten Readiness Benchmarks, while 29% of low income students meet benchmarks, leaving a 35-percentage point income achievement gap.

Although there are children with limited English that are not meeting Kindergarten readiness benchmarks, the achievement gap is not as great as with income as seen in **Exhibit 29**.

Exhibit 29. District Level Kindergarten Readiness by Limited English

	Percentage Not Meeting Kindergarten Readiness Benchmarks			Percentage Meeting Kindergarten Readiness Benchmarks	Limited English Achievement Gap
Issaquah School District					
All Students	26%	356	1,039	74%	**10%**
Limited English	36%	98	175	64%	
Lake Washington School District					
All Students	36%	828	1,472	64%	**10%**
Limited English	46%	334	390	54%	

Source: OSPI, http://reportcard.ospi.k12.wa.us/DataDownload.aspx Data Files WaKIDS Scores by District and School; BERK 2017

ACADEMIC PROGRESSION

Academic progression is fostered and measured by OSPI through the Smarter Balanced program. Smarter Balanced includes digital resources for teachers and a standardized test (the Smarter Balanced Assessment [SBA]) that assesses proficiency in English language arts and math (common core standards). These learning standards are designed to prepare students for college, careers, and life.

Meeting grade-level learning standards in elementary school is predictive of high school completion. Third grade reading specifically is predictive of later academic persistence. After third grade, students must rely on foundational literacy skills to make timely progress on later grade learning objectives. Those who do not meet grade-level expectations in third grade reading and language arts not only struggle in later grades, but often face a knowledge gap that grows through elementary and middle school.

Exhibit 30 presents the SBA results for third grade reading and language, while **Exhibit 31** presents the SBA results for fourth grade math. Both exhibits show assessment results for the elementary schools in Sammamish as well as for their parent school districts.

Exhibit 30. Issaquah and Sammamish School Districts, 3rd Grade English Language Arts Assessment Results

	Percent Not Meeting Standard	L1	L2	L3	L4	Percent Meeting Standard	Students Assessed
		Not Meeting Standard		Meeting Standard			
Issaquah SD	24%	159	235	367	849	76%	1,610
Cascade Ridge Elem.	22%	5	8	11	75	78%	132
Challenger Elementary	49%	23	22	24	22	51%	91
Creekside Elementary	16%	9	20	33	70	84%	97
Discovery Elementary	22%	5	11	19	62	78%	116
Sunny Hills Elementary	27%	11	14	33	58	73%	110
Lake Washington SD	17%	275	122	492	1.433	83%	2,322
Blackwell Elementary	13%		41	17	77	87%	70
Carson Elementary	10%		9	9	52	90%	97
McAuliffe Elementary	11%		9	1	23	64	89%	108
Mead Elementary	10%		10	2	20	76	90%	123
Smith Elementary	5%		9	3	22	89	95%	158

Source: OSPI, http://reportcard.ospi.k12.wa.us/DataDownload.aspx 2016 Data Files AIM-EOC-MSP-SBA Assessments School

- On average, 15% of students in elementary schools in Sammamish are not meeting third grade reading and language standards.
  - On average, 22% of Sammamish students in Issaquah School District elementary schools are not meeting reading and language standards, compared to 24% of students that are not meeting reading and language standards throughout all the elementary schools in the Issaquah School District.
  - On average, 9% of Sammamish students in Lake Washington School District elementary schools are not meeting reading and language standards, compared to 17% of students that are not meeting reading and language standards throughout all the elementary schools in the Lake Washington School District.

Exhibit 31. Issaquah and Sammamish School Districts, 4th Grade Math Assessment Results

	Percent Not Meeting Standard	Not Meeting Standard L1	Not Meeting Standard L2	Meeting Standard L3	Meeting Standard L4	Percent Meeting Standard	Students Assessed
Issaquah SD	22%	83	251	495	720	78%	1,549
Cascade Ridge Elem.	15%	4	13	36	61	85%	114
Creekside Elementary	22%	4	20	31	52	78%	107
Challenger	19%	4	13	31	40	81%	88
Discovery Elementary	12%	1	9	30	44	88%	84
Sunny Hills Elementary	21%	3	15	28	39	79%	85
Lake Washington SD	19%	130	292	544	1,288	81%	2,254
Blackwell Elementary	12%	2	9	22	59	88%	92
Carson Elementary	18%	1	12	21	39	82%	73
McAuliffe Elementary	12%	1	8	19	46	88%	74
Mead Elementary	11%	1	10	16	71	89%	98
Smith Elementary	10%	1	10	20	74	90%	105

Source: OSPI, http://reportcard.ospi.k12.wa.us/DataDownload.aspx 2016 Data Files AIM-EOC-MSP-SBA Assessments School

- On average, 15% of students in elementary schools in Sammamish are not meeting fourth grade math standards.
  - On average, 18% of Sammamish students in Issaquah School District elementary schools are not meeting math standards, compared to 22% of students that are not meeting math standards throughout all the elementary schools in the Issaquah School District.
  - On average, 12% of Sammamish students in Lake Washington School District elementary schools are not meeting math standards, compared to 19% of students that are not meeting math standards throughout all the elementary schools in the Lake Washington School District.

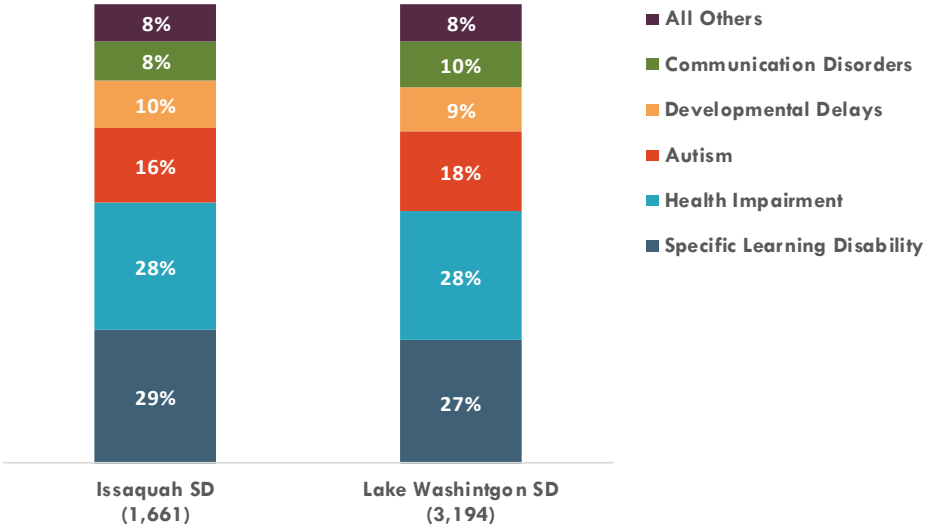
PREVALENCE AND TYPE OF DISABILITIES IN SCHOOL CHILDREN

What we heard from the Kindering Center

Rates of diagnosis of autism spectrum disorders was higher amongst children whose parents work in tech industries, as a result they see a higher incidence on the plateau.

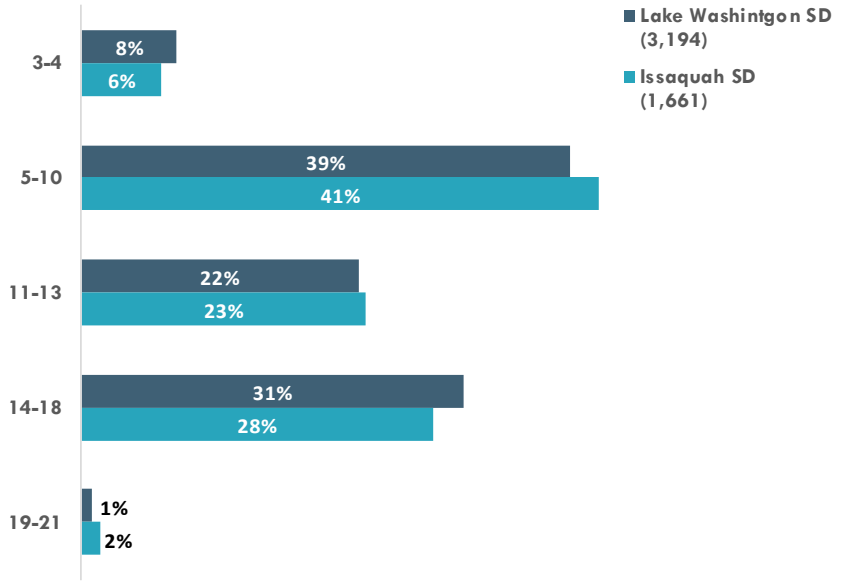
The Office of Superintendent of Public Instruction (OSPI) collects data on the numbers and types of special education students by disability category. Documented developmental disabilities may include speech delays or other special needs. This data is available at the school district level by special request and may be helpful for understanding the types of disabilities and prevalence of those disabilities in Sammamish. While **Exhibit 32** shows the shares of the most prevalent disabilities in Sammamish schools, **Exhibit 33** shows details on the number of students by age in each school district that are experiencing these developmental disabilities.

Exhibit 32. Prevalence and Type of Disabilities in School Children, All Ages



Source: OSPI Special Request, 2015 Federal LRE and Child County Data

Exhibit 33. Age Distribution of All Disabilities, 2016-2017 School Year



Source: OSPI Special Request, 2015 Federal LRE and Child County Data

- Children with developmental disabilities represent 8% of students in the Issaquah school district and 11% in the Lake Washington School District.
- Both specific learning disabilities and health impairments together make up most of documented disabilities in both school districts serving Sammamish.

Exhibit 34. Prevalence and Type of Disabilities in School Children

	Issaquah SD						Lake Washington SD					
Age Group	***3-4***	***5-10***	***11-13***	***14-18***	***19-21***	***3-21***	***3-4***	***5-10***	***11-13***	***14-18***	***19-21***	***3-121***
Developmental Delays	55	119	<10	<10	<10	174	92	211	<10	<10	<10	303
Emotional/Behavioral Disability	<10	<10	14	28	<10	51	<10	46	29	38	<10	113
Orthopedic Impairment	<10	<10	<10	<10	<10	<10	<10	<10	<10	<10	<10	<10
Health Impairment	<10	131	119	193	<10	452	16	239	257	370	10	892
Specific Learning Disability	<10	148	157	180	<10	485	<10	284	271	299	<10	857
Intellectual Disability	<10	<10	<10	13	<10	29	<10	18	10	26	12	66
Multiple Disabilities	<10	<10	<10	10	<10	16	<10	11	14	16	<10	50
Deafness	<10	<10	<10	<10	<10	<10	<10	<10	<10	<10	<10	<10
Hearing Impairment	<10	<10	<10	<10	<10	13	<10	<10	<10	<10	<10	11
Visual Impairment	<10	<10	<10	<10	<10	14	<10	<10	<10	<10	<10	<10
Deaf-Blindness	<10	<10	<10	<10	<10	<10	<10	<10	<10	<10	<10	<10
Communication Disorders	33	101	<10	<10	<10	140	45	252	24	<10	<10	325
Autism	22	113	57	72	<10	264	47	246	117	136	16	562
Traumatic Brain Injury	<10	<10	<10	<10	<10	<10	<10	<10	<10	<10	<10	<10
Total	**126**	**648**	**367**	**507**	**13**	**1,661**	**203**	**1,320**	**726**	**897**	**48**	**3,146**

Note: Age groups with fewer than 10 listed disabilities are subject to suppression for privacy reasons. The totals are the sum of all listed disabilities.
Source: OSPI; BERK, 2017.

HEALTH AND NUTRITION

The Healthy Youth Survey provides information on eating habits and nutrition of Washington State school children.

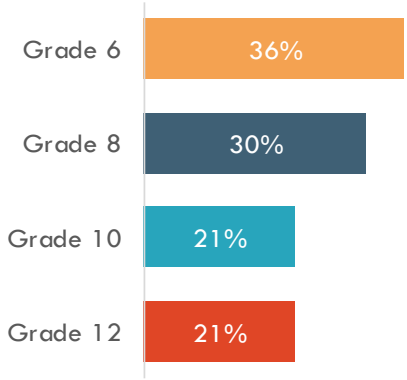
Exhibit 35 shows the percentage of Sammamish youth in the 8th, 10th, and 12th grades who are obese, according to their body mass index, based on their reported height and weight. The data is self-reported for each of the three grades and shows an average of Sammamish schools. Obese measures are based on age and gender specific charts developed by the Centers for Disease Control and Prevention. For example, a thirteen-year-old boy, with a height of 5 feet weighing 125 pounds is considered overweight, but the same boy weighing 130 pounds would be considered obese.

Exhibit 35. Obesity in Sammamish Schoolchildren, 2016

Source: Healthy Youth Survey Report of Participating Schools, Issaquah School District and Lake Washington School District, 2016.

- Among Sammamish schoolchildren, only 2% of 8th graders, 4% of 10th graders, and 6% of 12th graders are reported as obese, based on their height and weight.
- These numbers are relatively lower than overall obesity rates across Issaquah and Lake Washington School Districts, where on average 4% of 8th graders, 5% of 10th graders, and 7% of 12th graders are obese. Across King County, between 8-10% of 8th through 12th graders are obese.
- **Exhibit 36** shows the share of students who were physically active for at least 60 minutes per day over the past seven days. This is the recommended level of physical activity from the Center for Disease Control and Prevention (CDC) and encouraged by the Washington State Department of Health. The data is self-reported for each of the three grades and shows an average of Sammamish schools.

Exhibit 36. Percent of School Children Physically Active For at Least 60 Minutes per Day over the Past Seven Days, 2016



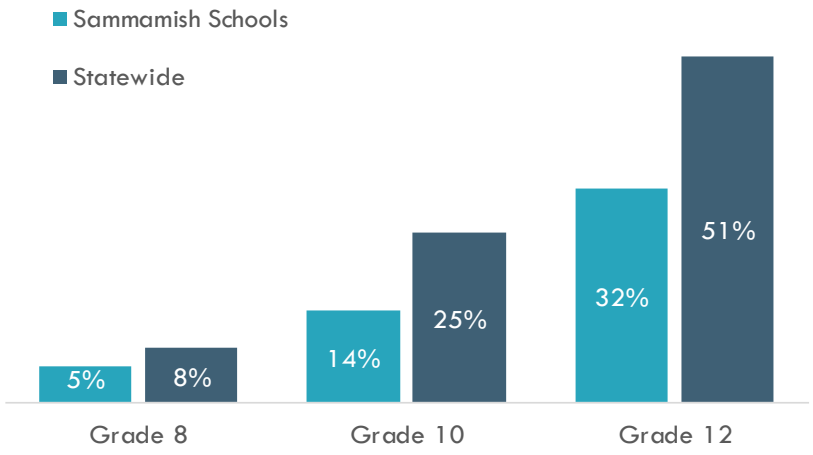
Source: Healthy Youth Survey Report of Participating Schools, Issaquah School District and Lake Washington School District, 2016.

- 36% of Sammamish 6th graders completed the recommended level of physical activity – being physically active for at least 60 minutes per day – over the last seven days.
- This number consistently decreases over time as students get older, and only 21% of Sammamish 10th and 12th graders were physically active for at least 60 minutes per day over the last week.

SCHOOL-AGED SEXUAL ACTIVITY

The Healthy Youth Survey asks children about sexual behavior, including if they have ever had sexual intercourse, how old they were when they first had sexual intercourse, how many people they have had sexual intercourse with, and if a condom was used. At the school district level, answers to each of these questions are reported. At the school level, only answers to lifetime sexual activity is reported, the results for all the middle and high schools in Sammamish are presented in **Exhibit 37**. Adolescent birth rate data is not available for Sammamish because the incidence is less than five.

Exhibit 37. Lifetime Sexual Activity, 2016



- Sammamish students are less sexually active than students of similar age statewide.

SCHOOL-AGED MENTAL HEALTH & SUBSTANCE USE

Mental Health

Many factors can lead to anxiety, depression, and suicidal thoughts, including pressure to perform well in school, fixation on weight and appearance, and bullying. Untreated anxiety and depression can lead to substance abuse and even suicide. Currently, suicide is the leading cause of death for Washington teens aged 15 through 19. Professional care for depression and anxiety, treatable mental health conditions, help most people (Healthy Youth Survey Fact Sheets, 2016).

Many teens at the youth outreach event commented that they were stressed and tired from school. Other qualitative interviews revealed that there concerns about private access to mental health services. It was important so some teens that they could visit providers without peers or parents knowing about it.

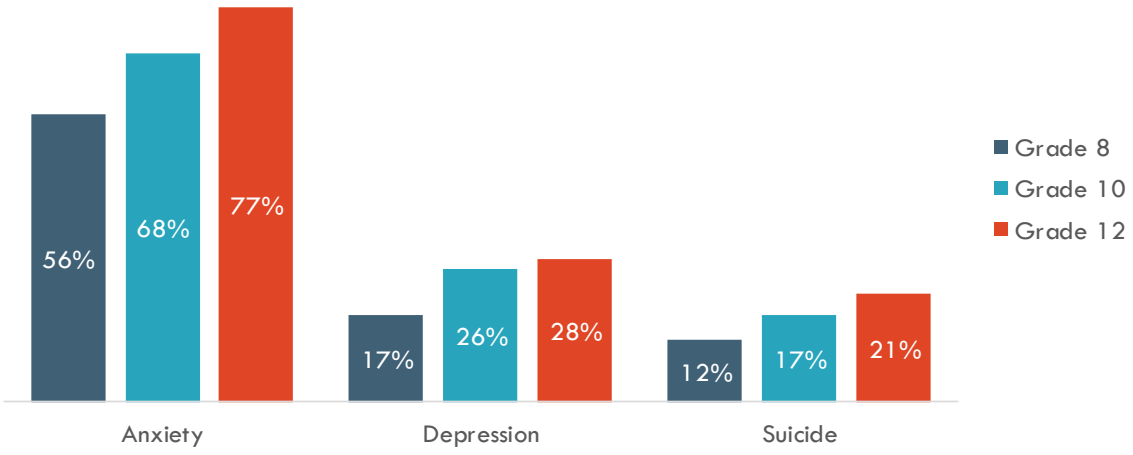
What we heard from Youth

- "I feel more like a resume than a person."
- Youth feel tremendous pressure to be perfect and live up to parental and family expectations.

What we heard from Schools

- Children of successful parents sometimes feel that they are disappointing their parents if they struggle in school or have other difficulties. This leads to anxiety and depression that school nurses reported in kids of all ages – even as young as elementary school.

Exhibit 38. Mental Health of Sammamish Schoolchildren, 2016



Source: 2016 Healthy Youth Survey Fact Sheets, Issaquah Schools Foundation, and True Bearing Consulting Action Youth Forum Presentation

- Of the students with suicidal ideation:
  - 8th Grade: 41 have attempted suicide
  - 10th Grade: 57 have attempted suicide
  - 12th Grade: 68 have attempted suicide
- By the time students in Sammamish public schools reach the 12th grade:
  - 77% reported feeling bothered by feeling nervous, anxious, or on edge for several days or more over the last two weeks.
  - 28% reported feeling so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities.
  - 21% have considered suicide over the past 12 months.
- Anxiety, depression, and suicide attempts all appear to increase from grades 8 to 10 to 12.

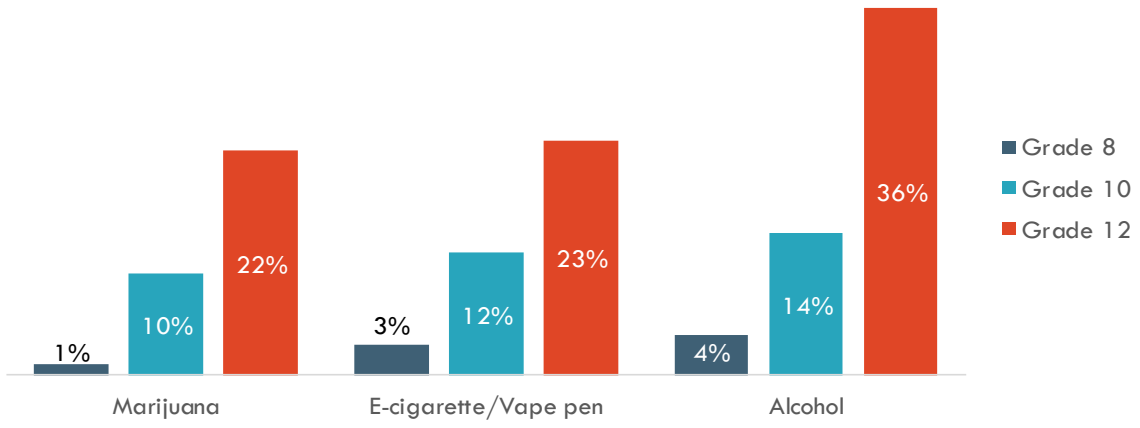
Substance Use

One administrator at the Lake Washington School District noted that drug and alcohol use is about the same or lower than state averages before grade 10 for schools in both the Issaquah and Lake Washington School Districts. The percentage of kids using drugs or alcohol at school, which is typically an indication of heavy users and addiction, are also like statewide averages. This indicates that the increased use at the 12th grade is due to social use. Panelists at the Action Forum for Youth event indicated that high school senior alcohol use may be higher because seniors have less parental supervision. In addition, panelists indicated that since most high school seniors will be exposed to alcohol at college, it's difficult for them to rationalize the importance behind waiting one year.

What we heard from Friends of Youth
Young people all face challenges as they transition to adulthood, but they will use drugs and alcohol when things are difficult. We see a lot of behavioral health issues for young people in a community that has high success and expectations.

What we heard from Youth
Attitudes about drinking, smoking, and drug use change. Middle schoolers at both the Healthy Youth Initiative Event and the Teen Center reported that there was a stigma about substance use amongst their peers. By high school, however, these activities are associated with independence and adulthood.

Exhibit 39. Substance Use by Sammamish Schoolchildren, 2016



Source: 2016 Healthy Youth Survey Fact Sheets, Issaquah Schools Foundation, and True Bearing Consulting Action Youth Forum Presentation

- Among Sammamish public school 12th graders:
  - 22% used marijuana at least once over the last 30 days.
  - 23% used an e-cigarette at least once over the last 30 days.
  - 36% drank alcohol at least once over the last 30 days.
- Marijuana, e-cigarette, and alcohol use all appear to increase as students get older.

- 8% of Sammamish 10th graders and 23% of 12th graders have had five or more drinks in a row in the past two weeks.

Family and Community Support

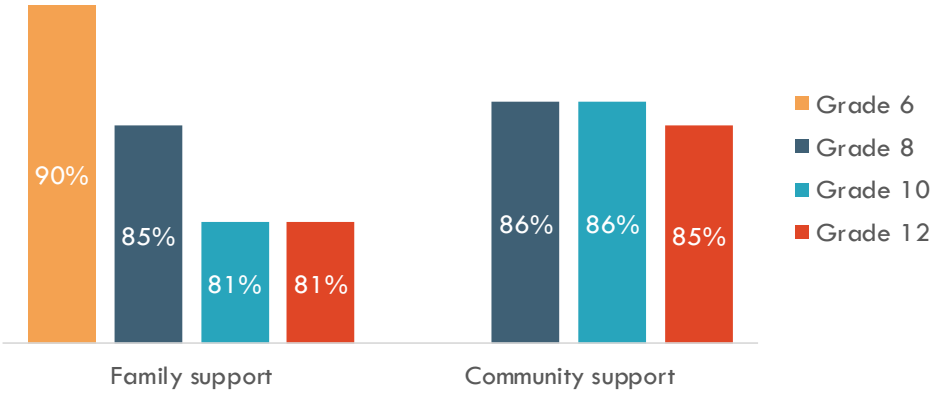
Family and community support can help youth be more resilient to mental health challenges by providing an outlet to talk about important issues and a sense that someone is in their corner. In addition to providing a safe space, these supports can help boost self-esteem, problem solving, and coping skills.

The Healthy Youth Survey shows that many youths feel they can talk to their mom, dad, or an adult in the community about something important. But, panelists at the Action Forum for Youth suggested otherwise, indicating that many youths hesitate to reach out to parents on important topics like substance use or suicidal thoughts for fear of disappointing them.

What we heard from youth
Hesitance to reach out to parents on issues like substance use or suicidal thoughts for fear of getting into trouble. Some teens also did not want to trouble parents who may be dealing with their own stressors.

What we heard from local schools
Youth looking for confidential help have very few options in Sammamish and may not have transportation access to places where they could find help outside the community.

Exhibit 40. Family and Community Support in Sammamish, 2016



Source: 2016 Healthy Youth Survey Fact Sheets, Issaquah Schools Foundation, and True Bearing Consulting Action Youth Forum Presentation

- 90% of 6th graders feel they can ask their mom or dad for help if they have a personal problem, but this decreases to 81% in 10th and 12th grade.
- 85-86% of students in 8th through 12th grade feel there are adults in the community they can talk to about something important. This survey question was not asked to 6th graders.

HIGH SCHOOL COMPLETION

Attrition from school has many causes, including non-academic factors such as housing instability or personal safety. Students that leave school early often have difficulty making the transition to other productive adulthood activities such as training and employment. Exhibit 41 presents the count and rate of high school dropouts for Issaquah and Lake Washington school districts overall and for the high schools in Sammamish. The measure is more inclusive as it allows a fifth year for completing high school, before considering a student has not completed school with a regular diploma.

Exhibit 41. Dropout Rates

	Cohort Dropout Count (5 years)	Cohort Dropout Rate (5 years)
King County	2,565	13%
Issaquah School District	78	6%
Lake Washington School District	62	4%
Sammamish High Schools		
Skyline High School	10	2%
Eastlake High School	9	3%

Source: OSPI, http://www.k12.wa.us/DataAdmin/Dropout-Grad.aspx

- Only 2-3% of Sammamish high school students dropped out within a five-year period, which is lower than the overall rates for the Issaquah and Lake Washington school districts.
- These rates are all lower than those for King County, where the overall high school dropout rate is 13%.

Bullying

Feeling safe at school is a protective factor associated with high school persistence and academic performance. Students who are bullied or harassed are likely to get lower grades than those who are not bullied.

The Healthy Youth Survey provides self-reported information on bullying and harassment.

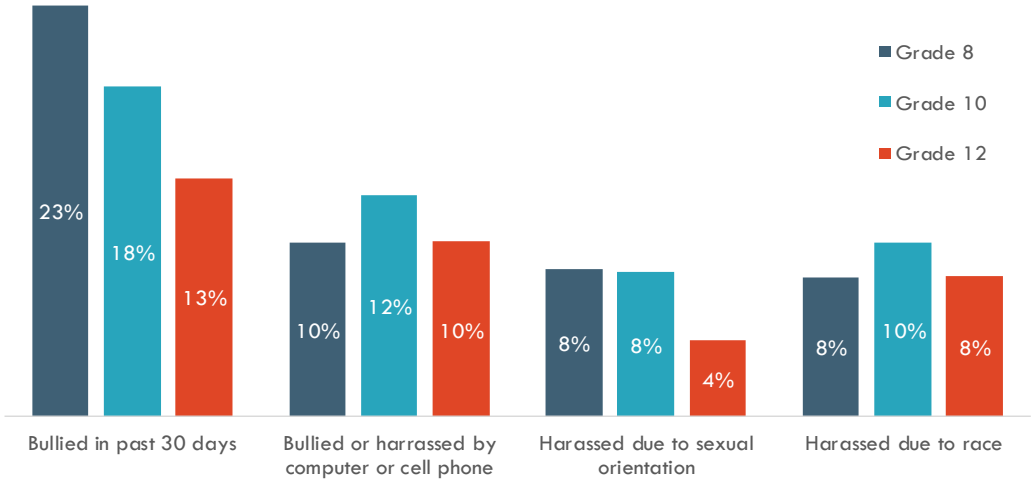
Exhibit 42 shows student responses relating to bullying in Lake Washington and Issaquah school district schools. The data averages survey results from Issaquah and Lake Washington school districts. **Exhibit 43** shows responses for Sammamish schools; detailed responses for each type of bullying were not available at the school-specific level.

What we heard from Youth services organizations

Sammamish is a great, affluent community, but kids face pressures that can lead to serious mental health issues

- There are pressures to succeed academically, fit in, and deal with bullying.
- This can lead to stress, anxiety, eating disorders, family conflicts, and suicidal thoughts.

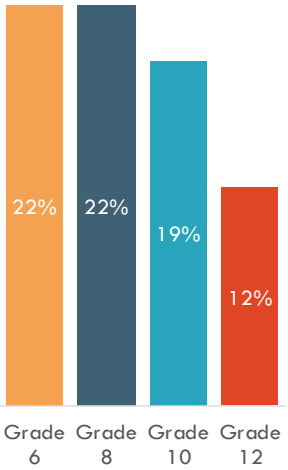
Exhibit 42. Bullying in Children attending Issaquah and Lake Washington School District Schools, 2016



Source: Healthy Youth Survey, Issaquah and Lake Washington School District, 2016.

- When asked if students had been bullied at least once over the last 30 days, 23% of 8th graders responded that they had. This number is lower in higher grades, with 18% of 10th graders and 13% of 12th graders responding that they had been bullied in the last 30 days.
- Over the past 30 days, 10-12% of students reported that they were bullied by computer or cell phone, 4-8% were harassed due to sexual orientation, and 8-10% were harassed due to race.

Exhibit 43. Bullying in Sammamish Schools, 2016



Source: Healthy Youth Survey, Issaquah and Lake Washington School District, 2016.

- When asked if students had been bullied at least once over the last 30 days, 22% of Sammamish 6th and 8th graders responded that they had.
- This number is lower in higher grades, with 19% of 10th graders and 12% of 12th graders responding that they had been bullied in the last 30 days.

Adult Health

Communities thrive when they support the well-being and human potential of the whole population. There are many factors that affect the health and well-being of a community. Some are related to individual factors such as age, sex, and personal habits. Others are highly influenced by the opportunities available to people in the communities, by their living and working conditions, or by general socio-economic, cultural, or environmental conditions. The social, economic, and community influences are called *Social Determinants of Health* and are shown in the orange and blue portions of the graphic in Exhibit 44.

Exhibit 44. Social Determinants of Health

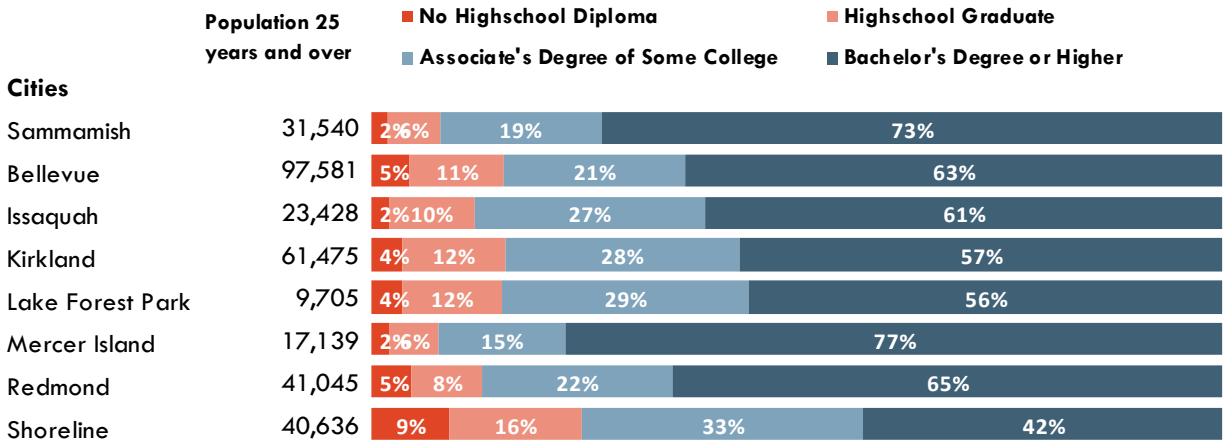
Source: Adapted from Dahlgren and Whitehead, 1991.

Throughout adulthood social determinants have a direct impact on health and well-being. Although people with low incomes are more likely to be affected by social determinants of health, people of all walks of life can be affected at some point in their life. Economic shifts can cause significant stress as people deal with unemployment, loss of insurance, housing affordability, and changes in income. Transportation options in a community may affect opportunities for work, education, housing, and health care as well as directly impact physical health. Connections to social and community networks are a key factor that help people cope in healthy ways with the everyday stress of work and home life, as well as major life events such as death of a loved one, divorce, immigration, or a disability. Community action to address social determinants helps communities thrive by addressing the systemic obstacles to well-being. Health and human service programs can provide support in the meantime by helping adults and families experiencing challenges.

EDUCATIONAL ATTAINMENT

Educational opportunity is significantly shaped by household economic factors. **Exhibit 45** shows adult educational attainment levels for Sammamish and peer cities.

Exhibit 45. Adult Educational Attainment



Source: ACS 2015 5-year estimates, Educational Attainment (Table S1501); BERK, 2017.

- Across Sammamish's adult population years 25 and older, 73% received a Bachelor's degree or higher, 19% received an Associate's degree, and 6% received a high school diploma. Just 2% did not graduate from high school.
- Sammamish has a relatively high rate of bachelor degree recipients, relative to peer cities.

ECONOMIC INDICATORS

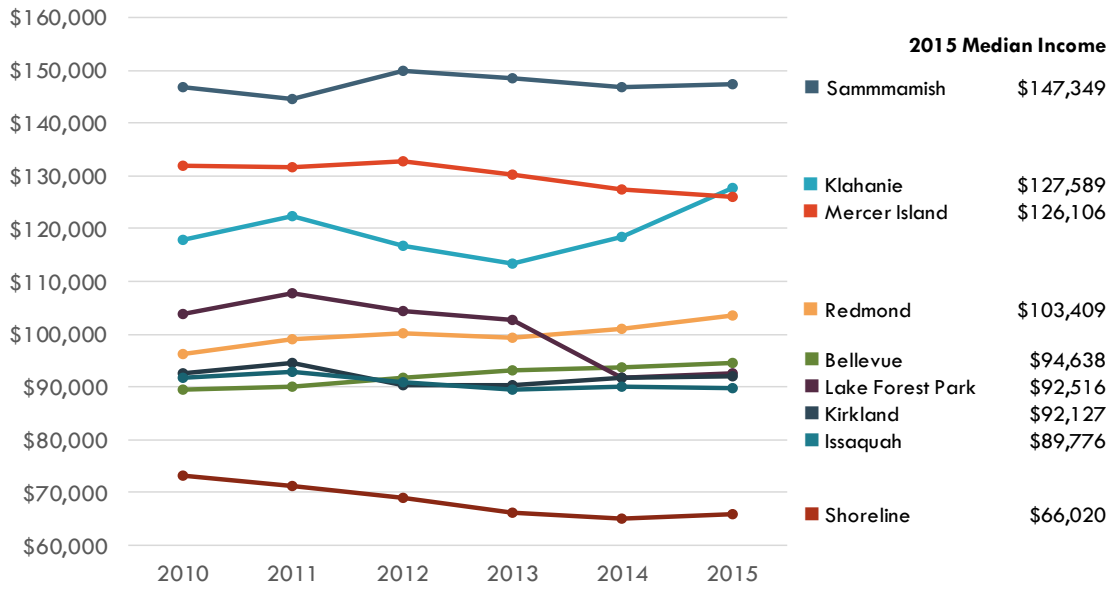
Median incomes are growing in King County; between 2000 and 2015, the King County median household income increased from $53,157 to $75,302 (King County Office of Economic and Financial Analysis, 2017). However, economic booms in concentrated industries have raised median incomes without lifting the incomes of middle and low-income groups. Unequal economic growth disproportionately hurts those who are already struggling to meet basic needs.

What we heard from DSHS
More single-adults with barriers to work (such as disabilities, mental health problems, domestic violence, or substance abuse) are moving to the Eastside, including Sammamish. It is difficult for them to establish self-sufficiency due to lack of affordable housing and transportation options.

Income

Sammamish and Klahanie have high median household incomes compared to their peer cities. Exhibit 46 shows the median income, in 2015 dollars, by city, between 2010 and 2015.

Exhibit 46. Median Household Income by Service Area, Adjusted for Inflation, 2010 – 2015



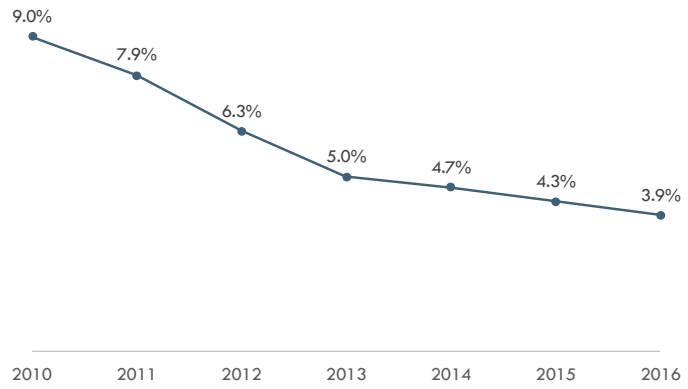
Note: Median Income shown in 2015 inflation-adjusted dollars.
Source: ACS 2010 - 2015 5-year estimates, Median Income; BERK 2017.

- Sammamish has relatively high median income, compared to its peer cities. In 2015, the median household income was over $147,000. Over the last five years, the median household income in Sammamish has kept pace with inflation.
- Median household incomes in Klahanie increased faster than inflation from 2013 – 2015, reaching the highest median income over the last five years of $127,589.

Unemployment

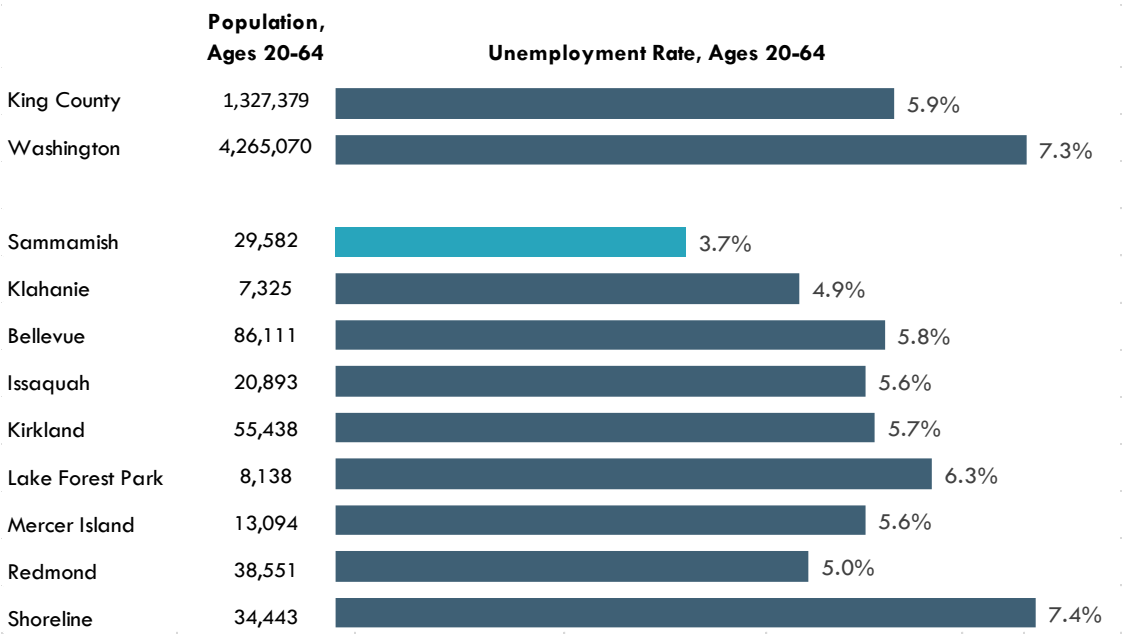
The U.S. economy has largely recovered from the Great Recession, and the unemployment rate has declined in King County over the past five years (**Exhibit 47**). The unemployment rate is relatively low in Sammamish compared to peer cities in King County. The Bureau of Labor Statistics provides unemployment rate information at the county level, but not at the city level. The unemployment rate information at the city level, shown in **Exhibit 48**, is provided by ACS as a five-year estimate of unemployment rates for ages 20-64.

Exhibit 47. King County Unemployment Rate, 2010-2016



Source: Bureau of Labor Statistics, 2010-2016.

Exhibit 48. Unemployment Rates in Sammamish and Peer Cities, Ages 20-64



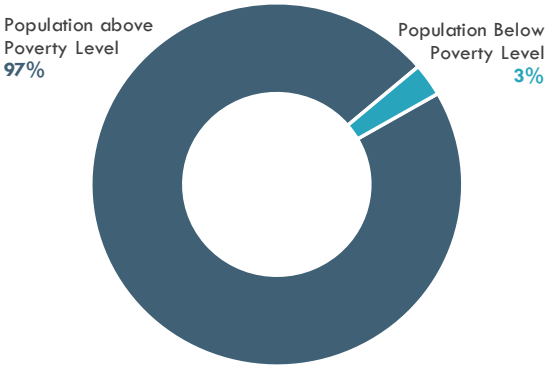
Source: ACS 2011-2015 5-year estimates, Unemployment Status (Table S2301).

- The unemployment rate in Sammamish for ages 20-64 was relatively low at 3.7%, compared to peer cities where the unemployment rate ranged from 5-7%.
- The unemployment rate for ages 20-64 averaged 5.9% in King County and 7.3% in Washington state from 2011-2015.

Poverty

The Census Bureau defines the federal poverty level by size of family. The census defined poverty in 2015, the most recently available year of data, for an individual with an annual income less than $12,082 and for a family of four as less than $24,257.

Exhibit 49. Population Above and Below Poverty Level in Sammamish, 2015



What we heard from school stakeholders

Families well above the poverty line are struggling to make ends meet because of the high cost of housing in Sammamish. When families spend a majority of their income on housing they can struggle with affording basic needs such as food, childcare, or healthcare.

Source: ACS 2015 5-year estimates, Estimate of Poverty Status in the Past 12 Months (Table S1701).

- Only 3% of the population in Sammamish is considered to be in poverty as defined by the federal poverty level.
- 300% of the poverty level is an annual income of $36,180 for an individual and $73,800 for a family of four. 8.8% of the families in Sammamish fall into this category. Given the cost of housing, it is likely that families under 300% of the poverty level are unable to afford other basics. More information on housing affordability can be found in Exhibit 10.

Supplemental Nutrition Assistance Program (SNAP)

The Supplemental Nutrition Assistance Program (SNAP) is administered by the U.S. Department of Agriculture's Food and Nutrition Service. The program provides nutrition assistance to low-income individuals and families. **Exhibit 50** shows the number and percentage of total households who receive SNAP assistance in Sammamish, along with comparable measures for neighborhood cities.

Exhibit 50. Households Receiving SNAP benefits

		Households Receiving SNAP Benefits (Food Stamps)					
	Total Households	Households		HHs with Children		HHs with Elderly	
		#	%	#	%	#	%
Sammamish	16,201	270	2%	151	1%	106	1%
Bellevue	54,216	3,047	6%	1,186	2%	1,173	2%
Issaquah	14,018	720	5%	125	1%	346	2%
Kirkland	35,367	1,487	4%	540	2%	598	2%
Lake Forest Park	5,207	272	5%	153	3%	57	1%
Mercer Island	9,583	317	3%	180	2%	65	1%
Redmond	23,389	1,016	4%	437	2%	407	2%
Shoreline	21,668	2,262	10%	703	3%	848	4%
Issaquah SD	38,946	1,434	4%	284	1%	710	2%
Lake Washington SD	74,452	2,600	3%	1,029	1%	1,125	2%

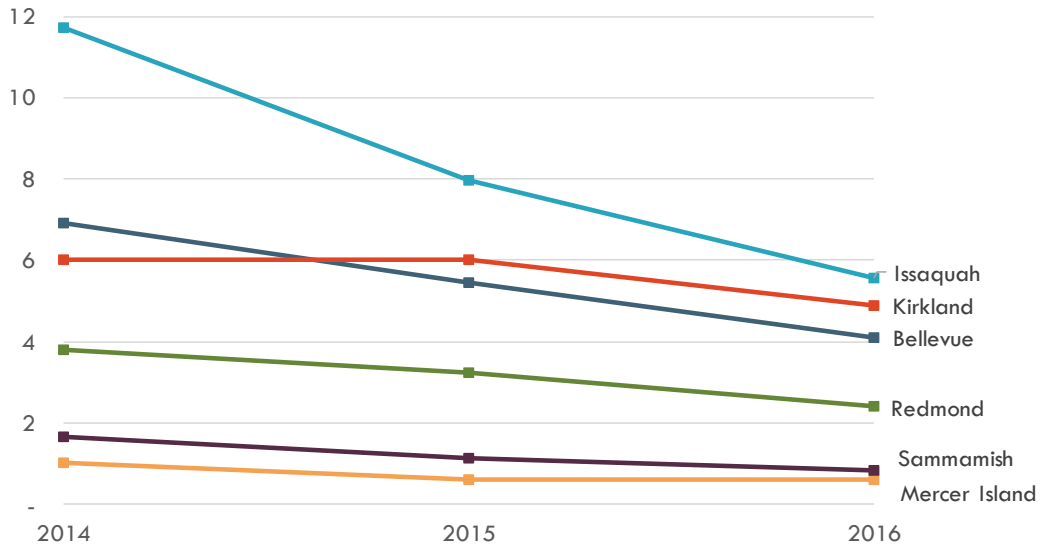
Source: ACS 2015 5-year estimates, Food Stamps/SNAP (Table S2201); BERK, 2017.

- 2% of Sammamish households are receiving SNAP assistance. This is relatively low compared to peer cities, which range from 3% to 10% of households receiving SNAP assistance.
- Just 1% of households with children and 1% of households with elderly are receiving SNAP assistance.

Temporary Assistance for Needy Families (TANF)

The Temporary Assistance for Needy Families (TANF) grant program is administered by the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Family Assistance. The program provides state funding to help needy families achieve self-sufficiency through temporary financial assistance. **Exhibit 51** shows client counts, per 1,000 residents, for TANF and State Family Assistance in Sammamish and peer cities. The data can provide insight on family assistance needs in these communities over the last three years.

Exhibit 51. TANF and Family Assistance Rate, per 1,000 population, by city, 2014-2016



Note: Originally collected at the zip code level, this data has been assigned to cities based on U.S. Postal Service default cities. Shoreline and Lake Forest Park are not included since USPS assigns their zip codes to Seattle.
Source: Washington State Department of Social and Health Services, 2015-2016; Washington State Office of Financial Management; BERK, 2017.

- Client counts for TANF and state family assistance have decreased slightly in Sammamish as well as many peer cities on the Eastside over the last three years. It is unclear whether this is because of declining need or declining funding. The Center on Budget and Policy Priorities notes that "Over time, TANF has provided basic cash assistance to fewer and fewer needy families, even when need has increased" (2017).
- Relative to its neighboring cities of Issaquah, Kirkland, Bellevue, and Redmond, Sammamish has a low client count of people receiving TANF. Its share of residents receiving TANF is slightly higher than that of Mercer Island.

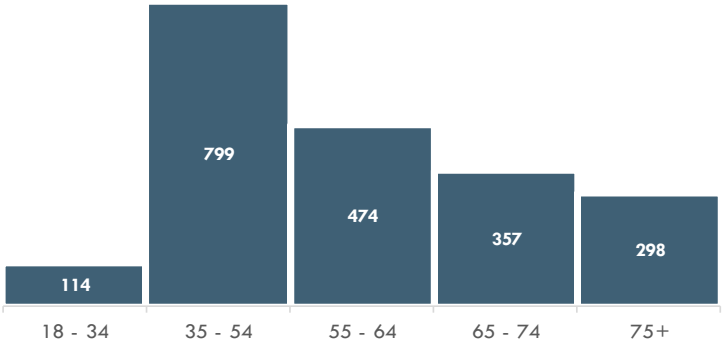
VETERANS

Veterans face unique challenges in transitioning to civilian life. According to the annual Military Family Lifestyle Survey conducted by Blue Star Families, over 40% of transitioning veterans felt stress about the transitioning process, and civilian employment was one of their top concerns (Brookings Institution, 2015). In this same survey, about half of veterans responded that they were not in their desired career field or did not find meaning in their workplace. Veterans also face mental health barriers; based on research from the RAND Center for Military Health Policy Research, 20% of veterans who served in Iraq or Afghanistan suffer from major depression or post-traumatic stress disorder (National Veterans Foundation, 2016). Job retraining and mental health services are essential to help veterans transition to healthy and meaningful civilian lives.

- **Exhibit 52** shows the age distribution of Veteran's living in Sammamish. Among those 75 and older, almost 46% are veterans (298 individuals).

- **Exhibit 53** shows data on veteran populations, along with the proportion of veterans in poverty and with disabilities, in Sammamish, King County, and Washington.

Exhibit 52. Sammamish and Klahanie Veteran Population, Number and Share of Total Population, 2015



	18 - 34	35 - 54	55 - 64	65 - 74	75+
Veteran Population as a Share of Total population	3%	7%	15%	21%	46%

Source: ACS 2015 5-year estimates, Veteran Status and Age and Sex, BERK 2017

- Although the largest number of veterans are found in the 35 – 54-year-old age group, they represent only 7% of the total population in Sammamish and Klahanie combined.
- Among those 75 and older, almost 46% are veterans (298 individuals).

Exhibit 53. Veterans in Poverty and with Disabilities in Sammamish, 2015

		Veteran Population		Veterans Below Poverty Level		Veterans With Disability	
	Civilian Population 18+	Count	% of Civilian Population	Count	% of Veteran Population	Count	% of Veteran Population
King County	1,613,259	115,239	7%	8,226	7%	26,582	23%
Washington	5,340,310	564,864	11%	37,721	7%	153,745	27%
Sammamish	34,013	1,769	5%	17	1%	235	13%
Klahanie	8,348	273	3%	0	0%	16	6%
Bellevue	107,091	6,649	6%	228	3%	1,625	24%
Issaquah	25,171	1,538	6%	79	5%	389	25%
Kirkland	67,269	4,439	7%	141	3%	1,084	24%
Lake Forest Park	10,719	793	7%	33	4%	154	19%
Mercer Island	18,121	1,469	8%	33	2%	348	24%
Redmond	44,751	2,126	5%	39	2%	559	26%
Shoreline	44,566	3,991	9%	371	9%	946	24%

Source: ACS 2015 5-year estimates, Veteran Status, BERK 2017

HEALTH

Access to Care and Preventative Services

Accessing quality health care and preventative services is important not only to physical outcomes but social and mental health outcomes as well. Preventative services can help individuals detect health issues early, avoid illness, and potentially save lives. Health insurance is one aspect of access to health services, but the location and cost of quality care are other important factors. Reducing these barriers to care and matching providers to community needs can improve health and well-being. **Exhibit 54** shows several access to care and preventive services measures for the state, the county, Sammamish and peer cities.

Exhibit 54. Access to Care and Preventive Services

	Uninsured (Age 18-64)	Could not see a doctor 1+ times in past year due to cost	Does not have a personal doctor	No flu shot during the past year	Never had pneumonia vaccination (age 65+)
Washington	18%	15%	26%	63%	27%
King County	15%	14%	26%	60%	28%
Sammamish	**3%**	**9%**	**21%**	**58%**	**21%**
Bellevue	13%	11%	25%	61%	29%
Issaquah	9%	5%	19%	56%	35%
Kirkland	11%	10%	22%	58%	34%
Lake Forest Park	12%	11%	18%	51%	21%
Mercer Island	4%	4%	16%	46%	23%
Redmond	10%	13%	24%	61%	34%
Shoreline	16%	12%	23%	57%	23%

	No dental visit during the past year	No mammogram within 2 years (age 50-74)	No Pap test within 3 years (age 21-65)
Washington	33%	29%	32%
King County	29%	28%	22%
Sammamish	**19%**	**18%**	**23%**
Bellevue	25%	23%	25%
Issaquah	24%	19%	35%
Kirkland	25%	22%	20%
Lake Forest Park	19%	36%	27%
Mercer Island	12%	22%	21%
Redmond	26%	27%	16%
Shoreline	25%	26%	19%

Source: Behavioral Risk Factor Surveillance System (BFRSS), WA State Department of Health, Center for Health Statistics via Public Health Seattle King County City Health Profiles, 2016.

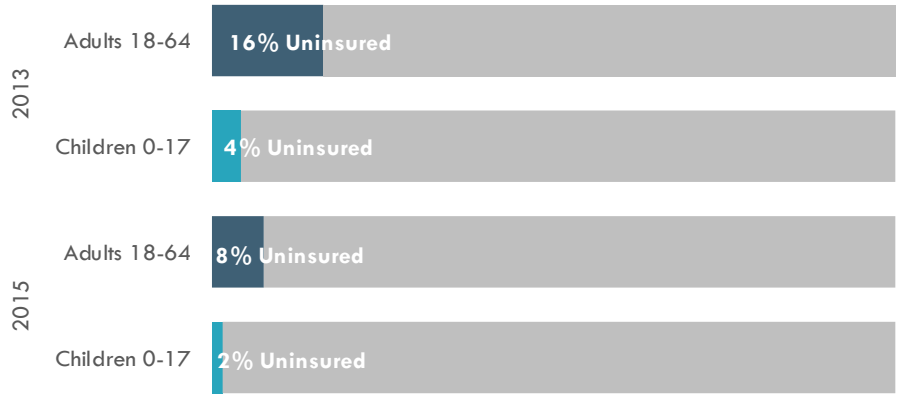
- Over one-fifth of Sammamish residents do not have a personal doctor that they see for routine visits.
- Just under one-fifth (19%) of Sammamish residents did not see a dentist within the last year. Untreated dental diseases can lead to serious health effects.
- Shares for Sammamish were lower than for the county in all measures expect no pap test within three years, which is higher by one percentage point.

Insurance

Health insurance is an important aspect of ensuring that people receive the care they need. Uninsured individuals may be less likely to see a primary care provider; they may receive less timely care and have worse health outcomes. Lack of insurance also places a financial burden on families. Health insurance coverage data can help to understand these vulnerabilities.

The Affordable Care Act was followed by large declines in the share of uninsured adults and children in King County. In 2014, insurance coverage options expanded for all adults. **Exhibit 55** compares uninsured rates in 2013 and 2015 in King County. **Exhibit 56** shows the percentage change in various types of health insurance coverage.

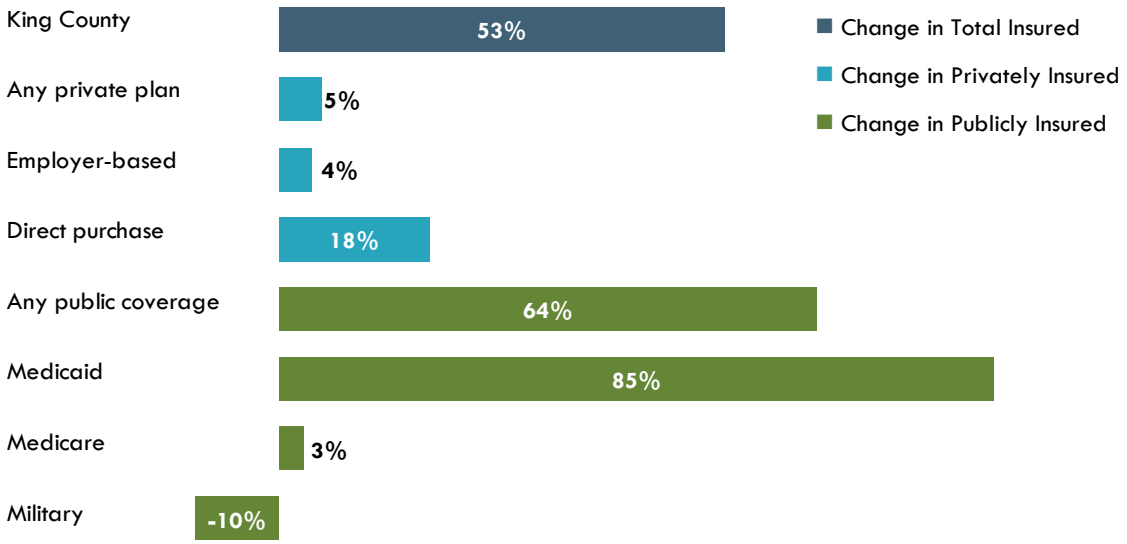
Exhibit 55. Uninsured Rates in King County, Before and After Affordable Care Act



Source: ACS, 2015; Public Health Seattle King County, Policy Development and Evaluation Unit, 2016.

- 16.4% of King County adults ages 18-64 were uninsured in 2013; this number declined to 7.7% by 2015. This is a 53% decline between 2013 and 2015.
- 4.3% of children ages 0-17 were uninsured in 2013; this declined to 1.6% in 2015.
- King County's decline in uninsured rates is similar to Washington State's average reduction in uninsured adults, which is also 53%; however, there is wide variation across the state.

Exhibit 56. Change in Coverage between 2013 and 2015, Adults Ages 18-64



Source: ACS, 2015; Public Health Seattle King County, Policy Development and Evaluation Unit, 2016.

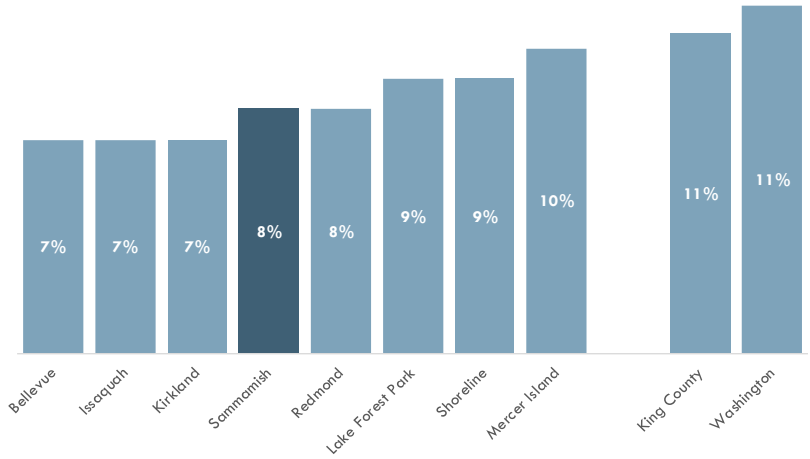
- There was a 5% increase in private plans, including a 4% increase in employer-based and 18% increase in direct-purchase.
- There was a 64% increase in public coverage, including an 85% increase in Medicaid and 3% increase in Medicare coverage. Military coverage decreased by 10% in King County.

Mental Health

Public Health Seattle & King County publishes community health indicators for many cities in the county in an effort to isolate determinants of health. One indicator reports mental distress of adults measured as having fourteen or more *poor mental health days* in the past 30 days. This measure *poor mental health days* is used nationally by the Center for Disease Control (CDC) and emphasizes those that are experiencing chronic and likely severe mental health issues. In this measure, poor mental health includes: stress, depression, and problems with emotions.

Countywide, this measure has remained flat for the last fifteen years with no significant increases or decreases in the share of residents experiencing bad mental health. King County residents experiencing poor mental health at rates higher than average include: younger residents (18 – 24), those residing in South King County, Hispanic residents, and those with household incomes below $25,000.

Exhibit 57. Frequent Mental Distress, Adults age 18+



Note: Frequent Mental Distress Indicator is for adults age 18+
Source: Risk Factor Surveillance System (BRFSS), Washington State Department of Health, Center for Health Statistics. via Public Health Seattle King County City Health Profiles, 2016.

- Using this national measure of mental health, 8% of adults in Sammamish reported that they had experienced 14 or more bad mental health days in the past 30 days.
- Poor mental health along with a lack of access to mental health support can have long-term consequences on the emotional, physical, and financial health of households and communities.

Health Risk Factors

Access to nutritious food and physical activity are important contributors to a community's good health. A lack of physical activity can contribute to increased risk of health conditions, including heart disease, diabetes, and some cancers (Robert Wood Johnson Foundation; Trust for America's Health, 2013). Half of adults in the U.S. do not meet the Center for Disease Control and Prevention's recommended levels of physical activity. Being overweight or obese increases the risk for many health conditions, including type 2 diabetes, heart disease, stroke, hypertension, cancer, Alzheimer's disease, dementia, liver disease, kidney disease, osteoarthritis, and respiratory problems (Robert Wood Johnson Foundation; Trust for America's Health, 2013).

Smoking kills 480,000 Americans each year, including 41,000 from exposure to secondhand smoke; over 16 million Americans are living with a disease caused by smoking (Center for Disease Control and Prevention, 2015). Smoking causes cancer, heart disease, stroke, lung diseases, diabetes, and chronic obstructive pulmonary disease (COPD), which includes emphysema and chronic bronchitis. The health consequences of smoking mean that tobacco use has financial implications for communities.

Exhibit 58 shows measures of several health risk factors and chronic diseases in Sammamish and in neighboring cities. The social determinants of health model shown in **Exhibit 44** shows how community factors can contribute to chronic disease. For example, a community's infrastructure can either support or limit opportunities for physical activity depending on the availability of sidewalks, safe biking routes, and

access to parks and recreation facilities. Understanding the profile of chronic disease can help to identify potential social determinants that need to be addressed through long-term efforts or through health and human services programs.

Exhibit 58. Health Risk Factors and Chronic Diseases

	Obese (BMI >= 30)	Did not participate in any physical activity	Have been told to have diabetes	Have high blood cholesterol	Had coronary heart disease or heart attack
Washington	28%	20%	9%	38%	4%
King County	22%	16%	7%	35%	3%
Sammamish	**15%**	**9%**	**3%**	**38%**	**3%**
Bellevue	16%	16%	5%	33%	3%
Issaquah	22%	15%	5%	23%	7%
Kirkland	22%	12%	5%	40%	3%
Lake Forest Park	19%	11%	3%	39%	2%
Mercer Island	12%	9%	5%	32%	2%
Redmond	16%	15%	6%	32%	3%
Shoreline	19%	13%	7%	37%	3%

	Current smoker	Have current asthma	Excessive alcohol consumption	Ever been told to have high blood pressure
Washington	17%	10%	19%	30%
King County	14%	9%	22%	26%
Sammamish	**5%**	**9%**	**16%**	**21%**
Bellevue	10%	6%	17%	26%
Issaquah	9%	12%	18%	22%
Kirkland	11%	10%	22%	31%
Lake Forest Park	8%	6%	18%	20%
Mercer Island	6%	7%	15%	26%
Redmond	8%	8%	14%	25%
Shoreline	13%	8%	19%	29%

Source: The Behavioral Risk Factor Surveillance System (BRFSS), Washington State Department of Health, Center for Health Statistics via Public Health Seattle King County City Health Profiles, 2016.

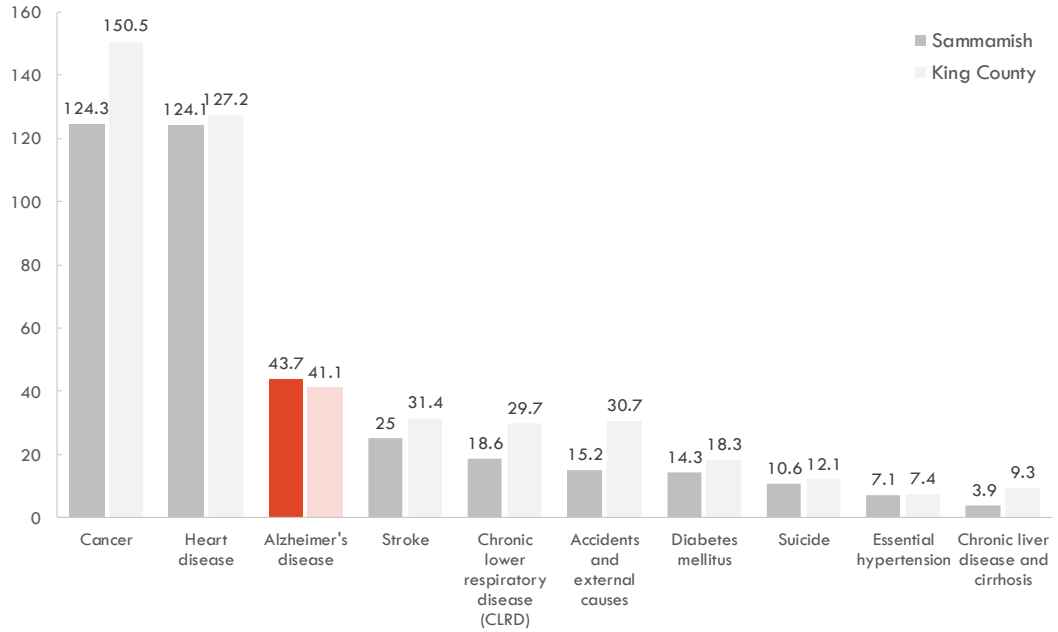
- In 2016, 15% of Sammamish residents were considered to be obese, and 9% did not participate in any physical activity. 3% were told to have diabetes, 28% to have high blood cholesterol, and 3% have had coronary heart disease or a heart attack. Physical activity and diabetes rates are relatively good compared to neighboring cities, while the heart disease and high blood cholesterol rates are about average.
- 5% of Sammamish residents are currently smokers, which is relatively low compared to peer cities or

to King County or Washington State.

Leading Causes of Death

Leading causes of death can help illuminate the effectiveness of an area's health system and can help local health officials determine how to focus their resources. Many leading causes of death are related to healthy lifestyles and diets, such as heart disease, stroke, diabetes and hypertension. Others are less preventable, such as certain types of cancer, or Alzheimer's disease which has a higher prevalence in Sammamish than in King County overall. Recognizing symptoms, accessing care, and determining treatment plans, can help lessen the burden of these diseases.

Exhibit 59. Top 10 Leading Causes of Death in Sammamish, compared to King County, 2016



Source: Death certificate data, Washington State Department of Health, Center for Health Statistics via Public Health Seattle King County City Health Profile, Sammamish, 2016.

- Sammamish has a higher rate of Alzheimer's disease, with 43.7 people per 100,000 residents, than King County overall (41.1 people per 100,000 residents).

Excessive Drinking

Excessive or binge drinking is defined different for women and men. For women, it is defined as consuming more than four drinks on a single occasion and for men it is more than five drinks. In 2014, the most recent year of data available, Public Health Seattle & King County reported that 20% of adults binge drink (or had done so in the last 30 days).

In the East Region of King County, the percent of adults that excessively drink is slightly lower at 16%, compared to 26% in Seattle.

Drug Induced Deaths

Drug induced deaths are deaths due to drug poisoning. These deaths include accidental, intentional, and undetermined poisoning by exposure to any drug, medication, or biological substance. In King County in 2014, the most recent year of data available, there were 313 drug-induced deaths, or 14.1 deaths per 100,000 residents. For the East Region of King County, the rate was lower with 8.2 deaths per 100,000 residents.

The country is in the midst of an opioid epidemic with an estimated 59,000 to 65,000 people dying from drug overdoses in 2016. Drug-induced deaths are now the leading cause of death among Americans under 50. (Katz, 2017) Several recent studies suggest the opioid epidemic is partially caused by job loss, with areas experiencing economic hardship being more affected by the crisis. One study found that an unemployment rate increase of 1 percentage point results in an opioid death rate increase of 3.6 percent. (Hollingsworth, Ruhm, & Simon, 2017) Although Sammamish its surrounding Eastside peers are partially insulated from this epidemic by strong economics, high incomes, and low unemployment, they have not been completely untouched. In 2016 a 26-year-old man was arrested for heroin possession in Sammamish and in 2013 an Issaquah man was arrested and charged with homicide for allegedly selling heroin to a man that died from an overdose.

Active Aging

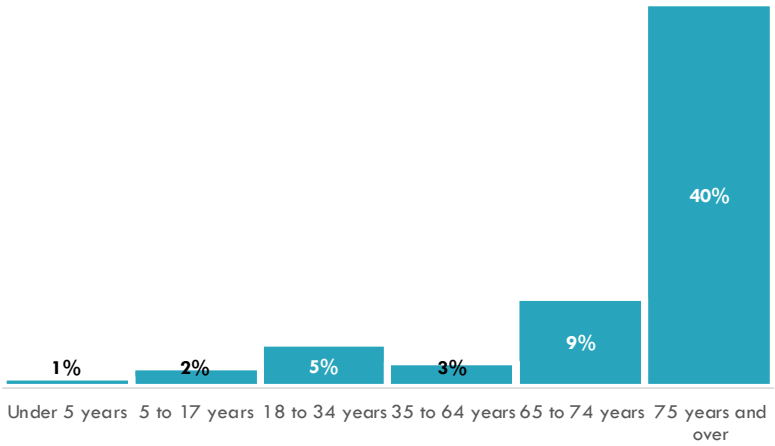
Active aging is the process of optimizing opportunities for health, participation, and security to improve the quality of life as people age (World Health Organization). This process allows people to continue to participate in society as they age, and it involves many aspects of wellness including physical, social, spiritual, vocational, emotional, environmental, and intellectual. As Sammamish seniors age in their community, it is important that they have opportunities to engage with their neighborhood and to access resources that can help them maintain autonomy and independence.

Physically, active aging means maintaining health and physical activity. Seniors with disabilities (see **Exhibit 60**) need special services both in terms of transportation and facilities. Seniors' elevated risk of falling brings implications for fire and medical emergency services as shown in **Exhibit 61**, which shows the percent of older adults who have ever been injured by a fall in various King County regions.

Emotionally and socially, seniors need to continue interacting meaningfully with members of their community. Mobility is an important component of independence and socialization, and seniors frequently depend on public transportation to access community spaces.

Understanding the senior community can provide insight on how the City of Sammamish can best serve its senior population.

Exhibit 60. Percent of Population in Age Group with a Disability in Sammamish, 2015



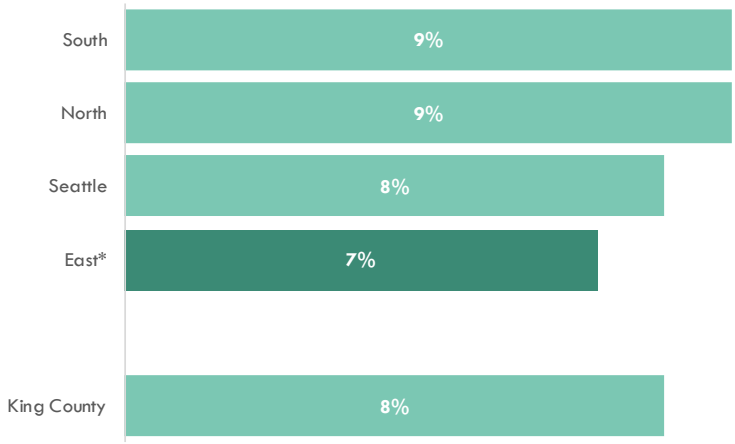
	Under 5 years	5 to 17 years	18 to 34 years	35 to 64 years	65 to 74 years	75 years and over
# in each Age Group with a Disability	47	363	338	798	283	514

Source: ACS 2015 5-year estimates, Sex by Age and Disability Status, BERK 2017.

- The population with disabilities in the age group 75 and older is large, and represents 40% of the total population in that age group (514 individuals).
- 9% of the population aged 65 to 74 has a disability.
- While only 3% of the total population aged 35 to 64 has a disability, that figure means that 798 adults in that age group have a disability. Improvements to make the community more accessible to

seniors will also improve quality of life for people with disabilities in every life stage.

Exhibit 61. Percent of Older Adults (45+) Ever Injured in Fall by King County Region, 2014



*East Region includes Sammamish
Source: Public Health Seattle King County.

- 7% of older adults in the East Region of King County, which includes Sammamish, have been injured in a fall.

Healthy Environment

The National Research Council and Institute of Medicine jointly wrote in 2013 that "health determinants cannot be fully understood in isolation from the environmental contexts that shape and sustain them" (National Research Council and Institute of Medicine, 2013). They found that environmental factors related to the physical form of regions or neighborhoods exist even when controlling for socioeconomic and demographic differences, suggesting that environmental factors play an important role in health outcomes.

Some factors in the physical environment can affect health including air pollution, the way neighborhoods are designed and built, housing affordability, and access to recreational facilities and transportation systems. Factors in the social environment that can affect health are those related to safety, violence, and social connection (National Research Council and Institute of Medicine, 2013).

HOUSING

Housing Affordability

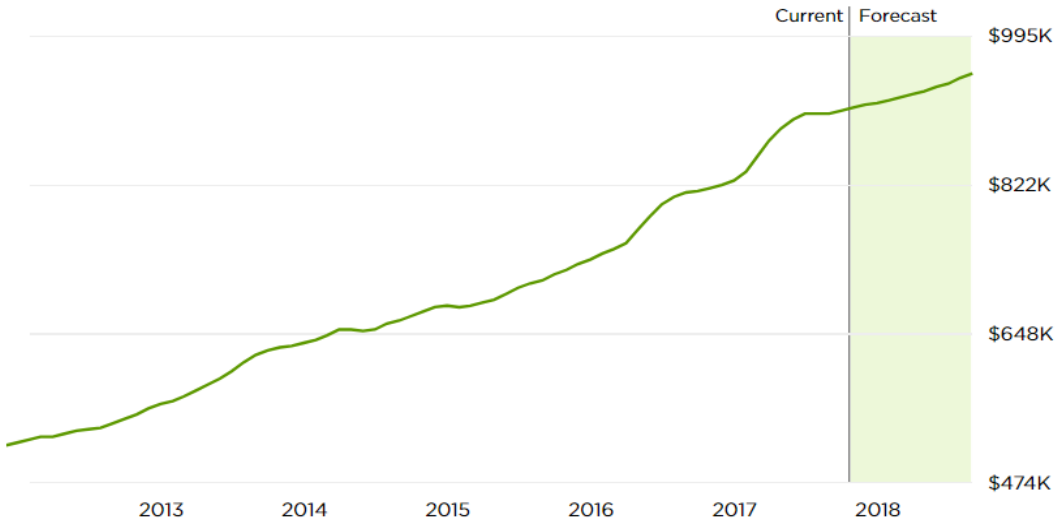
In 2016, Money magazine ranked Sammamish as the number 14 best place to live in the country. Credit for the ranking was given for schools, proximity to employers, and green space.

Along with being a great place to live, Sammamish has high home values. Zillow's home price index for Sammamish, a median current market valuation for the city, shows strong growth in home prices over the last five years and forecasts continued growth in 2018, as seen in **Exhibit 67**.

What we heard from a majority of sources:

- Housing affordability is an unmet need in the community.
- Adults and families with good employment and wages are making trade-offs (in areas such as healthcare, childcare, adequate food) to pay for housing.
- Housing costs are a significant source of stress for people in this community.

Exhibit 62. Sammamish Home Value Index, 2017



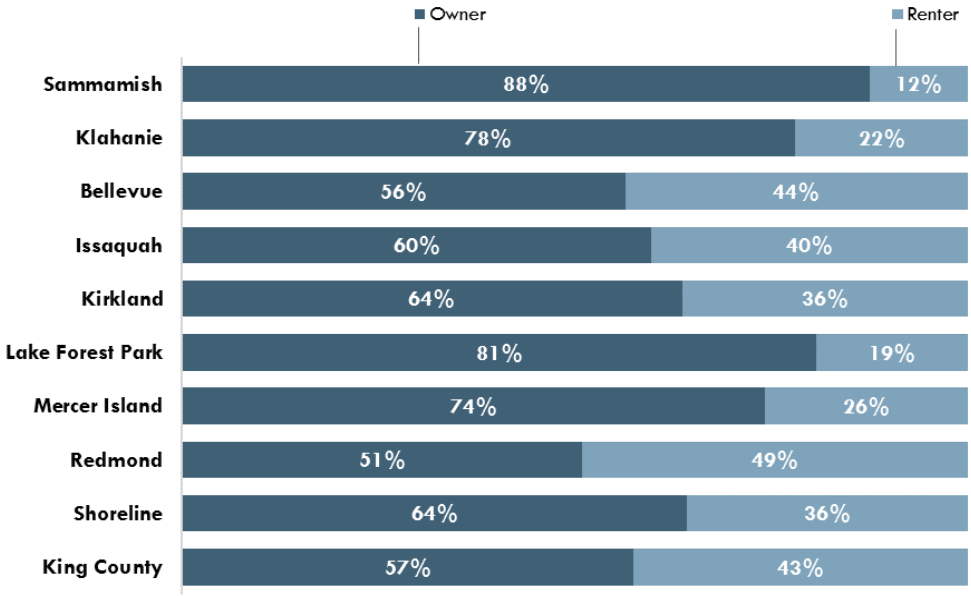
Source: Zillow's Sammamish Home Value Index, retrieved October 24, 2017.

- Zillow estimates that the median home value in Sammamish as of August 2017 was $905,800, up from $543,000 in August of 2012.
- Zillow estimates that home values have gone up 11.4% over the last year and will continue to increase, at a rate of 5.1% over the next year.

Housing Tenure

Exhibit 63 shows housing tenure for Sammamish, peer cities, and all of King County. As shown below, Sammamish has a significantly higher share of owner households than neighboring cities at 88%. It also has nearly 30% more owner households than for King County overall.

Exhibit 63. Housing Tenure – Sammamish and Peer Cities



City / Place	Owner	Renter	All Households
Sammamish	13,855	1,965	15,820
Klahanie	3,165	890	4,055
Bellevue	30,035	23,200	53,235
Issaquah	8,275	5,595	13,870
Kirkland	22,110	12,650	34,760
Lake Forest Park	4,180	1,000	5,180
Mercer Island	6,990	2,440	9,430
Redmond	11,975	11,545	23,520
Shoreline	13,710	7,650	21,360
King County	**464,584**	**344,099**	**808,683**

Source: U.S. Department of Housing and Urban Development, Consolidated Housing Affordability Strategy (based on U.S. Census American Community Survey 5-year Estimates, 2010-2014)

- 88% of all households in Sammamish are owners (13,855 households), and just 12% are renters (1,965 households). Klahanie also has a high percentage of owner households (78%).
- Sammamish and Klahanie have a higher percentage of owner households compared to neighboring cities and King County overall (57% owner households). Lake Forest Park is the only other city that has a similar proportion of owner households (81%).

Tenure by Income Level

The U.S. Department of Housing and Urban Development (HUD) calculates area median income (AMI) for King County. In 2017, AMI was $96,000 for a four-person household. The data in this section is presented relative to HUD AMI. It is prepared by HUD's Consolidated Housing Affordability Strategy (CHAS) program, based on ACS data, and gives a more accurate depiction of various household

attributes than is available using just the ACS data.

This section groups households based on income categories relative to the county AMI, rather than the Federal Poverty Level. Note that HUD accounts for household size when grouping households into income categories.

- Very Low Income – Under 30% of AMI
- Low Income – 30-50% of AMI
- Moderate Income – 50-80% of AMI
- Lower Middle Income- 80-100% of AMI
- Above Median Income – Over 100% of AMI

Conversations with HUD indicate users of this data often use the Very Low-Income category – Under 30% of AMI – interchangeably with the Federal Poverty Level.

Exhibit 64 and Exhibit 65 summarize households in the City of Sammamish and King County within each income category, by housing tenure. Consistent with the data above in Exhibit 63 which shows the high number of owner households in Sammamish, nearly 85% of all households in Sammamish have income above AMI ($96,000). Compare this to all of King County, where just 53% of all households have income above AMI.

In renter households, the gap is even wider. In Sammamish, 70% of renter households have income above AMI, whereas across King County, only 33% of renter households have income above AMI. Only 5% of all households in Sammamish are living in the Very Low-Income category, or living in poverty.

Exhibit 64. Tenure by Income Level – City of Sammamish

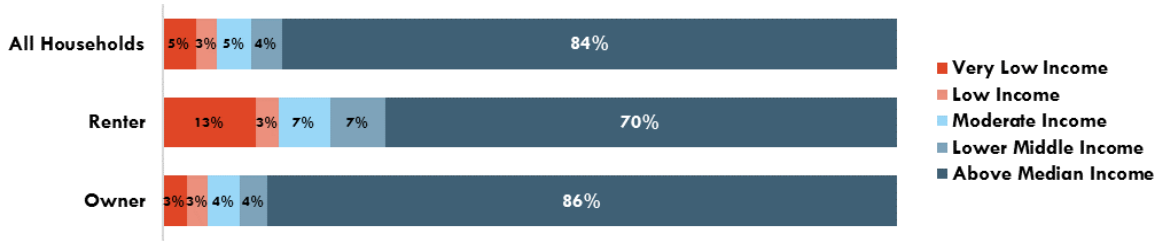
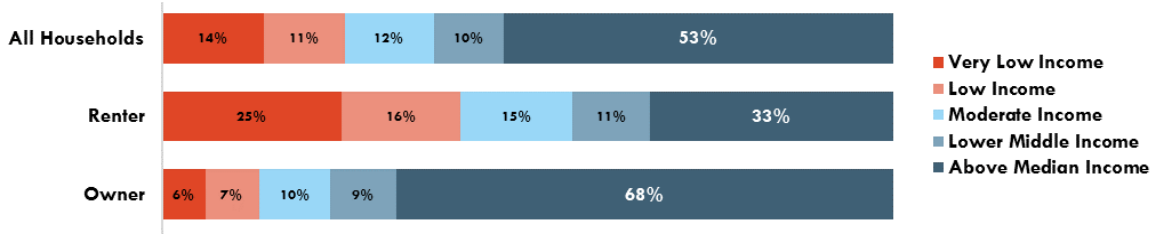


Exhibit 65. Tenure by Income Level – King County



Source: U.S. Department of Housing and Urban Development, Consolidated Housing Affordability Strategy (based on U.S. Census American Community Survey 5-year Estimates, 2010-2014)

Household Composition by Income Level

Exhibit 66 shows the household income breakdown by household type, as well as descriptions for the HUD designated household types (household types are mutually exclusive). This data shows very low numbers of elderly non-family households living in Sammamish. Many people in this group are retired, living on a fixed income, and may or may not have additional retirement savings to help cover housing costs. These would also be households likely in need of public/private assistance of some variety. Conversely, many Sammamish households are small families with income above AMI, and are likely not in need.

Exhibit 66. Household Type by Income Level – City of Sammamish

	Very Low (<30%)	Low (30-50%)	Moderate (50-80%)	Lower Middle (80-100%)	Above AMI	All Households
Elderly Family	110	94	230	165	1,090	**1,689**
Elderly Non-Family	120	100	29	15	240	**504**
Large Family	35	50	65	60	1,610	**1,820**
Small Family	305	145	320	325	9,275	**10,370**
Other	140	65	95	100	1,025	**1,425**
Total	710	454	739	665	13,240	**15,808**

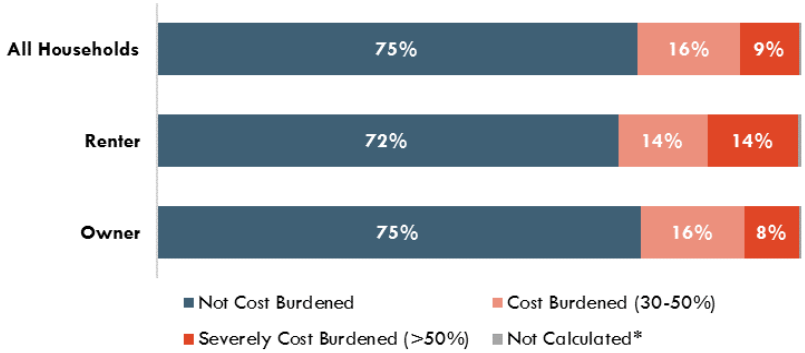
	Household Type Description
Elderly Family	2 persons, either or both age 62 or over
Elderly Non-Family	Age 62+, living alone
Large Family	Families with 5 or more members
Small Family	Families with 2-4 members (excluding elderly families)
Other	Non-family, non-elderly households

Source: U.S. Department of Housing and Urban Development, Consolidated Housing Affordability Strategy (based on U.S. Census American Community Survey 5-year Estimates, 2010-2014)

Housing Cost Burden

HUD deems housing to be affordable if a household spends no more than 30% of their gross income on housing costs (rent plus basic utilities or gross monthly owner costs). Households are cost burdened if they pay more than 30% of their income towards housing costs. Households paying more than 50% of their income towards housing costs are considered severely cost burdened, leaving that much less income for other daily living expenses.[13]

Exhibit 67. Housing Cost Burden by Tenure – City of Sammamish

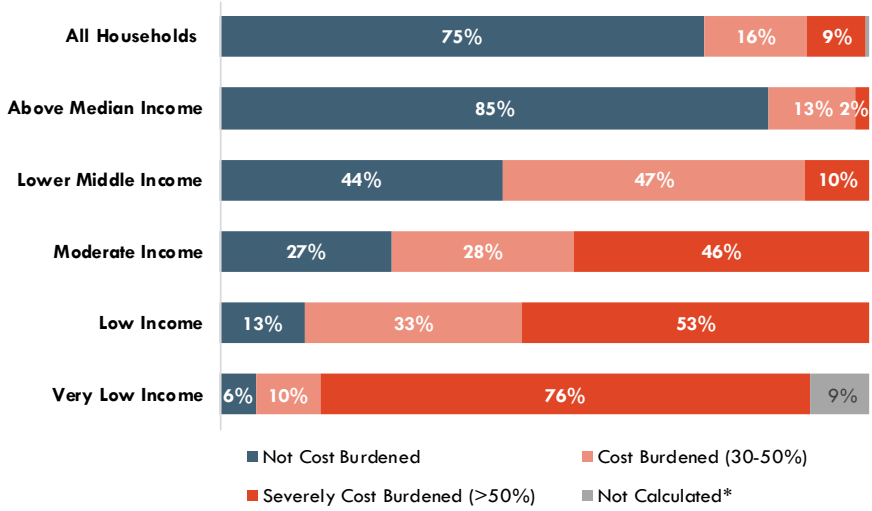


Source: U.S. Department of Housing and Urban Development, Consolidated Housing Affordability Strategy (based on U.S. Census American Community Survey 5-year Estimates, 2010-2014)

- One quarter of all households in Sammamish are cost burdened, spending 30% or more of their monthly income on housing costs.
- Renter households are slightly more likely to be cost burdened than owner households, and about twice as likely to be severely cost burdened, spending 50% or more of their monthly income on housing costs.

[13] HUD publishes cost burden estimates based on data from the ACS 5-year Estimates. The latest survey period for which cost burden data is available is 2010 to 2014. This means that cost burden estimates reflect income and housing costs as reported by a sample of residents in Sammamish during a rolling monthly survey between January 2010 and December 2014. This period includes the downturn in the housing market and rise in unemployment during and following the last economic recession. Housing costs have increased during the past few years, a fact that should be considered when interpreting cost burden data from HUD.

Exhibit 68. Housing Cost Burden by Income Level – City of Sammamish



- 25% of households in Sammamish are housing cost burdened, paying more than 30% of their incomes on housing, and 9% are severely housing cost burdened, spending more than 50% of their incomes on housing.
- Some of the 13,240 households above AMI have issues with housing affordability. 15% of these households are cost burdened, paying more than 30% of their income on housing (almost 2,000 households), and 2% of these households are severely cost burdened, paying more than 50% of their incomes on housing (approximately 264 households).

Homelessness

All Home, the Seattle/King County Continuum of Care, conducts an annual point-in-time (PIT) homeless count. The PIT offers a snapshot of the number of people experiencing homelessness in emergency shelters, transitional housing, those sleeping outside and in other places not meant for human habitation. Even with the assistance of homeless providers and advocates, as a non-intrusive, visual enumeration of homeless individuals that occurs on one night, the PIT likely undercounts homeless individuals.

Exhibit 69 shows the total number of individuals experiencing homelessness, and whether they are sheltered or unsheltered. Exhibit 70 provides a more detailed breakout of where unsheltered individuals were found, whether it was outside, in a car, tent, or abandoned building.

Exhibit 69. Homeless Point in Time County by King County Region, 2017

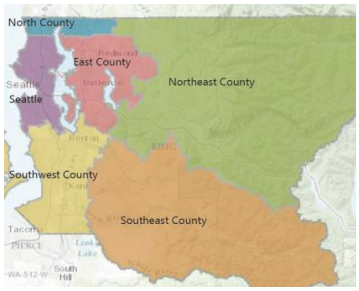
Region	Total Homeless Count	Unsheltered		Sheltered	
		Number	% of Region	Number	% of Region
East County	631	284	45%	347	55%
North County	201	53	26%	148	74%
Northeast County	166	119	72%	47	28%
Seattle	8,522	3,857	45%	4,665	55%
Southwest County	2,017	1,102	55%	915	45%
Southeast County	106	70	66%	36	34%
King County	**11,643**	**5,485**	**47%**	**6,158**	**53%**

Note: Contains data collected during the General Street Count, the Youth and Young Adult Count, and Count Us In Survey.

- In "East County", which includes Sammamish, there were over 600 individuals counted as homeless with about 45% of them counted outside.

Exhibit 70. Unsheltered Persons by Region, 2017

REGION	PERSONS ON STREETS/OUTSIDE		PERSONS IN CAR/RV/VAN		PERSONS IN TENTS		PERSONS IN ABANDONED BUILDINGS		TOTAL UNSHELTERED PERSONS
	Number	% of Region	Number	% of Region	Number	% of Region	Number	% of Region	
East County	33	12%	201	71%	46	16%	4	1%	**284**
North County	16	30%	35	66%	-	0%	2	4%	**53**
Northeast County	22	18%	29	24%	66	55%	2	2%	**119**
Seattle	1,076	28%	1,550	40%	1,153	30%	78	2%	**3,857**
Southeast County	22	31%	39	56%	9	13%	-	0%	**70**
Southwest County	313	28%	460	42%	277	25%	52	5%	**1,102**
TOTAL	**1,482**	**27%**	**2,314**	**42%**	**1,551**	**28%**	**138**	**3%**	**5,485**



EAST COUNTY	NORTHEAST COUNTY	SOUTHWEST COUNTY	NORTH COUNTY	SOUTHEAST COUNTY
Beaux Arts Village	Carnation	Algona	Bothell	Black Diamond
Bellevue	Duvall	Auburn	Kenmore	Covington
Clyde Hill	Issaquah	Burien	Lake Forest Park	Enumclaw
Hunts Point	North Bend	Des Moines	Shoreline	Maple Valley
Kirkland	Skykomish	Federal Way	Woodinville	
Medina	Snoqualmie	Kent		
Mercer Island		Milton		
Newcastle		Normandy Park		
Redmond		Pacific		
Sammamish		Renton		
Yarrow Point		SeaTac		
		Tukwila		
		Vashon Island		

Source: One Night Count 2017

- The majority of unsheltered individuals in East County are found living in a vehicle (71%), while most others are found sleeping on streets or in tents (28% total).

TRANSPORTATION

Sammamish is served by limited transit options, as seen in Exhibit 71, necessitating the need to drive most places, whether for work, school, or to grocery shopping or other errands.

During outreach with seniors in the Indian community and with the YMCA, Sammamish residents and service providers highlighted a need for better public transportation options.

What we heard from the community

- After affordable housing, transportation is the second most mentioned "unmet need."
- Lack of reliable and affordable transportation affects the ability to access services for seniors, youth, and low-income adults in the community.

Many seniors rely on public transportation to access community spaces and resource centers. Without a car and/or the ability to drive a car, seniors can struggle to access basic health and other resources. A lack of reliable and affordable transportation can also present barriers to socialization. Meaningful interaction with other members of the community is important for overall well-being, yet accessing senior activities such as trips, social gatherings, games, and events requires a means of transportation. The lack of mobility as a challenge for seniors was echoed through outreach events.

Exhibit 71. King County Metro Systems Map, Sammamish

Community Connections and Transportation

- Three buses run North/South on one street through the center of Sammamish.
- There are four park and ride lots
  - Two on the main bus line
  - Two for carpool and vanpool only, in Klahanie
- Residences can be as many as four miles away from the bus line and walking to 228th Ave SE can take up to an hour.
- Mid-day service recently started on Route 269 serving Issaquah, Redmond, and Sammamish. This route now provides 30-minute weekday service between 6 am and 8:30 pm where previously there were infrequent transit options outside of commuting hours.

Source: King County Metro System Maps

PERCEPTION OF SAFETY

Crime

The City of Sammamish contracts with King County to provide police services. Sammamish has relatively low crime rates that have remained steady over the last three years. The part 1 crime rate (including burglary, larceny, and other violent crimes) is 8 crimes per every 1,000 residents over the last three years (2014 – 2016).

The most prevalent incident types in Sammamish are car prowls and vandalism, with almost 200 car prowls and 150 vandalism reports in 2016. Aside from a high-profile drug case this year, the largest number of drug and alcohol crimes in most recent years has been Driving Under the Influence (DUI) (30+ crimes in 2016), and DUI accidents (almost 20 crimes in 2016). The third and fourth most prevalent drug and alcohol crimes are controlled substance violations (over 17 in 2016) and narcotic activity reports (16 in 2016). Over 90% of drug and alcohol crimes are committed by adults in Sammamish (Bennet, 2017).

Domestic Violence

Domestic violence is abusive behavior used by one in a relationship to gain or maintain power and control over another partner. It can include physical assault, sexual abuse, and stalking. The Bureau of Justice estimates that every year over one million women and almost 835,000 men are physically assaulted by an intimate partner. 27% of women and 12% of men have experienced domestic violence during their lifetime and then suffered significant impacts such as PTSD and injury as a result (Breiding, et al., 2011).

Domestic violence is intimately linked to housing and homelessness, and the fear of becoming homeless is a primary reason why domestic violence survivors stay with their abusers. Research shows that the need for, and the financial means to maintain, safe housing are two of the most pressing needs among women who are leaving or who have left abusive partners (Clough, Draughon, Njie-Carr, Rollins, & Glass, 2013).

In addition, economic abuse is a common tactic used by abusers to gain power and control in a relationship; it may include tactics to limit the partner's access to assets or to hide information and accessibility to family finances. Financial abuse is a powerful method of keeping a survivor trapped in an abusive relationship, and research shows that financial abuse occurs in 98% of abusive relationships (National Network to End Domestic Violence).

What we heard from LifeWire

- Domestic violence affects people of all incomes and backgrounds in Sammamish. Economic abuse and lack of affordable housing options make it difficult for those experiencing domestic violence to leave relationships.
- For those who leave a domestic violence situation there is emergency shelter on the Eastside, but longer-term shelters are only in Seattle and housing resources are mostly available in South King County.
- Housing and employment options and low-cost access to physical and mental health care in Sammamish would help families experiencing domestic violence.
- Barriers to accessing resources in Sammamish include a lack of case management and programs that require income eligibility.

Women experiencing domestic violence that are from immigrant communities may feel additional isolation and may not feel comfortable going outside of the family or cultural community for help with a private matter. (Senturia, Sullivan, & Ciske, 2000)

October 5, 2017

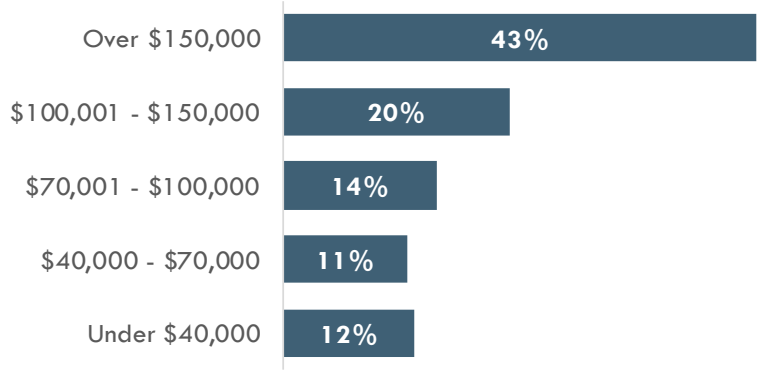
Appendix 1.A - Virtual Town Hall Results

A Virtual Town Hall online survey was hosted on the City of Sammamish Town Hall website to learn more about community needs from all members of the Sammamish community. The survey was open from June 12 to July 28, 2017. 184 people participated in this survey. Not all respondents answered every question.

Where did you hear about this Health and Human Services Needs Assessment?

177 respondents provided information on where they heard about the survey. 27% of respondents heard about this survey from their city email, followed by 16% from a friend or neighbor, 12% from a community event, and 8% from the city website. Other common sources were Facebook, Twitter, the Farmer's Market, Boys and Girls Club Teen Center Outreach Event, postcard in the mail, and a yoga class at Teen Center.

What is your annual household income?



Number of respondents: 152

- Respondents that provided household income information reflect the spectrum of incomes in Sammamish. Data USA reports that the median household income in Sammamish is $147,349. The median income of those who responded to the survey falls within that range. 43% of respondents have an annual household income over $150,000, and 20% are between $100,000-$150,000. Only 12% of respondents have an annual household income under $40,000.

What kinds of services or programs would best support you or your family? These could be services or programs that you currently use or would like to have available to you.

182 respondents answered this question.

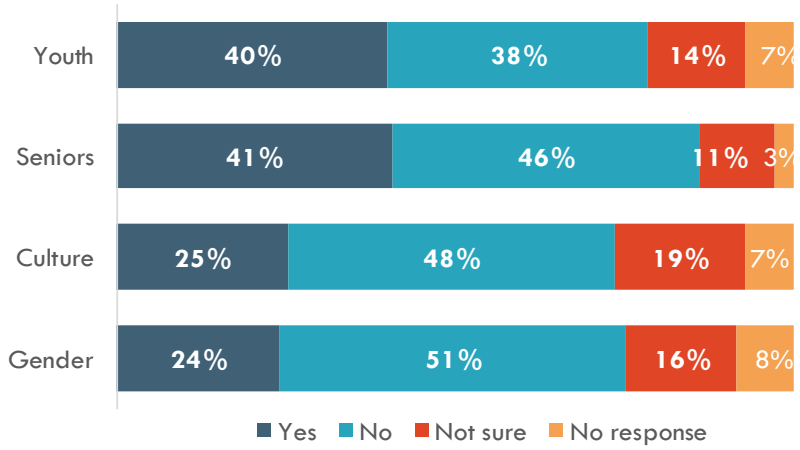
- Physical health: 77% of respondents showed interest in staying physically active. There is also interest in good nutrition and accessing healthy food, affordable access to healthcare, and getting

adequate rest.

- Mental and emotional health: 44% of respondents indicated interest in services to help manage stress, access to counseling or mental health services, and managing depression or anxiety.
- Emergency support: 77% answered that they and their family do not need these support services. A small share of respondents indicated interest in temporary financial assistance, domestic violence help, food assistance, and short-term housing.
- Youth support: 40% of respondents did not need these services; 39% indicated interest in teen activities, followed by 36% for academic support for kids and 33% for academic support for teens.
- Senior support: 49% did not need these services; 40% were interested in senior activities and 36% in transportation assistance.
- Community support: 51% did not need these services; there was moderate interest in job training, finding affordable housing, legal aid, and support for people with disabilities.

This question only addresses whether respondents currently use or desire services or programs. It gives an indication of which types of programs would be used by the respondents, it does not indicate if there are current gaps in services and program. Information on the locations of services and programs can be found in Appendix 1.B – Inventory of Services and Programs.

Would you or your family benefit from services or programs that offered support based on age, gender or sexuality, culture, or other factors?

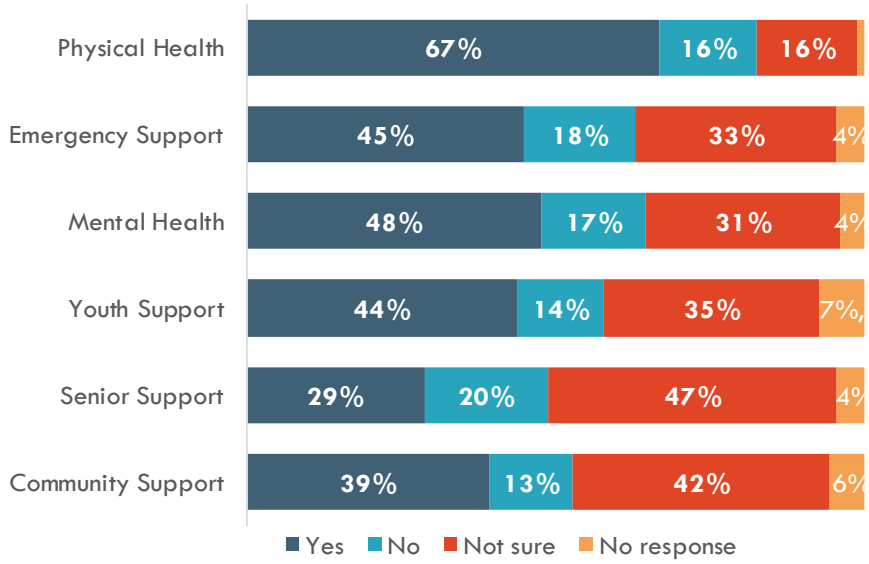


Number of respondents: 182

- Among these areas, respondents showed the greatest interest in programs for seniors and youth.
- Specific suggestions for youth programs included drug prevention programs, suicide prevention, and self-defense for women. Suggestions for senior programs included luncheons, trips, and transportation assistance.
- Beyond these four areas, respondents indicated interest in community support and counseling for

children with attention-deficit hyperactivity disorder (ADHD), single parents, and those with disabilities.

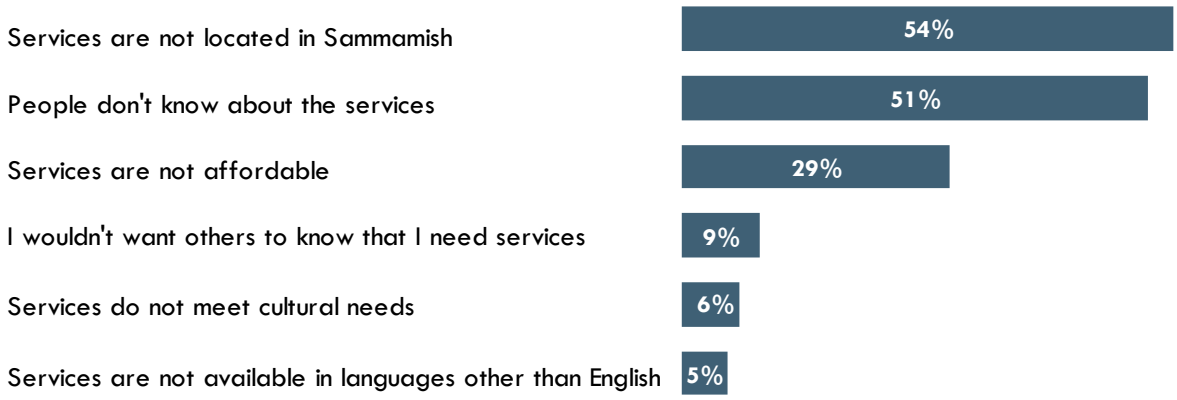
Is support available to meet you or your family's health and human services needs?



Number of respondents: 178

- 67% of respondents felt that physical health services met their needs; 48% felt the same for mental health, 45% for emergency support, 44% for youth support, 39% for community support, and 29% for senior support.
- Specific areas of concern were affordable housing, affordable healthcare as well as healthcare that accepts people's insurance, mental health services, and support for families with disabilities.

What prevents you or your family from getting the health and human services you need? (please select all that apply)



Number of respondents: 139

- By far, the two main factors that respondents felt prevented them from getting the health and human services they need was location and information. Affordability of services was also an important concern. More information about the location of services and programs can be found in Appendix 1.B.

In your opinion, what are the three most pressing health and human service needs in Sammamish?

93 people responded to this open-ended question, and several key themes emerged as the strongest community needs:

- **Access to transportation.** Transportation services are a pressing need for Sammamish community members. Residents need to be able to get around if they do not own a car. There is minimal bus service in certain areas, and buses do not provide direct access to regional services and medical centers.
  - "Need at a minimum a small business service to get residents who don't drive transportation to Issaquah Highlands or Redmond Bear Creek mid-day so they can get necessary medical services for health."
  - "A circulator bus providing access to the retail centers, parks, community center and better transit connections would be helpful for my family. Including access to the schools on a circulator bus might also help our students with classes and sports."
- **Affordable housing.** As housing costs rise across the region, residents are increasingly concerned about affordable housing. There is a sense that Sammamish considers itself to be an affluent community but that lower income families who live in the area are struggling. Low income housing and transitional housing were mentioned as specific concerns.
  - "I can't even find an apartment that is affordable; they are just as much as renting a home. The low-income apartments have a four-year waiting list."
  - "Poor people are being pushed out of the city by excessive taxation and young professionals pushing us out."
- **Mental health services.** There is a felt need for mental health services, particularly for youth and teens who are struggling with stress, depression, and suicide. Respondents suggested coaching and counseling for children with ADHD, stress management services for teens, and suicide prevention services for youth and teens.
  - "We are very stressed and tired throughout the school year."
- **Teen activities.** Community members are interested in more teen activities that would keep teens safe in the community. Respondents expressed concerns facing teens related to drugs, alcohol, and cyber bullying. It seems there are activities available for middle schoolers, but not as many activities for high schoolers. One respondent suggested developing another teen center in South Sammamish.
  - "What do teenagers do on the plateau for good social fun?"
  - "We greatly lack older teen activities and young adult activities. Everything is geared around

young families."

- **Support for people with disabilities.** Many respondents expressed a need for community support for people living with disabilities, as well as those on the autistic spectrum. Residents would benefit from community programs that support families with disabilities. There is a desire for more acceptance of diversity in all forms, as well as a suggestion for more inclusive schools that educate students with disabilities alongside non-disabled peers.
  - "Very important to our family to have support for our adult disabled family member. The lack of bus service midday has been a huge inconvenience for us, since he is unable to work eight-hour shifts, but Access won't cover him since he is able to ride a bus independently."
  - "Community programs that help support families raising children/young adults with disabilities."

There is some tension between needs expressed by community members with different income levels. Lower-income families are looking to meet basic needs, such as financial support, food, transportation, and health care. Higher-income families tended to express interest in more activities and programs. Affordable housing and mental health were shared concerns across income groups.

A small number of respondents (less than 5%) expressed resistance toward the City taking any role in health and human services. These respondents do not see health and human services as a priority for the city and expressed a desire for the City to focus on other priorities.

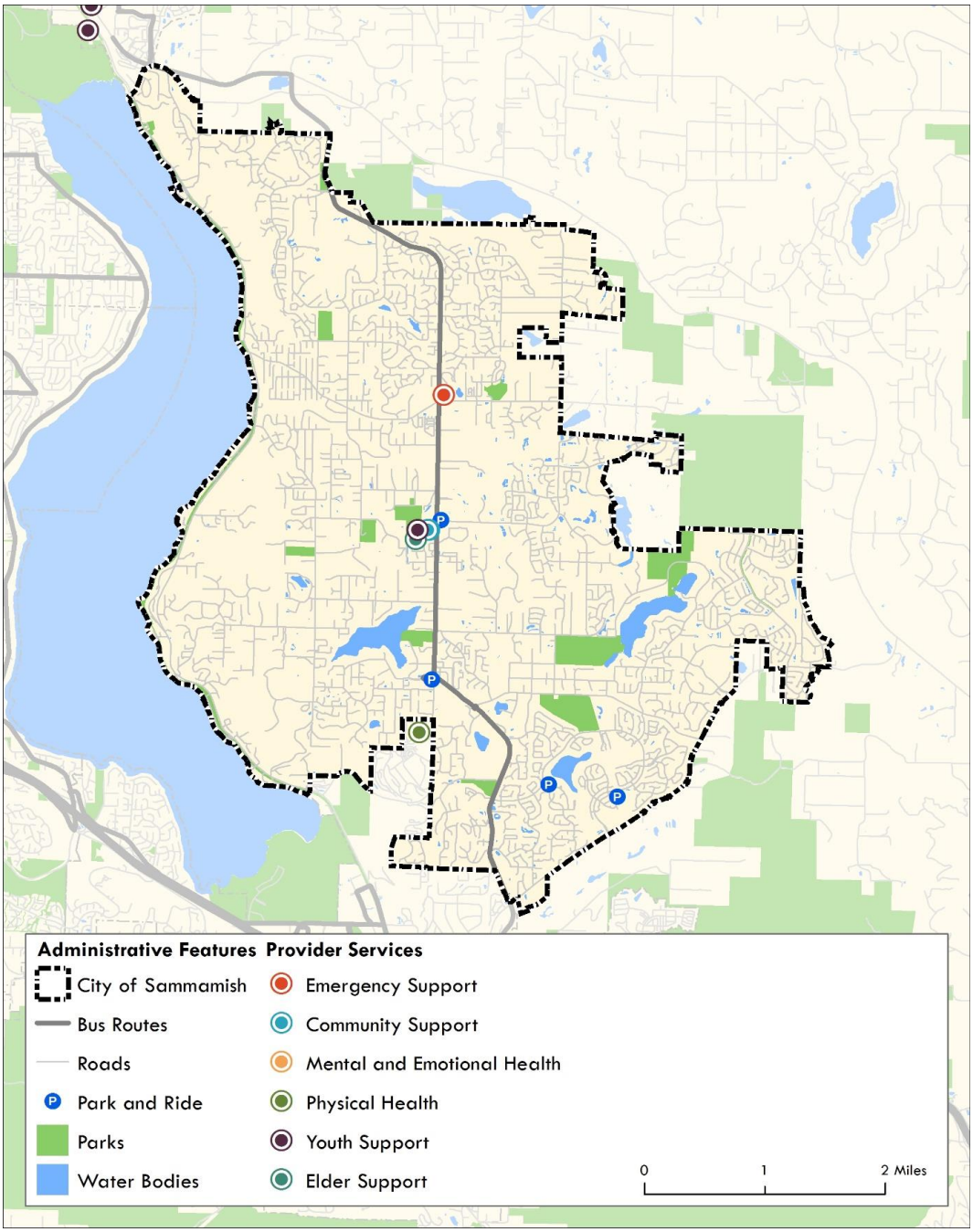
Appendix 1.B - Inventory of Services and Programs

Questions for the Virtual Town Hall survey asked respondents about the usefulness of programs and services in six areas:

- **Physical Health** included services and programs to support physical health such as: staying physically active, accessing healthy food, getting adequate rest, accessing birth control, treatment for drug or alcohol use, or access to affordable healthcare.
- **Mental and Emotional Health** included services and programs in areas such as: managing stress, coping with depression or anxiety, supporting gender or sexual identity, access to mental health services, and parenting support.
- **Emergency Support** included help with urgent issues such as: short term housing, domestic violence, food assistance, or temporary financial assistance.
- **Youth Support** included programs and services for children under age 18 such as: academic support, affordable childcare, or teen activities.
- **Senior Support** included programs and services for the elderly including: transportation assistance, household help, memory care, or senior activities.
- **Community Support** included a variety of programs and services to help with issues such as: job training, legal aid, support for people with disability, English language learning, finding culturally appropriate health care, or affordable housing.

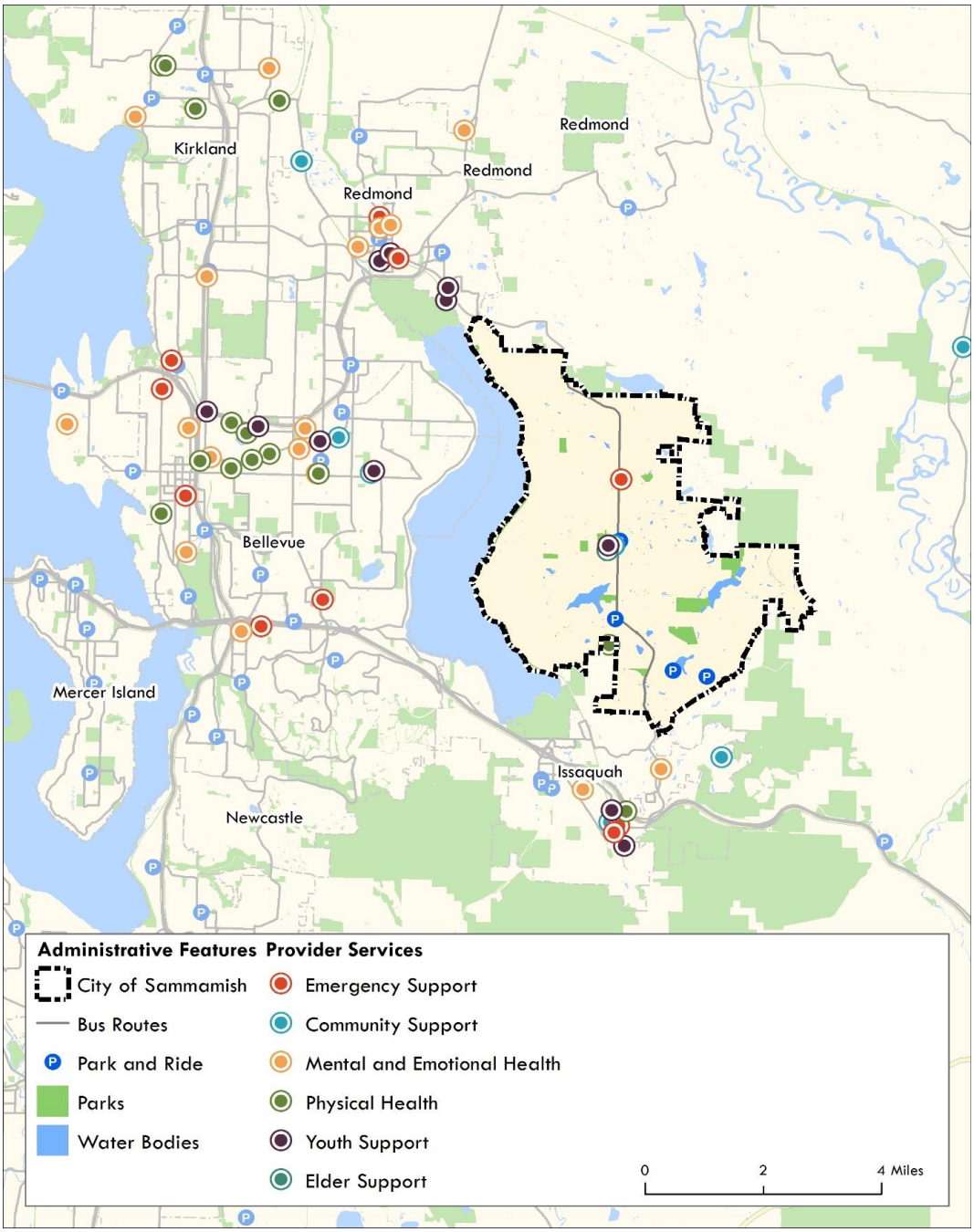
Services and programs in these six areas are shown on the maps that follow. **Exhibit 72** shows locations within Sammamish and **Exhibit 73** shows locations throughout the Eastside. There are few services and programs located in Sammamish proper. There are more service and program offerings elsewhere on the Eastside, but options for Senior Support or Community Support are the most limited. During our outreach process stakeholders, survey respondents, and interviewees mentioned repeatedly that access is a barrier to obtaining services that are needed or desired in Sammamish. This is particularly true for people who may not have access to automotive transportation, such as youth, seniors, or people with low incomes.

Exhibit 72. Sammamish Inventory Map



Source: City of Sammamish; Policy Map; BERK, 2017.

Exhibit 73. Eastside Inventory Map



Source: City of Sammamish; Policy Map; BERK, 2017.

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City of Sammamish
Human Services Strategic Plan

December 2018

Tonight's Discussion

- Confirm suggestions for Commission Work Program
- Review of Changes to the Strategy
- Confirmation of Alignment of the Strategy with the Needs Assessment

Background

Strategic Plan Purpose

Why is the City pursing a Strategic Plan and what should the Strategic Plan do?

- Administrative document, approved by Council
- Establish direction human services investment (time and money)
- 2-5 year timeline
- Examine staffing, work programs, funding opportunities
- Set a foundation for future work with modest changes

The Strategy

After talking with stakeholders, here are the ways the City can more effectively support human services in the next few years

- **Initial Steps in the Strategy**
  - Clarify the City's role in supporting human services
  - Identify a preliminary staffing model to pursue
  - Designate an initial area of focus
  - Develop a work program for the Human Services Commission
  - Identify funding alternatives

- **Strategy Purpose**
  - Establish direction human services investment (time and money)
  - 2-5 year timeline
  - Examine staffing, work programs, funding opportunities
  - Set a foundation for future work with modest changes

Priority Area Recommendations

- ❑ Includes a goal
- ❑ Includes measures of progress
- ❑ Includes potential partners
- ❑ Includes ideas for how the City could take action
- ❑ Ideas for action are not exhaustive, but are realistic based on stakeholder outreach

Mental Wellness

Basic Needs

Cultural Inclusion

Active Seniors

Domestic Violence

Commission Work Program

Human Services Commission Work Program

- **Are there any other issues the Commission should consider working on?**
- **Are there any on this list that the Commission sees as top priorities?**

Potential Commission Work Program Items

1. Choose an area of focus, or determine sequencing to optimize impact
2. Align the grant program with the strategy and/or area of focus
3. Advise, study, and recommend on implementing actions in the priority areas – including deeper dives into the subjects
4. Develop a mission and vision to guide the City's human services program long-term
5. Review updates to the Needs Assessment and Strategy
6. Study and recommend a funding formula for the grant program
7. Oversee a human services survey to gather baseline (then on-going) data about key issues.
8. Participate in a joint meeting with Council
9. Participate in joint meetings with related Commissions (Parks, Planning)
10. Participate in a joint meeting with other Commissions in the Eastside Human Services Coalition

Updates to the Strategy Based on Commission Comments

Measurement of Progress

- Added a general statement that in each of the focus areas the City should track how many residents are served through the grant program.

Funding Options

- Updated chart to show grant funding by City for newly released 2019-2020 budgets.

Mental Wellness

- <u>Updated the Mental Wellness goal:</u> *"The City's overall goal in the mental wellness area is to address community factors that can contribute to mental health strain and dysfunction in individuals, particularly amongst youth. This can include establishing supports to recognize and respond to community health issues such as anxiety, depression, substance abuse, as well as reducing the stigma that can be a barrier to individuals seeking support. In pursuit of mental well the specific needs of adults, seniors, and immigrant communities shall be considered."*
- In the recommended communicator actions, emphasized connecting people to available services.

Basic Needs

- Softened language about a warehouse space for the food bank to emphasize supporting their search for space rather than directly providing the space.

Cultural Inclusion

- Added participation in inclusivity training as a measure of progress.
- Clarified that signage in multiple languages was a recommended for city-owned spaces not all “public” spaces.

Active Seniors

- Updated goal and recommendations to focus on well-being and safety instead of "quality of life."
- Added data on falls as a measurement of progress.

Domestic Violence

- Added the distribution of materials and participation in bystander training as measures of progress.
- Add a recommendation to increase awareness of support programs for children.

Alignment of the Strategy and the Needs Assessment

- **Having reviewed this approach, can you confirm the strategy is aligned with the Needs Assessment and recommend it for Council review?**

Next Steps

HUMAN SERVICE COMMISSION
2018 LONG TERM AGENDA CALENDAR

Current as of: 11/7/2018

Date	Time	Type	Staff	Topics
Weds, Feb 28	6:30 pm	Regular Meeting	Jessi Bon Rita Badh Mike Sugg	▪ Welcome & Introductions ▪ Election of Chair & Vice Chair ▪ Introduction to Advisory Boards ▪ Introduction to Commission Bylaws
Weds, Mar 14	6:30 pm	Regular Meeting	Jessi Bon Rita Badh Doug McIntyre Mike Sugg	▪ Introduction of Housing Strategy ▪ Adopt Commission Bylaws ▪ Overview of Human Services Needs Assessment ▪ Human Services Strategic Plan
Thurs, Apr 5	6:30 pm	Joint Meeting with Planning Commission	Rita Badh Mike Sugg Doug McIntyre	▪ Work Session: Housing Strategy Update
Weds, Apr 11	6:30 pm	Regular Meeting	Jessi Bon Rita Badh Doug McIntyre Mike Sugg	▪ Housing Strategy Update ▪ Overview of Human Services Grant Program ▪ Grant Criteria Discussion ▪ Grant Review Commission Assignments
Weds, May 9	6:30 pm	Regular Meeting	Rita Badh Doug McIntyre Mike Sugg	▪ Housing Strategy Update ▪ Application Reviews: Mental Wellness ▪ Application Reviews: Domestic Violence
Thurs, May 24	6:30 pm	Joint Meeting with Planning Commission	Rita Badh Mike Sugg Kellye Hilde Doug McIntyre	▪ Work Session: Housing Strategy Update
Weds, June 13	6:30 pm	Regular Meeting	Rita Badh Mike Sugg	▪ Application Reviews: Basic Needs ▪ Application Reviews: Seniors
Thurs, June 28	6:30 pm	Special Meeting	Rita Badh Mike Sugg	▪ Application Reviews: Cultural Inclusion ▪ Application Reviews: Uncategorized ▪ Discussion: Process for Developing Final Rec.
Weds, July 11	6:30 pm	Regular Meeting	Rita Badh Mike Sugg	▪ Confirm recommendation to City Council on 2019-20 Human Services Grant Funds
August	N/A	N/A	N/A	*NO AUGUST MEETING*
Weds, Sept 12	6:30 pm	Regular Meeting	Rita Badh Mike Sugg	▪ Human Services Strategic Plan Introduction ▪ Discuss grant hand-off to City Council

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Tues, Oct 2	6:30 pm	City Council Meeting	Rita Badh Mike Sugg	▪ Grant Recommendtion Handoff to City Council
Weds, Oct 10	6:30 pm	Regular Meeting	Rita Badh Mike Sugg	▪ Human Services Strategic Plan Kickoff (BERK)
Weds, Nov 14	6:30 pm	Regular Meeting	Rita Badh Mike Sugg	▪ Human Services Strategic Plan (BERK)
Weds, Dec 12	6:30 pm	Regular Meeting	Rita Badh Mike Sugg	▪ Finalize recommendation to City Council on Human Services Strategic Plan (BERK)

11/7/2018 2:45 PM