

September 29, 1993  
93-604DS.MOT (dd)

Introduced by: Ron Sims

Proposed No.: 93-604

MOTION NO. 9137

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40

A MOTION adopting the King County Children and Family Commission's 1993 State of the County Report as the required children and family services policy implementation plan, adopting the community services division planning guidelines and funding policies included in the report as an augmentation to the existing health and human services set-aside funding policies and requesting submission of an annual update of the State of the County Report beginning in 1994.

WHEREAS, Motion 8661 adopted the Children and Family Services Policies to guide the development of county services and the work of King County Children and Family Commission (hereinafter referred to as the commission), and

WHEREAS, Ordinance 10217 amended the duties of the commission and required the commission to develop and submit a biennial plan for implementing the Children and Family Services Policies, and

WHEREAS, a proviso in the 1993 Budget Ordinance directed the executive and the commission to focus the initial implementation plan on providing improved coordination and direction to the county's health and human services programs funded with current expense and children and family services set-aside funds, and

WHEREAS, the commission has further developed the vision stated in Motion 8661 by adopting values to guide and direct its work evaluating County policies and programs affecting children and families,

WHEREAS, these values include:

- Strengthening families, as they are self-defined;
- Supporting grassroots community-based efforts and programs;
- Giving priority to consumer/customer involvement;
- Ensuring responsiveness to multi-culturalism;
- Valuing diversity;
- Utilizing community strengths;

1 Promoting outcome explicit/driven programs;  
2 Emphasizing coordination of systems;  
3 Increasing flexibility in services and funding; and  
4 Encouraging public education and dialogue.

5 WHEREAS, it is the mission of the commission to ensure an  
6 evaluation of all county programs serving children and families  
7 to determine their consistency with the above values and  
8 recommend their continued funding based upon this consistency,  
9 and

10 WHEREAS, each year the commission will ensure that a pre-  
11 determined group of county programs serving children and  
12 families are evaluated until all county policies and programs  
13 have been reviewed, and

14 WHEREAS, in 1993 the commission worked with the department  
15 of human services/ community services division and the  
16 department of public health/county division to evaluate their  
17 children and family policies and programs in light of these  
18 values. This evaluation has resulted in recommendations for  
19 changes to the community services and county health divisions  
20 policies and programs as stated in the 1993 State of the County  
21 Report, and

22 WHEREAS, the commission has developed recommendations in  
23 an "Action Plan" concerning its future work;

24 NOW, THEREFORE, BE IT MOVED by the Council of King County:

25 A. The 1993 State of the County Report is hereby adopted  
26 as the policy implementation plan required by Ordinance 10217.

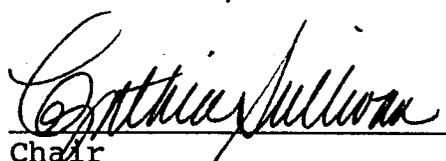
27 B. The community services division program planning  
28 guidelines and funding policies on page 20 of the 1993 State of  
29 the County Report are adopted as an augmentation to the  
30 existing health and human services set-aside funding policies  
31 adopted by Motion 7204 in 1987.

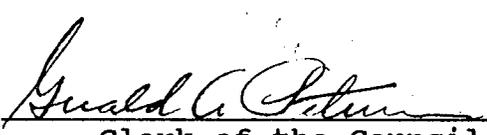
32 C. The executive and the commission are requested to  
33 submit an annual update of the State of the County Report

1 beginning August of 1994 for council review and adoption.  
2 Submission of this update on an annual basis will meet the  
3 intent of the planning requirements in Ordinance 10217.

4 PASSED this 4<sup>th</sup> day of October, 1993

5 KING COUNTY COUNCIL  
6 KING COUNTY, WASHINGTON

7   
8 Cynthia Sullivan  
VICE Chair

9 ATTEST:  
10   
11 Gerald A. Peterson  
Clerk of the Council

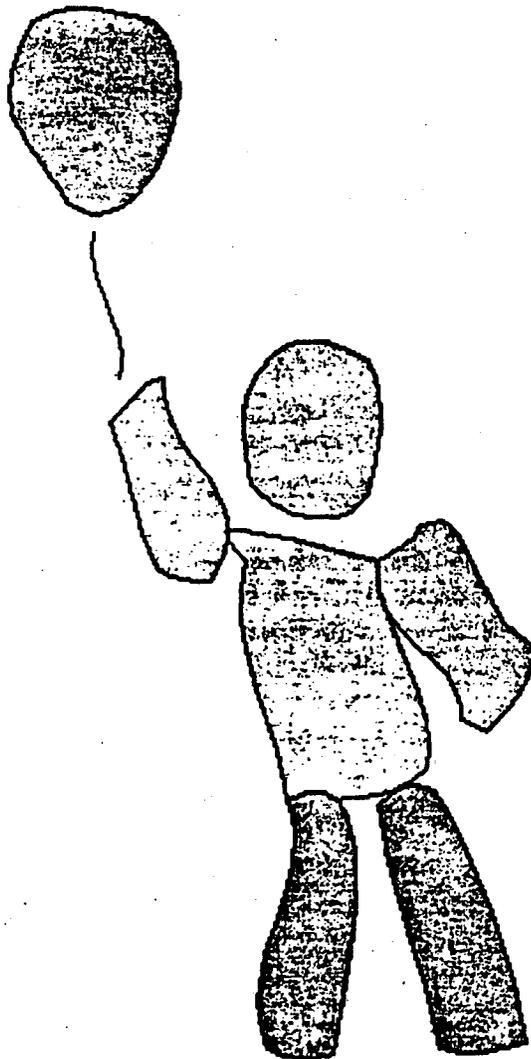
12 Attachment: The 1993 State of the County Report

# THE 1993 STATE OF THE COUNTY REPORT

Including an Assessment of the  
Community Services Division,  
Department of Human Services  
And the County Division,  
Department of Public Health

## EXECUTIVE SUMMARY

### THE KING COUNTY CHILDREN AND FAMILY COMMISSION



**JULY, 1993**

**KING COUNTY CHILDREN AND FAMILY COMMISSION**

**9137**

Raymond Bending  
Jeanne Carlson  
Cindy Cumbridge  
Ricardo Hidalgo  
Elizabeth Hyde, Chair  
Ruth Kagi  
Karil Klingbeil  
Marilyn LaCelle  
Maria Magdalena Lopez  
Virginia Malmquist

Joyce McGlaston  
Charlene Monuzsko  
Edie Loyer Nelson  
Kim Nguyen  
Diane O'Neal  
Anthony Rainey  
Christopher Rhodes  
Terry Seaman  
Lee Valenta

**THE INTERDEPARTMENTAL FOCUS GROUP:**

**Commission Representatives:**

Jeanne Carlson  
Elizabeth Hyde  
Ruth Kagi  
Marilyn LaCelle  
Anthony Rainey

**Department of Public Health:**

Elise Chayet  
Kathie Huus

**Department of Human Services:**

Sadikifu Akina-James  
Barbara Solomon

**OFM/Budget:**

Dana Spencer  
Stephen Broz

**County Council Staff:**

Doug Stevenson

**OFM/Program Development, staff to the Children and Family Commission:**

Debra Gay  
Sheryl Whitney  
Marissa Alegria

**Office of Financial Management/Program Development  
Room 420 King County Courthouse  
516 Third Ave.  
Seattle, WA 98104**

**Phone: (206) 296-3430**

## INTRODUCTION

The King County Children and Family Commission is pleased to present its first State of the County Report. Creating this Report involved a great many people including the volunteer members of the Commission and its staff, the Departments of Public Health and Human Services, as well as members of the public who were involved in community meetings and focus groups to provide input on the strengths and needs of King County families.

In establishing the Commission in 1992, the King County Council asked that a biennial plan be developed including a status report on the health and welfare of children, youth and families in King County. The plan was to also include recommended priorities, goals and strategies to guide annual funding and work program decisions. In further direction developed through the 1993 Budget Ordinance, the Council asked that the Report concentrate on providing improved coordination and direction to the County's Health and Human Services programs funded with Current Expense and Children and Family Services Set-Aside funds.

The Focus Group was established in January, 1993 to provide oversight for this project. The group was made up of members of the Commission, Commission staff, the County Division of the Dept. of Public Health, the Community Services Division of the Dept. of Human Services (CSD), the Office of Financial Management, and Council Central Staff. The group has met weekly since January coordinating the State of the County Report, as well as the Health and Social Indicators Report and the Early Childhood Grant Program.

The vision of the Children and Family Commission, as first described in Motion 8661 and further illustrated by the work of the Commission, has been used by the two County Divisions to evaluate their children and family programs and examine the policy basis governing the expenditure of county resources. This self-evaluation has resulted in a series of recommendations which are summarized in this Report and available in further detail upon request.

The Commission, after discussion and review of the Department work, developed six Recommendations to guide the future work of the Commission and of King County's children and family programs. These Recommendations include strong support of community-based efforts, valuing diversity, responding to the needs of a multi-cultural community, and utilizing community strengths in resolving issues of concern. The Commission emphasizes testing the "results" of our efforts, and recommends a strong push to improve evaluation of all County programs serving children and families. The Commission would base this evaluation upon outcome measures to the extent possible, in order to show that County efforts are having a tangible impact in people's lives. This change to outcome accountability from the more traditional process evaluation method is not easy to accomplish and the methodology is in its beginning stages. However, the Commission urges King County to become a leader in this effort - to begin the discussion, provide training, collect the necessary data and test the results of requiring County programs serving children and families to be based upon outcome accountability. This requirement will be tied to benchmark community health indicators as begun in the Health and Social Indicator Report. This will permit the County to test the impact of its resources and make informed future funding policies.

**THE ACTION PLAN  
KING COUNTY CHILDREN AND FAMILY COMMISSION**

**WHEREAS:**

- The King County Council passed Motion 8661 stating the mission of the King County Children and Family Commission (the Commission) and directing the Commission to provide oversight for all Children and Family Programs of King County.
- The Commission has further developed the vision stemming from Motion 8661 by adopting values to guide and direct its work evaluating County polices and programs affecting children and families.
- These values include:
  - Strengthening families, as they are self-defined
  - Supporting grassroots community-based efforts and programs
  - Giving priority to consumer/customer involvement
  - Ensuring responsiveness to multi-culturalism
  - Valuing Diversity
  - Utilizing community strengths
  - Promoting outcome explicit/driven programs
  - Emphasizing coordination of systems
  - Increasing flexibility in services and funding
  - Encouraging public education and dialogue
- It is the mission of the Commission to ensure an evaluation of all King County programs serving children and families to determine their consistency with the above values and recommend their continued funding based upon this consistency.
- Each year the Commission will ensure that a pre-determined group of County programs serving children and families are evaluated until all County policies and programs have been completed.
- In 1993 the Commission worked with the Department of Human Services/ Community Services Division (CSD) and the Department of Public Health/County Division to evaluate their children and family policies and programs in light of these values. This evaluation has resulted in recommendations for changes to the CSD and County Health Division policies and programs as summarized in the State of the County report.
- The Commission has developed recommendations in an "Action Plan" concerning the future work of the Commission.

NOW THEREFORE, the Commission endorses the following recommendations as reflected in the "Action Plan" for the consideration of the King County Executive and Council:

**RECOMMENDATION 1**

The Commission's overall mission is to ensure that all present and proposed County programs serving children and families be evaluated and funded based upon consistency with the values stemming from Motion 8661 and further developed by the Commission. These values are:

- Strengthening families, as they are self-defined
- Supporting grassroots community-based efforts and programs
- Giving priority to consumer/customer involvement
- Ensuring responsiveness to multi-culturalism and diversity
- Utilizing community strengths
- Promoting outcome explicit/driven programs
- Emphasizing coordination of systems
- Increasing flexibility in services and funding
- Encouraging public education and dialogue

It is recommended that County fund children and family services which reflect these values.

**Implementation:**

1. Each year the Commission will review a pre-determined group of County programs serving children and families to ensure that they are consistent with these values and recommend continued funding for those programs that can demonstrate consistency. The Commission will work with the County Executive and Council to determine which programs will be evaluated in 1994. Potential candidates include the Alcohol and Substance Abuse Division and the Department of Youth Services.
2. The Commission will review County children and family programs funded from outside sources in terms of these values and initiate dialogue with them about the importance of supporting these values. In 1994, the Commission will identify which outside funders are most appropriate to work with based upon its workprogram.
3. The Commission will continue to participate in public dialogue throughout King County in community meetings to discuss, refine, and possibly modify these values. It will also create forums for initiating on-going community education and discussion about these values.
4. To advance these values, the Commission will assume an advocacy role in areas impacting children and families. Issues of potential interest include the impact of tax roll back initiatives, health reform and education reform.

**RECOMMENDATION 2**

Working through the Commission, King County should establish a commitment and process for on-going dialogue with and among communities, customers/consumers and providers, King County Departments, the Commission, and elected officials. Such a dialogue would focus on the values guiding the work of the Commission. On-going dialogue is part of advancing these values and the Action Plan, and of drawing people in to be an important part of developing their communities.

**Implementation:**

1. The Commission will continue to prioritize communication with community members to get regular public input on children and family concerns. The Commission will co-sponsor public forums, at least annually in order to make a concerted effort to solicit community input. At these meetings, great effort will be made to assure that new community members are invited and made to feel comfortable.
2. The Commission recommends that County departments serving children and families develop a plan to expand their current efforts to attend naturally occurring meetings of consumers. Examples are the Head Start Parent Advisory Council, PTSA meetings, tenant councils, neighborhood associations, etc.
3. The Commission will work to improve the accessibility of its meetings. For example, the Commission can widely distribute notices of its meetings and rotate its meeting sites through King County so the public can more readily attend.
4. The Commission will continue to look for improved ways to solicit on-going input from the public regarding strengths and needs. Methods could include a Voice Mail System and a readily available fax line. In the future, the PEG cable channel may be an excellent source for telecasting County issues and dialogue into the community.
5. The Commission encourages King County departments to experiment with innovative methods to express public opinions, including the use of focus groups. The Commission will continue to prioritize consumer input in all stages of planning and delivery of County services. It will look for opportunities to create visibility for and give credit to County departments who are doing a good job in encouraging on-going community input.

**RECOMMENDATION 3**

**King County should look to its programs to increase flexibility of services provided to its public. The more customer/consumer driven the services, the more responsive to individual needs the systems will be. Consumers/community members must be involved in not only defining problems but in developing flexible solutions to these problems.**

**Implementation:**

1. The Commission recommends that the Executive and Council include in King County's mission an assurance that the public or "customer" will be consulted on how all types of County services are delivered. All County representatives would show a renewed flexibility in responding to the needs of their customers. This would be true for the top levels of management, those providing internal support to other County departments, and those delivering services directly to the public.
2. The Commission will continue to learn from the implementation of the Early Childhood projects and Family Support Initiatives. The Commission will use the experience from these projects to develop models for improving consumer involvement and ease of access to services. These projects have community involvement built in to the proposals. The next step is ensuring that customer

involvement and ease of access is continued in their implementation.

3. The Commission will prioritize "access" to children and family services and evaluate how "user friendly" and accessible services are in its review of County programs. They will continue to work with C.S.D. and the County Health Division to monitor their activities in this area, as well as the additional two County programs to be evaluated in 1994. The Commission will monitor the development of community strength indicators to include the study of access in the next edition of the Social and Health Indicator Report.

#### RECOMMENDATION 4

**King County should require and fund coordination of planning and delivery of services across systems and with communities and parents. Such coordination should occur within programs in various County departments, across County divisions, and between County funded programs and those funded by other sources.**

#### Implementation:

1. The Commission as part of its annual review of specified County children and family programs will identify critical coordination issues where joint planning is needed. It will secure agreement from departments on how the joint planning will proceed and how the planning guidelines will be developed. An example of an issue requiring joint planning and coordination is a multi-department response to combating the impact of violence on King County youth and communities.
2. The Commission will work towards the goal of developing children and family services planning and coordination guidelines for use by all departments serving the same populations. Progress was made in 1993 in working with the C.S.D. and the County Health Divisions. Work towards this goal will be continued in 1994. For example, when planning for youth involved in the juvenile justice system, the Depts. of Youth Services, Judicial Administration, Superior Court, Public Health including Alcohol and Substance Abuse, Human Services including Public Defense, Public Safety, Prosecuting Attorney and non-County systems, including the schools should be involved. Cross-training of staff from the different departments increases mutual knowledge of programs. This training also increases the likelihood that programs would be jointly developed and broaden possibilities for the co-location of services.
3. The Commission will create a "Contract Team" including Commission and County Department staff and which is informed by community agency and consumer input. This team will develop a proposal for uniform processes, forms, and data requests for use in County community contract applications and reporting processes. It is the Commission's goal that uniform data, contract and reporting forms be implemented across County programs in order to minimize paper and maximize accountability. The first step of this project is to identify the common contracting areas or contractors where a coordination of information among County agencies is required. An example would be the Youth and Family Services Network agencies who contract with numerous County departments.

**RECOMMENDATION 5**

**King County should develop and formally adopt outcome measures for determining the impact of all County funded programs serving children and families. Such outcomes must be clearly defined, measured, and readily understood. Outcomes should include measures of community strengths as well as community needs, reflect family support values, and involve consumers/customers.**

**Implementation:**

1. In 1994, the Commission, working with the Community and County Departments, will develop and identify a benchmark set of outcomes for use in the 1995-1997 period. The goal is to develop community outcomes which build a framework for use across County departments and involve all children and family programs. The Commission will apply a portion of its one time monies to the development of these benchmark outcomes. Such money may be applied to obtain consultants from our area, as well as other states/municipalities to help develop these outcomes, get ideas from the community on outcome resources, develop new data systems, define new categories and data needed, and design new techniques for collecting, organizing, and communicating data. Additional outcomes which are program specific can be added by any Department and additional outcomes which are County-wide should undoubtedly be added annually.
2. The Commission will develop this benchmark set of outcomes by building on the work done in the 1993 phase of the Social and Health Indicator Report, as well as the quality of life indicators in the 1993 Financial Indicators Report. The Commission will also be informed by the work of the Human Services Roundtable in linking health and human services planning guidelines with the Growth Management Act. The Commission recommends to the County Executive and Council the expansion of the Social and Health Indicator Report in 1994 to include indicators on all school-age children (ages 6 through 18). It also should include the work needed to develop the data supporting the indicators recommended in the 1993 Report. The Commission recommends use of some of its one-time funds to support the expanded scope of the 1994 Social and Health Indicator Report.
3. To implement the Commission's overall mission to review all County children and family programs, it is recommended to the Executive and Council that all County programs serving children and families be placed on a regular review cycle of their policies and program outcomes by the Commission. The Commission supports C.S.D.'s recommendation to begin a three year planning cycle to provide the basis for obtaining policy guidance and review of their program outcomes and funding allocations. C.S.D. will complete a Community Services Plan in 1994. When the Plan is completed, the Division will present it to the Commission for review and recommendation to the Executive and Council.
4. As another step in implementing the use of outcome measures for all County children and family programs, the Commission recommends the development of outcome measures for children and family programs receiving "Special Programs" funding. These measures would be developed by the assigned County departmental staff

working with the community contractors during development of their first County contract. Staff will keep the appropriate elected officials informed as these measures are being developed and monitored. These measures would then be used to evaluate the program's effectiveness at the end of two years. Department staff will inform the Commission of which outcome measures will be used for each program at the beginning of the two year period. At the end of two years, the results of the program evaluation will be presented to the Commission as well as the Department's recommendation concerning continued funding of the program. This work will be reviewed by the Commission, resulting in a recommendation to the County Executive and Council on if funding should be continued for the program and/or if possible program re-structuring should be done to improve the program's effectiveness.

#### RECOMMENDATION 6

**The King County Children and Family Commission recommends the adoption of the recommendations for the CSD and County Health Division policies and programs as reflected in the 1993 State of the County Report by the County Executive and Council. These divisions have evaluated themselves by the principles guiding the Commission and the recommendations reflect proposed changes to improve the consistency of these programs with the Commission values.**

#### Implementation:

1. While recognizing that the focus of the Commission is on children and families, the Commission recommends to the King County Executive and Council the development of an expanded definition of family, for example to include elderly and other dependant members. This will involve reviewing how the term "family" is defined in County documents, including Motion 8661 and other policies impacting CSD and the County Health Division. They will be reviewed to determine if they reflect the concept of "self-defined" families and recognize their inter-generational nature.
2. The Commission recommends for Executive and Council adoption the mission statement, planning guidelines and funding policies for the Community Services Division of the Department of Human Services. The guidelines include the Commission's role in the planning process.
3. CSD and the County Health Division will increase mutual knowledge of programs by cross training staff, co-locating and/or jointly developing services whenever possible, and utilizing Health Department Public Health Centers as local community centers or resources. The Divisions will keep the Commission apprised of their progress.
4. The Health Department supports the Commission effort to expand community assessment process begun for 0-5 year olds to other populations, such as school-age children, and to include strength, risk, and outcome indicators.
5. The Health Department will update the Commission on the status of health care reform activity to assist in their role as advocates for children and families.
6. CSD will base all new on-going programs on needs assessment, research proven models, forecasts, or trend information adapted to local situations.

## NEXT STEPS OF THE CHILDREN AND FAMILY COMMISSION

The Action Plan and upcoming trends as described in the State of King County Children and Families chapter, have outlined the next steps for the King County Children and Family Commission. The Commission has developed a draft Next Steps Workprogram which is shown below. Plans for these work projects will be developed in coordination with County elected officials and Department staff. Following the Next Steps Workprogram is a discussion of the Commission recommendations regarding the use of its one-time funds resulting from 1993 savings in the Early Childhood program. The 1993 Budget Ordinance provisos asked for recommendations from the Commission regarding the use of the one-time funds, particularly as needed for additional analysis of data regarding the needs of families at risk. The Commission is recommending six proposals for use of these funds. If approved, these proposals will be further developed including program goals, workprograms, and budgets.

### KING COUNTY CHILDREN AND FAMILY COMMISSION NEXT STEPS WORKPROGRAM

1. Review a group of County programs serving children and families to ensure they are consistent with the values of the Commission. Candidates include the youth programs of the Alcohol and Substance Abuse Division and the Dept. of Youth Services.
2. Identify the outside sources funding the programs mentioned in item #1 and initiate dialogue with the outside funders concerning the adopted values.
3. Participate in community meetings concerning the Commission's values and 1994 work items.
4. Assume an advocacy role in areas impacting children and families.
5. Receive training in outcome accountability and grassroots approaches to serving children and families.
6. Evaluate the Family Support Initiatives and the Early Childhood projects based upon outcome accountability. Based upon this evaluation, develop 1995 funding recommendations.
7. Review CSD's Community Services Plan and make recommendations to the County Executive and Council.
8. Create a Team to develop proposals concerning uniform processes, forms and data requests for use in County community contract applications and reporting processes. The first step is to identify common contracting areas or contractors where coordination among County agencies is required.
9. Develop a set of benchmark outcomes for use in the 1995-1997 period for all County children and family programs. Building on the Social and Health Indicator Report, develop the set of benchmarks, get ideas from community members, define category and data needs, and develop new techniques for collecting and communicating data.
10. Expand the Social and Health Indicators Report to include school-age populations (6-18 years) and the categories and data which were not available in 1993.

11. Be informed by Department staff on the outcome measures which will be used to evaluate the 1994 Special Programs projects which involve children and family services.
12. Review how the term "family" is defined in County documents, including Motion 8661 and other policies impacting CSD and the County Health Division, to determine if they reflect the concept of "self-defined" families and the inter-generational nature of families. Make recommendations as necessary.
13. Develop and implement a "small and simple" grant program, using one-time funds, which will assist communities to better serve children and families.
14. With the Department of Youth Services, develop and implement a "Sibling Support" program with the siblings of youth involved with the detention facility.
15. Work with a multi-department team responding to the issue of "community violence", particularly concerning the disproportionate number of African-American youth detained on warrants at the youth detention facility.

#### **OPTIONS: THE USE OF ONE-TIME FUNDS**

The Early Childhood program has been funded for \$670,000 per year. Because 1993 is the first year, the new program required development, community meetings and an application period. The selected projects will begin in the Fall of this year and will not require a full year of funding in 1993. The projects are scheduled to go under contract in September through December of this year and then for 12 months in 1994. Because the 1993 contracts will not reflect a full year of costs, there is approximately \$400,000 in one-time funds that the Commission is making recommendations on how it will be used to the Executive and Council.

The Commission is considering six proposals for the use of these funds. From rough estimates of the cost of each proposal, all can be supported within the available funds.

Following is a brief description of the Options:

1. Training on Outcome Accountability Systems and Support for Community Processes: train Commission members, County Dept. staff and the Family Support and Early Childhood contractors on how to carry out the next steps of the Commission vision. For example, John McKnight who has spent considerable time researching and implementing this new approach to working with communities and families, and Lisbeth Schoor, Harvard Project of Effective Services, who is developing improved evaluation techniques. They would be asked to work with County Dept. staff, Commission members, and Commission contractors in some depth to support community efforts and determine what really "works".
2. Develop Countywide Benchmarks for Children and Families: Develop outcome measures which reflect the Commission's vision, and determine the impact of all County funded programs serving children and families. The goal is to develop community outcomes which build a framework for use across County departments and involve all children and family programs. Such money will be applied to help develop the benchmarks, define new categories and data needed, and design new techniques for collecting, organizing, and communicating data.

3. Evaluation of the Family Support Initiatives and Early Childhood Projects: evaluate the family support initiatives and the early childhood projects at the end of 1994 to see how close they are getting to the vision, how well it is "working" (what impact it is having in people's lives) and what help or adjustments they may need to improve their projects. These evaluations will be used by the Commission in developing the 1995 funding recommendations for these projects.
4. The 1994 Social and Health Indicator Report: Continue the work begun on social and health indicators which was begun this year for the birth through age five group. This proposal is to focus on developing both risk and strength indicators for the school age population (age 6 through 18) as well as further develop the data supporting the indicators as recommended in the 1993 Report. The Commission has received a great deal of feedback from communities on how helpful the early childhood data in the Social and Health Indicators Report has been for them. Continuing the work to cover school age childhood will also give more baseline information to use in developing benchmarks for the County children and family programs. It will help to determine what impact the programs are having.
5. Sibling Support Project: Professionals in the criminal justice arena, as well as the health and human services sectors are becoming more and more concerned about the growing level of violence involving our youth. This proposal focuses on working with the youth involved in the criminal justice system at the Department of Youth Services. Counselors at the Detention Center know that they may be working with a youth this year, but in a few years they may see that youth's sibling also involved in the criminal system. There is a desire to do something preventative to assist the younger siblings of the incarcerated youth to interrupt a cycle of involvement in the criminal justice system. Counselors at DYS say that the detained youth may be mad at the whole world, but the last thing they still care about is their brother or sister. The idea behind this proposal is to talk with these detained youth about what they think their siblings need to turn their lives around. The detained youth would be assisted to become a mentor to the younger sibling in helping them to find what they need. The needs of the siblings may turn out to be some kind of recreational outlet, a mentor, a tutor, or some other resource. Next, community groups and agency resources would be asked what they could do to meet the needs expressed by these youth. This would be a "broker" type of function to match the needs of this high risk group with resources that are available in the community. The project would start very small, and work with a selected group of youth who would be on community supervision (average length is 12 to 18 months).
6. "Small and Simple" Grant Program: Create a simplified RFP program for community groups to compete for one-time funds for capital projects, training, equipment purchases, or other one-time needs. The project would be modeled after the City of Seattle's project administered by the Office of Neighborhoods. That program requires a 100% match of community dollars or time to the City funds. Seattle has found the program very effective in bringing neighborhoods together and getting people involved in solving problems themselves. This program has been cited in 1991 by the Ford Foundation and Harvard University's Kennedy School of Government as one of the 10 most innovative government programs in the nation. The Commission would suggest this program be focused on King County, outside of Seattle, especially unincorporated King County, and develop it as an aspect of building communities.

2. The Commission will develop this benchmark set of outcomes by building on the work done in the 1993 phase of the Social and Health Indicator Report, as well as the quality of life indicators in the 1993 Financial Indicators Report. The Commission will also be informed by the work of the Human Services Roundtable in linking health and human services planning guidelines with the Growth Management Act. The Commission recommends to the County Executive and Council the expansion of the Social and Health Indicator Report in 1994 to include indicators on all school-age children (ages 6 through 18). It also should include the work needed to develop the data supporting the indicators recommended in the 1993 Report. The Commission recommends use of some of its one-time funds to support the expanded scope of the 1994 Social and Health Indicator Report.
3. To implement the Commission's overall mission to review all County children and family programs, it is recommended to the County Executive and Council that all County programs serving children and families be placed on a regular review cycle of their policies and program outcomes by the Commission. The Commission supports C.S.D.'s recommendation to begin a three year planning cycle to provide the basis for obtaining policy guidance and review of their program outcomes and funding allocations. C.S.D. will complete a Community Services Plan in 1994. When the Plan is completed, the Division will present it to the Commission for review and recommendation to the Executive and Council.
4. As another step in implementing the use of outcome measures for all County children and family programs, the Commission recommends County Executive and Council support for the development of outcome measures for children and family programs receiving "Special Programs" funding. These measures would be developed by the assigned County departmental staff working with the community contractors during development of their first County contract. Department staff will keep the appropriate elected officials informed as these measures are being developed and monitored. These measures would then be used to evaluate the program's effectiveness at the end of two years. Department staff will inform the Commission of which outcome measures will be used for each program at the beginning of the two year period. At the end of two years, the results of the program evaluation will be presented to the Commission as well as the Department's recommendation concerning continued funding of the program. This work will be reviewed by the Commission, resulting in a recommendation to the County Executive and Council on if funding should be continued for the program and/or if possible program re-structuring should be done to improve the program's effectiveness.

#### RECOMMENDATION 6

The King County Children and Family Commission recommends the adoption of the recommendations for the CSD and County Health Division policies and programs as reflected in the 1993 State of the County Report by the County Executive and Council. These divisions have evaluated themselves by the principles guiding the Commission and the recommendations reflect proposed changes to improve the consistency of these programs with the Commission values.

**Findings:**

- **The Community Services Division (CSD) has found that it does not currently have policy documents which call for community oversight and coordination of basic services. There is no on-going policy level commitment to community involvement. CSD also found that the definition of family needs to be expanded to include all dependent family members including the elderly.**
- **The County Health Division found that local health risk factor data needed for planning and evaluation was available for limited populations such as pregnant women and infants, but was not available for others, for example school-age children.**
- **The County Health Division found that health care reform will dramatically impact the health care delivery system in King County. The role of the Health Department and other community providers will change as managed care is implemented in this area.**
- **CSD and the County Health Division have jointly found that staff may not be familiar with all the programs and services provided by the County. The joint retreat of the two Divisions was useful as a first step in orienting staff to the diversity of programs.**
- **The County Health Division and CSD have jointly found that consumer and provider involvement in Division programming should be strengthened. Consumer, community and other provider input should be a part of planning and evaluation in a consistent, predictable way.**

**Implementation:**

1. **While recognizing that the focus of the Commission is on children and families, the Commission recommends to the King County Executive and Council the development of an expanded definition of family, for example to include elderly and other dependant members. This will involve reviewing how the term "family" is defined in County documents, including Motion 8661 and other policies impacting CSD and the County Health Division. They will be reviewed to determine if they reflect the concept of "self-defined" families and recognize the inter-generational nature of families.**
2. **The Commission recommends for County Executive and Council adoption the mission statement, planning guidelines and funding policies for the Community Services Division of the Department of Human Services. The guidelines include the Commission's role in the planning process and are found in the following chapter of this Report.**
3. **CSD and the County Health Division will increase mutual knowledge of programs by cross training staff, co-locating and/or jointly developing services whenever possible, and utilizing Health Department Public Health Centers as local community centers or resources. The two Divisions will keep the Commission regularly apprised of their progress.**

4. **The Health Department supports the Commission effort to expand community assessment process begun for 0-5 year olds to other populations, such as school-age children, and to include strength, risk, and outcome indicators.**
5. **The Health Department will regularly update the Commission on the status of health care reform activity in King County to assist the Commission in their role as advocates of services for children and families.**
6. **CSD will base all new on-going programs on needs assessment, research proven models, forecasts, or trend information adapted to local situations.**

**DEPARTMENT OF HUMAN SERVICES COMMUNITY SERVICES DIVISION****Overview/Process Description**

The Community Services Division (CSD) review of programs for children and families responds to the elements requested in the 1993 Budget ordinance proviso by reviewing policy and programs for consistency with the Children and Family Services policies (motion 8661), reviewing program performance and performance indicators, recommending changes in policies and program descriptions, and recommending funding and program development priorities and strategies to the Children and Family Commission. Emphasis in the review was placed on broad policy and service area changes rather than on program detail.

In order to insure that the review was comprehensive and embraced more than staff analysis, CSD obtained 1) public input through a series of hearings, and telephone and mail-in responses that focused on policy issues, not specific program concerns; 2) client feedback, without staff present, which focused on concerns with individual programs and with accessibility and coordination of programs; 3) input from CSD and Health Department program staff which focused on adequacy of services and service coordination; and 4) independent consultant analysis of all Division programs and policies. The recommendations in this chapter are the result of a three day retreat which reviewed all of these materials.

**Program Scope**

The scope of programs operated by CSD is sufficiently diverse that a major objective in responding to the proviso was to develop a mission statement that defines the focus of the Division. Without a single statement of focus, the Division lacked the ability to develop broad strategic plans, and to evaluate the contribution of individual services to the implementation of those plans.

In reviewing current policy guidance, the Division was not able to identify any single existing statement that formed a policy framework for all of its activities. The review of policy guidance found that there were a number of sources covering various individual Division programs, and that there were a number of programs functioning with no policy guidance other than the budget documents from the initial year of funding.

When created in 1982, CSD was a merger of five existing programs with no common policy framework. A significant number of new programs have been added since 1982, but the absence of a unifying policy framework has not been addressed formally. The programs added to the Division have been ones that indicate the Council and the Executive see CSD as a developer of human services for county residents and as an administrator of programs developed by communities and service providers. This has been reflected in both the development of the Children and Family set-aside programs in 1988 (including the Health and Human Services funding policies), and in the assignment to CSD of significant numbers of Council special programs proposed and operated by community representatives.

As a result of this project, the Division developed the following mission statement:

**The mission of the Community Services Division (CSD) is to work in partnership with communities and other funders to develop, support and provide human services which emphasize prevention, early intervention and community education and which strengthen individuals, families, and communities in King County.**

The mission emphasizes human services to be provided to a broad spectrum of residents in a manner that emphasizes partnership and strength. Services which implement this mission often are and will continue to be complementary to the goals of other systems such as public health, and juvenile and criminal justice. Services consistent with this mission are and will continue to be an integral part of the Children and Family policy goals of improving the condition of families and children in King County and of the Children and Family set-aside goal of emphasizing prevention and early intervention in the use of discretionary County funding for the health and human services.

The twelve implementation principles adopted by the Division reflect its focus on the accessibility of services to all County residents, on partnerships with local communities, on building regional service systems, on use of interventions that work, on outcome evaluation of services and on accountable use of County resources.

1. CSD, as part of King County government, acts in partnership with other jurisdictions to promote and improve regional and local strategies and service systems;
2. CSD works in partnership with communities in unincorporated King County to insure provision of needed services;
3. CSD seeks to provide access to needed services for those encountering specific barriers to access throughout the County;
4. CSD collaborates with others to connect clients/consumers with the services they need, whether or not CSD provides or funds the services directly;
5. CSD acts to improve service coordination with other jurisdictions and agencies, and to promote service availability/access throughout King County;
6. CSD gives priority in its program development to interventions that address risks that are reliable predictors of major problems;
7. CSD includes in its programs emphasis on development of community, family and individual strengths;
8. CSD relies on information about what interventions work from research, evaluation, and other sources in its program development;
9. CSD evaluates its programs based on measurable objectives, and includes client and community feedback in the evaluation of effectiveness;
10. CSD provides services which are culturally appropriate and insure access to services for diverse communities in King County;
11. CSD recognizes the strengths of individuals, families and communities and seeks to empower them; and
12. CSD manages its funds in an accountable manner by focusing services on those with high need and/or limited resources.

**Extent of Consistency with Motion 8661**

The review of programs by independent consultants found that CSD programs were highly consistent with the Children and Family Services policies in Motion 8661 and as expressed in the Commission's Vision Statement. This high degree of consistency was primarily the result of staff effort and of the consistency of the Health and Human Services funded programs with Motion 8661. Staff designed programs that would respond to assessments of needs and would work even when policy direction was absent. A significant number of CSD programs with a prevention and early intervention focus were added to the Division with Health and Human Services set-aside funding.

Inconsistencies between CSD programs and Motion 8661 were primarily of two types: a) policy inconsistencies, including absence of needed policy direction; and b) program inconsistencies, some of which need remedies beyond CSD's own actions.

The general findings of the consultants emphasized the lack of a formal Division-wide mechanism for planning and evaluation of programs, and the lack of overall goals to provide an integrative mechanism in the service systems where CSD is a provider or funder of services.

The client and community input emphasized the need for services that help people solve their own problems and build a sense of community. Specific findings emphasized use of existing community forums to define community needs, use of client feedback as part of planning, delivery and evaluation of programs, increasing coordination across programs, and increased use of case management models. The Public Health Department/CSD review of service adequacy highlighted the need to cross train staffs, to increase coordination and referral among programs, and to involve both staffs in program assessment and design.

Specific findings that can be acted upon within the context of this report include:

- Service delivery models used by both divisions are more consistent with the Children and Family Services policies than is the current policy guidance for the programs;
- The Council's Health and Human Services funding policies are consistent with the Children and Family Services policy in the emphasis on prevention and early intervention services;
- Planning across County divisions and departments often does not happen where multiple departments and divisions service the same client. This is true of services to adolescents provided through the Department of Youth Services and the several divisions of the Department of Human Services and the Department of Public Health;
- The needs of elderly and other dependent family members who are not children are not recognized in the Children and Family Services policies, Motion 8661;
- None of the policy documents reviewed called for community oversight and coordination of basic services;
- There were no policy requirements that service models be based on research which identified the best methods and approaches for success;
- None of the program areas reviewed mandated an on-going policy level commitment to communities;

- Outcome and effectiveness review takes place in some program areas, but is missing in others;
- Council Special Programs have not been evaluated before becoming part of the Division's regular programming and no reports have been made to the Council based on the provisions of the Council Special Programs Motion; and
- Consumer involvement is not a consistent part of Division programming, nor is private sector involvement. Consumer, community and other provider input is not a part of planning and evaluation in a consistent, predictable way.

#### **Community Services Division Recommendations**

- Insure that all family members are included in County Policy for Children and Families.
- Adopt the attached planning guidelines and funding policies, which are consistent with the Children and Family Services policies, for the Community Services Division of the Department of Human Services. The guidelines include specification of the Commission's role in a planning process.
- Include in the initial Community Services Plan actions which address specific programmatic findings including strengthening consumer involvement in CSD programs.
- Develop human services planning and coordination guidelines for systems targeting the same population. For school age children this would be the County Departments of Public Health, Human Services, and non-County systems primarily the public schools.
- Establish human services planning that crosses the boundaries of County departments and divisions.
- Adopt the proposed mission statement and principles of the Community Services Division as the basis for its planning and program development.
- Establish evaluation guidelines for new council special programs for children and families based on the Commission's review of County agency recommended guidelines. Make recommendations based on review of evaluation findings on whether to continue funding as part of regular County programming at the end of the two year special program funding commitment.
- Cross train CSD and Health Department staff in areas which were identified by Staff in joint program review. Co-locate and/or jointly develop services whenever possible; utilize Health Department District Service Centers as local community centers or resources.
- Develop, wherever possible, joint proposals, contract and reporting processes among the Department of Human Services, the Health Department and the Commission.
- Strengthen consumer, community and provider involvement in assessment and planning by utilizing existing meetings and forums.
- Base new programs on needs assessments, research proven models, forecasts, or trend information adapted to local situations.

## **Planning Guidelines and Funding Policies for the Community Services Division**

1. Beginning in 1994 and every three years thereafter, the Commission shall review and recommend to the Executive for presentation to the Council a plan for actions by the Department of Human Services\Community Services Division which implement these policies. The plan shall include 1) identification and definition of target population, 2) roles of consumers, communities, and government, 3) service strategy and delivery methods 4) expected outcomes /results; 5) proposed resource allocation methods, 6) evaluation criteria; and 7) recommendations for changes to existing policy as required for plan implementation.
2. Discretionary County funding for human services in the Community Services Division shall support activities which are compatible with the adopted Children and Family Policies (which are currently embodied in Motion 8661) and which are consistent with the mission of the Division of Community Services to provide human services which emphasize prevention, early intervention and community education.
3. Discretionary County funding shall complement, not supplant, funds available from other sources, including the State of Washington. County revenues shall be used to provide funds in state-mandated service areas only: 1) where a service is a high County priority and 2) when the mandated services are inadequate and funding from the mandated provider cannot be realistically obtained through increased advocacy within the three years of the plan period.
4. County funding shall focus on human services which:
  - strengthen communities and families and reduce reliance on formal service systems by reducing isolation, building prevention capabilities, and/or supporting protective factors for families and communities;
  - strengthen the healthy development of young children;
  - prevent future problems by addressing risks that are reliable predictors of problems for individuals, families and communities;
  - complement goals of other County systems: reduction of gang violence, improvement of public health, reduction in domestic violence, etc.;
  - contribute to achievement of family self-sufficiency;
  - increase coordination of existing services in subregions of the County, among all jurisdictions and funders;
  - decrease fragmentation in the service delivery system with particular attention to individuals and families requiring services from multiple service systems;
  - increase the ability to measure outcomes of services for individuals, families and communities in King County and to provide benchmarks for measuring the health of families and communities in King County; and
  - increase partnerships of individuals, families, communities and the private sector in the development and delivery of integrated human services in King County;

**DEPARTMENT OF PUBLIC HEALTH, COUNTY DIVISION****Overview/Process Description**

The Health Department took several steps in order to fulfill the 1993 Council Budget Proviso that the County Division of the Department of Public Health review children and family service programs and provide a report to the Children and Family Commission for consideration by the Commission in making its final plan recommendations. First, the categories to be included in a program inventory were determined by combining the elements requested by the Proviso with the values of the Commission which could be embodied by a service program. Key informants were interviewed for each program area and the program indicator reports of the Personal Health Information System (PHIS) were used to complete the inventory. Enabling legislation and Department operating guidelines were reviewed. Finally, a wide variety of input was gathered from clients, interested community members, other service providers and Health and Human Services Departmental staff. The following summarizes the conclusions of that process.

**Program Scope**

Although the Proviso specifically identified the County Division programs to be reviewed, it is important to understand how that Division relates to the other Divisions in the Department. There are seven operating divisions, all of which serve residents of the balance of the County outside the City of Seattle. The Environmental Health Division serves the environmental health needs of the entire County; the Medical Examiners Office is responsible for investigating all deaths from unnatural causes in the County; the Emergency Medical Services Division is responsible for all the core public health functions: assessment, policy development and assurance in the field of emergency medical response for the whole county; the Regional Division serves all of King County with communicable diseases services, jail health services and basic public health support such as laboratory and vital statistics; the Division of Alcohol and Substance Abuse perform the core functions in the area of substance abuse, with an emphasis on contracting with community-based agencies to deliver services; the Seattle Division delivers a similar range of personal health services within Seattle as the county Division does in the balance of the County with some additional services for adults, families with AIDS and homeless people. Any resident of the balance of the County may receive services at any Department service site even if those specific services aren't delivered by the County Division.

In addition to the seven operating divisions, there is a community assessment unit which operates in the Office of the Director and which is integrally involved with serving communities throughout the County. This unit provides assessment to communities both routinely for the whole County and by special request to any particular community which is defining its own issues. The four Public Health District Offices in the County Division are the focus of community-based interaction with the various local communities, agencies and school districts within their respective boundaries. These local district offices play a key role in seeking and utilizing consumer and community feedback and developing and maintaining health and human services systems at the service delivery level. It is at the local level that the various activities of the whole Department are integrated.

The programs which are directly delivered by the County Division are pediatrics, parent and child health (including home and office visits and classes), child care support, maternity, family planning/sexually transmitted diseases (including clinic and community education services), immunizations, WIC (nutritional education and food supplement program for pregnant women, infants and pre-school children), children with special health care needs, child sexual assault clinics, field dental (screening and referral in targeted schools), and dental clinic for children and seniors. Two

programs, geriatric health screening, referral and footcare and family practice primary care, are delivered through contracts with community-based agencies, and so were not included in the direct services inventory.

**The elements inventoried for each of the above programs included:** program design; goals; measurable objectives; involvement in planning/evaluation, program operation and outreach/access; other providers of the same service; communication with other providers related service systems and communication with providers in those systems. The entire County Services Division Inventory is in the Appendix.

#### **Extent of Consistency with Motion 8661**

The Public Health Department's consistency with Motion 8661 in program selection, scope and operations was found to be significant due to congruent values, community-based history and public health's focus on prevention and early intervention. The Health Department's 1992 strategic planning process is evidence of this consistency. The process included community input and involved staff from all divisions and of all areas of expertise. The centerpiece of that process was an agreement that our Departmental mission is "to achieve and sustain conditions to promote healthy people and healthy communities throughout Seattle and King County." The three core public health functions proposed in the Institute of Medicine's 1991 report "The Future of Public Health" were adopted as the mechanisms by which the Department will pursue that mission:

- \* **ASSESSMENT:** assess the health status of the community and the resources available to address the needs
- \* **POLICY DEVELOPMENT:** Develop and promote proposals that support and encourage good health for all residents
- \* **ASSURANCE:** Make sure that all needed services are available to residents

In addition to the above, the process established 13 Values Statements (see the Appendix) which mirror the values of the Children and Family Commission and the key elements in Motion 8661. All three documents share the following values: cultural diversity in staff, community input and program design; providing proactive leadership for the health of children, families, and communities; stressing prevention strategies; using research-based decision-making in program development and evaluation; seeing things in new ways which includes operating through communication and teamwork in the community; focusing on accessibility and quality in service delivery.

The Health Department's practice is to incorporate close community involvement in all activities including needs assessment, program development which stresses cooperative ventures, and system coordination which incorporates private providers. The very first local public health program in the personal health field was a well-child clinic held at the Bon Marche in the early 1900's organized and staffed by community volunteers. Since then there has been a consistent emphasis on prevention and early intervention programs which target pregnant women and young children even beyond the requirements of the federal, state and local legislation and administrative codes.

## County Health Division Recommendations

In reviewing the program inventory, several themes were common over the various program areas with a few notable exceptions. Of the direct service programs, all but one had policy guidance which was clearly in line with Motion 8661. The exception was the Child Sexual Assault Clinic Program, which has only budget documents for guidance. The two services which are delivered through sub-contracts, family practice primary care and geriatric screening, referral and footcare, also do not have a clear policy basis except for budget documents. Policy guidance needs to be developed for these program areas which is consistent with Motion 8661 and congruent with the other program policies.

The primary program design model was prevention and early intervention, with preventing future problems a crucial objective even in treatment programs. There are many strategies for community and consumer involvement as a way of ensuring effective program design as well as assuring appropriate access to care. To fulfill our public health assurance function, joint assessment, planning and cooperative service delivery with other service system partners is practiced in all program areas. Each program area, however, has separate planning and evaluation cycles and partners, and uses different means of incorporating community and consumer input. Sometimes this categorization isolates information from other program areas which could appropriately use it. A more predictable, inclusive and integrated community and consumer input process would allow all programs to benefit from the information.

Because of the intense focus on maternal and pre-school child health services, health status and access to care data has been developed for pregnant women, infants and pre-school children. The information available about school-age children, except to their reproductive health status, has not been developed. This means that program development, community assessment, joint planning and evaluation, and integrating service systems is much more difficult to do successfully. The process of identifying and developing risk prevalence, health status and care access data would be an important step in bringing the wide variety of provider systems within the County together, especially the Department of Youth Services, the Community Services Division of the Department of Human Services, and the Department of Public Health. These agencies have a significant number of overlapping clients and similar desired outcomes. The mutual understanding developed through a joint assessment process would naturally lead to greater collaboration in service delivery.

Although not specifically reflected in the Program Inventory, an area of concern is assuring services to certain special needs populations, including non-English speaking people. Other providers of maternal and child health care in the balance of the county are only minimally equipped to provide interpretation and translation services, and the Health Department's capability has not kept pace with the increase in demand.

The input received from clients, staff and other community providers about the Division's program performance focused on several areas: the role of the Health Department in this era of health care reform; the importance of community and consumer involvement in program planning and evaluation; the benefits which would result from better knowledge and coordination between CSD and Health Department staff; and the waste of time resulting from duplicative contracting processes between the two departments.

Each group, from their own perspective, had questions about health care reform and what impact that would have on the direct health care services of the Health Department. The feeling was one of apprehension about what the changes in the system would do to care access for the population we are serving now. In addition to the concern for assuring adequate direct services, the community

providers were very concerned that the health status and access to care be monitored as managed Medicaid is phased into King County starting in October, 1993. School nurses, adolescent counselors and mental health workers were especially concerned that the cooperative system we had developed at the community level not be lost as managed care is implemented.

There was appreciation of the community assessment the Department has done and interest in having more issues and populations targeted by an assessment process such as was done for children birth to five. At community meetings held throughout the County which were attended by a variety of community people and providers, concern was expressed that children and families don't come in neat, age-defined categories. That, as they grow, they move between systems and need a changing variety of services. To focus an assessment process on a small age group falsely isolates the assessment indicators, the interventions and the outcomes, and creates opportunities for people to "fall between the cracks". The overwhelming recommendation of the community was to continue the assessment process to include school-age children and their families as the next phase.

The idea of continuing to seek community input was strongly supported, but the suggestion was to use already existing meetings rather than holding additional meetings. "Go to where people already are, don't make them come to you" was the reiterated feedback. Meetings such as tenant councils, PTAs, Head Start Parent Councils, Natural Helper groups, as well as provider networks and community coalitions were suggested. Offering child care, interpretation and transportation help is important to reduce barriers to giving program and planning feedback.

The joint retreat held with Health Department and CSD staff produced numerous concrete ideas for improving coordination and cooperation between programs of those agencies. The overwhelming finding was that the significant amount of client overlap makes it imperative to better coordinate services and cross refer appropriate clients. The most effective intervention is one which addresses a client's needs in a comprehensive way, and between the two agencies a wide span of services is offered. The strategies for increasing coordination start with orienting all staff with basic program information about each other's programs to be used in efficient cross-referral mechanisms. Since all the programs do some public education and information, coordinating those efforts could increase exposure to a broader spectrum of information. Targeted information and outreach efforts also could be coordinated, thus preventing duplication and reaching more people. Sharing expertise among programs would be a way of efficiently using resources as well as building trust and communication among program staff.

Another possible collaborative strategy to explore is using different program components in an integrated model. One possibility which was suggested by both a teen advisory group in Auburn as well as of the joint CSD/Health Department staff retreat is to use jobs for teens as an incentive to delay pregnancy. The area of adolescent programming is one in which school personnel, youth and family services staff, job training and health department professionals have already successfully collaborated in the Young Family Independence Program (YFIP) for pregnant and parenting teens. All the collaborating partners would like to expand their collaboration to include more primary prevention, and teens agree that these partners should work together more closely.

Finally, the basic efficiency of a joint contracting process for those agencies subcontracting with more than one County Department was suggested by both County as well as community agency personnel. In an effort to both prevent duplication as well as reinforce the focus on common outcomes, this seems worthwhile to explore.

**ACTION AGENDA: County Division, Health Department**

The following Action Agenda items grew directly from the analysis and community input process described above. The particular ones prioritized at this time were selected because they either were needed to meet the expectation that all Health Department programs fit the policy framework of Motion 8661, or to bring the Health Department efforts more closely in alignment with the values the Department shares with the Children and Family Commission. Although there are not major changes in direction indicated in the Agenda, the program assessment process was a very useful way of incorporating a variety of feedback into one coherent plan.

The added emphasis on collaboration with the Community Services Division was very important particularly at this time of re-examining County priorities regarding health and human services efforts. The next step of including additional County Departments in closer collaboration is one which Health Department staff eagerly anticipate, especially as community violence is emerging as a focus of both community and agency concerns.

- The County Health Division will work with CSD to increase mutual knowledge of programs by cross training staff; co-locating and/or jointly developing services whenever possible; and utilizing Health Department Public Health Centers as local community centers or resources. The two divisions will keep the Commission apprised of their progress.
- The Health Department will work with CSD to explore options for reducing the duplicative efforts in the contracting processes they each use with community agencies.
- The Health Department will regularly update the Commission on the status of health care reform activity in King County to assist the Commission in their role as advocates of services for families with children.
- The County Health Division will create and implement a plan which integrates the information gathered by consumer and community input in the various program areas and throughout the County. This information will be made available to the Commission as a way of updating them on one aspect of the status of children and families in King County.