2015-2019
City of Tacoma
Human Services Strategic Plan

Neighborhood & Community Services Department
Human Services Division
June 2014
# TABLE OF CONTENTS

Context for the Plan........................................................................................................3

- Purpose of the Strategic Plan
- Background
- The Planning Process

The Community’s Voice................................................................................................6

- Conclusions and Recommendations

A Profile of Tacoma.......................................................................................................8

- Demographics
  - Access to Opportunity
- A Call for Social Equity

Tacoma’s Human Services Vision................................................................................13

City of Tacoma Human Services Values and Guiding Principles.........................14

2015-2019 Strategic Goals and Priorities.................................................................15

Roles of the City...........................................................................................................35

Appendices
Context for the Plan

Purpose of the Human Services Strategic Plan
The Tacoma Human Services Division implements the City’s human services initiatives and oversees the numerous services and programs under contract with the City to help meet the needs of Tacoma residents. The services and programs funded by the City strengthen the community by working to provide basic needs such as food, shelter, and safety, increase adult self-sufficiency by education and employment services, and help our youth overcome barriers to success and develop the skills necessary to become productive citizens. The City Human Services Division is primarily a funder and not a direct service provider with the exception of operating senior centers. (See Appendix E for a description of programs and services the City funds).

The purpose of the City’s Human Services Strategic Plan is to provide a roadmap for investing in community priorities over the next five years. The vision, values, priorities, and strategies in this plan serve as a guide for making decisions on allocating funds and taking action to pursue the goals included in the plan.

The plan provides the direction as City staff operationalize the community’s vision for human services and create the policies and processes that will allocate funding and resources in a more inclusive and accessible manner.

The plan also defines the leadership role the City will play in the systems it funds and ensures that the community has the capacity to serve the needs of all Tacoma residents in a more effective and impactful way.

Throughout this plan, data are presented to illustrate the challenges the community faces in serving the needs of its residents and the problems and barriers faced by specific populations in Tacoma. While not all historically marginalized people, groups, and populations are specifically referenced and illustrated in the plan’s goals and priorities and the supporting data, the plan is meant to be inclusive of all who live in the City of Tacoma and are in need of services. Data and research for many populations are limited, and in some cases only available anecdotally, making it difficult to develop population specific strategies for each marginalized group.

The City’s Equity and Empowerment Initiative was used as a framework for the development of this plan and serves as a powerful charge and a driving force to break down the structural barriers that keep racial inequity in place and that marginalize other community members based on their age, sexual orientation, immigration status, or physical ability. While it is true a strategic plan does not change attitudes or prejudice, it does guide the City’s funding decisions to be more inclusive and accessible and rewards those agencies and programs that make their services more inclusive and accessible.
Context for the Plan

Background

The City of Tacoma has a 40-year history of, and commitment to, addressing the needs of residents. Over the years, the City has played multiple roles – leader, collaborator, partner, funder, convener, and service provider to make Tacoma a more livable City.

The City began its major involvement in providing human services in the mid-1960s by adopting two main approaches to addressing human service needs:

- Direct provision of services by City employees to seniors, youth, children and persons with disabilities, and
- Contracted services for transportation, home repair, drug rehabilitation, and other needs.

In the early 1980s, the City shifted its emphasis to planning, contracting, providing technical assistance and coordination. Its direct service role was confined to services for senior citizens and to provision of Child Care Resource and Referral as a brokered service.

The 1994 Human Services Strategic Plan adopted a policy of maintaining existing direct services, with any additional growth focused in the planning and contracting area. Also in the mid-1990s, the City and other funders developed a strong outcomes-oriented evaluation focus for human services. Outcome Based Evaluation (OBE) remains a strong focus for the City.

Since 2000, the City has increased its emphasis on partnering, collaborating, and coordinating with key players in the community to address significant human services issues. These issues have included homelessness, truancy, domestic violence, mental health and substance use disorders, crime prevention, gang reduction, early childhood learning and development, youth development, and workforce development.
A Focus on Equity and Empowerment

The Planning Process

The 2015-2019 Human Services Strategic Plan builds directly on the previous plan and is the result of broad, diverse community input, City staff recommendations, and strategy development with the City’s Human Services Commission. In developing this plan, the Human Services Division received a powerful charge from the Mayor and City Council: build a plan that includes the voices of people from all backgrounds in the community and focuses on priorities and goals that help to eliminate the underlying drivers that perpetuate inequity across race, culture, gender, sexual orientation, ability, and age.

With this framework, the Human Services Division and Kennedy Consulting LLC conducted research that included: interviews with 23 key informants, three small group discussions with state and local partners and nine consumer focus groups. The consultants also conducted an analysis of 40 state, county, and local data sources to identify:

- demographic characteristics,
- economic conditions,
- educational attainment,
- employment characteristics, and
- issues related to the City’s current human service priorities.

City staff also conducted Geographic Information Systems (GIS) mapping of local conditions using U.S. Census Bureau American Community Survey data and the landscape of human services available using City data and United Way 211 data, including:

- the location/distribution of programs offering services to Tacoma residents,
- the number and location of clients served by City-funded programs,
- the location of programs currently funded, and
- the geography of cost-burdened households, race, income, poverty, and language barriers across the City.

These data-gathering efforts culminated in an environmental scan that provided a powerful context for understanding human services needs and opportunities in the community and developing a strategy to address them.

The scan was presented to the Tacoma Human Services Commission and Community Review Panel in two visioning sessions. The community review panel consisted of service providers, consumers, and concerned citizens. In these sessions, community partners had the opportunity to envision a desired future where the human services needs of all residents are being met. The result is a long-term community vision and strategic direction for Tacoma’s human services system that will position the City to address current human service challenges with an eye to the future and help drive structural inclusion and equity for all groups.
Community Recommendations for Updating the Plan

The environmental scan and visioning processes generated some compelling conclusions and a few recommendations for the City in planning and carrying out its human services strategy. The vision, values, priorities, and strategies included in this plan are designed to address these recommendations, as well as build on and continue the City’s focus over the last decade.

Conclusions

- **A voice for equity and empowerment:**
  Tacoma is a uniquely diverse community – racially/ethnically, culturally, socio-economically, and politically. Participants in the environmental scan pointed to the critical role the Human Services Division has played in raising awareness of the need to ensure all groups are represented in city services and initiatives. The Division is uniquely positioned to foster interconnectedness and work with partners in the community to break the patterns that have contributed to disparity. The community sees a strong role for the Division to play in finding new ways to work for racial justice and equity and to ensure the people of Tacoma are not excluded from the City’s decision-making process due to racism, homophobia, sexism, language barriers, cultural bias or other forms of cultural dominance.

- **Strong strategic focus:**
  The City has been highly strategic in the selection of priorities and investing in them and has made measurable progress in each of the four identified focus areas. It has maintained a tight focus on the chosen priorities throughout the lifecycle of the previous plan, while being resilient enough to address emerging or worsening issues, such as commercially sexually exploited youth and the increasing problem of domestic violence.

- **Effective leadership of systems development:**
  In most areas of focus the City has been highly effective in integrating and aligning programs and initiatives across the human services system as well as leveraging all available assets. Some areas still need a stronger collaborative approach with community partners, the County and the State.
Recommendations

- **Continue focusing on the four strategic priorities in the current plan.**

  Both the qualitative and quantitative components of the environmental scan illustrated the continuing demographic, economic, cultural, and social trends and conditions that each of the four current priorities are designed to address: 1) prepare children and youth for success; 2) increase employability, self-determination, and empowerment for adults; 3) meet basic needs of Tacoma residents; and 4) enhance mental health/substance use disorder services.

- **Inject equity in the human services funding application process and in decisions about distribution of resources.**

  While it was noted that the City has worked to revise its funding policies and that this is a step in the right direction, more needs to be done to ensure the City’s human services contracting process is truly equitable and that funds and services are distributed geographically where they are needed. A companion concern is that the City’s human services funding is opaque to most in the community and that how and where City resources are allocated is not well understood. The City should address the need for outreach and education about how and what it funds along with continual improvement to its funding policies and process.

- **Develop a more incremental and integrated approach to systems impact.**

  The long-range strategic planning process needs to be supplemented with a regular and on-going engagement process for Tacoma residents, along with opportunities to test innovative ideas and take them to scale. The targeted focus areas in the Human Services Strategic Plan need to align and/or integrate with larger systems planning efforts—such as economic development—that address regional issues and trends.

- **Ensure the City’s human services investments are serving the entire community, not just people who know how to navigate the human services system.**

  Both the community mapping and environmental scan show how cultural, language, and socio-economic diversity in Tacoma and the region isolates some households and parts of the community from access to the opportunities that would help reduce the harmful effects of poverty and social injustice. The City needs to identify and fund creative ways of bridging these gaps in access and services so that all Tacoma residents have the opportunity to achieve self-sufficiency.
Tacoma Community Profile:
Access to Opportunity

Tacoma Demographics

The City of Tacoma is a unique, highly diverse and contemporary City of over 200,000 residents, which makes it the second most populated city in the Puget Sound area and the third most populated in the state. As Table 1 shows, 35% of Tacoma residents are multiracial or of a race or ethnicity other than white alone.

A language other than English is spoken in 19% of Tacoma homes, which is the same as the state average, and about 13% of residents were born outside of the U.S.

The majority of Tacoma residents are adults between the ages of 18 and 64. Seniors age 65 and over make up 11% of the population and youth under the age of 18 make up the remaining 23% of the City’s population.¹

Source: U.S. Census Bureau, 2008-2012 American Community Survey 5-year Estimates

¹2008-2012 American Community Survey 5-year Est.
“The City of Destiny”

The character and socio-economic culture of this hard working community are embedded in a rich history of promise and progress. Tacoma is known as the “City of Destiny” because the area was chosen to be the western terminus of the Northern Pacific Railroad in the late 19th Century. By connecting the bay with the railroad, Tacoma became Washington’s largest port and a center of international trade.

Today, Tacoma-Pierce County enjoys a reputation as one of the most livable areas in the country, and in 2010 Tacoma was named one of the nation’s 100 Best Communities for Young People by America’s Promise Alliance.

Even with this renewed vibrancy and the racial, ethnic, and cultural diversity that is the community’s strength, Tacoma still struggles with long-standing structural barriers such as lack of affordable housing, inadequate transportation options and lack of affordable child care, that contribute to and even amplify social injustice and socio-economic disparity.

The maps shown in Figures 1-4, based on American Community Survey data, illustrate the socio-economic conditions and disparities among different neighborhoods and districts within the City.

After suffering a prolonged economic decline caused by suburbanization and divestment, the City rebounded in the 1990’s with developments to the downtown core, the first light rail service in the state, the state’s highest density of art and history museums; and a restored urban waterfront.
Figures 1, 2, and 3 show that the Northern parts of the City have the highest concentration of households with a median income of $75,000 or greater and the lowest concentration of individuals and families living below the Federal Poverty Level.

Figure 4 shows that the heaviest concentration of non-white residents live in the Central, South and South East areas of the City. These same areas have a disproportionate number of households and individuals living in poverty and with a median household income of less than $39,000 (as shown in Figure 1 Page 9).
Decades of social science research has demonstrated that neighborhood conditions and access to opportunity play a significant role in life outcomes. The challenges facing marginalized communities are long-term, multi-faceted and interrelated, and the disparities facing these communities have been widening. These inequalities are further exacerbated by the economic downturn and the fallout from the housing and economic crisis, which has hit the City of Tacoma harder than many other areas. Tacoma, for example, has been slower to rebound than other cities in Washington.

Many advocates are coming to understand that no single negative factor leads to the creation of a marginalized community. A range of factors – such as high rates of incarceration, neighborhood disinvestment, housing barriers, educational and early childhood challenges, and labor market discrimination – act in combination to restrict marginalized groups from access to opportunities and severely limit the individual and collective ability to build assets. More often than not, these multiple factors work together in a particular place.

In order to address these disparities, those who are marginalized need greater access to the opportunity structures and social infrastructure that will help them improve their socio-economic status and well being.

“Access to Opportunity” is defined as: a situation or condition that places individuals in a position to be more likely to succeed and excel.² (See Appendix H)

Figure 5 below shows that even if a neighborhood within the community is affluent, such as the Northern part of the City, (as shown in Figure 1 page 9), a low-income person or family living there will have greater difficulty accessing the available opportunities due to structural barriers, such as lack of affordable housing, inadequate transportation options, and lack of affordable child care.

The “Access to Opportunity Map” shown above illustrates that many living in Tacoma do not have fair access to the critical opportunity structures and social infrastructure to succeed in life.

²Kirwan Institute for the Study of Race and Ethnicity
**Access to Opportunity** maps illustrate whether patterns of segregation by age, class, gender, race, ethnicity, disability, or language correlate with areas of higher or lower access to opportunity.

*Figure 6*

![Map of City of Tacoma Human Services Strategic Plan Access to Opportunity and the Geography of Race](image)

For example, Figures 6 and 7 show that a significant portion of the City’s non-White residents and those with language barriers live in areas of very low opportunity. The latest data from the U.S. Census Bureau underscores the effects of low opportunity and how non-White residents are disproportionately impacted.

*Figure 7*

![Map of City of Tacoma Human Services Strategic Plan Access to Opportunity and Language Barriers](image)

The income gap for racial and ethnic minorities continues to widen. Per Capita income of African Americans is 36% lower than that of white residents and Per Capita income of Latinos is 47% lower.³

These realities, combined with other trends—the breakdown of traditional systems of family support (parents often working multiple jobs without extended family support for raising children), lack of financial literacy, the inability of many to manage their financial lives, inadequate access to transportation, and lack of affordable housing—have marginalized people of color and had similar effects on other community members based on their age, sexual orientation, immigration status or disabilities.

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³American Community Survey, 2008-2012 5-year Estimates
A Call for Greater Social Equity

Addressing social inequities, including racial inequities, will require a greater level of commitment to identifying and eliminating the structural conditions that keep inequity in place. It will require more leadership and effort to engage those most impacted by potential changes to “come to the table” and create the future together. All components of the community of Tacoma – its residents, its government, and its social institutions – have a mutual responsibility to solve these problems together and re-kindle the spirit that inspired the motto: “The City of Destiny.”

In today’s globalized reality, we are all inter-dependent. The value of inter-dependence is that we each have something to offer. The nature and magnitude of the challenge requires people to realize their own well-being depends on the well-being of others and that this is the key to success in building a sustainable reality where social equity is the norm – where all people, regardless of where they live in the community, have access to the resources and opportunities that improve their quality of life and help them reach their full potential. Social equity requires that low-income communities, communities of color and other historically marginalized populations are active participants in planning and policy-making by having the knowledge and other tools required for full participation.

Using the framework of the City’s Equity and Empowerment Initiative, which seeks to eliminate the underlying drivers that perpetuate inequity, the City of Tacoma’s Human Services Division will help make social equity a reality for Tacoma’s residents. It will lead by promoting equal access and proximity to community services, building partnerships that engage and empower community groups and stakeholders in advancing access, and demonstrating clear commitment to equity in human services decision-making, activities, and investment.

Tacoma’s Human Services Vision

The vision for the human services system in the City of Tacoma is that all Tacoma residents have access to the opportunities and pathways that will lead them to well-being and prosperity. This vision is achieved through a robust and integrated system of culturally appropriate services that are equitable, easy to access and navigate, and available in locations where the needs exist.
City of Tacoma Human Services Values and Guiding Principles

The City’s Human Services values serve as guiding principles, and they impact every aspect of the organization, including how services are funded and how services are delivered. Every decision the Human Services Division makes will be made through the prism of these values.

**Equity and Empowerment** – We promote equity and inclusion throughout the diverse region we serve. We recognize the assets and strengths of the community, our residents, our stakeholders, and our staff and draw upon these resources in a partnership to promote community self-determination. We hold ourselves accountable and examine the impact of our efforts and investments through our own evaluation processes and independently through the eyes of our various stakeholders and interest communities.

**Leadership** – We are a leader in making strategic investments in the community that create opportunity and provide critical services to Tacoma residents. We work with Pierce County, other municipalities, City departments, community-based organizations and residents to provide leadership in the policy, planning, funding and delivery of human services in Tacoma and throughout the region. We support initiatives that build community leadership and empower members of specific communities to take leadership and ownership of making decisions, identifying problems and developing solutions for community needs and issues.

**Alignment and Integration** - We lead efforts that create a more seamless approach to addressing human service needs. We enhance and expand the capacity of Tacoma’s human services system by facilitating collaboration, working with regional partners, leveraging funding, linking and integrating services, reducing duplication and measuring the community impacts of what we do. We link human services strategies with economic development, transportation and other regional planning efforts in order to create more opportunity and promote social equity for Tacoma residents.

**Strengths-based Support** – We promote self-determination and honor the dignity of the people we serve. We help build innovative support systems that promote resilience, self-sufficiency and help people to take control of their own lives in meaningful and sustainable ways. We invest in supports and services that address trauma and adverse childhood experiences so people can develop and have what they need to thrive and navigate their lives successfully.

**Innovation and Experimentation** – We are creative, open to experimentation and on the lookout for innovative, cutting edge solutions. We are committed to continuous learning and continuous improvement, and we promote and encourage a culture where we can learn from failures as part of innovation and as a means to achieving success.
2015-2019 Strategic Priorities

The implementation of the 2010-2014 Human Services Strategic Plan resulted in many successful programs and initiatives. In order to build upon these achievements, the Human Services Commission and a broad community of stakeholders and residents reviewed areas of need to ensure Tacoma continues to be proactive in supporting the wellbeing of children, youth, adults, and families. The four priority areas selected to be addressed in the 2015-2019 plan are the same as those included in the previous plan:

**Strategic Priority 1:** Meet Basic Needs of Tacoma Residents

**Strategic Priority 2:** Prepare Children and Youth for Success

**Strategic Priority 3:** Increase Employability, Self-Determination and Empowerment for Adults

**Strategic Priority 4:** Enhance Mental Health/Substance Use Disorder Services

The following sections describe the community needs and challenges associated with these strategic priorities and the goals the City will pursue to address each of the priorities.
Strategic Priority 1: Meet Basic Needs of Tacoma Residents

Meeting the basic needs of residents has long been a priority for the City of Tacoma. In every strategic plan, there has been a commitment to fund programs which provide food, shelter, and other resources necessary for survival.

During the 2010-2014 strategic plan cycle, domestic violence services were included in this category as a way to address the basic need of safety. In the 2013-2014 biennium, the City invested approximately 50% of its human services funds in programs addressing homelessness, food insecurity, and domestic violence.

While progress has been made in some of these areas, community input and local data indicate ongoing challenges for individuals and families in meeting their basic needs, and the continued importance of this strategic priority.

The issue of homelessness is one such area where there is evidence of both progress and continued need.

According to the Tacoma-Pierce County Annual Point-in-Time count⁴, the number of people experiencing Homelessness in Pierce County has declined dramatically in the last three years.

- The total number of people experiencing homelessness decreased from 2,068 individuals in 2011 to 1,474 individuals in 2014.
- The number of unsheltered chronic homeless individuals decreased from 145 individuals in 2011 to 123 individuals in 2014.
- The number of homeless encampments within the City has dropped from 175 in 2013 to 86 in 2014.

Despite this apparent progress, service providers report that the demand for shelter and housing has not slackened. The data below comes from emergency shelters in Tacoma that accept walk-in clients or offer same-day service to individuals and families. These shelters are turning away people every night.

- In the past 12 months, The Rescue Mission – Adams Family Shelter – turned away an average of 7 families per night (approximately 200 households per month)
- The Rescue Mission Men’s Shelter turns away an average of 25 individuals per night
- Catholic Community Services – Tacoma Avenue Men’s and Women’s Shelter - turns away an average of 35 individuals per night

⁴Point-in-Time Counts are unduplicated 1-night estimates of both sheltered and unsheltered homeless populations. The 1-night counts are conducted by Continuums of Care nationwide and occur during the last week in January each year. Individuals and families are only included in the data if they are willing to complete a survey and sign their name; those that do not agree are not counted.
As additional confirmation of need, the number of calls for service to Access Point 4 Housing (AP4H), which is Tacoma-Pierce County’s centralized intake system for homeless households seeking housing, is significantly higher than the Point in Time count of homeless individuals in the community. Assessments for services far outnumber the actual referrals that can be made to housing resources. (Chart 2)

Due to limited community resources for housing assistance, some residents continue to experience waiting lists to receive the emergency shelter services and housing support they need. However, there are many success stories of individuals and families who benefitted from rapid re-housing approaches and were quickly transitioned into permanent housing through housing services and rent subsidies, case management, and individualized employment assistance.

<table>
<thead>
<tr>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>15,000</td>
<td>9,781</td>
<td>6,781</td>
</tr>
<tr>
<td>4,000</td>
<td>1,944</td>
<td>826</td>
</tr>
</tbody>
</table>

Trends in other areas related to the basic health and well-being of Tacoma residents are alarming. Total visits to food banks/meal sites by residents of Tacoma increased by 69% between 2008 to 2013.5

During the 2012-2013 school year, 63% of students in Tacoma Public Schools were receiving free or reduced rate lunches.6 Eligibility numbers are likely higher as students in the upper grades drop their enrollment in this program because of stigma.

Meeting People Where They Are

Anna and her three daughters, ages 7, 4 and 1 were living in her car. She had a long and frustrating wait after her initial assessment at AP4H. After months of waiting, Anna and her daughters were offered shelter at Phoenix Housing Network (PHN). Anna had never experienced homelessness before, and she was afraid of a shelter. After a little time, Anna found that all she had feared about shelter living was not true – she even rated her experience at PHN 10 on a scale of 1-10. During her three-month stay at the shelter, Anna was placed in the Rapid Re-Housing program and she and her daughters will soon be moving to a beautiful new apartment near Wright Park.

5Tacoma Emergency Food Network
6Office of Superintendent of Public Instruction
Tacoma has the highest rate of domestic violence of any community in the state - almost three times that of the overall state rate. (Chart 3)

Tacoma area providers have reported that 15% of their domestic violence clients are less than 19 years old and 31% are between 18 and 25 years old. They also report that more than half of their clients are undocumented or have Limited English Proficiency.  

1. **Legal Support:** Most clients have little sense of how to effectively navigate the legal system, either in cases where they are filing charges or when they are the “victim defender” in a domestic violence incident. While some of the agencies and key providers have advocates, there is not enough support to help all clients through the process.

2. **Housing:** There are not enough emergency, transitional and permanent housing resources for the victims of domestic violence. Providers experience very few openings and most don’t keep waiting lists because of the State mandate that an opening at any point in time must go to a victim with the greatest need.

3. **Language/Culture:** Service providers work with high percentages of individuals of color, individuals with limited English proficiency and undocumented individuals. Non-English speaking clients are often unaware of the legal decisions made in their cases, and the possible implications of these decisions.

4. **Mental Health:** Clients face a range of mental health challenges, some of which are directly associated with the impacts of the DV situation, but others that have been present with individuals and families in the past. Few of the agencies are equipped to serve these specific client needs.

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7City of Tacoma Domestic Violence Needs and Gaps Assessment, October 2011
2015 – 2019 Funding Targets and Goals

Every Tacoma resident should have access to food, clothing, shelter and other basic needs.

**Meet the Basic Needs of Tacoma Residents (40% Competitive Funding Target)**

**Housing Stabilization**
- Prevention of and pathways out of homelessness are available which connect individuals and families with housing and/or supportive services tailored to their unique needs.

**Food Security**
- Residents have access to healthy food and optimal nutrition year-round.

**Safety**
- Interpersonal and intimate violence/abuse is reduced.
Strategic Priority 2:
Prepare Children and Youth for Success

It is well known and documented that investments in quality early childhood learning experiences, after school programs, and other activities that prepare children for school and keep them actively participating in their social, psychological and cognitive development, produce adults who are self-sufficient, and have the skills and capacity to become the leaders of tomorrow.

During the 2013-2014 biennium the City invested 40% of its human services funds to address this priority, including youth development and after school programming.

The City also sponsored and participated in initiatives such as First 5 FUNdamentals, Graduate Tacoma!, Curfew, the Truancy Initiative, Tacoma Gang Reduction project, Collaboration to End Sexual Exploitation of Children, and the Youth and Young Adult Emergency Drop-In Shelter.

The power of these types of investments in children and youth is best illustrated through actual stories of the children and youth who have benefitted from programs the City of Tacoma funds.

The Value of Support

13-year-old Slaryce was introduced to the Eastside Boys and Girls Club at the age of nine. She comes from a single-parent household where she experienced a number of troubles and challenges at home. Slaryce is part of the dance program at Boys and Girls Club and developed her skills to a level where she became the leader of her own Hip-Hop dance group. Through her hard work, dedication, and leadership she was accepted to SOTA – School of the Arts in the coming school year. Slaryce is a shining example of a young person succeeding despite the odds that were stacked against her.
In addition to the positive impacts of early child development and youth supports, we also know by looking at the U.S. Census data presented in Chart 4 that educational attainment determines earning power.

If earning potential weren’t a compelling enough reason to focus on educational attainment, statewide occupational trends illuminate an even more urgent problem. By 2018 two-thirds of all jobs in Washington will require a degree or technical certification.

In contrast, by examining key educational indicators of success:\(^8\):

- 4 out of 10 Tacoma high school students didn’t graduate.
- 34% of third grade students could not read at or above their grade level.
- 62% of eighth grade students did not pass algebra.
- 52% of students entering kindergarten did not meet age-level expectations in six areas.
- 41% of Tacoma Public Schools graduates did not enroll in post-secondary education.

There is some good news: on the whole, graduation and dropout rates have been improving. (Chart 5)

\(^8\)Graduate Tacoma!, 2012 Community Impact Report

Source: 2008-2012 ACS 5-year Estimates

Source: Office of the Superintendent of Public Instruction
Youth involvement in gang activity, one of the biggest risk factors for not completing high school, is also on the decline. Gang-affiliated offenses dropped by 61% between 2009 and 2013. The number of gang members/associates dropped in the same five-year time period by 41%. In 2011 the City of Tacoma initiated the Gang Reduction Project. The success of Tacoma’s Gang Reduction Project in facilitating community partnerships that are effective in helping gang-affected youth is reflected in the story of 18-year-old Jason.

The Value of Partnerships

Jason was gang-involved and failing in several classes. His suspension record and lack of credits meant he was not going to graduate. His counselor reached out to the City’s partners, the Co-Opp Project and Northwest Leadership Foundation’s Proteen program, who quickly determined that communication issues and cultural barriers stood between Jason’s family and the school. Proteen provided a Samoan speaking staff member to communicate with Jason’s father, building the trust that allowed Jason’s family to support him in the academic and behavioral plan that was developed to help him graduate on time. As a result of intensive mentoring, academic advocacy and relationship-building provided by the Project partnership, Jason succeeded in staying out of trouble and expanded his intervention plan to include the goal of getting out of gang life. On June 7, 2013 Jason graduated on time with his class, becoming the first member of his family to earn a high school diploma.

City of Tacoma Gang Reduction Project
While Jason’s success points to the positive community impact of investing in gang reduction and prevention efforts, other challenges to youth educational success are increasing.

- The number of students who qualify for a free or reduced cost school lunch has increased by 16% since 2002.\(^\text{10}\)
- Homelessness among Tacoma’s youth is also on the rise. In the 2012-13 school-year, approximately 1,500 McKinney-Vento students either experienced homelessness or were at significant risk of homelessness in Tacoma – more than 1,000 were under of 18 years old. (Chart 4)

- 25% of children in Tacoma under the age of 18 live below the Federal Poverty Level.\(^\text{11}\)
- Parts of Tacoma have the highest risk scores for Maternal and Child Health in comparison to 56 other regions in the state.\(^\text{12}\)
- Review of community risk factors and data on female runaways and girls age 12-17 who have had contact with the juvenile justice system suggest that Tacoma may have a significant problem with the issue of commercially sexually exploited children.\(^\text{13}\)

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**Tacoma Students Qualifying for Homeless Services (McKinney-Vento Students)**

![Bar chart showing the number of students qualifying for homeless services from 2007-08 to 2012-13](chart.png)

**Source:** Tacoma School District, McKinney-Vento Data

\(^{10}\) Graduate Tacoma!, 2012 Community Impact Report

\(^{11}\) U.S. Census Bureau, American Community Survey

\(^{12}\) Tacoma-Pierce County Health Department, 2011

\(^{13}\) “Project Respect,” Center for Children and Youth Justice, March 2013 and Washington Department of Social and Health Services (DSHS) Community Risk Factors Data
2015 – 2019 Funding Targets and Goals

The City will continue its focus and funding in this strategic priority to ensure children and youth should receive the support they need to be successful in school and to be prepared for self-sufficiency and success in life.

**Prepare Children and Youth for Success** (35% Competitive Funding Target)

*Children, Youth, and Family Development*

- Parents/caregivers have the skills to provide quality environments for children and/or have the skills to recognize, intervene in, and reduce the effects of negative childhood experiences and trauma.
- Barriers to academic success are reduced so students graduate with competence and confidence.
- Unaccompanied youth, youth involved in the juvenile justice system, youth experiencing homelessness, and children experiencing exploitation have the safety, resources, and skills to meet their needs.

*Gang Prevention & Intervention*

- Gang prevention, intervention and/or suppression services are available in Tacoma neighborhoods that are disproportionately impacted by gang crime.

*Children and Youth, as defined by this strategic priority includes ages 0 -24*
Strategic Priority 3: Increase Employability, Self-Determination, and Empowerment for Adults

The City of Tacoma has a number of assets to help address this strategic priority. Tacoma is a major business center for the South Sound Region and is home to the largest port in Washington State. The Port of Tacoma and Joint Base Lewis-McChord (JBLM) are two traditional anchors of the local economy, with the Port alone employing over 28,000 workers alone.

In the 1980’s, a stream of new software, biotechnology and Internet companies moving into the area led to an economic revival. The Tacoma-Pierce County area began transitioning out of its wood and paper products manufacturing industries.

Targeted industry clusters in health care/medical services, aerospace manufacturing, clean water technology, cyber security, and international logistics and trade all provide living wage jobs that lead to self-sufficiency. Residents of Tacoma also have access to higher education institutions in the Pierce County and neighboring Thurston and King Counties, including eight four-year universities and colleges, and 15 community and technical colleges.

Despite all of these strengths, the county and City continue to struggle to recover from the effects of the Great Recession. The unemployment rate in Pierce County is dropping but has not reached pre-recession levels. (Chart 5) The Tacoma-Pierce County area has also been slow to recover jobs lost since 2008. The trend in job growth looks positive, but marginal. More jobs are expected to be created in the service, sales and retail sectors, which are typically lower paying. Income growth has been restrained by sluggish job growth and elevated food and energy prices and Pierce County has been at or near the top of the list of counties in the state for foreclosure activity.

A number of other factors are creating the need for investment in this strategic priority. Housing is not affordable for many residents in the community. About 50% of Tacoma renter households are paying more than 30% of their income toward housing costs, leaving little to pay for child care, transportation, and health care.

![Chart 5](https://example.com/chart5.png)

Source: U.S. Bureau of Labor Statistics

---

16 American Community Survey, 2008-2012 5-year Estimates
An opportunity map (Figure 8) showing cost-burdened renter households in the City of Tacoma illustrates the largest percentage of households paying more than 35% of their income on housing costs reside in areas of very low access to opportunity. Many of these households are only a paycheck or one medical emergency away from losing their housing. Others rely on family, friends, housing subsidies and other benefits to survive.

**Figure 8**

Cultural and linguistic barriers are present in many households (Figure 9). Nineteen percent of Tacoma residents speak a language other than English\(^\text{17}\), and bilingual services are not readily available. Many residents have special needs and require assistance with the activities of daily living for example\(^\text{18}\):

- 13% of Tacoma residents age 15-34 have disabilities that make it difficult to perform daily activities.
- 11% of Tacoma residents are seniors, with this number expected to grow to 18% by 2030.
- 47% of people 65 and older have disabilities. A 2007 study conducted by the State Department of Health and the University of Washington showed that people with disabilities reported poorer outcomes in income, employment, education, access to affordable housing, access to technology, safety in the community, health care, food security, and social interaction. Caregivers and partners and surviving partners face many challenges—financial, housing maintenance, food, transportation and health.

**Figure 9**

\(^{17,18}\) American Community Survey, 2008-2012 5-year Estimates
Figure 10 shows that a disproportionate percentage of adults who do not graduate high school or obtain high school equivalency live in areas of very low access to opportunity. And finally, child care is expensive and quality care is out of reach for many.

During the 2013-2014 biennium, the City targeted 10% of its human services funds to this priority, and the investments the city has made in supports for self-sufficiency have produced positive outcomes.

The story of Allen, a Vietnam Veteran who benefits from the City-funded Senior Companion program, is an example of one such success.

The Value of Advocacy

Allen is an 88-year-old Vietnam Veteran with macular degeneration and other health issues that require frequent visits to the Veteran’s Administration Hospital for monitoring and treatment. Edith, a Senior Companion and fellow resident in Allen’s apartment building, began working with Allen in October 2013. At first Allen wasn’t sure about letting Edith into his personal space. Prior to Edith’s involvement, a transportation service would take Allen to the hospital and drop him off and he would often get lost. Edith now takes Allen to the hospital every two weeks and helps Allen go grocery shopping and pick out food since he can’t see labels. Edith made an appointment for Allen to learn about all of the great tools and resources that are available for people with impaired vision. She also helped Allen get hearing aides and taught him how to order them on line with his special computer for the blind.
Adults should be able to easily access and use education, training, jobs and/or positive community connections. That capacity may be the product of training, education, better access to employment, job creation, or any number of factors that result in living wage jobs for individuals and families.

The City will continue its commitment to ensuring that access and supports are available to allow residents to enter or progress in the job market, or when appropriate, to have other positive and meaningful involvement in the community.

**Increase Employability, Self-determination, and Empowerment for Adults**
(20% Competitive Funding Target)

**Workforce Development**
- Education, training, and individualized employment support services are available that enable all residents, especially historically marginalized populations, to enter and/or progress in the job market.

**Self-determination & Empowerment**
- Opportunities for individuals to build upon their strengths are available so that they can live as independently as possible and have options for positive and meaningful involvement in the community.

**Adults**, as defined by this strategic priority are age 16 and over.
Strategic Priority 4: Enhance Mental Health/Substance Use Disorder Services

Mental health and substance use disorders are common. National estimates are that one in four people have met the diagnostic criteria for a behavioral health problem in the last year and more than 50% meet the criteria at some point in their lifetime. Washington has one of the highest rates of mental illness in the country.

According to the 2011 and 2012 National Surveys on Drug Use and Health, almost 21 percent of adults 18 and older living in the state have some form of mental illness. This makes Washington the fifth highest ranking state in the nation for mental illness. Nearly half of the adults receiving service through the Washington Department of Social and Health Services (DSHS) have mental health needs. (Chart 6)

Some populations in Tacoma are at high risk of having mental health and/or substance use issues as well as at risk of not having access to treatment services, including:

- individuals experiencing homelessness,
- active duty military and veterans,
- youth and
- African Americans.

Some populations are especially vulnerable. More than half of the children and youth in the child welfare and juvenile justice systems have some type of reported mental health issue. Young adults in Tacoma ages 18-24 are least likely to have health insurance compared to other age groups, which means they may not seek and obtain the treatment they need.

Chart 6

Mental Health, Alcohol and Substance Use Disorders Among All DSHS Clients 18 - 64

Have both mental illness and an alcohol/drug condition 14%

Need alcohol/drug treatment 22%

Have current mental health disorders 46%

Source: Washington Department of Social and Health Services Research Division, October 2012

19, 20 Tacoma-Pierce County Community Health and Chemical Dependency Assessment, December 2012
Behavioral health problems and homelessness are intertwined. For example, compared to DSHS clients overall, children and adults experiencing homelessness are more likely to have a mental health disorder - a 50% increase for youth and a 23% increase for adults.\textsuperscript{21} This population is also three times as likely to have a substance use disorder. A 2011 snapshot of individuals experiencing homelessness in Pierce County showed that of those individuals reported unsheltered or experiencing chronic homelessness:\textsuperscript{22}

- 52% had mental health issues,
- 30% had drug and alcohol problems, and
- 24% had co-occurring problems.

National data indicate that 38% of soldiers report psychological symptoms and among members of the National Guard the figure rises to 49%.\textsuperscript{23}

In a 2011 Pierce County homeless report, 40% of Pierce County residents experiencing homelessness are military veterans. 27% of Pierce County individuals experiencing homelessness are African American.\textsuperscript{24}

This population is also at risk for mental illness due to their:
- generational trauma of poverty and racism,
- being victims of serious violent crime, and
- overrepresentation in the homeless population.

Untreated behavioral health issues are costly and life threatening. The mortality rate is double for those with mental illness, and people with mental illness die at an earlier age than the general population.\textsuperscript{25} The rate of suicides in Washington has increased by 11% over the past 10 years.\textsuperscript{26} The rate of suicides and suicide attempts among Tacoma youth has been increasing over the last 10 years and the City’s rate is significantly higher than the State’s rate.\textsuperscript{27}

Having a behavioral health problem also increases the risk of unemployment. Of all adults with mental health and substance use disorders served by the DSHS and the Washington Health Care Authority (HCA), only 21.7% had employment. The rate of unemployment for this population is much higher in Washington than is the case nationally.

\textsuperscript{21}Washington Department of Social and Health Services Research Division, October 2012
\textsuperscript{22-24}Community Health and Chemical Dependency Assessment City of Tacoma, December 2012
\textsuperscript{25, 26}Washington Department of Health, 2011
\textsuperscript{27}Washington Department of Health, Comprehensive Hospital Abstract Reporting System and Center for Health Statistics Death Certificate Data
People with mental illness also have more serious impairments in a variety of areas of daily functioning, which creates multiple needs and requires them to be in multiple systems in order to receive necessary treatment and services. (Chart 7)

Drug and alcohol problems are more prevalent in Tacoma than other areas of the state, as shown in Table 1 below.

Data collected in 2010 by the Washington DSHS Research and Analysis Division also showed in the last nine years heavy drinking among Tacoma adults remained relatively unchanged, binge drinking ranged from 13-17%, that nearly 30% of Tacoma 10th graders reported alcohol use, and almost one in four reported illegal drug use.

### TABLE 1: Problems Related to Drugs and Alcohol

<table>
<thead>
<tr>
<th>Category</th>
<th>Tacoma</th>
<th>Pierce</th>
<th>WA State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clients of state-funded alcohol or drug services (age 18+) per 1,000 adults</td>
<td>21.25</td>
<td>11.22</td>
<td>13.43</td>
</tr>
<tr>
<td>Clients of state-funded alcohol or drug services (age 10-17) per 1,000 adolescents</td>
<td>12.89</td>
<td>8.51</td>
<td>11.1</td>
</tr>
<tr>
<td>Arrests (age 18+) alcohol-related per 1,000 adults</td>
<td>5.73</td>
<td>4.87</td>
<td>9.31</td>
</tr>
<tr>
<td>Arrests (age 18+) drug law violation per 1,000 adults</td>
<td>5.3</td>
<td>3.77</td>
<td>4.39</td>
</tr>
<tr>
<td>Total arrests of adolescents (age 10-17) per 1,000 adolescents</td>
<td>46.2</td>
<td>31.8</td>
<td>39.35</td>
</tr>
<tr>
<td>Arrests (age 10-17) drug law violation per 1,000 adolescents</td>
<td>5.73</td>
<td>4.02</td>
<td>4.77</td>
</tr>
</tbody>
</table>

Source: DSHS Research and Data Analysis Division, 2010
In April 2012 the City enacted a 0.1% Mental Health Sales Tax solely for the purpose of providing for the operation or delivery of chemical dependency and mental health treatment programs and services and for the operation or delivery of therapeutic court programs and services. The City Council aligned the funding to five policy goals:

1. Reduction in the number of mentally ill and chemically dependent youth and adults using costly interventions;
2. Reduction in incidence and severity of chemical dependency and mental and emotional disorders in youth and adults;
3. Reduction in youth and adults experiencing homelessness;
4. Services integration; and
5. Linkages with other council directed efforts.

While it is too soon to evaluate the impacts of these investments, early anecdotal data and success stories suggest the City’s initiatives are beginning to produce results.

Wrap-around Services Meeting Multiple Needs

Ten years ago Shayne lost his son in a gang-related shooting. The anguish of his loss caused a despair that ended in an addiction to heroin. Shayne spent 10 years on the streets of Tacoma, mostly without housing and suffering from worsening medical problems caused by his substance use and lack of access to adequate medical care and treatment. After falling into a diabetic coma and nearly dying, Shayne made the commitment: if he could get help, he would quit heroin, stay clean, and turn his life around. At the New Beginnings program he was given a place to stay and connected to a full range of wrap-around services through a coordinated system of providers. Today Shayne is clean and sober, his diabetes is well managed, and he is applying to social security to receive assistance with his living expenses and medical issues. Shayne says he is certain without New Beginnings, he would have given up, started using again, stayed on the street, and eventually died.
2015 – 2019 Funding Targets and Goals

Enhance Mental Health and Substance Use Disorder Services

Jail and Hospital Diversion (20% Competitive Funding Target)

- Expand services providing direct care to individuals leaving hospitals or crisis facilities and/or being released from jail.
- Increase coordinated support for crisis intervention systems through community-based care for individuals.
- Increase housing inventory for programs diverting individuals from jail and/or engaged in the client discharge process from hospitals and crisis facilities or released from jail.

Programs Targeted to Help Youth* (35% Competitive Funding Target)

- Increase support for Tacoma Public Schools’ elementary students struggling with mental health and/or substance use disorders.
- Expand prevention and early intervention for youth struggling with mental health and/or substance use disorders.
- Support innovative programming designed to strengthen the family unit where youth are identified to have a mental health and/or substance use disorder.

Community-based Care (20% Competitive Funding Target)

- Programs focus on addressing the unmet needs of at risk/vulnerable populations struggling with mental health and/or substance use disorders.
- Meet the needs of Tacoma citizens struggling with co-occurring disorders (mental illness and substance use) and/or dually diagnosed (co-occurring intellectual and developmental disabilities (IDD) and a mental illness).
- A reduction of the mental health impacts resulting from interpersonal and intimate violence/abuse.

Reduce Chronic Homelessness (25% Competitive Funding Target)

- Support innovative programming designed to reduce the impacts of chronic homelessness for Tacoma businesses.
- Support innovative approaches that reach out to and engage chronically homeless individuals.
- Support innovative programming designed to ensure chronically homeless individuals, once housed, remain housed.

* Youth is defined within this priority as ages 0-24 years
ROLES OF THE CITY

The City fills a number of important roles and is engaged in a number of strategies to address the needs identified in this plan. Funding is a critical component, but the City also exercises leadership and promotes systems development; this can increase the capacity of others to achieve the goals of the City and the community and provides some services directly to Tacoma residents. Participants in focus groups, individual interviews, and in conversations with the Human Services Commission and Community Review Panel reaffirmed the roles of the City, how they will look and what they could accomplish if carried out successfully. The City’s roles in the human services system for Tacoma residents are Leadership, Systems Development, Direct Service Provision, and Funding. In each of these, the City will recognize and build on assets and strengths of the community and individual residents.

Systems Development

Work with regional partners to:

- Increase service effectiveness and impact.
- Facilitate collaboration (break down silos).
- Leverage funding to increase effect.
- Consider both system and program outcomes.
- Seek independent and unified assessment of program impacts and outcomes.

Leadership

Lead partnerships to:

- Develop comprehensive responses to big problems.
- Increase availability of resources (monetary and nonmonetary).
- Increase community capacity to respond.
- Publicize positive impact of human services.
- Set expectations and demonstrate cultural competency.
- Advocate for equity, justice, and human rights.
- Engage stakeholders in designing services.

Direct Service Provision

- Increase access to quality services.
- Increase parent/caregiver capacity.

Funding of Services

- Provide technical assistance to build organizational capacity.
- Increase cultural competency in human services organizations.
- Provide funding to services providers.
- Invest in innovative approaches.
- Promote equitable access to grant opportunities.
## CITY OF TACOMA ROLES IN HUMAN SERVICES 2015-2019

### PRIORITIES AND GOALS

<table>
<thead>
<tr>
<th></th>
<th>Leadership</th>
<th>Systems Development</th>
<th>Direct Service</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MEET BASIC NEEDS OF TACOMA RESIDENTS</strong></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Prevention of and pathways out of homelessness are available which connect individuals and families with housing and/or supportive services tailored to their unique needs.</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Residents have access to healthy food and optimal nutrition year-round.</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Interpersonal and intimate violence/abuse is reduced.</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td><strong>PREPARE CHILDREN AND YOUTH FOR SUCCESS</strong></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Parents/caregivers have skills to provide quality environments for children and/or have the skills to recognize, intervene in and reduce the effects of childhood trauma</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Barriers to academic success are reduced so students graduate with competence and confidence.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied youth, youth involved in the juvenile justice system, youth experiencing homelessness, and children experiencing exploitation have the safety, resources, and skills to meet their needs.</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Gang prevention, intervention and/or suppression services are available in Tacoma neighborhoods that are disproportionately impacted by gang crime.</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td><strong>INCREASE EMPLOYABILITY, SELF-DETERMINATION, AND EMPOWERMENT FOR ADULTS</strong></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Education, training, and individualized employment support services are available that enable all residents, especially historically marginalized populations, to enter and/or progress in the job market.</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Opportunities for individuals to build upon their strengths are available so that they can live as independently as possible and have options for positive and meaningful involvement in the community.</td>
<td>✓</td>
<td></td>
<td></td>
<td>✓</td>
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</tbody>
</table>
## PRIORITIES AND GOALS

<table>
<thead>
<tr>
<th>ENHANCE MENTAL HEALTH/SUBSTANCE USE DISORDER SERVICES</th>
<th>Leadership</th>
<th>Systems Development</th>
<th>Direct Service Provision</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expand services providing direct care to individuals leaving hospitals or crisis facilities and/or being released from jail.</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Increase coordinated support for crisis intervention systems through community-based care for individuals.</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Increase housing inventory for programs diverting individuals from jail and/or engaged in the client discharge process from hospitals and crisis facilities or released from jail.</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Increase support for Tacoma Public Schools’ elementary students struggling with mental health and/or substance use disorders.</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Expand prevention and early intervention for youth struggling with mental health and/or substance use disorders.</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Support innovative programming designed to strengthen the family unit where youth are identified to have a mental health and/or substance use disorder.</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Programs focus on addressing the unmet needs of at risk/vulnerable populations struggling with mental health and/or substance use disorders.</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Meet the needs of Tacoma citizens struggling with co-occurring disorders (mental illness and substance use) and/or dually diagnosed (co-occurring intellectual and developmental disabilities (IDD) and a mental illness).</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Support innovative programming designed to reduce the impacts of chronic homeless for Tacoma businesses.</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Support innovative approaches that reach out to and engage chronically homeless individuals.</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Support innovative programming designed to ensure chronically homeless individuals, once housed, remain housed.</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>
Appendices

Appendix A—List of Environmental Scan Participants
Appendix B—Human Services Commission and Community Review Panel Roster
Appendix C—Detailed Description of Planning Process
Appendix D—List of Data Sources
Appendix E—Funding Policies
Appendix F—Funding Criteria
Appendix G—Description of Outcomes Based Evaluation
Appendix H—Kirwan Institute Indicators of Opportunity
Appendix I—Additional Maps
Appendix A
List of Environmental Scan Participants

Council Members
Marilyn Strickland, Mayor
Victoria Woodards, Deputy Mayor and Council Member
David Boe, Council Member
Marty Campbell, Council Member
Joe Lonergan, Council Member
Ryan Mello, Council Member
Robert Thorns, Council Member
Lauren Walker, Council Member

City Staff
T.C. Broadnax, City Manager
Tansy Hayward, Assistant City Manager and Neighborhood and Community Services Director
Diane Powers, Human Services Division Manager
Pamela Duncan, Contracting Services Manager, Human Services Division
Melissa Cordeiro, Human Services Division Team
Kelly Crouch, Human Services Division Team
Colin DeForrest, Human Services Division Team
Kimberly Dodds, Human Services Division Team
Carol Hassard, Human Services Division Team
Jaime Jackson, Human Services Division Team
Shelley Koeppen, Human Services Division Team
Christopher Wright, Human Services Division Team

Community Partners and Stakeholders
Maureen Faccia, United Way of Pierce County
Sylvia Flores, Washington Department of Social and Health Services, Community Services Division
Carol Fredricks, Washington Department of Social and Health Services Community Services Division
Appendix A—Cont’d

List of Environmental Scan Participants

Community Partners and Stakeholders

Rose Hamilton-Lincoln, Greater Tacoma Community Foundation
Henry Izumizaki, Russell Family Foundation
Linda Nguyen, Workforce Central
Dona Ponepinto, United Way of Pierce County
Lyle Quasim, University of Washington, Tacoma and Pierce County Black Collective
Carla Santorno, Tacoma Public Schools
Kendrick Stewart, Washington Department of Social and Health Services, Community Services Division
Capt. Charles Taylor, Tacoma Police Department
Pamela Transue, Tacoma Community College
Appendix B
List of Human Services Commission/Community Review Participants

Jodi Ellis – Department of Social and Health Services
Maria Barry – Department of Social and Health Services
Gerrit Nyland – Commission on Disabilities
Tareena Joubert – Metro Parks
Deborah Howell – Workforce Central
Jasmine Argel – Citizen
Amanda Thomas – Tacoma Public Schools
John Page – Tacoma Public Schools
Sinuon Hem – Citizen
Beth Elliot – FISH Food Banks
Seth Kirby – Oasis Youth Center
Ghasem Nahvipour – Comprehensive Mental Health
Liesl Santkuyl – Stand For Children
Sherina James – Department of Corrections Victim Services
Sebrena Chambers – Tacoma Pierce County Health Department
Zach Lam – Human Services Commission
David Strong – AIDS Housing Association of Tacoma
Tracy Murphy – Human Services Commission
Al Ratcliffe – Human Services Commission
Troy Christensen – Making a Difference in Community
Lucas Smiraldo – Human Rights Commission
Steve Snider – Columbia Bank/Tacoma Community Redevelopment Authority
Cairtney Cir – Davita
Marcy Boulet – Tacoma Pierce County Health Department
Ben Warner – Alchemy Indoor Skate Park & Education Center
Haley Miller – Northwest Leadership Foundation/Human Services Commission
Olgy Diaz – Human Rights Commission
Appendix B—Cont’d
List of Human Services Commission/Community Review Participants

Brian Humphreys – Workforce Central
Chris Van Vechten – Tacoma Community Redevelopment Authority
Richard McGrue – Human Rights Commission
Janis Clark – Safe Homes – Women Veterans Program
Todd Holloway – Commission on Disabilities
Dona Ponepinto – United Way of Pierce County
Carrie Prudente-Holden – Boys & Girls Club of South Puget Sound
Gloria Morehouse – Human Services Commission
Maureen Faccia – United Way of Pierce County
Celera McCarthy – Citizen
Fernando Inizarry – Citizen
Suafoa Toese – Citizen
Karmel Shields – City of Lakewood
Lisa Keating – My Purple Umbrella
Liz Dunbar – Tacoma Community House
Jasmine Brown – Human Services Commission
Moses Chege – Human Services Commission
Matt Levi – Franciscan Health
Appendix C
Detailed Description of Strategic Plan Planning Process

The City of Tacoma Human Services Division, in conducting the human services strategic planning process, sought to:

- Conduct a comprehensive, data-driven environmental scan of the status, trends and characteristics of the community, including GIS mapping of local conditions and the human services system;
- Implement a highly inclusive process that involved staff, key stakeholders and consumers in thinking about the opportunities and challenges inherent in human services delivery and how to address these; and
- Develop a strategic plan that articulates the vision, strategic priorities, goals, and focused strategic direction for the City’s human services system for the next five years.

The City procured the services of Kennedy Consulting LLC to facilitate the process between March 2014 and July of 2014. The planning process was driven by the support and oversight of the Human Services Division planning team, and the direction of the City’s Human Services Commission and Community Review Panel, which was a carefully crafted set of community partners designed to include a variety of sectors, including community-based organizations, city and county agencies, education law enforcement, medical and public information, public and private community services organization, foundations, and non-profit organizations.

The process began in March with one-on-one interviews with 23 key informants. This group included the Mayor, City Council members, City staff, and highly influential partners within the city’s human services enterprise. These interviews were designed to identify:

- the most important issues that the Tacoma’s Human Services Division should be addressing,
- opportunities for enhanced alignment and integration of the community’s human services system, and
- gaps between where needs exist and where investments are currently targeted.

Next the consulting team and Human Services Division staff conducted nine consumer focus groups. These discussions were designed to involve historically marginalized populations by reaching out to community organizations and advocates that are active within these communities and holding the focus groups in places that were familiar, welcoming and highly accessible to these populations. The focus groups were designed to gather the following data:

- types of services received by consumers,
- how consumers found out about human services programs,
- the programs and services that are not currently available that would help address consumer needs,
Appendix C—Cont’d

Detailed Description of Strategic Plan Planning Process

• challenges and barriers consumers face in accessing services and what can be done to make access easier, and
• what suggestions consumers have for improving outreach and education so that more Tacoma residents who need services can be aware of what is available.

Simultaneous with the qualitative data gathering process, the consultants also conducted an analysis of 40 national, state, county, and local data sources to identify the City’s:
• demographic characteristics,
• economic conditions,
• educational attainment,
• employment characteristics, and
• issues related to the City’s current human service priorities.

At the same time, City staff conducted GIS mapping of local conditions and the human services system using U.S. Census Bureau American Community Survey data and United Way 211 data, including:
• the location/distribution of programs offering services to Tacoma residents,
• the number and location of clients served by city-funded programs,
• the location of programs currently funded,
• distribution of residents living at or below the federal poverty level, and
• the geography of cost-burdened households, race and language barriers across the City.

These data-gathering efforts culminated in an environmental scan that provided a powerful context for understanding human services needs and opportunities in the community and developing a strategy to address them. (The environmental scan is available on the City’s website: http://cms.cityoftacoma.org/hrhs/2015_2019%20HSSP/Tacoma%20Environmental%20Scan_05192014.pdf)

The scan was presented to the Tacoma Human Services Commission and City’s Community Review Panel in two visioning sessions. During these sessions, community partners had the opportunity to envision a desired future where the human services needs of all residents are being met and to determine what strategic priorities the City should focus on to address the challenges, opportunities and issues illustrated in the environmental scan.

A draft of the 2015-2019 Human Services Strategic Plan was presented to the Human Services Commission in May. City staff and Commission members were asked to comment on three iterative drafts and then the plan was presented to the City’s Public Safety and Human Services Committee. In July 2014, the City Council approved the plan.
Appendix D

Strategic Plan Data Sources


Center for Children and Youth Justice. (March 2013). Project Respect.


City of Tacoma. (December 2012). Community Mental Health and Chemical Dependency Assessment.


City of Tacoma. (May 2012). Mental Health and Chemical Dependency (MHCD) Funding Program Implementation Plan.

Codd, Nick. (February 2014). Defining Rapid Re-Housing.


Office of the Superintendent of Public Instruction. (June 2013). Children In Foster Care: Cross-System Collaboration for Stability and Improved Education Outcomes.


Puget Sound Regional Council (May 2012). Equity, Opportunity, and Sustainability in the Central Puget Sound Region.


Runstad Center for Real Estate Studies, University of Washington. (2013). Housing Affordability Index for Pierce County
Appendix D—Cont’d
Strategic Plan Data Sources

Tacoma, Lakewood, Pierce County Continuum of Care. (April 2012). Plan to End Homelessness.
Tacoma-Pierce County Health Department. (April 2014). Pierce County Health Indicators.
Tacoma-Pierce County Health Department. (April 2014). Pierce County Maternal and Child Health Risk Assessment.
Washington Department of Social and Health Services, Aging and Disability Services Administration. (November 2012). Adult Behavioral Health System: Making the Case for Change.
Washington Department of Social and Health Services, Research and Analysis Division. (2013). Community Outcome and Risk Evaluation Information.
Washington Health Care Authority. (April 2014). Enrollees in Medicaid Programs by County.
Appendix E

2015-2019 Human Services Funding Policies

The 2015 – 2019 Human Services Strategic Plan (HSSP) identifies policies for the allocation of City of Tacoma human services funding. Below is the list of the policies the City will use for the allocation of funds in the 2015 – 2016 funding cycle.

General Funding Policies

1. The City values the process of prioritizing funding through the competitive process and endeavors to do so when appropriate.

2. Funding levels will be approved by Council in the biennial budget and include funding targets by strategic priority area.

3. There is no guarantee of continued City funding for programs that have received awards in the past.

4. Funding cycles will be for two years and programs will undergo performance reviews on a regular basis. When necessary for strategic purposes, contracts may be for less than two years.

5. The City reserves the right to transition programs from non-competitive funding to a competitive funding process.

6. The City also will consider funding programs through a non-competitive funding process when strategically appropriate. The criteria to recommend non-competitive funding include: systems sustainability, programs that are high-performing and programs addressing areas of critical need with greatest focus on programs that directly support or compliment City services or initiatives.

7. No program will receive more than 50% of its budget from all NCS funding sources combined without prior approval. It is expected that programs will decrease the percent of city funding over time. A program transitioning from non-competitive to competitive funding that received 75% or more of its budget from the City will be eligible to compete for up to 75% of its budget for the first year only.

8. No program is eligible to receive more than 25% of its annual contract amount without evidence that the program has begun serving clients.

9. A Request for Qualification or Proposals may be used to strategically fund in areas of critical need.

10. There will be no block allocations to agencies. Program proposals will be evaluated individually.

Competitive Funding Policies

11. Historic City funding is not considered in determining allocation amounts. (Zero-based funding)

12. The minimum competitive human services funding allocation is $20,000 a year.
Appendix E—Cont’d

2015-2019 Human Services Funding Policies

13. No more than 25% of a program’s matching funds can be used for administrative or facility overhead costs not directly related to program delivery.

14. Only programs whose agency or fiscal agent has been in operation for at least two (2) years at the time of application will be considered for funding.

15. Funding will be allocated to programs based on application score, prioritizing higher scoring programs; however, programs that fill critical service needs may be prioritized over higher scoring programs as determined by the Human Services Commission.

16. A reserve fund of 15-25% will be established from the Mental Health Sales Tax Revenue fund to support fluctuations in revenue and to protect the contracts issued for mental health and/or chemical dependency services.

17. Future revenues in excess of projected allocations, generated from the mental health sales tax revenue fund, may be used to support the funding reserve and/or for competitive or noncompetitive funding allocations.

18. Mental Health Sales Tax revenue dollars may be used for supplanting according to RCW 82.14.460. The City will make decisions about supplanting using guidelines provided by the Department of Housing and Urban Development for CDBG and ESG funding, as outlined in the Code of Federal Regulations (24 CFR Part 570 and 576).

19. Internal City departments making application for human services funding are subject to all human services funding policies, criteria, and contractual obligations. Funding requests will be considered only for new or expanded program components (i.e. innovative enhancements) rather than for core City services.

**Non-Competitive Funding Policies**

20. Non-competitively funded programs are not guaranteed funding in perpetuity. Continued funding is dependent upon availability of funds, alignment with Strategic Priorities and program performance.

21. Direct funding can be considered in the allocation of competitive funding sources.

22. Non-competitive funding may be allocated to programs based upon the City’s commitments via inter-local agreement, obligations arising from City Ordinance, or contractual agreements.
Appendix E—Cont’d

2015-2019 Human Services Funding Policies

Stabilization Fund

1. A Human Services Stabilization Fund and a Mental Health Tax Revenue Stabilization Fund have been created to provide one-time support for critical human services that either 1) face significant service reductions, or 2) address an emerging human services need.

2. The Human Services Commission will approve funding allocations based upon recommendation of the Executive Committee and established funding criteria.

Human Services Innovation and Capacity Building Fund

1. A Human Services Innovation and Capacity Building Fund has been created to provide one-time support to projects that either 1) present an opportunity to implement a promising short-term, innovative program component that has the potential to lead to better outcomes, or 2) address issues of organizational capacity.

2. The Human Services Commission will make funding recommendations according to established rating criteria.

MHCD Capacity Building Fund

1. A Mental Health Tax Revenue Capacity Building Fund has been created to provide one-time funding available to programs for capacity building when considering adding new services or enhancing services for mental health and/or chemical dependency. One-time funding is available for:
   - Planning (Developing new programs)
   - Capital Assets (Enhancing Services)
   - Training (New or Enhanced Services)

2. The Human Services Commission will make funding recommendations according to established rating criteria.
Appendix F

2015-2019 Rating Criteria for Allocating Resources

Objective criteria guide the evaluation of applications for City funds to support programs to address community needs. The City is most concerned that services:

- Address the City’s priorities.
- Are of high quality.
- Are financially sound.
- Participate in local/regional systems work.
- Value and incorporate equity and empowerment.

Services address the City’s priorities.

1. Addresses priority needs:

To what degree does the proposed program address one or more of the strategic priority areas established by the City? Does the program meet a need that is critical to the health and welfare of individuals and the community? Is the relationship between the needs described in the application and the approach proposed clear?

Services proposed are of high quality.

2. Effective practices:

Has the applicant demonstrated that its proposed services are based in practices demonstrated in similar settings to be effective? Are the breadth and depth of services adequate to address problems effectively? What evidence is there that clients will be better off as a result of the program?

3. Outcome measures:

Does the program have systems in place to gather and assess outcome data that are meaningful at the client or system level? Is there a logical link between the services proposed and the outcome measures identified? Does the program use evaluation data to improve program services? Is the program producing results that are appropriate for its service strategy?

4. Past performance:

What is the agency’s record of using and administering previously awarded funds? Have they established a pattern of responsibility in using contracted funds, including accountability in meeting contractual goals? If a new applicant, what is their record with other sources of funding? Did they provide their past funders with timely reports?
Appendix F—Cont’d

2015-2019 Rating Criteria for Allocating Resources

**Program is financially sound.**

5. **Budget adequacy:**

Is the budget proposed adequate to support the program as described?

6. **Funding diversity:**

Does the program have a variety of other sources of funds to increase the effectiveness of City funding?

7. **Financial stability of the program:**

Does the program demonstrate enough stability to be able to complete its contract obligations over the course of the funding period and beyond?

**Services reflect City’s emphasis on systems impact**

8. **Collaboration and partnerships:**

Does the program demonstrate that it collaborates with others to share effective practices and/or develop comprehensive and interconnected service delivery approaches that maximize the potential for clients to access a full range of services to meet their unique needs?

9. **Coordination of services:**

How does the program coordinate with similar providers to minimize duplication of efforts?

10. **Systems planning and participation:**

Does the program participate in initiatives that enhance the system of service delivery in the community? To what degree does the program participate in community planning and innovation?

**Accessibility and Cultural Competency**

11. **Accessibility of services:**

Are program services convenient and accessible for the target population and for underserved populations? Does the program’s hours, location, and service delivery model meet client needs and affirm the cultural backgrounds of people served?

Are service facilities accessible for persons with physical disabilities? Are appropriate translation/interpreter services readily available for persons who do not speak English fluently? Does the program reach out to and meet the needs of historically underrepresented, marginalized, or socio-economically disadvantaged populations?

12. **Cultural Competency:**

How is the diversity among staff, board, and volunteers of the agency reflective of the people served? What does the agency do to maintain or increase diversity? How is the agency working to increase staff and board knowledge around cultural competency and culturally responsive service-delivery models?
Appendix G
Outcome Based Evaluation (OBE) Fact Sheet

What is Outcome Based Evaluation?
Outcome Based Evaluation (OBE) is an evaluation tool that measures the impact and effectiveness of human service programs in Pierce County.
OBE goes beyond counting the number of clients served and instead measures the change in client condition that has occurred as a result of program services.
OBE addresses the “So What?” factor. For example, a program provides 30 hours of anger management classes to youth. So what? What difference has the program made in the lives of those youth? OBE attempts to answer that question.

Who is involved in OBE?
Local nonprofit organizations that provide human services to the community (i.e. homeless shelters, food banks, youth programs, etc.)
Approximately 125 human service programs are currently funded by Pierce County Funders and participate in OBE.

When did OBE get its start in Pierce County?
OBE was adopted by the Pierce County Funders in 1994 as part of a collaborative effort to develop a funding application and a method for evaluating program performance that was common to all (i.e. provide consistency and efficiency across jurisdictions).

Why is OBE used today?
Program Improvement: Programs use data collected on their clients to determine whether their services are having the desired effect; if not, changes can be made to improve service delivery.
Accountability: Funders use data submitted by programs to measure the results of money invested; they can determine whether or not a program accomplished its intended purpose.
Facilitating funding decisions: Funders use data to allocate resources; they award money to programs that demonstrate positive results.

How does OBE work?
Contracted human service programs (those receiving funding from a Pierce County Funder) work with funders to develop performance measures and an evaluation system for which they are held accountable. Programs collect data, submit reports, and receive site monitoring visits by funders as part of this process.
Funders review each program’s performance and assign point values to the various elements of review. Results/scores are used to evaluate the success of each program, as well as to provide information to citizen review panels that are tasked with making funding recommendations to decision makers during application processes.
Appendix H

Access to Opportunity and Social Equity

What is Opportunity Mapping and Why is it Done?

Decades of social science research have demonstrated that neighborhood conditions and access to opportunity play a significant role in life outcomes. The challenges facing marginalized communities are long-term, multi-faceted and interrelated, and the disparities facing marginalized communities have been widening. These inequalities are further exacerbated by the economic downturn and the fallout from the housing and economic crisis (which has hit the City of Tacoma harder than many other areas of the country – Tacoma, for example, has been slower to rebound than many other metro areas in Washington). Sustainable growth that is sensitive to the needs of marginalized populations requires multi-faceted solutions.

Many advocates are coming to understand that no single negative factor leads to the creation of a marginalized community. Rather a range of factors (the 21 indicators in the Opportunity Index) – including:

- high rates of incarceration,
- neighborhood disinvestment,
- housing barriers,
- educational and early childhood challenges, and
- labor market discrimination

The factors act in combination, restricting marginalized groups from access to opportunities and severely limiting the individual and collective ability to build assets.

More often than not, these multiple factors work together in a particular place. Patterns of racial and spatial isolation are often the result of historic policies and practices, some of which were overtly racist. Policies like mortgage redlining and suburban highway investment often created an inequitable and segregated social landscape, resulting in uneven opportunities and burdens that persist in the present day.

The Communities of Opportunity framework (Kirwan Institute) is a model of opportunity that considers housing, education, jobs, transportation, health, and engagement in one’s life and community, among other factors. This approach is based on two premises:

1) all people should have fair access to the critical opportunity structures and the necessary social infrastructure to succeed in life, and

2) connecting people to opportunity creates positive, transformative change in communities.

The Communities of Opportunity model advocates for a fair investment in all people and neighborhoods, to improve life outcomes for all citizens, and to improve the health of entire regions.

Opportunity maps are based on variables indicative of high and local opportunity, where a clear connection has been demonstrated between the indicator and opportunity.
Appendix H—Cont’d
Access to Opportunity and Social Equity

“Opportunity” is defined as: “a situation or condition that places individuals in a position to be more likely to exceed and excel. “

Indicators could be either impediments to opportunity (which are analyzed as negative neighborhood factors, e.g. high neighborhood poverty) or conduits to opportunity (which are analyzed as positive factors (e.g. an abundance of jobs). High opportunity indicators include high-performing schools, the availability of sustainable employment, stable neighborhoods, and a safe environment. These multiple indicators of opportunity are then assessed at the same geographic scale, enabling the production of a comprehensive opportunity map for the region. Demographic data are laid over the opportunity map to see whether patterns of segregation by age, class, gender, race, ethnicity, disability, language, or nativity correlate with areas of higher or lower opportunity.

Developing the Opportunity Index

Living in low-opportunity neighborhoods can make it harder to achieve healthier and more sustainable outcomes for individuals, families, and communities, and the presence of such neighborhoods can be an impediment to a healthy, sustainable region. Food deserts (areas lacking access to a supermarket or large grocery stores), poor job prospects, unsafe outdoor play areas, struggling schools, and residential and commercial asset depreciation all can characterize low opportunity clusters. Advocates should work to strengthen the opportunity webs in these neighborhoods and to open up other neighborhoods rife with community assets and private investment to more families.

The indicators that are used in the Opportunity Index fall into five categories:

<table>
<thead>
<tr>
<th>Education</th>
<th>Economic Health</th>
<th>Housing and Neighborhood Quality</th>
<th>Mobility and Transportation</th>
<th>Health and Environment</th>
</tr>
</thead>
</table>
| • Math Test Scores
• Reading Test Scores
• Student poverty
• Teacher qualification
• Graduation rates | • Access to living wage jobs
• Job growth trends, 2000-2010
• Unemployment rate | • Vacancy rate
• Foreclosure rate
• High cost loan rate
• Housing stock Condition
• Crime index | • Cost per commute
• Proximity to express bus stops
• Average transit fare
• Percent of commuters who walk | • Distance to nearest park or open space
• Proximity to toxic waste release
• Percent of area that is within a food desert |
Appendix I

Maps

This map overlays City of Tacoma Council Districts onto the Access to Opportunity Index map. For a discussion of what Access to Opportunity means, see Appendix H.
Appendix I—Cont’d

Maps

City of Tacoma Human Services Strategic Plan
Programs Or Services Available to City of Tacoma Residents

Service Type
- Clothing & Hygiene
- Counseling (Non-Profit Agency)
- Emergency Financial Services
- Employment/Self-Sufficiency/Education
- Family Services
- Financial Services
- Food Services
- Housing
- Income Support
- Legal
- Medical Services

Substance Abuse
Transportation
Youth Services

City Boundary

Data Courtesy of: United Way of Pierce County

2-1-1
Appendix I—Cont’d

Maps

City of Tacoma Human Services Strategic Plan
Location of Programs Currently Funded by Priority

City Funded Programs
by Human Services Priority

- Employment and Self Sufficiency (14)
- Meets Basic Needs (37)
- Mental health & Chemical Dep (13)
- Prepare Children & Youth (39)
- City Boundary
Appendix I—Cont’d
Maps

City of Tacoma Human Services Strategic Plan
Appendix I—Cont’d

Maps

City of Tacoma Human Services Strategic Plan

Median Household Income

- $101,964.01 - $175,781.00
- $75,417.01 - $101,964.00
- $55,909.01 - $75,417.00
- $38,472.01 - $55,909.00
- $13,600.00 - $38,472.00

American Community Survey 2008-2012 5yearEst.
Source: Esri, DeLorme, HERE, USGS, Intermap, InCREMENT P Corp, NRCAN, Esri
Japan, MBT1, Esri/China (Hong Kong), Esri (Thailand), TomTom
Appendix I—Cont’d

Maps

City of Tacoma Percent of Population Non-White by Blockgroup

% Population Non-White
- 0% - 16%
- 17% - 30%
- 31% - 46%
- 47% - 66%
- 67% - 100%

American Community Survey 2008-2012 5-year Est
Sources: (Eui), HEEB, California, USGS, Intermap, InCREMENT P Corp., NRCAN, Euri Japan, METI, Euri China (Hong Kong), Euri (Thailand), TomTom, MapmyIndia, © OpenStreetMap contributors, and the GIS User Community
Appendix I—Cont’d

Maps

City of Tacoma Percent of Families Living Below Federal Poverty Level

Poverty by BlockGroup

- 43.2% - 65.5%
- 25.3% - 43.1%
- 14.2% - 25.2%
- 4.6% - 14.1%
- 0% - 4.5%

American Community Survey 2008-2012 5-year Est
Sources: Esri, HERE, DeLorme, USGS, Intermap, INCREMENT, NRCan, Esri Japan, METI, Esri China (Hong Kong), Esri (Thailand), TomTom, MapmyIndia, & OpenStreetMap contributors, and the GIS User Community
Appendix I—Cont’d

Maps

City of Tacoma Percent of Population Below Federal Poverty Level

Poverty by BlockGroup

% Below FPL

45.1% - 71.9%
28.2% - 45%
16.4% - 28.1%
7% - 16.3%
0% - 6.9%
Appendix I—Cont’d

Maps

This map overlays the American Community Survey data regarding the percentage of population identifying as “something other than white” onto the Access to Opportunity Index map. For a discussion of what Access to Opportunity means, see Appendix H.
Appendix I—Cont’d

Maps

This map overlays the American Community Survey data regarding the percentage of household income spent on housing costs onto the Access to Opportunity Index map. For a discussion of what Access to Opportunity means, see Appendix H. A household is considered “cost-burdened” if more than 35% of the households income is spent on housing costs.
Appendix I—Cont’d

Maps

This map overlays the American Community Survey data regarding language onto the Access to Opportunity Index map. For a discussion of what Access to Opportunity means, see Appendix H. This shows the percentage of households where the residents identify as “not speaking English very well.”
Appendix I—Cont’d

Maps

This map overlays the American Community Survey data regarding the educational attainment of adults onto the Access to Opportunity Index map. For a discussion of what Access to Opportunity means, see Appendix H. This shows the percentage of households where the residents identify as not having attained a high school equivalency (GED or Diploma).