

VETERANS & HUMAN SERVICES LEVY
2012 ANNUAL REPORT



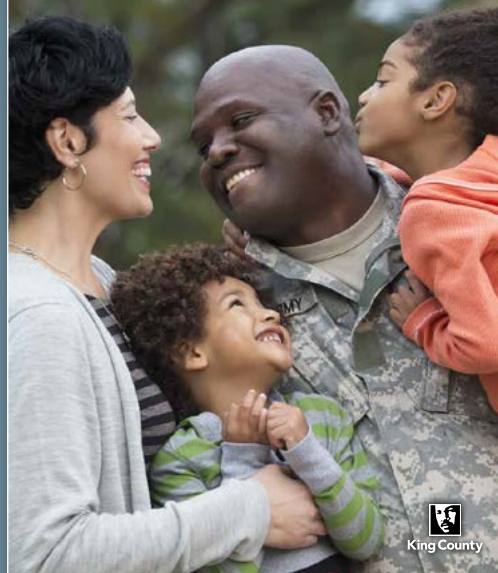
VETERANS & HUMAN SERVICES LEVY

2017 ANNUAL REPORT

VETERANS & HUMAN SERVICES LEVY
2013 ANNUAL REPORT



VETERANS & HUMAN SERVICES LEVY
2014 ANNUAL REPORT



VETERANS & HUMAN SERVICES LEVY
2015 ANNUAL REPORT



VETERANS & HUMAN SERVICES LEVY
2016 ANNUAL REPORT



King County

The Veterans and Human Services Levy (VHSL) for 2012–2017 was a property tax levy that funded essential health and human services in King County to keep veterans and others in need housed, healthy, and moving toward self-sufficiency. The VHSL cost the homeowner about \$20 a year for a typical King County home. Funding was allocated evenly between two groups: veterans and their families, and other vulnerable populations. Approved by King County voters in 2011 based on the success of the 2006–2011 levy, the VHSL was replaced by the Veterans, Seniors, and Human Services Levy in 2018.

Thanks to your support, in 2017 the VHSL:

- ▶ Through the Emergency Service Patrol, brought 5,397 people to appropriate recovery services, reducing unnecessary use of emergency services.
- ▶ Through the Health Housing Outreach Team, provided services to 943 people, with 93 percent of enrolled clients retaining housing or exiting to a positive housing situation.
- ▶ Through the Program to Encourage Active, Rewarding Lives for Seniors, provided behavioral health services to older adults, reducing depression and anxiety in 87 percent of those who participated.

Goals

The VHSL supported King County’s Strategic Plan and the Equity and Social Justice Initiative through three goals:

1. Prevent and reduce homelessness.
2. Prevent unnecessary criminal justice and emergency medical system involvement.
3. Increase self-sufficiency of veterans and vulnerable populations.

See page 5 for more about the VHSL’s response to the Equity and Social Justice Initiative.

Strategies

The VHSL Service Improvement Plan identifies four strategies designed to achieve the levy’s goals:

1. Supporting veterans and their families to build stable lives and strong relationships.
2. Ending homelessness through outreach, prevention, permanent supportive housing, and employment.
3. Improving health through the integration of medical and behavioral health services.
4. Strengthening families at risk.

Oversight board

Two resident boards donated their time and expertise to oversee expenditures for the VHSL. In 2017, the Veterans Citizen Oversight Board and the Regional Human Services Citizen Oversight Board reviewed the work of 40 levy-funded programs, monitoring how levy funds are spent and offering recommendations to improve the VHSL’s effectiveness. Their engagement and advocacy were critical to the replacement of the levy, and their guidance helped ensure that those we serve continued to receive a high level of support during the transition between the 2012–2017 and 2018–2023 levies.

Bringing partners together

The VHSL funded the work of more than 80 providers throughout King County. The services these agencies provide include shelter, health care, treatment for substance use disorders and issues with post-traumatic stress disorder, housing assistance, employment services, support for new families, and many more. The levy both funded and coordinated their efforts, bringing integrated support to those in need.

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Dear King County Neighbor:

Last year marked the end of the 2012–2017 Veterans and Human Services Levy (VHSL). In 2017, the VHSL served 34,620 county residents, almost 7,000 of whom were veterans and their families. We are proud to share this report for the final year of the 2012–2017 levy. Within, you'll find program-by-program outcomes and the stories of individuals who improved and stabilized their lives by calling on the services provided by the levy. Here are just a few highlights from 2017:

GOAL 1: PREVENTING AND REDUCING HOMELESSNESS

- ▶ Provided 19,357 bed nights for homeless veterans. (Activity 1.1 King County Veterans Program)
- ▶ Provided coordinated services—key to building stability—to individuals experiencing homelessness in South King County through the South King County Homeless Outreach program. More than 50 percent of those who received support were connected to mental health, substance use, and/or housing services. (Activity 2.1 South King County Homeless Outreach)

GOAL 2: REDUCING UNNECESSARY USE OF THE CRIMINAL JUSTICE AND EMERGENCY MEDICAL SYSTEMS

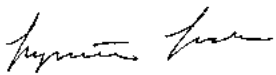
- ▶ Served 791 homeless individuals and provided a total of 2,199 visits with a medical provider or behavioral health social worker. (Activity 2.1 Mobile Medical Outreach)
- ▶ Made successful referrals through the Veterans Reentry Case Management Program to services intended to increase self-sufficiency (73 percent successful) and to behavioral or physical health services (67 percent successful). (Activity 1.5 Veterans Reentry Case Management Program)

GOAL 3: INCREASING SELF-SUFFICIENCY

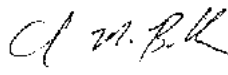
- ▶ Provided peer mentoring through the AmeriCorps-supported Vet Corps program to veterans on 14 college campuses. Veterans at colleges served by Vet Corps had higher documented fall-to-spring retention and completion rates than vets at campuses not served by the program. (Activity 1.3 Veterans employment and training)
- ▶ Provided employment and training services to 412 homeless individuals, 29 percent of whom were veterans. The average household income for those securing jobs increased from \$2,591 at enrollment to \$31,637 after enrollment. (Activity 2.6 Community Homeless Employment Services)

The VHSL played a critical role in King County's efforts to improve the financial, physical, and social well-being of vulnerable and marginalized residents—helping fund, coordinate, and integrate services across the many programs and agencies working toward that shared goal. As King County continues to grow, the Veterans, Seniors, and Human Services Levy will have an even more significant part to play in supporting our residents, thanks to the replacement of the levy for 2018–2023.

We are grateful to the more than 80 providers whose compassion and expertise is reflected here and whose names you'll see throughout the report. And we are especially grateful to the residents of King County for their continued support. The achievements this report highlights would not be possible without you.



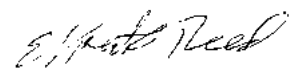
Lynnette Jordan, Co-Chair
Regional Human Services
Citizen Oversight Board



Chad Buechler, Co-Chair
Regional Human Services
Citizen Oversight Board



Francisco Ivarra, Chair
Veterans Citizen
Oversight Board



Elbert Reed, Vice Chair
Veterans Citizen
Oversight Board

2012–2017**A LOOK BACK: THE IMPACT OF YOUR VETERANS AND HUMAN SERVICES LEVY (VHSL)**

HIGHLIGHTS		
3,444	2,056	767
veterans and vulnerable people linked to housing, benefits, or other services per year	units of affordable housing created since 2012	people/year in programs to prevent criminal justice involvement and unnecessary use of emergency services

Since its inception in 2006, the VHSL has continued to grow as a funder and as a coordinator of critical services in King County. The levy worked across issues and needs, addressing the concerns of veterans, seniors, and other vulnerable groups and linking initiatives that provide housing and health care; support education, job training, and job placement; address post-traumatic stress disorder and substance use; and help families reunite and parents provide stable, healthier lives for their children.

Through the lens of its three goals and four strategies, the levy linked efforts across King County. The scope of levy-funded and -coordinated work is reflected in the list of more than 80 partners (page 31).

New King County Veterans Program (KCVP) office builds community for veterans

In 2017, KCVP opened a new office in Tukwila that serves a large population of veterans throughout South King County. Specifically designed as a community space rather than an institutional one, the Tukwila office has already attracted more clients than the previous space in Renton. Clients are coming in for more visits, showcasing their trust and comfort. It's truly "a space that veterans own."

- ▶ The office provides services specifically targeted to the needs of the South King County veteran population, with dedicated case managers, résumé development, interview coaching, and in-house events to bring employers together with job-seekers. A hub for employment support, the new office helps veterans navigate the path from stability to self-sufficiency.
- ▶ The new office also allows KCVP to expand its partnerships with other agencies, bringing together supportive services for veterans' families from the YWCA Seattle–King–Snohomish, members of the Veterans Affairs Supportive Housing team to provide orientation and vouchers on site, mental health counselors, and more. Co-location enables stronger coordination and better access for the people KCVP serves.



Spotlight: Equity and social justice

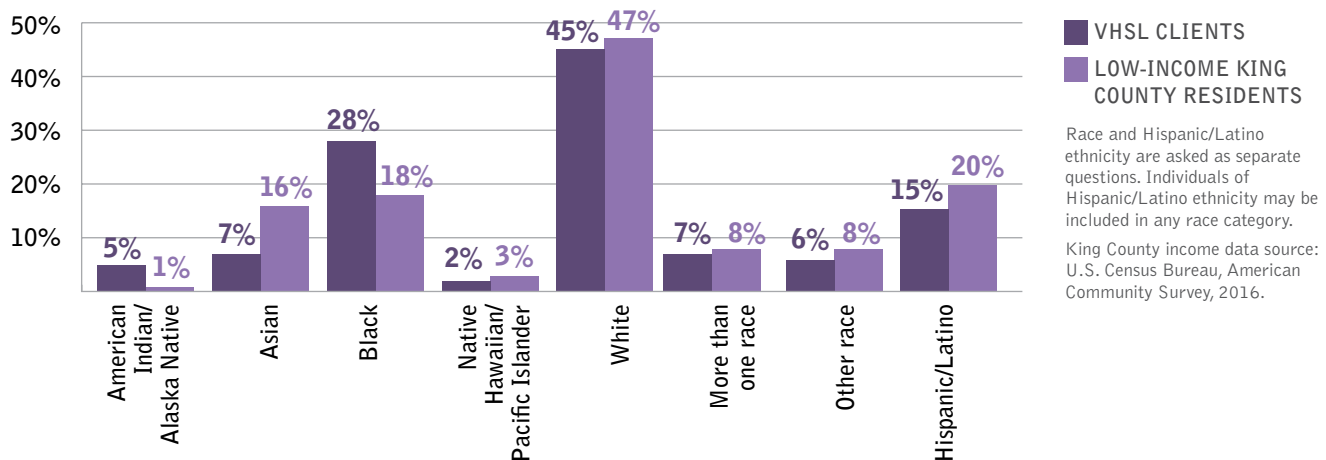
King County launched the Equity and Social Justice Initiative to guide pro-equity policy, decision-making, and workplace practices within county government; invest in addressing the root causes of inequity; and ensure that families thrive regardless of race and place.

The VHSL was deeply invested in addressing the impact of racism, economic inequity, and other forms of marginalization on the county’s residents. The services it funded and coordinated reflect the same values. Here are just few examples of how levy-funded activities were working toward equity within their own walls:

- ▶ As part of the request-for-proposal process, requiring housing agencies who apply for funding for VHSL on-site support services to respond to questions about how their agencies implement fair and just practices and provide culturally competent services.
- ▶ Designing internal policies to ensure diversity and equity not only with the people agencies serve, but also those they employ.
- ▶ Providing training for frontline staff that focuses on institutional racism, bias, and cultural sensitivity.
- ▶ Evaluating data over time to assess whether certain populations are underserved and, if so, seeking ways to strengthen service commitment to those populations.
- ▶ Building partnerships between agencies that make culturally appropriate resources available to clients.

The race/ethnicity of VHSL clients compared to the race/ethnicity of all King County residents with income below the federal poverty level

The race/ethnicity of VHSL clients is similar to the race/ethnicity of all King County residents with income below the federal poverty level, as measured by the 2016 American Community Survey, a nationwide U.S. Census Bureau Survey. A higher percentage of those with income below the federal poverty level are Asian compared to the percentage of VHSL clients who are Asian.



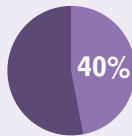
GOAL 1: PREVENT AND REDUCE HOMELESSNESS

Reducing homelessness among veterans and other vulnerable groups was a goal for the levy since its start.

In just six years, the levy:

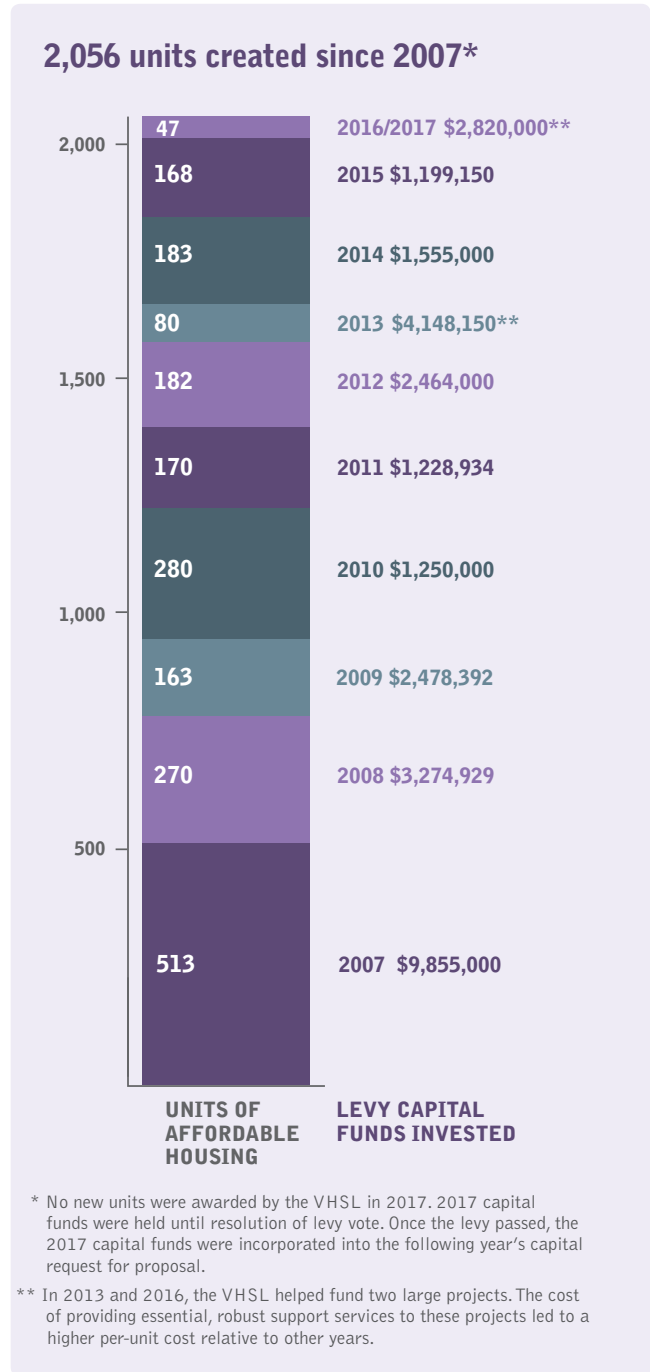
- ▶ Provided homeless veterans with more than 90,000 bed nights (safe nights of sleep) at shelters and transitional housing. (Activity 1.1)
- ▶ Provided more than \$5.3 million in VHSL or Veterans Assistance funds for short-term financial assistance, helping veterans pay rent, keep up with utilities, and maintain housing stability. (Activity 1.1)
- ▶ Provided supportive housing to an average of 900 households each year, providing affordable residences for individuals who need services for mental health, substance use, or other issues to maintain housing. (Activity 2.4)
- ▶ Helped individuals find employment through the Community Homeless Employment Services and Career Connections programs. In 2017, Community Homeless Employment Services clients who found a job saw their income increase from \$2,591 to \$31,637, and Career Connections clients who found a job saw their income increase from \$6,001 to \$24,310. (Activity 2.6)

About **40 percent** of VHSL annual revenue helped prevent and reduce homelessness through activities that provide:



- ▶ Outreach and engagement.
- ▶ Permanent supportive housing.
- ▶ Employment support.

Every year, the majority of the households housed by VHSL-supported programs maintained their housing or exited to permanent housing.



GOAL 2: REDUCE UNNECESSARY CRIMINAL JUSTICE AND EMERGENCY MEDICAL SYSTEM INVOLVEMENT

The second VHSL goal focused on reducing the unnecessary use of public services, such as emergency medical services and involvement with the criminal justice system. Unnecessary use of these services pulls from public resources—and, equally important, from the personal resources of individuals already facing challenges to housing, health, and economic stability.

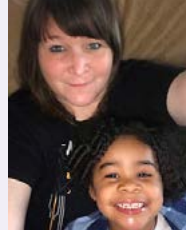
The VHSL funded programs that reached homeless individuals where they were—on the street, in shelters, or in primary care—to provide mental and physical health care that they could not otherwise access without relying on emergency medical services. Other programs engaged with people at risk of or leaving incarceration, helping navigate the civil and criminal legal systems and providing support for those leaving jail and seeking housing, employment, and reunification with their families.

During 2012–2017, levy-supported programs:

- ▶ Provided transportation to a sobering center more than 27,553 times, reducing use of ambulance, police, or other emergency services for urgent, but not emergency, needs. (Activity 2.1)
- ▶ Provided supportive services ranging from medical to nursing to behavioral health to an average of 983 people each year living in supportive housing facilities. (Activity 2.4)
- ▶ Provided services that support families in reuniting after incarceration or homelessness to more than 100 people each year. (Activity 4.4)

Number of clients served by VHSL-funded programs to prevent unnecessary involvement in the criminal justice and emergency medical systems

Continued stability for Elizabeth and Amia

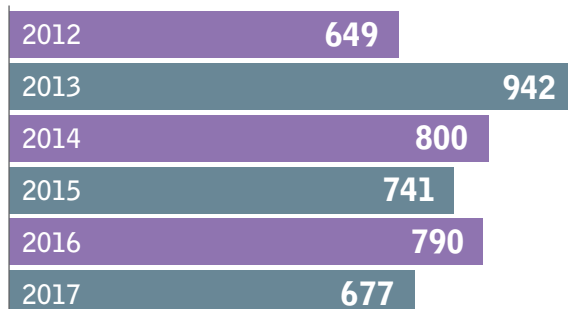


Elizabeth says she was “in and out of jail” for most of her adult life, the result of years of chronic substance use. When her daughter Amia was born, she entered treatment and achieved

sobriety, a huge turning point. But because of her legal history, and her struggle to maintain housing, her daughter was placed in foster care.

When Elizabeth entered the Passage Point program in 2015, she changed her life again. Onsite services and community support at Passage Point helped her achieve stability across multiple areas of her life, and she regained custody of Amia. Her Child Protective Services case was closed by Amia’s first birthday.

Where are they now? When we reached out to Elizabeth for this report, she said permanent housing has given her the chance to address some long-standing health concerns, and she has successfully tapered from methadone. Her life with Amia is focused on health and happiness—they exercise together (“Amia loves to exercise with mom!”) and are planting a garden. Amia is starting preschool this fall, and Elizabeth is only one class from completing her Associates’ degree. With help from the network of services funded through the VHSL, this small family is making strong progress, year by year.



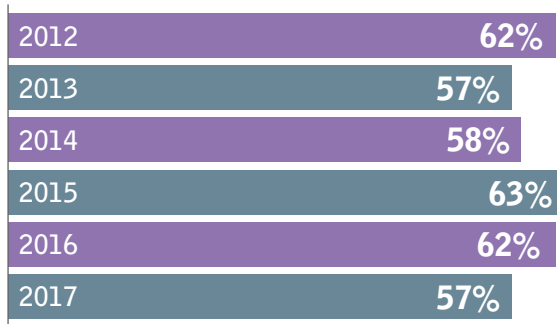
GOAL 3: INCREASE SELF-SUFFICIENCY OF VETERANS AND VULNERABLE POPULATIONS

A core value of all four VHSL strategies was to promote self-sufficiency by ensuring that those who seek services and support know where and how to access it. These programs helped parents (and grandparents) provide safe and healthy households for children; offered support and information for seniors experiencing depression and isolation; linked veterans and their families to treatment and counseling for post-traumatic stress disorder (PTSD); and helped individuals facing poverty and homelessness — or simply the challenges of living in a new country with a new language and culture — find jobs, continue their education, and otherwise successfully integrate into their communities.

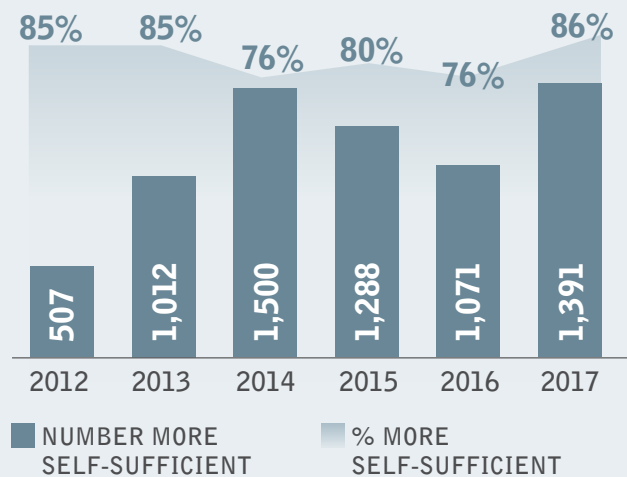
Over the course of the 2012–2017 levy, these programs:

- ▶ Provided a total of 18,224 hours of counseling to veterans with PTSD and another 2,523 hours of counseling to families of veterans — a program added in 2013 based on feedback from the Veterans Citizen Oversight Board and the community. (Activities 1.4 and 1.6)
- ▶ Sustained a program that provides fellowship-to-hire opportunities within the King County system. (Activity 2.6)
- ▶ Integrated behavioral health services into primary health care, reaching people who otherwise might avoid treatment for fear of stigmatization or because of other barriers to access. Each year, more than 45 percent of participants showed meaningful improvement. (Activity 3.1)
- ▶ Screened thousands of women each year for maternal depression; every year, more than 60 percent of clients showed meaningful improvement. (Activity 4.2)
- ▶ Provided referrals or information for 7,894 challenges that clients of the Cultural Navigator program sought help resolving. (Activity 4.5)

The majority of clients in VHSL-funded treatment programs improved their mental health status

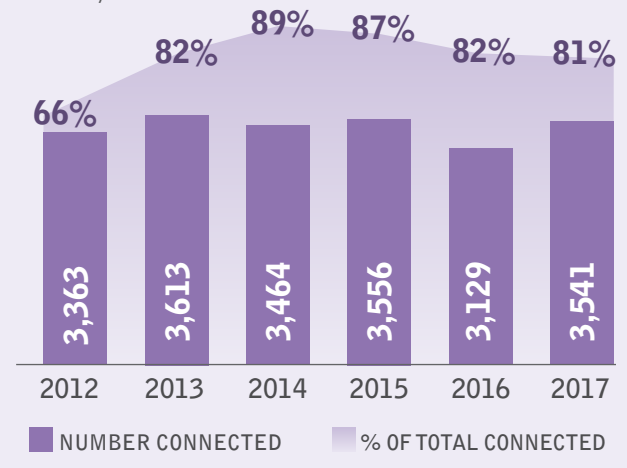


The majority of veterans served by KCVP increased their self-sufficiency



More than 3,000 veterans and vulnerable clients are linked to services each year through outreach

Since 2013, VHSL-funded outreach programs have linked at least 80 percent of their clients to housing, benefits, or services.



Supporting veterans and their families to build stable lives and strong relationships

The impact of coordinated care

“John” came to the Salvation Army’s William Booth Center after more than a year of homelessness. The Veteran and Human Services Levy King County Veterans Program (KCVP) contracts with William Booth to provide shelter and supportive care to veterans and others, with KCVP case managers helping link veterans to services for housing, Veterans Affairs, and many other needs. These staff are partners for their clients, building tailored and integrated plans to meet individual goals.



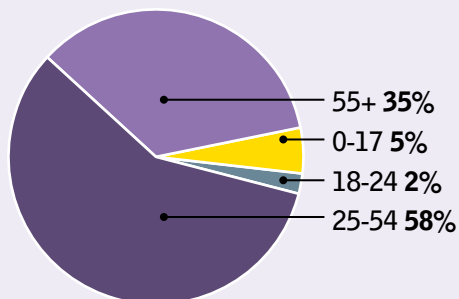
That makes William Booth Center the perfect situation for someone like John, who came to the shelter with a clear vision of where he wanted to be (employed, stably housed) and a proactive approach. He quickly connected with a KCVP case manager to develop an action plan, and, with the support of the KCVP case manager, began to build a network of support, including rental assistance through Veterans Affairs Supportive Housing; support with financial planning, his housing search, and transportation from Supportive Services for Veterans and Families; and furnishings from

the Salvation Army Adult Rehabilitation Center. And, of course, William Booth provided lodging during his search, as well as food, laundry, showers, and any other direct services John needed.

Within only four months after he arrived at the shelter, John moved into affordable permanent housing. Today he is securely housed. And from his newly stable situation, he has reached out to William Booth Center as a volunteer — serving food and preparing meals — to help others who are seeking to leave homelessness and find stability in their lives.

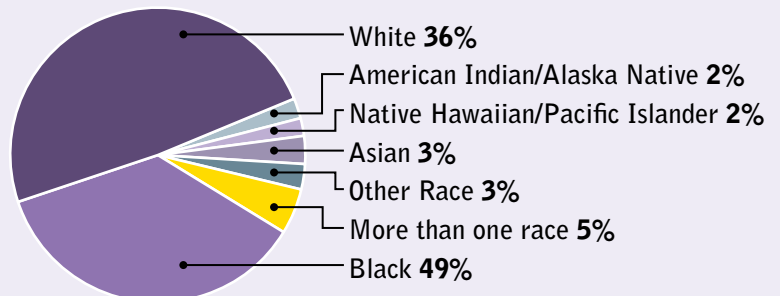
Age of veterans and families served by Strategy 1

The majority of veterans and family members served were adults; more than a third were age 55 years or more.



Race of veterans and families served by Strategy 1

Veterans and families served were predominately white or black/African American.



Hispanic/Latino ethnicity is collected separately from race to match U.S. Census Bureau data collection methods. 6% of clients served under Strategy 1 identified as Hispanic/Latino.

STRATEGY 1 helped veterans and their families rebuild their lives and integrate productively into their communities after military service, providing connections and support for housing, employment, and managing stressors and injuries they may have experienced as a result of their service. In 2017, programs funded by Strategy 1 served 5,528 veterans, family members, and others.

ACTIVITY 1.1

King County Veterans Program (KCVF)

KCVF has been serving veterans in need and their families since the 1950s and today acts as a connection point for Veterans and Human Services Levy (VHSL)–funded programs, from outreach to housing to behavioral health and more. Levy funding helped KCVF continue to grow as the central hub for veterans and families, linking them to services that intersect across multiple areas of need, and also provide direct services to groups that other veterans' programs do not serve, such as National Guard and Reserve veterans, families of veterans, and children of deployed parents.

In December 2017, the KCVF Renton office moved to a larger office in Tukwila, Washington, a location that is well placed to support the program's mission as a hub and connection point for the VHSL as a whole. The new location is close to multiple bus lines, making it easier to access from different areas of the county, and offers space to accommodate more and better-coordinated client services: more computers veterans can use for job and housing searches, more opportunities to bring partners onsite.

In 2017, KCVF:

- ▶ Connected with 2,261 veterans, subsequently enrolling 2,239 in services.
- ▶ Provided 19,357 shelter "bed nights" for individuals at William Booth Shelter and Pioneer Square

By providing emergency shelter and case management, the KCVF helps veterans find their footing and move on to more stable situations. In 2017, 23 percent of veterans temporarily housed at the Pioneer Square Men's Program and 33 percent of those housed at William Booth Shelter moved into permanent housing. Twenty-one percent of Pioneer Square residents and 19 percent of William Booth residents moved on to other temporary housing options or to receive other crucial services—a starting point toward self-sufficiency.

Men's Program transitional housing. A 96 percent occupancy rate reflects the importance of this service—almost every bed is in use by a veteran who needs it.

- ▶ Provided 1,439 veterans and military personnel with short-term financial assistance totaling \$866,874, primarily to assist with rent and utility bills.

ACTIVITY 1.2

Veteran outreach and engagement

These three levy-funded programs reached out to veterans in need to help them connect with housing services, health care, and other benefits to rebuild their lives.

Enhanced outreach to women veterans and veterans of color. El Centro de la Raza and Therapeutic Health Services locate homeless and at-risk women veterans and veterans of color to connect them with emergency, transitional, and permanent housing. Outreach workers identify veterans who may need help retrieving service records, applying for Veterans Affairs (VA) disability or pension, accessing military sexual trauma counseling, or other support. These two community-based agencies provide immediate access to services across a spectrum of need, from ORCA cards to Apple Health Care to food assistance and more. Last year, the program engaged almost 300 veterans and their families and successfully connected almost 80 percent of them to services.

Veteran information and referral. In 2017, the King County Veterans Information and Referral Call Center, staffed by the Washington State Department of Veterans Affairs (WDVA), served 1,420 people—almost double the previous year's total of 732. The call center offers information and referral services to veterans, providers, and family members to help them navigate the complex system of support offered by the VA and other local veterans service organizations. Eighty-nine percent of clients said they learned about new resources and were satisfied with the information and services they received after their call.

Homeless Veteran Street Outreach. Under this program, and new in 2017 in response to a gap in service, WDVA took on coordinating the veterans outreach and navigation team across the county. Also under this program, the WDVA employed two experienced “navigators” to help 94 veterans connect with services tailored to their needs (e.g., Veterans Health Administration, Veteran Benefits Administration, and temporary and permanent housing). New partnerships with the Plymouth Housing Group and the ORCA Lift program allowed WDVA to expand opportunities available to veterans, including streamlined access to housing support and new transportation options that reduce costs and increase independence.

ACTIVITY 1.3

Veterans employment and training

The AmeriCorps-supported peer-mentoring Vet Corps program served 124 veterans on 14 college campuses across the county in 2017, connecting veterans to services that help them remain in school and succeed in college. An independent evaluation showed that student veterans participating in the program had higher retention and graduation rates; 98 percent of veterans who participated in Vet Corps were able to stay in school or retain a job. The program leveraged \$1.51 in federal, state, and college funds for every \$1 in VHSL funds.

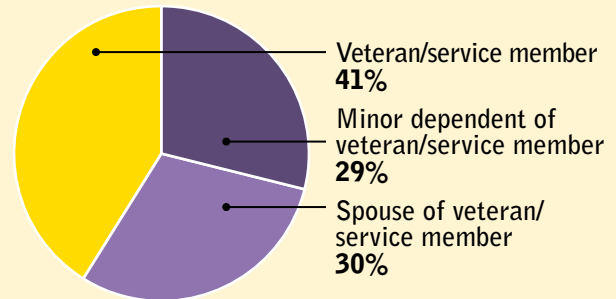
ACTIVITY 1.4

Post-traumatic stress disorder (PTSD) treatment/military sexual trauma training

In 2017, the WDVA PTSD War Trauma Program served 237 veterans, providing a total of 2,773 hours of counseling. Through the program, licensed mental health counselors provide outpatient behavioral health counseling to veterans with war and deployment readjustment and PTSD treatment needs. Some counselors are veterans themselves, and services are always no-cost for qualified veterans, family members, and caregivers. Ninety-three percent of the veterans who participated last year said the impact of PTSD on their lives diminished thanks to the service.

Clients supported with PTSD and other mental health services

More than half of those who received services to help with PTSD or other mental health needs through the PTSD treatment/military sexual trauma training and military family counseling programs were spouses or children of veterans. This group is not eligible for federal VA services, so the VHSL’s role is particularly important.



“After engaging with the VHSL-funded PTSD treatment program, ‘Robert’ started to see profound changes in the way he related to himself, others, and the world. He expressed intense gratitude that the program is available for him and other veterans.”

— Case manager, PTSD treatment/military sexual trauma training (Activity 1.4)

ACTIVITY 1.5

Veterans justice

Thanks to funding from the VHSL, three programs were able to provide support to veterans facing challenges related to the criminal and civil justice systems.

*Veterans Reentry Case Management Program (formerly Veterans Incarcerated Program).*¹

This program, coordinated by the WDVA, served 158 veterans in 2017, supporting veterans and other military personnel who were at risk of incarceration or already incarcerated in a King County misdemeanor jail. The program helps eligible veterans navigate court and probation requirements and links them to behavioral and primary health care, housing, and other social services, promoting successful reentry and ongoing stability in the community. Seventy-three percent of referrals to services intended to increase self-sufficiency were

¹ For re-entry support, the program used a national best practice for people with co-occurring disorders, called the APIC Model (Assess, Plan, Identify, Coordinate), and an evidence-based practice called Motivational Interviewing.

successful, and 67 percent of referrals to behavioral or physical health services were successful.

Veterans legal assistance program. Northwest Justice Project (NJP) used levy funding to provide assistance with civil legal needs to low-income and homeless veterans in King County, removing legal barriers to permanent housing and self-sufficiency. In 2017, 193 veterans came to the NJP for help; all 193 were offered assistance. One hundred and thirty-four enrolled as clients with NJP, and 69 were referred to other legal counsel (some veterans with complex legal needs received assistance from both NJP and other legal counsel). For 27 percent of these veterans, the legal issue was resolved in the veteran's favor, removing a barrier to obtaining housing, employment, or self-sufficiency.

Emerging programs for justice-involved veterans. Two therapeutic courts — King County Regional Veterans Court (RVC) and the City of Seattle Veterans Treatment Court (VTC) — serve veterans who enter the local criminal justice system with mental health and substance use disorders, diverting them into treatment and services. In 2017, 79 veterans were screened for participation in either RVC or VTC, and 26 veterans graduated or completed one of the two programs. An expansion of the eligibility criteria for RVC meant that more veterans were referred to and received help through the program. A new volunteer mentor program also strengthened support for veterans facing issues with the criminal legal system, offering a partner for court participants as they navigate recovery.

Through the screening process in both RVC and VTC, veterans were connected to services that help reduce recidivism, increase self-sufficiency, and improve quality of life.

- ▶ **18 veterans** moved from homelessness into temporary, transitional, or permanent housing.
- ▶ **34 veterans** opted into RVC and VTC.

ACTIVITY 1.6

Support for military families

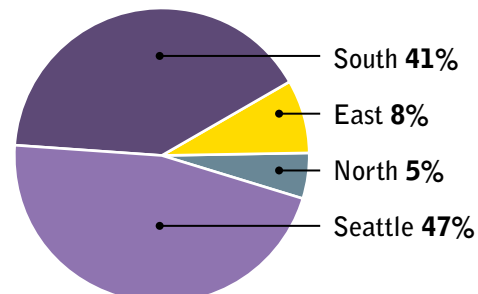
Military families are deeply affected by issues that face veterans, yet family members often are not eligible for veteran-specific services. The VHSL funded two programs that support family members and caregivers of veterans, filling a gap and promoting the well-being and stability of military families overall.

Military family outreach. Through this WDVA program, case managers reach out to military households in their communities, connecting with those who might otherwise not have access to the services they need — assisting with apartment searches and move-in costs; preparing claims for veterans and disability benefits; and making referrals to employment and job readiness programs. In 2017, the program served 158 veteran households. Stronger partnerships with other programs, including the Veterans Reentry Case Management program and the veterans information and referral call center, helped the program maintain high levels of service despite changes in staffing.

Military family counseling. When veterans struggle with readjustment and reintegration from military service and deployment, invisible wounds, and other behavioral health issues, family members and caregivers suffer too. In 2017, this program provided no-cost behavioral health counseling to 46 family members of veterans, providing a total of 533 hours of therapy. Ninety percent of those who responded to an outcome survey reported that their lives improved as a result.

Location of King County residents served by Strategy 1

Veterans and families in all areas of King County were served by VHSL-funded programs; the majority were from Seattle and South King County.



Confronting homelessness through outreach, prevention, permanent supportive housing, and engagement

Veteran finds his footing — and a family

When “Marty” arrived at McDermott Place, a supportive housing facility staffed by Sound (formerly Sound Mental Health) and partially funded by the Veterans and Human Services Levy (VHSL), he had been homeless for at least a year; he had a history of mental illness, was struggling with an addiction to heroin, and had been homeless periodically since his honorable discharge from the Army. Because of his drug use and housing instability, he had lost custody of his daughter, who was now seven years old.



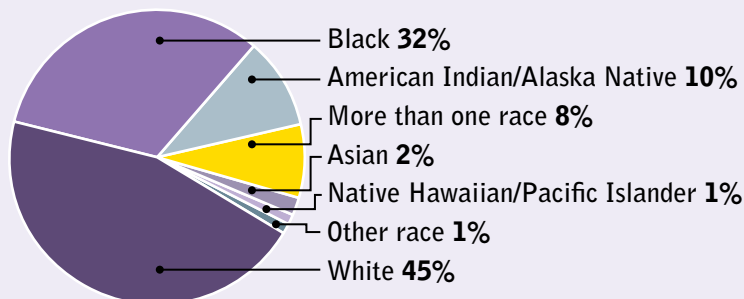
Having lost so much — financial security, a home, a family — Marty found it hard to imagine a better future. But slowly, Marty began to trust the Sound staff at his new residence and to attend regular meetings to help manage his substance use and other issues. The services he sought out through the Sound program (also funded by the VHSL), including weekly case management and housing support, made a better future seem within reach.

Falling in love wasn’t something Marty had even dreamed about. But soon after he started methadone treatment, he did. After just a year at McDermott Place, Marty was engaged, and his drug use continued to decrease.

When Marty found out he could have full custody of his daughter again thanks to the new stability in his life, it changed everything. “I missed a large part of her growing up,” he said. “I will not miss any more time with her.” With help from Sound, he found a job and an apartment and was able to bring his family together. Two years after his arrival at McDermott place, he is living with his partner and his daughter in independent housing. He calls it a new chapter in his life, thanks to the support he received — and his own determination.

Race of people served by Strategy 2

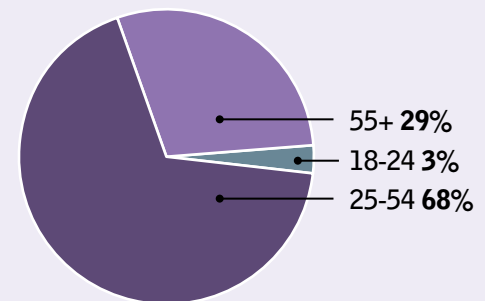
The majority of those served were white or black/African American. A notable percentage of those served by Strategy 2 were American Indian/Alaska Native or more than one race.



Hispanic/Latino ethnicity is collected separately from race to match U.S. Census Bureau data collection methods. 19% of all clients served under Strategy 2 identified as Hispanic/Latino.

Age of people served by Strategy 2

Strategy 2 primarily served adults.



Modified data gathering methods in 2017 provide demographics of head of household only.

STRATEGY 2 continued to focus on making homelessness rare, brief, and one-time, in the context of alarming rates of homelessness in Seattle and King County as cost of living increases and availability of affordable housing decreases. The programs funded by the Veterans and Human Services Levy (VHSL) under this strategy in 2017 served 7,112 individuals experiencing or at risk of homelessness.

ACTIVITY 2.1

Outreach and engagement

Many people who experience homelessness are also managing chronic health conditions and substance use disorders without appropriate support and relying on expensive emergency services for care. The VHSL funded four programs that provide services to these individuals, gaining their trust and connecting them to more accessible and more affordable housing, meals, health care, and behavioral health care.

Homeless street outreach (REACH). Evergreen Treatment Services’ REACH² program provides street-based outreach and case management to individuals experiencing homelessness, connecting them to health and housing services and supporting them as they navigate housing, financial, and legal issues. In 2017, REACH engaged 392 clients — a total of 1,850 in-person encounters with individuals in need. Eighty-one percent of clients remained stabilized or improved their housing. Limited resources and, especially, availability of appropriate housing were the primary challenges to the program’s success.

Dutch Shisler Sobering Center and Emergency Service Patrol (ESP). ESP and the Sobering Center work in tandem to connect individuals with chronic substance use issues with services during acute episodes and beyond. On the street, ESP proactively



In 2017, 50 percent of the people served by Mobile Medical Outreach were uninsured. The Mobile Medical Van, in partnership with the Public Health–Seattle King County Access and Outreach program, is piloting a new medical benefits enrollment process to screen clients for Medicaid eligibility and help them apply for benefits.

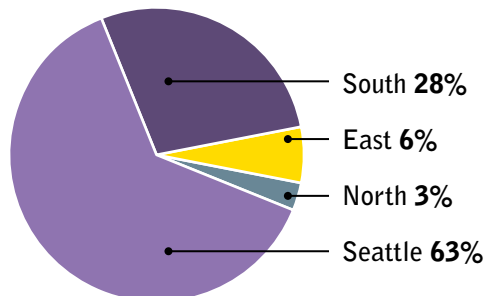
identifies individuals in need of assistance and responds to 911 calls, reducing the use of emergency services (police, fire department, and ambulance). In 2017, ESP connected with people 8,495 times and provided transport in 5,397 of these instances. Individuals transported to the Sobering Center received care for immediate issues and could connect to other agencies for longer-term support and treatment.

Mobile Medical Outreach. The Mobile Medical Outreach program’s no-cost, walk-in clinics allow people with chronic health conditions to receive care wherever they are. Mobile Medical brought health and social services to 791 individuals at free meal programs, food banks, and encampments in 2017, providing a total of 2,199 visits with health care or social workers. The program also supported Public Health–Seattle King County’s 2017 hepatitis A and influenza outbreak prevention efforts, hosting free vaccine clinics at community sites throughout King County.

South King County Homeless Outreach (PATH). In 2017, the PATH program, managed by Sound, contacted more than 178 people experiencing homelessness, including veterans, through on-the-street outreach.³ The program connected 126 individuals to community mental

Location of King County residents served by Strategy 2

Most of those served by Strategy 2 lived in Seattle or South King County.



2 REACH used several best practices and clinical strategies, including the Companionship Model, Stages of Change Orientation, Motivational Interviewing, Harm Reduction, and Integrated Treatment.
 3 The program used a best-practice case-management approach to outreach, based on Program for Assertive Community Treatment standards, which emphasize out-of-facility, community-based outreach to “meet the client where he/she is.”

health services, 27 to substance treatment services, and 107 to shelter, housing services, and permanent housing. More than 50 percent of those who received support were connected to mental health, substance use, and/or housing services. As with other programs focused on homelessness prevention and reduction, one of the greatest challenges was insufficient affordable housing available to those in need.

ACTIVITY 2.2

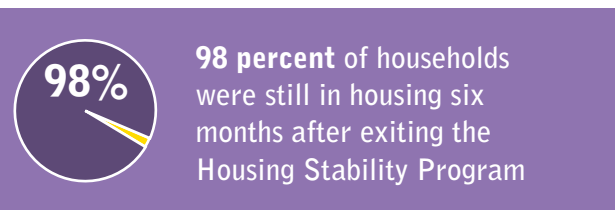
Capital funds for permanent housing

In 2017, the opening of the Plymouth Housing Group—Plymouth on First Hill—a project launched with past funding by the VHSL—created 80 new units of low-income housing. This is the first King County Coordinated Entry for All single-adult project in King County, providing space for referrals from the new, more streamlined Coordinated Entry for All system and from Harborview. The project will use the housing-first model to provide a range of supportive services for chemical dependency and for behavioral health disorders to residents. The new units are a strong step in the continuing effort to create affordable housing.

ACTIVITY 2.3

Housing Stability Program

The Housing Stability Program is a network of 12 community agencies throughout King County, funded by the VHSL and administered by Solid Ground, that support households at risk of housing loss and homelessness. In 2017, the program responded to requests for assistance from 112 veteran and 396 non-veteran households seeking to retain housing. Referrals to the program came primarily through King County 2-1-1, and an improved connection with the King County Veterans Program provided more veterans with the financial resources they needed, demonstrating the effectiveness of coordinated support.



ACTIVITY 2.4

Support services for permanent housing

When people who have experienced long-term homelessness move into temporary or permanent housing, it can be a significant adjustment. The VHSL funded two projects that offer support to people who are chronically homeless who have made the transition, helping them manage health challenges, maintain their new housing status, and achieve more stable lives.

Housing Health Outreach Team (HHOT). Through the Health Care for the Homeless Network, HHOT teams in Seattle (NeighborCare Health) and South King County (HealthPoint) provide a variety of medical, nursing,⁴ and behavioral health services at permanent supportive housing buildings. Together, the programs provided services to 943 people over the course of 12,767 visits in 2017. Ninety-three percent of enrolled clients retained their housing or exited to a positive housing situation.

On-site support services.⁵ Eighteen housing programs across the county received funding from the levy and, combined, maintained 998 supportive housing units for homeless individuals and families. Residents face challenges ranging from substance addiction to severe,

VHSL funding helped provide on-site support services to almost 1,000 supportive housing units managed by the following agencies:

- Catholic Housing Services:** Noel House
- Compass Housing Alliance:** Nyer Urness House, Renton Luther Regional Veterans Housing Program
- Congregations for the Homeless:** Congregations for the Homeless Permanent Housing
- Downtown Emergency Service Center:** Aurora Supportive Housing Project, 1811 Eastlake, Kerner Scott Clean and Sober, Rainier House
- Multi-Service Center:** Wood Veterans House
- Plymouth Housing Group:** Scargo, Williams Apartments
- Sound:** Ernestine Anderson Apartments, Gossett Place
- Valley Cities Counseling and Consultation:** Homeless Service Enhancement Program
- YMCA of Greater Seattle:** Home at Last

4 HHOT nurses used Trauma-Informed Care, Harm Reduction, and Motivational Interviewing best practices.
 5 The on-site services used Housing First and Harm Reduction best practices.

chronic medical conditions or mental health issues; affordable, supportive housing is critical to their ongoing stability and well-being.

ACTIVITY 2.5

Criminal justice initiatives

The VHSL supported two programs that work with people who are homeless with behavioral health disorders who are exiting King County jails, linking them to housing and supportive services that aid the transition from incarceration to stability and reduce future recidivism.

Forensic Assertive Community Treatment (FACT)/ The Vital Program—Familiar Faces Intensive Care Management Team (ICMT).⁶ The Familiar Faces ICMT (Vital) provides integrated services to adults who are experiencing behavioral health challenges and may be experiencing homelessness by integrating behavioral health treatment with primary health care. Services center around the participants' self-determination and individual recovery goals. Vital provides ongoing coordination with criminal justice system partners to support reentry and reduce incarceration and use of the crisis system. Services are provided by Evergreen Treatment Services' REACH program in collaboration with Harborview Medical Center. In 2017, the program served 70 individuals, 20 of whom successfully maintained or obtained housing.

Forensic Intensive Supportive Housing (FISH) Program.⁷ The King County FISH Program serves homeless adults who become involved in the criminal justice system, providing intensive community-based services and housing to reduce future contact with the criminal justice system. In 2017, 66 people participated in the program. Despite limited resources to divert participants from hospitals and jails, and a lack of affordable housing in which to place clients, FISH successfully reduced jail days by 5 percent in every quarter last year compared to the same quarter in 2016.

ACTIVITY 2.6

Employment and training

These three levy-supported programs helped veterans and homeless and low-income residents move toward self-sufficiency through training and employment.

Community Homeless Employment Services. In 2017, TRAC Associates, YWCA Seattle–King–Snohomish, and Neighborhood House together provided employment and training services to 412 homeless individuals, 29 percent of whom were veterans. Last year a total of 216 clients gained employment through the program, with average household income increasing from \$2,591 at enrollment to \$31,637 after placement.

When "Ayla" was referred to Community Homeless Employment Services, she had been homeless for six months after fleeing abuse and was living in a car with her three children. The program provided intensive and coordinated support, ranging from job search assistance to referral to child care to help with domestic violence and legal issues. Today she works as a support enforcement officer, with a starting salary of \$35,940 a year and full benefits, and is living in permanent housing.

Career Connections. Career Connections is a homeless employment-to-self-sufficiency program that helps families attain financial and housing stability. In 2017, the program served 163 people—providing skills assessments, helping with the job search process, and providing computer access and transportation assistance. The average yearly household income for the program's clients increased from \$6,001 at time of enrollment to \$24,310 at time of job placement.

King County Fellowship Program for Veterans. King County's Vets 4 HIRE Program places eligible veterans in internship positions within King County departments. During these supportive work experiences, participants gain the practical knowledge and hands-on experience they need to compete for King County and other civilian jobs. Of the 16 veterans who participated in the program in 2017, 12 successfully obtained employment; of those, four obtained full-time, permanent positions at King County.

6 Intensive Care Management Team used best/promising practices: Motivational Interviewing, Assertive Outreach, Trauma-Informed Care, Intensive Case Management, APIC (Assess, Plan, Identify, Coordinate), and Illness Management and Recovery.

7 FISH used the Housing First model and evidence-based Integrated Dual Disorder Treatment (IDDT), though not all participants functioned at a high enough level for IDDT.

Improving health through the integration of medical and behavioral health services

Veteran returns to an active life — and inspires others

“Jeremy” has struggled for most of his life with financial and housing issues, relying on friends and family for a place to live. Sober for three decades, as an Alaska Native in recovery, he still faced significant institutional racism — a huge barrier to self-sufficiency.



He was an active member of his community in North King County until homelessness and physical disability forced him into isolation. After a series of illnesses and injuries, Jeremy could no longer engage in activities he once loved. A proud Vietnam veteran, he avoided seeking help for depression and post-traumatic stress.

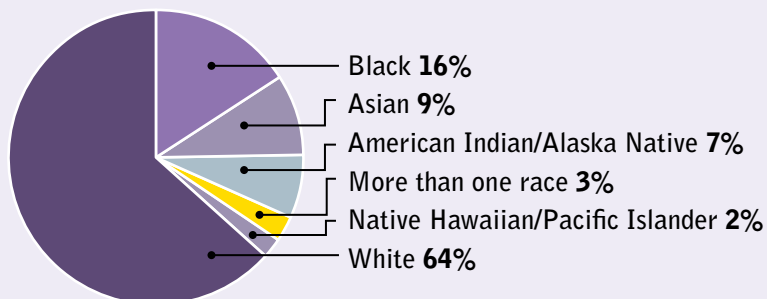
Then he visited the Seattle Indian Health Board (SIHB). With funding from the Veterans and Human Services Levy, the clinic integrates multiple services into primary care, including behavioral health. SIHB became a hub of care for Jeremy, helping him gain access to medical care through the Veterans Administration, providing him with

transportation to and from appointments, connecting him with agencies that could help with transportation and in-home support as he recovered from surgery. SIHB also worked with Jeremy to find ways for him to stay engaged in activities within the Alaska Native community.

After three months, and multiple surgeries at the Veterans Administration and other area hospitals, Jeremy's health was stable. SIHB staff identified programs that could help their newly mobile client increase his financial stability as well and transported him to appointments when needed. Culturally appropriate programs removed a major barrier to access for many members of the Indigenous population — distrust of non-Native institutions after centuries of institutional racism in the United States.

Race of people served by Strategy 3

The majority of those served were white.



Hispanic/Latino ethnicity is collected separately from race to match U.S. Census Bureau data collection methods. 5% of all clients served under Strategy 3 identified as Hispanic/Latino.

Jeremy now is in permanent, stable housing. Thanks to his persistence with rehabilitative care, he's able to participate in physically demanding, culturally centered activities — like joining an Alaska Native dance group and going on a canoe journey. He remains committed to managing unresolved post-traumatic stress from his experiences in the military and to improving his mental and physical well-being. Jeremy has become an inspiration within his community.

STRATEGY 3 promoted the Veterans and Human Services Levy (VHSL) goal of reducing unnecessary use of the emergency medical system. By advancing the integration of primary care with behavioral health services, this strategy reduced the barrier of stigma associated with mental health issues and increased access to treatment. The VHSL funded both direct services and systems improvements in 2017, supporting activities that served a total of 4,716 county residents.

ACTIVITY 3.1

Behavioral health integration

Integrating behavioral health services into primary care connects community members to treatment in a convenient setting and reduces the long-term costs of service provision. Integrated services provide a single point of contact, reducing difficulty of access and reaching individuals who might otherwise fail to seek help because of associated stigma. The levy supported two programs in 2017 that provided integrated behavioral health services to low-income adults and to veterans and their families through a network of agencies, including Community Health Plan of Washington, Country Doctor Community Health Centers, Harborview Medical Center, HealthPoint, International Community Health Services, NeighborCare Health, Public Health—Seattle & King County, Sea Mar Community Health Centers, the Seattle Indian Health Board, and Valley Cities Counseling and Consultation.

Behavioral health integration. This program integrates screening for depression, anxiety, and substance use disorders as part of primary care delivery in the King County safety net system. Last year, the program screened 1,454 individuals, providing mental health services on site to 1,895. Of those, 51 percent showed reduced depression or anxiety after at least two visits with a mental health provider. As the number of the underinsured goes up in marginalized populations under current health care

The proportion of uninsured individuals in King County's health safety net system who report Hispanic ethnicity has increased from 37 percent to 56 percent since full implementation of the Affordable Care Act in 2014. By reducing barriers to access, the behavioral health integration program provides vital access to services for this increasingly marginalized population.

law, the program is providing vital access to behavioral health services.

Behavioral health integration for veterans.

In 2017, this program screened 450 veterans and family members for depression, anxiety, and/or substance use in a primary care clinic. Forty-eight percent of those who received services showed reduction in depression or anxiety.

ACTIVITY 3.2

Veteran and trauma competency training

In 2017, the Veterans Training Support Center (VTSC), managed by the Washington State Department of Veterans Affairs (WDVA), trained 1,899 providers, educators, professionals, employers, and veterans on topics essential to the sustained health and well-being of the veteran community, including invisible wounds (post-traumatic stress disorder, traumatic brain injury) and best practices for empowering the veteran population in reintegration and pursuit of life goals. Among the 67 workshops led by the VTSC, 13 were customized for individual organizations, reflecting increasing demand from local service agencies for veteran-specific cultural competency training. Levy investment in VTSC has helped King County and the WDVA establish themselves as leaders in veteran care.

"I love King County for just this reason. Thank you for your efforts on behalf of all of us who reap this amazing benefit."

—December 2017 veterans training participant

ACTIVITY 3.3

Health care reform system design and implementation

In 2017, the VHSL continued its evaluation of the Affordable Care Act and insurance expansion, leading to increased access to care, improved use of health care services, reduced cost of care, improved population health, and minimized health disparities. This activity also supported the growth of multisector

partnerships to shift the health and social services system from a crisis orientation to a prevention or wellness approach. One partnership, the Accountable Community of Health, aimed to improve the health care delivery system, starting with Medicaid, so that people can access the care they need, when they need it, in a more seamless and holistic way.

Immigrant communities in King County face continuing uncertainty as federal immigration law continues to shift. Many undocumented households are reluctant to access critical services like health care — resulting in poor health outcomes. The VHSL has addressed, and the Veterans, Seniors, and Human Services Levy (VSHSL) will continue to address, the challenges this population faces and ensure equitable access to services.

ACTIVITY 3.4

Depression intervention for seniors

In 2017, the Program to Encourage Active, Rewarding Lives for Seniors (PEARLS) enrolled 117 older adults, including 54 veterans and spouses of veterans, with 87 percent showing signs of improved well-being. PEARLS was the only VHSL-funded service that reached homebound and isolated older adults to help them meaningfully reduce minor depression and become more active in their lives. Thanks to the VHSL,

program services were provided at no cost, removing a potentially significant barrier to access. Improvements to the program in 2017 include modifications to the case review process which increased participation and access for clients, allowing a greater number of older adults to be served.

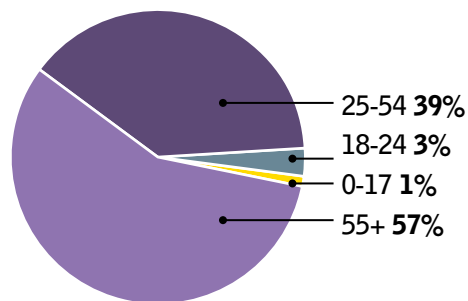
ACTIVITY 3.5

Facilitation of ongoing partnerships

Community partnership has shaped the replacement of the VHSL. Throughout 2017, this activity supported 21 community focus groups in 10 languages (American Sign Language, Arabic, Chinese, English, Khmer, Korean, Russian, Somali, Spanish, and Vietnamese), 11 Community Conversations throughout King County, dozens of informational presentations, and two online surveys (translated into four languages). Through these meetings, a regionally and ethnically diverse range of community members provided information on critical gaps in services — including the need for greater support for vulnerable seniors, which helped shape the size and focus of the 2018–2023 VSHSL. Reports developed from information provided by community members from the meetings continue to inform VSHSL planning and definition (available at kingcounty.gov/VSHSLPlanning).

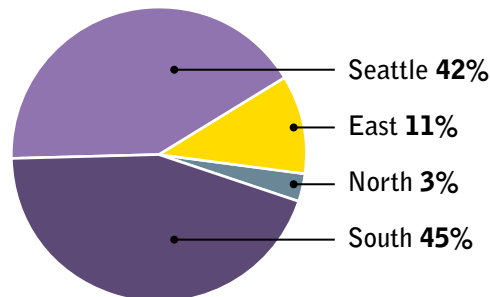
Age of people served by Strategy 3

Older adults (55 years or more) represent the largest share of those served.



Location of King County residents served by Strategy 3

Most of those served by this strategy were from Seattle or South King County.



Strengthening families at risk

A young mother builds a new future

“Eliana” was 18 and just graduating from high school when she found out that she was pregnant. It was a sudden and dramatic change in plans—from college-bound to navigating the challenges of being a very young mother. Although she had a stable home in Sammamish with her aunt and uncle, they didn’t support her desire to have and raise the baby. And the father, “Craig,” was alienated by their disapproval.



Eliana felt alone and stuck. She needed help identifying and achieving a future that was different from the one she imagined, but still happy: a future where she had independence, stable housing, reliable employment, and the ability to take care of her baby. At a teacher’s suggestion, she reached out to the Healthy Start program.

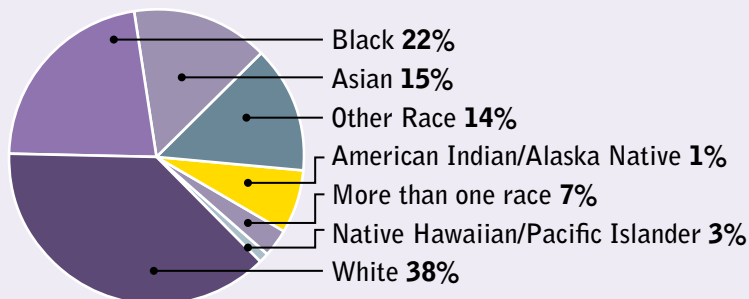
Once she connected with Healthy Start, Eliana began receiving home visits from a Friends of Youth Family Support Specialist. They helped her prepare to become a parent and encouraged her to apply for jobs, which she quickly found. Thanks to her new employment, she and Craig were able to move into a small apartment together. Craig found a good-paying job not long before their baby was born.

Eliana went back to work when little “Anna” was only six weeks old. Her Family Support Specialist continued to visit every two weeks, making sure the small family had support when they needed it. For example, when Eliana began thinking about shifting to part-time work, so that she could spend more time with Anna, the Family Support Specialist helped her explore options and think critically about the family’s real financial requirements. Eliana was able to shift from her full-time job and through an online program became certified as a substitute para-educator in the local school district.

Today, Eliana is 21 years old. She and Craig recently married and are expecting their second child. Craig has joined the military and will leave for boot camp this summer, and Eliana is working toward her Bachelor’s degree. Their daughter Anna is thriving: She is an energetic two-year-old, learning to talk and eager to become a big sister.

Race of people served by Strategy 4

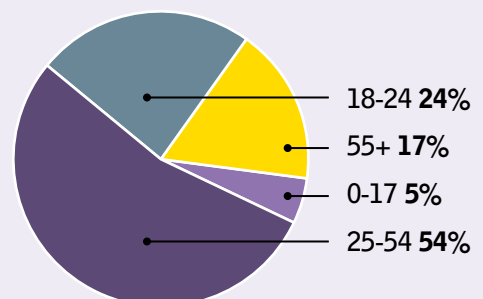
The largest proportion of those served identified as white or black/African American. A notable proportion of those served identified as Asian or selected “other” race.



Hispanic/Latino ethnicity is collected separately from race to match U.S. Census Bureau methods. 35% of all clients served under Strategy 4 identified as Hispanic/Latino.

Age of people served by Strategy 4

Strategy 4, which focused specifically on strengthening families, served the greatest number of young adults and children.



STRATEGY 4 focused on prevention and early intervention services to help families and individuals avoid or reduce crises and build strong lives. In 2017, the Veterans and Human Services Levy (VHSL) helped 17,264 county residents through Strategy 4.

ACTIVITY 4.1

Home visiting

The first years of life are critical to healthy physical, intellectual, and emotional development. In 2017, the VHSL invested in evidence-based programs that support low-income, first-time parents in pregnancy or with very young children by providing education on child development and access to employment services. These services improve the health and well-being of families now and in the future.

Nurse Family Partnership (NFP).⁸ By connecting young, low-income families with parenting-related services, education, training, and employment services, NFP seeks to improve pregnancy outcomes, improve child health and development, and promote economic self-sufficiency. Case managers meet with parents where they live to develop individualized strategies based on the parents' own goals. Plans can include information and referral to specific services, career counseling, assistance with job placement, links to post-secondary education, and advanced training. In 2017, the NFP delivered parenting-related services to a total of 130 families, with healthy birth outcomes in 86 percent of participants. NFP also provided employment services for 116 families, with 78 percent of participants employed or enrolled in post-secondary education at exit.

↓ 23%

Reduction in smoking among NFP-enrolled parents

↓ 33%

Reduction in alcohol consumption among NFP-enrolled parents

95.7%

NFP-enrolled parents that initiated breastfeeding

Healthy Start.⁹ The Healthy Start program helps parents facing a wide range of challenges—from job instability to teen pregnancy to chemical dependency—create a healthy, happy home for their children. Through

home visits, parents learn how to support their children's growth and learning so they are ready for the first day of school. In 2017, the program served 148 households (360 people total) and provided services to help prevent and reduce homelessness, reduce reports of child maltreatment, and increase self-sufficiency for young mothers and their children.

ACTIVITY 4.2

Maternal depression reduction

In 2017, this program screened 2,814 pregnant and parenting mothers for high-risk behaviors, substance use, and depression and anxiety. Of the 614 women who showed signs of one or more of these, 461 received mental health services at their primary care clinics on at least two occasions. Sixty-three percent of mothers receiving treatment reported reduced depression scores as a result.

ACTIVITY 4.3

Parent education and support

Two levy-supported programs helped parents promote their children's healthy development and learning.

Promoting First Relationships (PFR) Train the Learner Program.¹⁰

In 2017, the levy supported the University of Washington in providing training for 20 staff members from 11 community agencies in the PFR Train the Learner Program. Participants are taught to assess parent-child interactions first through video training and then through a 10-week, mentored pairing with a family. Eighteen of the participants used the PFR intervention training to serve families. Throughout, trainees engage in interactive and highly participatory instruction with trainers and mentors who are experienced in the program. The PFR Train the Learner model is a powerful tool for helping parents increase awareness of and ultimately improve their parenting, creating a more stable and supportive environment for their children.

⁸ NFP is an evidence-based program.

⁹ Healthy Start is an accredited affiliate of Parents as Teachers, an evidence-based program.

¹⁰ PFR is an evidence-based program.

Family, Friend, and Neighbor Play & Learn Groups.¹¹

Kaleidoscope Play & Learn groups administered by Child Care Resources provide a community support network for families, promoting healthy development and helping prepare children to enter school. The groups are held at more than 120 community sites across Washington State and offered in 10 different languages. The majority of caregivers who participated in Play & Learn said the program increased the school readiness (82 percent) and social readiness (82 percent) of their children.

“Lien” comes each week to Play & Learn with her infant daughter, toddler son, husband, and mother. While grandma holds the baby and chats with other grandparents, Lien and her husband are free to play with their son and chat with the facilitator about how he’s doing at home. Lien has been attending the group since her son was a baby and hopes to continue with her daughter. When her son outgrows the program, he’ll already know a few children in his class at school, thanks to the weekly play sessions.

ACTIVITY 4.4

Passage Point

The levy-funded YWCA Passage Point program supports family reunification between formerly incarcerated parents and their children. Through a multidisciplinary approach, YWCA Seattle–King–Snohomish partners with local school districts, faith-based organizations, and health services to provide families the tools to reach their fullest potential. In 2017, Passage Point helped reunite 58 households (with 137 family members in those households); 26 parents regained custody of children who had been in foster care, and 49 formerly homeless children were reunited with their parents.

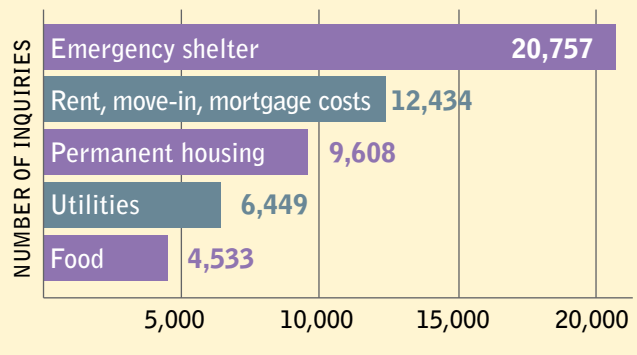
ACTIVITY 4.5

Information and referral

The VHSL supported two programs that empower residents of King County to access critical services.

2-1-1 Community Information Line. 2-1-1 connects people to the help they need — whether it’s food,

Top five areas of concern for 2-1-1 callers

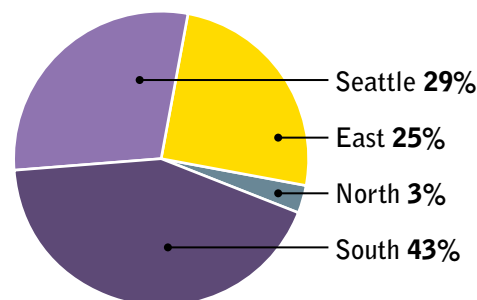


housing, health care, or employment. In 2017, 2-1-1 answered 71,899 calls and made 260,165 referrals, while 142,349 people searched for resources using the online database. 2-1-1 is a significant resource for people struggling with housing issues, linking callers to services that provide rent assistance and long-term housing resources and providing information on transitional housing, clothing and food banks, and hot meal sites.

Cultural Navigator. In 2017, the Cultural Navigator program assisted 1,018 households throughout King County from 70 zip codes, providing services in Spanish, Russian, and Chinese. The initiative improves access to services for immigrants and refugees, providing crucial connections to housing, employment, and community when language and cultural barriers may exist and reducing vulnerability to homelessness and involvement with the child welfare and justice systems. Cultural Navigator partners with schools and local agencies to provide services such as health care workshops, flu shot events, and a mobile dental van. Ninety-six percent of participants report increased knowledge of how to access resources that help stabilize their families during their first year in King County.

Location of King County residents served by Strategy 4

A wide range of geographic locations were served by Strategy 4.



¹¹ The Kaleidoscope Play & Learn program has received Promising Practice status from the University of Washington’s Evidence Based Practices Institute.

2017 Performance and Evaluation Report

The 2012–2017 Veterans and Human Services Levy (VHSL) Service Improvement Plan identified outcome and output targets for each activity funded by the levy (kingcounty.gov/vhsl-evaluation). Activity managers reported twice a year on their progress towards these targets (kingcounty.gov/vhsl-reports).

2017 Performance Management Report

The 2017 Performance Management Report is organized by the four levy strategies and shows each activity's results compared to its target.

In 2017, most programs met their service targets. Of the 37 current activities, 26 activities achieved more than 85 percent of all of their service targets. See the following performance matrix (page 24) for details.

Many of the programs that did not achieve at least 85 percent of all of their targets had staffing challenges. In 2017, some providers noted that the uncertainty before the Veterans, Seniors, and Human Services Levy was passed by the voters in November contributed to staff turnover and delayed recruitment of new staff.

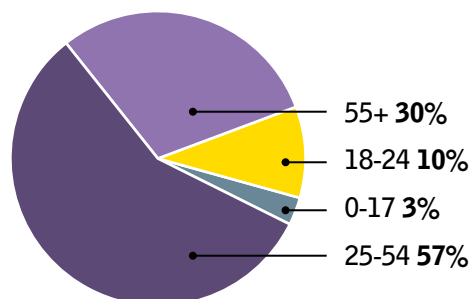
Other programs that did not achieve at least 85 percent of their targets had difficulty capturing data used to calculate the performance measure. To address this challenge, Department of Community and Human Services evaluation staff are working with the King County Department of Information Technology to develop a new data system that will allow more detailed data collection and reporting.

Performance measurement and evaluation activities in 2017

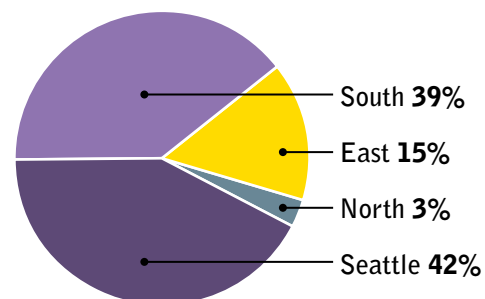
In 2017, the VHSL Performance Measurement team:

- ▶ Updated the 2012–2017 Levy Evaluation Framework for 2017.
- ▶ Worked closely with community providers and King County program managers to analyze performance and review targets.
- ▶ Analyzed mid-year and year-end performance data and reports and prepared a mid-year and year-end performance update.
- ▶ Analyzed regional data for veterans, older adults, and other vulnerable populations to examine housing, financial stability, healthy living, and social engagement indicators to inform VHSL replacement planning.
- ▶ Collaborated with Best Starts for Kids evaluation staff to plan a new data collection system.
- ▶ Updated Communities Count online data.

Ages of people served in 2017



Location of people served in 2017



Your VHSL at work: A look back

For an overview of the VHSL's work since 2012, see pages 4–8.

2017 Performance Management Reports

VHSL activity		Household members served 2017*	Service measure	2017 Target	Actual 2017 performance	% Target reached	What difference did the service make in the lives of clients?
HOW MUCH SERVICE WAS PROVIDED? HOW WELL DID LEVY SERVICES DO?							
STRATEGY 1: SUPPORTING VETERANS AND THEIR FAMILIES							
1.1.A	KCVP—satellite site outreach		Number of satellite site service contacts		N/A	N/A	KCVP no longer uses a satellite model. Services are offered at two different hubs. If there are barriers to a client accessing a hub that cannot be resolved, accommodations are made for staff to meet clients in the community.
1.1.B	KCVP—contracted shelter services	2,261	Number of emergency shelter bed nights/transitional housing bed nights provided	18,068	19,357	107%	KCVP is funded by both the VHSL (50%) and RCW 73.08.080 (50%). Beginning in 2017, performance measures are reported for all KCVP clients.
1.1.C	KCVP—financial assistance		Number of financial assistance recipients	1,500	1,439	96%	
1.1.D	KCVP—employment and case management		Total levy and RCW assistance	\$800,000	\$866,874	108%	86% of clients increased their self-sufficiency and 194 clients obtained a job. Staffing challenges affected KCVP's ability to provide client assessments and case plans.
1.2.A	Enhanced outreach to women veterans and veterans of color	294	New client assessments	2,500	1,926	77%	
1.2.B	Veterans information and referral	1,420	New case plans created	1,800	1,351	75%	
1.2.C	Homeless street outreach	94	Number of clients engaged in outreach	240	294	123%	78% of veterans received a benefit or services after they applied.
1.3	Veterans employment and training	159	Number of clients assessed by the VI-SPDAT and engaged in Housing Navigator services	60	111	185%	
1.4	PTSD treatment/military sexual trauma training	583	Number of clients applying for benefits/services	172	204	119%	
1.5.A	Veterans Reentry Case Management Program	158	Number of information and referral clients	900	1,420	158%	89% of clients were satisfied with the information and referral services provided.
1.5.B	Veterans legal assistance program	193	Number of clients receiving referrals to services	850	1,420	167%	84% of clients received a benefit or service after they applied.
1.5.C	Emerging programs for justice-involved veterans	79	Number of veterans engaged and assessed	90	94	104%	
1.6.A	Military family outreach	158	Number of veterans assessed	108	124	115%	98% of veterans were able to stay in school or obtain a job.
1.6.B	Military family counseling	129	Number of veterans retained in jobs or education training	86	122	142%	
			Hours of individual and group counseling	2,600	2,773	107%	The impact of PTSD was reduced for 93% of clients.
			Number of clients in counseling (unduplicated)	260	237	91%	
			Number of veterans screened	360	192	53%	73% of referrals to increase self-sufficiency were successful, 67% of referrals to behavioral or physical health services were successful, and 37% of housing referrals were successful. Staff turnover contributed to a lower number of veterans screened than in previous years.
			Number of veterans enrolled (with 2015 carryover)	155	158	102%	In 27% of cases, the civil legal problem that was a barrier to obtaining housing, employment or self-sufficiency was resolved.
			Number of initial case assessments	200	193	97%	
			Number of cases where legal barrier was removed	50	53	106%	26 veterans graduated from treatment court in 2017, having met all their goals over the two-year program.
			Number of veterans screened	90	79	88%	
			Number of family members completing assessment	30	34	113%	
			Number of referrals made	46	158	343%	100% of families who applied for benefits/services received them.
			Number of referred clients receiving benefits and/or services after application	45	156	347%	
			Number of hours of counseling	350	533	152%	The impact of PTSD was reduced for 90% of clients who were assessed. The program is working on recruitment and the number of family members served is higher than in 2016.
			Number of military family members served	55	46	84%	
TOTAL STRATEGY 1 HOUSEHOLD MEMBERS SERVED IN 2017: 5,528							

* **Household members** includes all members of a family and may be larger than the number of clients who received direct services.

Note: ▲ Indicates meeting 85% or more of target; ▲ Indicates 65%–85%; ▲ indicates less than 65%.

Abbreviations: KCVP, King County Veterans Program; PEARLS, Program to Encourage Active, Rewarding Lives for Seniors; PFR, Promoting First Relationships; PTSD, post-traumatic stress disorder; RCW, Revised Code of Washington; VHSL, Veterans and Human Services Levy; VI-SPDAT, Vulnerability Index–Service Prioritization Decision Assistance Tool.

VHSL activity**		HOW MUCH SERVICE WAS PROVIDED? HOW WELL DID LEVY SERVICES DO?				Service measure	2017 Target	Actual 2017 performance	% Target reached	What difference did the service make in the lives of clients?
Household members served 2017*	Household members served 2017*									
STRATEGY 2: ENDING HOMELESSNESS										
2.1.A	Homeless street outreach (REACH)	392	380	392	103%	Number of clients engaged by REACH	380	392	103%	295 clients received one or more health services.
			225	223	99%	Number of clients obtained or maintaining health care	225	223	99%	
			80	100	125%	Number of clients moved into or remained stabilized in housing	80	100	125%	
2.1.B	Dutch Shisler Sobering Center and Emergency Service Patrol	1,726	5,000	8,495	170%	Number of persons contacted (duplicated)	5,000	8,495	170%	Diverting people to the Sobering Center, rather than engaging the justice system, provides the opportunity for all who are transported to connect to services.
			3,600	3,865	107%	Number of clients (duplicated) transported to Sobering Center	3,600	3,865	107%	
2.1.C	Mobile medical outreach	791	700	791	113%	Number of clients receiving services from mobile medical van	700	791	113%	Of those who were referred, 87% were linked to mental health treatment. Of those who did not have medical benefits, 84% were linked to medical benefits such as Medicaid or the AppleHealth Program.
			1,150	2,199	191%	Total visits for medical care, psychiatric social worker, or chemical dependency professional	1,150	2,199	191%	PATH connected 126 individuals to community mental health services, 27 individuals to substance use treatment services, and 107 individuals to housing services.
2.1.D	South King County Homeless Outreach (PATH)	178	125	178	142%	Number of clients engaged in service	125	178	142%	
2.2	Capital funds for permanent housing	N/A	N/A	N/A	N/A	Housing units funded in 2017	N/A	N/A	N/A	2017 VHSL funds were not included in the capital housing funding round because of the unknown outcome of the VHSL renewal ballot measure in November 2017. 2018 funds for capital housing have been allocated in the Veterans, Seniors, and Human Services Levy Transition Plan for Housing Stability.
2.3	Housing Stability Program	1,307	250	396	158%	Number of unduplicated non-veteran households	250	396	158%	98% of clients remain housed 6 months after they receive services from the Housing Stability Program. To increase the number of veterans served, the program strengthened the connection between KCVP and Solid Ground, the HSP administrator. The number of veteran households served was higher than in 2016.
			136	112	82%	Number of unduplicated veteran households	136	112	82%	
2.4.A	Housing Health Outreach Team	943	700	943	135%	Number of clients served	700	943	135%	
			400	404	101%	Number of clients linked to primary care	400	404	101%	93% of Health Housing Outreach Team clients maintained housing or exited to permanent housing.
			315	782	248%	Number of clients self-managing chronic condition	315	782	248%	
2.4.B	On-site support services	1,048	N/A	932	N/A	Total number of households served	N/A	932	N/A	93% of clients retained their housing or moved into other permanent housing.
2.5.A	Intensive Care Management Team (formerly Forensic Assertive Community Treatment)	70	74	70	95%	Number of clients enrolled	74	70	95%	The lack of housing available stock and strict eligibility criteria for homeless housing units have made it challenging for this strategy to meet housing targets. Program staff are working with courts and housing planners to address these challenges.
			64	20	31%	Number of clients who moved into or maintained supportive housing	64	20	31%	Four clients exited to permanent housing. Lack of affordable housing options continues to be a challenge for the program. Program staff are working with housing planners to address this challenge.
2.5.B	Forensic Intensive Supportive Housing program	66	70	66	94%	Total clients enrolled	70	66	94%	
			51	42	82%	Number of clients who moved into or maintained supportive housing	51	42	82%	
2.6.A	Community Homeless Employment Services	412	294	412	140%	Number of homeless clients enrolled	294	412	140%	Of those with job placements, the average household income increased from \$2,591 to \$31,637.
			189	216	114%	Number of job placements	189	216	114%	
2.6.B	Career Connections	163	180	163	91%	Number of clients served	180	163	91%	Of those with job placements, the average household income increased from \$6,001 to \$24,310. Fewer clients obtained new jobs than expected, in part because of staffing challenges. The program is now fully staffed.
			85	71	84%	Number of clients completing job readiness and training	150	163	109%	
			50	130	260%	Number of clients assessed	50	130	260%	4 of the fellows included in the 2017 program accepted King County jobs after their fellowship ended.
			16	16	100%	Number of clients entering fellowship program	16	16	100%	
TOTAL STRATEGY 2 CLIENTS SERVED 2017: 7,112										

See footnotes on page 24.

**Activity 2.6.C does not appear on this chart because it was not funded in 2017.

VHSL Activity ***		Household members served 2017*	HOW MUCH SERVICE WAS PROVIDED? HOW WELL DID LEVY SERVICES DO?				What difference did the service make in the lives of clients?
Service measure		2017 target	Actual 2017 performance	% Target reached			
STRATEGY 3: IMPROVING HEALTH							
3.1.A	Behavioral health integration	1,895	2,000	1,454	73%	51% of clients had reduced symptoms of depression or anxiety. Using the current data collection system, it is challenging to capture screening data accurately. An improved process for tracking this information is under development.	
	Total number of all clients receiving treatment	1,500	1,895	126%	126%		
3.1.B	Behavioral health integration for veterans	805	450	805	179%	48% of clients had reduced symptoms of depression or anxiety.	
	Number of veterans or dependents screened for PTSD/mental health issues	225	225	672	299%		
	Number of veterans or their dependents enrolled	748	748	1,200	160%		
3.2	Veteran and trauma competency training	1,899	752	699	93%	After training, 95% of survey respondents report changing or improving the services their agency provides to veterans and their families.	
	Number of training sessions	65	65	67	103%		
3.4	Depression intervention for seniors (PEARLS)	117	110	117	106%	87% of clients experienced reduced symptoms	
	Number of older adults/veterans who completed PEARLS	82	82	90	110%	of depression.	
TOTAL STRATEGY 3 CLIENTS SERVED 2017: 4,716							

See footnotes on page 24.

*** Activities 3.3 and 3.5 do not appear in this chart since their focus was planning and coordination, not services. Activity 3.6 Client Care Coordination was retired and replaced by Coordinated Entry for All.

VHSL Activity		Household members served 2017*	HOW MUCH SERVICE WAS PROVIDED? HOW WELL DID LEVY SERVICES DO?				What difference did the service make in the lives of clients?
Service measure		2017 target	Actual 2017 performance	% Target reached			
STRATEGY 4: STRENGTHENING FAMILIES							
4.1.A.1	Nurse Family Partnership	231	Number of households enrolled	100	130	130%	86% of clients had healthy birth outcomes.
4.1.A.2	Nurse Family Partnership Employment	116	Number of people enrolled in the employment and education resources component of NFP	40	116	290%	78% of NFP employment clients entered education or training.
4.1.B	Healthy Start	360	Number of people entering education or training	30	90	300%	Clients were successfully linked to medical care in more 577 instances. Home visits were affected by staffing challenges; these are being addressed.
			Number of new clients assessed	300	360	120%	
4.2	Maternal depression reduction	2,814	Number of clients who received home visits	300	240	80%	63% of clients showed reduced depression or anxiety symptoms. Data collection challenges to capture the number of persons screened are being addressed.
			Number of persons screened	2,100	2,814	134%	
			Number of persons who screened positive for depression	750	614	82%	
4.3.A	PFR Train the Learner Program	18	Total number of clients receiving treatment	450	461	102%	100% of the facilitators who were trained increased their mastery of skills needed to deliver the PFR program.
			Number of agency learners delivering PFR intervention	12	18	150%	
4.3.B	Family, Friend, and Neighbor Play & Learn Groups	9,570	Number of community members showing improved skills and knowledge	12	18	150%	Most parents/caregivers reported that they increased the school readiness of their child (82%) and social/emotional development of their child (82%). 90% of parents/caregivers felt increased support as a caregiver. The target for the number of Play and Learn groups was set based on an inaccurate calculation; the information is now calculated correctly and the target will be adjusted accordingly.
			Number of facilitators educated in play and learn	32	65	203%	
4.4	Passage Point	137	Number of play and learn groups	85	61	72%	84% of families retained or moved into permanent housing. No clients returned to homelessness within 6 months of leaving the program.
4.5.A	2-1-1 Community Information Line	3,000	Number of new households and carryover enrolled	60	58	97%	2-1-1 received 71,899 total calls in 2017; the VHSL provided funding for 3,000 calls. 96.5% of callers received new information and 99.5% felt that the call was helpful.
4.5.B	Cultural Navigator	1,018	Number of callers	3,000	3,000	100%	1,909 immigrant and refugee clients received culturally appropriate support and referral.
TOTAL STRATEGY 4 CLIENTS SERVED 2017: 17,264			Number of clients (duplicated) receiving information and referral	1,000	1,909	191%	
			Number of agencies receiving technical assistance	250	266	106%	

See footnotes on page 24.

2017 Financial Reports

Veteran Levy funds by strategy

	2017 Adopted SIP budget (ordinance 18409)*	2017 Supplemental budget ordinance 18544, 18602	Adjustments**	Total operating budget	2017 Expenditure	
Service Improvement Plan strategy						
STRATEGY 1: SUPPORTING VETERANS AND THEIR FAMILIES TO BUILD STABLE LIVES AND STRONG RELATIONSHIPS						
1.1	King County Veterans Program	\$2,485,000	\$337,000	\$412,533	\$3,234,533	\$3,234,834
1.2	Veteran outreach and engagement					
A	Enhanced outreach to women veterans and veterans of color	\$300,000	\$-	\$-	\$300,000	\$300,000
B	Veterans information and referral	\$100,000	\$-	\$-	\$100,000	\$100,000
C	Homeless street outreach	\$84,000	\$-	\$13,500	\$97,500	\$97,500
1.3	Veterans employment and training	\$200,000	\$-	\$-	\$200,000	\$200,000
1.4	PTSD treatment/military sexual trauma training	\$450,000	\$-	\$-	\$450,000	\$450,000
1.5	Veterans justice					
A	Veterans Reentry Case Management Program	\$100,000	\$-	\$(50,000)	\$50,000	\$50,000
B	Veterans legal assistance program	\$20,000	\$-	\$30,000	\$50,000	\$50,000
C	Emerging programs for justice-involved veterans	\$345,000	\$-	\$(105,000)	\$240,000	\$234,279
1.6	Support for military families					
A	Military family outreach	\$174,000	\$-	\$-	\$174,000	\$174,000
B	Military family counseling	\$100,000	\$-	\$-	\$100,000	\$100,000
Total Strategy 1		\$4,358,000	\$337,000	\$301,033	\$4,996,033	\$4,990,614
STRATEGY 2: ENDING HOMELESSNESS THROUGH OUTREACH, PREVENTION, PERMANENT SUPPORTIVE HOUSING & EMPLOYMENT						
2.1	Outreach and engagement					
A	Homeless street outreach (REACH)	\$86,000	\$-	\$-	\$86,000	\$86,000
B	Dutch Shisler Sobering Center/Emergency Services Patrol	\$45,000	\$-	\$-	\$45,000	\$45,000
C	Mobile Medical Outreach	\$90,000	\$-	\$-	\$90,000	\$90,000
D	South King County Homeless Outreach	\$15,000	\$-	\$-	\$15,000	\$15,000
2.2	Capital funds for permanent housing	\$960,000	\$-	\$-	\$960,000	\$960,000
2.3	Housing Stability Program	\$400,000	\$-	\$-	\$400,000	\$400,000
2.4	Support services for permanent housing					
A	Housing Health Outreach Team	\$75,000	\$-	\$-	\$75,000	\$75,000
B	On-site support services	\$720,000	\$-	\$-	\$720,000	\$720,000
2.5	Criminal justice initiatives					
A	Forensic Assertive Community Treatment/The Vital Program	\$63,000	\$-	\$-	\$63,000	\$63,000
B	Forensic Intensive Supportive Housing program	\$210,000	\$-	\$(42,000)	\$168,000	\$168,000
2.6	Employment and training					
A	Community Homeless Employment Services	\$120,000	\$-	\$65,000	\$185,000	\$185,000
B	Career Connections	\$120,000	\$-	\$-	\$120,000	\$120,000
C	Aerospace and Veteran Employment Training Initiative	\$-	\$-	\$-	\$-	\$-
D	King County Fellowship Program for Veterans	\$200,000	\$-	\$-	\$200,000	\$200,000
2.7	Youth/Young Adult Homelessness Plan Private Fund Match	\$-	\$-	\$-	\$-	\$-
Total Strategy 2		\$3,104,000	\$-	\$23,000	\$3,127,000	\$3,127,000
STRATEGY 3: IMPROVING HEALTH THROUGH THE INTEGRATION OF MEDICAL AND BEHAVIORAL HEALTH SERVICES						
3.1	Behavioral health integration					
A	Behavioral health integration	\$-	\$-	\$-	\$-	\$-
B	Behavioral health integration for veterans	\$600,000	\$-	\$-	\$600,000	\$600,000
3.2	Veteran and trauma competency training	\$200,000	\$-	\$-	\$200,000	\$200,000
3.3	Health care reform system design and implementation	\$25,000	\$-	\$-	\$25,000	\$25,000
3.4	Depression intervention for seniors (PEARLS)	\$178,000	\$-	\$-	\$178,000	\$178,000
3.5	Facilitation of ongoing partnerships	\$250,744	\$-	\$(102,657)	\$148,087	\$148,087
3.6	Client care coordination	\$40,000	\$-	\$(40,000)	\$-	\$-
Total Strategy 3		\$1,293,744	\$-	\$(142,657)	\$1,151,087	\$1,151,087
STRATEGY 4: STRENGTHENING FAMILIES AT RISK***						
Evaluation 5		\$257,500	\$-	\$(97,647)	\$159,853	\$159,853
Total program		\$9,013,244	\$337,000	\$83,729	\$9,433,973	\$9,428,554
Admin 6		\$457,960	\$-	\$(83,729)	\$374,231	\$312,842
Board support 7		\$68,736	\$-	\$-	\$68,736	\$77,556
GRAND TOTAL		\$9,539,940	\$337,000	\$-	\$9,876,940	\$9,818,952
Percent expended						99.41%

* Ordinance 18409 included fund balance appropriations for 3.5 in the amount of \$180,744 for levy renewal activities and 2.6D in the amount of \$200,000.

** Includes Admin 5% adjustment and reallocations to ensure maximum expenditure.

*** Strategy 4 receives no Veterans Levy funds.

Abbreviations: PEARLS, Program to Encourage Active, Rewarding Lives for Seniors; PTSD, post-traumatic stress disorder; SIP, Service Improvement Plan.

Human Services Levy funds by strategy

	2017 Adopted SIP budget (ordinance 18409)*	2017 Supplemental budget ordinance 18544, 18602	Adjustments**	Total operating budget	2017 expenditure	
Service Improvement Plan strategy						
STRATEGY 1: SUPPORTING VETERANS AND THEIR FAMILIES TO BUILD STABLE LIVES AND STRONG RELATIONSHIPS***						
STRATEGY 2: ENDING HOMELESSNESS THROUGH OUTREACH, PREVENTION, PERMANENT SUPPORTIVE HOUSING & EMPLOYMENT						
2.1	Outreach and engagement					
A	Homeless street outreach (REACH)	\$190,000	\$-	\$-	\$190,000	\$190,000
B	Dutch Shisler Sobering Center/Emergency Services Patrol	\$100,000	\$-	\$-	\$100,000	\$100,000
C	Mobile Medical Outreach	\$210,000	\$-	\$-	\$210,000	\$210,000
D	South King County Homeless Outreach	\$65,000	\$-	\$-	\$65,000	\$65,000
2.2	Capital funds for permanent housing	\$1,200,000	\$-	\$-	\$1,200,000	\$1,200,000
2.3	Housing Stability Program	\$450,000	\$-	\$-	\$450,000	\$450,000
2.4	Support services for permanent housing					
A	Housing Health Outreach Team	\$ 290,000	\$-	\$-	\$290,000	\$290,000
B	On-site support services	\$ 1,000,000	\$-	\$-	\$1,000,000	\$1,000,000
2.5	Criminal justice initiatives					
A	Forensic Assertive Community Treatment/The Vital Program	\$142,000	\$-	\$-	\$142,000	\$142,000
B	Forensic Intensive Supportive Housing program	\$480,000	\$-	\$-	\$480,000	\$480,000
2.6	Employment and training					
A	Community Homeless Employment Services	\$550,000	\$-	\$-	\$550,000	\$550,000
B	Career Connections	\$300,000	\$-	\$-	\$300,000	\$300,000
C	Aerospace and Veteran Employment Training Initiative	\$-	\$-	\$-	\$-	\$-
D	King County Fellowship Program for Veterans	\$-	\$-	\$-	\$-	\$-
2.7	Youth/Young Adult Homelessness Plan Private Fund Match	\$-	\$-	\$-	\$-	\$-
Total Strategy 2		\$4,977,000	\$-	\$-	\$4,977,000	\$4,977,000
STRATEGY 3: IMPROVING HEALTH THROUGH THE INTEGRATION OF MEDICAL AND BEHAVIORAL HEALTH SERVICES						
3.1	Behavioral health integration					
A	Behavioral health integration	\$625,000	\$-	\$-	\$625,000	\$625,000
B	Behavioral health integration for veterans	\$-	\$-	\$-	\$-	\$-
3.2	Veteran and trauma competency training	\$50,000	\$-	\$-	\$50,000	\$50,000
3.3	Health care reform system design and implementation	\$245,000	\$-	\$-	\$245,000	\$245,000
3.4	Depression intervention for seniors (PEARLS)	\$178,000	\$-	\$-	\$178,000	\$178,000
3.5	Facilitation of ongoing partnerships	\$250,744	\$-	\$30,000	\$280,744	\$213,145
3.6	Client care coordination	\$100,000	\$-	\$(30,000)	\$70,000	\$70,000
Total Strategy 3		\$1,448,744	\$-	\$-	\$1,448,744	\$1,381,145
STRATEGY 4: STRENGTHENING FAMILIES AT RISK						
4.1	Home visiting					
A	Nurse Family Partnership	\$470,000	\$-	\$59,200	\$529,200	\$529,200
B	Healthy Start	\$270,000	\$-	\$-	\$270,000	\$270,000
4.2	Maternal depression reduction	\$625,000	\$-	\$-	\$625,000	\$625,000
4.3	Parent education and support	\$260,000	\$-	\$(59,200)	\$200,800	\$200,800
4.4	Passage Point	\$415,000	\$-	\$-	\$415,000	\$415,000
4.5	Information and referral					
A	2-1-1 Community Information Line	\$50,000	\$-	\$-	\$50,000	\$50,000
B	Cultural Navigator	\$70,000	\$-	\$-	\$70,000	\$70,000
Total Strategy 4		\$2,160,000	\$-	\$-	\$2,160,000	\$2,160,000
Immigrant Legal Defense—Ordinance 18544			\$360,000	\$-	\$360,000	\$360,000
Housing, Education, and Access—Ordinance 18602			\$205,000	\$-	\$205,000	\$205,000
Evaluation 5		\$287,500	\$-	\$-	\$287,500	\$285,705
Total program		\$8,873,244	\$565,000	\$-	\$9,438,244	\$9,368,850
Admin 6		\$448,002	\$-	\$-	\$448,002	\$462,801
Board support 7		\$68,694	\$-	\$-	\$66,436	\$80,620
Grand total		\$9,389,940	\$565,000	\$-	\$9,954,940	\$9,912,271
Percentage expended						99.57%

* Ordinance 18409 included fund balance appropriations for 3.5 in the amount of \$180,744 for levy renewal activities and 2.3 in the amount of \$50,000.

** Includes Admin 5% adjustment and reallocations to ensure maximum expenditure.

*** Strategy 1 receives no Human Services Levy funds.

Combined Levy funds by strategy

	2017 Adopted SIP budget (ordinance 18409)*	2017 Supplemental budget ordinance 18544, 18602	Adjustments**	Total operating budget	2017 expenditure
Service Improvement Plan strategy					
STRATEGY 1: SUPPORTING VETERANS AND THEIR FAMILIES TO BUILD STABLE LIVES AND STRONG RELATIONSHIPS					
1.1	King County Veterans Program	\$2,485,000	\$ 337,000	\$ 412,533	\$ 3,234,533
1.2	Veteran outreach and engagement				
A	Enhanced outreach to women veterans and veterans of color	\$ 300,000	\$-	\$-	\$ 300,000
B	Veteran's information and referral	\$ 100,000	\$-	\$-	\$ 100,000
C	Homeless street outreach	\$ 84,000	\$-	\$ 13,500	\$ 97,500
1.3	Veterans employment and training	\$ 200,000	\$-	\$-	\$ 200,000
1.4	PTSD treatment/military sexual trauma training	\$ 450,000	\$-	\$-	\$ 450,000
1.5	Veterans justice				
A	Veterans Reentry Case Management Program	\$ 100,000	\$-	\$ (50,000)	\$ 50,000
B	Veterans legal assistance program	\$ 20,000	\$-	\$ 30,000	\$ 50,000
C	Emerging programs for justice-involved veterans	\$ 345,000	\$-	\$ (105,000)	\$ 240,000
1.6	Support for military families				
A	Military family outreach	\$ 174,000	\$-	\$-	\$ 174,000
B	Military family counseling	\$ 100,000	\$-	\$-	\$ 100,000
Total Strategy 1	\$4,358,000	\$337,000	\$301,033	\$4,996,033	\$4,990,614
STRATEGY 2: ENDING HOMELESSNESS THROUGH OUTREACH, PREVENTION, PERMANENT SUPPORTIVE HOUSING & EMPLOYMENT					
2.1	Outreach and engagement				
A	Homeless street outreach (REACH)	\$276,000	\$-	\$-	\$276,000
B	Dutch Shisler Sobering Center/Emergency Services Patrol	\$145,000	\$-	\$-	\$145,000
C	Mobile Medical Outreach	\$300,000	\$-	\$-	\$300,000
D	South King County Homeless Outreach	\$80,000	\$-	\$-	\$80,000
2.2	Capital funds for permanent housing	\$2,160,000	\$-	\$-	\$2,160,000
2.3	Housing Stability Program	\$850,000	\$-	\$-	\$850,000
2.4	Support services for permanent housing				
A	Housing Health Outreach Team	\$365,000	\$-	\$-	\$365,000
B	On-site support services	\$1,720,000	\$-	\$-	\$1,720,000
2.5	Criminal justice initiatives				
A	Forensic Assertive Community Treatment/The Vital Program	\$205,000	\$-	\$-	\$205,000
B	Forensic Intensive Supportive Housing program	\$690,000	\$-	\$ (42,000)	\$648,000
2.6	Employment and training				
A	Community Homeless Employment Services	\$670,000	\$-	\$ 65,000	\$735,000
B	Career Connections	\$420,000	\$-	\$-	\$420,000
C	Aerospace and Veteran Employment Training Initiative	\$-	\$-	\$-	\$-
D	King County Fellowship Program for Veterans	\$200,000	\$-	\$-	\$200,000
2.7	Homeless Youth Employment	\$-	\$-	\$-	\$-
Total Strategy 2	\$8,081,000	\$-	\$23,000	\$8,104,000	\$8,104,000
STRATEGY 3: IMPROVING HEALTH THROUGH THE INTEGRATION OF MEDICAL AND BEHAVIORAL HEALTH SERVICES					
3.1	Behavioral health integration				
A	Behavioral health integration	\$625,000	\$-	\$-	\$625,000
B	Behavioral health integration for veterans	\$600,000	\$-	\$-	\$600,000
3.2	Veteran and trauma competency training	\$250,000	\$-	\$-	\$250,000
3.3	Health care reform system design and implementation	\$270,000	\$-	\$-	\$270,000
3.4	Depression intervention for seniors (PEARLS)	\$356,000	\$-	\$-	\$356,000
3.5	Facilitation of ongoing partnerships	\$501,488	\$-	\$ (72,657)	\$428,831
3.6	Client care coordination	\$140,000	\$-	\$ (70,000)	\$70,000
Total Strategy 3	\$2,742,488	\$-	\$ (142,657)	\$2,599,831	\$2,532,232
STRATEGY 4: STRENGTHENING FAMILIES AT RISK					
4.1	Home visiting				
A	Nurse Family Partnership	\$470,000	\$-	\$ 59,200	\$529,200
B	Healthy Start	\$270,000	\$-	\$-	\$270,000
4.2	Maternal depression reduction	\$625,000	\$-	\$-	\$625,000
4.3	Parent education and support	\$260,000	\$-	\$ (59,200)	\$200,800
4.4	Passage Point	\$415,000	\$-	\$-	\$415,000
4.5	Information and referral				
A	2-1-1 Community Information Line	\$50,000	\$-	\$-	\$50,000
B	Cultural Navigator	\$70,000	\$-	\$-	\$70,000
Total Strategy 4	\$2,160,000	\$-	\$-	\$2,160,000	\$2,160,000
	Immigrant Legal Defense—ordinance 18544		\$360,000	\$-	\$360,000
	Housing, Education, and Access—ordinance 18602		\$205,000	\$-	\$205,000
	Evaluation 5	\$545,000	\$-	\$ (97,647)	\$447,353
Total program	\$17,886,488	\$902,000	\$83,729	\$18,872,217	\$18,797,404
Admin 6		\$905,962	\$-	\$ (83,729)	\$822,233
Board support 7		\$137,430	\$-	\$-	\$137,430
Veterans total		\$9,539,940	\$337,000	\$-	\$9,876,940
Human services total		\$9,389,940	\$565,000	\$-	\$9,954,940
Grand total	\$18,929,880	\$902,000	\$-	\$19,831,880	\$19,731,223
Percentage expended					99.49%

* Ordinance 18409 included fund balance appropriations for 3.5 in the amount of \$361,488 for levy renewal activities, 2.6D in the amount of \$200,000, and 2.3 in the amount of \$50,000.

** Includes Admin 5% adjustment and reallocations to ensure maximum expenditure.

The Veterans and Human Services Levy is administered by the King County Department of Community and Human Services and carried out in partnership with:

Abused Deaf Women's Advocacy Services
African American Elders Project
Area Agency on Aging—City of Seattle Aging & Disability Services
Atlantic Street Center
Auburn Youth Resources
Catholic Community Services
Catholic Housing Services
Center for Human Services
Child Care Resources
Children's Home Society of Washington
Children's Therapy Center
Chinese Information and Service Center
City of Seattle
Community Health Plan of Washington
Community House Mental Health Agency
Community Psychiatric Clinic
Compass Housing Alliance
Congregations for the Homeless
Country Doctor Community Health Centers
Crisis Clinic
Dental Professionals
Downtown Action to Save Housing
Downtown Emergency Service Center
Eastside Interfaith Social Concerns Council
El Centro de la Raza
Encompass
Evergreen Treatment Services
First Place
Foundation for the Challenged
Friends of Youth
Harborview Medical Center
Health Care for the Homeless Network
HealthPoint
Hopelink
Imagine Housing
International Community Health Services
International Drop-in Center
Kindinger
King County Behavioral Health Safety Net Consortium
Low-Income Housing Institute
Medical Teams International
Muckleshoot Indian Tribe
Multi-Service Center
Navos
NeighborCare Health
Neighborhood House
Northshore Youth & Family Services
Northwest Justice Project
Pioneer Human Services
Plymouth Housing Group
Projects for Assistance in Transition from Homelessness
Provail
Public Health—Seattle & King County
Puget Sound Educational Services District
Regional Veterans Housing Program
Renton Area Youth & Family Services
Renton Housing Authority
Salvation Army—Seattle
Sea Mar Community Health Centers
Seattle Indian Health Board
Seattle Jobs Initiative
Senior Services
Solid Ground
Sound (formerly Sound Mental Health)
South King County Early Intervention Program
Terry Home
Therapeutic Health Services
TRAC Associates
United Indians of All Tribes
United Way of King County
University of Washington
Valley Cities Counseling and Consultation
Vashon HouseHold
Vashon Youth & Family Services
Veterans Training Support Center
Washington State Department of Veterans Affairs
Wellspring Family Services
Wonderland Development Center
YouthCare
Youth Eastside Services
YMCA
YWCA Seattle—King—Snohomish

For a list of partners awarded levy funds by strategy, go to kingcounty.gov/VHSLLevyPartners.

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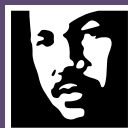
TAX RELIEF INFORMATION

For information on tax relief for seniors, disabled persons, veterans, and their widows and widowers, call 206-296-3920 or go to kingcounty.gov/depts/assessor/Common-Questions/Seniorss.aspx.

ALTERNATE FORMATS AVAILABLE.

Call 206-263-9105

TTY Relay 711



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kingcounty.gov/VHSL