

VETERANS & HUMAN SERVICES LEVY

2016 ANNUAL REPORT



King County

The Veterans and Human Services Levy (VHSL) for 2012–2017 funds essential services to keep veterans and others in King County housed, healthy and moving toward self-sufficiency. Approved by King County voters in 2011 based on the success of the 2006–2011 levy, it costs the homeowner about \$18 a year for an average King County home.

Because of your VHSL contribution in 2016:

- ▶ 692 veterans who called the Veterans Information and Referral Call Center quickly got referrals to services they needed
- ▶ Every \$1 of VHSL funding to build low-income housing leveraged \$5 in private and other public funding
- ▶ 82 percent of parents and caregivers in Play & Learn groups started reading to their children more often at home
- ▶ And more ... read on.

Goals

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

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

Strategies

To achieve the three goals, the VHSL Service Improvement Plan sets out four overarching strategies:

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.

2016 Annual Report Credits:

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Page 17: Bonnie Knight Photography

Citizen oversight

Both the Veterans and Human Services components of the VHSL have a citizen oversight board to ensure that the funds are used effectively.

Citizen Oversight 2016

In 2016, members of the Veterans Citizen Oversight Board and the Regional Human Services Citizen Oversight Board donated more than 170 hours to review the work of 40 levy-funded programs. Throughout the year members monitored the expenditure of levy funds and offered recommendations. The boards held five of their meetings at levy-funded sites where they gained greater understanding of the programs and the VHSL’s impact. They also provided valuable feedback on levy renewal and participated in local, renewal-focused community conversations throughout King County.

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Dear King County Neighbor:

It is our pleasure to share with you this report describing how programs the Veterans and Human Services Levy (VHSL) funded in 2016 helped many of our most vulnerable residents improve their lives. The report will also show you how the VHSL supports the King County Strategic Plan goal to “Provide opportunities for all individuals to realize their full potential” and the King County Equity and Social Justice Initiative strategy to “invest in community partnerships.”

The VHSL served 36,881 residents in need last year, including 7,150 veterans and their families. Here are a few examples of 2016 accomplishments.

GOAL 1. REDUCING HOMELESSNESS

- ▶ Provided 8,244 emergency shelter bed nights for homeless veterans at the William Booth Shelter (Activity 1.1 King County Veterans Program)
- ▶ Sustained 853 formerly homeless residents in permanent supportive housing by connecting them to health care, behavioral health services and/or case management (Activity 2.4 Health Housing Outreach Team).

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

- ▶ Screened 1,448 low-income adults for depression and provided most with at least two mental health visits that improved their quality of life (Activity 3.1 Behavioral Health Integration)
- ▶ Connected 243 incarcerated veterans with health, housing, education and/or job resources as they re-entered the community (Activity 1.5 Veterans Incarcerated Program).

GOAL 3. INCREASING SELF-SUFFICIENCY

- ▶ Helped 126 isolated older adults, including veterans, veterans’ spouses and veterans’ spouse survivors, overcome minor depression and regain their well-being and joy of living at home (Activity 3.4 Depression Intervention for Seniors/PEARLS program)
- ▶ Welcomed 4,311 parents and caregivers and their 4,952 children to more than 90 Play & Learn groups held countywide, where the adults learned skills to encourage their children’s learning at home (Activity 4.3 Family, Friend and Neighbor Play & Learn Groups).

Beyond the numbers, this report will introduce you to Dan, Tanya, Dorothy and Elizabeth, and to tangible ways the VHSL is making a difference for community members.

The VHSL plays a special role in our county. A key role is to improve access to services for veterans and vulnerable community members by coordinating solutions across programs, agencies and systems. The levy is also significant because of you, the voters of King County, who have twice voted to approve this use of tax dollars. As we look toward renewing the levy in 2017, we know that you want your dollars to go toward meaningful change that matters—for veterans, families and individuals in need, and, ultimately, for all of us.


Sincerely yours,



Francisco F. Ivarra, Chair
Veterans Citizen
Oversight Board



David Ramsay, Co-Chair
Regional Human Services
Citizen Oversight Board



Kate Slaminko, Co-Chair
Regional Human Services
Citizen Oversight Board

2012–2016

YOUR VHSL AT WORK – A LOOK BACK

The **Veterans and Human Services Levy (VHSL)** is a voter-approved, property tax levy to fund regional health and human services in King County. VHSL funding supports two groups: (1) veterans, service members and their respective families, and (2) other individuals and families in need in King County. Proceeds are divided equally between the two.

HIGHLIGHTS:	
2,056	units of affordable housing created
784	people/year in prevention programs
3,000	veterans and vulnerable people linked to housing, benefits or other services per year.

Goals

The VHSL has three primary goals:

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

Strategies

The VHSL pursues its goals through program activities guided by a Council-adopted Service Improvement Plan. Two citizen oversight boards oversee 40 activities aligned in four strategies:

Strategy 1. **Supporting Veterans**

Strategy 2. **Ending Homelessness**

Strategy 3. **Improving Health**

Strategy 4. **Strengthening Families**

All four strategies at work



The **William J. Wood Veterans House**, built and maintained with Veteran’s Levy funds, opened in 2016. Located in Federal Way, the new construction consists of 45 units of permanent affordable housing for veterans and their families. William J. Wood was an advocate for veterans, having served in the Army as a warrant officer during the Vietnam War. He was instrumental in passing the initiative creating the VHSL and served as an originating citizen oversight board member.

Meet a few of the residents ...

A couple married for 37 years (and homeless for 38) is making their apartment their own, complete with one room decorated in red, white and blue. The husband volunteers for flag detail for the Stars and Stripes that proudly wave in front of the building.

An 85-year-old Korean War veteran had nowhere to play the music he loves while he was homeless. After moving to William J. Wood, he picked up his instrument to play for the holiday party and is now seeking local jam sessions.

2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
NOV						AUG						NOV
King County voters approve the VHSL by a nearly 60 percent vote. The six-year levy costs 5 cents per \$1,000 of assessed property value.						Voters approve renewal for six years by a 69 percent vote.						Voters will consider renewing the VHSL.
						DEC						DEC
						2006–2011 levy ends.						2012–2017 levy ends.

GOAL 1: PREVENT AND REDUCE HOMELESSNESS

Reducing homelessness in King County has been a major focus of the VHSL since 2006. Levy-funded activities have reduced homelessness by:

Preventing veterans and others from becoming homeless

- ▶ For example, On-site Support services (Activity 2.4) provided at housing programs across the county have served on average 934 households each year since 2012.

Going out into the community to find and engage those who find themselves homeless

- ▶ For example, the REACH program (Activity 2.1) has served on average 556 clients each year since 2012, helping them identify their goals and working with them to improve or maintain their housing.

Creating affordable housing

- ▶ For example, VHSL funds support capital investments in affordable housing every year (Activity 2.2).

Helping formerly homeless people gain employment that can keep them from returning to homelessness

- ▶ For example, Community Homeless Employment services (Activity 2.6), have helped on average 500 clients each year since 2012 gain skills and find jobs.

MAINTAINING HOUSING

More than 800 households per year housed through VHSL-supported programs maintained their housing or exited to permanent housing

2012	91.2%
2013	91.4%
2014	85.7%
2015	90.5%
2016	90.6%

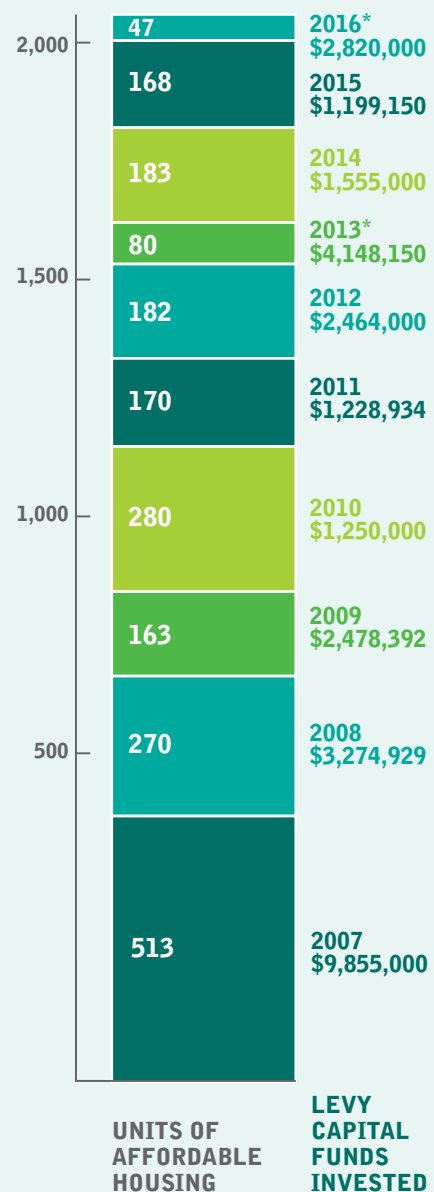
What is “maintaining” housing?

To maintain housing is to stay housed for the long-term. People who are homeless often face physical and mental health challenges making this difficult. Supportive services in housing help residents create a stable life to stay housed. For example, cases managers connect residents to physical and mental health care, and health educators hold classes on self-care.

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

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

2,056 units created since 2007

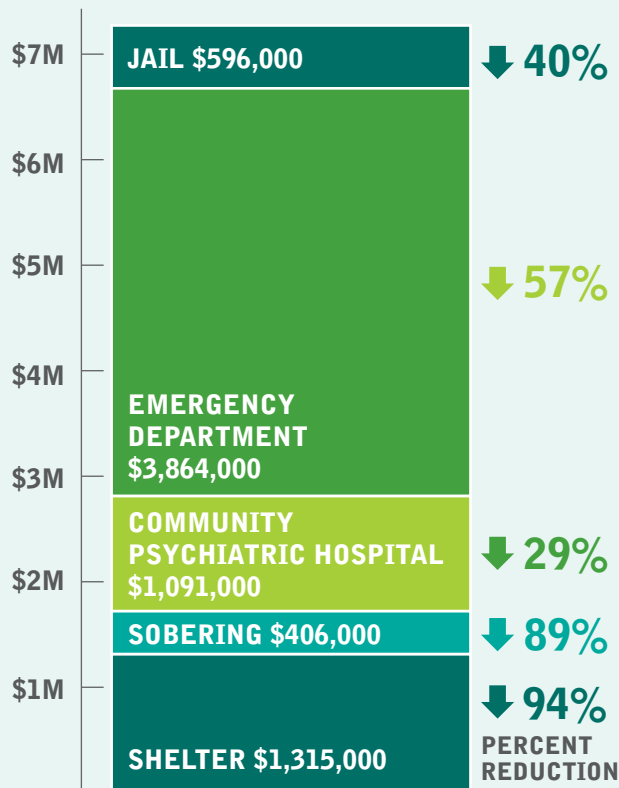


*In 2013 and 2016 the VHSL helped fund two large projects. The cost of providing essential, robust support services to these projects led to a higher per-unit cost relative to other years.

GOAL 2: REDUCE UNNECESSARY CRIMINAL JUSTICE AND EMERGENCY MEDICAL INVOLVEMENT

The second VHSL goal focuses on reducing the unnecessary use of public services, such as emergency medical services and involvement with the criminal justice system. VHSL-supported programs do this by helping vulnerable individuals, especially those who are homeless and have disabling conditions, to get the help they need.

Reduced use of services can offset public costs 2012 - 2015*



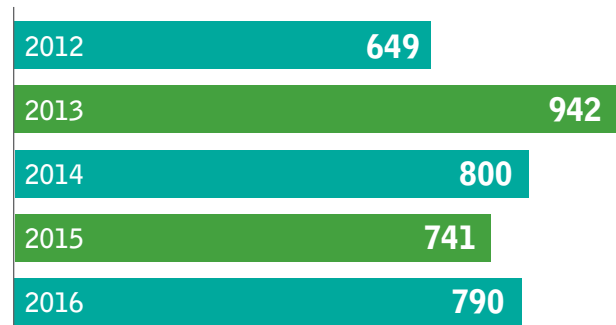
Housing the county’s most vulnerable residents reduces use of institutional services such as emergency rooms, jails and sobering centers. Cost offsets have been shown to be between \$8,500 and \$15,000 per high-utilizing, homeless person. The VHSL has funded a number of programs that provided these individuals permanent housing, reducing their use of emergency services. Combined, these programs served more than 2,000 people in 2016.

\$7+ million VHSL-funded programs’ success in getting vulnerable residents into housing offset an estimated \$7+ million in public costs.

*The Client Care Coordination program provided the cost offset data but ended in 2016. The concept of housing the most highly vulnerable residents and the expected cost offsets continue through the King County Coordinated Entry for All (CEA) system using the common assessment tool, the Vulnerability Index–Service Prioritization Decision Assistance Tool (VI-SPDAT).

VHSL-funded programs prevented unnecessary involvement in the criminal justice and emergency medical systems

Each year the levy has served an average of 784 clients in five prevention programs designed to reduce involvement with criminal justice and use of emergency rooms. These programs are Health Housing Outreach Team, Forensic Assertive Community Treatment/Intensive Care Management Team, Forensic Intensive Supportive Housing, Client Care Coordination and Passage Point.

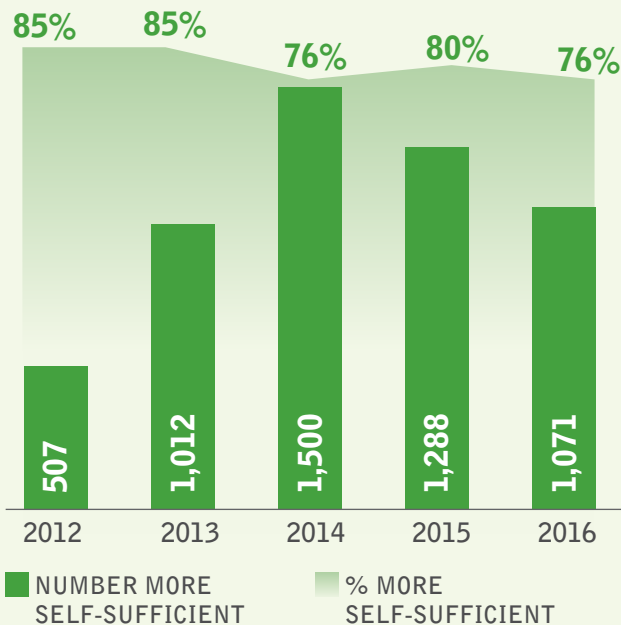


GOAL 3: INCREASE SELF-SUFFICIENCY OF VETERANS AND VULNERABLE POPULATIONS

The VHSL supports an array of programs that help individuals and families become more self-sufficient in their communities.

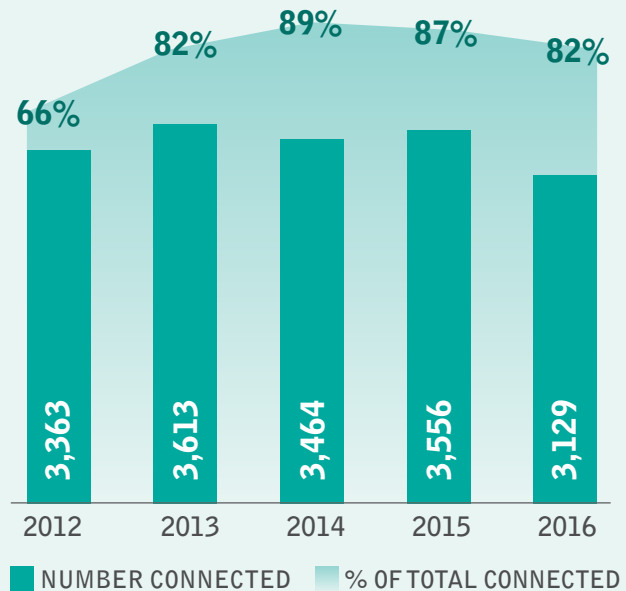
- ▶ Eight outreach programs identify and link vulnerable people to services. Each year they have helped more than 3,000 veterans and other community members find the help they need.
- ▶ King County Veterans Program (KCVP) uses intensive case management that regularly assess veterans' progress in meeting their personal goals to work toward self-sufficiency.
- ▶ Five mental health programs help veterans and their families, new mothers and other community members improve their lives.

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



More than 3,000 veterans and vulnerable individuals are linked to services each year through VHSL-supported outreach.

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



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



Supporting Veterans and Their Families to Build Stable Lives and Strong Relationships



Veteran Works Toward Growth and Healing

Healing from the trauma of combat takes time, but it also takes personal commitment. “Dan,” a 31-year-old Army National Guard veteran, knows this firsthand. During his tour in Iraq, Dan experienced the loss of many of his fellow soldiers and survived a violent incident that ended many lives.

When he returned home, Dan found it difficult to resume a normal life. He married and gained sporadic employment, but wrestled with flashbacks, panic attacks, nightmares, survivor guilt, and suicidal and homicidal thoughts. He was hospitalized twice and his marriage ended in divorce.

Since starting counseling in 2013 through the VHSL’s Post-Traumatic

Stress Disorder (PTSD) Treatment program, Dan has worked on his anxiety, anger and mood stability. In 2016, he obtained a part-time retail job. In his spare time, he volunteers with a program to teach fellow veterans how to weld.

Dan has improved his communication with others and now enjoys a healthy relationship with his two young sons. He would ultimately like to work in a career that supports other veterans. Most important, Dan remains committed to the path of growth and healing one day at a time.

STRATEGY 1 served veterans from all service eras and their families—supporting them long after welcome-home events were over. VHSL funding has helped veterans and their families rebuild strong lives and continue serving their communities after military service. In 2016, programs funded by Strategy 1 served 4,861 veterans and their family members.

ACTIVITY 1.1

King County Veterans Program

Ever since King County started serving veterans, the King County Veterans Program (KCVP) has served as a central hub to link veterans to services. VHSL funding expands KCVP's capacity for direct services through its own skilled case managers and contracted services for shelter, civil legal aid, employment, training, counseling and more. It also expands KCVP's ability to provide supports for families of veterans and active duty military, as well as those serving in the National Guard/Reserves who are not traditionally eligible for military support services. In 2016, KCVP served a combined 2,335 veterans and their family members, including 296 women, 1,121 people of color, and 875 who were homeless when they contacted KCVP. In 2016, KCVP:

- ▶ Provided case management for 1,612 veterans and their family members, 90 percent of whom achieved at least one of their self-sufficiency goals.
- ▶ Provided 8,650 "bed-nights" for 136 veterans at William Booth Shelter, and 3,471 bed-nights for 43 veterans at Pioneer Square Men's Program transitional housing. Twenty-four percent of those sheltered at Booth moved directly to permanent housing, 30 percent to transitional housing.

"Within three months of entering transitional housing, 'John' was able to use veteran housing resources, state benefits and mental health treatment to get and move into his first apartment since his marriage ended in the late 1990s."

—Project manager, housing program connected with KCVP (Activity 1.1)

ACTIVITY 1.2

Veteran Outreach and Engagement

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. In 2016, the VHSL-funded outreach programs joined with community, local and federal veteran housing and services partners to coordinate efforts to assist homeless veterans using the VI-SPDAT¹ assessment tool. As a result, the outreach teams expanded their hours, and visited more shelters, tent cities and other locations.

Enhanced outreach to women veterans and veterans of color. In 2016, the outreach teams engaged and assessed 243 vulnerable veterans,

Annual Household Income Increase: Job Placement Only vs. Training + Job Placement King County Veterans Program (128 clients)

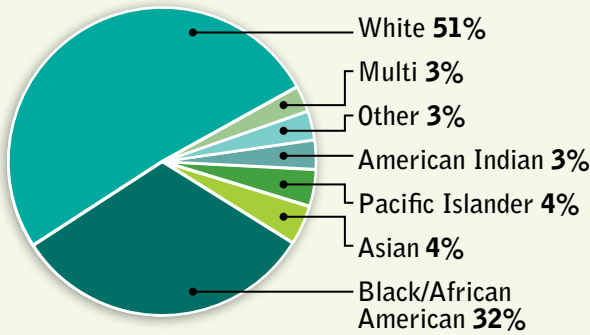
Veterans who received job placements through KCVP (Activity 1.1) saw their income increase by about \$27,000. When they also got training, their income went up by \$40,000. Therefore, in 2016, 128 veterans increased their annual household income by an average of \$30,000, making the total increased income equal to \$3.8 million—more than the total annual VHSL investment in the KCVP.



¹ The Vulnerability Index–Service Prioritization Decision Assistance Tool (VI-SPDAT) is an evidence-informed tool used nationwide to help determine who is eligible for and in greatest need of housing and support, and the best option to help them.

Race of Veterans and Families Served

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



*Hispanic/Latino ethnicity is collected separately from Race per U.S. Census guidelines. 5.7% of all clients served under Strategy 1 identified as Hispanic/Latino.

including 130 veterans of color and 55 women veterans. Using the VI-SPDAT, the outreach team engaged with 131 veterans who were homeless.

Veteran information and referral. The King County Veterans Information and Referral Call Center talked with 692 veterans in 2016 and provided them with referrals to services. Ninety-two percent of those who received referrals reported satisfaction with the service. For each referral, the staff followed up to ask if the veteran had connected with the needed service. If not, the Call Center provided further help or a referral to an advocate. The Call Center also served as an information resource for community veteran and human service providers, connecting and educating agencies with veteran-specific services.

Homeless Veteran Street Outreach. In 2016, the outreach team used their knowledge of veteran resources to serve 89 homeless veterans, referring 68 to housing resources, U.S. Department of Veterans Affairs (VA) benefits or help with move-in costs. As a result, 46 got into housing or shelters. The team also helped veterans with benefit applications and referred them to employment programs.

ACTIVITY 1.3

Veterans Employment and Training

The Vet Corps program’s peer outreach workers had contact with 157 veterans on 14 college campuses across King County and helped them pay for their books, fees and supplies so they could stay enrolled. Nearly 80 percent of the veterans continued with

their education or training opportunities. The program leveraged \$1.50 in federal, state and college funds for every \$1 in VHSL funds.

Vet Corps leveraged VHSL funds to gain \$1.50 in federal, state and college funds for every \$1 in levy funds. (Activity 1.3)

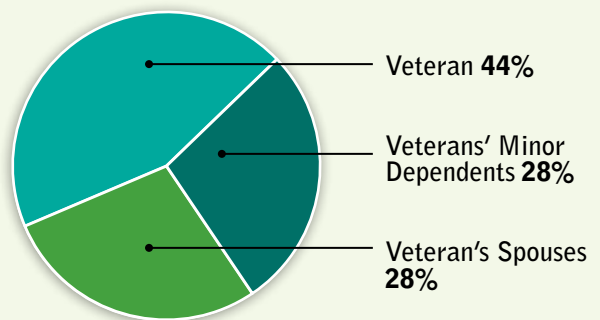
ACTIVITY 1.4

Post-Traumatic Stress Disorder (PTSD) Treatment/Military Sexual Trauma (MST) Training

In 2016, 242 veterans with war and deployment readjustment and PTSD treatment needs received free counseling services totaling 2,617 hours. The services were available in 25 locations across the county. Ninety-one percent of the veterans who received the counseling reported that the impact of PTSD had lessened and their lives had improved. The program also consulted with college counseling staff and provided continuing education on MST to almost 290 direct service providers.

PTSD and Other Mental Health Services Clients Served

Veterans’ spouses and children, who are not eligible for federal VA services, made up more than half of those receiving PTSD and other mental health services (Activity 1.4).



ACTIVITY 1.5

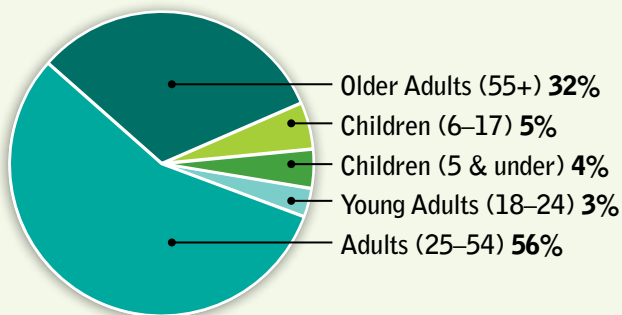
Veterans Justice

The VHSL provided funding for three programs for veterans involved with the justice system.

Veterans Incarcerated Program. The program, now called the Veterans Reentry Case Management

Age of Veterans and Families Served

The majority of veterans and family members served were adults, with older adults making up nearly a third.



Program², assessed the needs of 284 incarcerated veterans in 2016, referring 195 to housing resources and achieving 133 placements. The program also successfully linked 200 of the veterans to behavioral health services, and referred 154 to education, employment or training, with 117 making use of these resources. Regular check-ins about re-entry needs while the veteran was still in custody improved the success rate.

Veterans Legal Assistance Program. In 2016, the program helped 211 veterans with civil legal needs, such as preventing evictions, reinstating driver licenses, disputing debt, and advising on their rights related to health care and child support. Half of the veterans served resolved their civil legal issues.

Emerging programs for justice-involved veterans. In 2016, the program screened and assessed 57 justice-involved veterans for the Seattle and King County veterans' courts, with 27 veterans opting to participate. The program referred 20 of the veterans to housing, and worked with VA specialists to connect those screened to needed mental health and substance use disorder treatment. The program collaborated with state agencies and the VA to design and offer eight-hour and 40-hour Crisis Intervention Team trainings for corrections and law enforcement officers.

ACTIVITY 1.6

Support for Military Families

Military families make sacrifices to support the service of their loved one but often are not eligible for veterans services. The VHSL, one of only a few sources

that supports services for veterans' families, funds two such programs.

Military family outreach. The outreach staff served 156 veteran families in 2016. Services included assisting with apartment searches and resources to pay move-in costs, helping prepare claims for veterans and disability benefits, and referrals to employment and job readiness programs. All those served were connected to the resources they needed.

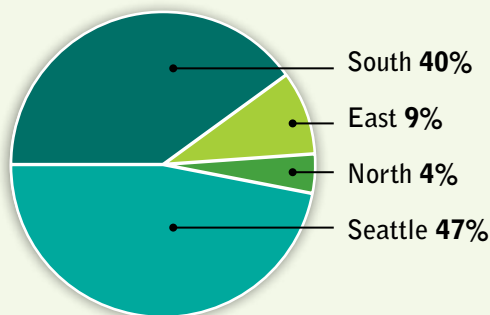
"We used the VI-SPDAT to assess 'Molly.' Then a case manager helped her get a housing voucher and resources from KCVP, and she found an agency to help pay the back rent she owed. She now has housing for herself and her two children. It would have been difficult without the agencies' wrap-around services."

—Project manager, Military Family Outreach (Activity 1.6)

Military family counseling. In 2016, 39 family members and caregivers of veterans with PTSD accessed the program's counseling at no cost, for a total of 498 hours of counseling. All those who responded to a follow-up survey said their life had improved as a result. This program was available to families even if the veteran did not engage in services, providing an important resource for families who are not eligible for services from the federal VA.

Location of King County Residents Served by Strategy 1

The veterans and families served were from across the county, but predominantly from Seattle and South King.



² 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.

Ending Homelessness Through Outreach, Prevention, Permanent Supportive Housing and Employment

Homeless Mom Gets a Good Job and a “Real House”

“Remarkable turnaround” would be a mild way to describe life for “Tanya” and her family in 2016. A 41-year-old mother of three, Tanya felt defeated and depressed when she came to WorkSource Renton seeking a job. Though she had an excellent work history in office administrative roles, she was unemployed because of an injury. She had fallen behind in her rent and racked up debt. Rather than be evicted from her apartment, Tanya had moved her family into a motel. But the charges there cost their entire monthly income.



WorkSource referred Tanya to the VHSL-funded Community Employment program. The employment specialist helped Tanya assess her own strengths and skills and identify employment opportunities with long-term potential. The specialist also helped her get interview clothes and shoes, and gave her a gas card so she could get to and from her interview. Within a few weeks, Tanya had a job as a receptionist starting at \$16 per hour with benefits, more than she had ever been paid!

Once Tanya was working, the Community Employment program referred her to another program that receives VHSL funds, the YWCA Landlord Liaison Program, for help finding housing. With

this help and Tanya’s own advocacy, she found and moved her family into a three-bedroom rental house in Federal Way. By the end of the year, Tanya had gotten a raise at work to \$17.50 per hour, arranged her debts into manageable payments, and received an offer from her landlord of a rent-to-own option. Now Tanya comes home from work to her family in, as her 12-year-old daughter called it, their “real house with a yard and everything!”

STRATEGY 2 continued to focus on making homelessness rare, brief and one-time. The programs funded by this strategy in 2016 served 8,002 individuals experiencing or at risk for homelessness, of whom 950 were veterans or their family members.

ACTIVITY 2.1

Outreach and engagement

Many who find themselves homeless also struggle with health problems and substance use disorders, often relying on expensive emergency services for care. The staff of four VHSL-funded programs reached homeless individuals, gained their trust, and connected them with housing, meals and health care.

Homeless street outreach. The REACH program³ served 381 homeless individuals, helped them identify their goals, and worked with them through each step to obtain and maintain their housing. Thirty-two percent improved or maintained their housing. A lack of affordable and available housing limited the activity's ability to place clients in housing.

"The barriers to obtaining housing for those working to change their lives for the better but have a blemished record can be monumental, especially in our hot rental housing market."

—Project manager, Homeless street outreach (Activity 2.1)

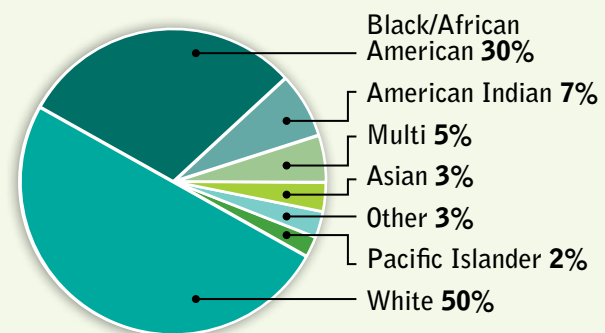
Dutch Shisler Sobering Center and Emergency Service Patrol (ESP). ESP and the Sobering Center helped prevent unnecessary use of emergency services, and linked people with chronic substance use disorders with the health and behavioral health services they needed to begin recovery. The ESP served 10,554 individuals in 2016 and transported 5,034 to the Sobering Center where they received help managing acute intoxication symptoms and initiating recovery. The ESP operated 24/7 and responded to 12,174 calls from 9-1-1 related to people on the street, who were nearly all homeless persons.

Mobile medical outreach. The mobile medical program team provided walk-in, primary health care and supplies, such as wound care kits and hygiene items, to 1,184 homeless individuals during 2016. The program expanded in mid-2016 by adding a second van focused in Seattle. The vans aligned service times with free community meal programs, food banks and encampments. The program also linked 19 percent of those served to mental health treatment and 6 percent to medical benefits. Since Medicaid expansion in 2014, roughly 90 percent of those assisted have had health insurance but needed a case manager's help to maximize their use of benefits.



Race of People Served by Strategy 2

Half of those served were white, with black/African American as the second largest racial group.*



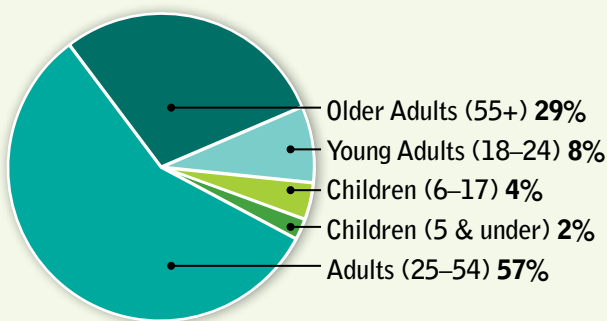
*Hispanic/Latino ethnicity is collected separately from Race per U.S. Census guidelines. 8.2% of all clients served under Strategy 2 identified as Hispanic/Latino.

3 REACH used several best practices and clinical strategies, including the Companionship Model, Stages of Change Orientation, Motivational Interviewing, Harm Reduction, and Integrated Treatment.

South King County homeless outreach (PATH). In 2016, the program conducted on-the-street outreach⁴ to 253 long-term homeless persons in South King County and used the VI-SPDAT to assess and make referrals to housing for 205 individuals. Roughly 90 were connected to housing, shelter, veterans benefits, health care or behavioral health services. The program collaborated with city agencies and service providers in Auburn, Kent and Tukwila and expanded to Burien and SeaTac.

Age of People Served by Strategy 2

Strategy 2 served primarily adults, of whom nearly 30 percent were over 55.



ACTIVITY 2.2

Capital funds for permanent housing

In 2016, the levy funded the creation of 47 units of low-income housing, bringing the total to 2,056 units created since 2007. A major 2016 highlight was the grand opening in December of the William J. Wood Veterans House in Federal Way (funded in 2013)— permanent affordable housing for veterans that includes 11 family-sized units. The activity also leveraged other private and public funding in a 1:5 ratio.

“It was great to have a place, but to find out how good it is, is beyond expectations. When people ask how I’m doing, now I say, ‘Better than most!’”

—Formerly homeless veteran now residing at William J. Wood Veterans House (Activity 2.2)

ACTIVITY 2.3

Housing Stability Program

In 2016, 297 non-veteran and 106 veteran households retained their housing and increased their stability with the help of the Housing Stability Program. Households received cash assistance for deposits and rent owed, legal help with eviction notices, and guidance on creating a household budget and action plan. Referrals to the program came through King County 2-1-1 and the Housing Justice Project.

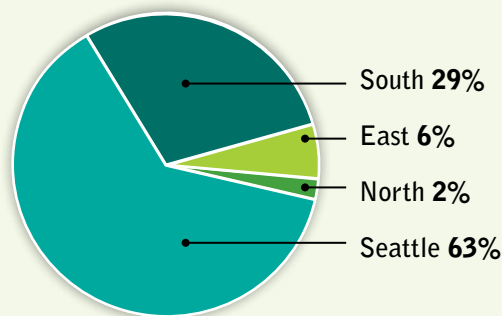
ACTIVITY 2.4

Support services for permanent housing

Offering supportive services for chronically homeless people who have moved into housing helped them manage health challenges and achieve a more stable life. The VHSL supported two projects to support those in permanent housing— Housing Health Outreach Team (HHOT) and On-site Support services.

Location of King County Residents Served by Strategy 2

More than half of those served by Strategy 2 lived in Seattle. This percentage increased significantly from prior years due to a change in reporting methods, including counting all persons served by the Emergency Services Patrol as Seattle residents.



4 The program used a best-practice case-management approach to outreach, based on Program for Assertive Community Treatment standards.

Housing Health Outreach Team (HHOT). In 2016, the HHOT team in Seattle and HHOT nurses in South King County⁵ coordinated care for 853 housing residents. Of these, 516 accessed primary care beyond the nurse visits, 246 accessed behavioral health services, and 596 set a self-management goal for their chronic condition. These services helped the residents stay in housing, with 95 percent retaining housing for at least a year. In 2016, VHSL funding for HHOT leveraged investments of more than \$676,000 from the City of Seattle and United Way of King County. With more residents now over age 50, the need has increased for HHOT services to help residents age in place with dignity, health and safety.

On-Site Support services.⁶ A total of 1,273 residents received case management and support services at 18 housing programs across the county that served formerly homeless veterans, adults, young adults and families. These services helped the residents set goals to stabilize their lives and retain their housing.

ACTIVITY 2.5

Criminal justice initiatives

The VHSL supported two programs that helped locate supportive housing for homeless and mentally ill offenders exiting King County jails.

Forensic Assertive Community Treatment (FACT)/The Vital Program - Familiar Faces Intensive Care Management Team program (ICMT).⁷ The program worked with individuals leaving jail who had a mental illness, and in some cases also a substance use disorder history, to prevent homelessness and unnecessary use of emergency services. Because of poor program outcomes, the program transitioned from FACT to the ICMT. Where FACT was a compliance-based program tied to mental health court, ICMT is diversion-focused with a prosecutor dedicated to assisting with removing barriers. In 2016, FACT served 44 individuals. ICMT served an additional 35, helping them enter supportive housing and/or connect with behavioral health services and training for employment.

Forensic Intensive Supportive Housing (FISH) program.⁸ In 2016, 70 individuals were screened, with 64 receiving housing and supports, such as training in daily living skills and pro-social behaviors, which prevented crisis events and involvement in the criminal justice system. In addition, the program adopted an incentive pay structure to increase referrals and improve enrollment rates.

ACTIVITY 2.6

Employment and training

Three VHSL-supported projects helped veterans, homeless and low-income residents move toward self-sufficiency through training and employment.

Community Homeless Employment services.

Operating at eight sites across the county by three agencies, the program helped homeless or formerly homeless individuals and heads of household gain job skills they needed. In 2016, the program enrolled 409 formerly homeless individuals, 25 percent of whom were veterans. A total of 224 gained employment, with half achieving self-sufficiency. The average household income for those securing jobs increased from \$6,461 to \$28,501.

\$14
per hour

Community Homeless Employment services clients found jobs averaging \$14 per hour (Activity 2.6)

5 HHOT nurses used Trauma-Informed Care, Harm Reduction and Motivational Interviewing best practices.

6 The on-site services used Housing First and Harm Reduction best practices.

7 Intensive Care Management Team used best/promising practices: Motivational Interviewing, Assertive Outreach, Trauma-Informed Care, Intensive Case Management, APIC, and Illness Management and Recovery (IMR).

8 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.

Career Connections. In 2016, the program served 219 individuals, including 62 veterans, who had been referred from homeless shelters and transitional housing services. The program assessed their skills, helped them with the job search process, and provided computer access and bus fare. Nearly all of the 2016 participants achieved job readiness milestones such as software training or an apprenticeship, and 107 found employment. Of those with job placements, average household income increased from \$10,982 to \$25,489.

King County Fellowship Program for Veterans. Sixteen veterans received fellowship positions with the County in 2016. Of 10 participants who completed their six-month employment experiences, eight were extended by their hiring manager and one was placed into a temporary position. The participants also had the option of individual coaching from a human resources staff member.

"I have learned a lot about myself and found new confidence that I will take to my new job with the Army Corps of Engineers."

—Veteran in the King County Fellowship Program for Veterans (Activity 2.6)

ACTIVITY 2.7

Homeless Youth Employment (Clear Path to Employment)

The program helped young people who were homeless or had unstable housing gain employment skills, internships and jobs. In 2016, 132 young people aged 16 to 25 participated, with 75 getting job placements, or completing internships or work experiences. Participants also explored career options, and learned resume-writing and interviewing skills.



Job fair hosted by the King County Veterans Program included all VHSL-funded employment programs.

Improving Health Through the Integration of Medical and Behavioral Health Services

Disabled Widow Regains Independence and Happiness

Eighty-six-year-old Dorothy was doubtful that the Program to Encourage Active Rewarding Lives for Seniors (PEARLS) would help her. A former nurse and twice the widow of veterans, Dorothy was used to being in charge of her life. She had been active in her



senior living community. But then complications from Parkinson's and glaucoma hit her hard. She could no longer fix her own meals or see well enough to watch her favorite Mariners players on TV.

Things that had once given Dorothy a sense of meaning and self-sufficiency were slipping out of her grasp. Sometimes she just sat on her couch with her head in her hands. When she found it too hard to keep up the activities of daily living, Dorothy moved in with her youngest daughter. This meant another loss: leaving behind her friends in the senior community.

The PEARLS counselor helped Dorothy identify ways to recover some of the independence and connection she felt she had lost. Using the PEARLS problem-solving process, Dorothy talked with her daughter

about taking a useful role in household tasks. Dorothy also signed up with the DART bus so she could visit her friends in the senior living community.

Collaborating on solutions with the PEARLS counselor gave Dorothy renewed confidence and a sense of hope. "I've regained a lot of my independence," she said, "and realized I am responsible for my own happiness."

STRATEGY 3 advanced the VHSL goal to reduce unnecessary use of the emergency medical system. The VHSL funded both direct services and system improvements. With integrated behavioral health and primary care services, individuals have better access to the services they need to become more stable in their communities. In 2016, Strategy 3 served a total of 4,453 people, including 763 veterans and their family members.

ACTIVITY 3.1

Behavioral health integration

Integrated behavioral health care in primary care clinics⁹ reached people who might not otherwise have sought help because of the stigma of using mental health services. The integration programs for low-income adults, veterans and their family members helped them become more stable in their communities.

Behavioral health integration. In 2016, the program conducted screenings of low-income adults for depression, anxiety and substance use disorders. Of 1,448 adults screened at their primary care clinic, 1,442 received at least two visits with a mental health provider at the clinic, with half showing reduced depression or anxiety on their follow-up screening.

Behavioral health integration for veterans. In 2016, screenings of 706 veterans and their family members in primary care clinics found that 212 had signs of depression, anxiety and/or substance use disorder. Of the veterans who received at least two visits with a mental health provider at their clinic, 54 percent showed a reduction in their depression or anxiety symptoms. Because of the stigma around mental health issues for many veterans, the care coordinators actively followed up with each client to ensure connection to treatment.

ACTIVITY 3.2

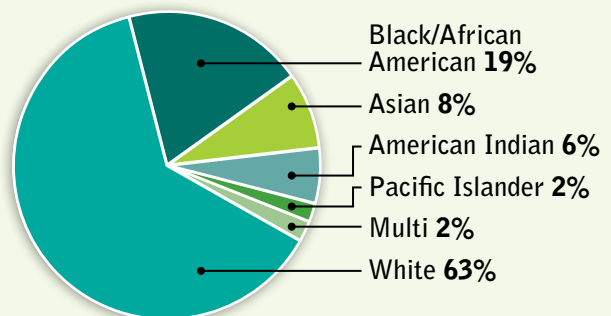
Veteran and trauma competency training

The Veterans Training Support Center held free trainings for licensed clinicians, employers, family members of veterans and community service providers to help them understand military culture, veterans’ counseling needs and transition to self-sufficiency. In 2016, the center held 74 trainings attended by 1,427 clinicians and 746 service

providers, family and community members. Ninety-seven percent said they learned new information that they would use in their contacts with veterans.

Race of People Served by Strategy 3

Those served were mostly white.*



*Hispanic/Latino ethnicity is collected separately from Race per U.S. Census guidelines. 3.4 percent of all clients served under Strategy 3 identified as Hispanic/Latino.

ACTIVITY 3.3

Health care reform system design and implementation

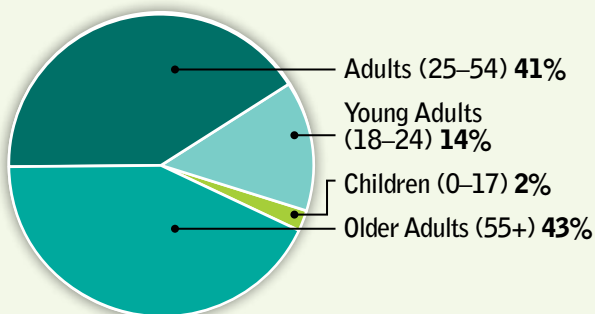
In 2016, this activity studied the impacts of the Affordable Care Act and Medicaid expansion and found a record low percentage of King County adults who did not have health insurance—7.7 percent compared to 13.1 percent in the nation. The activity also supported the growth of multi-sector partnerships to shift the health and social services system from a crisis orientation to a prevention or wellness approach. One partnership, the Familiar Faces Initiative¹⁰, aimed to improve outcomes for adults with mental health and/or substance use disorder conditions who have a high rate of recidivism.

A study of the Medicaid expansion connected with the Affordable Care Act found that only 7.7 percent of adults in King County were uninsured, compared to 13.1 percent in the nation. (Activity 3.3)

9 Integrating mental health services with primary care community clinics is an evidence-based approach called IMPACT Model or collaborative stepped care, which also produces a net savings through the care integration.
 10 The Familiar Faces Initiative seeks to improve the health and quality of life of individuals who have a mental health and/or substance use condition and who have frequently been booked in jail or made use of emergency services that could have been avoided.

Ages of People Served by Strategy 3

Older adults represent the largest share of those served.



ACTIVITY 3.4

Depression intervention for seniors

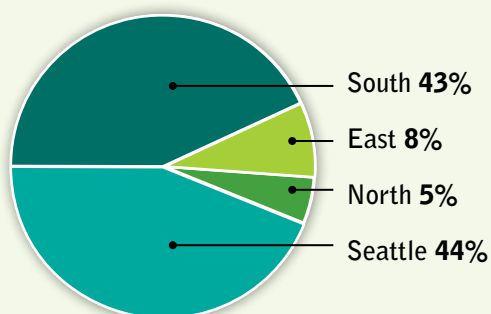
In 2016, the Program to Encourage Active, Rewarding Lives for Seniors (PEARLS)¹¹ enrolled 126 older adults, including 57 veterans and spouses of veterans, with 88 percent showing signs of improved well-being as a result. Because the services took place in the home, PEARLS reached older adults who may not have sought counseling otherwise. In-home visits were also important sources of interpersonal contact for homebound seniors.

“Because of PEARLS, I was able to overcome my feelings of isolation. All seniors who have doubts, worries and concerns would benefit.”

– 69-year-old PEARLS participant (Activity 3.4)

Location of Residents Served by Strategy 3

Seattle and South King County were home to the majority of those served by Strategy 3.



ACTIVITY 3.5

Facilitation of ongoing partnerships

This activity contributed to the VHSL review and renewal process. VHSL staff reached out to providers, board members, clients and residents across the county during fall 2016 to seek their ideas about the VHSL’s effectiveness, areas for improvement and service area gaps. The team held three rural convenings, 16 “Community Conversations,” 15 focus groups—including meetings hosted in Cantonese, Khmer, Korean, Mandarin, Somali and Spanish—and two online surveys. In all, 742 people shared their insights.

ACTIVITY 3.6

Client care coordination

Beginning in 2009, this activity established a best practice standard to identify and house homeless individuals who were high utilizers of emergency rooms, jails and psychiatric hospitals. The activity found that when such individuals had housing, they reduced their use of crisis services, projected to have cost \$3 million annually. The effectiveness of this approach gained nationwide interest.

In 2016, building on lessons learned and to fulfill a requirement for federal homeless funding, King County retired Client Care Coordination and launched Coordinated Entry for All (CEA) using the Homeless Management Information System. VHSL-funded outreach programs now connect with CEA through the use of the VI-SPDAT (described with Activity 1.2).

11 PEARLS is an evidence-based program to reduce depression and improve quality of life in older adults living in the community.

Strengthening Families at Risk

From Drug Use and Jail to a New Life



“My history of chronic drug abuse meant I was in and out of jail my entire adult life. My life changed with the coming of my daughter, Amia. I was able to seek drug treatment and stayed clean from drugs and alcohol. However, because of my chronic drug use, criminal background, and lack of housing, my daughter was taken from the hospital and put into foster care. Although I was able to show proof that I had changed my behaviors and lifestyle, I was still not able to provide appropriate housing for my newborn.

“In October 2015, I was accepted into Passage Point. Ten days after moving in, a judge granted me temporary custody of Amia. Our journey together could begin! I continued with my drug treatment and took advantage

of the onsite services and community support that Passage Point offered my family. I also took on community and leadership roles there. After participating in mental health counseling and with the help of my Life Coach, my Child Protective Services (CPS) case was closed by Amia’s first birthday.

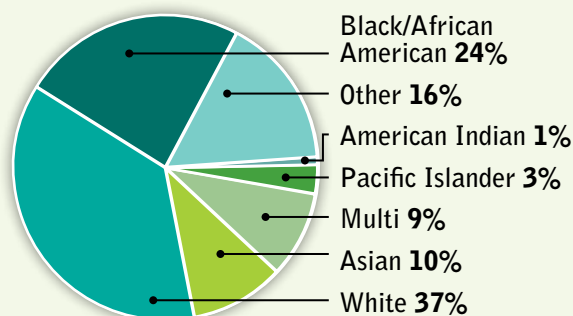
“I am confident in my ability to remain clean and sober for the rest of my life and couldn’t be happier with that outcome. I got my driver’s license back, have auto insurance for the first time, and was even able to get a car loan! I have a great relationship with my mother, who loves being a part of Amia’s life. I can contribute within my family and provide for my daughter’s needs. I have become a person that I am proud of.”

—From Elizabeth, a Passage Point graduate

STRATEGY 4 focused on prevention and early intervention services to help families and individuals avoid or reduce crises and build strong lives. In 2016, the VHSL helped 19,271 county residents, of whom 576 were veterans.

Race of People Served by Strategy 4

Those served were mostly white or black/African American, but 16 percent gave their race as "Other."*



* Hispanic/Latino ethnicity is collected separately from Race per U.S. Census guidelines. 12.4 percent of all clients served under Strategy 4 identified as Hispanic/Latino.

ACTIVITY 4.1

Home visiting

Recognizing how crucial a child's first few years are to healthy development, the VHSL provided funds for two programs to help low-income, first-time parents in pregnancy and with very young children. The services helped them create a better life for their family and support their child's growth.

Nurse Family Partnership (NFP).¹² NFP continued to help low-income, new-parent families have a healthy pregnancy, support their child's development, and improve their own lives. In 2016, the VHSL supported NFP services for 130 families. The mothers were as young as 14, and many of the families were homeless. Of 78 parents who enrolled in NFP Employment and Education services, 45 found jobs and kept them at least 45 days, 12 completed short-term training, and eight earned a diploma, GED or certificate.

Healthy Start.¹³ In 2016 the program provided 2,070 home visits and 22 peer group meetings for 149 families with young children in East and North King County. More than half were teen parents. More than 85 percent of the families increased reading and other literacy activities

with their child, 98 percent delayed the birth of a second child, and 95 percent set or made progress on family self-sufficiency goals. Levy funding leveraged funds from six local cities and several local foundations.



86 percent of Healthy Start families increased reading and other literacy activities with their child. (Activity 4.1)

ACTIVITY 4.2

Maternal depression reduction

In 2016, the program screened 2,630 pregnant and new mothers for depression, anxiety and substance use disorders. Of the 723 who showed signs of these conditions, 506 visited a mental health provider at their primary care clinic at least twice. Seventy-two percent showed a five point or greater reduction in symptoms afterward. The women found it especially helpful to learn self-care skills, and connect with formal and informal support systems.

ACTIVITY 4.3

Parent education and support

Two VHSL-funded programs helped parents learn how to promote their child's healthy development and learning.

Promoting First Relationships (PFR) Train the Learner Program.¹⁴ In 2016, the program trained 13 staff from seven agencies to use the PFR home visiting program in their work with families. The trainees each worked with one family for 10 weeks. As part of the training, trainees videotaped the parents interacting with their child, then showed the video to the parents, and discussed the parents' response to their child's needs. Several trainees said this was a powerful tool to increase the parents' self-awareness of their parenting skills.

¹² NFP is an evidence-based program.

¹³ Healthy Start is an accredited affiliate of Parents as Teachers (PAT), an evidence-based program.

¹⁴ PFR is an evidence-based program.

Family, Friend and Neighbor Play & Learn Groups.¹⁵

In 2016, 4,311 parents and caregivers had the opportunity to attend Play & Learn Groups to give their young children high-quality learning experiences and increase their own knowledge about how to help their children learn through play. Eighty-two percent of the adults said that after participating, they read or told stories to their children more often. Up to 90 Play & Learn groups met weekly across the county, serving 4,952 children. Nineteen new groups formed and 53 new facilitators were trained. The Road Map Project¹⁶ showcased Play & Learn in 2016 as one of 30 programs that advanced equity to close the opportunity gap for children and youth.

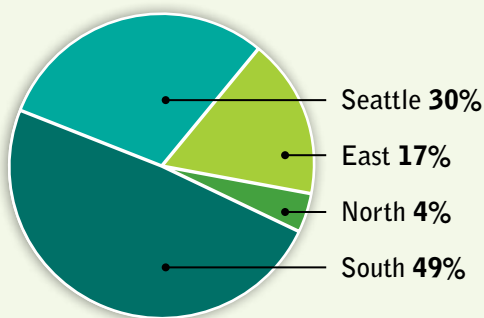
ACTIVITY 4.4

Passage Point

Passage Point supports residents with multiple barriers to reduce recidivism and dependency on government services, so families can reunite and build stability for the next generation. In 2016, Passage Point served 62 households (125 parents and children). Partnerships with the Issaquah School District, local government officials, faith-based organizations and health services have helped children and families reach their fullest potential and create a stronger community.

Location of King County Residents Served by Strategy 4

The largest proportion served lived in South King County.



ACTIVITY 4.5

Information and Referral

Two VHSL-supported programs helped residents find the community services they needed.

2-1-1 Community Information Line. The 2-1-1 program continued to be the only organization in the county that maintained and continually updated a comprehensive database of social and health services. In 2016, 2-1-1 became an entry point for Coordinated Entry for All housing screening. The program fielded 75,980 calls for information and made 255,426 referrals to community services, most often related to housing. Nearly all callers were satisfied with the services. More than 3,000 calls came from agencies and providers seeking information to help their clients.

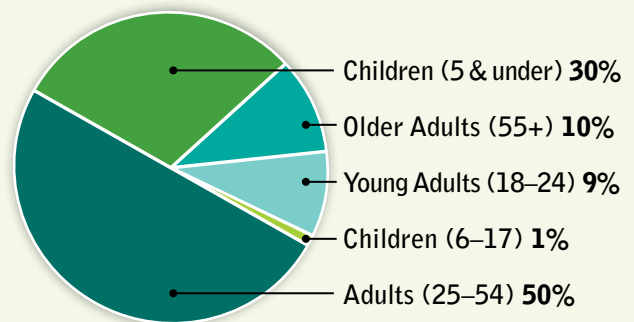
“It took a lot of stress off my shoulders that day that I called. I googled other options, but that’s so broad. You guys narrowed it down to the point.”

—Caller to 2-1-1 from Kent (Activity 4.5)

Cultural Navigator. In 2016, the program connected 848 households to resources to support their independence and growth. The program coordinated Play & Learn groups, connected families to housing and job resources, arranged for mobile dental van visits, and sponsored workshops ranging from laptop training to Medicare. Bilingual, bicultural navigators served immigrants and refugees speaking Chinese, Hindi, Russian, Spanish and Vietnamese. The program leveraged more than \$98,000 in non-levy funding to serve residents in three East King County cities.

Ages of People Served by Strategy 4

Strategy 4 served a large segment of young children.



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

16 The Road Map Project is a community effort in South King County and South Seattle to improve education and drive dramatic improvement in student achievement.

2016 Performance and Evaluation Report

The 2012–2017 VHSL Service Improvement Plan identified outcome and output targets for each activity (kingcounty.gov/vhsl-evaluation). Activity managers reported twice a year on their progress (kingcounty.gov/vhsl-reports).

PERFORMANCE MEASUREMENT AND EVALUATION ACTIVITIES IN 2016

- ▶ Updated the 2012–2017 Levy Evaluation Framework for 2016.
- ▶ Worked closely with contractors and program managers to develop targets and analyze performance.
- ▶ Prepared a mid-year performance update, and analyzed year-end data and reports.
- ▶ Helped develop regional indicators and performance charts for housing, education and employment, and veterans’ programs.
- ▶ Developed the VHSL Client Level Data Initiative (CLDI), set to launch in 2017.
- ▶ Produced the updated Status of Veterans in King County 2016 report.
- ▶ Updated Communities Count online data, and trained 200 public and nonprofit staff.

2016 PERFORMANCE REPORT

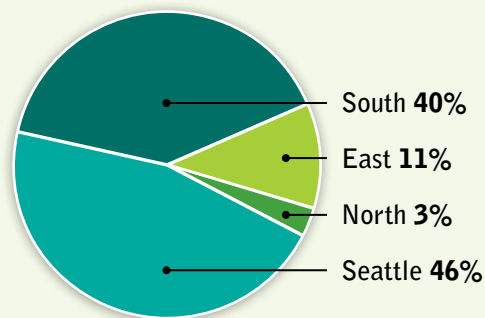
The 2016 Performance Management Report (pp. 24–27) is organized by the four levy strategies and shows each activity’s results compared to its targets. Of a total of 81 service measures, all but 12 activities achieved more than 85 percent of their service measure targets.

YOUR VHSL AT WORK: A LOOK BACK

For an overview of the VHSL’s work since 2012, see pp. 4–7.

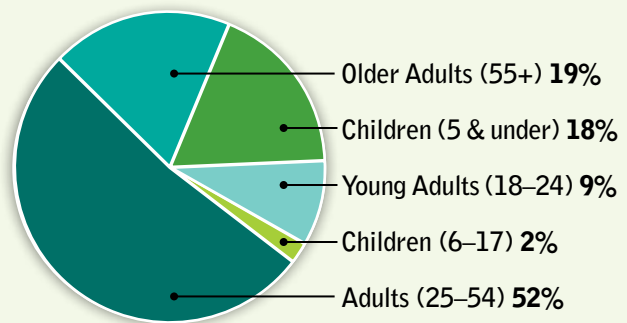
Location of People Served in 2016

VHSL services reached people across the county.



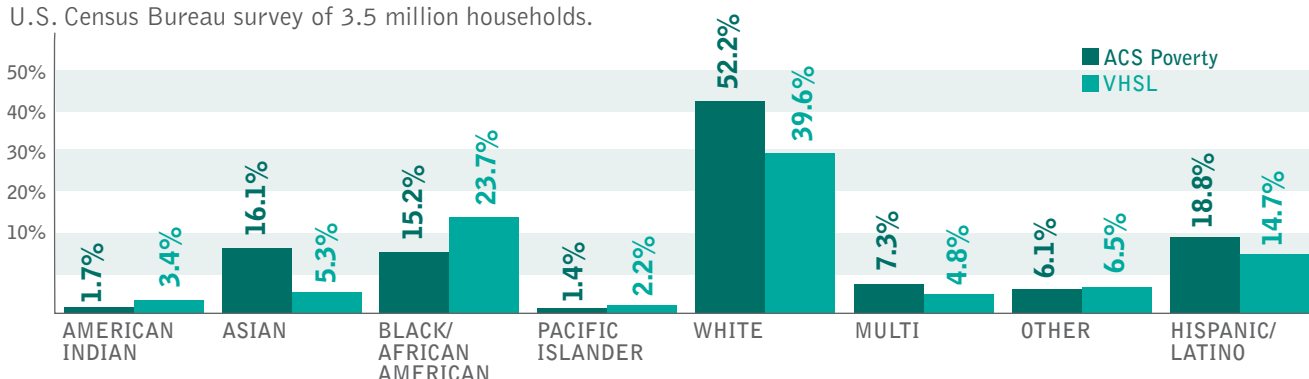
Ages of People Served in 2016

Adults were just over half of those served, with older adults and young children each making up close to 20 percent.



Percent of all Clients Served by Race/Ethnicity Compared to King County Poverty

The largest racial/ethnic groups of those served in 2016 were white, black/African American, and Hispanic/Latino. These groups also had high rates of poverty, according to the 2015 American Community Survey (ACS), a nationwide, U.S. Census Bureau survey of 3.5 million households.



2016 Performance Management Reports

VHSL ACTIVITY		Household members 2016*	HOW MUCH SERVICE WAS PROVIDED AND HOW WELL DID LEVY SERVICES DO?		What difference did the service make in the lives of clients?		
STRATEGY 1: SUPPORTING VETERANS		Service Measures	2016 Targets	Actual 2016 Performance	% Target Reached**		
1.1.A	King County Veterans Program (KCVP) – satellite site outreach	2,335	Satellite site service contacts	500	358	72%	All clients engaged by satellite outreach were linked to KCVP case management services. Program model changed, reducing regular satellite service visits.
1.1.B	KCVP – contracted shelter services		Emergency shelter bed nights/Transitional housing bed nights	13,500	12,121	90%	26% of KCVP homeless clients who were provided shelter were able to transition to permanent housing or treatment.
1.1.C	King County Veterans Program (KCVP) financial assistance		Financial assistance recipients	1,500	1,398	93%	
1.1.D	KCVP – employment, and case management		Total levy and State RCW assistance	\$800,000	\$764,592	96%	76% of clients increased their self-sufficiency. 272 clients obtained a job and 377 obtained housing.
1.2.A	Enhanced outreach to women veterans and veterans of color	243	New case plans created	2,500	2,335	93%	
1.2.B	Veteran information and referral		Number of clients engaged in outreach	184	243	132%	85% of veterans applied for or successfully secured benefits or housing.
1.2.C	Homeless veteran street outreach	692	Number of clients assessed by the vulnerability tool VI-SPDAT and engaged in Housing Navigator services	116	131	113%	
1.3	Veteran employment and training		Number of information and referral clients	126	198	157%	92% of clients were satisfied with the information and referral services provided. Staffing challenges reduced performance; now fully staffed.
1.4	Contracted PTSD Treatment / Military Sexual Trauma treatment	750	Number of clients receiving referrals to services	900	692	77%	82% of clients receiving a referral were linked to services. There were 46 successful housing placements.
1.5.A	Veterans Incarcerated Program (VIP)		Number of veterans engaged and assessed	40	89	223%	80% of veterans were able to stay in school or obtain a job.
1.5.B	Veterans Legal Assistance Program	243	Number of veterans assessed	108	132	122%	
1.5.C	Emerging programs for justice involved veterans – Veterans Court		Number of veterans retained in jobs or education training	86	105	122%	The impact of PTSD was reduced for 91% of clients.
1.6.A	Military family outreach	156	Hours of individual and group counseling	2,600	2,617	101%	
1.6.B	Military family counseling		Number of clients in counseling (unduplicated)	260	242	93%	
			Professionals trained in MST identification and referral	168	289	172%	
			Number of veterans screened	360	284	79%	83% of referrals to behavioral or physical health services, and 68% of housing referrals were successful. Staffing challenges reduced performance; now fully staffed.
			Number of veterans enrolled (w/ 2015 carryover)	155	243	157%	
			Initial case assessments	200	211	106%	In 48% of cases, the civil legal problem that was a barrier to obtaining housing, employment or self-sufficiency was resolved.
			Number of cases successfully resolved	50	101	202%	23 veterans graduated from treatment court in 2016, having met all their goals over the two-year program. Staffing challenges and eligibility criteria reduced performance. Now fully staffed and eligibility criteria modified.
			Number of veterans screened	90	57	63%	
			Veterans accessing services from VA and others	30	27	90%	
			Number of family members completing assessment	46	156	339%	100% of families with a referral applied for or were connected to services.
			Number of referrals made	46	156	339%	
			Number of referred clients applied for or received services	45	156	347%	
			Number of hours of counseling	350	498	142%	The impact of PTSD was reduced for 100% of clients who were assessed. Target of 55 family members assumed that more would participate than did.
			Number of military family members served	55	39	71%	
TOTAL STRATEGY 1 CLIENTS SERVED 2016: 5,155							

* Includes all members of a family and may be larger or smaller than "clients served" depending on the data source.

** Indicates meeting 85% or more of target; Indicates 65% – 85%; Indicates less than 65%.

VHSL ACTIVITY		Household members 2016*	HOW MUCH SERVICE WAS PROVIDED AND HOW WELL DID LEVY SERVICES DO?			What difference did the service make in the lives of clients?
STRATEGY 2: ENDING HOMELESSNESS		Service Measures	2016 Targets	Actual 2016 Performance	% Target Reached**	
2.1.A	Homeless street outreach (REACH)	381	380	381	100%	71% of the clients engaged were able to obtain health care and/or enroll in treatment. Only 71 were able to secure permanent housing due to a lack of housing opportunities.
2.1.B	Dutch Shisler Sobering Center, Emergency Service Patrol	1,852	5,000	10,554	211%	Clients transported were able to avoid harm on the streets and were provided an opportunity to seek treatment.
2.1.C	Mobile Medical Outreach	1,184	700	1,184	169%	All clients received primary health care assessment, health care, or referral to behavioral health treatment.
2.1.D	South King County homeless outreach (PATH)	253	1,150	1,412	123%	
2.2	Capital funds for permanent housing		125	253	202%	44% of clients were linked to services or benefits.
2.3	Housing Stability Program	1,281	N/A	47	N/A	2,056 housing units created since 2007.
2.4.A	Health Housing Outreach Team (HHOT)	853	250	297	119%	98% of clients remained housed six months after they received services from the Housing Stability Program. Fewer veterans served because of higher housing cost per household than in prior years.
2.4.B	On-site support services	1,273	136	106	78%	95% of HHOT clients maintained housing for at least 12 months.
2.5.A	Intensive Care Management Team (formerly Forensic Assertive Community Treatment)	79	74	79	107%	93% of clients retained their housing or moved into other permanent housing.
2.5.B	Forensic Intensive Supportive Housing program	70	64	64	100%	New model adopted mid-year. In the first half of 2016, served 44 clients, moving or maintaining 25 in permanent housing. In the second half, served 35 clients, moving four into housing. Lag between models caused overall reduced number served.
2.6.A	Community Homeless Employment services	409	294	29	45%	All but one individual who exited had housing.
2.6.B	Career Connections	219	189	224	119%	Of those with job placements, the average household income increased from \$6,461 to \$28,501.
2.6.D	King County Fellowship Program for Veterans	16	180	219	122%	Of those with job placements, the average household income increased from \$10,982 to \$25,489.
2.7	Homeless Youth Employment	132	150	217	145%	93% of the 2016 cohort of fellows were still in their fellowship or had obtained a job at the end of the year. 10 fellows accepted fellowship extensions or King County jobs.
			85	107	126%	88% of clients exited the program with a job or completed internship. Number of placements reports six months of program year. Expected to meet target by program year-end in June 2017.
			50	224	448%	
			16	16	100%	
			100	132	132%	
			90	75	83%	
TOTAL STRATEGY 2 CLIENTS SERVED 2016: 8,002						

* Includes all members of a family and may be larger or smaller than "clients served" depending on the data source.

** ↑ Indicates meeting 85% or more of target; ↓ Indicates 65% – 85%; ↗ indicates less than 65%.

VHSL ACTIVITY***		Household members 2016*	HOW MUCH SERVICE WAS PROVIDED AND HOW WELL DID LEVY SERVICES DO?				What difference did the service make in the lives of clients?
STRATEGY 3: IMPROVING HEALTH			Service Measures	2016 Targets	Actual 2016 Performance	% Target Reached**	
3.1.A	Behavioral health integration	1,448	Number of persons screened	2,000	1,448	72%	50% of clients had reduced symptoms of depression or anxiety. Current data system causes inaccuracies in documenting the number of persons screened. Improved process under development.
3.1.B	Behavioral health integration for veterans	706	Total number of all clients receiving treatment	1,500	1,422	95%	54% of clients had reduced symptoms of depression or anxiety.
3.2	Veteran and trauma competency training	2,173	Veterans or dependents screened for PTSD/MH issues	450	706	157%	Professionals who participated in these trainings were able to assess and refer veterans to appropriate services as a result.
			Number of veterans or their dependents enrolled	225	573	255%	
3.4	Depression intervention for seniors (PEARLS)	126	Number of mainstream providers trained	748	746	100%	88% of clients experienced reduced symptoms of depression.
			Number of professionals trained	752	1,427	190%	
			Number of training sessions	65	74	114%	
			Older adults/veterans enrolled in the PEARLS program	110	126	115%	
			Older adults/veterans who completed PEARLS program	82	87	106%	
			N/A	N/A	N/A	N/A	CCC ceased operations in 2016 as its functions were incorporated into the Coordinated Entry for All housing placement system.
			N/A	N/A	N/A	N/A	
TOTAL STRATEGY 3 CLIENTS SERVED 2016: 4,453							

* Includes all members of a family and may be larger or smaller than "clients served" depending on the data source.

** ↑ Indicates meeting 85% or more of target; ↗ Indicates 65% – 85%; no activity met less than 65% of target.

*** Activities 3.3 and 3.5 do not appear in this chart since their focus was planning and coordination, not services.

VHSL ACTIVITY	Household members 2016*	HOW MUCH SERVICE WAS PROVIDED AND HOW WELL DID LEVY SERVICES DO?			What difference did the service make in the lives of clients?	
		Service Measures	2016 Targets	Actual 2016 Performance		% Target Reached**
STRATEGY 4: STRENGTHENING FAMILIES						
4.1.A.1 Nurse Family Partnership (NFP)	224	Number of persons enrolled	100	130	130% ↑	90% of clients had healthy birth outcomes.
4.1.A.2 NFP Employment	78	Number of persons enrolled in the employment and education resources component of NFP	40	78	195% ↑	91% of NFP employment clients entered education or training.
		Number of persons entering education or training	30	71	237% ↑	
4.1.B Healthy Start	318	Number of new clients assessed	300	318	106% ↑	Parents who participated in the program were linked to medical care and also received home visits that improved their parenting skills.
		Clients receiving home visits	300	318	106% ↑	
4.2 Maternal depression reduction	2,630	Number of persons screened	2,100	2,630	125% ↑	72% of women showed reduced depression or anxiety symptoms.
		Number of persons who screened positive for depression	750	723	96% ↑	
		Total number of clients receiving treatment	450	506	112% ↑	
4.3.A Parent education and support – Promoting First Relationships (PFR)	13	Number of agency learners delivering PFR intervention	12	13	108% ↑	100% of the facilitators who were trained increased their mastery of skills needed to deliver the Promoting First Relationships program.
		Number of community members showing improved skills and knowledge	12	13	108% ↑	
4.3.B Family, Friend and Neighbor Play & Learn Groups	9,263	Number of facilitators educated in play and learn	32	53	166% ↑	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.
		Number of play and learn groups	85	93	109% ↑	87% of families retained or moved into permanent housing. No clients returned to homelessness within six months of leaving the program.
4.4 Passage Point	125	Number of new households and carryover enrolled	60	62	103% ↑	
4.5.A 2-1-1 Community Information Line	5,772	Number of callers	3,740	5,772	154% ↑	2-1-1 received 75,980 calls in 2016. 95% of callers received new information and 99% intend to contact the services they were referred to.
4.5.B Cultural Navigator	848	Number of clients (duplicated) receiving information and referral	1,000	848	85% ↑	848 immigrant and refugee clients were able to receive culturally appropriate support and
		Number of agencies receiving technical assistance	250	258	103% ↑	referral.
TOTAL STRATEGY 4 CLIENTS SERVED 2016: 19,271						

* Includes all members of a family and may be larger or smaller than "clients served" depending on the data source.

** ↑ Indicates meeting 85% or more of target; no activity met less than 85% target.

2016 Financial Reports

Veteran Levy Funds by Strategy

Service Improvement Plan (SIP) Strategy		2016 Adopted SIP Budget	Supplemental & Budget Ordinance 17941 & 18425	Adjustments [†]	Total Operating Budget	2016 Expenditure
STRATEGY 1: SUPPORTING VETERANS AND THEIR FAMILIES TO BUILD STABLE LIVES AND STRONG RELATIONSHIPS						
1.1	King County Veterans Program	\$2,485,000	\$250,000	\$-	\$2,735,000	\$2,931,770
1.2	Outreach and engagement					
A	Enhanced outreach to women veterans and veterans of color	\$300,000	\$-	\$-	\$300,000	\$300,000
B	Veteran information and referral	\$100,000	\$-	\$-	\$100,000	\$100,000
C	Homeless veterans street outreach	\$84,000	\$-	\$-	\$84,000	\$84,000
1.3	Veterans employment and training	\$200,000	\$-	\$-	\$200,000	\$200,000
1.4	Contracted PTSD treatment/Military Sexual Trauma	\$450,000	\$-	\$-	\$450,000	\$450,000
1.5	Veterans justice					
A	Veterans Incarcerated Program	\$100,000	\$-	\$-	\$100,000	\$96,627
B	Veterans Legal Assistance Program	\$20,000	\$-	\$60,000	\$80,000	\$80,000
C	Emerging programs for justice involved veterans	\$345,000	\$-	\$-	\$345,000	\$344,276
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	\$250,000	\$60,000	\$4,668,000	\$4,860,673
STRATEGY 2: ENDING HOMELESSNESS THROUGH OUTREACH, PREVENTION, PERMANENT SUPPORTIVE HOUSING & EMPLOYMENT						
2.1	Outreach and engagement					
A	Homeless street outreach	\$86,000	\$-	\$-	\$86,000	\$86,000
B	Sobering/Emergency Services Patrol	\$45,000	\$-	\$-	\$45,000	\$45,000
C	Mobile medical outreach	\$90,000	\$-	\$6,133	\$96,133	\$96,133
D	South King County homeless outreach	\$15,000	\$-	\$-	\$15,000	\$15,000
2.2	Housing capital	\$860,000	\$-	\$-	\$860,000	\$860,000
2.3	Housing Stability Program	\$400,000	\$-	\$-	\$400,000	\$400,000
2.4	Support services for housing					
A	Housing Health Outreach Team	\$75,000	\$-	\$-	\$75,000	\$75,000
B	On-site support services	\$525,000	\$-	\$-	\$525,000	\$525,000
2.5	Criminal Justice Initiatives					
A	FACT/ICMT	\$63,000	\$-	\$(1,333)	\$61,667	\$61,992
B	FISH	\$210,000	\$-	\$(4,800)	\$205,200	\$185,126
2.6	Employment and training					
A	Community Homeless Employment services	\$120,000	\$-	\$-	\$120,000	\$120,000
B	Career Connections	\$120,000	\$-	\$-	\$120,000	\$120,000
C	Aerospace and Veteran Employment Training Initiative	\$-	\$-	\$-	\$-	\$-
D	King County Fellowship Program for Veterans	\$-	\$-	\$100,000	\$100,000	\$100,000
2.7	Homeless Youth Employment	\$-	\$-	\$-	\$-	\$-
Total Strategy 2		\$2,609,000	\$-	\$100,000	\$2,709,000	\$2,689,251
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-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	\$178,000	\$-	\$-	\$178,000	\$178,000
3.5	Facilitation of ongoing partnerships	\$70,000	\$-	\$107,750	\$177,750	\$176,740
3.6	Client care coordination	\$40,000	\$-	\$-	\$40,000	\$33,879
Total Strategy 3		\$1,113,000	\$-	\$107,750	\$1,220,750	\$1,213,619
STRATEGY 4: STRENGTHENING FAMILIES AT RISK*						
Evaluation 5		\$257,500	\$-	\$-	\$257,500	\$234,990
Total Program		\$8,337,500	\$250,000	\$267,750	\$8,855,250	\$8,998,533
Admin 6		\$442,316	\$-	\$-	\$442,316	\$329,340
Board Support 7		\$66,507	\$-	\$-	\$66,507	\$71,598
GRAND TOTAL		\$8,846,323	\$250,000	\$267,750	\$9,364,073	\$9,399,471
Percent Expended						100%

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

* Strategy 4 receives no Veterans Levy funds.

Human Services Levy Funds by Strategy

Service Improvement Plan (SIP) Strategy		2016 Adopted SIP Budget	Supplemental & Budget Ordinance 17941	Adjustments†	Total Operating Budget	2016 Expenditure
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	\$190,000	\$-	\$-	\$190,000	\$190,000
B	Sobering/Emergency Services Patrol	\$100,000	\$-	\$-	\$100,000	\$100,000
C	Mobile medical outreach	\$210,000	\$-	\$16,333	\$226,333	\$226,333
D	South King County homeless outreach	\$65,000	\$-	\$-	\$65,000	\$65,000
2.2	Housing capital	\$1,000,000	\$-	\$-	\$1,000,000	\$1,000,000
2.3	Housing Stability Program	\$400,000	\$-	\$-	\$400,000	\$400,000
2.4	Support services for housing					
A	Housing Health Outreach Team	\$240,000	\$-	\$-	\$240,000	\$240,000
B	On-site support services	\$950,000	\$-	\$-	\$950,000	\$950,000
2.5	Criminal Justice Initiatives					
A	FACT/ICMT	\$142,000	\$-	\$(2,966)	\$139,034	\$138,709
B	FISH	\$480,000	\$-	\$(11,200)	\$468,800	\$429,625
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	Homeless Youth Employment	\$-	\$-	\$-	\$-	\$-
Total Strategy 2		\$4,627,000	\$-	\$2,167	\$4,629,167	\$4,589,667
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-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	\$178,000	\$-	\$-	\$178,000	\$178,000
3.5	Facilitation of ongoing partnerships	\$70,000	\$-	\$-	\$70,000	\$72,338
3.6	Client care coordination	\$100,000	\$-	\$-	\$100,000	\$83,595
Total Strategy 3		\$1,268,000	\$-	\$-	\$1,268,000	\$1,253,933
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	\$200,799
4.4	Passage Point	\$415,000	\$-	\$-	\$415,000	\$415,000
4.5	Information and referral					
A	2-1-1 Community Information Line	\$50,000	\$-	\$22,467	\$72,467	\$72,467
B	Cultural Navigator	\$70,000	\$-	\$-	\$70,000	\$70,000
Total Strategy 4		\$2,160,000	\$-	\$22,467	\$2,182,467	\$2,182,466
Evaluation 5		\$287,500	\$-	\$-	\$287,500	\$237,431
Total Program		\$8,342,500	\$-	\$24,634	\$8,367,134	\$8,263,497
Admin 6		\$437,316	\$-	\$-	\$437,316	\$281,935
Board Support 7		\$66,507	\$-	\$-	\$66,507	\$66,540
GRAND TOTAL		\$8,846,323	\$-	\$24,634	\$8,870,957	\$8,611,972
Percent Expended						97%

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

* Strategy 1 receives no Human Services Levy funds.

Combined Levy Funds by Strategy

Service Improvement Plan (SIP) Strategy		2016 Adopted SIP Budget	Supplemental & Budget Ordinance 17941 & 18425	Adjustments [†]	Total Operating Budget	2016 Expenditure
STRATEGY 1: SUPPORTING VETERANS AND THEIR FAMILIES TO BUILD STABLE LIVES AND STRONG RELATIONSHIPS						
1.1	King County Veterans Program	\$2,485,000	\$250,000	\$-	\$2,735,000	\$2,931,770
1.2	Outreach and engagement					
A	Enhanced outreach to women veterans and veterans of color	\$300,000	\$-	\$-	\$300,000	\$300,000
B	Veteran information and referral	\$100,000	\$-	\$-	\$100,000	\$100,000
C	Homeless veterans street outreach	\$84,000	\$-	\$-	\$84,000	\$84,000
1.3	Veterans employment and training	\$200,000	\$-	\$-	\$200,000	\$200,000
1.4	Contracted PTSD treatment/Military Sexual Trauma	\$450,000	\$-	\$-	\$450,000	\$450,000
1.5	Veterans justice					
A	Veterans Incarcerated Program	\$100,000	\$-	\$-	\$100,000	\$96,627
B	Veterans Legal Assistance Program	\$20,000	\$-	\$60,000	\$80,000	\$80,000
C	Emerging programs for justice involved veterans	\$345,000	\$-	\$-	\$345,000	\$344,276
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	\$250,000	\$60,000	\$4,668,000	\$4,860,673
STRATEGY 2: ENDING HOMELESSNESS THROUGH OUTREACH, PREVENTION, PERMANENT SUPPORTIVE HOUSING & EMPLOYMENT						
2.1	Outreach and engagement					
A	Homeless street outreach	\$276,000	\$-	\$-	\$276,000	\$276,000
B	Sobering/Emergency Services Patrol	\$145,000	\$-	\$-	\$145,000	\$145,000
C	Mobile medical outreach	\$300,000	\$-	\$22,466	\$322,466	\$322,466
D	South King County homeless outreach	\$80,000	\$-	\$-	\$80,000	\$80,000
2.2	Housing capital	\$1,860,000	\$-	\$-	\$1,860,000	\$1,860,000
2.3	Housing Stability Program	\$800,000	\$-	\$-	\$800,000	\$800,000
2.4	Support services for housing					
A	Housing Health Outreach Team	\$315,000	\$-	\$-	\$315,000	\$315,000
B	On-site support services	\$1,475,000	\$-	\$-	\$1,475,000	\$1,475,000
2.5	Criminal Justice Initiatives					
A	FACT/ICMT	\$205,000	\$-	\$(4,299)	\$200,701	\$200,701
B	FISH	\$690,000	\$-	\$(16,000)	\$674,000	\$614,751
2.6	Employment and training					
A	Community Homeless Employment services	\$670,000	\$-	\$-	\$670,000	\$670,000
B	Career Connections	\$420,000	\$-	\$-	\$420,000	\$420,000
C	Aerospace and Veteran Employment Training Initiative	\$-	\$-	\$-	\$-	\$-
D	King County Fellowship Program for Veterans	\$-	\$-	\$100,000	\$100,000	\$100,000
2.7	Homeless Youth Employment	\$-	\$-	\$-	\$-	\$-
Total Strategy 2		\$7,236,000	\$-	\$102,167	\$7,338,167	\$7,278,918
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-veterans	\$600,000	\$-	\$-	\$600,000	\$600,000
3.2	Veteran and trauma competency training	\$250,000	\$-	\$-	\$250,000	\$250,000
3.3	Health care reform system design and implementation	\$270,000	\$-	\$-	\$270,000	\$270,000
3.4	Depression intervention for seniors	\$356,000	\$-	\$-	\$356,000	\$356,000
3.5	Facilitation of ongoing partnerships	\$140,000	\$-	\$107,750	\$247,750	\$249,078
3.6	Client care coordination	\$140,000	\$-	\$-	\$140,000	\$117,474
Total Strategy 3		\$2,381,000	\$-	\$107,750	\$2,488,750	\$2,467,552
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	\$200,799
4.4	Passage Point	\$415,000	\$-	\$-	\$415,000	\$415,000
4.5	Information and referral					
A	2-1-1 Community Information Line	\$50,000	\$-	\$22,467	\$72,467	\$72,467
B	Cultural Navigator	\$70,000	\$-	\$-	\$70,000	\$70,000
Total Strategy 4		\$2,160,000	\$-	\$22,467	\$2,182,467	\$2,182,466
Evaluation 5		\$545,000	\$-	\$-	\$545,000	\$472,421
Total Program		\$16,680,000	\$250,000	\$292,384	\$17,222,384	\$17,262,030
Admin 6		\$879,632	\$-	\$-	\$879,632	\$611,275
Board Support 7		\$133,014	\$-	\$-	\$133,014	\$138,138
Veterans Total		\$8,846,323	\$250,000	\$267,750	\$9,364,073	\$9,399,471
Human Services Total		\$8,846,323	\$-	\$24,634	\$8,870,957	\$8,611,972
GRAND TOTAL		\$17,692,646	\$250,000	\$292,384	\$18,235,030	\$18,011,443
Percent Expended						99%

[†] Includes Admin 5% adjustment and reallocations to ensure maximum expenditure.

The Veterans and Human Services Levy is carried out in partnership with:

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

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

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King County

401 Fifth Avenue, Suite 500

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