

Service Improvement Plan 2012 - 2017

Veterans and Human Services Levy



King County

Department of Community
and Human Services

November 2011

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EXECUTIVE SUMMARY

BACKGROUND AND PURPOSE

In 2011, King County Executive Dow Constantine and the Metropolitan King County Council determined that over the past six years, the Veterans and Human Services Levy had produced strong results in the community and, in these economic times, was needed more than ever to support our veterans and vulnerable residents. The County Council unanimously approved Ordinance 17072, placing a measure on the primary election ballot to renew the Veterans and Human Services Levy that expires at the end of 2011. In August 2011, King County voters overwhelmingly approved the levy for another six years.

During this period, the levy will generate approximately \$101.6 million dollars. The owner of a home with a median assessment in King County (\$338,000) will contribute \$17 in 2012. As with the first levy, a Service Improvement Plan (SIP) guides the goals and investments of the levy for 2012 - 2017.

Table 1: Projected levy revenues 2012 – 2017*

	2012	2013	2014	2015	2016	2017	Total
Revenue	\$15.7M	\$16.2M	\$16.6M	\$17.1M	\$17.7M	\$18.3M	\$101.6M
Rate**	\$.05	\$.049	\$.049	\$.048	\$.047	\$.045	

*Office of Performance, Strategy, and Budget based on Office of Economic and Financial Analysis Assessed Valuation forecast, July 2011

**Per \$1,000 Assessed Valuation

This plan contains information about the key accomplishments of the first levy, relevant changes in King County, a summary of stakeholder outreach that was conducted, the guiding principles of the levy, a list of activities to be funded, a six-year allocation plan, and information about how the levy will be implemented.

UPDATES

This levy is a renewal; it begins at the same starting collection rate as the first levy, and builds upon the successes of the first levy. The original design has been effective and few changes have been deemed necessary to the plan to meet its intent. The guiding philosophies, including goals, major strategies, and most activities remain consistent. All will be continually improved based on performance evaluations, need, and the changing environment.

At the same time, lessons learned over the past six years have resulted in important updates and a more clear and streamlined plan overall. The original five strategies have been reduced to four. Other notable changes include greater emphasis on military families and justice involved veterans; increased resources for supportive housing, including housing for homeless young adults; geographic expansion of a depression treatment program for seniors; design and

implementation of health care reform; and funding for the 2-1-1 Community Information Line, a vital service system infrastructure.

As a new funding source, the previous plan provided more general direction for levy investments. That direction was implemented through further planning processes and refined over the course of the levy. Because this levy is a continuation of an existing funding source, this plan builds upon the lessons learned and contains greater detail about activities to be included.

GOALS AND STRATEGIES

The first SIP contained guiding philosophies, but did not include a clear articulation of the levy's goals. Ordinance 15406 that directed the first SIP contained three goals which guided the development of the SIP. For greater clarity, in this plan, the three goals are maintained but are more clearly defined. These goals are critical to directing this limited funding source so that it can have a targeted impact.

2006 Levy goals (Ordinance 15406):

"Reducing homelessness and emergency medical and criminal justice involvement and increasing self-sufficiency both for veterans and military personnel in need and their families and for other individuals and families in need."

2012 Levy 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.

Because of strong performance and continued need, the major focus areas of the original levy have been maintained. While Strategy Five has been eliminated, some activities will continue. Strategy Five contained internal support functions such as data projects that supported certain other strategy areas and sometimes created confusion as to how that strategy directly contributed to the levy goals. These projects are now organized in the strategy area that they support.

The client tracking database that supports the King County Veterans Program is now consolidated into Strategy One with the other veterans programs. Support for creating data sharing agreements related to coordinating care for homeless high utilizers is now listed in Strategy Three with other health integration activities. The activity that supports ongoing partnerships and system integration is also now contained in Strategy Three.

2006 strategies:

1. Enhancing services and access for veterans.
2. Ending homelessness through outreach, prevention, permanent supportive housing and employment.
3. Increasing access to behavioral health services.

4. Strengthening families at risk.
5. Increasing effectiveness of resource management and evaluation.

2012 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.

IMPLEMENTATION

The first levy was overseen by two community boards, the Veterans Citizen Levy Oversight Board (VCLOB) and the Regional Human Services Levy Oversight Board (RHSLOB). The volunteer service of these board members not only provided important insight and accountability, but also helped inform the public about the levy. Ordinance 17072, that submitted the levy renewal to the voters, directed the two levy oversight boards to continue.

Because it was a new fund source, the original levy implementation required specific and sometimes lengthy planning processes (procurement plans). While thorough, these processes sometimes resulted in delayed contracting. As this levy continues most of these activities, a more streamlined process will be used that continues to involve guidance from the levy oversight boards, while implementing efficiencies such as joint board meetings and more focused implementation plans.

The levy will also continue regular reporting to the King County Executive and the County Council on both performance evaluation and financial status. A detailed list and timeline for these reports is included in the Reporting and Evaluation section of this plan. Levy evaluation has been critical to monitoring and improving levy-funded programs, as well as informing the public about its accomplishments. These critical functions will continue with the following three core purposes:

1. Provide information for the public and policy-makers regarding the impact of levy-funded activities on the overall goals and strategies of the levy.
2. Provide the boards with the information they need to provide sound and informed oversight of levy activities.
3. Provide County program managers with the information they need to continually improve the quality of the levy activities they manage.

INTRODUCTION

ABOUT THE VETERANS AND HUMAN SERVICES LEVY

After broad outreach to stakeholders in late 2010 and early 2011, thorough review and evaluation of the original Veterans and Human Services Levy, and review of the changing needs of King County residents, Executive Dow Constantine and the Metropolitan King County Council determined that the funds raised by the levy are needed more than ever to support our veterans and vulnerable residents. In May 2011, the County Council unanimously approved Ordinance 17072, placing a measure on the primary election ballot to renew the Veterans and Human Services Levy that expires at the end of 2011. In August 2011, 69 percent of King County voters approved the levy.

This measure authorized the collection of dedicated property tax for six years beginning in 2012. In the first year of the levy, the collection rate will be \$.05 per \$1,000 of assessed valuation. In each subsequent year, the amount of revenue collected will increase by the greater of one percent or the percentage increase in the Consumer Price Index¹, not to exceed three percent. Typically, over the duration of a levy, the actual collection rate decreases as home values increase or more property is added. Consistent with the original levy, proceeds from this levy will be evenly divided, with half dedicated to veterans, military personnel, and their families and the other half dedicated to other families and individuals in need. The 2012 levy is projected to generate between \$16 million and \$19 million annually and is managed by the King County Department of Community and Human Services (DCHS).

Table 1: Projected levy revenues 2012 - 2017*

	2012	2013	2014	2015	2016	2017	Total
Revenue	\$15.7M	\$16.2M	\$16.6M	\$17.1M	\$17.7M	\$18.3M	\$101.6M
Rate**	\$.05	\$.049	\$.049	\$.048	\$.047	\$.045	

*Office of Performance, Strategy, and Budget based on Office of Economic and Financial Analysis Assessed Valuation forecast, July 2011

**Per \$1,000 Assessed Valuation

The first levy, approved by King County voters by a 58 percent favorable vote in November 2005, collected and invested between \$13 million and \$16 million per year for six years. In accordance with Ordinance 15406, these funds were dedicated primarily to “prevent or reduce homelessness and unnecessary involvement in the criminal justice and emergency medical systems for veterans, military personnel, and their families and other individuals and families most at risk.” In addition, a small amount of levy funds were targeted to prevention and early intervention efforts designed to promote the optimal health and development of young children, thus setting the stage for their lifelong learning and success and reducing the chance that they will end up in costly public systems.

¹ Per Ordinance 17072, June Consumer Price Index-Seattle-Tacoma-Bremerton

PURPOSE OF THIS PLAN

This plan outlines the direction for the levy for 2012 - 2017 including goals, strategies, target populations, and activities to be funded. It also includes information on how the levy will be implemented, including evaluation and citizen oversight. In many ways, the levy will continue to play the same vital role in King County's service system that the previous levy played. As things have changed in the community, however, this plan has been updated to reflect changing needs, best practices, and alignment with emerging plans and systems.

This plan provides guidance for the expenditure of levy proceeds and notes any relevant changes from the first Service Improvement Plan (SIP). It also provides information on the background analysis upon which the plan is based.

ACCOMPLISHMENTS OF THE 2005 LEVY

Between 2006 and 2011, the levy invested nearly \$90 million in a variety of programs and served approximately 82,000 clients². In addition to the accomplishments of individual programs, the levy as a whole fostered larger system-wide advancements in each of its five strategy areas. Veteran's services are now more accessible, the homeless street count was reduced, mental health services are better integrated into primary care, a stronger network of proven early childhood interventions is in place, and better data management systems support these efforts.

The levy has also fostered partnerships between communities or systems, including the veterans' service system, faith based communities, the community health system, communities of color, and human services providers. For example, King County contracts levy funds with the Washington Department of Veterans Affairs (WDVA) and coordinates veterans' services with them. The Mobile Medical Outreach Program partners with local congregations who provide meal programs for people who are homeless. The County has jointly funded housing projects with the U.S. Department of Veterans Affairs (VA), including Compass Housing Alliance's Renton Veterans Center. Levy-funded trainings on veterans' culture and trauma have helped many non-profit organizations become more competent at serving veteran clients and providing appropriate referrals.

Detailed annual reports about the levy are available online at www.kingcounty.gov/dchs/Levy

Strategy One accomplishments: enhancing services and access for veterans

From 2006 - 2010, levy funds served 14,071 clients under Strategy One. Because of levy funds, King County now provides better and more complete services to veterans and their family members. The King County Veterans Program (KCVP) moved from primarily offering only short-term emergency assistance to offering ongoing case management to address the underlying issues causing the veteran's instability. Prior to the levy, veterans could only access services at one site in downtown Seattle. Now, they can access services closer to home at one of ten levy-funded locations across the County. In addition, while federal veterans programs only serve the veteran member of a household, levy funds can be used to serve dependent family members as

² This is a cumulative figure of clients served by all levy activities and is not unduplicated. There may be some duplication between programs or years.

well. Because of these improvements, KCVP clients are achieving greater income, housing, and employment stability.

King County, Washington State, the VA, and others are more coordinated than ever before. Prior to the levy, many veterans had difficulty accessing the federal benefits they had earned and many human service providers were unaware of how to connect their veteran clients to these services. Thanks to the levy, there is now much greater collaboration and communication between government agencies and service providers and veterans are getting the care they need. For example, via the WDVA, King County now partners with the Washington National Guard, whereas, in the past, King County had no formal method of reaching National Guard families. Veterans have also gained more visibility as providers now track veteran status using a screening tool developed by the DCHS.

The levy invested in successful treatment models that help veterans and their families succeed in life and manage the impacts of war and trauma. For example, over 95 percent of veterans or their family members participating in Post Traumatic Stress Disorder (PTSD) counseling experienced a reduction in their symptoms, which helped them focus on family and their work.

Strategy Two accomplishments: ending homelessness through outreach, prevention, permanent supportive housing and employment

From 2006 - 2010, the levy served 20,730 clients under Strategy Two. The adoption of the levy coincided with the adoption of the Ten Year Plan to End Homelessness in King County and the establishment of the Committee to End Homelessness, which has been a key partner in this effort.

In accordance with the levy's goals to prevent and reduce homelessness, reduce unnecessary criminal justice and emergency medical system involvement, and increase self-sufficiency, the levy has funded a coordinated set of data tools, outreach efforts, prevention, and permanent supportive housing. Some programs have been geared toward taking high risk and high needs clients off the streets and stabilizing their lives, while others are focused on preventing families and individuals from becoming homeless.

The levy has played a key role in efforts related to high utilizers – individuals with severe psychiatric, chemical dependency, and/or chronic medical needs who account for a large share of the use of costly public systems such as the Dutch Shisler Sobering Support Center, emergency room, jail, and courts. The high utilizer database aggregates data from various sources in order to identify individuals who are chronically homeless and who cycle through these systems. This list is then used by the Client Care Coordination team to prioritize and coordinate placements in newly funded permanent housing with on-site supportive services.

These coordinated interventions are demonstrating promising results. For example, excessive use of the Dutch Shisler Sobering Support Center has dramatically declined. In 2008, 12 individuals stayed at the Dutch Shisler Sobering Support Center more than 175 times each, with the highest user at 274 visits. In 2009, no single client had more than 175 admissions. A study of individuals who were placed in permanent housing through Client Care Coordination, found that their use of jail days declined 66 percent, their psychiatric emergency days declined 78 percent

and their Dutch Shisler Sobering Support Center days declined 96 percentⁱ. In another example, the 2011 One Night Count of homeless individuals indicated an 11 percent decline in the street countⁱⁱ, at a time when other counties and cities across the country were reporting sharp increases.

As part of the Ten Year Plan, the levy has emphasized permanent supportive housing for people who are extremely vulnerable. The levy invested in over 1,200 new permanent units with supportive services for vulnerable veterans and others who are homeless. Housing first models have significantly improved the quality of life of formerly chronically homeless residents and demonstrated reduced costs to public emergency systems. By providing a high level of specialized services in tandem with housing, residents are getting healthier and engaging positively in the community.

The levy has also invested in efforts to stabilize veterans and others at-risk to prevent them from becoming homeless. The levy provided one-time rental or mortgage assistance to families facing a hardship that helped them stay in their home. Of those receiving assistance, 93 percent remained stable in their homes one year later.

Strategy Three accomplishments: increasing access to behavioral health services

From 2006 - 2010, the levy served 18,183 residents through Strategy Three. The investments in Strategy Three have resulted in improved mental health for thousands of low-income seniors, veterans, and adults throughout King County. Levy funds allowed King County to emerge as a leader in implementing an outcome-driven, evidence-based model that integrates behavioral health services with primary care. Uninsured, low-income residents who were not otherwise eligible to receive services gained access to care at community and public health centers, and the extent of clinical improvement was impressive in all the groups served. The strategy also brought depression treatment into the homes of vulnerable seniors, allowing them to stay in their homes longer.

Strategy Three included significant investment in improving the access to, and quality of, mental health services specifically for veterans. The levy funded outreach services to assure that veterans and their families knew that services were available, and helped them access both primary care and mental health services in the community health system.

Strategy Four accomplishments: strengthening families at risk

From 2006 - 2010, the levy served 30,552 residents through Strategy Four. This strategy recognizes the value of upstream investments in prevention and early intervention, the keys to reducing the future risk of involvement in public crisis and dependency systems. Levy programs under this strategy have systematically increased healthy parent-child interactions, improved child development, increased school readiness, and reduced the likelihood of child abuse and neglect or involvement in the criminal justice system. Over the life of the previous levy, a series of coordinated investments reached high numbers of at-risk families in King County with young children, partnering with them in culturally appropriate ways. The strategy used proven models to promote healthy early development and increase bonding and attachment between the child and caregiver.

Strategy Five accomplishments: increasing effectiveness of resource management and evaluation

The majority of levy funds were invested in direct client services. A small amount of funding was allocated to evaluation and data systems to promote system-wide improvements. Evaluation data has been essential not only for contract monitoring and programmatic adjustments, but also to inform the community of the results of their investments. All levy funded programs report on the demographics of the clients they have served as well as specific outcomes. This information was critical in planning for the next levy and providing information to the County Council, and stakeholders, including municipalities, providers and residents.

Specific investments in data systems have modernized programs and enabled them to more efficiently use data for monitoring and decision making. For example, the KCVP implemented an electronic client records system, Veterans Information Base Electronic (VIBE), that allows case managers to assess the needs of their clients, create a case plan and track their progress. This client level data can then be analyzed at the program level.

RELEVANT CHANGES IN KING COUNTY

The analysis completed as preparation for this plan included review of major changes in veterans, human services, health, housing policy, and King County population changes, including the 2010 Census, that impacts the environment in which the levy operates. This section outlines the key findings of this analysis.

DEMOGRAPHICS

Overall, King County's population has increased, become more ethnically diverse, and many residents continue to face the challenges of poverty and unemployment, particularly in the midst of the continuing economic slowdown.

From 2000 - 2010, King County's population grew from 1,737,000 people to 1,931,000, an increase of nearly 200,000 or 11 percent. King County accounts for nearly 30 percent of Washington's population of over 6.7 million and is now the nation's 14th largest county. While before 1990, the majority of the County's population growth came from domestic migration (i.e. California), the majority of this increase is now due to immigrationⁱⁱⁱ.

King County's population is increasingly ethnically diverse. As of the 2010 Census, 30 percent of the population is comprised of people of color, including people who are multi-racial or multi-ethnic. This represents a small increase from 27 percent in 2005. As a signal of future population trends, nearly half of all children in King County are people of color. The County is also home to a large share of foreign-born residents. As of 2009, more than one in five King County residents (21 percent) identifies as foreign-born. The largest share of these residents emigrated from Asia.

King County has long been a hub for immigrants and refugees. Since 1984, King County has received the fifth largest number of refugees in the United States. In 2010, 1,894 new refugees arrived in King County^{iv}. Because of the complex international refugee resettlement system, refugees often come in waves. While migration from the former Soviet Union has decreased in recent years, since 2006, there has been a sharp spike in migrants from Near/East Asia, particularly Bhutan and Burma. In 2010, Iraqis represented the majority of refugees screened by Public Health - Seattle & King County. In addition to newly arriving refugees, many immigrants relocate to King County in order to join others from their ethnic group. These new residents often face enormous challenges as they integrate into American society. Their hurdles can include past trauma, language barriers, isolation, poverty, and disability. While there are pockets of refugee communities throughout the County, most refugees live in Seattle and South King County, especially Kent, Tukwila, and Federal Way.

One in five King County residents speaks a language other than English at home. There is immense language diversity throughout the County. Over 150 different languages are spoken by children in public schools. While these children receive English language instruction, many adults do not have access to this type of training, leaving them with limited access to mainstream services.

IMPACT OF THE RECESSION

When the original levy was passed in 2005, the local and national economies were in a much different condition. The ongoing economic downturn and sluggish recovery mean too many King County residents continue to struggle to prosper.

As of 2009, the most recent year of available data, 9.8 percent of King County households reported incomes below the poverty level^v. The federal poverty level is extremely low, thus this indicator does not account for the many families and individuals who do not meet the definition of poverty, but do not earn a living wage and struggle to make ends meet. The 2011 poverty level for a single person is \$10,890 and the rate for a family of four is \$22,350^{vi}.

While lower than the national or Washington State average, unemployment continues to take a toll on many households in King County. The unemployment rate had been falling slightly for several months in 2011. However, as of July 2011, the rate in King County is 8.6 percent. Similarly, foreclosure remains a serious issue. Foreclosures more than quadrupled between 2006 and 2010 from 3,157 to 13,695. These rates have begun to decrease in 2011 compared to 2010 with July 2011 rates 48 percent lower than July 2010^{vii}.

Eligibility for free and reduced price lunch has increased^{viii}. In communities throughout King County, more children are struggling to meet their nutritional needs. Between 2009 and 2010, most school districts saw a rise in the percentage of students who qualified for free or reduced lunch. To qualify, families must have an income at or less than 130 percent of the federal poverty level for free lunch and at or below 185 percent for reduced price lunch. For some areas, particularly in South King County, nearly half or more of the students qualify.

RELEVANT NEW INITIATIVES

King County Strategic Plan

On July 26, 2010, the Metropolitan King County Council approved and adopted the King County Strategic Plan, 2010 – 2014: Working Together for One King County (Strategic Plan) as the “broad policy and management framework to unify and inform decision making across all branches of King County government.” The plan is intended to define important goals, set specific direction, clarify policy and budget priorities, and serves as the overall guiding direction for King County government. Thus, the SIP and the programs it guides align with the strategies and objectives of the Strategic Plan. The Goals section of this plan provides further information about how the SIP aligns with the Strategic Plan.

Local and federal plans to end homelessness among veterans

During the levy period, homelessness among veterans has received greater attention. At the federal level, General Eric Shinseki, Secretary of the U.S. Department of Veterans Affairs, released a Five Year Plan to End Homelessness among Veterans in late 2009. The plan calls on all branches of the federal government, the non-profit sector, and businesses to work together to provide opportunities for veterans to be successful in their communities. The federal

comprehensive plan to end homelessness includes preventive measures like discharge planning for incarcerated veterans re-entering society, supportive services for low-income veterans and their families and a national referral center to link veterans to local service providers. Additionally, the plan calls for expanded efforts for education, jobs, health care, and housing.

Specifically, the federal plan includes the following commitments:

- The new Post-9/11 GI Bill provides an option for qualified veterans to pursue a fully funded degree program at a state college or university.
- The VA is collaborating with the Small Business Administration and the General Services Administration to certify veteran-owned small businesses and service-disabled veteran-owned small businesses for listing on the Federal Supply Register, which enhances their visibility and competitiveness, creating jobs for veterans.
- The VA aggressively diagnoses and treats the unseen wounds of war that often lead to homelessness—severe isolation, depression and substance abuse.
- The VA partners with more than 600 community organizations to provide transitional housing. It also works with 240 public housing authorities to provide permanent housing to homeless veterans and their families under a partnership with the U.S. Department of Housing and Urban Development (HUD). The VA/HUD partnership will provide permanent housing to more than 20,000 veterans and their families.

The VA has also invested in the Veterans Justice Outreach (VJO) Initiative^{ix}. This effort provides a local VA staff who focuses on helping justice involved veterans gain timely access to VA mental health and substance abuse services and other benefits as appropriate. It will remain important for King County to continue to partner with the VJO Initiative on criminal justice initiatives.

While the federal plan is a great step in the right direction and represents increasing willingness to partner, constrained federal budgets in the foreseeable future will pose a challenge to accomplishing the goal of ending homelessness among veterans in five years.

At the local level, King County, in close coordination with its state and federal partners, has also developed a Five Year Plan to End Homelessness among Veterans^x. This plan aligns with the federal plan and also focuses on a five year time frame because it is being released at the mid-way point of the Ten Year Plan to End Homelessness in King County^{xi}. The overarching recommendations contained within the County are:

1. Close the existing housing gap for homeless or at-risk veterans.
2. Advocate for and secure adequate funding and work with partners towards system alignment, emphasizing efficiencies and reducing duplication of services.
3. Address complex needs among veterans, including the newly returning veterans, starting with outreach and prevention.
4. Identify and replicate best practice models for housing veterans.

The importance of continued partnerships at all levels cannot be emphasized enough. King County will continue to play a leading role in convening veteran stakeholders to streamline services for those from this region who bravely served our county.

Federal health care reform

Since the passage of the federal Patient Protection and Affordable Care Act (ACA), Washington State has been taking steps to prepare for full implementation of health care reform in 2014. Health care reform includes policy and system changes that will bring a greater emphasis on wellness and prevention, improved access to care, a more coordinated care delivery system that provides high quality services in the most efficient manner possible, and an emphasis on improved health outcomes.

Significant changes to the health care system for low-income people, such as an expansion of the Medicaid program and shifts in how the service delivery system is organized and financed, are expected to occur in the coming years. At the same time, the federal budget crisis and the enormity of the changes leaves uncertainty about the extent and timing of health care reform's implementation.

King County will take an active role in shaping how health care reform is implemented at the local and regional level, and as part of that work will integrate the system's design with the levy goals and the specific programs that the levy funds. As the future service system design and payment mechanisms begin to shift, the role of levy funds under several activities will need to be reassessed. The assumption is that, due to the funding crisis, health care reform will not free up levy funds, but could result in changes in how funds are targeted.

Health care reform is expected to affect certain levy activities more than others. Those activities where levy resources are paying for case management, health services, and mental health/chemical dependency services will require careful assessment. These activities appear across all four levy strategies. Future reform-driven changes in the use of levy funds for community-based activities would occur through open, competitive procurement processes, be coordinated closely with state and local reform activities in consultation with the County's policy makers, and fully involve the levy oversight boards.

STAKEHOLDER OUTREACH

Public and stakeholder input related to the SIP occurred in two stages. First, as part of the review of the Veterans and Human Services Levy, King County staff and levy oversight board members attended meetings of both veteran and human services stakeholder groups to gather input on the levy. This outreach was conducted between late 2010 and early 2011. More than 30 groups were contacted for presentations and discussions about the levy. A list of the stakeholders contacted is contained at the end of this report. An online survey was also available for community members to submit their thoughts. Themes from that outreach are summarized as follows and were used to develop the SIP.

Second, the draft SIP was posted for public comment for three weeks on the King County homepage, which receives approximately 40,000 visitors per day. Stakeholders were notified about their opportunity to comment. The online comment form received 1,355 visitors and 39 comments were submitted.

The first stage of outreach revealed the following themes:

Each of the levy's strategy areas received support from community members. Many people in the community recognize the important role the levy has played, not only in funding services, but in improving the way King County coordinates with other partners to deliver services efficiently. Some noted that levy programs cannot be viewed in isolation because they are intentionally interconnected. Many programs focus on connecting clients to coordinated services such as health and support services within permanent housing or employment programs for new mothers learning to parent. Many community partners voiced high regard for the levy-funded work to coordinate housing entry for chronically homeless adults. Similarly, many support the work to integrate behavioral health into primary care clinics.

Many voiced concern about the dire impacts of state and federal budget cuts to programs serving the most vulnerable residents. Some advocated that the levy backfill state cuts. Others recognized the limited and focused capacity of the levy and argued to keep the current strategy areas.

Service providers expressed concern about state cuts to Disability Lifeline, immigrant and refugee services, Maternity Support Services, Community Health Centers, Basic Health, the Housing Trust Fund, the Homeless Housing Services Fund, and other vital resources. They spoke about the negative impacts of these cuts to their own budgets and to the community. For example, some clients in supportive housing may lose their income or prescription drug coverage and consequently will struggle to remain stable in their housing. Nearly all providers report an increase in requests for services including food banks, the 2-1-1 Community Information Line, rent and utility assistance, and senior centers.

Some hoped the levy could provide funding to agencies and programs that have received funding cuts, including services for immigrants and refugees; domestic violence and sexual assault victim

services; basic needs, including food and emergency shelter; service infrastructure including 2-1-1 and transportation; and senior centers.

Stakeholders also identified emerging community needs, including treatment for Military Sexual Trauma (MST), services for veterans with Traumatic Brain Injury, support for young adults who are homeless, and services to prevent or address child prostitution.

While some community members advocated for the levy to be increased in order to address major cuts or growing needs, the majority of stakeholders were focused primarily on ensuring passage of the levy in order to maintain existing successful investments.

Many stakeholders who provided input highlighted recent initiatives or plans that should align with the Veterans and Human Services Levy. These included the King County Strategic Plan, King County Equity and Social Justice Initiative, the Ten-Year Plan to End Homelessness, the Five-Year Plan to End Veteran Homelessness, the Ending Family Homelessness Initiative (in concert with the Bill & Melinda Gates Foundation), federal health care reform, and new evidence on the importance of assuring healthy starts for children.

In addition, several outreach meeting participants called on King County to be as efficient as possible and maintain their low administrative costs. While some supported investments in system infrastructure and technology as a means to improve services and coordination, others expressed that funds are better spent on direct client services.

Similarly, many comments advised King County to continue to prioritize services that leverage other fund sources and make the contracting process as efficient and transparent as possible. Some North King County and East King County stakeholders thought that funds should be allocated more proportionately based on population. South King County and Seattle stakeholders believe levy funds should continue to be prioritized for those in the most extreme need.

Input from the public comment period on the draft SIP was generally positive. Many comments supported maintaining the levy's core strategy areas. In addition, several comments stressed the following key themes:

- There is a continued need for outreach to identify veterans in need who are often reluctant to proactively seek services. At the same time, outreach and services for veterans should continue to improve their coordination and avoid duplication. Programs for veterans should also ensure that they are accessible to newer veterans, veterans of color, and women veterans.
- The levy should continue to operate efficiently and invest in effective programs, including continuing to emphasize that levy-funded programs operate as part of larger coordinated systems.
- Levy funds should continue to provide access to services throughout the County.
- Several agencies representing services not included in the SIP requested dedicated levy funding. Unfortunately, with limited revenue, very few new programs could be added.

List of stakeholder groups contacted:

Bellevue Human Services Commission	King County Women's Advisory Board
Bill & Melinda Gates Foundation	Mental Illness and Drug Dependency Oversight Committee
Church Council of Greater Seattle	Minority Executive Director's Coalition
Committee to End Homelessness Funders Group	North Urban Human Services Forum
Committee to End Homelessness Interagency Council	Public Defense Agency Directors
Community Health Council	Seattle Central Community College Veterans Club
Downtown Seattle Association	Seattle Office of Education
Eastside Homelessness Advisory Council	Seattle Human Services Department
Eastside Human Services Forum	Seattle/King County Coalition on Homelessness
Health Care for the Homeless Planning Council	Supportive Housing Alliance for Veterans
Housing Development Consortium of Seattle-King County	Shoreline Community College Vets Club
Huskies United Military Veterans	SOAR
Joint Recommendations Committee	South King Council of Human Services
Kent Human Services Commission	South King County Forum on Homelessness
King County Alliance for Human Services	South King County Human Services Planners
King County Coalition Against Domestic Violence	United Way of King County
King County Refugee Forum	Vietnam Veterans of America Chapter 102
King County Veterans Consortium	Washington State Department of Veterans Affairs
King County Veterans Program Advisory Board	

GUIDING POLICIES

As a new dedicated funding source in 2005, there were many options for how to direct levy funds and the first SIP was critical to guiding investments in a logical and strategic way. The original vision for the levy was that investments should be limited to a few target areas where they could have a measurable impact. Further, rather than creating many new programs that might create further system fragmentation, particularly as public funding for human services is in decline, the levy should fill gaps in service systems and foster greater integration. The original SIP was also clear that the levy is one partner among many and should operate as part of other coordinated initiatives and seek to leverage other resources as much as possible. The original vision continues today as many of the original goals, strategies and activities carry forward.

LEVY GOALS

With the levy remaining at a status quo funding level, it is important that it continue to be targeted. While services in the community have been eroded by budget cuts at all levels and the needs of the community have grown, the levy does not have the capacity to address all concerns; rather, it will continue to target a few areas where it can achieve maximum impact. The levy will continue to focus on these three goals as outlined in Ordinance 15406 that guided the first SIP:

1. Prevent and reduce homelessness.

King County remains committed to the Ten Year Plan to End Homelessness, which is currently at its mid-way point. While the County and its partners have made progress in ending homelessness, there is more work to be done and the levy will continue to play a critical role in regional efforts related to homelessness.

2. Reduce unnecessary criminal justice and emergency medical system involvement.

The levy has been a key partner in efforts to connect vulnerable residents to effective and appropriate services and divert them from more intensive and costly systems. These efforts are producing impressive results for individuals, communities, and taxpayers. The levy will continue this goal and invest in services that track outcomes related to reductions in use of crisis systems. Many programs target populations that are already high users of these systems, while others promote very early interventions for families who are at-risk of future involvement.

3. Increase self-sufficiency of veterans and vulnerable populations.

In addition to helping clients with emergency situations, the levy will also invest in programs that support families and individuals to achieve stability and succeed over the long-term through recovery, employment, healthy relationships, and community connections.

Levy goal alignment with King County Strategic Plan

The levy goals align directly with the King County Strategic Plan. Under the direction of the Strategic Plan, these three goals represent the core mission of the Veterans and Human Services Levy and will guide its strategies, program allocations, and implementation. The Strategic Plan includes major emphasis on ending homelessness; connecting vulnerable people to the care they need as a means to avoid either the criminal justice system or emergency medical services; and supporting families to achieve stability.

The levy goals connect most directly with the Strategic Plan's Health and Human Potential Goal, "Promote opportunities for all communities and individuals to realize their full potential." Because of the emphasis on reducing unnecessary use of the criminal justice system, levy Goal Two also connects to the Justice and Safety Goal, "Support safe communities and accessible justice systems for all."

The Health and Human Potential Goal outlines specific objectives with which the levy goals are consistent. Strategic Plan, Objective 4c, directs the County to "join with local and regional partners to prevent and reduce homelessness for families and individuals." Strategic Plan, Objective 4a, directs the County to "facilitate access to programs that reduce or prevent involvement in the criminal justice, crisis mental health and emergency medical systems, and promote stability for individuals currently involved in those systems." Strategic Plan, Objective 4d, aligns with the levy's self-sufficiency goal by stating, "join with local and regional partners to help stabilize and improve people's lives by assisting all residents of King County, including unincorporated area residents."

This section is focused on the overarching levy goals. At a more detailed level, however, several other Strategic Plan objectives align directly with specific levy activities such as jail diversion programs, behavioral health, early childhood interventions, and workforce development.

Levy goal alignment with Framework Policies for Human Services

The King County Strategic Plan offers a broad vision for One King County. Other policies and plans provide further guidance to departments or specific initiatives. The Framework Policies for Human Services^{xii} (Framework Policies) are contained in Chapter 2.51 of the King County Code and provide clear and consistent guidance to human services planning and budgeting by articulating the goals and priority populations for investments of limited public dollars.

The levy is consistent with the Framework Policies, which also focuses on homelessness, criminal justice, emergency medical systems, and stability. There are three Framework Policies, including HS-2 that states that, "King County's priorities for human service investments will be programs and services that help to stabilize and improve people's lives, and prevent or reduce emergency medical and criminal justice system involvement and costs." More specifically, this policy outlines the following investment areas:

1. Effective intervention and prevention strategies
2. Job readiness and employment to increase self-sufficiency
3. Prevention and elimination of homelessness

4. Services that reduce the growth of emergency medical and criminal justice system involvement and costs.

Each of these areas are consistent with the levy goals and are represented among the activities to be funded by the levy.

STRATEGIES

To meet the three goals of the levy, the following four strategies will be used. The strategies from the 2005 levy remain critical and are priorities for King County. In this plan, however, language has been updated and the strategies have been streamlined from five to four. Strategy Five focused on evaluation and resource management. Many of the programs funded in that strategy were completed and those that are ongoing have been reallocated to other strategy areas. Complete information about each strategy is included in the strategy sections.

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.

TARGET POPULATIONS

Given the levy's goals of reducing homelessness, preventing and reducing unnecessary involvement in crisis response systems, and supporting self-sufficiency, and the limited availability of levy funds, strategies will target the following populations:

1. Veterans, military personnel, and their families who are struggling with mental and physical health problems, unstable housing or homelessness, or unemployment and in need of supports that will help them build on their strengths and respond to the unique challenges they face.

While King County will be home to an estimated 135,000 veterans in 2012, the levy is a targeted resource and will focus on those with greatest needs, helping them gain stability.

2. Residents who are currently experiencing instability in their lives resulting in involvement in the homelessness, criminal justice, or emergency medical systems.

The levy alone cannot meet all the needs of all King County residents and will continue to target a few key areas and populations where it can make a measureable difference. The first levy played a key role in the coordinated effort to focus on the highest utilizers of jails and public medical systems and the 2012 levy will continue that emphasis.

3. Families and individuals for whom prevention and early interventions will help lay the foundation for a successful future and prevent involvement in crisis systems.

Similar to the first levy, while many activities are focused on families and individuals who have already become involved in costly public systems, it is also important to target those

who are at-risk of such involvement. The levy will also continue to invest in proven interventions for mothers and children at the very earliest point of their lives, prenatal to age three.

Further targeting of people and communities to be served with levy resources occurs at the level of the specific program activity. Similar to the first SIP, need will continue to be a key factor in allocations and activities. This policy is consistent with Framework Policy HS-1, “King County has a regional role in human services, working with many partners to help those most in need.”

During the first levy period, several programs were targeted specifically to assist residents of South King County cities and Seattle where indicators of need including poverty, disabled veterans, eligibility for free and reduced lunch, foreclosure rates, Behavioral Health Risk Factor Surveillance System (BRFSS) data, and calls to 2-1-1 are disproportionately high. The graph and table below compare the subregional share of the County’s population, poverty, disabled veterans, clients receiving levy services, and agency sites offering levy services.

Table 2: Geographic distribution of levy funds 2006 - 2010^{xiii}

Subregion	Population	Poverty	Disabled Veterans	Levy Clients	Levy Sites
South	37.0%	33.0%	46.97%	40.1%	36.0%
East	26.0%	13.0%	19.0%	12.9%	14.0%
North	5.5%	5.0%	7.36%	4.3%	2.0%
Seattle	31.5%	49.0%	26.68%	40.2%	47.0%
Other*	0.0%	0.0%	0.0%	2.6%	1.0%

*Includes homeless, address of residence if outside King County or undetermined

As discussed in the demographics section of this plan, these trends continue today. For example, among veteran households who called the 2-1-1 Community Information Line in 2010, 43 percent lived in South King County, 39 percent in Seattle, eight percent East King County, four percent North King County and six percent outside King County.

In addition to considering indicators of vulnerability and need, in accordance with King County’s Equity and Social Justice Initiative^{xiv} and the King County Strategic Plan’s fair and just principle, areas and populations that lack access to the determinants of equity will continue to be prioritized. Determinants of equity means the social, economic, geographic, political and physical environment conditions in which people in the County are born, grow, live, work and age that lead to the creation of a fair and just society. Access to the determinants of equity is necessary to have equity for all people regardless of race, class, gender or language spoken. Inequities are created when barriers exist that prevent individuals and communities from accessing these conditions and reaching their full potential.

The following six determinants are the most relevant to the levy’s work and were considered as factors as this plan was developed.

1. Equity in County practices that eliminates all forms of discrimination in County activities in order to provide fair treatment for all employees, contractors, clients, community partners, residents and others who interact with King County.
2. Job training and jobs that provide all residents with the knowledge and skills to compete in a diverse workforce and with the ability to make sufficient income for the purchase of basic necessities to support them and their families.
3. Housing for all people that is safe, affordable, high quality and healthy.
4. Early childhood development that supports nurturing relationships, high-quality affordable child care and early learning opportunities that promote optimal early childhood development and school readiness for all children.
5. A law and justice system that provides equitable access and fair treatment for all.
6. Health and human services that are high quality, affordable and culturally appropriate and support the optimal well-being of all people.

CRITERIA FOR ACTIVITIES

Given that the levy is a limited resource, the following criteria were used to determine which activities are the most strategic use of these funds within each strategy area. Also, with devastating and anticipated further funding cuts from state and federal sources, it is important to outline the levy's role in maintaining services that may have been cut by other fund sources. While it is not possible for the levy to compensate for millions of dollars lost in these cuts, it can continue to sustain services that stabilize vulnerable residents, and drive innovation, efficiencies, and cross-system collaboration.

The original SIP included assumptions, criteria, and investment principles that have been streamlined and consolidated into the following unified set of criteria for activities that also take into consideration the current policy and funding environment:

1. Support the goals of the King County Strategic Plan.
2. Maintain and build upon effective current strategies.
3. Work to advance equity and social justice using current needs and risk data.
4. Support systems improvements that significantly increase effectiveness in meeting the goals of the levy.
5. Prioritize investments that leverage resources for greater impact through funder and provider partnerships.
6. Promote the use of evidence based practices.
7. Sustain programs, in spite of funding reductions from other sources, in cases where:
 - a. The program is critical to meeting levy goals
 - b. Essential partnerships can be maintained toward the goal of restoring capacity when the financial situation improves
 - c. Resources are sufficient enough to maintain integrity of the service model.

8. Make limited new investments to sustain region-wide service infrastructure that supports levy strategies.
9. Invest in strategies that improve coordination between levy-funded systems.

STRATEGY 1: SUPPORTING VETERANS

“We can do this. In every community, every day, we can find concrete ways to show our military families the respect and gratitude that each of us holds for them in our hearts. They deserve our support long after the welcome home ceremonies are over. You don’t have to come from a military family, have a base in your community, or be an expert in military issues to make a difference. Every American can do something.”

-Michelle Obama and Jill Biden, USA Today, September 3, 2010

THE CHANGING NEEDS OF VETERANS IN OUR COMMUNITY

Two major trends will impact the veterans service system over the life of the 2012 levy: the return of veterans of the wars in Iraq and Afghanistan and the increasing diversity of service members.

The wars in Iraq and Afghanistan, Operation Iraqi Freedom and Operation Enduring Freedom (OIF/OEF) as part of the Global War on Terror (GWOT), differ from prior wars because without a draft, volunteer soldiers are recalled for multiple tours of duty. Nearly half of all active soldiers have served multiple tours. There is also an increased reliance on National Guard and Reserve members as compared to prior war eras. This cumulative strain impacts service members and their families physically, psychologically, socially, and economically.

More Gulf War era veterans, including OIF/OEF, have a service-connected disability than veterans of prior wars. Most notably, about 19 percent of returning service members report that they experienced a possible Traumatic Brain Injury (TBI), termed, the “hallmark injury” of the wars in Iraq and Afghanistan. Because of improvements in body armor, soldiers are surviving blasts, especially from improvised explosive devices (IEDs) that previously would have been fatal and are returning with sometimes invisible trauma to the head or neck.

Severe mental health issues, including PTSD are also affecting these veterans. Of those serving in Iraq and Afghanistan, over 90 percent were exposed to some kind of traumatic, combat-related situation such as being ambushed, seeing dead bodies, or knowing someone who was killed. These experiences lead to high rates of mental illness. Studies show that nearly one in five military service members who have returned from Iraq and Afghanistan report symptoms of PTSD or major depression. Most alarming is that mental health issues have led to an increased veterans’ suicide rate. From 2005 to 2007, the veterans’ suicide rate increased by 26 percent.

In addition to combat trauma, there is more awareness that MST³ is a pervasive problem, defined as threatening sexual harassment or physical assault of a sexual nature that occurs while in the military. Both men and women are raped, sexually harassed, or sexually assaulted in the military. While the level of incidence is difficult to track because sexual assault often goes unreported or is not prosecuted, some studies estimate the prevalence may be as high as one in three among women veterans^{xv}. And, whereas combat trauma is the leading cause of PTSD among male veterans, MST is the leading cause for female veterans^{xvi}.

The national recession is making it difficult for returning veterans to find employment. Young male veterans (ages 18 to 24) who served during Gulf War Era II have an unemployment rate of 21.6 percent. In addition, for National Guard and Reserve members, in addition to the trauma they suffer in combat, they are subjected to the stress of lost income since military pay is often less than their civilian jobs.

These younger veterans of OIF/OEF are beginning to seek services and more are expected to reach out in the next few years. The number of Iraq and Afghanistan veterans seeking services from the KCVP is increasing. Their numbers are expected to continue to rise as these new veterans follow the pattern of Vietnam era veterans who took several years to seek help. These new veterans often face isolation because a much smaller share of their peer group has served than in previous war eras.

There is also growing recognition of women veterans and veterans of color. While the image of an American veteran used to be male, increasing numbers of women are serving in the military and the VA, King County, and others now recognize women veterans and the sacrifices and trauma they experience. The VA estimates that women veterans are one of the fastest growing segments of the veteran population. They comprise nearly eight percent of the total veteran population and six percent of all veterans who use VA health care services. They predict that by 2020, women veterans will constitute 10 percent of the veteran population and 9.5 percent of VA patients. In addition, nearly 27 percent of younger male and 22 percent of younger female veterans are people of color. Data shows that veterans of color are disproportionately likely to become homeless. In fact, nearly half of all homeless veterans are people of color.

STRATEGY 1 OVERVIEW

One of the greatest accomplishments of the first levy was expanding the range and capacity of veterans services, particularly the KCVP. Whether a veteran in need lives in Auburn, Carnation, Enumclaw, Federal Way, Kirkland, Seattle, Shoreline, or any other area of the County, they can access case management, PTSD treatment, and other services.

In accordance with the target populations identified previously in this plan, Strategy 1 will continue to focus on veterans, military personnel, and their families who are struggling with mental and physical health problems, unstable housing or homelessness, or unemployment and in need of supports that will help them build on their strengths and respond to the unique

³ While MST is the official term used by the Departments of Defense and Veterans Affairs, some survivors and advocates consider the term a euphemism and prefer to call it rape, sexual assault, and sexual harassment in the military.

challenges they face. This strategy will seek to achieve the levy goals by providing the services veterans need to successfully reintegrate into civilian life by accessing quality medical and behavioral health services and securing stable housing and employment. Activities in this strategy include reaching out to veterans who may be at-risk but would not seek services on their own, services for those who have already become involved in the criminal justice system, case management tailored to individual veteran needs, direct mental health services, and employment and training assistance for those who are able to work.

Over the next six years, the activities in this plan will build upon past success by maintaining the geographic expansion, continually improving services based on performance evaluations, and by adding additional capacity to serve veteran families. Strategy 1 contains funding solely from the veterans half of proceeds and all activities are ongoing direct services.

The levy has greatly increased the availability of services for veterans, as well as the number of agencies who serve them. The SIP continues many of these programs that are complementary to one another and, as a whole, form a coordinated system. Further regular communication and coordination of services between agencies will be critical to making this system truly efficient and avoiding duplication. King County will work with its partners to develop systems to foster such coordination.

STRATEGY 1 ACTIVITIES

1.1 King County Veterans Program

While the KCVP has existed since the 1950s, the first levy provided sufficient capacity to transform the program into a more sophisticated and outcome-based model. The levy also expanded the geographic reach of this program from a single downtown Seattle site to ten sites throughout the County, including a full-time office co-located with WorkSource Renton. Social workers also increasingly use electronic communications with clients for greater efficiency. Now that these sites have been established, levy funds will continue to support the case management functions of the KCVP, which include assessment, case planning, and ongoing tracking of progress toward self-sufficiency. This program will continually improve coordination with the veterans service system and mainstream service providers. The previous SIP included several sub-activities under different activities that all supported the KCVP. In this plan, these sub-activities have been streamlined into one that will support the operations of this program.

The levy will continue to provide funds for financial assistance to help KCVP clients improve their stability in housing, employment, or income. Funds may be used, for example, to help with emergency situations that threaten a families' ability to remain in their home such as a utility bill or to enable a client to begin working such as required fees, transportation, tools, or licenses.

Prior to the levy, KCVP had an insufficient electronic client records system. The levy invested in the development and implementation of an improved data management system to store

records as well as assess and monitor client progress. The levy will continue to support the ongoing maintenance of this important tool.

Through levy funds, KCVP will also continue to provide dedicated shelter and transitional housing beds for veterans. This is often a first step for homeless veterans on the road to recovery and self-sufficiency. This resource will be carefully managed to support the Five Year Plan to End Homelessness among Veterans in King County.

1.2 Veteran outreach and engagement

The levy will continue to support several outreach programs that engage veterans who may not otherwise access services. As OIF/OEF veterans return from their tours of duty, these programs must make a special effort to adapt to the needs of this generation. This may include updating communication methods, re-focusing, and adapting programs to be more inclusive.

1.2.A Enhanced outreach to women veterans and veterans of color

As previously mentioned, women and communities of color are increasing in their share of the veteran population and are overrepresented among the homeless population. The first levy invested in community-based organizations with credibility, in particular communities to conduct targeted outreach to underserved communities and ensure that they access the benefits and services they have earned. This levy will continue to support these vital organizations in their outreach.

1.2.B Veteran information and referral

The significant complexity of multiple veteran-serving agencies makes it difficult for veterans and their family members to find or access services. For this reason, veteran stakeholders specifically indicated that they would be more likely to use a call-in number uniquely dedicated for their use. This dedicated information and referral hotline began in the fall of 2010 and has shown promising results, in part, because the staff conduct a follow-up call to assess whether the caller receives the services they are seeking. Over the life of this plan, funds will allow for the flexibility to respond to emerging communication opportunities such as mobile phone applications, social media, community voice mail and other technology opportunities.

1.2.C Homeless veteran street outreach

This activity will focus on outreach and engagement to homeless veterans and coordinate closely with the KCVP, other coordinated outreach programs such as REACH, and align with the Five Year Plan to End Homelessness Among Veterans. Providers of this activity will also ensure that their expertise in veterans systems is leveraged by a coordinated system of outreach, case planning, and care coordination. Levy funds will initially continue to support the current partnership between King

County and the WDVA but, as with other activities, program models are subject to review and modification over the life of the levy.

1.3 Veterans employment and training

Veterans sometimes need support to transition from a military career to a civilian career and finding new ways to put their training and skills to work. The first levy funded several employment programs for veterans and others. Over the six years of the levy, valuable lessons have been learned through evaluation data and a Five Year Plan to End Homelessness among Veterans in King County has been developed. This data and the plan will be used to design and release a new Request for Proposal (RFP) with more consistent outcome measurements and inclusion of promising practices.

1.4 Contracted Post Traumatic Stress Disorder/Military Sexual Trauma treatment

As PTSD continues to be one of the largest challenges facing both recently returning veterans as well as existing veterans, this service remains essential. Because the VA serves only veterans, this program is particularly important for dependents of veterans who are also impacted by their family members' military service. This program is an example of a successful partnership with both the WDVA and community-based providers. Levy funds have allowed the program to significantly expand the number and geographic range of providers, and clients have shown remarkable improvement in their ability to manage their symptoms. Because demand remains high for these services, and may grow with the influx of returning OIF/OEF veterans, the allocation for this activity will increase beginning in 2016 to allow more clients to be treated.

As military sexual assault is a leading cause of PTSD among women veterans, a workgroup will be convened consisting of MST survivor advocates, representatives of veterans service systems, sexual assault services providers, mental health and trauma experts, levy oversight board members, and others to explore needs and design a service response as appropriate. Possibilities include trainings for service providers and Veterans Service Organizations using trainer and survivor co-leader models, or additional trauma counseling services.

1.5 Veterans Justice

1.5.A Veterans Incarcerated Program

Often veterans' incarceration is related to their mental health challenges or chronic addictions. This joint project between KCVP and the WDVA has successfully worked with judges to negotiate early release for clients from County and municipal jails conditioned upon entry into treatment and connection to appropriate services via the KCVP.

1.5.B Veterans Legal Assistance Program

The levy will continue to support the successful work of the Veterans Legal Assistance Program, which provides civil legal assistance to veterans to help them overcome barriers to housing, employment, or self-sufficiency.

1.5.C Emerging programs for justice involved veterans-veterans court

This activity supports programs related to justice involved veterans, with the primary use of these funds supporting King County's veterans treatment court. Funds may also be used for existing or new service models or additional outreach or prevention programs. Veterans courts have been implemented in jurisdictions around the country and, similar to other therapeutic courts, have proven to be an effective means of diverting veterans who have become involved in the criminal justice system into the treatment and services they need^{xvii}.

1.6 Support for military families

1.6.A Military family outreach

Continue support for this program in partnership with the WDVA and the Washington National Guard. Outreach workers screen military families and provide appropriate referrals to achieve stability. This program will be increasingly important as National Guard and Reserve units return from service in Iraq and Afghanistan. These families must be connected to the help they need to succeed as soon as possible to prevent future family instability or homelessness.

1.6.B Military family counseling

This new activity seeks to increase support to military families before, during, and after deployment as recommended by the Center for Deployment Psychology^[i] and the American Psychological Association Presidential Task Force on Military Deployment Services for Youth, Families and Service Members^[ii]. Funds will support family centered counseling to military and veteran households to promote healthy and nurturing families with particular focus on prevention of domestic violence and promoting family stability. This activity includes flexibility to change program models over time to ensure that the levy supports the most effective practices. Programs funded through this activity should seek to leverage support for family caregivers of veterans through the VA's new Services for Family Caregivers of Post-9/11 Veterans^[iii]. This program provides a stipend, travel expenses, mental health care, health insurance, and other support to primary caregivers of veterans seriously injured in the line of duty. Funds in this activity may also be used to support the implementation in schools of the Military Kids Curriculum, which was developed with original levy funding.

STRATEGY 2: ENDING HOMELESSNESS

The Veterans and Human Services Levy was adopted in the same year as King County's Ten Year Plan to End Homelessness. Ending homelessness has been and will remain a steadfast focus of the levy. Now at the mid-way point of the Ten Year Plan, it is important to take stock of relevant changes. In 2011, the Committee to End Homelessness conducted a Mid-Plan Review to assess progress made thus far and areas for further work. In addition, since the adoption of the first levy, specific plans related to homelessness for both veterans and families have been developed.

MID-PLAN REVIEW OF THE TEN YEAR PLAN TO END HOMELESSNESS

According to the report on the Mid-Plan Review of the Ten Year Plan to End Homelessness^{xviii}, "every year since the Plan's implementation, nearly 3,500 households have been helped to permanent housing, equaling more than 18,000 households in total between 2005 and 2010. Some households found housing through traditional paths, but many found it through systems changes created under the auspices of the Plan." The report highlights other accomplishments, including the use of evidence-based practices, implementation of the Housing First model, funding of over 4,500 units of permanent supportive housing, coordinated entry to newly created units for vulnerable homeless individuals, increased access to private market rentals through the Landlord Liaison Project, criminal justice diversion programs, and a Funder's Group that issues a consolidated Notice of Funding Availability which, in 2010, included 22 different resources (including the levy) totaling \$56 million.

The report also acknowledges the need for continued progress, either building on existing work or through new initiatives. The report identifies overarching priorities of continuing robust housing production, creating performance measures and accountability, and maintaining political will. It recognizes three federal opportunities in the National Strategic Plan to Prevent and End Homelessness, the national Five Year Plan to End Veterans Homelessness, and health care reform. Finally, it calls for local system reform through implementation of the Homeless Families Initiative and the local Five Year Plan to End Veterans Homelessness, and development of system revision goals in the areas of single adult shelter, youth and young adults, immigrants and refugees, and system level prevention.

The levy will continue to be closely coordinated and integrated with the Committee to End Homelessness efforts. It will contribute to the critically important goal of maintaining robust production of housing, at a time when many other resources are being cut.

The levy was also an integral part of planning for the local plan to end veterans homelessness, created in close coordination with the federal Department of Veterans Affairs' Five-Year Plan to End Homelessness among Veterans. The levy will align with this plan in several key ways. The plan calls for closing the housing gap and preparing for an influx of OIF/OEF veterans; thus, additional levy funds have been allocated for housing capital. King County has historically been

successful in securing HUD Veterans Affairs Supportive Housing (VASH) Vouchers that levy funds can leverage. In addition, the plan calls for improved outreach and prevention efforts. This plan continues to invest in outreach to homeless veterans, as well as military families and directs these programs to improve their coordination and adapt to the changing needs of the new generation of veterans. Continued and strengthened partnerships between local, state, and federal veterans agencies, as well as with the larger system of veterans organizations and social service providers, will remain critical to ending veteran homelessness.

Finally, as the Committee to End Homelessness undertakes new system planning in areas such as preventing and ending youth and young adult homelessness, the potential contributions of levy programs will be an integral part of that planning.

STRATEGY 2 OVERVIEW

In this plan, the activities in Strategy 2 continue to receive the largest share of total levy funding. It includes both veterans and human services funds. All activities are ongoing direct services. This strategy will serve all three of the target populations identified previously in this plan including veterans, those who are already homeless or have recently gained housing, and those for whom interventions can prevent homelessness. While some activities, including street outreach and the criminal justice initiatives, focus on chronically homeless adults with extreme psychiatric and other health needs who are the highest users of costly emergency systems, other activities, including housing capital funds, the housing stability program, and employment services are available to a wider range of families and individuals.

The goal of this strategy links directly to the levy's first goal of preventing and reducing homelessness. Activities in Strategy 2 include a complete range of services from outreach and engagement, to supportive housing, to intensive wrap-around services for the most vulnerable, to employment and training. These activities should be implemented in a way that not only stabilizes and improves people's lives, but also continues to partner with other funders to improve the cohesion of larger systems related to homelessness to achieve system-wide outcomes.

STRATEGY 2 ACTIVITIES

2.1 Outreach and engagement

In accordance with the levy goals of reducing homelessness and unnecessary use of the criminal justice and emergency medical systems, the levy will continue to invest in the most effective methods of identifying the highest users of these systems and engaging them in services, with the goals of more stable housing and improved health, which in turn reduces involvement in other public systems. Funds will be allocated to the following four activities and may be modified based on performance or new models. These programs should continue to operate in a highly coordinated manner with other relevant programs and maintain relationships with stakeholders including local government, the business and faith communities, and other service agencies.

2.1.A Homeless street outreach

The levy will maintain its investment in expanded outreach and case management services for chronically homeless adults, including veterans with substance abuse and chemical dependency disorders and other complex health conditions. The levy will initially continue its current investments in the REACH Program, which takes referrals from the Dutch Shisler Sobering Support Center, street outreach, and homeless shelters, targeting those who are ineligible for other intensive case management programs and working to improve housing stability and access to a healthier home. This activity is part of a family of closely linked levy and regional initiatives for chronically homeless adults, and coordinates closely with activities funded under levy Activity 3.6, Client Care Coordination, and the Housing Health Outreach Team under levy Activity 2.4.A.

2.1.B Dutch Shisler Sobering Support Center and Emergency Service Patrol

Levy support will continue to allow 24/7 operation of the Emergency Service Patrol (ESP) and its partnership with the Dutch Shisler Sobering Support Center and the local social service community. This partnership engages chronically homeless adults who have serious behavioral health disabilities, including severe chemical dependency, and connects them to appropriate recovery services in the community. In 2010, ESP relieved police and fire first responders 2,112 times, responded to 10,684 calls from 911 and transported a total of 13,147 people. The ESP is a valuable pathway to recovery in King County, linking individuals who have specific needs, strengths, goals, attitudes, and behaviors to recovery services.

2.1.C Mobile medical outreach

The levy will provide continued support for the South King County Mobile Medical Program, operated by Public Health - Seattle & King County. Approached as a pilot to test integrating outreach, health care, and care coordination for a homeless population in the suburbs of South King County, the program has proven to be an effective method of engagement for veterans and other adults who live in wooded areas, along river banks, and in vehicles in these communities. The mobile medical unit operates on a rotating schedule, providing regular clinic times at various feeding programs in South King County communities. The program will also explore whether there is a need for outreach to similar populations in other parts of King County.

2.1.D South King County homeless outreach

In addition to the mobile medical outreach, the levy will continue to provide capacity for outreach and engagement of people who are chronically homeless in South King County. Programs supported by this activity should demonstrate a clear link between client contact and engagement in services including medical or behavioral health and housing attainment. For greater efficiency overall in homeless outreach, this allocation has been reduced from its current contract level. Programs supported by

this activity should work in coordination with other outreach programs toward greater efficiency and reduction of duplication.

2.2 Capital funds for permanent housing

Completing the Ten Year Plan to End Homelessness will require continued funds for the development of new, permanent housing throughout King County. This housing will be linked to the supportive services needed by the tenant populations to assist them in sustaining housing tenure over time. In alignment with the Five Year Plan to End Homelessness Among Veterans, additional Veterans Levy funds have been allocated to this activity beginning in the first year of the levy. New strategies and support for homeless young adults and those most at risk of homelessness, including those aging-out of foster care, are emerging locally and nationally. Housing for this population is eligible for funding under this activity. Investments for this population should be consistent with recommendations of the Committee to End Homelessness which will strive to build the framework for a more coordinated system approach for these populations. Additional Human Services Levy funds have also been allocated to this activity beginning in 2015 to make further progress toward the housing production goals of the Ten Year Plan to End Homelessness. Any one-time funds, such as excess interest or under expended program dollars, identified over the course of the levy can be considered for allocation to this activity.

2.3 Housing Stability Program

The Housing Stability Program has successfully helped thousands of families remain stable in their homes. Through community-based organizations, the program provides relief on an emergency basis to renters or homeowners facing a crisis who would not otherwise have the resources to pay their immediate housing costs, but who are not likely to need long-term assistance once stabilized. The levy will continue its support for this program that allows low-income residents to preserve their housing. This activity has been reduced to a level that will continue the model at a scaled-back level in order to free-up funds for programs for which reductions would result in discontinuation.

2.4 Support services for permanent housing

These funds provide a major ongoing investment in supportive services countywide for residents of permanent housing. Supportive housing is a proven cost-effective combination of affordable housing with services that helps people achieve and maintain more stable, healthy, and productive lives.

2.4.A Housing Health Outreach Team

Levy funds will maintain the capacity of the Housing Health Outreach Team (HHOT). Funding for HHOT is organized through Public Health - Seattle & King County's Health Care for the Homeless Program, with health care professional time shared among multiple permanent supportive housing sites. Services are prioritized for the clients placed into this housing who have complex health issues and are in need of on-site health engagement and care management.

2.4.B On-site support services

The funds in this levy investment area will support the needed on-site services delivered directly at housing sites throughout King County. These services will be provided by the sponsoring housing organization or partnering service agencies, depending on the needs of the tenants in a given supportive housing building. On-site services may include case management, health care services, chemical dependency, or mental health services. These funds will continue to be awarded through the successful coordinated RFP process initiated for supportive services and housing operating costs. Similar to the housing capital activity, new strategies and support for homeless young adults and those most at risk of homelessness, including those aging-out of foster care, are emerging locally and nationally. Services for this population are eligible for funding under this activity. Investments for this population should be consistent with recommendations of the Committee to End Homelessness which will strive to build the framework for a more coordinated system approach for these populations. Additional funds have also been allocated to this activity to make further progress toward the housing production goals of the Ten Year Plan to End Homelessness.

2.5 Criminal justice initiatives

The levy will continue to support the capacity of the King County Criminal Justice Initiative to locate, secure and provide the supportive housing options needed by ex-offenders who have a mental illness, are homeless and re-entering the community from jails throughout King County.

2.5.A Forensic Assertive Community Treatment Program

The Forensic Assertive Community Treatment (FACT) Program provides intensive recovery support services for adults with severe and persistent mental illness who are also likely to be homeless and have a co-occurring substance use disorder, and who are the highest utilizers of the King County Jail and/or municipal jails in King County. The program serves both veterans and non-veterans and includes permanent supportive housing, and assistance for individuals to become stable in the community and prevent future criminal justice involvement.

2.5.B Forensic Intensive Supportive Housing Program

The Forensic Intensive Supportive Housing (FISH) Program provides permanent supportive housing using a housing first approach for homeless veterans and non-veterans involved in the criminal justice system who have been found incompetent to stand trial due to their mental illness, but who do not meet legal criteria for involuntary commitment. The FISH Program incorporates evidence-based recovery support interventions in the community to address chronic homelessness, system utilization and criminal justice involvement. Initial data has shown a significant decline in jail bookings for FISH participants.

2.6 Employment and training

2.6.A Community employment services

The first levy funded several employment programs for veterans and others in both Strategy One and Strategy Two. Over the six years of the levy, levy administrators have gained valuable experience and evaluation data for program improvement. This data will be used to design and release a new RFP with more consistent outcome measurements and inclusion of promising practices for employment assistance.

2.6.B Career Connections

Levy funding will also support King County's Career Connections Program, which provides employment and training assistance to homeless households in coordination with time-limited housing assistance and rapid re-housing programs, in order to help their client households be better prepared for future self-sufficiency. This program has begun seeing strong results using a home-visiting model and close coordination with the housing provider on case management.

STRATEGY 3: IMPROVING HEALTH

STRATEGY 3 OVERVIEW

Strategy 3 is directly related to the levy goal of reducing unnecessary use of the emergency medical system. By providing more effective care that integrates behavioral health care and primary health care, levy activities will help clients achieve stability and prevent them from entering more costly medical systems. This strategy contains both direct services and systems improvements with funds from both the veterans and human services portions of proceeds. All activities are ongoing.

For activities that are direct services, they will primarily serve families and individuals for whom prevention and early interventions will help lay the foundation for a successful future and prevent involvement in crisis systems, as identified in the target populations section of this plan. While Strategy 2 contains activities targeting extremely vulnerable chronically homeless adults, activities in this strategy are more focused on reaching people before their health needs become so severe they require emergency care or a nursing facility.

This strategy is also closely related to efforts towards health care reform and contains a specific activity focused on continuing and advancing current efforts to create a more integrated and effective health care system for the most vulnerable residents. This activity and others that are systems improvements, including veteran and trauma competency training, facilitation of ongoing partnerships, and client care coordination will involve a wide range of partners such as service providers, investment partners, and policy makers.

The concept of integrating behavioral health care and primary health care has produced promising results during the first levy, and the ongoing support of the levy will allow these programs to build upon past success. Investments in health care system design and implementation will allow King County and its partners to study these results and apply the lessons more broadly throughout the system.

STRATEGY 3 ACTIVITIES

3.1 Behavioral health integration

3.1.A Behavioral health integration

Levy funds will continue to support the evidence-based Mental Health Integration Program (MHIP), launched among a network of community and public health centers under the first levy, in coordination with investments from other funders. The program includes behavioral health care coordinators in primary care settings and psychiatric consultation. Care coordinators systematically screen and re-screen patients using evidence-based tools, and help people get the right level of care

including access to specialized mental health care when needed. Services are provided in 24 primary care clinic sites throughout King County. As with other levy investments in health services, eventual shifts in Medicaid eligibility, available benefits, and the design of the service system means that King County will proactively assess the role of levy funds in this activity in the light of the coming health care reform changes.

3.1.B Behavioral health integration for veterans

The levy will continue to invest in behavioral health services for veterans and their families. This activity is implemented under the same model of integrated care as that described in Activity 3.1.A. The continuation of these services is particularly vital given new information about the prevalence of returning troops suffering from PTSD, and/or depression. Despite efforts on the part of the U.S. Department of Defense and the VA, significant gaps in access to evidence-based care remain and the role of local resources is critical in assuring low-barrier access to care for veterans and their families. This sub-activity has served fewer clients, relative to that described above and the allocation has been adjusted to reflect the client load.

3.2 Veteran and trauma competency training

The first levy invested in two separate training activities related to trauma involving both veterans and the general population. These two activities have been streamlined into one that will continue to support trainings for mainstream service providers on veterans' culture as well as on trauma awareness and sensitivity including understanding TBI. These trainings will be coordinated with other DCHS trainings, including the Trauma Informed Care Initiative. In order to prioritize direct services, the total allocation for training has been reduced from the 2006 SIP levels.

3.3 Health care reform system design and implementation

Health care reform will bring significant changes to the health service delivery and prevention systems in King County over the life of the levy. This activity will initially continue the levy's current investments related to health care integration, including the Partnership for Health Improvement through Shared Information (PHISI). The PHISI is a coordinated effort between many health related agencies to share data in ways that will improve outcomes for clients and make the system more efficient. Levy resources will also provide capacity to further the integration of behavioral health and primary health and maximize opportunities for efficiencies, for both government and community agencies, and securing possible grant funding. This activity will also support the identification and review of other levy activities as to how changes in the health care system driven by the state and federal governments may warrant program modifications.

3.4 Depression intervention for seniors

Many elderly individuals experience depression when their disabilities or infirmities isolate them from family, friends, and the supports that are available in the community. The Program to Encourage Active, Rewarding Lives for Seniors (PEARLS) is an evidence-based

program developed through a research grant with the University of Washington and offered through Seattle-King County's Area Agency on Aging. The PEARLS has demonstrated that the provision of in-home counseling and support can aid with depression and promote greater community involvement, thereby reducing the risk of homelessness and the need for more costly inpatient and custodial care services. Levy funds will continue to support providing PEARLS to veterans, their spouses or domestic partners, and other elders in low-income communities of color. An increased investment beginning in 2014 will allow the PEARLS program to expand to a wider geographic area based on the locations of senior populations with the highest level of health risk which could be exacerbated by depression.

3.5 Facilitation of ongoing partnerships

Effective collaboration and partnerships are the cornerstones of any initiative to reduce fragmentation, braid resources, and integrate services such as the levy. During the first levy, these funds were used to keep residents, community stakeholders, and local governments informed of the levy's progress and to support the integration of veterans services and mainstream services. Levy funds will continue to support such outreach and will seek to increase the visibility of the levy through local media sources. Funds may also be used to research best practices or evidence based programs that may enhance the effectiveness of the levy and support their implementation.

3.6 Client Care Coordination

The first levy invested in the creation of a triaged list of homeless high utilizers of costly public systems (Activity 2.1.A.1). Analysis of the use of this list has shown remarkable reductions in system use by former high utilizers who have been placed in permanent supportive housing. Levy funds will support the ongoing implementation of this database as part of a coordinated effort to identify, engage, house, and care for the most vulnerable and highest utilizers of public systems. This activity will also support a Privacy Officer to coordinate data sharing agreements between the County and other entities. The high utilizer integrated database will also serve as a source of data for planning efforts for health care reform in King County and the State of Washington. Collaboration with the PHISI to create a health information exchange will continue.

STRATEGY 4: STRENGTHENING FAMILIES

Strategy 4 contains activities that are both systems improvements and direct services and all are planned to be ongoing throughout the levy period. This strategy focuses primarily on the third target population identified earlier in this plan, “families and individuals for whom prevention and early interventions will help lay the foundation for a successful future and prevent involvement in crisis systems.” Funds are from the human services half of the levy proceeds only.

During these years of economic downturn, it is particularly important that the levy continue to invest in evidence-based early childhood prevention and intervention programs. Child development and economic development are inextricably linked. Research indicates that the development of the brain is most intense from birth through age three, and it is in these earliest years that the foundations of lifelong health and behavior are built into our biology.⁴ Supporting parents and caregivers in their role as a child’s first teacher is key to ensuring bonding and attachment. Engaged parents who have access to parent education and support are better able to respond to the needs of their children. High quality, proven programs focused in the prenatal and early childhood period buffer against the stresses of the early years and establish a foundation that helps children succeed in school, graduate from high school, and move into career paths that build a sustainable future.

By funding activities that have shown strong results including evidence based practices, this strategy will build upon existing resources and the levy’s past success.

STRATEGY 4 ACTIVITIES

4.1 Home visiting

The levy will continue its investment in programs that provide evidence-based home visiting. Under the previous levy, two programs, Nurse Family Partnership (NFP) and Healthy Start received expansion funding. Planning at the state level is currently underway to design a continuum of home visiting in connection with the transformation of the child welfare system. In the future, the home visiting system may be modified to share outreach strategies and a common intake process. Both NFP and Healthy Start are involved in this planning. The levy oversight boards and staff will monitor these developments and consider whether and when modifications to these investments may be warranted in response to system change in the home visiting field.

4.1.A Nurse Family Partnership

The levy will continue its support for the NFP Program, a nurse home visiting program that is a proven early intervention with young, first time pregnant mothers. Favorable results of this evidence-based practice include fewer emergency room visits, less child

⁴ *The Foundations of Lifelong Health Are Built in Early Childhood*, [National Scientific Council on the Developing Child](#) and the [National Forum on Early Childhood Policy and Programs](#).

abuse and neglect, increased employment, less use of public assistance, fewer arrests among both mothers and their children, reduced substance abuse by mothers, increased school readiness by children, and fewer behavioral problems in children.

4.1.B Healthy Start

The second area of investment in home visiting is Healthy Start, which uses the evidence-based Parents as Teachers - Born to Learn curriculum. It measures key indicators of healthy parenting and child development, and evaluations consistently show high levels of achievement for both parent and child. Under the previous levy, funding supported the geographic expansion of Healthy Start, lower caseloads, and implementation of a computerized client tracking system. These investments and improvements will be continued.

4.2 Maternal depression reduction

Severe maternal depression occurs most frequently in low-income mothers and is a serious deterrent to the development of healthy maternal-child attachments and early child development. The levy will continue to support maternal depression screening and treatment available through ten community health centers and public health centers where low-income mothers are participating in prenatal care and the Women Infants and Children (WIC) program.

4.3 Parent education and support

The levy will continue to invest in promising and evidence-based interventions that address the growth and development needs of young children, with a priority on children birth to age three, by providing training and support for parents and caregivers. These services are critical in their ability to prevent adverse experiences in the child's early years. Adverse childhood experiences have been shown to be strongly associated with mental health consequences, such as antisocial behavior and drug use during the transition to adulthood.

To assure that investments in this area continue to be as responsive as possible to changing community needs, a competitive process in this area will occur during the next levy period and the specific programs supported in this activity could change. Programs to be funded may include Promoting First Relationships and Family, Friends and Neighbor's Play & Learn groups. Promoting First Relationships is a prevention program which guides caregivers in how to build nurturing and responsive relationships with children. In this program, service providers working with high risk families are trained in the use of practical, effective strategies for promoting secure and healthy relationships between caregivers and young children. Play & Learn groups provide age-appropriate activities that help caregivers enhance their ability to care for children and help them prepare to succeed in school. Evaluation data by Organizational Research Services^{xix} showed that caregivers reported increased knowledge about their role in helping children prepare for school, what to expect of children at different ages, and how children learn through playing.

4.4 Passage Point

The first levy invested in several activities intended to support parents exiting the criminal justice system, helping them re-unite with their families, and preventing them from re-offending. These funds will now be consolidated in one strategy and focused on the recently opened Passage Point facility in Maple Valley. This unique facility was developed with significant King County support and is dedicated to serving this population. Through a supportive housing program and education, Passage Point empowers parents to gain the skills and confidence needed to become self-sufficient, reduce their chances of recidivism, provide stable and positive environments for their children, and live with dignity and respect in their communities.

4.5 Information and referral

In order to assure access to the service systems supporting the target populations, the levy will invest a small amount of resources in proven information and referral methods.

4.5.A 2-1-1 Community Information Line

The 2-1-1 Community Information Line is a life-line for many King County residents and the gateway to many levy funded services. Because of declining resources and growing needs, 2-1-1 has seen a dramatic increase in calls and longer average call times to address clients' complex needs. A modest investment from the levy will help strengthen and maintain this vital piece of the human services infrastructure.

4.5.B Cultural Navigator

As discussed in the demographics section of this plan, King County is home to a growing immigrant and refugee community. The levy will continue to support the innovative Cultural Navigator Program in East and South King County that grew out of a community-based study of immigrant family needs. This program helps low-income residents who face cultural or language barriers access the services they need by providing a liaison from the client's background to serve as a broker.

ALLOCATION PLAN

In accordance with Ordinance 17072, half of all proceeds have been dedicated to veterans, military personnel, and their families. "The levy proceeds shall be deposited in two special revenue funds, which funds shall be specified by ordinance. The levy proceeds shall be divided to place fifty percent of the levy proceeds in one fund designated for the provision of regional health and human services for veterans, military personnel and their families. The remaining fifty percent of the levy proceeds shall be placed in another fund designated for the provision of regional health and human services to a wide range of people in need of such services." One-time funding such as excess interest will be considered for allocation to housing capital.

The allocation tables reflect the best current estimates of resources that will be available over the life of the levy based on the most recent revenue and Consumer Price Index projections and accounting for regular under-collection of property tax (one percent). Over the life of the levy, adjustments may need to be made in order to meet identified goals for the designated target populations, as well as the complexities of implementation and unforeseen circumstances. Upon recommendation of the relevant Levy Oversight Board(s), DCHS may adjust activity allocations within a strategy area and include a report of any such adjustments in that year's annual report.

2012 - 2017 Veterans and Human Services Levy Service Improvement Plan

	2012	2013	2014	2015	2016	2017
Strategy 1: Supporting veterans and their families to build stable lives and strong relationships						
1.1	<u>King County Veterans Program</u>					
	Veterans	\$2,485,000	\$2,485,000	\$2,485,000	\$2,485,000	\$2,485,000
	Human Services	\$0	\$0	\$0	\$0	\$0
	Total	\$2,485,000	\$2,485,000	\$2,485,000	\$2,485,000	\$2,485,000
1.2	<u>Veteran Outreach and engagement</u>					
A	<i>Enhanced outreach to women veterans and veterans of color</i>					
	Veterans	\$300,000	\$300,000	\$300,000	\$300,000	\$300,000
	Human Services	\$0	\$0	\$0	\$0	\$0
	Total	\$300,000	\$300,000	\$300,000	\$300,000	\$300,000
B	<i>Veteran information and referral</i>					
	Veterans	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000
	Human Services	\$0	\$0	\$0	\$0	\$0
	Total	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000
C	<i>Homeless veterans street outreach</i>					
	Veterans	\$84,000	\$84,000	\$84,000	\$84,000	\$84,000
	Human Services	\$0	\$0	\$0	\$0	\$0
	Total	\$84,000	\$84,000	\$84,000	\$84,000	\$84,000
1.3	<u>Veterans employment and training</u>					
	Veterans	\$125,000	\$200,000	\$200,000	\$200,000	\$200,000
	Human Services	\$0	\$0	\$0	\$0	\$0
	Total	\$125,000	\$200,000	\$200,000	\$200,000	\$200,000
1.4	<u>Contracted PTSD treatment/Military Sexual Trauma</u>					
	Veterans	\$400,000	\$400,000	\$400,000	\$400,000	\$450,000
	Human Services	\$0	\$0	\$0	\$0	\$0
	Total	\$400,000	\$400,000	\$400,000	\$400,000	\$450,000
1.5	<u>Veterans justice</u>					
A	<i>Veterans Incarcerated Program</i>					
	Veterans	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000

2012 - 2017 Veterans and Human Services Levy Service Improvement Plan

	2012	2013	2014	2015	2016	2017
Human Services	\$0	\$0	\$0	\$0	\$0	\$0
Total	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000
B Veterans Legal Assistance Program						
Veterans	\$20,000	\$20,000	\$20,000	\$20,000	\$20,000	\$20,000
Human Services	\$0	\$0	\$0	\$0	\$0	\$0
Total	\$20,000	\$20,000	\$20,000	\$20,000	\$20,000	\$20,000
C Emerging veterans justice programs – King County Veterans Court						
Veterans	\$150,000	\$305,000	\$305,000	\$330,000	\$345,000	\$345,000
Human Services	\$0	\$0	\$0	\$0	\$0	\$0
Total	\$150,000	\$305,000	\$305,000	\$330,000	\$345,000	\$345,000
1.6 Support for military families						
A Military family outreach						
Veterans	\$174,000	\$174,000	\$174,000	\$174,000	\$174,000	\$174,000
Human Services	\$0	\$0	\$0	\$0	\$0	\$0
Total	\$174,000	\$174,000	\$174,000	\$174,000	\$174,000	\$174,000
B Military family counseling						
Veterans	\$0	\$0	\$100,000	\$100,000	\$100,000	\$100,000
Human Services	\$0	\$0	\$0	\$0	\$0	\$0
Total	\$0	\$0	\$100,000	\$100,000	\$100,000	\$100,000
Veterans	\$3,938,000	\$4,168,000	\$4,268,000	\$4,293,000	\$4,358,000	\$4,358,000
Human Services	\$0	\$0	\$0	\$0	\$0	\$0
Total Strategy 1	\$3,938,000	\$4,168,000	\$4,268,000	\$4,293,000	\$4,358,000	\$4,358,000
Percent of Total Program	27%	27%	27%	27%	26%	25%
Strategy 2: Ending Homelessness through outreach, prevention, permanent supportive housing and employment						
2.1 Outreach and engagement						
A Homeless street outreach						
Veterans	\$86,000	\$86,000	\$86,000	\$86,000	\$86,000	\$86,000
Human Services	\$190,000	\$190,000	\$190,000	\$190,000	\$190,000	\$190,000

2012 - 2017 Veterans and Human Services Levy Service Improvement Plan

	2012	2013	2014	2015	2016	2017
Total	\$276,000	\$276,000	\$276,000	\$276,000	\$276,000	\$276,000
B Sobering/Emergency Services Patrol						
Veterans	\$45,000	\$45,000	\$45,000	\$45,000	\$45,000	\$45,000
Human Services	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000
Total	\$145,000	\$145,000	\$145,000	\$145,000	\$145,000	\$145,000
C Mobile medical outreach						
Veterans	\$90,000	\$90,000	\$90,000	\$90,000	\$90,000	\$90,000
Human Services	\$210,000	\$210,000	\$210,000	\$210,000	\$210,000	\$210,000
Total	\$300,000	\$300,000	\$300,000	\$300,000	\$300,000	\$300,000
D South King County homeless outreach						
Veterans	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000
Human Services	\$65,000	\$65,000	\$65,000	\$65,000	\$65,000	\$65,000
Total	\$80,000	\$80,000	\$80,000	\$80,000	\$80,000	\$80,000
2.2 <u>Housing capital</u>						
Veterans	\$625,000	\$625,000	\$625,000	\$725,000	\$860,000	\$960,000
Human Services	\$700,000	\$700,000	\$700,000	\$830,000	\$1,000,000	\$1,200,000
Total	\$1,325,000	\$1,325,000	\$1,325,000	\$1,555,000	\$1,860,000	\$2,160,000
2.3 <u>Housing Stability Program</u>						
Veterans	\$400,000	\$400,000	\$400,000	\$400,000	\$400,000	\$400,000
Human Services	\$400,000	\$400,000	\$400,000	\$400,000	\$400,000	\$400,000
Total	\$800,000	\$800,000	\$800,000	\$800,000	\$800,000	\$800,000
2.4 <u>Support services for housing</u>						
A Housing Health Outreach Team						
Veterans	\$75,000	\$75,000	\$75,000	\$75,000	\$75,000	\$75,000
Human Services	\$165,000	\$165,000	\$165,000	\$240,000	\$240,000	\$290,000
Total	\$240,000	\$240,000	\$240,000	\$315,000	\$315,000	\$365,000
B On-site support services						
Veterans	\$300,000	\$300,000	\$340,000	\$450,000	\$525,000	\$720,000
Human Services	\$700,000	\$700,000	\$815,000	\$850,000	\$950,000	\$1,000,000

2012 - 2017 Veterans and Human Services Levy Service Improvement Plan

	2012	2013	2014	2015	2016	2017
Total	\$1,000,000	\$1,000,000	\$1,155,000	\$1,300,000	\$1,475,000	\$1,720,000
2.5 <u>Criminal Justice Initiatives</u>						
A <i>FACT</i>						
Veterans	\$63,000	\$63,000	\$63,000	\$63,000	\$63,000	\$63,000
Human Services	\$142,000	\$142,000	\$142,000	\$142,000	\$142,000	\$142,000
Total	\$205,000	\$205,000	\$205,000	\$205,000	\$205,000	\$205,000
B <i>FISH</i>						
Veterans	\$210,000	\$210,000	\$210,000	\$210,000	\$210,000	\$210,000
Human Services	\$480,000	\$480,000	\$480,000	\$480,000	\$480,000	\$480,000
Total	\$690,000	\$690,000	\$690,000	\$690,000	\$690,000	\$690,000
2.6 <u>Employment and training</u>						
A <i>Community employment services</i>						
Veterans	\$120,000	\$120,000	\$120,000	\$120,000	\$120,000	\$120,000
Human Services	\$550,000	\$550,000	\$550,000	\$550,000	\$550,000	\$550,000
Total	\$670,000	\$670,000	\$670,000	\$670,000	\$670,000	\$670,000
B <i>Career Connections</i>						
Veterans	\$120,000	\$120,000	\$120,000	\$120,000	\$120,000	\$120,000
Human Services	\$300,000	\$300,000	\$300,000	\$300,000	\$300,000	\$300,000
Total	\$420,000	\$420,000	\$420,000	\$420,000	\$420,000	\$420,000
Total Vets	\$2,149,000	\$2,149,000	\$2,189,000	\$2,399,000	\$2,609,000	\$2,904,000
Total HS	\$4,002,000	\$4,002,000	\$4,117,000	\$4,357,000	\$4,627,000	\$4,927,000
Total Strategy 2	\$6,151,000	\$6,151,000	\$6,306,000	\$6,756,000	\$7,236,000	\$7,831,000
Percent of Total Program	42%	40%	40%	42%	43%	45%

Strategy 3: Improving health through the integration of medical and behavioral health services

3.1 Behavioral health integration

A *Behavioral health integration*

Veterans	\$0	\$0	\$0	\$0	\$0	\$0
Human Services	\$625,000	\$625,000	\$625,000	\$625,000	\$625,000	\$625,000

2012 - 2017 Veterans and Human Services Levy Service Improvement Plan

	2012	2013	2014	2015	2016	2017
Total	\$625,000	\$625,000	\$625,000	\$625,000	\$625,000	\$625,000
B Behavioral health integration-veterans						
Veterans	\$600,000	\$600,000	\$600,000	\$600,000	\$600,000	\$600,000
Human Services	\$0	\$0	\$0	\$0	\$0	\$0
Total	\$600,000	\$600,000	\$600,000	\$600,000	\$600,000	\$600,000
3.2 Veteran and trauma competency training						
Veterans	\$200,000	\$200,000	\$200,000	\$200,000	\$200,000	\$200,000
Human Services	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000
Total	\$250,000	\$250,000	\$250,000	\$250,000	\$250,000	\$250,000
3.3 Health care reform system design and implementation						
Veterans	\$0	\$25,000	\$25,000	\$25,000	\$25,000	\$25,000
Human Services	\$0	\$245,000	\$245,000	\$245,000	\$245,000	\$245,000
Total	\$0	\$270,000	\$270,000	\$270,000	\$270,000	\$270,000
3.4 Depression intervention for seniors						
Veterans	\$112,000	\$112,000	\$178,000	\$178,000	\$178,000	\$178,000
Human Services	\$112,000	\$112,000	\$178,000	\$178,000	\$178,000	\$178,000
Total	\$224,000	\$224,000	\$356,000	\$356,000	\$356,000	\$356,000
3.5 Facilitation of ongoing partnerships						
Veterans	\$70,000	\$70,000	\$70,000	\$70,000	\$70,000	\$70,000
Human Services	\$70,000	\$70,000	\$70,000	\$70,000	\$70,000	\$70,000
Total	\$140,000	\$140,000	\$140,000	\$140,000	\$140,000	\$140,000
3.6 Client care coordination						
Veterans	\$40,000	\$40,000	\$40,000	\$40,000	\$40,000	\$40,000
Human Services	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000
Total	\$140,000	\$140,000	\$140,000	\$140,000	\$140,000	\$140,000
Total Vets	\$1,022,000	\$1,047,000	\$1,113,000	\$1,113,000	\$1,113,000	\$1,113,000
Total HS	\$957,000	\$1,202,000	\$1,268,000	\$1,268,000	\$1,268,000	\$1,268,000
Total Strategy 3	\$1,979,000	\$2,249,000	\$2,381,000	\$2,381,000	\$2,381,000	\$2,381,000
Percent of Total Program	13%	15%	15%	15%	14%	14%

2012 - 2017 Veterans and Human Services Levy Service Improvement Plan

		2012	2013	2014	2015	2016	2017
Strategy 4: Strengthening families at risk							
4.1	<u>Home visiting</u>						
	A <i>Nurse Family Partnership</i>						
	Veterans	\$0	\$0	\$0	\$0	\$0	\$0
	Human Services	\$470,000	\$470,000	\$470,000	\$470,000	\$470,000	\$470,000
	Total	\$470,000	\$470,000	\$470,000	\$470,000	\$470,000	\$470,000
	B <i>Healthy Start</i>						
	Veterans	\$0	\$0	\$0	\$0	\$0	\$0
	Human Services	\$270,000	\$270,000	\$270,000	\$270,000	\$270,000	\$270,000
	Total	\$270,000	\$270,000	\$270,000	\$270,000	\$270,000	\$270,000
4.2	<u>Maternal depression reduction</u>						
	Veterans	\$0	\$0	\$0	\$0	\$0	\$0
	Human Services	\$625,000	\$625,000	\$625,000	\$625,000	\$625,000	\$625,000
	Total	\$625,000	\$625,000	\$625,000	\$625,000	\$625,000	\$625,000
4.3	<u>Parent education and support</u>						
	Veterans	\$0	\$0	\$0	\$0	\$0	\$0
	Human Services	\$260,000	\$260,000	\$260,000	\$260,000	\$260,000	\$260,000
	Total	\$260,000	\$260,000	\$260,000	\$260,000	\$260,000	\$260,000
4.4	<u>Passage Point</u>						
	Veterans	\$0	\$0	\$0	\$0	\$0	\$0
	Human Services	\$415,000	\$415,000	\$415,000	\$415,000	\$415,000	\$415,000
	Total	\$415,000	\$415,000	\$415,000	\$415,000	\$415,000	\$415,000
4.5	<u>Information and referral</u>						
	A <i>2-1-1 Community Information Line</i>						
	Veterans	\$0	\$0	\$0	\$0	\$0	\$0
	Human Services	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000
	Total	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000
	B <i>Cultural Navigator</i>						

2012 - 2017 Veterans and Human Services Levy Service Improvement Plan

	2012	2013	2014	2015	2016	2017
Veterans	\$0	\$0	\$0	\$0	\$0	\$0
Human Services	\$70,000	\$70,000	\$70,000	\$70,000	\$70,000	\$70,000
Total	\$70,000	\$70,000	\$70,000	\$70,000	\$70,000	\$70,000
Total Vets	\$0	\$0	\$0	\$0	\$0	\$0
Total Human Services	\$2,160,000	\$2,160,000	\$2,160,000	\$2,160,000	\$2,160,000	\$2,160,000
Total Strategy 4	\$2,160,000	\$2,160,000	\$2,160,000	\$2,160,000	\$2,160,000	\$2,160,000
Percent of Total Program	15%	14%	14%	13%	13%	13%
<u>Evaluation</u>						
Veterans	\$257,500	\$257,500	\$257,500	\$257,500	\$257,500	\$257,500
Human Services	\$282,500	\$287,500	\$287,500	\$287,500	\$287,500	\$287,500
Total	\$540,000	\$545,000	\$545,000	\$545,000	\$545,000	\$545,000
Total Program-Veterans	\$7,366,500	\$7,621,500	\$7,827,500	\$8,062,500	\$8,337,500	\$8,632,500
Total Program-Human Services	\$7,401,500	\$7,651,500	\$7,832,500	\$8,072,500	\$8,342,500	\$8,642,500
Total Program	\$14,768,000	\$15,273,000	\$15,660,000	\$16,135,000	\$16,680,000	\$17,275,000
<u>Admin</u>						
Veterans	\$391,464	\$395,620	\$415,282	\$428,040	\$442,316	\$457,960
Human Services	\$369,063	\$365,620	\$410,282	\$423,040	\$437,316	\$448,002
Total	\$760,527	\$761,240	\$825,564	\$851,080	\$879,632	\$905,962
<u>Board Support</u>						
Veterans	\$71,319	\$60,583	\$62,853	\$70,264	\$66,507	\$68,736
Human Services	\$58,720	\$60,583	\$62,853	\$65,264	\$66,507	\$68,694
Total	\$130,039	\$121,166	\$125,706	\$135,528	\$133,014	\$137,430
Veterans Total	\$7,829,283	\$8,077,703	\$8,305,635	\$8,560,804	\$8,846,323	\$9,159,196
Human Services Total	\$7,829,283	\$8,077,703	\$8,305,635	\$8,560,804	\$8,846,323	\$9,159,196
GRAND TOTAL	\$15,658,566	\$16,155,406	\$16,611,270	\$17,121,608	\$17,692,646	\$18,318,392

IMPLEMENTATION

The Community Services Division (CSD) of the DCHS holds responsibility for implementation of this plan. As the lead agency, CSD will be responsible for executing partnerships with and disbursing funds to other County divisions and departments, including the Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD), Public Health - Seattle & King County, and community-based organizations. The CSD will also support the two citizen oversight boards, coordinate evaluations, track and manage revenues and expenditures, and prepare reports to the King County Executive, King County Council and the public.

ADMINISTRATION

Based on Ordinance 15406 that provided direction for the first SIP, the first levy had a goal of limiting administrative expenses to no more than five percent of revenue. The ordinance stated, "it shall be the goal to limit county administrative expenses for services provided using the levy proceeds to no more than five percent with the exception of expenses for development of the service improvement plan and implementation of the evaluation plan."

The levy administration has successfully executed agreements and contracts, disbursed funds, submitted reports, and monitored spending using less than five percent of revenues. During the period covered by this plan, the goal will continue to be limiting administrative expenses to five percent or less of revenues.

CITIZEN OVERSIGHT

King County has benefited from the dedicated service of two volunteer boards, the VCLOB and the HSLOB. Over the life of the first levy, these boards volunteered over 2,000 hours of service. They reviewed activity implementation plans, served on RFP review panels, visited levy-funded sites, reviewed evaluation reports, and spoke about the levy to community groups. The two boards also worked cooperatively with one another, meeting jointly each quarter, and forming joint committees for nearly every levy strategy.

As half of all levy proceeds are dedicated to veterans, military personnel, and their family members, it has been critical to have a board comprised mainly of veterans and dedicated solely to overseeing the expenditure of these funds to ensure that they are truly serving our veterans. These committed board members have not only provided watchful oversight, but have also provided expertise on veterans' needs and how King County can effectively partner in the veterans service system. They have also shared their perspective and knowledge with the RHSLOB and worked to increase understanding of veterans' issues among mainstream service providers. Similarly, the RHSLOB has educated the VCLOB about human services issues.

The levy renewal ballot measure, Ordinance 17072, indicates that "the oversight boards established by Ordinance 15279 shall be continued and the criteria identified for board membership shall be maintained." Thus, the VCLOB and the RHSLOB will continue their important role as citizen stewards of the levy proceeds. These boards will continue to be nominated and appointed through a process involving the King County Executive and

Metropolitan King County Council. A staff position will be dedicated to assist and support these citizen boards and their committees.

BOARD AND PUBLIC REVIEW OF ACTIVITY IMPLEMENTATION PLANS

Because the original levy was the first of its kind, an extensive implementation process was required for each of the levy's multiple activities. Detailed implementation plans were developed and reviewed, usually several times, by each levy oversight board and were posted online for public review. Board members were also involved in reviewing responses to RFPs. The implementation planning process coupled with the RFP process often took several months. A process evaluation conducted by the levy's evaluation unit concluded that, while this provided for transparency and thoroughness, it sometimes delayed the provision of services in the community.

Because this levy is a renewal and activities have been monitored on an ongoing basis by both staff and the boards, a more streamlined process will be used to provide seamless continuity for activities that will be continued under this plan. For those continuing activities where there is a need for modifications the boards will review and advise on the proposed changes, but their review time will be streamlined by reducing some unnecessary steps and conducting more joint board reviews. It is important to include additional public review of the proposed modifications before acting on them.

For any new activities, implementation plans will be developed and reviewed by the boards and the public as before, but this process will be streamlined to allow for timely delivery of services. First, the implementation plans will be shorter and focus on a few key issues that align with the levy principles, including equity and social justice considerations, coordination and alignment across systems, and opportunities for partnership. Second, the boards' review time will be streamlined as noted above. Public review of the plans is important and will be continued, and board members will continue to participate on RFP review panels.

Levy implementation will seek to widely communicate funding opportunities and will encourage innovative partnerships with a variety of organizations, including faith-based and those representing historically under-represented communities. The diversity of levy partners will continue to be one of its greatest strengths.

REPORTING AND EVALUATION

Meaningful, timely and accurate reporting and evaluation have been and will continue to be essential for the levy. While this is true for all King County programs, it is especially important for the levy because it is subject to authorization by the voters. Residents must be informed of the results of their investments. The levy oversight boards' involvement in reporting and evaluation will continue to be critical. Levy reports will continue to be distributed widely to partners, the public, media, and interested stakeholders.

Reporting

Five regular reports that detail the performance and financial status of the levy will be provided to the County Executive, County Council, and general public:

Report	Submittal Date
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1.	Annual Report June 30
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Annual Reports will cover the period of January through December of the previous year and will be submitted to the County Council by June 30. These reports will include a transmittal letter from the boards assessing progress made toward levy goals, and will highlight program accomplishments, including client stories as examples, and any modifications that were made within strategy areas to improve performance or reprioritize activities to achieve desired results.

2.	Performance Evaluation June 30
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Performance Evaluation reports will also cover January through December of the previous year and will be submitted to the King County Council by June 30. These reports will provide data on the performance of levy-funded activities, including progress toward meeting overall levy goals and strategies. More information on evaluation is provided in the section below.

3.	Annual Financial Report June 30
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The Annual Financial Report will outline levy revenues, status of funding commitments, and expenditures for each activity through December of the prior year. The June 30 submittal allows for accurate financial information based on year-end accounting timelines.

4.	Mid-Year Performance Update December 1
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In addition to the Annual Performance Evaluation Report, the levy will also publish a Mid-Year Performance Update to provide more frequent data, which can be used to make necessary program modifications to improve performance. These reports will cover January through June of the year of submittal and will be transmitted by December 1.

5.	Mid-Year Financial Update December 1
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A Mid-Year Financial Update through June of the year of submittal will be transmitted by December 1. This will detail similar information as the annual financial report but through the first half of the year.

In addition, during annual budget review, the County Council will review financial plans for the two levy funds. The SIP, including the next year’s projected allocations by strategy area, is subject to review and possible modification during this annual budget process.

Evaluation

Performance evaluation of levy activities is critically important. If an activity is not contributing to the goals of the levy, the program model needs to be modified or the activity must be discontinued and the funds allocated to a more effective activity.

The purposes of evaluating levy activities are to:

1. Provide information for the public and policy-makers regarding the impact of levy-funded activities on the overall goals and strategies of the levy.
2. Provide the boards with the information they need to provide sound and informed oversight of levy activities.
3. Provide County program managers with the information they need to continually improve the quality of the levy activities they manage.

Experience during the first levy has taught the importance of developing performance measures for individual activities that are more explicitly linked to the overall goals and strategies of the levy, so that it is clear how each individual activity is expected to contribute to the levy goals and strategies. In addition, it taught the importance of establishing targets for performance and using benchmark or baseline data as a starting point wherever possible, so that there is some standard against which to evaluate performance. Going forward, performance targets will be implemented in three stages:

1. Establish targets
2. Align contracts with established targets
3. Report on each activity's performance against targets.

Evaluation staff will be working with individual County program managers and the oversight boards up front to better align the performance measures with levy strategies and goals and establish targets for performance. These will be in place from the outset for all activities in the renewed levy. These performance measures and targets will be posted to the levy website prior to implementing 2012 levy activities. There will be regular performance reporting requirements, and they will be reflected in any contracts with community agencies. These performance measures will form the basic building blocks for the annual Performance Evaluation Report.

While detail on individual activities is useful to many, evaluation reports must also be accessible and understandable to a broad array of community stakeholders and policymakers. Evaluation staff will be developing dashboards that monitor key indicators and performance summaries for each of the four levy strategies, and that communicate the results quickly and visually. These dashboards will be the centerpiece of the annual Performance Evaluation Report and the Mid-Year Performance Update and useful for the boards, the public and policy-makers in monitoring the levy's progress in advancing each strategy.

The boards will review all evaluation reports and any subsequent recommendations for program modifications. All evaluation reports, including the dashboards will be posted on the levy website.

It is important to note that performance measures for the levy are developed in the context of other performance measurement efforts, most notably the performance measures being developed for the King County Strategic Plan. Levy performance evaluation is also taking place in

the context of other evaluation efforts and other information gathering systems, such as those of MHCADSD, Public Health, Safe Harbors Homeless Management Information System, and others. Levy evaluation staff will leverage and coordinate with these efforts and avoid duplication of effort, as well as avoid any unnecessary additional data gathering by contract agencies.

Finally, in addition to the direct evaluation of levy activities, a portion of the evaluation funds may also be used to help maintain important community indicators such as Communities Count.

ENDNOTES

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- ⁱⁱ Seattle/King County Coalition on Homelessness. 2011 One Night Count, http://www.homelessinfo.org/one_night_count/2011_results.php
- ⁱⁱⁱ Felt, Chandler. King County Office of Performance, Strategy, and Budget
- ^{iv} Refugees Screened by Public Health Seattle-King County
- ^v United States Census Bureau. 2009 American Community Survey.
- ^{vi} United States Department of Health and Human Services 2011 Poverty Guidelines, <http://aspe.hhs.gov/poverty/11poverty.shtml>
- ^{vii} Communities Count Report. July, 201 Update.
- ^{viii} Communities Count Report. September, 2010 Update.
- ^{ix} Veterans Justice Outreach Initiative. <http://www.va.gov/homeless/vjo.asp>
- ^x King County and Committee to End Homelessness King County. Five Year Plan to End Homelessness among Veterans in King County, May 2011.
- ^{xi} Committee to End Homelessness in King County. <http://cehkc.org>
- ^{xii} King County Code Chapter 2.51 Framework Policies for Human Services, <http://www.kingcounty.gov/operations/DCHS/AboutUs/FrameworkPolicies.aspx>
- ^{xiii} Data Sources: Population: 2009 estimate prepared by Chandler Felt, King County Demographer. Poverty: Based on households with incomes under \$15,000 using United Way of King County Community Assessment. Disabled Veterans: Veterans Administration Benefits Distributions. Levy clients and sites: Veterans and Human Services Levy Evaluation Unit.
- ^{xiv} <http://www.kingcounty.gov/exec/equity.aspx>
- ^{xv} Sadler et al. "Factors Associated With Women's Risk of Rape in the Military Environment." 2003. *American Journal of Industrial Medicine* 43:262-273.
- ^{xvi} Street et al. "Sexual harassment and assault experienced by reservists during military service: Prevalence and health correlates." 2008. *Journal of Rehabilitation Research and Development*. 45: 409-420; Kang et al. "The role of sexual assault on the risk of PTSD among Gulf War veterans." *Annals of Epidemiology*, 2005. 15(3):191-195.
- ^{xvii} Office of Performance, Strategy, and Budget, June 2011. Veterans Treatment Court Proviso Response.
- ^[i] Center for Deployment Psychology. <http://deploymentpsych.org/>.
- ^[ii] American Psychological Association Presidential Task Force on Military Deployment Services for Youth, Families and Service Members. The Psychological Needs of U.S. Military Service Members and Their Families: A Preliminary Report. 2007.
- ^[iii] http://www.caregiver.va.gov/support_benefits.asp
- ^{xviii} Committee to End Homelessness in King County. Mid-Plan Review Report, Moving Forward, 2011.
- ^{xix} Organizational Research Services. Summary of End-of-Year Kaleidoscope Play & Learn Participant Results January-November 2010. January, 2011.