



VETERANS & HUMAN SERVICES LEVY

2011 ANNUAL REPORT



King County

The Veterans and Human Services Levy was approved by King County voters in 2005 for 2006 – 2011. It has provided more than \$13 million each year to help people in need.

Half the levy revenue is dedicated to veterans, military personnel, and their families (Veterans Levy Fund). The other half is for other individuals and families in need (Human Services Fund).

The levy’s goals are to:

- ▶ Reduce homelessness
- ▶ Reduce emergency medical and criminal justice involvement
- ▶ Increase self-sufficiency for veterans, their families, and other individuals and families in need.

The levy’s Service Improvement Plan set out five overarching strategies to achieve the goals.

The five strategies are:

1. Enhancing services and access for veterans, military personnel, and their families
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 the effectiveness of resource management and evaluation.

This 2011 Annual Report summarizes the levy’s progress and accomplishments during 2011. It is the final annual report for the 2006–2011 Veterans and Human Services Levy.



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2011 Annual Report Credits:

Writing: Rhonda Peterson, Cedar River Group

Design: Audrey Nezer, Artifex Design Inc.

Photography: Stephanie Felix (pages 3, 7, 14 and 16), Getty Images (cover photo and page 2), iStockphoto (page 4), Shutterstock (pages 11 and 12)

Dear Friend:

Six years ago the residents of King County approved the 2006 – 2011 Veterans and Human Services (VHS) Levy. The services and projects made possible by your support of this levy have made an incredible difference in people’s lives. We have honored the sacrifices made by veterans and their families in our communities, and lent a helping hand to some of our County’s most vulnerable families and individuals. We are proud that more than 128,000 clients were served by the levy. This 2011 report is the last annual report on the 2006 – 2011 VHS Levy.

During 2011, more than 36,300 clients—families and individuals—were served by the levy. Nearly 10,000 were veterans, military members, and their families. The year saw excellent progress toward the levy’s three goals: ending homelessness; reducing the use of costly criminal justice and emergency medical services; and increasing the ability of individuals to live independently. A few highlights are:

Ending homelessness:

- ▶ Eight housing facilities receiving levy support opened, adding 349 units of affordable housing in our community. Funding for six new housing projects was also provided.
- ▶ The Housing Stability Program helped more than 500 families avoid homelessness.

Reducing involvement in the criminal justice system and use of emergency medical services:

- ▶ The Veterans Incarcerated Project (VIP) reduced jail time by 5,130 days, saving approximately \$400,000 through reduced jail time.
- ▶ Nearly three-quarters of court-involved individuals with mental health and/or substance abuse problems who participated at least one year in the Forensic Assertive Community Treatment (FACT) program reduced their jail days by 38 percent during the year.

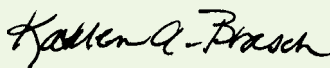
Increasing self-sufficiency of veterans, their families, and others in need:

- ▶ Eighty-six percent of veterans who received case management from the King County Veterans Program (KCVP) improved their self-sufficiency.
- ▶ Ninety-nine percent of seniors who completed the Program to Encourage Active, Rewarding Lives for Seniors (PEARLS) showed reduced depression.
- ▶ Ninety-three percent of immigrants and refugees served by the Cultural Navigator Project got access to the services they needed.

We have accomplished much, but our work is not done. Returning troops will continue to need support with their visible and less visible wounds of war, such as Post-Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI) to re-enter life in our communities. Far too many residents continue to live on our streets, or struggle without health insurance to obtain care for mental health or substance abuse issues.

We are extremely grateful to the voters of King County for recognizing these continued needs and voting in August 2011 to renew the Veterans and Human Services Levy for the years ahead of 2012 – 2017. Thank you for your support.

Sincerely,



Kathleen A. Brasch, Co-Chair
Regional Human Services
Levy Oversight Board



Douglas D. Hoople, Chair
Veterans Levy
Oversight Board



Loran Lichty, Co-Chair
Regional Human Services
Levy Oversight Board

STRATEGY 1

Enhancing Services and Access for Veterans, Military Personnel, and Their Families

Antonio: Back on his feet

When Antonio came to the King County Veterans Program (KCVP), he needed help finding a job and filing a disability claim. A U.S. Coast Guard veteran of the Global War on Terrorism, Antonio had been couch surfing with his long-term girlfriend ever since they moved to the Puget Sound area to be closer to family. She was pregnant and Antonio was trying to improve their future by furthering his education.

The KCVP staff talked with Antonio about his needs. When they explained how case management services could help, Antonio signed on. The KCVP helped Antonio connect to local services: the Veterans of Foreign Wars, the Washington Department of Veterans Affairs (WDVA), the U. S. Department of Veterans Affairs (VA) Medical Center, WorkSource Renton, and Solid Ground.

With their help, Antonio's life changed from homelessness and unemployment to stability. A new father now, Antonio has housing for his family and a good job. He is also working toward his degree. Antonio says it best in his thank-you letter to the KCVP:

"Getting out of the military was harder than I thought. Finding a job was extremely hard, and with my girlfriend being pregnant, it was putting so much stress on both of us. ... Connecting with the KCVP was the best thing to happen to me. They helped me get back on my feet and regain the ability to support my family in every way possible."



Enhancing services and access for veterans, military personnel, and their families.

King County is home to at least 127,000 men and women who are current or former active duty members of the U.S. Military, Reserves, and National Guard, and an additional 16,000 National Guard and Reservists who have not yet been activated. The levy's first strategy included four activity areas to help veterans re-integrate into civilian life and assist their families. The levy funding made it possible to offer services in additional locations and to more groups (such as the National Guard) than other fund sources are able to serve. These activities served 6,000 veterans, military personnel, and family members in 2011. In addition, the activities in Strategies 2, 3, and 4 served 3,400 veterans and their families.

ACTIVITY 1.1

Expand the geographic range of the King County Veterans Program.

The KCVP has served low-income, homeless, disabled, and at-risk veterans and their families since the 1950s with state mandated funds. Funding from the levy expanded the program to serve current military, National Guard and Reserve members, and their families. In 2011, the levy funded expansion to sites outside urban areas, and to reach groups not served by other programs, including children of deployed parents, minority and women veterans, and National Guard families.

- ▶ **Satellite sites.** With levy funding, the KCVP served 491 veterans at its nine satellite sites in 2011 (Auburn, Carnation, Enumclaw, Federal Way, Kirkland, Maple Valley, Redmond, Lake City, and Shoreline) and 14 outreach locations. The services included financial aid, food, housing, and help navigating the VA for benefits and health care. These sites increased KCVP's ability to serve veterans throughout King County.
- ▶ **Military Kids Curriculum.** The levy provided train-the-trainer groups in 2011 for the Military Kids Curriculum. The curriculum was previously developed with levy funding to give children skills to cope with the stress of having a parent deployed. The Kent, Auburn, and Federal Way school districts used the curriculum. It has been praised by the Madigan Hospital Center of Excellence and the U.S. Department of Veterans Affairs (VA).
- ▶ **Outreach to minority and women veterans.** The levy's flexible funding made it possible to conduct outreach to veterans of color and women veterans, who are sometimes less likely than other veterans to seek the benefits they have earned and, unfortunately, are overrepresented among the homeless population. This program reached more than 900 veterans of color and women veterans in 2011, and connected 650 of them to benefits and services.
- ▶ **National Guard Military Family Outreach.** Modeled after the National Guard's Family Assistance

Coordinator Program, the Military Family Outreach program offered services for National Guard and Reserve members and their families related to the loss of civilian employment and associated family stresses. In 2011, the program offered services at 12 locations, conducted outreach in rural and unincorporated areas of King County, assessed 182 individuals, and referred 103 to services.

ACTIVITY 1.2

Increase the capacity of services for veterans.

The levy enabled the KCVP to expand its capacity to assist veterans and their families through a rich array of services, both at the KCVP offices and in the community through contracted services.

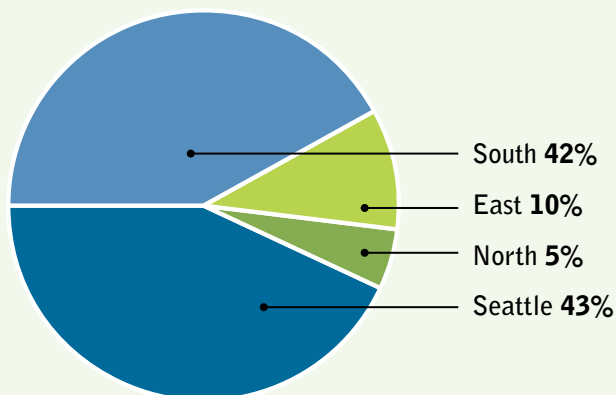
- ▶ **Financial assistance.** Levy funding increased the short-term financial assistance available to help low-income veterans, active military, and their families resolve immediate financial crises and work toward economic stability. During 2011, the program served 787 eligible individuals. About 75 percent of the assistance was for basic necessities, such as housing and utilities.
- ▶ **Shelter services.** Levy funds helped the KCVP reduce homelessness among veterans by contracting with the Salvation Army's William Booth Emergency Shelter Center and the Compass Housing Alliance Pioneer Square Men's Shelter for shelter and transitional housing beds. In 2011, the program served 192 veterans with emergency beds for 7,248 nights and transitional housing for 2,303 nights.
- ▶ **Case management.** Some veterans needed more intensive support to achieve self-sufficiency. The KCVP social workers funded by the levy worked with 676 veterans and families in 2011. The social workers assessed 10 areas of self-sufficiency, created personalized service plans, provided counseling, and tracked their progress. Eighty-six percent of the clients made progress on their personal goals and showed improved self-sufficiency.

- ▶ **Counseling and treatment for veterans and families.** The levy, in partnership with the WDVA, expanded counseling and consultation for Post-Traumatic Stress Disorder (PTSD) and war trauma, which affect many veterans and impact the lives of family members. In 2011, 239 veterans, other military personnel, and family members received PTSD counseling. Forty-six percent of those served were spouses and dependents, indicating the high stress on families. Among all served, 97 percent showed improvement.
- ▶ **Veterans Incarcerated Project.** The levy-supported Veterans Incarcerated Project (VIP) served 78 veterans in seven municipal jails and the Regional Justice Center in 2011. The project assessed their needs, identified treatment options and the veteran benefits for which they qualified, and supported them

through the legal process and in re-entering the community. More than 70 percent of those served achieved early release or a reduction in sentence, saving the public approximately \$400,000 through reduced jail time.

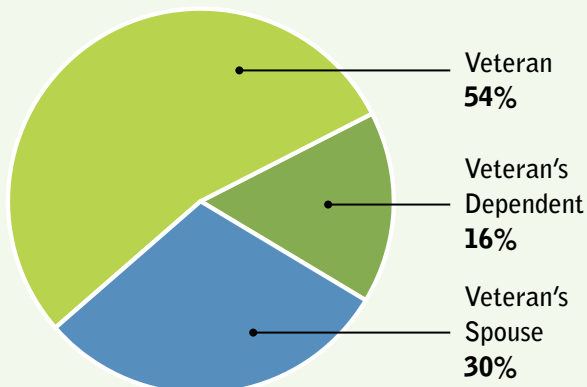
- ▶ **Homeless Veterans Reintegration Project.** Levy funding enabled the Homeless Veterans Reintegration project to expand to rural areas of King County in 2011 to connect veterans who are homeless or at risk of homelessness with benefits and services to help stabilize their lives. The project assessed 87 clients, successfully placing 42 in housing or employment programs.
- ▶ **Veterans Conservation Corps.** The levy-funded Veterans Conservation Corps coordinated with community colleges and job training programs in 2011 to refer 113 veterans and other military personnel for job training and placement assistance in habitat restoration and green industries. Most of those served were unemployed. Eighty-eight percent of those enrolled were placed in jobs and training.
- ▶ **Legal assistance for veterans / Northwest Justice Project.** The Northwest Justice Project (NJP) assessed the legal cases of 175 low-income veterans, other military personnel, and their family members in 2011, and referred 96 of them for services. Approximately one-third of those who contacted the NJP for help achieved a successful outcome.

Location of King County Residents Served by Strategy 1



The veterans and family members served by Strategy 1 lived throughout King County, with 57 percent living outside Seattle.

People Served by the PTSD Program



Levy funds supported services for PTSD for veterans, spouses, and dependents.

ACTIVITY 1.3

Provide phone resources for veterans.

Levy funds supported a telephone information and referral service specifically for veterans, other military personnel, and their families. The service provided information about veteran benefits and services, housing, health, and human services to 956 individuals in 2011, and referred 823. Unlike most telephone referral services, the staff followed up with callers to find out if they had connected with the services suggested and to offer additional help if needed. Ninety percent of referred callers applied for or received the services and referrals they needed.

ACTIVITY 1.4

Training to community providers on U.S. Department of Veterans Affairs services and linkages.

This training was provided in 2011 through Activities 3.2 Training programs in trauma sensitive and PTSD treatment, and 3.3 Train behavioral health providers in PTSD. See further description in those sections of the Report.

STRATEGY 2

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

Ms. L: Safe place to live

Ms. L was lying on a mattress under a bridge in South Seattle when a REACH outreach worker met her. She was 62 years old, physically impaired, and suffering from PTSD. She used a wheelchair but had to rely on others who camped under the bridge to help her transfer from the wheelchair even for her most basic needs. Rodents ran through her camp.

After winning her trust, the REACH outreach worker got Ms. L to agree to focus on her long-term plan for housing. The REACH team got her a low-income housing voucher and agreed to provide her with long-term housing case management. This made Ms. L eligible for the Levy's Landlord Liaison Project (LLP), which helps formerly homeless people get permanent housing. The REACH outreach worker found her a suitable residence, got 200 hours a month of chore worker help, and connected her with a geriatric mental health care agency.

Then, just before Ms. L moved in, her benefit check was stolen. The LLP covered the unexpected costs, while her REACH outreach worker found someone to help her manage her money. Unfortunately, Ms. L's problems were not over. People she had known on the street began visiting her unannounced and causing trouble. She was soon in danger of losing her lease, and on the verge of being homeless and alone again.

Her REACH team moved quickly, though, and succeeded in finding an adult family home for her. She is now settled in, surrounded by her new friends. Ms. L is at last living in a safe place with the support and services she needs.



Ending homelessness through outreach, prevention, permanent supportive housing, and employment.

The levy's second strategy supported the Ten-Year Plan to End Homelessness and the Five-Year Plan to End Homelessness Among Veterans. The strategy funded the development of new housing linked with supportive services that help those who have been homeless to succeed in their new housing, and lower their use of expensive substance abuse and criminal justice programs. The activities funded during 2011 as part of this levy strategy served more than 11,000 people who were homeless or at risk of becoming homeless.

ACTIVITY 2.1

Identify, engage, and house those who have experienced long-term homelessness.

Levy funds were used to reach out to the most vulnerable of those who are homeless, and connect them with housing and the services they need.

- ▶ **High Utilizer Integrated Database.** This project identified individuals who made the greatest use of high-cost public safety and emergency services, and gave them priority for vacancies in permanent housing with support services. Most were chronically homeless, and/or experienced mental illness or substance abuse. As a result, 69 individuals received housing in two new supportive housing projects in 2011.
- ▶ **Outreach to high utilizers in downtown Seattle.** Two programs addressed the need for services among chronically homeless individuals in Seattle with the aim of reducing their inappropriate use of expensive crisis services. Working round-the-clock, the Emergency Service Patrol (ESP) sought homeless individuals with substance abuse disorders, and transported 2,834 adults off the streets in 2011 to entry points for recovery. The REACH Program¹ conducted outreach to 667 adults, helping 220 with permanent housing, and providing nurse visits for 252 and primary care health visits for 278 individuals.
- ▶ **Outreach in South King County.**² The Program for Assistance in Transition from Homelessness (PATH) workers went to food banks, meal programs, shelters, parks, and other locations to reach out to homeless individuals with mental health, substance

abuse, or physical health issues. The team served 361 chronically homeless individuals in 2011 to connect them to the health, housing, and other services they needed. Ninety-one percent accessed resources to help stabilize their lives.

- ▶ **Mobile Medical Program.** The Mobile Medical Program visited community meal sites on a monthly schedule to bring medical and dental treatment and case management to homeless persons in South King County. The program's multi-disciplinary team served 487 individuals in 2011. Of those referred for primary care needs, 59 percent went to at least one appointment at a community health center. Nearly three-quarters of clients experiencing mental health issues met with the program's social worker. More than half of clients who asked for help to apply for medical benefits received those benefits.

ACTIVITY 2.2

Increase permanent housing with supportive services.

The levy provided capital funding to help increase the availability of affordable housing, and to link the housing to supportive services that help residents become self-sufficient. Apartments funded by the levy must remain affordable for 50 years. During 2011, eight levy-funded housing projects opened, adding 349 units of housing. The levy also funded six new projects, which were located in Burien, Federal Way, Kirkland, Renton, and Seattle.

ACTIVITY 2.3

Support risk reduction for landlords.³

The LLP worked with landlords to reduce the barriers homeless people face in seeking and maintaining permanent housing. To encourage and support landlords to rent to clients with poor credit and rental histories,

1 The REACH Program used two evidence-based approaches: client-centered "assertive outreach," which is effective for engaging homeless persons with substance abuse problems; and "harm reduction," which reduces the harmful consequences of substance use and homelessness.

2 The approach that the PATH used is based on the Relational Outreach Engagement Model (Craig Rennebohm).

3 Landlord liaison services are considered to be a promising practice. The King County LLP has been used as a model in communities across the nation.

the levy-funded Landlord Risk Reduction Fund offered to reimburse landlords in cases of excessive damage or loss from renting to a formerly homeless person. A total of 149 landlords holding 270 properties joined as partners by the end of 2011. The LLP assisted in securing permanent housing for 912 households made up of 1,616 individuals.

ACTIVITY 2.4 Invest in supportive services for housing.

People who have been chronically homeless often have mental or physical disabilities, or other challenges that keep them from living independently. The levy has linked a range of supportive services with housing, an effective approach to help people succeed once they find permanent housing.

- ▶ **Housing Health Outreach Team.** The Housing Health Outreach Team provided nursing, mental health, and substance abuse services in permanent supportive housing sites throughout Seattle and South King County, adding two new sites in 2011 for a total of 14 sites. The team provided health care linkages and support to 851 people. Ninety-seven percent either maintained housing for at least one year, or transitioned to other housing or services.
- ▶ **Supportive services for permanent housing.** Four new supportive services programs tied to housing for formerly homeless individuals were added in 2011, for a total of 18 funded through the levy. Examples of the supportive services include: money management; employment counseling; training; counseling related to domestic violence, mental health, and substance abuse; legal assistance; and interpreter services. During 2011, these programs assisted 622 individuals, helping 86 percent increase their housing stability.

ACTIVITY 2.5 Provide housing and support for those in the King County Criminal Justice Initiative.

Individuals with a history of homelessness who have been involved in the criminal justice system, and who experience mental health and/or substance abuse challenges, can have an uphill road to living safely and independently. Two levy-funded programs served these individuals.

- ▶ **Forensic Assertive Community Treatment.**⁴ The Forensic Assertive Community Treatment (FACT) program provided intensive supportive services for 51 clients during 2011. After one year in the FACT program, 73 percent of participants reduced their number of days in jail.
- ▶ **Forensic Intensive Supportive Housing.**⁵ The Forensic Intensive Supportive Housing (FISH) program provided supportive housing in 2011 for 69 homeless veterans and other homeless adults diagnosed with mental illness who had been involved with the criminal justice system. Eighty-five percent of FISH participants retained housing for at least six months, an important outcome since this population is extremely hard to engage. Those enrolled for at least one year had significantly fewer jail bookings.

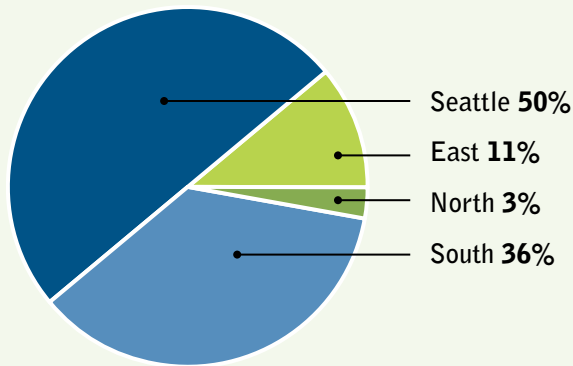
ACTIVITY 2.6 Provide housing and support for parents exiting the criminal justice system.

The levy's family unification program (which included Activities 2.6, 4.4, and 4.5) addressed the range of services that single parents released from prison or jail who may have lost custody of their children often need in order to find stable housing, improve their employment and life skills, and reunite with their children. The program helped 61 households (163 individuals) in 2011 to gain housing and receive other services. Fifty-five households achieved their goal of reuniting with their children.

4 The FACT program used the evidence-based Assertive Community Treatment (ACT) Model, applying it to people involved in the criminal justice system.

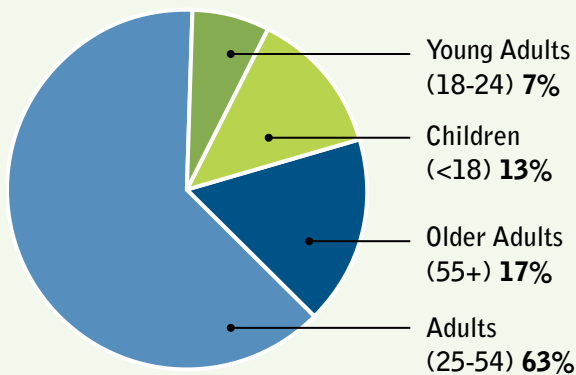
5 The FISH program used a number of evidence-based and promising practices as part of the services.

Location of King County Residents Served by Strategy 2



People served by the programs in this strategy lived throughout King County.

Age of People Served by Strategy 2



Strategy 2 programs served those who were homeless or at risk of homelessness, including many children and young adults.

ACTIVITY 2.7 Promote housing stability.

The levy's Housing Stability Program (HSP) provided emergency financial assistance for rent or mortgage payments for 548 low-income households (made up of 1,452 individuals) in 2011 who faced short-term crises and were at risk of homelessness. The program also helped the families create household budgets and action plans for stabilizing their housing. Ninety-three percent of the households served retained their housing for at least 12 months.

ACTIVITY 2.8 Link education and employment to supportive housing.

Jobs that pay a living wage help increase the stability of an individual or family. This is an important step toward self-sufficiency for those who have been homeless, have experienced domestic violence, are coping with physical or mental disabilities, or perhaps are struggling with addiction. Two levy-funded activities helped prevent homelessness by expanding education and employment opportunities.

- ▶ **Community support.** In 2011, levy funds enabled community agencies to help 1,163 very low-income adults, including 282 veterans, who had challenges with both stable employment and housing. The agencies assessed the clients' needs and skills, helped them develop employment plans and get job readiness training, assisted with job search, addressed barriers to employment and housing, and offered one year of support services once the client had a job.
- ▶ **Career Connections.**⁶ The Career Connections program provided employment and training services to 124 homeless individuals, veterans, and families who received help from its partner Rapid Rehousing Program. Career Connections counselors worked with the clients to identify their skills, assess barriers to employment, help them access WorkSource and community college services, and support them in the job search. Two participants completed bachelor's degrees and two completed associate's degrees in 2011.

6 Career Connections used the successful Navigator Model, working closely with participants through each component of their career strategy.

STRATEGY 3

Increasing Access to Behavioral Health Services

George: Optimistic and steady recovery

George was physically and sexually abused as a child, and both his parents were alcoholics. He ran away from home at 13, spending time in juvenile facilities. He made it through 11th grade, then met his sweetheart and, at a young age, had five children with her. By this time, though, George was using drugs to cope with the issues of his childhood. He was an active addict, and Child Protective Services removed the children from his home. George eventually ended up in jail.

After release from the Department of Corrections, George started to work on his issues. He enrolled in an inpatient, chemical dependency treatment program, participated in 12 weeks of aftercare, and graduated without a relapse.

But his childhood still haunted him. He didn't have health insurance and didn't qualify for community mental health services. Fortunately George was referred to his local primary care clinic, which, thanks to the levy, also provided mental health and substance abuse services. There he was able to obtain the help he needed to overcome both his addiction and the mental health issues, help he couldn't get elsewhere.

Now 43, George has been "clean" for more than five years. He is feeling better about himself and is re-establishing contact with his children. Despite the challenges he has faced, George remains optimistic and steady in his recovery. Thanks to the levy, he is a true success story.



Increasing access to behavioral health services.

The levy's third strategy funded mental health and chemical dependency treatment, with a special focus on the needs of veterans with PTSD. Levy funds were invested to increase the availability of mental health services, especially for those not qualifying for services in the public mental health system. Receiving treatment for these issues can lessen the risk for homelessness, hospitalization, and criminal activity. This strategy served 10,771 people in 2011.



ACTIVITY 3.1

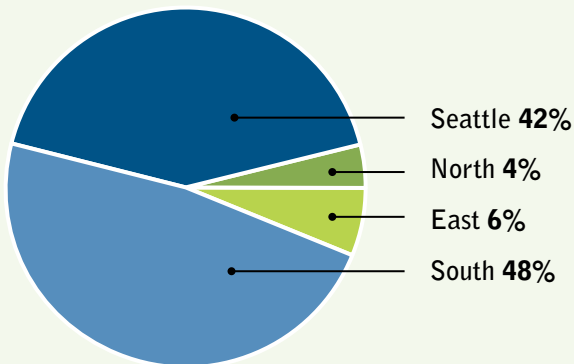
Integrate mental health and chemical dependency treatment into primary care clinics.⁷

The levy supported an approach to mental health and chemical dependency treatment in which screening and basic care for these concerns are offered on-site. The levy funded this integrated care for low-income people and veterans served at community clinics and public health centers, reaching individuals who might not otherwise seek mental health services.

- ▶ **Mental Health Integration Program.** In 2011, 4,672 low-income adults visiting community and public health clinics for primary care were screened for depression, anxiety, or substance abuse, and 3,230 were enrolled in treatment. The majority received at least two visits with a mental health provider. Forty-seven percent showed improvement in their most recent screenings.
- ▶ **Veterans outreach services.** Community clinics have built special expertise in addressing the mental health needs of military personnel and their families. Levy funds supported consultations between primary care providers and a mental health clinician with expertise in war trauma, and provided outreach to veterans. In 2011, 865 veterans and their family members were screened for depression through this program, with 276 receiving at least two visits with a mental health provider. Half showed improvement in their most recent screenings. In addition, 203 veterans and their family members received outreach and engagement services, mental health screening, and specialty PTSD care.

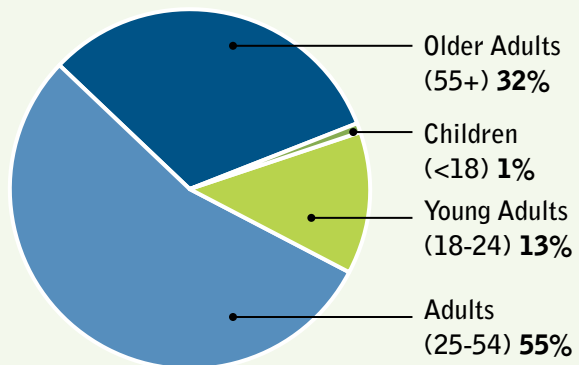
⁷ The program to integrate mental health services with community clinics used evidence-based service delivery known as the IMPACT Model or collaborative stepped care. This model has been shown to improve access, reduce overall costs, and improve mental health outcomes.

Location of King County Residents Served by Strategy 3



People served by Strategy 3 lived throughout King County.

Age of People Served by Strategy 3



Strategy 3 programs primarily served adults, with older adults served by the PEARLS program.

ACTIVITY 3.2

Provide training programs in trauma sensitive services and PTSD treatment.

Levy funds supported 99 trauma-sensitive trainings and educational events in 2011 to increase professionals' understanding of PTSD and war trauma, and help them better support their clients. The almost 5,000 participants included housing agency staff, law enforcement, first responders, medical and mental health care providers, college and university staff, spiritual leaders, and other professionals.

ACTIVITY 3.3

Train behavioral health providers in PTSD.

The levy supported the second annual King County PTSD Conference, "Serving Returning Veterans: A Community Response to Trauma II," with its partner the WDVA. Topics included current research and best practices in assessment and treatment. More than 400 people attended.

ACTIVITY 3.4

Provide in-home services to treat depression in elderly veterans and others.

The Program to Encourage Active, Rewarding Lives for Seniors (PEARLS)⁸ helped 78 veterans and other adults age 55 or older stay in their homes in 2011 by offering in-home mental health services for mild depression and referrals to community services, and helping participants create their own action plan. Forty-nine individuals completed their PEARLS sessions, with 99 percent showing reduced depression. Levy funding also supported the program's expansion to meet the needs of older adults in the African American and Pacific Islander communities.

8 The PEARLS model has become a best practice that is used across the country.

STRATEGY 4

Strengthening Families at Risk

Joe and his mom: You win, I win

Joe, an energetic two-year-old, had not had experience with children outside his family before he visited a Kaleidoscope Plan and Learn group, and he struggled to get along. When things did not go his way, he would hit, scratch, yell, or bite. Some parents in the group asked that Joe not come back.

The Play and Learn facilitator learned that Joe's mother, a recent immigrant from East Africa, saw the group as a life-saver. She longed to be with other adults who understood the stresses of raising two young children in a new country.



Instead of excluding Joe from the group, the facilitator engaged the other parents. Together they came up with ways to give Joe positive options for his anger and frustration, showed him how to share, and praised him when he was kind to others. The parents saw this not only as a way to support Joe and his mother, but also to demonstrate care and compassion in action to their own children.

Recently there was what seemed to be a classic two-year-old "what's mine is mine and what's yours is mine, too" moment. Joe's mother wanted him to share a ball with a little girl, but he was having none of it. Instead of getting angry, he got another ball for the little girl. He offered the new ball, and she accepted it gladly. Joe was not being self-centered after all, but using you-win-I-win problem-solving!

Strengthening families at risk.

The activities in the levy's fourth strategy provided early intervention and prevention to help young families strengthen their bonds with their children and become self-sufficient. Such services early in a child's life can dramatically strengthen parent-child interactions, improve child development, increase school readiness, and reduce the likelihood of child abuse and neglect or of involvement in the criminal justice system. Levy-funded activities focused on young, first-time mothers, single parents exiting the criminal justice system, and recent immigrants facing linguistic and cultural barriers in their new communities. In 2011, the activities for this levy strategy served almost 8,500 people.

ACTIVITY 4.1 Support new mothers through the Nurse Family Partnership.⁹

The levy funded the Nurse Family Partnership (NFP), an intensive home visiting program for young, low-income, first-time mothers and their babies (pregnancy to two years old). During the home visits, parents received help with parenting, life skills, identifying their education and job goals, and taking steps to accomplish them. Studies have found that the NFP program saves as much as \$17,000 per family in avoided public costs, such as criminal justice and public assistance.

- ▶ **Nurse Family Partnership.** The levy partnered with Public Health – Seattle & King County whose NFP nurses conducted home visits during 2011 with 1,047 young mothers, with 133 receiving care supported directly with levy funding. Forty-three percent of the mothers were homeless, an increase over previous years. One quarter were age 17 or younger.
- ▶ **Employment Linkages.** The employment linkage program provided education, employment, and training services to parents enrolled in the NFP or Healthy Start programs to help them become self-sufficient. In 2011, 78 parents received employment services, and 85 percent became engaged in school or work.

9 The Nurse Family Partnership is a national, evidence-based program that helps to improve birth outcomes, reduce child abuse and neglect, improve school readiness, and increase the mother's self-sufficiency.

ACTIVITY 4.2 Pilot new services for maternal depression.¹⁰

Depression in pregnant women and mothers can affect parenting, and put them at risk for acute illness, risky behaviors, or emergency medical needs. The Maternal and Child Behavioral Health Program conducted screenings for depression with 2,675 low-income pregnant women and mothers at community clinics and public health centers in 2011. Of these, 599 received at least two visits with a mental health provider at the clinic. Sixty-two percent showed improvement in their most recent assessment.

ACTIVITY 4.3 Fund early childhood intervention and prevention services.

The levy provided funds for four programs that promoted healthy early childhood development, and improved culturally-based access to services for at-risk families. The programs served young parents, recent immigrants, and family caregivers.

- ▶ **Healthy Start.** The Healthy Start Program provided intensive home visiting to support healthy interactions between parent and child in the early months and years of the child's life. Staff served 424 families in 2011 using the Parents as Teachers¹¹ model for home visiting. Activities included screenings to identify developmental or health concerns in the child, referrals to community resources, and support groups to reduce isolation. Ninety-one percent of the families increased their healthy parenting skills and independence, delayed a second birth, and did not experience domestic violence or child abuse.
- ▶ **Family, Friend, and Neighbor Care.** Thanks to the levy, the Kaleidoscope Play and Learn affiliates offered 56 groups to more than 3,300 grandparents and other caregivers in 2011. The Play and Learn groups supported the caregivers by teaching about early childhood, and offering fun, culturally appropriate activities to promote healthy interactions between caregiver and child. At least 72 percent of the caregivers increased their knowledge of child development, with 66 percent noticing positive social changes in the child they cared for.

10 The program used collaborative stepped care (the IMPACT Model), an evidence-based practice shown to improve access, reduce overall costs, and improve mental health outcomes.

11 Parents as Teachers is an evidence-based model that has been shown to increase healthy parenting skills and nurturing behaviors, and reduce child abuse, neglect, and domestic violence.

- ▶ **Cultural Navigator.** The Cultural Navigator Project improved access to services for immigrants and refugees new to this country, and experiencing language and cultural isolation. The program served 1,170 individuals in 2011, offering information, referral, advocacy, resource materials, translation, and assistance completing applications. Bilingual/bicultural staff provided services in Chinese (Mandarin and Cantonese), Punjabi, Russian, Spanish, and Vietnamese. Ninety-three percent of participants reported better access to community services.
- ▶ **Promoting First Relationships Train-the-Trainer Project.** The levy-funded University of Washington Train-the-Trainer Project for the Promoting First Relationships¹² curriculum trained and certified three staff members of agencies working with caregivers and young children at risk. The training improved their skills to help strengthen parent-child relationships and promote healthy early

childhood development. Those certified began training their agency's staff, who then provided services to nine families.

ACTIVITY 4.4 Provide early intervention for parents exiting the criminal justice system and living in transitional housing.

Young ex-offender parents face multiple challenges in stabilizing their lives and attempting to reunite with their children. Activity 4.4, together with Activities 2.6 and 4.5, addressed different aspects of these needs. Activity 4.4 provided case management until the parent was settled in permanent housing, along with such services as life skills training, family reunification, and recidivism prevention. During 2011, 61 households with 163 individuals received services. Ninety percent of these families achieved their reunification goals over the year.

Also in 2011 the levy-supported Passage Point facility in Maple Valley opened and 20 families whose parents recently exited the criminal justice system moved in. Formerly the King County Cedar Hills Alcohol Treatment

12 Promoting First Relationships is a promising practice used to promote healthy child/caregiver relationships and early childhood development.



Center, this facility was renovated with the support of King County, federal stimulus funds, and the State of Washington, and was under development for many years. This unique facility empowered parents to gain the skills and confidence needed to become self-sufficient, reduced the chances of recidivism, and provided stable and positive environments for their children.

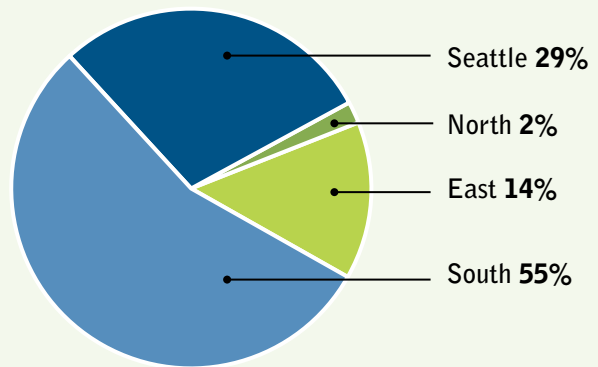
ACTIVITY 4.5
Invest in education and employment for single parents exiting the criminal justice system.

This activity was the third part of a comprehensive strategy (with Activities 2.6 and 4.4) to help young ex-offender parents hoping to reunite with their children. This levy investment provided education, training, and employment services. In 2011, 42 adults in the program either improved their educational attainment (such as obtaining a high school equivalency credential), or secured and retained employment.

ACTIVITY 4.6
Provide treatment for parents involved with the King County Family Treatment Court for child dependency cases.

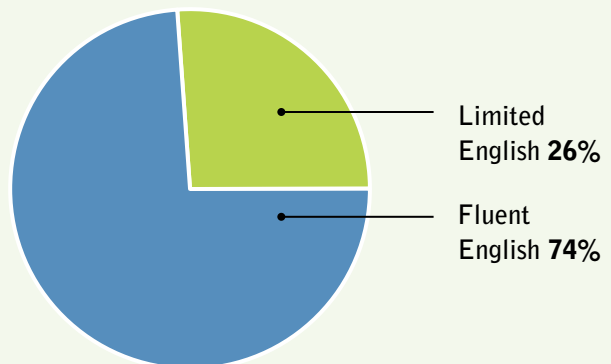
With the assistance of levy funds, the Family Treatment Court (FTC), an alternative to regular dependency court, served 77 parents in 2011. The aim was to improve the safety and well-being of children in the dependency system by providing the parents with access to drug and alcohol treatment, judicial monitoring of their sobriety, and individualized services to support the entire family with the goal of reuniting them. Fifty-one percent of the participants completed their treatment plans. The program’s success rate since its inception has been approximately 60 percent.

Location of King County Residents Served by Strategy 4



People served by Strategy 4 lived throughout the County. More than half lived in South King County.

English-Speaking Ability of Those Served by Strategy 4



The activities in Strategy 4 reached out to families who faced cultural or linguistic barriers. More than a quarter had a limited ability to speak English.

STRATEGY 5

Increasing the Effectiveness of Resource Management and Evaluation

While most levy funds were dedicated to direct services and housing development, a small amount was devoted to improving regional systems coordination and evaluating levy programs. These measures ensured that levy funds were used wisely for effective programs and system-wide improvements to benefit the target populations identified in the Service Improvement Plan.

ACTIVITY 5.1 Support levy evaluation.

Staff conducted evaluation to confirm how well levy activities met the needs of veterans, their families, and others in need, and if the investments used tax dollars effectively. Evaluation also enabled program managers to monitor and make improvements in levy activities. The Levy Performance Management Report section of this report provides details of the 2011 evaluation.

ACTIVITY 5.2 Engage in cross-system planning for youth.

In 2011, the levy collaborated with the Committee to End Homelessness Task Force to engage cross-system partners in these planning efforts. New regional strategies to prevent and end youth and young adult homelessness are being developed.

ACTIVITY 5.3 Prepare a profile of offenders.

A report on individuals challenged with mental illness, chemical dependency, homelessness, criminal justice involvement, and/or relying on emergency medical services was completed in 2007. The report was used to plan levy services. See Activity 2.5.

ACTIVITY 5.4 Complete planning, training, and service design.

The evaluation of levy-funded programs was used to design services and develop the Service Improvement Plan for the renewed VHS Levy for 2012 – 2017.

ACTIVITY 5.5 Facilitate the Homeless Management Information System.

The Safe Harbors computerized information management system provided a countywide perspective on homeless housing and service needs, helping policy makers and funders understand who is homeless, what services they need, and what can be done to help. Providing client data to Safe Harbors was required of programs that received state and federal housing and homeless services funding. In 2011, regional funders agreed to compare the Safe Harbors data on agencies, and to ensure accurate and timely input. Levy funds helped pay for training so that agencies could use Safe Harbors successfully.

ACTIVITY 5.6 Improve the Veteran Information Base Electronic System.

Levy funding allowed staff to revise the Veteran Information Base Electronic (VIBE) System so that it supported the KCVP's new levy-funded case management service model.

ACTIVITY 5.7 Consultation and training related to protocols and policies for release of information and sharing of patient information.

This activity coordinated efforts among numerous systems in King County to allow for timely and appropriate sharing of client information while complying with statutory requirements for confidentiality. Staff developed the systems and policies for levy-funded activities, and discussed data sharing agreements with key stakeholders.

ACTIVITY 5.8

Develop common data set for assessment of those seeking services.

This activity worked to improve coordination among systems serving the same clients in order to improve the quality of care they provide.

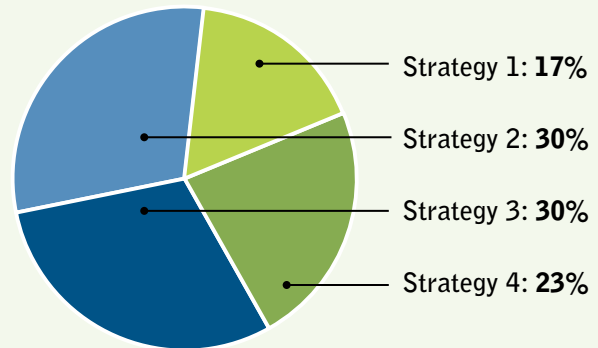
- ▶ **Partnership for Health Improvement through Shared Information.** The Partnership for Health Improvement through Shared Information (PHISI), a consortium of health care professionals, and public and private organizations, worked to implement a Health Information Exchange.¹³ Such exchanges enable providers serving low-income and under-served populations to share health information on their patients to improve the coordination of care. In 2011, the PHISI Board approved a business plan, which will help healthcare reform planning efforts in King County.
- ▶ **Vulnerability Assessment Tool.** The Vulnerability Assessment Tool (VAT) helped to address the needs of 1,195 adults who lived on the streets or in shelters for an extended period of time. In addition, the Downtown Emergency Services Center trained 29 community providers to use the VAT to assist their clients in obtaining housing. This activity was aligned with Activity 2.1, the High Utilizer Integrated Database. Clients who were high utilizers of public services and whom the VAT assessed as having high needs were prioritized for placement in permanent housing.

ACTIVITY 5.9

Facilitation of ongoing partnerships.

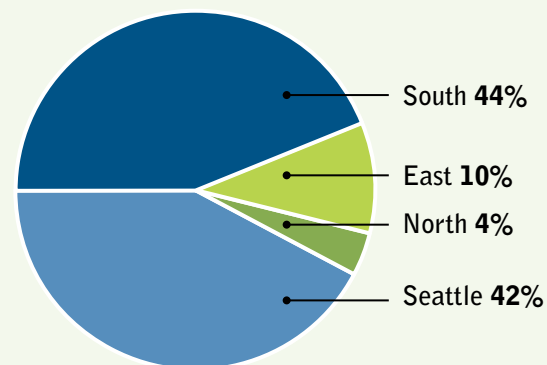
In 2011, the levy staff and members of the two levy oversight boards educated community leaders and the general public about the success of the 2006 – 2011 VHS Levy, and gathered input to plan for the renewed levy. They gave nearly 30 presentations to elected officials, city management, advocacy groups, service provider coalitions, and others.

Percentage of Clients Served by Each Strategy in 2011



The levy activities served a total of 36,309 clients in 2011.

Location of King County Residents Served by the Levy in 2011



People served by the levy during 2011 lived throughout King County.

¹³ Health Information Exchanges are a promising practice. They have been shown to reduce costs and improve treatment outcomes.

2011 Evaluation Report

From the late fall of 2010 through the summer of 2011, levy staff evaluated each levy-funded service activity using performance data gathered through the Community Services Division electronic reporting system, the Veterans Information Base Electronic System, and discussions with program managers. Evaluations on all levy activities implemented through December 31, 2010, were compiled into the **2011 Evaluation and Performance Report**, which is available on the levy website at www.kingcounty.gov/DCHS/Levy.

In addition, performance data including clients served, quantity of services, and results achieved were gathered on all activities at mid-year and at the end of 2011. The 2011 Performance Management Report (see the following pages) documented the performance of all the levy activities during the year.

Evaluation staff also provided analysis to support the levy renewal planning efforts and develop the 2012 – 2017 Service Improvement Plan. Special analyses of levy funded employment and outreach projects further helped to inform the planning process. After King County voters renewed the levy in August 2011, the County Council called for the creation of annual service performance targets for all activities. Evaluation staff worked with program managers to establish targets for activities funded under the renewed levy.

Strategies Support the Three Levy Goals

Five levy strategies worked toward the three goals of the 2006 – 2011 VHS Levy.



2011 Performance Management Report: Strategy 1 Activities

ACTIVITY	Lead Implementing Agency*	Date of First Service	Clients Served in 2011	SERVICES		OUTCOMES	
				Types	Quantity	Outcome Measures	Results**
Overarching Strategy 1: Enhancing Services and Access for Veterans							
1.1.A	KCVP	July 2008	491	Service contacts	1220	New clients engaging in services	232 first-time clients
1.1.B	CSD	January 2009	NA	School site pilots	3	Number of piloting schools	3
1.1.C	CSD	October 2011	904	Client contacts Clients applying for benefits	904 666	% of clients applying who access new or reconnecting with benefits	96% successful
1.1.D	WDVA	September 2009	182	Clients assessed Referrals	182 103	Increased stability	54% successful
1.2.A.1	KCVP	November 2006	787	Financial assistance recipients Levy financial assistance	787 \$426,399	Increased financial stability	80% measured retain housing
1.2.A.2	KCVP	December 2007	149 43	Emergency bed nights Transitional bed nights	7,248 2,303	Moving to more stable housing	66% successful
1.2.A.3	CSD	August 2009	N/A	Plan development	Vets five year plan created	Increase veterans' access to housing	Plan began implementation 2011
1.2.B	WDVA	April 2007	239	Counseling hours Community education hours	3,753 94	Reduced PTSD symptoms	97% successful
1.2.C	WDVA	April 2007	78	Clients assessed Clients enrolled Job-housing placements	78 60 41	Employed 90 days Housed 60 days	93% 66%
1.2.D.1	KCVP	Sept 2007	1,820	S. King basic services clients Case management clients Case management contacts	1,144 676 4,002	Increased stability score	86%
1.2.D.2	WDVA	April 2007	87	Clients assessed Job-housing placements	87 42	Employed 90 days Housed 60 days	60% successful 55% successful
1.2.D.3	NW Justice Project	August 2011	175	Case assessments Case referrals	175 96	Cases successfully resolved	55
1.2.E	WDVA	August 2008	113	Clients screened Number enrolled Job-training placements	113 80 131	Secure employment and training Job retention for one year	88% 76%
1.3	WDVA	2011	956	Clients using system Clients receiving referrals	956 823	Clients with successful referral.	90% successful
			Total 2011 Clients Strategy 1		6,024		

* CSD = Community Services Division, KCVP = King County Veterans Program, WDVA = Washington Department of Veterans Affairs.
 ** Outcome measurements are based upon the number of clients eligible to be measured, which is likely to be different from clients served in 2011.

2011 Performance Management Report: Strategy 2 Activities

ACTIVITY	Lead Implementing Agency*	Date of First Service	Clients Served in 2011	SERVICES		OUTCOMES		
				Types	Quantity	Outcome Measures	Results***	
Overarching Strategy 2: Ending Homelessness through Outreach, Prevention, Permanent Support Housing and Employment								
2.1.A.1	MHCADSD	January 2011	600	Develop list of high utilizers (HU) Clients screened and referred Units filled	15,000 HU 600 122	List developed Number HU getting housed	March 2010 122 units filled	
2.1.A.2.a	MHCADSD	July 2008	2,834	Clients linked to support services	2,834	Increased engagement in services (individuals)	100%	
2.1.A.2.b	PHSKC	January 2008	667	Clients enrolled	667	Enrolled in benefits Enrolled in treatment Improved Mental Health status	53% 63% 45%	
2.1.B.1	CSD	January 2008	361	Clients contacted Clients engaged in services	361 164	Increased access to resources	91%	
2.1.B.2	PHSKC	July 2008	487	Client visits Referrals for assistance	821 2,250	Linked to treatment or re-sources	74%	
2.2	CSD	Fall 2007		Capital projects funded through 2011	31	Vets units funded 2011 Homeless units funded 2011	46 91	
2.3	CSD	January 2009	1,616**	Households served Number of trainings	912 173	Percent of clients 1 year retention Landlord's renting units	84% 149	
2.4.A	PHSKC	January 2008	851	Linked to Primary Care Services engagement Self-manage chronic condition	360 450 456	Increase housing stability	97%	
2.4.B	CSD	January 2008	622**	Households served Case management hours	558 26,769	Increase housing stability	86%	
2.5.A	MHCADSD	January 2008	51	Clients engaged in services Clients moved into housing	51 45	Move into supportive housing	88%	
2.5.B	MHCADSD	April 2009	69	Clients engaged in services Clients moved into housing	69 67	Retain housing 6 months	85%	
2.6	CSD	September 2008	163**	Families enrolled Case management hours Hours in-reach	61 4,426 531	Increase housing stability	57%	
2.7	CSD	May 2008	1,452**	Non- vet Households assisted Vet households assisted	370 178	At-risk families who maintain their housing 12 months	93%	
2.8.A	CSD	August 2008	1,163	Clients enrolled	1,163	Secure job/Meet job goals Retain jobs/Increase income	767 55%	
2.8.B	EER	March 2011	124	Clients enrolled	124	Meet Action Plan objectives Those securing jobs retain jobs	77% 67%	
			Total 2011 Clients Strategy 2	11,060				

* CSD = Community Services Division, MHCADSD = Mental Health, Chemical Abuse and Dependency Services Division, EER = Employment and Education Resources, PHSKC = Public Health – Seattle & King County
 ** Clients served include all household members.
 *** Outcome measurements are based upon the number of clients eligible to be measured, which is likely to be different from clients served in 2011.

2011 Performance Management Report: Strategy 3 Activities

ACTIVITY	Lead Implementing Agency*	Date of First Service	Clients Served in 2011	SERVICES		OUTCOMES	
				Types	Quantity	Outcome Measures	Results**
Overarching Strategy 3: Increasing Access to Behavioral Health Services							
3.1.A	PHSKC	2008	4,672	Clients who screened positive for depression, MH and/or substance abuse Enrolled in treatment	6104***	Improved periodic MH screening	47%
3.1.B	PHSKC	2008	1,068	Assessed for PTSD/MH Enrolled in treatment Outreach & Referrals	865 276 203	Improved periodic MH screening	49%
3.2/3.3	WDVA	July 2009	4,953	Treatment professionals educated	4,953	Education/Training sessions New aware professionals	99 1,931
3.4	CSD	2008	78	Clients enrolled Complete all 8 sessions	78 49	Reduced depression scale Maintain or improved living arrangements	99% 100%
			Total 2011 Clients Strategy 3		10,771		

*CSD = Community Services Division, WDVA = Washington Department of Veterans Affairs, PHSKC = Public Health – Seattle & King County,
 **Outcome measurements are based upon the number of clients eligible to be measured, which is likely to be different from clients served in 2011.
 *** Reflect duplicated clients who screen positive for more than one issue.

2011 Performance Management Report: Strategy 4 Activities

ACTIVITY	Lead Implementing Agency*	Date of First Service	Clients Served in 2011	SERVICES		OUTCOMES		Results***
				Types	Quantity	Outcome Measures	Quantity	
Overarching Strategy 4: Strengthening Young Families at Risk								
4.1	Nurse Family Partnership	2008	240**	PHSKC	Households enrolled NFP Households receiving EER support	133 78	Successful birth outcome Enter education or job (of those receiving EER support)	89% 85%
4.2	Pilot services for maternal depression	2008	2,942	PHSKC	Clients screened Positive for depression Receiving treatment	2,675 1,194 599	Increased mental health status	62%
4.3.A	Healthy Start expansion	2008	489**	PHSKC	Households assessed Receiving home visits Linked with medical	424 424 390	Delayed birth of second child	91%
4.3.B	Cultural Navigator project	2008	1,170	PHSKC	Clients receiving info Agencies- technical assistance	1,170 159	Increased access to culturally appropriate services	93%
4.3.C	Promoting First Relationships project	2009	12	PHSKC	Number of staff trained Caregivers helped	3 9	Increased caregiver skills	67%
4.3.D	Family Friend and Neighbor Care Play and Learn	2009	3,317	PHSKC	Families served Play and Learn Groups	3,317 56	Increased caregiver skills	93%
4.4	Invest in housing and treatment for parents exiting Criminal Justice (CJ) system	2009	163**	CSD	Families enrolled Case management hours Hours in-reach	61 4,426 531	Households reunited Increased housing stability	90% 57%
4.5	Invest in education / employment for parents exiting CJ system	2009	44	CSD	Families enrolled	44	Enter education or job	42
4.6.A	Family Treatment Court	2009	77	King County Superior Court	Clients served Enrolled in treatment plans	77 47	Completed treatment plans	51%
			Total 2011 Clients Strategy 4			8454		

*CSD = Community Services Division, PHSKC = Public Health Seattle King County, NFP = Nurse Family Partnership, EER = Employment and Education Resources

**Clients served include all household members.

***Outcome measurements are based upon the number of clients eligible to be measured, which is likely to be different from clients served in 2011.

2011 Financial Report: Combined Levy Funds by Strategy

STRATEGY	Program Dollars Per Plan 2011	Program Dollars Per Plan 2006-2011	STEP 1		STEP 2		STEP 3		STEP 4	
			Board/Public review status as of 12/31/11	RFP or Other Process	2011 Funds Committed*	2006-2011 Funds Committed*	2006-2011 Cumulative Expenditures**			
Overarching Strategy 1: VETERANS										
1.1	Expand geographic range of the King County Veterans Program	\$525,000	\$2,137,500	Completed	\$2,137,500	Completed	\$525,000	\$2,137,500	\$1,052,304	
1.2	Increase capacity of the King County Veterans Program	\$2,413,640	\$12,276,000	Completed	\$12,276,000	Completed	\$2,413,640	\$12,276,000	\$11,639,192	
1.3	Provide dedicated phone resource for veterans	\$100,000	\$500,000	Completed	\$500,000	Completed	\$100,000	\$500,000	\$208,334	
1.4	Provide training and information for community providers on Veterans Administration services and linkages	\$40,000	\$200,000	N/A	\$200,000	NA	\$40,000	\$200,000	\$-	
Overarching Strategy 2: HOMELESSNESS										
2.1	Initiatives to identify, engage and house long-term homeless people	\$820,000	\$3,750,000	Completed	\$3,750,000	Completed	\$820,000	\$3,750,000	\$3,675,724	
2.2	Increase permanent housing with supportive services	\$2,195,269	\$17,338,776	Completed	\$17,338,776	Annual RFP	\$2,195,269	\$17,338,776	\$17,338,777	
2.3	Landlord Risk Reduction Fund	\$-	\$1,000,000	Completed	\$1,000,000	Completed	\$-	\$1,000,000	\$1,000,000	
2.4	Investment in supportive services for housing	\$1,250,000	\$6,250,000	Completed	\$6,250,000	Annual RFP	\$1,250,000	\$6,250,000	\$6,146,740	
2.5	King County Criminal Justice Initiative (KCCJI) housing and supportive services	\$500,000	\$2,500,000	Completed	\$2,500,000	Completed	\$500,000	\$2,500,000	\$2,500,000	
2.6	Permanent housing placement supports for Criminal Justice parents exiting transitional housing	\$110,000	\$440,000	Completed	\$440,000	Completed	\$110,000	\$440,000	\$437,260	
2.7	Housing stability program	\$1,000,000	\$5,000,000	Completed	\$5,000,000	Completed	\$1,000,000	\$5,000,000	\$4,127,837	
2.8	Link education and employment to housing and supportive services	\$1,000,000	\$4,550,000	Completed	\$4,550,000	Completed	\$1,000,000	\$4,550,000	\$4,550,000	
Overarching Strategy 3: BEHAVIORAL HEALTH										
3.1	Integrate Mental Health/Chemical Dependency into primary care clinics	\$1,300,000	\$6,300,000	Completed	\$6,300,000	Completed	\$1,300,000	\$6,300,000	\$6,300,000	
3.2	Training programs in trauma sensitive and Post Traumatic Stress Disorder treatment	\$75,000	\$375,000	Completed	\$375,000	Completed	\$75,000	\$375,000	\$375,000	
3.3	Train behavioral health providers in Post Traumatic Stress Disorder	\$250,000	\$1,250,000	Completed	\$1,250,000	Completed	\$250,000	\$1,250,000	\$825,000	
3.4	In-home services to treat depression in elderly vets, spouses and other elderly	\$196,000	\$896,000	Completed	\$896,000	Completed	\$196,000	\$896,000	\$867,967	
Overarching Strategy 4: STRENGTHENING FAMILIES										
4.1	Expand Nurse Family Partnership and add linkages to employment opportunities	\$535,000	\$2,579,449	Completed	\$2,579,449	Completed	\$535,000	\$2,579,449	\$2,579,451	
4.2	Pilot new services for maternal depression	\$500,000	\$2,461,638	Completed	\$2,461,638	Completed	\$500,000	\$2,461,638	\$2,461,638	
4.3	Early childhood intervention and prevention	\$493,000	\$2,396,413	Completed	\$2,396,413	Completed	\$493,000	\$2,396,413	\$2,396,422	
4.4	Early intervention support for parents exiting Criminal Justice system, living in transitional housing	\$280,000	\$1,120,000	Completed	\$1,120,000	Completed	\$280,000	\$1,120,000	\$1,117,295	
4.5	Invest in education and employment for single parents exiting Criminal Justice system	\$150,000	\$600,000	Completed	\$600,000	Completed	\$150,000	\$600,000	\$600,000	
4.6	Provide treatment for parents involved with Family Treatment Court for child dependency cases	\$269,806	\$1,160,545	Completed	\$1,160,545	NA	\$269,806	\$1,160,545	\$1,051,640	
Overarching Strategy 5: RESOURCE MANAGEMENT AND EVALUATION										
5.1	Evaluation	\$350,000	\$1,849,000	Completed	\$1,849,000	NA	\$350,000	\$1,849,000	\$1,257,169	
5.2	Cross system planning and start-up initiatives for youth aging out of the foster care system	\$-	\$250,000	N/A	\$250,000	NA	\$-	\$250,000	\$-	
5.3	Profile of offenders with mental illnesses and co-occurring substance use disorders	\$-	\$120,000	Completed	\$120,000	Completed	\$-	\$120,000	\$120,000	
5.4	Planning, training, and service design efforts	\$100,000	\$400,000	N/A	\$400,000	NA	\$100,000	\$400,000	\$-	
5.5	Facilitate Homeless Management Information System (Safe Harbors)	\$150,000	\$1,125,000	Completed	\$1,125,000	Completed	\$150,000	\$1,125,000	\$1,115,801	
5.6	Enhance Information Systems to support administration and evaluation of the Levy	\$-	\$350,000	NA	\$350,000	NA	\$-	\$350,000	\$350,000	
5.7	Consultation and training related to Health Insurance Portability and Accountability Act (HIPAA)	\$-	\$150,000	Completed	\$150,000	Completed	\$-	\$150,000	\$81,251	
5.8	Develop common data set for assessment of adults, youth and families seeking a range of human services	\$40,000	\$581,000	Completed	\$581,000	NA	\$40,000	\$581,000	\$383,507	
5.9	Facilitation of ongoing partnerships	\$150,000	\$750,000	Completed	\$750,000	Completed	\$150,000	\$750,000	\$625,364	
SUBTOTAL		\$14,792,715	\$80,656,321		\$80,656,321		\$14,792,715	\$80,656,321	\$75,183,671	
							100.0%	100.0%	93.2%	
PERCENT OF AVAILABLE PROGRAM DOLLARS										
Administration										
Board Support and Other Miscellaneous Direct Program Costs										
Planning, Development and Start-up										
SUBTOTAL		\$1,311,555	\$6,732,854		\$6,732,854		\$1,311,555	\$6,732,854	\$4,954,462	
TOTAL		\$16,104,270	\$87,389,175		\$80,656,321		\$16,104,270	\$87,389,175	\$80,138,133	

*Includes funds committed by Letter of Award, Contract and/or Memorandum of Agreement (MOA), Service Improvement Plan, as well as funds committed to expanding the range/capacity of the King County Veterans Program.
 ** Does not include active contracts or encumbrances carried over into 2012.

2011 Financial Report: Veterans Levy Fund by Strategy

STRATEGY	Program Dollars Per Plan 2011	Program Dollars Per Plan 2006-2011	STEP 1		STEP 2		STEP 3		STEP 4	
			Board/Public review status as of 12/31/11	RFP or Other Process	2011 Funds Committed*	2006-2011 Funds Committed*	2006-2011 Cumulative Expenditures**			
Overarching Strategy 1: VETERANS										
1.1	Expand geographic range of the King County Veterans Program	\$525,000	\$2,137,500			\$525,000	\$2,137,500	\$1,052,304		
1.2	Increase capacity of the King County Veterans Program	\$2,413,640	\$12,276,000			\$2,413,640	\$12,276,000	\$11,639,192		
1.3	Provide dedicated phone resource for veterans	\$100,000	\$500,000			\$100,000	\$500,000	\$208,334		
1.4	Provide training and information for community providers on Veterans Administration services and linkages	\$40,000	\$200,000			\$40,000	\$200,000	\$-		
Overarching Strategy 2: HOMELESSNESS										
2.1	Initiatives to identify, engage and house long-term homeless people	\$246,000	\$1,125,000			\$246,000	\$1,125,000	\$1,092,020		
2.2	Increase permanent housing with supportive services	\$1,495,269	\$8,121,347			\$1,495,269	\$8,121,347	\$8,121,347		
2.3	Landlord Risk Reduction Fund	\$-	\$500,000			\$-	\$500,000	\$500,000		
2.4	Investment in supportive services for housing	\$375,000	\$1,875,000			\$375,000	\$1,875,000	\$1,846,879		
2.5	King County Criminal Justice Initiative (KCCJI) housing and supportive services	\$150,000	\$750,000			\$150,000	\$750,000	\$750,001		
2.6	Permanent housing placement supports for Criminal Justice parents exiting transitional housing	\$-	\$-			\$-	\$-	\$-		
2.7	Housing stability program	\$500,000	\$2,500,000			\$500,000	\$2,500,000	\$1,875,783		
2.8	Link education and employment to housing and supportive services	\$300,000	\$1,365,000			\$300,000	\$1,365,000	\$1,365,000		
Overarching Strategy 3: BEHAVIORAL HEALTH										
3.1	Integrate Mental Health/Chemical Dependency into primary care clinics	\$800,000	\$3,800,000			\$800,000	\$3,800,000	\$3,800,000		
3.2	Training programs in trauma sensitive and Post Traumatic Stress Disorder treatment	\$22,500	\$112,500			\$22,500	\$112,500	\$112,500		
3.3	Train behavioral health providers in Post Traumatic Stress Disorder	\$250,000	\$1,250,000			\$250,000	\$1,250,000	\$825,000		
3.4	In-home services to treat depression in elderly vets, spouses and other elderly	\$98,000	\$448,000			\$98,000	\$448,000	\$448,000		
Overarching Strategy 4: STRENGTHENING FAMILIES										
4.1	Expand Nurse Family Partnership and add linkages to employment opportunities	\$-	\$-			\$-	\$-	\$-		
4.2	Pilot new services for maternal depression	\$-	\$-			\$-	\$-	\$-		
4.3	Early childhood intervention and prevention	\$-	\$-			\$-	\$-	\$-		
4.4	Early intervention support for parents exiting Criminal Justice system, living in transitional housing	\$-	\$-			\$-	\$-	\$-		
4.5	Invest in education and employment for single parents exiting Criminal Justice system	\$-	\$-			\$-	\$-	\$-		
4.6	Provide treatment for parents involved with Family Treatment Court for child dependency cases	\$-	\$-			\$-	\$-	\$-		
Overarching Strategy 5: RESOURCE MANAGEMENT AND EVALUATION										
5.1	Evaluation	\$175,000	\$924,500			\$175,000	\$924,500	\$670,862		
5.2	Cross system planning and start-up initiatives for youth aging out of the foster care system	\$-	\$125,000			\$-	\$125,000	\$-		
5.3	Profile of offenders with mental illnesses and co-occurring substance use disorders	\$-	\$60,000			\$-	\$60,000	\$60,000		
5.4	Planning, training, and service design efforts	\$50,000	\$200,000			\$50,000	\$200,000	\$-		
5.5	Facilitate Homeless Management Information System (Safe Harbors)	\$45,000	\$337,500			\$45,000	\$337,500	\$337,500		
5.6	Enhance Information Systems to support administration and evaluation of the Levy	\$-	\$175,000			\$-	\$175,000	\$175,000		
5.7	Consultation and training related to Health Insurance Portability and Accountability Act (HIPAA)	\$-	\$75,000			\$-	\$75,000	\$40,626		
5.8	Develop common data set for assessment of adults, youth and families seeking a range of human services	\$20,000	\$290,500			\$20,000	\$290,500	\$166,250		
5.9	Facilitation of ongoing partnerships	\$75,000	\$375,000			\$75,000	\$375,000	\$312,680		
	SUBTOTAL	\$7,680,409	\$39,522,847			\$7,680,409	\$39,522,847	\$35,399,276		
	PERCENT OF AVAILABLE PROGRAM DOLLARS					100.0%	100.0%	89.6%		
	Administration	\$251,248	\$1,345,407			\$251,248	\$1,345,407	\$1,050,408		
	Board Support and Other Miscellaneous Direct Program Costs	\$377,836	\$1,066,851			\$377,836	\$1,066,851	\$1,065,060		
	Planning, Development and Start-up	\$-	\$1,304,884			\$-	\$1,304,884	\$520,482		
	SUBTOTAL	\$629,084	\$3,717,142			\$629,084	\$3,717,142	\$2,635,950		
	TOTAL	\$8,309,493	\$43,239,989			\$8,309,493	\$43,239,989	\$38,035,226		

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*Includes funds committed by Letter of Award, Contract and/or Memorandum of Agreement (MOA), Service Improvement Plan, as well as funds committed to expanding the range/capacity of the King County Veterans Program.
 ** Does not include active contracts or encumbrances carried over into 2012.

2011 Financial Report: Human Services Levy Fund by Strategy

STRATEGY	Program Dollars Per Plan 2011	Program Dollars Per Plan 2006-2011	STEP 1 Board/Public review status as of 12/31/11	STEP 2 RFP or Other Process	STEP 3		STEP 4	
					2011 Funds Committed*	2006-2011 Funds Committed*	2006-2011 Cumulative Expenditures**	2006-2011 Cumulative Expenditures**
Overarching Strategy 1: VETERANS								
1.1	Expand geographic range of the King County Veterans Program	\$-	\$-			\$-	\$-	\$-
1.2	Increase capacity of the King County Veterans Program	\$-	\$-			\$-	\$-	\$-
1.3	Provide dedicated phone resource for veterans	\$-	\$-			\$-	\$-	\$-
1.4	Provide training and information for community providers on Veterans Administration services and linkages	\$-	\$-			\$-	\$-	\$-
Overarching Strategy 2: HOMELESSNESS								
2.1	Initiatives to identify, engage and house long-term homeless people	\$574,000	\$2,625,000			\$574,000	\$2,625,000	\$2,583,704
2.2	Increase permanent housing with supportive services	\$700,000	\$9,217,429			\$700,000	\$9,217,429	\$9,217,430
2.3	Landlord Risk Reduction Fund	\$-	\$500,000			\$-	\$500,000	\$500,000
2.4	Investment in supportive services for housing	\$875,000	\$4,375,000			\$875,000	\$4,375,000	\$4,299,861
2.5	King County Criminal Justice Initiative (KCCJI) housing and supportive services	\$350,000	\$1,750,000			\$350,000	\$1,750,000	\$1,750,000
2.6	Permanent housing placement supports for Criminal Justice parents exiting transitional housing	\$110,000	\$440,000			\$110,000	\$440,000	\$437,260
2.7	Housing stability program	\$500,000	\$2,500,000			\$500,000	\$2,500,000	\$2,252,054
2.8	Link education and employment to housing and supportive services	\$700,000	\$3,185,000			\$700,000	\$3,185,000	\$3,185,000
Overarching Strategy 3: BEHAVIORAL HEALTH								
3.1	Integrate Mental Health/Chemical Dependency into primary care clinics	\$500,000	\$2,500,000			\$500,000	\$2,500,000	\$2,500,000
3.2	Training programs in trauma sensitive and Post Traumatic Stress Disorder treatment	\$52,500	\$262,500			\$52,500	\$262,500	\$262,500
3.3	Train behavioral health providers in Post Traumatic Stress Disorder	\$-	\$-			\$-	\$-	\$-
3.4	In-home services to treat depression in elderly vets, spouses and other elderly	\$98,000	\$448,000			\$98,000	\$448,000	\$419,967
Overarching Strategy 4: STRENGTHENING FAMILIES								
4.1	Expand Nurse Family Partnership and add linkages to employment opportunities	\$535,000	\$2,579,449			\$535,000	\$2,579,449	\$2,579,451
4.2	Pilot new services for maternal depression	\$500,000	\$2,461,638			\$500,000	\$2,461,638	\$2,461,638
4.3	Early childhood intervention and prevention	\$493,000	\$2,396,413			\$493,000	\$2,396,413	\$2,396,422
4.4	Early intervention support for parents exiting Criminal Justice system, living in transitional housing	\$280,000	\$1,120,000			\$280,000	\$1,120,000	\$1,117,295
4.5	Invest in education and employment for single parents exiting Criminal Justice system	\$150,000	\$600,000			\$150,000	\$600,000	\$600,000
4.6	Provide treatment for parents involved with Family Treatment Court for child dependency cases	\$269,806	\$1,160,545			\$269,806	\$1,160,545	\$1,051,640
Overarching Strategy 5: RESOURCE MANAGEMENT AND EVALUATION								
5.1	Evaluation	\$175,000	\$924,500			\$175,000	\$924,500	\$586,307
5.2	Cross system planning and start-up initiatives for youth aging out of the foster care system	\$-	\$125,000			\$-	\$125,000	\$-
5.3	Profile of offenders with mental illnesses and co-occurring substance use disorders	\$-	\$60,000			\$-	\$60,000	\$60,000
5.4	Planning, training, and service design efforts	\$50,000	\$200,000			\$50,000	\$200,000	\$-
5.5	Facilitate Homeless Management Information System (Safe Harbors)	\$105,000	\$787,500			\$105,000	\$787,500	\$778,301
5.6	Enhance Information Systems to support administration and evaluation of the Levy	\$-	\$175,000			\$-	\$175,000	\$175,000
5.7	Consultation and training related to Health Insurance Portability and Accountability Act (HIPAA)	\$-	\$75,000			\$-	\$75,000	\$40,626
5.8	Develop common data set for assessment of adults, youth and families seeking a range of human services	\$20,000	\$290,500			\$20,000	\$290,500	\$217,257
5.9	Facilitation of ongoing partnerships	\$75,000	\$375,000			\$75,000	\$375,000	\$312,684
	SUBTOTAL	\$7,112,306	\$41,133,474			\$7,112,306	\$41,133,474	\$39,784,395
	PERCENT OF AVAILABLE PROGRAM DOLLARS					100.0%	100.0%	96.7%
	Administration	\$418,999	\$1,648,492			\$418,999	\$1,648,492	\$1,302,935
	Board Support and Other Miscellaneous Direct Program Costs	\$263,472	\$954,696			\$263,472	\$954,696	\$951,972
	Planning, Development and Start-up	\$-	\$412,524			\$-	\$412,524	\$63,605
	SUBTOTAL TOTAL	\$682,471	\$3,015,712			\$682,471	\$3,015,712	\$2,318,512
	TOTAL	\$7,794,777	\$44,149,186			\$7,794,777	\$44,149,186	\$42,102,907

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*Includes funds committed by Letter of Award, Contract and/or Memorandum of Agreement (MOA), and Service Improvement Plan.
 ** Does not include active contracts or encumbrances carried over into 2012.

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

Abused Deaf Women's Advocacy Services
African American Elders Project
Area Agency on Aging – City of Seattle
Aging and Disability Services
Catholic Community Services
Catholic Housing Services
Center for Healthcare Improvement for Addictions, Mental Illnesses and Medically Vulnerable Populations
Center for Human Services
Child Care Resources
Chinese Information and Service Center
City of Seattle
Community Health Plan
Community House Mental Health Agency
Community Psychiatric Clinic
Compass Housing Alliance
Country Doctor Community Health Centers
Crisis Clinic
Downtown Emergency Services Center
Eastside Interfaith Social Concerns Council
El Centro de la Raza
Encompass
Evergreen Treatment Services
First Place

Foundation For the Challenged
Friends of Youth
Harborview Medical Center
Health Care for the Homeless Network
HealthPoint
Highline West Seattle Mental Health
Hopelink
Imagine Housing (formerly St. Andrews Housing Group)
International Community Health Services
International Drop-in Center
Kindering Center
King County Behavioral Health Safety Net Consortium
Low-Income Housing Institute
Muckleshoot Indian Tribe
Multi-Service Center
Navos
NeighborCare Health
Neighborhood House
New Futures
Northshore Youth & Family Services
Northwest Center
Northwest Justice Project
Odessa Brown Children's Center
Pioneer Human Services
Plymouth Housing Group

Projects for Assistance in Transition from Homelessness
Providence Health & Services
Public Health – Seattle & King County
Renton Area Youth & Family Services
Salvation Army – Seattle
SeaMar Community Health Centers
Seattle Indian Health Board
Seattle Jobs Initiative
Senior Services
Solid Ground
Sound Mental Health
Therapeutic Health Services
Tiny Tots Development Center
TRAC Associates
United Way of King County
University of Washington
Valley Cities Counseling and Consultation
Vashon HouseHold
Vashon Youth & Family Services
Washington State Department of Veterans Affairs
Wellspring Family Services
YouthCare
Youth Eastside Services
YWCA of Seattle-King County– Snohomish County

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Kathleen Lewis
Robert Stephens, Jr.
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Fred Steele, Veterans Program Administrator
Marcy Kubbs, Levy Coordinator
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TTY Relay 711



King County

401 Fifth Avenue, Suite 500
Seattle, WA 98104
PHONE: 206-263-9100
FAX: 206-296-5260