



King County

Metropolitan King County Council Law, Justice, Health and Human Services Committee

Staff Report

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| Agenda Item No.: | 8 | Date: | May 20, 2009 |
| Briefing No.: | 2009-B0133 | Prepared by: | Kelli Carroll & Carrie Cihak |

SUBJECT

A summary of the May 8, 2009 meeting “Convening the Community: The Work of the King County Council’s Law, Justice, Health and Human Services Committee”.

SUMMARY

The adopted work plan of the Health and Human Services component of the Law, Justice, Health and Human Services Committee (LJHHS) specifies three goals for 2009:

1. Provide policy direction regarding the provision of health and human services in King County in a time of challenged and declining resources
2. Increase coordination and integration of health and human services in order to maximize the public’s investment
3. **Convene community stakeholders, consumers and organizations to work collaboratively to continue to protect and serve King County’s most vulnerable citizens while reducing costs**

On May 8, Council staff met with over 60 members of the health and human services (HHS) community including representatives from providers, departments, cities, and various HHS community organizations. The objectives of the two and half hour meeting were to:

1. Share information on the 2010 budget and health and human services policies established to date;
2. Share information on the LJHHS Committee work plan and process;
3. Gather feedback and questions from the HHS community.

The meeting agenda and materials appear as Attachment 1 to this staff report. The topics covered in the meeting included information on the following:

- o The County’s structural gap and fiscal outlook for 2010
- o A review of the County’s historical involvement in health and human services and establishment of health and human services policies

- Information on the Committee's work program for developing policy direction for the 2010 budget, including Committee goals, process and timeline, and analysis to date

The meeting included one hour for questions and discussion. **Attachment 2** contains the questions and comments from the attendees of the meeting. The feedback is grouped into five subject areas:

1. Law, Justice Health and Human Services Work Plan/Committee Goals
2. Budget General/Health and Human Services Budget
3. Lifeboat
4. MIDD Supplantation
5. Miscellaneous/General

Staff were able to provide information in response to many of the questions.

Key themes from the feedback include:

- Uncertainty about definition of "mandate" when making funding decisions for mandatory/discretionary services
- Questions about the Cedar Hills Rent paid to the General Fund-what happened to it
- Concerns about the rationale of cutting human services programs that help keep criminal justice costs down

In addition to the May 8 meeting, staff also attended the Community Health Council meeting on May 12 to present and discuss the same information to the Executive Directors of the Community Health Centers (CHCs) in King County. Feedback from this meeting:

- Like Public Health, the CHCs are also facing financial challenges in this economic downturn.
- The CHCs are concerned about how the County's budget crisis will impact core public health services, like epidemiology, on which they rely.
- The CHCs are also concerned about the impact that closure of PHCs might have on the Department's ability to continue to deliver core services like Women, Infants, and Children services and Maternity Support Services, where the Department is the largest provider of these services in the County.
- There is some concern that as the Department continues to face significant financial challenges, there will be incentive for the Department to focus more on serving paying primary care and dental clients and referring uninsured clients to other providers.
- The CHCs look forward to moving beyond the budget crisis to progress on system-wide health safety net planning that would address how we as a community can most effectively and efficiently deliver services to the population in need with limited resources.

NEXT STEPS

The LJHHS work plan includes development of policy options for the Committee to discuss at the June 23rd and July 28th meetings of the LJHHS Committee, with the Committee finalizing recommendations on health and human services 2010 budget policy options on August 25th.

The options will then be forwarded to the Budget and Fiscal Management Committee and then to the Council, which would take final action on the recommendations.

The Committee has scheduled a special meeting on July 29th at 1:30 to brief the Committee and hear public testimony on preliminary health and human services policy options for the 2010 budget.

ATTACHMENTS

1. Materials from May 8, 2009 Convening the Community: The Work of the King County Council's Law, Justice, Health and Human Services Committee
2. Feedback summary from May 8, 2009 Convening the Community meeting
3. Email from King County Human Services Alliance, dated May 13, 2008

**Convening the Community:
The Work of the King County Council's
Law, Justice, Health and Human Services Committee**

**Friday, May 8, 2009
9:00-11:30**

Seattle Municipal Tower 700 5th Ave Training Room 1650 (16th floor)

- I. Welcome and Introductions – 15 minutes
Kelli Carroll, County Council Staff

- II. Context for the Law, Justice, Health and Human Service Committee Work Program
 - A. County Fiscal Outlook
 - 1. The County General Fund Structural Gap: How did we manage 2001-2008?
 - 2. The Global Economic Crisis and its Impact: What this portends for 2010
Carrie S. Cihak, County Council Staff

 - B. County Public Health & Human Services Policies
 - 1. The County's historical involvement in health and human services
 - 2. The health and human services policies in response to the structural gap
Doug Stevenson, Consultant to the Committee

- III. Law, Justice, Health and Human Services Committee Work Program: Developing policy direction for "least-harm" budget reductions in a climate of growing needs and declining resources.
 - A. Committee goals
 - B. Committee process and timeline
 - C. Committee Public Health and Human Services work programs
 - D. Analysis to date
Kelli Carroll, County Council Staff

- IV. Discussion, Questions, Feedback

- V. Wrap Up

The Context for the King County Council's Law, Justice, Health and Human Services Committee Work Program

The County's \$627.5 million General Fund (see Figure 1) supports law, safety, and justice programs like Superior and District Courts, jails, prosecuting attorney, sheriff, and public defense; general government programs like elections and assessor; human services programs ranging from services to older adults, to youth and family services, to housing and community development; and public health programs such as communicable disease control and services at public health centers.

The Structural Gap: 2001-2008

Since 2001, the County has experienced a mismatch in expenditure and revenue growth in the General Fund. This has led to a recurring structural budget gap in the General Fund each year (see Figure 2) of roughly \$25 million.

Through 2008, the County was been able to balance the structural gap through a variety of measures, including expenditure and program reductions, revenue enhancements, use of fund balance, and restructuring of services. Some examples outside of Health & Human Services include:

- Establishment of alternatives to detention through the Adult and Juvenile Justice Operational Master Plans (AJOMP, JJOMP), reducing projected jail population and avoiding hundreds of million of dollars in costs;
- Closure of two district courts, elimination of Sheriff's vice unit, countywide drug enforcement, and certain fraud investigations;
- Restructuring of County administrative services;
- Elimination of General Fund support for arts and heritage programs and the establishment of the 4Culture public development authority;
- Transfer of parks and pools to cities and new revenue through the parks levy.

In Human Services, the structural gap resulted in reduction or elimination of programs early in this decade. In later years, the County obtained some significant new revenues that have allowed many human service programs to be maintained or enhanced. These new revenues include rent from the Cedar Hills landfill (\$7m) in 2004 and two dedicated sources of revenue for human services - the Veterans & Human Services property tax levy (\$13m) and the Mental Illness & Drug Dependency sales tax levy (\$44m).

In Public Health, the loss of dedicated motor vehicle excise tax funding created a structural gap in the Public Health fund, on top of the General Fund structural gap. Use of Public Health fund balance and a doubling of the General Fund contribution to Public Health helped to stave off significant program reductions in Public Health earlier this decade (see Figure 3). In 2007, the County adopted the Public Health Operational Master Plan (PHOMP), including strategies to address the structural funding gap in Public Health.

The Economic Downturn: 2008 – 2010 (and beyond?)

Like other local jurisdictions around the country, in mid-2008 the County began to experience the impacts of the national economic downturn.

- Depressed housing and real estate markets have led to a downturn in new construction, lowering the County's actual and projected property tax revenues.
- Low income growth, increased unemployment, and loss of consumer confidence have led to double-digit declines in actual and projected sales tax collections.
- Low interest rates have led to declines in actual and projected interest earnings.

The economic downturn combined with the County's ongoing structural gap created a \$93 million deficit in 2009. Significant reductions were taken in every General Fund program area. Some examples include:

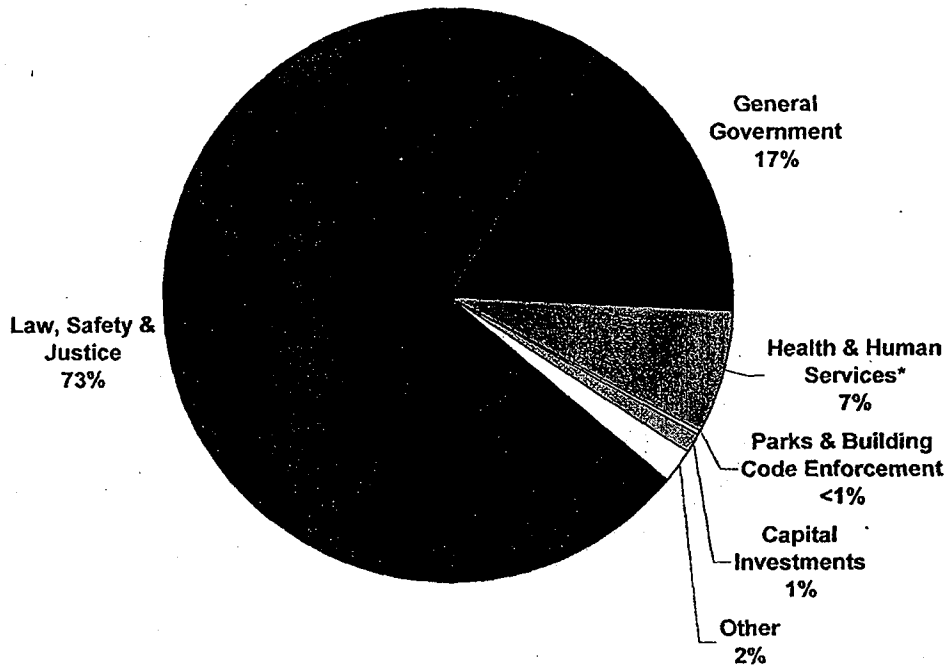
- Elimination of 70 positions from the Sheriff's office, resulting in no investigation of certain cyber crimes, identification theft, and property crimes;
- Elimination of 22 positions in the prosecuting attorney's office, resulting in certain drug and property crimes no longer filed as felonies;
- Reduction in Superior Court and District Court probation activities and establishment of new and higher fees to support services;
- Ten unpaid furlough days for County employees;
- \$6.1 million in reductions to the General Fund contribution for Human Services, leading to reductions in programs such as services for seniors, domestic violence survivors, sexual assault victims, and homelessness prevention.
- \$16.4 million in reductions in Public Health, leading to reductions in programs such as immunizations, emergency preparedness, and support for young low-income new mothers and people who are uninsured.

As the economic downturn has persisted and worsened relative to projections, the County is now projecting a General Fund deficit of \$40 to \$50 million 2010. The Executive has established preliminary target reductions in the General Fund contributions to Public Health and Human Services of around \$3 million each.

The County has asked the State legislature to provide for additional flexibility and local revenue options to address the lifeboat programs as well as the 2010 deficit. The State has provided some flexibility in how the County can use existing revenue sources, but no new local revenue options have been made available. Moreover, with the State having to balance to a \$9 billion deficit for the 2010-2011 biennium, State program cuts will certainly impact the County's budget further. These cuts are not yet factored into the 2010 County deficit projection.

The challenge for 2010 will be how to address needs for County services, which are rising, with available revenues, which are falling. Every Council Committee is examining this question in their respective issue areas. The health and human services work program for the LJHHS Committee is designed to provide councilmembers and the public with a thorough understanding of the needs and current service delivery, in order to assist the Council in developing some policy direction to guide what are likely to be very difficult 2010 budget decisions.

**Figure 1. 2009 Adopted King County General Fund Expenditures
\$627.5 million**



*Includes only the General Fund contribution to Health and Human Services. The GF contribution to Human Services of \$11.4m is 3% of the total \$359m budget for Human Services. The GF contribution to Public Health of \$31m is 11% of the total \$274m budget for Public Health (excluding \$29m budgeted for Jail Health, which is counted within the Law, Safety & Justice portion of the GF).

Figure 2. The Structural Gap
General Fund budget shortfalls recur every year because of a mismatch in revenue and expenditure growth.

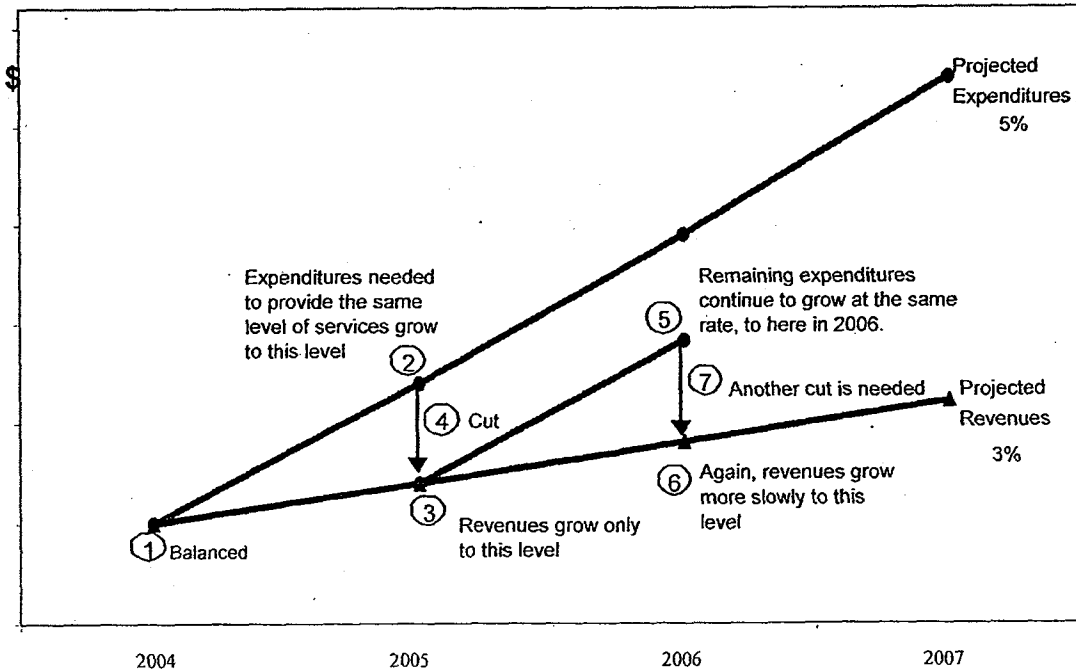
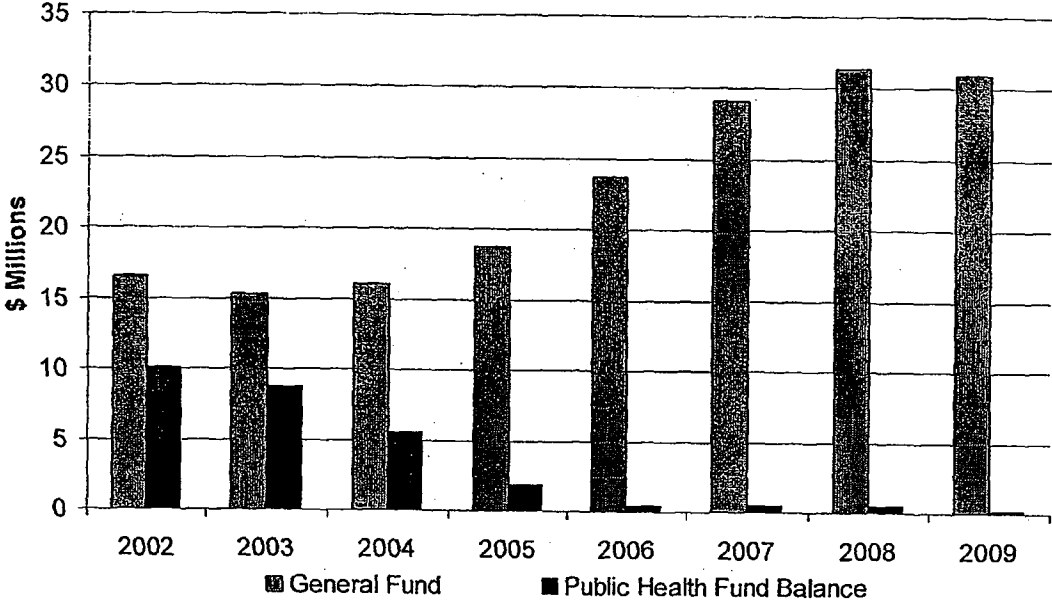


Figure 3. Public Health Fund Balance and General Fund Contributions to Public Health



King County Health & Human Services Policy and Financing History

1960's & Early 1970's -- The modern beginning. (Pre-Depression the county had primary responsibility for "indigent" people -- the poor farm and the county hospital. The Feds & state took over in response to depression and war. The county retained only a responsibility for indigent veterans with state dedicated property tax revenue and shared responsibility for Public Health.)

- ❖ New federal and state grant programs established. County acts as "pass-through".
 - Youth Service Bureaus (YSB's)
 - Mental Health, Developmental Disabilities, Alcohol & Drug Abuse
 - Youth Employment
- ❖ De-Facto County Policy : County can act as a pass-through agent, but cannot take on any funding responsibility.

Later 1970's & Early 1980's -- County funding for H&HS begins on an "exceptional" basis. County experiences significant revenue growth due to growth in suburban unincorporated areas.

- ❖ Exceptions to policy began with funding to help maintain YSB's after initial grants expire.
- ❖ 1978 -- A small Senior Centers program initiated by the Exec.
- ❖ 1978 -- Women's Board established. Begins needs assessment process. (Leads to interest in DV services, Child Care, maternal infant care, etc.)
- ❖ Council members begin funding "special programs".
- ❖ 1982 -- Department of Human Services established. Combines state pass-through programs and county initiatives.
- ❖ First Adopted County Policy: 1983-4 Aging Program and Youth and Family Service Network Funding Policies adopted. Focus is on unincorporated area residents.

Later 1980's & Early 1990's -- Financial good times lead to larger, more purposeful H&HS initiatives.
1990 King County population is 1,507,000. Unincorporated population is 513,000 -- 34%.

- ❖ 1988 -- The Children and Family Services Set-Aside established. 23% of the revenue from a new sales tax increase for the county is dedicated by code to health and human services and policies and a plan adopted focusing these funds on prevention and early intervention for children and families. Services funded included:
 - Domestic violence victims services
 - Safety net health care at community clinics
 - Home visiting and other maternal/infant services
 - Youth emergency shelters
 - Teen Parent Training

Several years later, county parking revenues were also dedicated to this purpose. (These revenues currently amount to about \$4.5M per year and are split between DCHS and Public Health but no longer tracked to specific services.)

- ❖ 1988 -- County Domestic Violence Comprehensive Plan developed as a joint effort with the courts.

- ❖ 1989 – The Human Services Roundtable formed by the county, Seattle, United Way and a number of suburban cities to promote joint planning and development of human services. Resulted in joint funding strategies for DV (from newly increased sales tax and MVET) and for Child Care Resources.
- ❖ 1989 King County Child Care Program initiated. Intended to become a partnership with cities.
- ❖ 1990 – King County becomes the regional authority for Mental Health under newly revised state statute.
- ❖ 1990 – Housing Opportunity Fund (HOF) created with dedicated Real Estate Excise Tax funds to develop housing for special needs populations, homeless and very low income families.
- ❖ 1992 – The Children and Family Commission established to promote improved services by reviewing services across county departments and funding innovative prevention and early intervention projects for children, youth and families.
- ❖ 1993 – King County Consortium for homeless services formed by the county, Seattle and local agencies in response to the McKinney Act.
- ❖ County Policy Developments: County begins to recognize a regional responsibility/liability as the local authority for public MH services. County dedicates some funds for H&HS services with policy direction. County directed funds are still focused on unincorporated area residents. Role is seen as local funder working together with other local funders via the Roundtable.

Mid-1990's & Beginning 2000's -- The turning point toward "regional" services and the beginning of the structural gap between revenues and expenditures. 2000 King County population is 1,737,000. Unincorporated population is 353,000 – 20.3%

- ❖ 1994 – King County/Metro Merger – Passage of the Growth Management Act and issues with METRO governance led to merging METRO into the county and creating much more interest in the county's regional as opposed to local service roles and responsibilities.
- ❖ 1994 – The Council's Law Justice and Human Services Committee is formed and the Council adopts the committee's Safe Communities Initiative funding an array of prevention and intervention services to reduce youth violence.
- ❖ 1994 – Sole county responsibility for Public Health implemented. As part of an attempt at health care reform, the state legislature made counties solely responsible for local public health, eliminating joint responsibility with cities and dedicating a portion of the MVET (Motor Vehicle Excise Tax) to replace city contributions. The initial allocation to King County is less than city contributions, but MVET is projected to grow faster than inflation. Seattle continues its agreement to jointly operate the department but ultimately renegotiates the agreement to only fund "enhanced" services.
- ❖ 1997 – The Regional Justice Center in Kent opened, increasing operating costs by \$29M per year.
- ❖ 1998 – The Regional Finance and Governance process took up the issue of how to finance and govern delivery of human services, making some progress on defining "regional vs. local" services but failing to agree on a financing approach. This brought about the dissolution of the HS Roundtable.
- ❖ 1999 – The County Council adopted Framework Policies for Human Services to clarify the county roles as a local and regional government partner and set priorities for the use of discretionary

General Fund dollars. Acknowledges regional role for the first time and identifies the following related priorities:

- Services that help to reduce criminal justice involvement and costs, and
- Helping to assure access to an array of human services to persons most in need, regardless of where they live.
- ❖ 1999 – The Juvenile Justice Operational Master Plan adopted.
 - Goals include reducing demand for secure detention, avoiding unsustainable cost growth for new facilities and operations and reducing crime and recidivism by providing effective youth and family treatment and support services.
 - Average daily detention population has gone down every year since adoption. It is currently stable at 90 youth per day – 40% less than the average daily population of 148 in 2000. Tens of millions of dollars in costs per year have been avoided. The savings have helped to finance alternative services and close the on-going county deficit.
- ❖ 1999 – Initiative 695 passed, resulting in elimination of the MVET. State General Fund has been used since to backfill Public Health at reduced levels that have been cut again in the latest session.
- ❖ 1999-2001 – The Adult Justice Operational Master Plan adopted in phases. This plan has similar goals to the JJOMP and has had similar positive results on a larger scale. At the time when the plan came forward, CJ expenditures were about 70% of the General Fund budget. Projections showed that without changes by 2008 CJ expenditure would exceed 100%. The Average daily detention population has declined 21% from 2,953 in 2000 to 2,324 in 2008. 1999 projections were for an average daily population of 3,999 in 2008. Avoided costs are currently projected at over \$50M per year.
- ❖ County Policy Developments: A regional role in funding human services is defined for the first time. The connections between health and human services and criminal justice responsibilities are beginning to be seen. Growth in criminal justice costs coupled with reduced growth in revenue is furthering the need to develop effective health & human services interventions and alternatives in closer partnership with the CJ system. Public Health has become a primary county mandate in much the same way as criminal justice, but the ramifications remain to be understood.

2002-2003 – The First Budget Crisis. The structural gap, exacerbated by the new I-747 restriction on property tax growth catches up with the county.

- ❖ The Executive proposed to eliminate General Fund support for human services. Half to be cut in 2003 and the remainder in 2004. The rationale was that the county can now only afford to support those services that are mandated by state law.
- ❖ The Council rejected the notion that the county must limit itself to only legally mandated services, expressing concern that eliminating key human services will only raise costs in the CJ system.
- ❖ The Council accepts the recommendations of the RPC regarding services to be retained. The recommendations were developed by an inter-jurisdictional staff group. Two criteria emerged as the primary basis for these recommendations:
 - Services that help to reduce involvement in the CJ system.
 - Service areas where county funding is key to having a regional system that works to provide access to those in need (esp. most in need) regardless of where they live.

The Council took savings in Adult Detention based on AJOMP assumptions to balance the budget and also supported CJ treatment and housing initiatives with a portion of the savings from the closure of the North Rehab Facility.

- ❖ County Policy Developments: For the first time certain health & human services are explicitly seen as investments in meeting primary mandates as opposed to discretionary services that cannot be maintained in hard times. Containment of criminal justice costs is beginning to show real possibilities. There is more talk about developing a dedicated funding source(s) for human services.

2004 to 2008 – A brief respite from financial crisis, due primarily to CJ cost growth avoidance and higher revenues related to the construction bubble. Some successes achieved in developing new, targeted human services funding sources.

- ❖ 2004 – The Executive Budget proposed to maintain human services by using about \$7M new revenue from renting Cedar Hills to the Solid Waste Fund. The Council accepts the proposal with discussion about how the rent will be available until Cedar Hills is closed (Thought to be 2012 initially, now scheduled for 2016).
- ❖ 2005 – Veterans and Human Services Levy Plan adopted. Levy passed by voters in fall 2005 generates approximately \$13.3 million per year through 2012. Levy proceeds are used 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, and
 - Invest a smaller portion in prevention services to strengthen high-risk families
- ❖ 2005 – Ten Year Plan to End Homelessness adopted as a blueprint for how the region will work together to confront the issues that cause homelessness and create the housing and supportive services needed to end homelessness.
 - Led to coordinated service funding involving cities, county, housing authorities, United Way and others.
 - Led to implementation of specific housing and service strategies for chronically homeless adults and families.
- ❖ 2005 - 2007 – Public Health Operational Master Plan developed and adopted as a result of need to better understand options and approaches to meeting PH mandates and to have a policy and program framework to deal with the growing structural gap in the PH budget. From 2003 to 2008 revenue shortfalls for maintaining PH services resulted in a 50% increase in the General Fund contribution from \$15M to \$30M+.
- ❖ 2006 – Mental Health Recovery Plan adopted. Initiates a paradigm shift emphasizing recovery of basic living functions as opposed to focusing primarily on symptom management.
- ❖ 2007 – MIDD – Mental Illness and Drug Dependency Sales Tax Plans adopted. 1/10th of one percent sales tax passed by Council in 2007 generates approximately \$45 million per year through 2017.
 - Used to prevent and reduce chronic homelessness and unnecessary involvement in the criminal justice and emergency medical systems and promote recovery for persons with disabling mental illness and chemical dependency by implementing a full continuum of treatment, housing and case management services
 - Based on an integrated services model, with plan and strategies developed and initiated with extensive involvement from criminal justice and treatment provider systems
 - Specifies explicit linkage with other efforts including, the Adult and Juvenile Justice Operational Master plans, the Plan to End Homelessness, the Veterans and Human Services Levy Service Improvement Plan and the King County Mental Health.

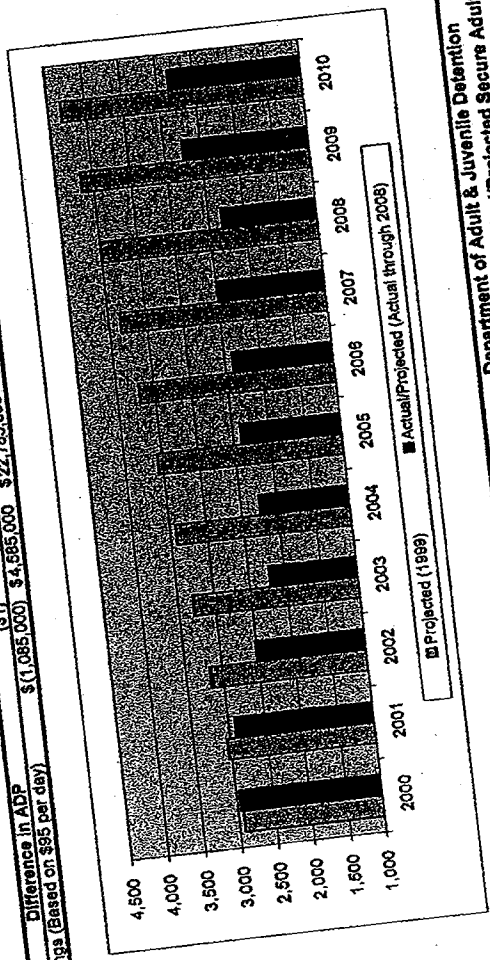
- ❖ 2007 – Revised Framework Policies for Human Services adopted. Updated in light of the Veterans and Human Services Levy, Committee to End Homelessness and Mental Illness and Drug Dependency Plan. The revised policies:
 - Recognize need for further integration of systems of care through increased information sharing across agencies and programs for the purpose of improved service delivery, coordination and outcome, and
 - Prioritize effective intervention and prevention strategies, services that reduce the growth of emergency medical and criminal justice system involvement and costs and, services that prevent and reduce homelessness.
- ❖ County Policy Developments: The emphasis on reducing involvement in the CJ system is expanded with an understanding of not only of the role treatment and other supportive services can play but also the importance of addressing housing needs, preventing and reducing homelessness and more specifically helping to prevent a new wave of disabled, homeless veterans. There are increasing expectations of coordination and integration across services and systems to improve results at the planning, funding, implementation and service delivery levels. The policy idea of investing part of a “portfolio” in effective prevention strategies is introduced. Lastly, the need for a new source(s) of funding for Public Health is becoming more critical.

2008–2010 – The really big financial crisis. Previous financial fixes to deal with the county’s structural gap cannot overcome the impact on revenues of the housing bust and overall reduction in economic activity.

- ❖ 2009 – Budget – \$90M+ deficit to maintain services.
 - The Executive again proposed elimination of funding for “discretionary” human services, requiring DCHS to prepare a three year plan to zero out funding but allowing some services identified for reduction in 2009 to be placed in a 6 month “lifeboat”. Lifeboat services could continue if the state provided a new revenue tool(s) such as the unincorporated area utility tax.
 - Due to the very large deficit and the cuts proposed in all parts of the budget (including a number of Public Health Services in the lifeboat), the Council had to struggle to restore a few high priority human services for the full year. The Council did not publically address the issue posed by the Executive of only funding services that are legally referenced as a county mandate in state statute or the issue of the use of the Cedar Hills rent proceeds.
 - CJ expenditures remain at 70% of the total General Fund in the 2009 adopted budget.
- ❖ 2009 Legislative Session – New revenue tools were sought for the county generally and for Public Health specifically. The Public Health effort failed. The county did not get the utility tax, but leeway was allowed to use the MIDD tax revenues to supplant county funds for the originally allowable mental health and chemical dependency purposes.
- ❖ The Lifeboat & 2010 Budget ???????

**Department of Adult & Juvenile Detention
Adult Projected vs. Actual/Projected Secure Adult ADP
Projections Prepared in 1999 for 2000 Budget**

| | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 |
|----------------------------------------|----------------|--------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|-----------------------|
| Projected (1999) | 2,922 | 3,039 | 3,161 | 3,287 | 3,418 | 3,555 | 3,698 | 3,846 | 3,999 | 4,159 | 4,326 |
| Actual/Projected (Actual through 2008) | 2,953 | 2,908 | 2,510 | 2,218 | 2,248 | 2,395 | 2,397 | 2,465 | 2,324 | 2,739 | 2,835 |
| Difference (%) | 1.1% | -4.3% | -20.6% | -32.6% | -34.3% | -32.6% | -35.2% | -35.8% | -41.9% | -34.1% | -34.5% |
| | 1,171 | 851 | 1,071 | 1,172 | 1,180 | 1,301 | 1,381 | 1,376 | 1,420 | 1,491 | |
| | \$ (1,085,000) | \$ 4,585,000 | \$ 22,785,000 | \$ 37,485,000 | \$ 41,020,000 | \$ 48,600,000 | \$ 45,555,000 | \$ 48,335,000 | \$ 58,625,000 | \$ 49,700,000 | \$ 52,189,725 |
| Total | | | | | | | | | | | \$ 399,774,725 |



**Department of Adult & Juvenile Detention
Juvenile Projected vs. Actual/Projected Secure Adult ADP
Projections Prepared in 1999 for 2000 Budget**

| | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 |
|----------------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------|---------------|---------------|----------------------|
| Projected (1999) | 191 | 208 | 227 | 247 | 270 | 284 | 320 | 349 | 381 | 415 | 452 |
| Actual/Projected (Actual through 2008) | 148 | 128 | 116 | 119 | 105 | 109 | 105 | 96 | 90 | 90 | 50 |
| Difference (%) | -22.5% | -38.5% | -48.0% | -51.9% | -61.1% | -62.9% | -67.2% | -72.8% | -75.4% | -78.3% | -80.1% |
| | 43 | 80 | 109 | 128 | 185 | 185 | 216 | 264 | 281 | 325 | 382 |
| | \$ 1,935,000 | \$ 3,908,550 | \$ 4,901,720 | \$ 5,775,774 | \$ 7,407,544 | \$ 8,319,473 | \$ 9,689,575 | \$ 11,436,396 | \$ 13,076,078 | \$ 14,617,423 | \$ 16,297,491 |
| Total | | | | | | | | | | | \$ 97,065,722 |

Difference in ADP
Savings (Based on \$65 per day)

These goals will be achieved through detailed, comprehensive briefings provided to the Committee throughout the months prior to when the Council receives the 2010 Executive Proposed budget in September.

Through the course of reviewing legislation and receiving briefings, the Committee will be updated on several key County health and human service related activities. These items include:

- The Public Health Operational Master Plan
- The Framework Policies for Human Services
- The Veterans and Human Service Levy
- Ten Year Plan to End Homelessness

The Committee may also invite community organization representatives and other guests to join briefings on topics of special interest.

Finally, the Committee will be conducting confirmation of citizens appointed to the county's various health and human services boards and commissions.

Committee Briefing Structure

- Structured monthly Committee briefings focusing on the county's human services, policies and budget to provide information that will assist the Council in developing policy direction regarding King County's human services for the 2010 budget.
- The following information is an outline of the structured briefings currently planned for the committee. The briefings generally follow the committee's work plan, but like the work plan, the briefings and/or dates may be changed.

| HHS Committee Meeting Date | Health and Human Services Briefing |
|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| February 24 | <ul style="list-style-type: none"> • Overview of King County Human Services • Overview of Public Health and Introduction to the Health Care Safety Net |
| March 24 | <ul style="list-style-type: none"> • King County Human Services Policies and Partners • Overview of the Health Safety Net: History of King County's role; Service needs and demands; Related community assets and their capacity |
| April 28 | <ul style="list-style-type: none"> • Public Health Center (PHC) programs and sites |
| May 20 | <ul style="list-style-type: none"> • 2009 County Budget for Human Services Impacts and Implications for 2010 • Community Partner Input • State/Federal Budget Review |
| June 23 | <ul style="list-style-type: none"> • Options Development: Analysis of the County's Evolving Role |
| July 28 | <ul style="list-style-type: none"> • Options Analysis: Review Preliminary Recommendations for Health and Human Services 2010 Budget Policy Options |
| August 25 | <ul style="list-style-type: none"> • Finalize Committee Recommendations for Health and Human Services 2010 Budget Policy Options |

**Convening the Community:
The Work of the King County Council's
Law, Justice, Health and Human Services Committee
Friday, May 08, 2009**

FEEDBACK, QUESTIONS and COMMENTS SUMMARY

Includes emailed comments and questions received after the meeting

1. Law, Justice, Health and Human Services Work Plan/Goals

- Is the work plan strictly focused on Human Services?
- What about Law, Safety and Justice?
- What does Committee Goal #2 – *Increase coordination and integration of health and human services in order to maximize the public's investment—mean?*
- Julia Patterson raised the possibility of asking for new revenue, is it the work of the committee to generate additional revenue?
- Will there be additional opportunities to speak to the Committee/Council?
- How does the Committee plan tackling Goal #3? The collaboration is very high and already being done. Is there some sort of constructive way to do this, especially if goals 2 and 3 are already being done? Organizations are already working collaboratively
- Collaboration and coordination can be done uniquely. For example the Crisis Clinic collects data with a database. The callers have even been looking for services. Service requests have gone up with the layoffs and most are from new people/first time users.
- Collaboration can be helpful even though already happening. There has been push back from some organizations with the fear of losing funding. This is a great opportunity to work together, focus on helping others and come up with creative ideas to do so.
- How is the work of the Committee's work plan on these issues dovetailing with, being directed by, distracted by, and maybe supported by, etc. the work of the other "side" of the Committee?

2. Budget General/Health and Human Services Budget

- How are state mandates determined?
- Who is the arbitrator? Who interprets what "mandate" means?
- What happens with the (Children and Family Set Aside) sales tax money if the programs go away?
- What about stimulus funding?
- A portion of the marriage license fee supports Children and Family Commission
- The garbage funding not dedicated (Cedar Hills rent to the General Fund) to human services. What about the informal agreement? Can we look at that for funding?
- Where is the garbage funding? Everyone is asking this question.
- What happens to the savings from funding that was redirected to juvenile court, adult court and reinvesting in youth to reduce funding?
- Are the mandates solid?
- HHS represents only 7% of the total General Fund---is there any room?

- What is the Committee thinking if there is a reduction in funding for Human Services to help drive down the criminal justice system, although the jails and detention centers have been keeping the population relatively low because of HHS programs?
- What has been the thinking in Committee if funding is cut in HHS, because problems (costs) will be more substantial in criminal justice?
- What are the potential annexations and the impact on the 2010 budget?
- Fairwood and North Highline are annexing, what are the figures from that?
- There is no special session, maybe need for a Public Health tax district. Public Health is in imminent danger, would like a sense from committee on what they're thinking.
- No funding from state so how does the committee work to change?
- What is the size of the reserve?

3. Lifeboat

- Information on lifeboat and the 2010 budget
- Current work on the lifeboat issues, who is responsible?
- Has there been any recognition of the lifeboat issues for the 2010 budget from the Executive?

4. MIDD Supplantation

- Is there any language from the legislature describing the use of MIDD for supplantation?
- Can MIDD funding be backfilled for programs like treatment courts?
- What is the process of implementing legislative authorized supplantation? If council approval is needed, will the committee act quickly once the enabling legislation takes effect?

5. Miscellaneous/General

- Regional Task Force on Human Services and Healthy Families and Communities reports are important to revisit and mention to committee.
- Goal #3 (*Convene community stakeholders, consumers and organizations to work collaboratively to continue to protect and serve King County's most vulnerable citizens while reducing costs.*) attempts to filter 'vulnerable citizens' and how this helps. It's horrible to die young, to be homeless, seriously ill - there are many ways to look at this.
- We see 'vulnerable citizens' all the time and how do we define that. Should include early mortality and those things leading up to health disparities.
- When it comes to coordination of services and prioritization is there a task force that focuses on the impacts on various services and the federal and state levels? Is it an even impact across population or spikes?
- Community partners are collecting data already and can talk about impact on services of budget cuts.
- What was the legislation making the budget more transparent about?
- Is there any plan for committee to communicate with cities?
- Kurt Triplett should be the person appointed to fill the Executive position. He knows a lot and it won't help to bring in someone new because they won't know the history.
- This is an opportunity in a crisis. Doug Stevenson gave great examples of why we need funding. We need to find a way, maybe garbage funding and others. This is our opportunity in a crisis.

- At least we could fund some dedicated programs from Children and Family Services, Marriage Licenses and garbage funds.
- Collecting data and working to describe real time data around basic needs. Providers are struggling with costs as the government stepping back from funding.
- Any data assistance is appreciated.
- There is too much up in the air, need to be thoughtful of the process.
- Money appears and disappears and funders don't consider the infrastructure needs. If money is going away, then you will have a fragile infrastructure with many ripple effects.
- Data sources are helpful. Community Counts data recently updated.
- How were human services funds handled prior to the development of the Department of Human Services in 1982?
- Are Council members, key Human Service Committee members, talking with organized labor about the importance of human service funding and what labor might do, or concede, to support stabilizing human services?

King County Alliance for Human Services

To: King County Councilmember Julia Patterson, Chair, Health and Human Services

From: Merrill Cousin and Mike Heinisch, Co-Chairs

King County Alliance for Human Services

Re: Community Meeting May 8 2009

First, please accept our appreciation for the open meeting you convened to discuss the budget crisis facing community health and human services. Thank you for your strong leadership and willingness to seek additional revenues to maintain basic services.

Additionally, members of the Alliance greatly appreciate the preparation by Kelli Carroll, Doug Stevenson and Carrie Cihak; without their considerable work the meeting would not have been as productive.

In addition to the many questions and comments offered at the meeting, Alliance participants submit the following for discussion by the committee.

- We propose the state mandates be reviewed. Are all the services mandated truly mandates? Or do they include adjuncts or supports of the original mandates which, over the years, have now been incorporated into the budget as larger mandates?
- Are there County mandates? Are tools such as Framework Policies for Human Services, the Juvenile Justice Operational Master Plan and the Children and

Family Set Aside also to be considered mandates to be taken as seriously as those provided by the state?

- The County should use the opportunity presented by this crisis to dedicate a percentage of General Fund dollars for meeting basic human needs. We believe that 4% would be a reasonable baseline, earmarking about \$24 million from a \$600 million budget.
- MIDD supplantation, passed in this past session, is a band-aid. It just puts off some of the difficult decisions for a year or so.
- What about the \$7 million in the Cedar Hill Landfill rent that was established in 2004? Isn't this coming in at least through 2012? We hear it may continue after that, too. We know that the intent of the Executive and the Council was to dedicate this revenue to human services; however, it wasn't officially dedicated in the ordinance at the time it started. We suggest that now is the time that it should be. Additional dedicated funds would include the \$15 on marriage licenses for child and family service programs.
- Criminal Justice expenses have slowed with the implementation of AJOMP and JJOMP reforms, many of which were human services programs. We can't cut human services and expect criminal justice not to rapidly grow again. This would quickly cost more than all the human services proposed to be cut.
- How does the planned elimination of services such as those addressing domestic violence, sexual assault, youth, elders, and employment reflect the Council's statements that well being of King County residents is a priority?

These are very challenging times. We know we share a common commitment to the health and well-being of county residents and we are committed to work with you to find solutions.

We look forward to hearing from you about these ideas and suggestions. Thank you

Merril Cousin and Mike Heinisch, Co-Chairs

King County Alliance for Human Services

