

both programs and also shown separately for the Veterans Levy Fund and for the Human Services Levy Fund for each strategy. In addition, per the direction of Motion 12618, the report includes a graphic and documentation of the number of people served by geographic area of the county for each strategy area. Enclosed with the Executive's transmittal letter were updated financial plans showing actual and projected revenue and expenditures for both the Veterans Levy Fund and the Human Services Levy Fund (**Attachment 3**).

Much more detail regarding the Procurement Plan (for contracted services) or Program design (for county managed or related services) and the Evaluation Plan for every strategy can be found the Veterans and Human Services Levy website:

<http://www.kingcounty.gov/operations/DCHS/Services/Levy.aspx>

Attached is just one example of a Final Program Design and a 2008 Strategy Area Annual Report for the strategy to Strengthen Families at Risk – through Expansion of the Nurse Family Partnership (**Attachment 4**). As noted, this type of planning and documentation has been prepared for each strategy.

The Department of Community and Human Services working with the Levy Oversight Boards and other agencies has accomplished a significant amount of work and provided clear documentation of this effort in 2008. But most important is the remarkable progress that has been made in implementing the range of levy-funded projects and services called for in the Services Improvement Plan. The Annual Report contains numerous personal stories that demonstrate the direct impact levy services are having in the lives of veterans, their families and others in need.

BACKGROUND:

In 2005, King County voters approved the Veteran's and Human Services Levy which provides approximately \$13 million per year (\$0.05 per \$1,000 assessed valuation) for six years starting in 2006. The levy's purpose is to fund health and human services such as housing assistance, mental health counseling, substance abuse prevention and treatment, and employment assistance; as well as capital facilities and improved access to and coordination of services for veterans, military personnel and their families. Fifty percent of the levy proceeds is dedicated to these services for veterans, military personnel and their families; and fifty percent is dedicated to improving health, human services and housing for a wider array of people in need.

In April 2006, the Council passed Ordinance 15406 providing direction as to how the money from the Levy should be spent, including that "the proceeds shall be used primarily to prevent or reduce homelessness and unnecessary involvement in the criminal justice and emergency medical systems for veterans, military personnel and their families and other individuals and families most at risk."

A Service Improvement Plan (SIP) for the veteran's and human service levy was approved by Council in October, 2006 (via Ordinance 15362). The plan addresses key policy elements and issues identified by the Council in Ordinance 15406, which gave direction on development of a plan. In particular, the plan describes priority populations and investment areas, clarified the roles and process for recruiting and appointing the members of two new oversight boards.

The levy funds are dispersed into five broad strategy areas corresponding to the Council's direction: veterans, homelessness, behavioral health, strengthening families and resource management and evaluation. As stipulated in the ballot measure, funds are divided equally between veteran and non-veteran populations. The overarching strategies are outlined below:

- Strategy One Enhancing services and access for veterans (Veterans Levy Fund only)
- Strategy Two Ending homelessness through outreach, prevention, permanent supportive housing and employment
- Strategy Three Increasing access to behavioral health services
- Strategy Four Strengthening families at risk (Human Services Levy Fund only)
- Strategy Five Increasing effectiveness of resource management and evaluation

Annually, at least \$2 million of veterans funds are designated for enhancements to the existing King County Veterans' Program, and \$1.5 million in non-veterans funds are dedicated to early childhood prevention and intervention. Levy administration costs are about five percent of the total funds.

The Regional Human Services Levy Oversight Board and the Veterans Citizens Levy Oversight Board were convened in February, 2007. Rather than just providing evaluation of levy funded programs and outcomes – the boards have played an integral role in reviewing the plans for expenditure of levy proceeds and monitoring progress of service and program implementation. During 2008, the two oversight boards also reviewed detailed plans for evaluating the levy activities, based on the evaluation framework established in 2007 and the initial evaluation plan outlined in each procurement plan. Performance measures and outcomes were identified for each of the levy's individual activities. The boards have shifted to oversight and evaluation of program implementation and outcome in 2009, to ensure that levy activities are achieving their desired results. They are also increasing their efforts in the area of communications strategizing ways to improve community education and awareness of the availability of levy programs and the benefits to the community.

SUMMARY OF 2008 ACCOMPLISHMENTS:

During 2008, more than 20,000 individuals living throughout King County received some sort of services funded by the VHS Levy. Based on demographic data of King County residents, about 33 percent of those served live in Seattle, 18.5 percent live in the East/North Region, and 48.5 percent live in South King County. As requested by council in Motion 12618, the report provides additional information on the geographic distribution of levy resources across the county, including numbers served by regions.

The VHS Levy 2008 Annual Report provides highlights of activities under each of the five levy strategies, and includes stories of individuals and families whose lives have benefited from services provided by agencies receiving levy funding.

Strategy One: Enhancing Access to Services for Veterans and Their Families

Strategy one focuses on improving access to services for veterans, military personnel, reservists, and members of the National Guard and their families. Major activities under

this strategy are expanding the geographic range of the King County Veterans Program (KCVP), and increasing the service capacity of King County's veterans' programs.

A total of \$2.1 million was allocated to the KCVP during 2008 to expand program capacity and serve veterans throughout the county with emergency financial assistance, housing assistance, employment guidance, case management, life stability services, veterans' benefits counseling, mental health referrals, and other supportive services. Funding for programs proven effective in serving veterans and their families were continued, including the Veterans' Incarcerated Project, Post-Traumatic Stress Disorder (PTSD) services, employment services, and financial services. Family members were well served by PTSD counseling services; in fact, almost as many spouses and dependents of veterans received counseling for PTSD as veterans themselves.

Outreach continued to be expanded during 2008. In addition to the office established in 2007 at WorkSource Renton, a new satellite office opened in the Auburn Veterans Memorial Building. Office construction was partially funded with Veterans Levy Funds. The Washington Department of Veterans Affairs and KCVP collaborate to provide services in Auburn two days a week. Planning is underway to enhance outreach to the North and East regions of the county.

As noted above, an evaluation report on this strategy has been completed, and is attached (**Attachment 2**).

Strategy Two: Ending Homelessness through Outreach, Prevention, Permanent Supportive Housing and Employment

Ending homelessness is a high priority for the levy-funded services, and the VHS Levy's SIP specified eight activities under this strategy. The levy boards completed their review of all plans to implement these activities during 2008. With the understanding that there are two RFP processes for capital housing and housing support services that must be undertaken annually, all other RFP processes have been completed.

Capital housing projects funded in prior years have made significant progress. In October 2008, the Friends of Youth New Ground transitional living facility in Kirkland was completed, providing six units of housing for homeless and at-risk youth ages 18 to 24. Two other projects with levy funding broke ground: McDermott Place in North Seattle, a 75-unit apartment complex developed by Low Income Housing Institute that will include 34 units of housing for veterans; and the Burien Heights Residences, a 15-unit apartment complex being developed by Navos, formerly the Highline-West Seattle Mental Health Center, that will include three units of housing set aside for veterans.

In addition, in fall of 2008 a total of \$3.6 million in capital dollars were committed to eight projects throughout the county, bringing the total number of capital projects awarded VHS Levy funds to 18.

Strategy Three: Increasing Access to Behavioral Health Services

Strategy three focuses on providing behavioral health services – such as mental health counseling and treatment for depression – for people who are not eligible for Medicaid and long-term care in the public mental health system. The strategy includes a focus on

veterans who are struggling with mental illness, substance abuse, homelessness, PTSD, and associated health problems.

During 2008, \$1 million in levy funds were committed to agencies to establish behavioral health programs, including the King County Safety Net Consortium that integrated mental health services into over 20 safety net medical clinics throughout the county. Over 2,000 individuals were served by the consortium clinics, and over 800 of them were homeless.

This strategy also includes an activity focused on seniors. The Program to Encourage Active, Rewarding Lives for Seniors (PEARLS) is an evidence-based in-home treatment model for older, low income adults who have chronic health conditions and experience minor depression. The PEARLS counseling program provides a series of in-home counseling sessions over a period of five months, followed by three monthly follow-up phone calls

Strategy Four: Strengthening Families at Risk

Strategy four helps families at risk with a set of programs designed to strengthen the bonds between parents and children and to help parents become self-sufficient. These activities promote healthy interactions between parents and children in the early months and years of life, linked to the prevention of child abuse and neglect and ultimately, to prevention of a child's later involvement in the criminal justice system.

One of the activities under this strategy is the Nurse Family Partnership, a program operated by Department of Public Health. This program serves low-income new mothers who are 19 or younger, providing regular home visits from midway through their pregnancy until their baby is a toddler. Visits focus around maternal and baby health, child development, friends and family, and clients' new role as mothers, in addition to links to employment and training to encourage future self-sufficiency. During 2008, the Nurse Family Partnership served 876 people – 533 mothers and 343 babies.

Strategy Five: Increasing the Effectiveness of Resource Management and Evaluation

A small amount of levy funding is directed to evaluation, systems development, and related activities to ensure that we can effectively measure the results of levy programs and demonstrate that levy funds have been invested wisely.

During 2008, significant staff and levy board efforts focused on identifying performance and outcome measures for all levy-funded activities, and ensuring that contracting agencies were collecting the necessary data. The measures were compiled into a comprehensive evaluation matrix documenting what would be measured, how it would be measured, the frequency of the measurement and the resulting outcome indicators. Evaluation measurement requirements have been incorporated into all VHS Levy contracts and memoranda of agreements to ensure appropriate data is being gathered by service agencies. The demographic, service and outcome reports for 2008 activities have been received from agencies, and a sample of that data has been provided throughout the annual report under each strategy. As noted above, the first in a series of evaluation reports was included with the transmittal of the Annual Report.

Additional information on each of the specific activities within the five overarching levy strategies is available on the levy Web site at www.kingcounty.gov/DCHS/Levy.

Financial Plans

The VHS Levy will generate about \$13 million per year for a period of six years to support a range of housing, health and human services. The status report included in the 2008 VHS Levy Annual Report provides aggregate information on levy funds committed through the end of 2008. The financial report also show the levy funds committed and expended broken out for the Veterans Levy Fund and the Human Services Levy Fund. Enclosed with the Executive's transmittal letter were updated financial plans showing actual and projected revenue and expenditures for both the Veterans Levy Fund and the Human Services Levy Fund (**Attachment 3**).

ATTACHMENTS:

1. Motion 2008-0408, (with Attachment A the Veterans and Human Services Levy Annual Report)
2. Outcome Evaluation of Strategy One: Enhancing Access to Services for Veterans and Their Families as of December 31, 2008
3. Veterans and Human Services Levy 2008 Annual Report, Attachment A, Financial Plan
4. Final Program Design and Strategy Area Annual Report for Expansion of the Nurse Family Partnership Program



KING COUNTY

Attachment 1
1200 King County Courthouse
516 Third Avenue
Seattle, WA 98104

Signature Report

September 3, 2009

Motion

Proposed No. 2009-0408.1

Sponsors Lambert

1 A MOTION accepting the annual progress report on the
2 implementation of the King County Veterans and Human
3 Services Levy Service Improvement Plan, as required by
4 Ordinance 15632.

5
6 WHEREAS, the voters of King County approved a ballot measure in November
7 2005 to create a regional health and human services fund to benefit veterans, military
8 personnel and their families and other residents in need, and

9 WHEREAS, in April 2006, the King County council approved Ordinance 15406,
10 "AN ORDINANCE providing direction regarding the expenditure of proceeds from the
11 regional human services levy for veterans and others in need . . ." and calling for the
12 creation of a service improvement plan to guide the steps of implementation and use of
13 the funds, and

14 WHEREAS, in October 2006, the King County council approved Ordinance
15 15632, "AN ORDINANCE adopting the service improvement plan guiding the
16 management and expenditure of the proceeds from the veterans and human services levy .

Motion

17 .. " and calling for annual reporting on the implementation of the levy service
18 improvement plan, and

19 WHEREAS, Ordinance 15632 directs the county executive to submit to the
20 council and the regional policy committee the first annual progress report by June 1,
21 2007, and an annual progress report each year thereafter through 2011;

22 NOW, THEREFORE, BE IT MOVED by the Council of King County:

23 The metropolitan King County council accepts the 2008 annual progress report on
24 the implementation of the King County Veterans and Human Services Levy Service
25

Motion

26 Improvement Plan and authorizes the department of community and human services to
27 proceed with levy planning and implementation.
28

KING COUNTY COUNCIL
KING COUNTY, WASHINGTON

ATTEST:

Attachments A. 2008 Annual Report Veterans and Human Services Levy

Please refer to the booklet attached at the end of this packet.

ATTACHMENT A to Proposed Motion 2009-0408

“2008- Annual Report Veterans and Human Services Levy”



**Department of Community and Human Services
Veterans and Human Services Levy**

**Outcome Evaluation of Strategy One:
Enhancing Access to Services for Veterans and Their Families
as of December 31, 2008**

June 2009

Veterans and Human Services Levy Outcome Evaluation of Strategy One

Executive Summary

King County is home to at least 141,000 men and women who are current or former active duty members of the U.S. military, reserves, and the National Guard, and an additional 19,000 National Guard and reservists who had yet to be activated by 2007. King County has provided services to indigent, disabled, and homeless veterans since the 1950s, using a dedicated property tax authorized under the Revised Code of Washington (RCW) 73.08.010 and called the Veterans' Relief Fund. In November 2005, King County voters passed the Veterans and Human Services (VHS) Levy, an additional property tax levy to help veterans and their families, as well as others in need.

A Service Improvement Plan (SIP) was adopted by the Metropolitan King County Council in the fall of 2006 to guide the investment of VHS Levy dollars. Strategy One in the SIP – Enhancing Access to Services for Veterans and Their Families – is the first of five overarching investment strategies of the VHS Levy and is the subject of this evaluation. Subsequent reports will evaluate activities being implemented under the other VHS Levy investment strategies.

This report provides an evaluation of the activities implemented under Strategy One during 2007-2008, specifically:

- Activity 1.1 Expand the Geographic Range of the King County Veterans Program (KCVP)
- Activity 1.2 Increase the Capacity of the KCVP.

While some expansion of services began in the fall of 2006, 2007 was the “ramp up” year during which the KCVP added staffing, financial resources, and new service locations, and expanded subcontracted services. Locations and new programs continued to be added through 2008, so many of the longer-term outcomes and impacts will be realized and measurable in subsequent years.

Summary of findings:

Activity 1.1: Expand geographic range of King County Veterans' Program

The KCVP has expanded and continues to expand its geographic range, as directed by the VHS Levy SIP. The program is serving more clients outside of Seattle (especially in South King County), but clients outside of Seattle may still be underserved according to other indicators of need.

Recommendation One: Continue to expand geographic outreach.

Activity 1.2: Increase the capacity of King County Veterans' Program

The KCVP has successfully used levy funds to increase service capacity. The KCVP had a modest 13 percent increase in number of direct service clients, but financial assistance to those clients increased 75 percent. In addition to providing financial assistance and case management, the program has a contractual relationship with other providers, and a referral relationship with others. The largest program increase was in contracted services, which between 2006 and 2008 experienced a 68 percent increase in funding, and a 75 percent increase in clients served.

**Veterans and Human Services Levy
Outcome Evaluation of Strategy One**

Table 1: Service Expansion Summary			
	2006	2007	2008
Number of Program Staff	7	7	15
Number of Service Sites	1	2	3
Number of Clients Served	2,248	2,276	2,532
Number of Service Requests	11,302	11,895	9,659
Financial Assistance			
- Clients receiving	1,455	1,565	1,572
- Total voucher amount	\$510,839	\$839,018	\$892,282
Contracted Services			
- Number served	2,433	1,622	4,268
- Contracted amount	\$1,000,401	\$1,454,956	\$1,681,820

Vouchers for rent, utility payments, and other emergency financial assistance continue to be major supports provided by the KCVP. Thanks to VHS Levy funding, the amount of financial assistance substantially increased by 75 percent in 2008. Housing-related assistance is an important component of KCVP's direct services (financial assistance as well as case management services). Yet, it is disappointing that the KCVP was unable to locate 75 percent of those who had received services in the first quarter of 2008, a clear indicator that housing remains a significant issue.

Recommendation Two: Increase the focus on stabilizing clients' housing situations in order for longer term case management aimed at increasing self-sufficiency to be successful.

With program expansion on so many fronts, KCVP's information and support systems have undergone many changes, which hampered the evaluation effort.

Recommendation Three: Continue to improve the integration and alignment of business practices, records management, information technology, outcomes measurement and contract reporting requirements with the enhanced service mission of the organization.

Contracted services such as addressing PTSD, reducing incarceration, providing employment assistance, and helping to secure both temporary and longer term housing, have been increased.

Recommendation Four: Continue providing these contracted services, and ensure that they are integrated with the KCVP direct services and case management.

This report and its findings and recommendations will be reviewed and discussed with the members of the King County Veterans Citizen Levy Oversight Board, and additional recommendations and action steps may be identified as a result of those deliberations.

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Veterans and Human Services Levy Outcome Evaluation of Strategy One

Background and Context

King County is home to at least 141,000 men and women who are current or former active duty members of the U.S. military, reserves, and the National Guard, and an additional 19,000 National Guard and reservists who had yet to be activated by 2007. For an overview of veterans, military personnel, and their families in King County, please see Attachment A.

Community-based human services are critical in helping veterans re-integrate successfully into the civilian community upon discharge from the military. Once detached from the military, veterans and their family members are often left on their own to live with the long-term impacts of their service experience. The U.S. Department of Veterans Affairs (VA) has health care available, to some degree, and some services are provided by the Washington State Department of Veterans Affairs (WDVA). Veterans' pensions from the VA may also be available for those who can meet a complex approval process. King County has augmented the VA and WDVA by providing social services to King County veterans, both directly and through contracting services out to other providers, including the WDVA. These community-based services provide a range of financial and support services to vulnerable and/or homeless veterans lacking resources.

Prior to 2006, King County veterans services had been provided exclusively by the Veterans Relief Fund, with revenue from millage received under RCW 73.08.080, totaling approximately \$2.5 million per year.

In November 2005, King County voters passed the Veterans and Human Services (VHS) Levy, approving an additional property tax levy to help veterans and their families and others in need. The VHS Levy is generating over \$13 million per year for six years, with one half of these revenues targeted for veterans and their families. As stipulated in the ballot measure, funds are divided equally between services for veterans, military personnel, and their families (the Veterans Levy Fund), and services for others in need (the Human Services Levy Fund).

In the fall of 2006, a Service Improvement Plan (SIP) guiding the use of levy funds was adopted. The SIP called for investments to be made in five overarching strategy areas, several of which cross cut both the Veterans Levy Fund and the Human Services Levy Fund. Strategy One, Enhancing Access to Services for Veterans and their Families, is an important strategy that contains only Veterans Levy Funds. The activities funded under this strategy are the subject of this evaluation. Activities funded under other strategies will be the subject of subsequent evaluation reports.

Purpose of this Report

The purpose of this report is to evaluate the outcomes of VHS Levy activities being implemented under Strategy One, Enhancing Access to Services for Veterans and Their Families, as of the end of 2008. There are two specific initiatives under Strategy One that are the subject of this report:

Activity 1.1: Expand the Geographic Range of the KVCP

Activity 1.2: Increase the Capacity of the KCVP.

Veterans and Human Services Levy Outcome Evaluation of Strategy One

This report will focus on these two activities, and the changes that have occurred since 2006. While some investment of levy funds and expansion of services began in late 2006, the major changes to the program took place in 2007 when new staff came on board and additional financial resources and service locations were added. Changes continued in 2008. The SIP called for two additional activities under this strategy (1.3, provide a dedicated telephone resource for veterans, and 1.4 provide training and information for community providers on the VA system services and linkages) but they were still in the planning stage or only partially implemented in 2008 so were not ready to be evaluated.

Activity 1.1: Expand the Geographic Range of the King County Veterans' Program

Prior to the levy, the KCVP operated a single office in downtown Seattle. In order to ensure that the KCVP was reaching and improving the lives of vulnerable and at-risk veterans in all regions of King County, the SIP called for the program to establish a new office in South King County, and to provide increased outreach and services to veterans in other regions of the county as well.

In 2007, the KCVP opened an office co-located with WorkSource Renton in South King County. Beginning in 2008, KCVP also began providing services at the newly constructed Auburn Veterans Memorial Building one day a week, further adding to the program's service capacity in South King County. The KCVP also launched an outreach effort for veterans in North and East King County, and began plans to establish pilot service sites co-located with other social service providers in those regions starting in 2009.

Evaluators examined service statistics to see if these changes between 2006 and 2008 have resulted in an increase in the number of at-risk veterans served who live outside of Seattle. The results are shown in Table 2 below. The program is serving an increasing percentage of clients from outside Seattle, especially in South King County. It is difficult to know how this compares to the actual number of at-risk veterans in the various regions of the county, since that number is not known. However, statistics from our local Community Information Line (also known as the 2-1-1 line) and the federal Veterans Administration (VA), are shown for comparison, since they may provide some independent indicators of the relative need in the various regions of the county. The 2-1-1 information is the number of calls from persons (not unduplicated) who self-identified as veterans and who called for emergency financial assistance or housing assistance during 2007 and 2008¹. The VA information is the number of veterans who received disability pensions as of 2008. Unlike disability compensation for a war-related injury, disability pensions are "means tested" and hence, constitute an indicator of financial hardship.

¹ Information for 2007 and 2008 have been combined to ensure enough data to represent accurate proportions.

**Veterans and Human Services Levy
Outcome Evaluation of Strategy One**

Table 2: Veterans Served by KCVP Direct Services and Indicators of Need, by King County Region

Region	KCVP, 2006		KCVP, 2008		Indicator: 2-1-1 Assistance Requests, 2008		Indicator: Recipients of VA Disability Pensions, 2008	
	#	%	#	%	#	%	#	%
Seattle	1573	70.0	1609	63.9	380	33.6	573	52.2
South KC	517	23.0	730	29.0	626	55.4	352	32.1
East KC	79	3.5	108	4.3	73	6.5	99	9.0
North KC	79	3.5	71	2.8	51	4.5	73	6.7

Looking at the changes in KCVP's services between 2006 and 2008, it appears that the levy activity to expand the geographic range of the KCVP is having the intended effect of increasing the number and percentage of vulnerable veterans served who live outside of Seattle, especially in South King County. But the 2-1-1 assistance requests and the VA disability pensions may indicate that services are still not proportional to the need in those regions. It should be noted, however, that a substantial proportion of KCVP's clients are homeless (variable by year: 25.3 percent in 2007, 44.6 percent in 2008) so the apparently disproportionately high number of Seattle residents being served may also reflect the higher number of shelter beds and transitional housing for single men that are located in Seattle.

Activity 1.2: Increase the Capacity of the KCVP

Coupled with increasing the geographic range of the program, the SIP also called for increasing the service capacity of the KCVP programs, both its direct services (including financial assistance), as well as its contracted services. Evaluators looked at service levels and outcomes to date of each of these service expansions since 2006, starting with KCVP direct services.

King County Veterans' Program's Direct Service Expansion

In 2006, the last year before significant levy funds were made available to the program, KCVP's direct services focused primarily on trying to meet the immediate emergency needs of indigent veterans. Even this capacity was limited, and there was certainly little staff capacity to follow up and address veterans' longer-term needs, although the program staff has always made referrals, especially to their contract agencies.

In 2006, the KCVP had seven staff (five of them social workers) at a single service site. The KCVP:

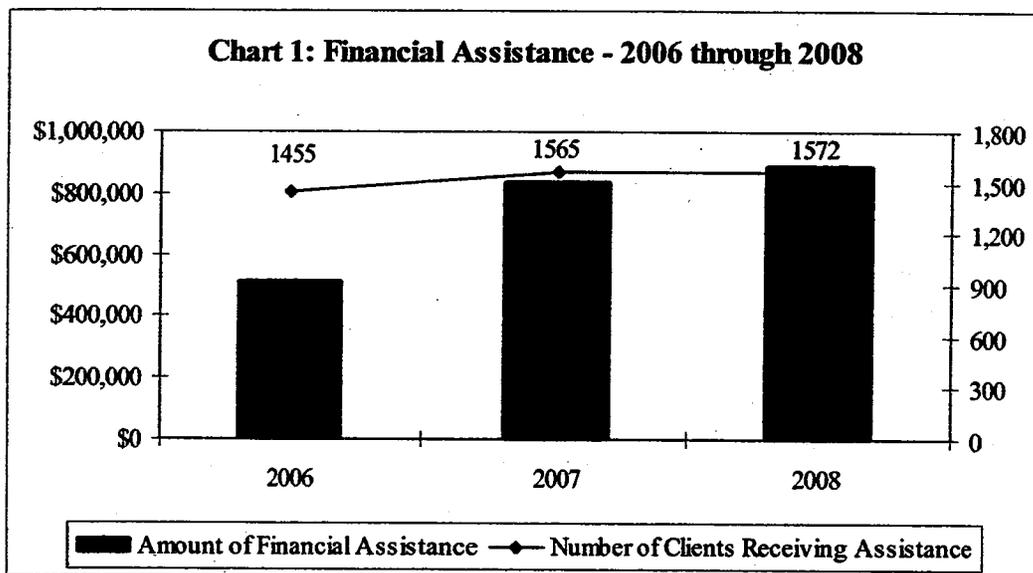
- Served 2,248 unduplicated clients
- Provided financial assistance to 1,455 clients
- Provided a total of \$510,839 in financial assistance (through vouchers), for an average of \$352 per client assisted.

Veterans and Human Services Levy Outcome Evaluation of Strategy One

Financial assistance is most commonly housing related, and includes payments to landlords for rental arrears, payment of utility bills, etc. Financial assistance may also be given for food, and sometimes for other items such as work clothes, auto repairs or gas, minor medical expenses, etc.

By the end of 2008, the KCVP had expanded to 15 staff (11 of them social workers) at three services sites that:

- Served 2,532 unduplicated clients, a 13 percent increase over 2006, and began making more thorough assessment and in-depth case management to clients
- Provided financial assistance to 1,572 clients
- Provided a total of \$892,282 in financial assistance, a 75 percent increase over 2006. This financial assistance (a combination of vouchers and store gift cards) averaged \$567 per client assisted. Of note in 2008, KCVP also began referring some clients to the Housing Stability Program, a homeless prevention program that provides emergency rent/mortgage assistance to stabilize people who have housing, but who are facing a short-term crisis that has put their housing at risk. The following chart illustrates the change in financial assistance between 2006 and 2008.



Beyond simply serving more clients or providing more financial assistance, the underlying philosophy of KCVP's expansion was that the business model would also change. The program would transform from focusing on financial assistance and one-time or periodic service interventions, to engaging clients over a longer period and promoting increased self-sufficiency through needs assessment, case management and appropriate services or referrals. While this transformation is still ongoing, KCVP has begun to:

- Address clients' underlying problems in addition to their immediate crisis situations, with the objective of increasing their self-sufficiency through case management.

Veterans and Human Services Levy Outcome Evaluation of Strategy One

- Provide a broader array of services that match each client's service needs.
- Strengthen service linkages for clients to other governmental and community-based service providers.
- Serve a broader population, not just indigent veterans. For example, income is now only considered for financial assistance, but not for other services such as employment counseling. In addition, active military, National Guard and reserves and their families are also eligible for services with levy funds.

Evaluating the outcomes of this transformation to date has posed a challenge. While KCVP was beginning to expand services and introducing new program models in 2007 and 2008, it was also changing the way it collected and maintained client and service information. This limits the ability to compare changes in client characteristics between 2006 and 2008, and the ability to track changes in services and outcomes.

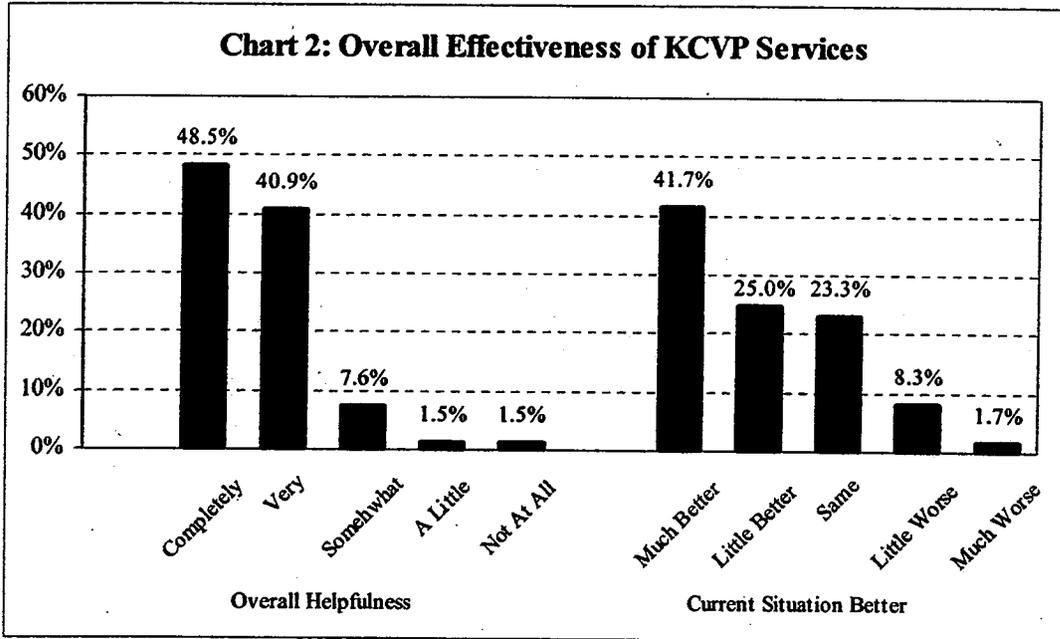
Consequently, in order to provide a review of the effectiveness of this new service model to date, Community Services Division (CSD) evaluation staff designed client surveys to follow up on the services provided and to assess the sustained impact of the client's participation in the program. The survey questionnaire asked about their current situations and whether and in what ways KCVP services had helped them. There were specific follow-up lines of questions for each of KCVP's primary service areas.

A sample of KCVP clients were surveyed in November 2008. A pool of one thousand potential interviewees was pulled from KCVP's client information system. Clients were eligible if they had received services during the first quarter of 2008, which meant that interviewees would have at least six months since their interaction with KCVP. The interviews were conducted by KCVP social work staff and one veterans' community advocate.

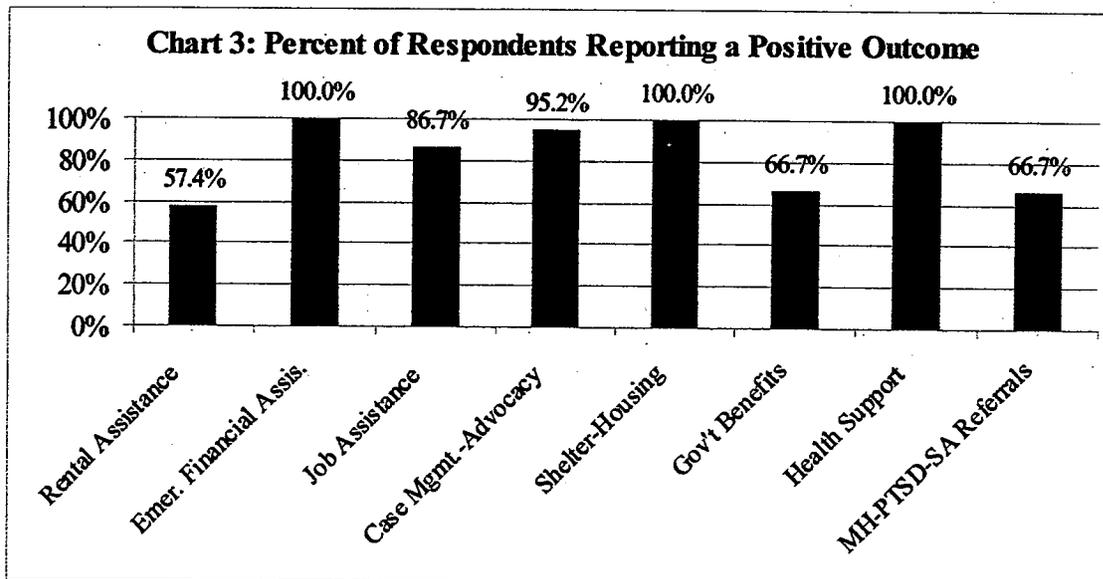
Over 75 percent of the selected clients could not be contacted due to insufficient contact information related to homelessness, and the transient nature of their situations. Successfully engaging these clients in long term case management is clearly a challenge. Of those whose living situations were stable enough that they were successfully contacted, 68 agreed to be surveyed. The surveys were structured to ask clients to rate services by degree of helpfulness, and then additional questions were asked to see if the client's situation had changed.

Eighty-nine percent of the respondents rated the services they received as completely or very helpful. When asked to describe what was most helpful about the services they had received, 26 of the 68 clients said they were able to gain or maintain housing. Other common answers were that financial assistance allowed them to pay bills or buy necessities (15 clients), and that the support and understanding of staff was helpful (14 clients). A smaller number mentioned the value of the information they'd gained (five clients), job placement (four clients), or receiving a successful referral for treatment of some sort.

**Veterans and Human Services Levy
Outcome Evaluation of Strategy One**



Emergency financial assistance, emergency shelter/housing and health support, and case management/advocacy were considered helpful by all the respondents who received those services. Case management/advocacy was also seen as very positive, with over 95 percent of the service recipients rating the service positively. Assistance with rent, acquiring government benefits (such as veterans' benefits and social security) and securing mental health, PTSD or substance abuse treatment were also rated positively by at least half the respondents.



Survey respondents were asked to elaborate further on what aspects of the KCVP were most helpful:

**Veterans and Human Services Levy
Outcome Evaluation of Strategy One**

“Able to pay bills due to disability since August of last year. King County and social security has made all the difference.”

“KCVP case worker was very helpful and did everything she could to help me find a place to stay. She even helped me with my deposit so I could move in to my new apartment.”

“Got me off the street. Gave me good information – part-time job, housing resources, bus tickets, clothing...”

“Because I didn’t have money coming in yet, was able to purchase clothing needed to be presentable at work.”

“Couldn’t have moved in without the assistance provided by the Veterans Program because I don’t have enough money for all of the costs for a deposit, rent and stuff.”

“Grading on a scale of 1-10, KCVP was a 10! Case worker’s attention to detail was outstanding. She guided me through the housing search and placement. I wouldn’t be where I am today without the help of all you folks.”

“Allowed me to stay in my apartment as rent increased 30 percent. If I didn’t get the voucher then I would have been homeless!”

While these comments are anecdotal, they provide a glimpse of how important the KCVP’s services are to its clients. They also reveal how precarious the living situations of these clients – who are probably among the more stable of the program’s clients – have been. A summary of the characteristics of the clients served by KCVP in 2008, including estimates of the percent of homeless clients, is provided in Attachment B.

KCVP’s Contracted Services Expansion

The KCVP has relationships with other service providers, and contracts for services that augment its direct services. The program contracts with both community-based programs and the WDVA to provide such services as shelter, counseling, homeless prevention, and assistance to incarcerated veterans. These contracted services have been expanded under the levy. The table below shows the changes from 2006 to 2008.

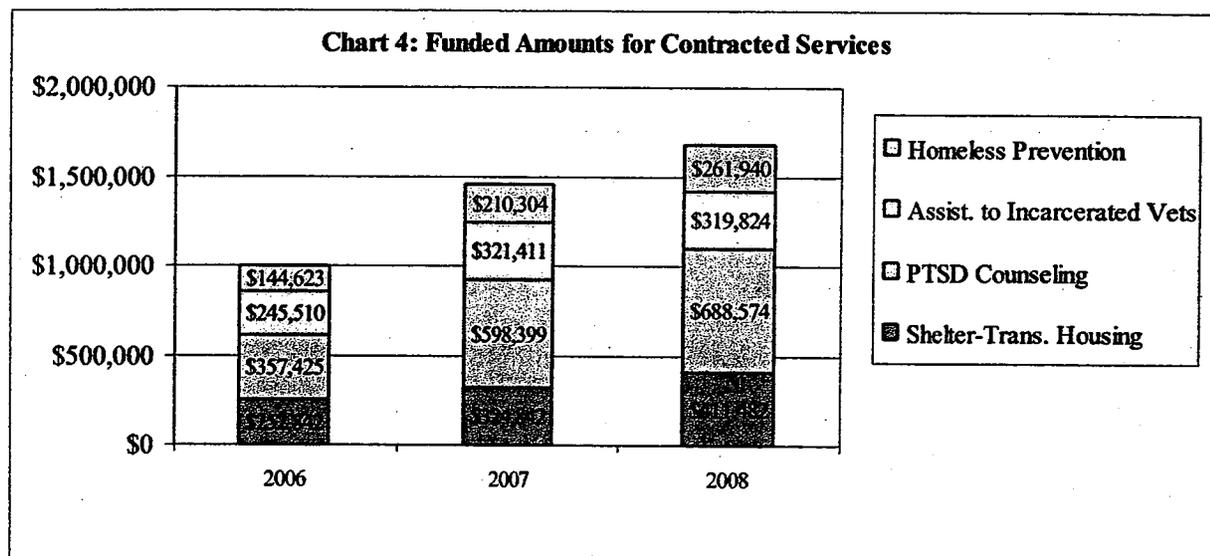
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Table 3: KCVP Contract Amounts 2006 through 2008

King County Veterans' Program subcontractors:	2006	2007	2008
Compass Center – Transitional Housing	\$86,688	\$158,688	\$158,688
Vietnam Veterans Leadership Program – Transitional Housing	\$51,494	\$51,494	\$51,494
Salvation Army - William Booth Center	\$114,660	\$114,660	\$201,300
WDVA Veterans Conservation Corps - Employment	\$0	\$0	\$52,083
WDVA - Veterans' Incarcerated Program	\$245,510	\$321,411	\$319,824
WDVA - PTSD Services	\$357,425	\$598,399	\$688,574
WDVA - Homeless Veterans	\$101,388	\$167,069	\$166,622
WDVA – Housing and Financial Assistance	\$43,236	\$43,235	\$43,235
TOTAL	\$1,000,401	\$1,454,956	\$1,681,820

Between 2006 and 2008, contract funding increased 68 percent, from \$1 million to \$1.68 million. The largest expansion of contracted services was for PTSD counseling, which nearly doubled to \$688,574 in 2008. Several homeless-related services were also expanded.

Chart 4: Funded Amounts for Contracted Services



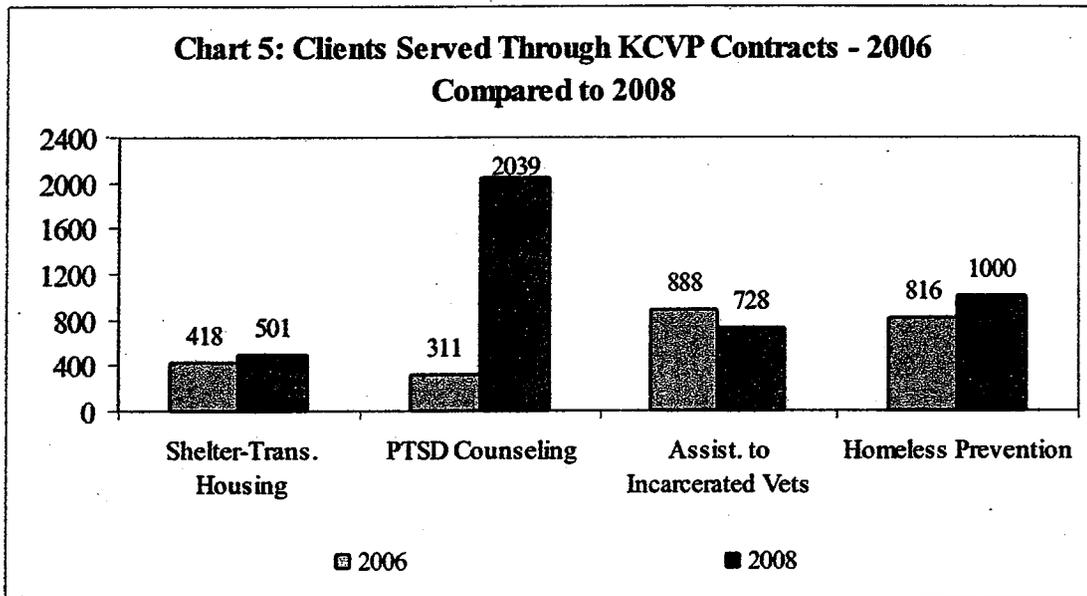
Due to increased funding, service levels increased significantly for these contracted services.

Bed nights for homeless veterans in shelters and transitional housing programs increased nearly four-fold between 2006 and 2008 to 39,124 bed nights. Individual and group counseling to veterans and military personnel experiencing PTSD also showed a strong increase of 272 percent. There was also an increase in job placements over the three year period.

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	2006	2008	% Increase
Bed nights (Shelter-Trans Housing)	21,148	52,763	149
Jobs/Employment Training Placements (Homeless Prevention)	123	148	20
Housing Placements (Assistance to Incarcerated Vets)	191	192	.01
Individual/Group Counseling for PTSD	2,076	5,650	272
Professional Training to Providers on PTSD	23	401	1,743
Community Education on PTSD	49	971	1,982

Professional training and community education on PTSD that had been ancillary services in 2006 were provided at much higher levels in 2008. The KCVP’s contractors provided 401 hours of PTSD training to service providers and 971 hours of community education in 2008. In 2006, just 72 hours of education and training were provided. This is a critical element in the campaign to educate mainstream providers on PTSD symptoms and available treatment resources.



Similarly, the number of clients receiving services also increased. A total of 4,268 VHS Levy-eligible clients were served in 2008 through contracted services. This is nearly twice as many as 2006, when 2,433 clients were served through contracted services. The most significant increase occurred in PTSD counseling services, which grew six fold from 331 clients in 2006 to 2,039 in 2008. Shelter-transitional housing services served 135 percent more clients in 2008 than in 2006. Homeless prevention services grew from 816 clients to 1,000 in 2008 (a 22 percent increase).

The program assisting incarcerated veterans was the only contracted service area to show a decrease in the number of clients served, from 888 veterans in 2006 to 728 in 2008. This decrease is attributed to a more rigorous screening process up front, as program staff more thoroughly investigate criminal history to determine if potential clients have committed sexual offenses or arson – offenses that make

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them ineligible for early release. Consequently, some applicants that would have been temporarily accepted for services in earlier years are now excluded before intake.

Summary and Recommendations

This report examined progress to date in achieving the objectives of Strategy One, Enhancing Services to Veterans and Their Families, and two specific sub-strategies. Following is a summary and recommendations for continued progress in those two areas.

Activity 1.1: Expand geographic range of King County Veterans' Program

The KCVP has expanded and continues to expand its geographic range, as directed by the VHS Levy SIP. The program is serving more clients outside of Seattle (especially in South King County), but clients outside of Seattle may still be underserved according to other indicators of need.

Recommendation One: Continue to expand geographic outreach.

Activity 1.2: Increase the capacity of King County Veterans' Program

The KCVP has successfully used levy funds to increase service capacity. The KCVP had a modest increase in the number of direct service clients, but financial assistance to those clients increased significantly. The largest program increase was in contracted services, which between 2006 and 2008 experienced a 68 percent increase in funding, and a 75 percent increase in clients served.

Financial assistance continues to be a key component of KCVP's direct services. Vouchers for rent, utility payments, and other emergency financial assistance were a KCVP mainstay before VHS Levy funding arrived, with over \$500,000 in financial assistance provided in 2006. With levy funding, the amount of financial assistance increased by 75 percent to \$892,000 in 2008. Housing-related assistance is another important component of KCVP's direct services (financial assistance, as well as case management services). Yet, it was disappointing that the KCVP was unable to locate 75 percent of those who had received services in the first quarter of 2008. Of those who could be located, it was clear that many were still precariously housed.

Recommendation Two: Increase the focus on stabilizing clients' housing situations in order for longer term case management aimed at increasing self-sufficiency to be successful.

With program expansion on so many fronts, KCVP's information and support systems have undergone many changes, which hampered the evaluation effort. Policies and procedures have been revised, the information system was changed between 2006 and 2008, and business processes are still being refined to better support outcome measurement and ensure accountability.

Recommendation Three: Continue to improve the integration and alignment of business practices, records management, information technology, outcomes measurement and contract reporting requirements with the enhanced service mission of the organization.

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Contracted services addressing PTSD, reducing incarceration, providing employment assistance, and helping to secure both temporary and longer term housing have been increased.

Recommendation Four: Continue providing these contracted services, and ensure that they are integrated with the KCVF direct services and case management.



An Overview of Veterans, Military Personnel, and Their Families in King County

The following overview presents what is known about the numbers, current issues, and emerging trends of veterans, military personnel, and their families in King County. The sources of data include the 2000 U.S. Census; 2006 and 2007 American Community Survey (ACS) one-year estimates¹; literature reviews; and special datasets from the U.S. Department of Veterans Affairs (VA), VA Hospital, and King County Community Information Line.

Most of the military men and women living in King County served in the major conflicts of the last 60 years. These conflicts ranged from the Second World War, the Korean and Vietnam Wars, the Gulf War, the Bosnia/Serbia War, Iraq War and Afghanistan War. This also includes a wide range of smaller conflicts and deployments, including Somalia and United Nations peacekeeping missions.

The impacts of service on these veterans in King County are as varied as the wars they fought in. For over 75,000 veterans, war experiences occurred between 35 to 65 years ago. These aging veterans either volunteered or were drafted in large numbers, sharing a common generational experience. The active U.S. military before the mid-1970's numbered in the millions, with over 600,000 in war zones at a time. A large number experienced subtle and not so subtle long-term physical and psychological problems, which were slow to be diagnosed and manifested themselves as chronic disability, isolation and homelessness. In addition, many of these veterans are now experiencing the combined impacts of aging, service related wounds, and disabilities.

Since 1990, and especially since 2000, global deployments have created a new population of veterans of the all-volunteer army. Many of these soldiers are severely affected by changing war conditions, multiple tours, stop-loss (being held longer than the normal enlistment), and being recalled for war zone duty even though already discharged from active duty. Thousands of current active military and younger veterans are at risk for the compounded dangers of exposure to complex toxins, increased sources of trauma, higher survival rates of severe wounds, and extreme and harsh physical environments. Included in the new reality is the increased deployment (and redeployment) of reserves and members of the National Guard, wrenched from civilian lives to augment an ever shrinking fighting force.

Numbers of Veterans and Where They Live in King County

The 2000 Census estimated a total population of 163,832 veterans in King County, which is 9.43 percent of the total county population. Epidemiologists working for the VA have built projection models that estimate a total of 141,595 in 2008 – a 13.5 percent decline in the eight years since the census. The VA estimates that the total number of veterans in King County will decline further to 135,415 by 2012.

¹ The ACS is an annual update of U.S. Census Statistics. The survey is a sample of households in the community completing a detailed Census Survey. Sophisticated weighting of sample survey results are used to project to a county population as a whole. The confidence interval diminishes significantly when micro-subsets (projected numbers in the hundreds) are presented and thus the smaller N results need to be viewed cautiously.

As shown in Table 1, the VA estimates that in 2008 there were 130,306 men and 11,289 women veterans in King County. While the overall population of veterans is declining, the actual number of women veterans is holding steady and projected to slightly increase by 2012 (5.2 percent increase).

Year and Source	Number Male Vets	% change from Census	Number Women Vets	% change from Census
2000 Census	152,828	N/A	11,004	N/A
2008 VA estimate	130,306	-14.8	11,289	+2.6
2012 VA estimate	123,843	-19.0	11,572	+5.2

Source: U.S. Department of Veterans Affairs, 2008

This overall decline in male veterans is due to the large number of male veterans age 65 and over and less recruitment as the U.S. shifted from the draft to an all-volunteer military. According to the 2007 ACS, of the more than 143,000 veterans in King County, 17.7 percent of all veterans in King County are between the ages of 65 and 74, and 19.3 percent are over age 75.

A significant majority of King County's veterans live in South King County and Seattle. As reflected in Table 2 below, almost half of all veterans live in South King County and over one quarter live in Seattle.

King County Geographic Region	Number of Veterans	% of All Veterans
North King County	11,597	8.1
East King County	28,359	19.8
Seattle	40,929	28.5
South King County	62,694	43.7
Total	143,579	100

Source: 2007 American Communities Survey

Active Duty Status and Service Eras of King County Veterans

A significant majority of King County veterans served during the Vietnam War or earlier. In 2007, an estimated one percent of veterans were currently on active duty, and 2.3 percent (3,278) had been active within the last 12 months. For over 96 percent, it had been at least 12 months since active duty. Not included in these estimates are an additional 19,000+ persons who had been, or are enrolled in the National Guard or reserves but not activated.

Table 3 shows that over a third (35 percent) of all King County veterans are from the Vietnam War era and a fifth (20 percent) are from World War II and Korean War eras. An additional 10 percent were from military operations that occurred between the Korean and Vietnam War eras.

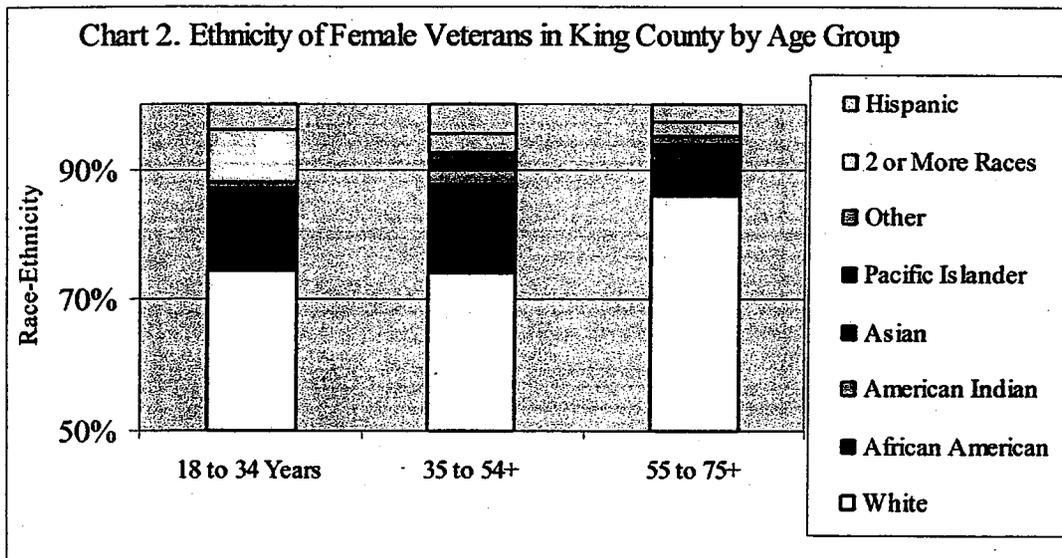
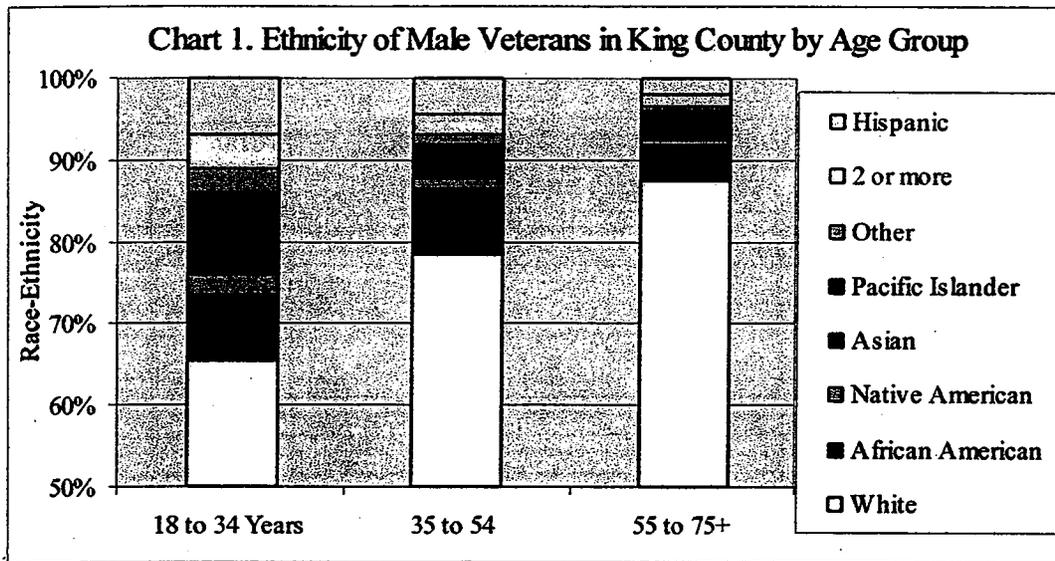
Table 3. Veteran Period of Service by Active Status

Veteran Period of Service	Active Duty	Active Duty Last 12 Mos.	Prior Service*	Total	% of All Veterans
Second Gulf War Only	557	2,273	3,010	5,840	4.1
First and Second Gulf Wars	839	1,005	2,956	4,800	3.3
Vietnam Era, First and Second Gulf Wars	0	0	84	84	0.1
First Gulf War Only	0	0	16,109	16,109	11.2
Vietnam Era and First Gulf War	0	0	991	991	0.7
Vietnam Era Only	0	0	50,784	50,784	35.4
Vietnam Era and Korean War	0	0	1,001	1,001	0.7
Vietnam Era, Korean War, and World War II	0	0	570	570	0.4
Korean War	0	0	13,230	13,230	9.2
Korean War and World War II	0	0	1,352	1,352	0.9
World War II	0	0	15,529	15,529	10.8
Between Gulf War and Vietnam Era only	0	0	18,971	18,971	13.2
Between Vietnam Era and Korean War only	0	0	13,598	13,598	9.5
Between Korean War and World War II only	0	0	559	559	0.4
Pre-World War II only	0	0	161	161	0.1
Total	1,396	3,278	138,905	143,579	100.0
% of all veterans	0.97	2.28	96.74	100.00	
<i>Source: 2007 American Community Survey One-year Estimates</i>					
<i>*Indicates service in the past, but not the last 12 months.</i>					

The 2007 ACS data estimates over 4,500 individuals are currently on active duty status, or have been within the last 12 months. A total of 9,800 individuals are Gulf War and/or Afghanistan War era veterans.

Race/Ethnicity of King County Veterans Populations

Younger veteran populations are becoming more ethnically diverse. The proportion of veterans who are persons of color has increased, representing a gradual shift to a more diverse military. Only 10 percent of male veterans over age 55 are people of color. This increases to 18 percent of male veterans from ages 55 to 35. Over 29 percent of male veterans under age 35 are people of color. Among women, only 11 percent over age 55 are people of color, while 22 percent of those under age 54 are people of color. Charts 1 and 2 below provide additional information.

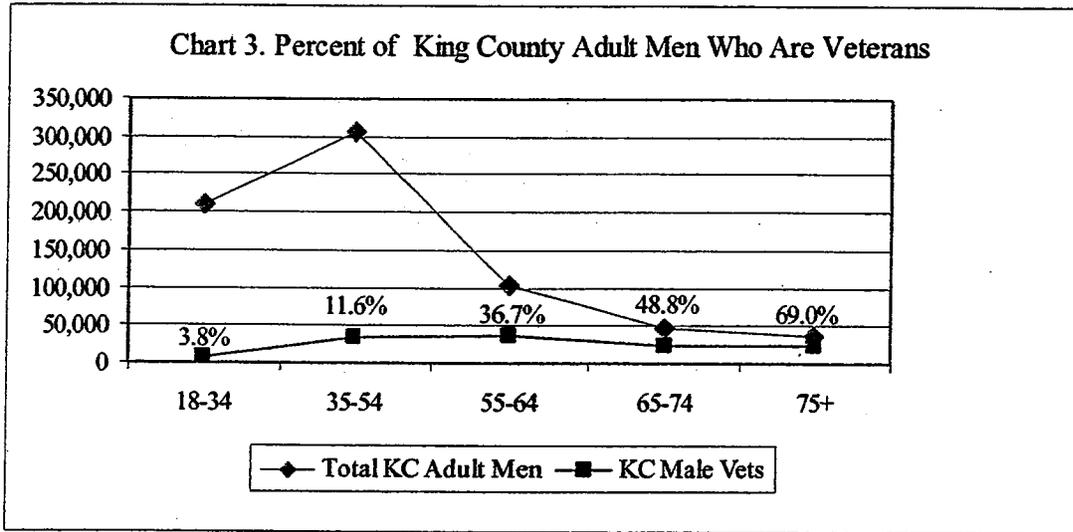


Gender of King County Veterans Populations

With each new generation, the proportion of adult men who serve in the military (of all adult men) has declined significantly. Analysis of the numbers of King County veterans by age group demonstrates the effect of the shift from the draft of World War II and the Korean and Vietnam Wars to the all-volunteer military in the 1970s. Over one-third of all men in King County ages 55 to 64 are veterans and one half of all men over age 65 are veterans. In comparison, only 11.6 percent of adult men ages 35 to 54 (post-draft era) are veterans and currently, only 3.8 percent of all adult men in King County under age 35 are veterans, as shown in Chart 3.

This represents a significant culture shift among men growing up in the U.S., where nearly every man over age 55 is likely either to have served or to personally know someone who has served in the military. In contrast, only one in 25 men under age 35 is a veteran. This drop in military service

results in fewer men with whom to share service experiences and fewer younger military families in King County to provide mutual support.



King County women veterans make up nearly seven percent of King County’s veteran population and this percentage is expected to increase over time, reflecting the decreasing number of men and the increasing role of women in the all-volunteer military. There are other changes with regard to women in the military. The Women’s Army Auxiliary Corps (WAAC) was established in the U.S. in 1941. In July 1943, the “Auxiliary” was dropped and the WAC was made an official part of the regular army. There were 350,000 American women who served during World War II. During the Korean War, 120,000 women served during the conflict, many of them serving in the Mobile Army Surgical Hospitals. Records regarding American women serving in the Vietnam War zone are incomplete. However, records show that 600 women served in country as part of the Air Force, along with 500 members of the WAC and over 6,000 medical personnel and support staff.

The Gulf War proved to be the pivotal time for the role of women in the army. Over 40,000 women served in almost every role the armed forces had to offer. However, while many came under fire, they were not permitted to participate in deliberate ground engagements.

Today, women cannot serve in combat units, but can serve in war zones in air or support roles. Women enlisted soldiers are barred from serving in infantry, special operations, artillery, armor, and forward air defense. However, women officers may hold staff positions in every branch of the army, except infantry and armor. They may serve on American combat ships, including in command roles. However, women are not permitted to serve on submarines, or to participate in Special Forces programs such as the Navy Seals. Women can fly military aircraft and make up two percent of all pilots in the U.S. military. As of 2008, there are an estimated 50,000 women serving in the Afghanistan War and Iraq War.

Nationwide, the U.S. Department of Defense estimates that women make up approximately 15 percent of the military force. The 2007 ACS estimates 9,700+ women veterans in King County – approximately 6.8 percent of the King County veteran’s population.

Table 4. Gender of King County Military Veterans

	Active Duty	%	Active Duty Last 12 Mos.	%	Prior Service*	%	Total	% of All Veterans
Men	1,164	83.4	3,067	91.2	129,694	93.4	133,925	93.2
Women	232	16.6	297	8.8	9,211	6.6	9,740	6.8
Total	1,396	100	3,364	100	138,905	100	143,665	100

*Indicates service in the past, but not the last 12 months.

An estimated 56 percent (5,500+) of women veterans in King County are post-Vietnam War era and under age 55. Of these, 1,300 are under age 34. An estimated 1,500 women veterans are over age 75.

Table 5. Women Veterans

Age	Women Veterans in King County	% of all women Veterans in King County	% of All Veterans by Age Group
18 to 34 years	1,305	13.3	13.9
35 to 54 years	4,241	43.3	11.1
55 to 64 years	1,947	19.9	4.8
65 to 74 years	794	8.1	3.1
75 years and over	1,512	15.4	5.8
Total and Average of All Age Groups	9,799	100.0	7.0

Source: ACS 2005-2007 Roll Up

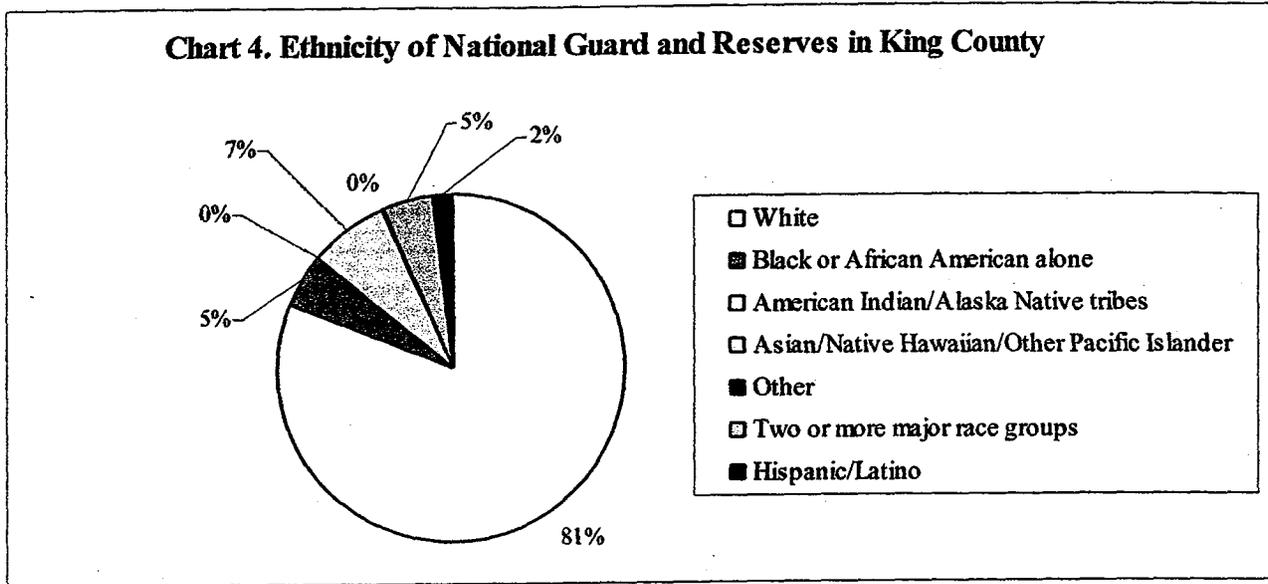
National Guard and Reserves

As of 2007, there were over 19,000 individuals in King County with the National Guard or reserves who had not been called to active service. In the new era of service, it is highly likely that the younger, current members will be called to active duty at some point. Unlike veterans of active military, over a quarter of these individuals are women, as shown in Table 6.

Table 6. King County Members of National Guard/Reserves (no active service)

Gender	# in National Guard/Reserves	% of Total National Guard/Reserves
Men	14,475	74
Women	5,049	26
Total in King County	19,524	100

Approximately 18 percent of the National Guard or reserve members are persons of color (Chart 4). Of those, significantly more are Asian/Pacific Islanders proportionally (seven percent in National Guard/Reserves versus approximately three percent active military).



Families of Active Military and Veterans

A majority of veterans in King County are married, and family members are impacted by the effects of their service. Younger veterans and their families are more likely to experience greater isolation from other veterans’ families and their peers than the families of older veterans.

The Veterans and Human Services Levy has increased local attention to, and support for, the families and dependents of soldiers and veterans. Families of active military and veterans carry a daily burden of support and are impacted by the condition of the veterans who have returned from war. These family impacts include coping with and meeting the needs of aging disabled veterans, economic disruption during multiple deployments, having to provide long-term support for traumatized veterans, and coping with death. Each service branch has some resources for families of active servicemen and specific support for families of injured soldiers (while still in the service).

Helping veterans successfully transition to home life from deployment has only recently entered the national consciousness. Families of veterans from earlier wars were more or less left on their own to help their returning family member overcome symptoms of combat-related stress, anxiety, depression and self-absorbed isolation. Now, it is increasingly recognized that significant rates of disability, Post Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), depression, and Gulf War Syndrome in the Global War on Terror are placing strains on the families of returning veterans.

Table 7. Marital Status

Marital Status	Active Duty	%	Active Duty Last 12 Mos.	%	Prior Service*	%
1 Married	684	49.0	1,146	34.1	83,941	60.4
2 Widowed	0	0.0	86	2.6	8,133	5.9
3 Divorced	0	0.0	295	8.8	26,489	19.1
4 Separated	0	0.0	0	0.0	2,413	1.7
5 Never married	712	51.0	1,837	54.6	17,929	12.9
Total	1,396	100	3,364	100%	138,905	100

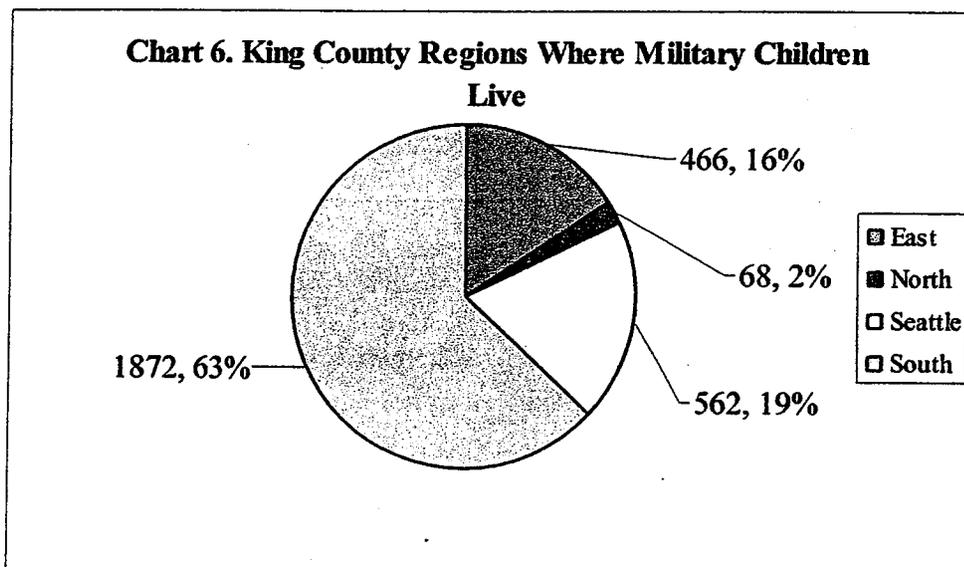
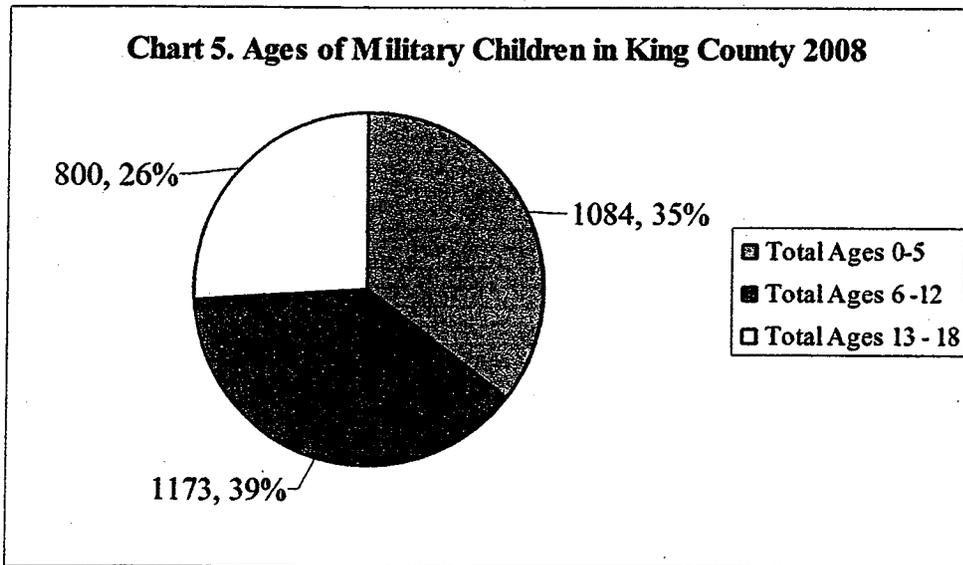
Source: 2007 American Community Survey One-year Estimates

*Indicates service in the past, but not the last 12 months

As shown in Table 7 above, an estimated 684 current active duty families live in King County and over 1,100 families include a member recently deployed. Over 83,000 older veterans, not recently deactivated, are married. Not only are the numbers of younger veterans fewer in the overall population, but many of the support services for families are centered in Pierce County – where larger numbers of families live.

Statistics provided by the Washington State Department of Veterans Affairs identify that there are over 3,000 children of active military in King County, with the majority residing in South King County. Many others live in East King County (16 percent) or Seattle (19 percent) and very few in North King County.

Military children face unique challenges related to their parents' service to their country. Some of these challenges include the stress of parental separations and family reunification as a result of deployment to war zones; frequent moves that disrupt relationships with friends, schools and familiar community resources; and parental wounds, illness or death. Research from the Center for Study of Traumatic Stress indicates that military children are healthy and resilient, and may even grow as a result of deployment stressors. However, amongst military children, certain groups are more vulnerable, including young children (0-5 years of age), school age boys (5+ years of age), and children with pre-existing health and mental health problems. Other groups may also be at higher risk: those who do not live close to military communities (such as King County), or live in places with fewer resources; those that weather repeated deployments; or those who come from single-parent or dual military-parent families. Charts 5 and 6 provide greater detail.



Numbers and Geographic Distribution of Disabled and At-Risk Veterans

Data has been provided by the VA on the zip codes of recipients of VA Disability Compensation, awarded for war-related disabilities. As an indicator of veterans in need, the data shows that over 13,259 veterans in King County are receiving compensation. The average monthly compensation is \$790 per month. The majority of veterans receiving compensation live in South King County, with especially high concentrations in Kent, Auburn, and Federal Way.

Data has also been provided by the VA on the zip codes of recipients of VA Disability Pensions, which are much more difficult to secure than service connected disability. Pensions are awarded for non-service related disabilities that occur post-service. Securing a pension is also “means tested” – requiring a demonstration of financial hardship and need. There are over 1,000 veterans receiving pensions in King County, with an average monthly payment of \$705. Half receive their payments in Seattle and one-third live in South King County.

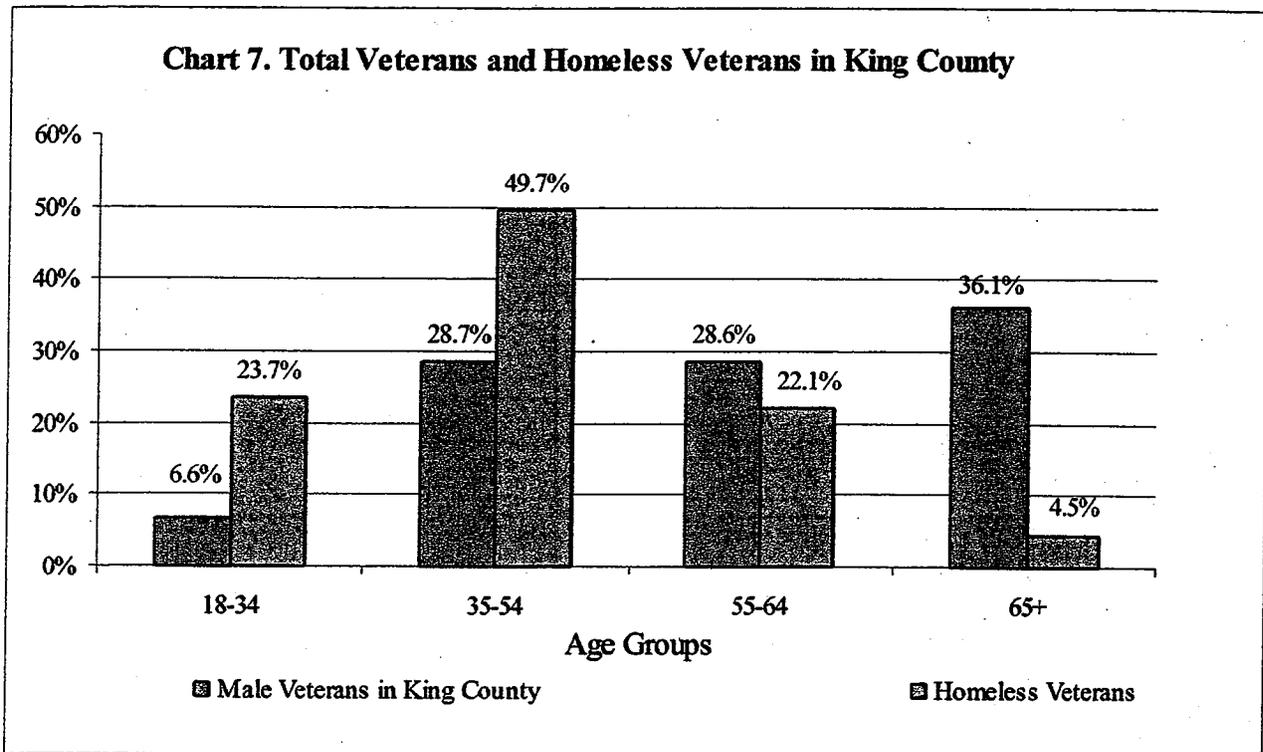
Table 8. Comparison of Disabled Veteran Populations by King County Region

Veterans Receiving VA Disability Compensation		Veterans Receiving Disability Pension (non-war related)		Total Veterans in King County		
Region	Veterans		Veterans		Veterans	
East Total	2,519	19.0%	99	9.0%	28,359	19.8%
North Total	976	7.4%	73	6.7%	11,597	8.1%
Seattle Total	3,537	26.7%	573	52.2%	40,929	28.5%
South Total	6,227	47.0%	352	32.1%	62,694	43.6%
Total	13,259		1,098		143,597	
<i>Source: VA Benefits Distributions</i>			<i>Source: VA Benefits Distributions</i>		<i>Source: 2007 American Communities Survey</i>	

Homelessness

Homeless veterans are disproportionately younger and persons of color. National estimates consistently project that 30 to 35 percent of homeless adult men are veterans. Locally, the demographics collected in the Safe Harbors Homeless Management Information System (HMIS) suggest that 15 to 20 percent of homeless single men are veterans. Just over 15 percent (1,086) of an unduplicated sample of 7,037 King County shelter and transitional housing project clients served in 2007 were identified as veterans.

Over 63 percent of all homeless veterans are 54 years of age or younger, compared to 35.3 percent of the general King County veteran’s populations under 55. Thus, close to two-thirds of the veterans served in King County homeless programs are post Vietnam era. Iraq War era and younger veterans are over represented among homeless veterans – 23.7 percent of homeless veterans are age 34 or under – compared to 6.6 percent of all King County veterans.



Other findings from the review of HMIS data include the following:

- Close to 50 percent of homeless veterans are persons of color – compared to 16 percent of King County veterans.
- Approximately 21 percent of the 1,000+ homeless veterans are identified as “chronically homeless” – defined by the U.S. Department of Housing and Urban Development as disabled with four or more incidences of homelessness in the last three years or consistently homeless for at least one year.
- Approximately 15 percent of the homeless veterans in the HMIS identified their last permanent residence as outside the State of Washington. Of the 416 persons identifying their last permanent residence as King County, 54 percent were from Seattle, 25 percent were from South King County, 15 percent from East King County, and six percent from North King County.

Financial Needs

There has been a significant increase in veterans contacting the Community Information Line/2-1-1 seeking financial assistance from 2007 to 2008. A higher proportion of veterans requesting assistance are from South King County.

The Community Information Line records the demographics of all callers seeking referral for community services. As a universal countywide access point to community resources, it can be used as a somewhat objective measure of need. In 2007, 475 persons (duplicated) identifying themselves as veterans requested referral for financial assistance or housing assistance. In the first three quarters

of 2008, the requests grew by two-thirds (67.6 percent) to 796 persons (duplicated), and utility assistance referrals doubled.

Table 9. Veteran Community Information Line Requests for 2007 and 2008

Type of Information Requested	2007	2008	% Increase 2007 to 2008
Domestic Violence Shelter	0	2	200
Emergency Shelter/Motel Voucher	51	107	109.8
Heat/Lights	104	204	96.2
Holiday Assistance	15	0	-100.0
Mortgage	5	18	260.0
Move-in Assistance - Housing Stability Project Eligible	2	19	850.0
Move-in Assistance - Non-Housing Stability Project Eligible	39	66	69.2
Permanent Housing	24	38	58.3
Rent - Housing Stability Project Eligible	5	53	960.0
Rent - Non-Housing Stability Project Eligible	212	257	21.2
Transitional Housing	18	32	77.8
Total	475	796	67.6

Requests are consistently higher from veterans in South King County, as shown in Table 10.

Table 10. King County Veteran Community Information Line Requests by Region

Region	Total 2007-2008 Requests	% Requests by Region
East Total	73	6.5
North Total	51	4.5
Seattle Total	380	33.6
South Total	626	55.4
Total Requests	1,130*	100.0

** Different total 2007 and 2008 due to parsing data by region and combining years*

Service-Related Trauma and Disabilities

Significant numbers of veterans of all eras are likely to have Post Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI) or other mental health problems, as shown in Table 11.

Table 11. Potential Rates of Service-Related Trauma and Disabilities

War Era or Military Circumstances	Estimated King County Population	Rates PTSD /TBI	Rates Military Sexual Trauma	Rates Gulf War syndrome, or Agent Orange	Potentially Affected in King County
Vietnam	50,000	48.1 – 53.4%	Unknown	Unknown	8,000 - 12,500
Gulf War	16,000	9-24%	Unknown	25%	4,000 - 8,000
Iraq/Afghanistan	10,000	12-30%	Unknown	Unknown	2,500 - 3,000
Women	9,700	Unknown	22-33%	Unknown	2,400 - 3,200
Men	133,000	Unknown	1-2%	Unknown	1,300 - 2,000

Post Traumatic Stress Disorder

Increasingly, research is showing rates of PTSD of 15 to 30 percent among veterans who have served in combat zones. The rates are suggesting that thousands of King County veterans have, or are experiencing PTSD to some degree.

The symptoms of PTSD can be exhibited for decades following service and have devastating effects on the ability of veterans to lead a normal, successful civilian life. PTSD develops when a person witnesses or experiences a traumatic event. Symptoms may not become apparent for months or years after the event, but PTSD problems can manifest in a number of ways, such as the following:

- "Flashbacks" about the traumatic event
- Feelings of estrangement or detachment
- Nightmares
- Sleep disturbances
- Impaired functioning
- Occupational instability
- Memory disturbances
- Family discord
- Parenting or marital difficulties
- Suicidal ideation
- Guilt.

Post Traumatic Stress Disorder was first diagnosed among Vietnam era veterans, at that time referred to as Post Vietnam Syndrome. Although war experience has always had catastrophic effects, the rates and nationwide understanding of PTSD grew substantially beginning in the 1970s.

In the early 1980s, PTSD was named and became a formal diagnosis within the *Diagnostic and Statistical Manual – III*.

Researchers have been particularly interested in examining the extent to which PTSD occurs among veterans. The National Center for PTSD describes the rates of PTSD in Vietnam War veterans, Gulf War veterans, and Iraq War veterans.

Vietnam: The National Vietnam Veterans Readjustment Study was commissioned by the U.S. government following a congressional mandate in 1983 to better understand the psychological effect of serving in the Vietnam War. Among Vietnam War veterans, approximately 15 percent of men and nine percent of women were found to have PTSD at the time of the study. Approximately 31 percent of men and 27 percent of women had PTSD at some point in their life following the Vietnam War. If “partial syndrome” PTSD rates are added to the “full syndrome” rates, the lifetime rate of impairment from PTSD rises to 53.4 percent for males and 48.1 percent for females. These rates are alarming since they indicate that, at the time of the study, there were about 479,000 cases of PTSD and one million lifetime PTSD cases as a result of the Vietnam War. Adding in the partial syndrome rates results in 1.7 million Vietnam War veterans demonstrating clinically significant distress due to exposure to war.

King County has over 50,000 veterans who served during the Vietnam War era. If we were to conservatively project one third to one half of these veterans served in a war zone or were traumatized in providing care to these soldiers, PTSD would affect between 8,000 and 12,500 of the King County Vietnam era vets.

Gulf War: Although the Gulf War was brief, the impact was no less traumatic than other wars. Studies examining the mental health of Gulf War veterans have found that rates of PTSD stemming from the war range from almost nine percent to approximately 24 percent. These rates are higher than has been found among veterans not deployed to the Gulf War.

King County has over 16,000 veterans who served in the Gulf War era.

Iraq and Afghanistan: The Iraq War and Afghanistan War are ongoing. Therefore, the full impact they have had on the mental health of soldiers is not yet known. A U.S. Department of Defense 2007 study looked at members of four U.S. combat infantry units (three Army and one Marine) who had served in Iraq and Afghanistan. The majority of soldiers were exposed to some kind of traumatic, combat-related situations, such as being attacked or ambushed (92 percent), seeing dead bodies (94.5 percent), being shot at (95 percent), and/or knowing someone who was seriously injured or killed (86.5 percent). After deployment, approximately 12.5 percent had PTSD; before deployment, this percentage was less.

King County has over 10,600 veterans who have served since 2001, with 3,200 who left active duty within 12 months of the time of the ACS.

The Iraq War has been noticeably different from prior wars as soldiers are recalled for three, four or more tours of duty. The impact of multiple deployments is only now beginning to be understood, with the anticipation of significant increases in PTSD rates. Although smaller in number at

approximately 10,600 veterans in King County, younger Gulf War, Iraq War and Afghanistan War veterans are experiencing higher disability rates of between 25 and 40 percent. This would result in a projected 2,500 to 4,200 King County veterans with PTSD and/or TBI.

Increasingly, veterans' service organizations are beginning to see and understand the nature of secondary PTSD. As more and more caretakers are affected by the injuries (war wounds and psychological trauma) of their loved ones, there are suggestions that they may also experience the trauma and sense of helplessness of the veteran.

Gulf War Syndrome

Gulf War Syndrome is an illness reported by combat veterans of the Gulf War typified by symptoms such as immune system disorders. Other symptoms attributed to this syndrome have been wide-ranging, including chronic fatigue, loss of muscle control, headaches, dizziness and loss of balance, memory problems, muscle and joint pain, indigestion, skin problems, shortness of breath, and even insulin resistance. Brain cancer deaths, amyotrophic lateral sclerosis (also known as Lou Gehrig's disease) and fibromyalgia are also now recognized by the U.S. Department of Defense and the VA as potentially connected to service during the Gulf War.

Since the end of the Gulf War, the VA and the British Ministry of Defense have conducted numerous studies on Gulf War veterans. On November 17, 2008, the federally mandated Research Advisory Committee on Gulf War Veterans' Illnesses produced a 452-page report, indicating that roughly one in four of the 697,000 veterans who served in the first Gulf War are afflicted with Gulf War Syndrome. Exposure to toxic chemicals was identified as the cause of the illness. The report states that "scientific evidence leaves no question that Gulf War illness is a real condition with real causes and serious consequences for affected veterans."

Military Sexual Trauma

The experience of a sexual assault (ranging from unwanted sexual contact to rape) is also a widespread problem in the military. This is often referred to as military sexual trauma (MST). Studies indicate that approximately 23 percent to 33 percent of female veterans report experiencing MST.

There is some evidence that women who have experienced MST are also at high risk for developing PTSD. One study found that approximately 42 percent of women who had experienced MST also had PTSD as a result of the MST. This is a much higher rate than the 15 to 25 percent PTSD rates that occur due to war-related trauma. Other studies have found that MST was more likely to lead to PTSD than other military or civilian traumatic events. King County is home to over 9,700 women veterans – 2,400 to 3,200 who would have likely experienced MST.

Male MST is reported at approximately one to two percent of the total deployed force, which results in numbers that are roughly equivalent for both genders. Between 1,300 and 2,000 would have likely experienced MST.

Traumatic Brain Injury

The most common causes of TBI are falls, motor vehicle accidents, assaults/blows and explosive blasts. Severity ranges from mild – in which there is a brief change in mental state or consciousness, to severe – in which there is an extended period of unconsciousness or amnesia after the injury. Even if not life threatening, the long-term effects of even a mild TBI can be serious. Early mild TBI symptoms may appear subtle, but they can lead to significant, life-long impairment in an individual's ability to function physically, cognitively, and emotionally. Often, symptoms of TBI are unrecognized by the person themselves. In addition, many of the symptoms are a great deal like PTSD, leading to misdiagnosis. Common symptoms post-concussion include:

- **Motor and Sensory Symptoms** – headaches, dizziness, sensory deficits (visual, vestibular, strength and coordination), seizures, spasticity, irritability, depression, personality change, sleep disturbances, hydrocephalus, pain, or fatigue.
- **Cognitive and Emotional Symptoms** – impaired judgment, slower thinking, physical aggression, substance abuse, decreased concentration and focus, poor control over basic physical urges, impulsive/disruptive behavior, or no filter on thoughts or actions.

Among surviving soldiers wounded in combat in Iraq and Afghanistan, TBI appears to account for a larger proportion of casualties than it has in other recent U.S. wars. According to the Joint Theater Trauma Registry compiled by the U.S. Army Institute of Surgical Research, 22 percent of the wounded soldiers from these conflicts who have passed through the military's Landstuhl Regional Medical Center in Germany had injuries to the head, face, or neck.

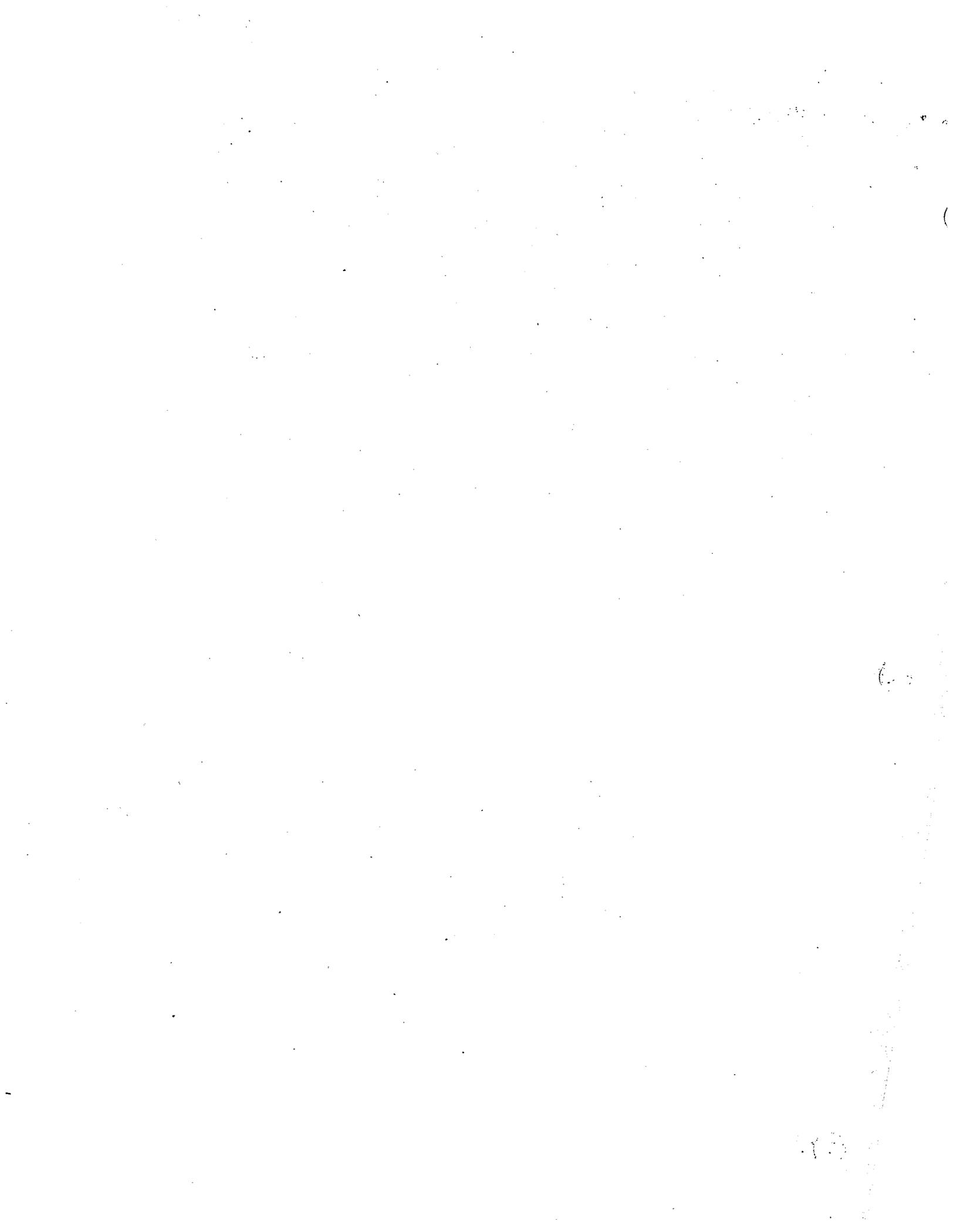
According to Deborah L. Warden, a neurologist and psychiatrist at Walter Reed Army Medical Center, the true proportion is probably higher, since some cases of closed brain injury are not diagnosed promptly. The VA is now planning for the large influx of veterans with TBI from the current conflicts who will need continuing care during the coming years. "These are people who are going back into our communities all across the country, who are potentially going to be struggling," said Warden. "Keep in mind, these patients, because of the nature of their brain injuries, can be the ones at highest risk of falling through the cracks."

"Not all of them recover," noted Colonel Jean Dailey, a nursing supervisor on the neuroscience unit. "It can wear on you. Unlike the young amputees, these guys' personalities are not the same as before they were injured. In fact, they may never be the same."

Summary

- There are between 141,000 and 143,000 veterans in King County.
- Over the past seven years, the total number of male veterans in King County has declined, while the number of women veterans is holding steady.
- A significant majority of King County's veterans live in South King County and Seattle and served during the Vietnam War or earlier.
- The complex needs of younger, recent veterans are impacting thousands of King County family members and children.

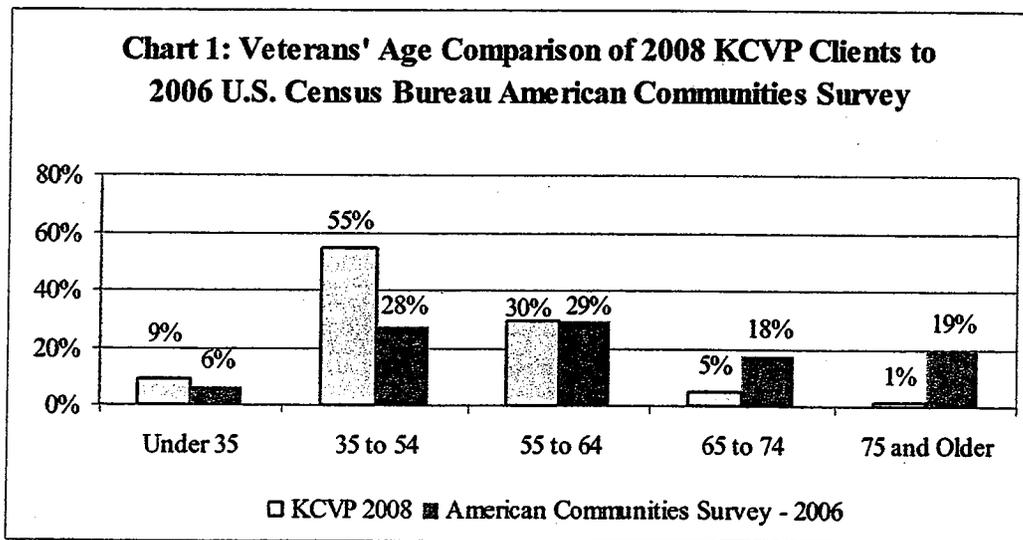
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- **King County women veterans make up nearly seven percent of King County's veteran populations and this percentage will increase over time, reflecting the increasing role of women in the all volunteer military, as well as the decreasing number of male veterans.**
 - **Women veterans are more likely to have served since the inception of the all volunteer military and have a greater likelihood of Post Traumatic Stress Disorder (PTSD) when military sexual trauma is coupled with service in a war zone.**
 - **Veterans with disabilities, poverty, and emergency financial needs are most likely found in South King County or Seattle.**
 - **There are significant numbers of veterans of all eras likely to have PTSD, Traumatic Brain Injuries (TBI) or other mental health problems. However, recent veterans from the Gulf War, Iraq War, and Afghanistan War have much higher rates of PTSD, TBI and war related health issues than prior era veterans.**



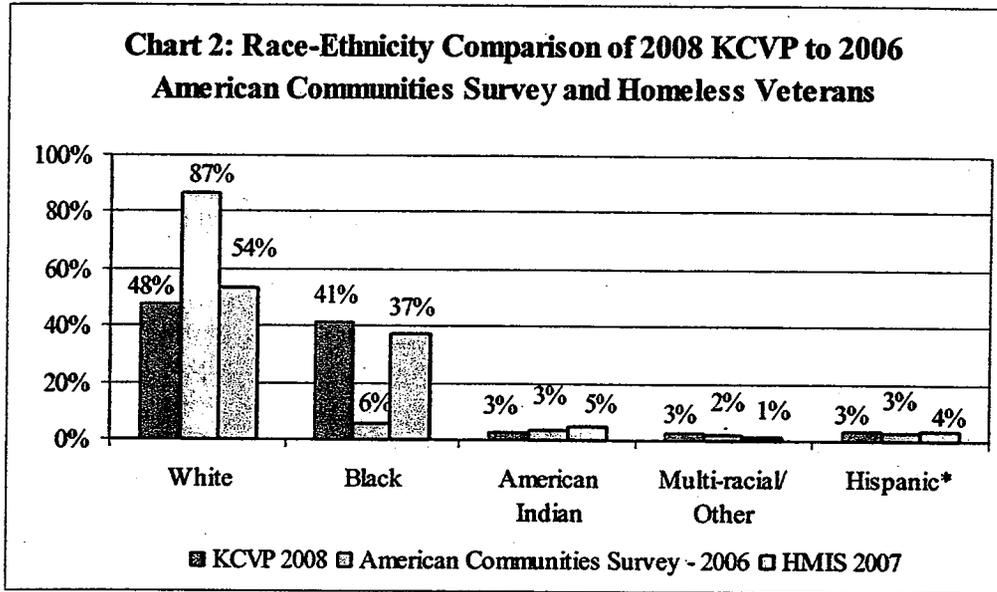
Characteristics of Clients Served by the King County Veterans' Program

The clients served by the King County Veterans' Program (KCVP) do not mirror the overall characteristics of all veterans in King County. Among other differences, they are proportionately younger and they are often homeless. The following pages describe the characteristics of the clients served by the KCVP in 2008. Information on the larger veteran population in King County can be found in Attachment A.

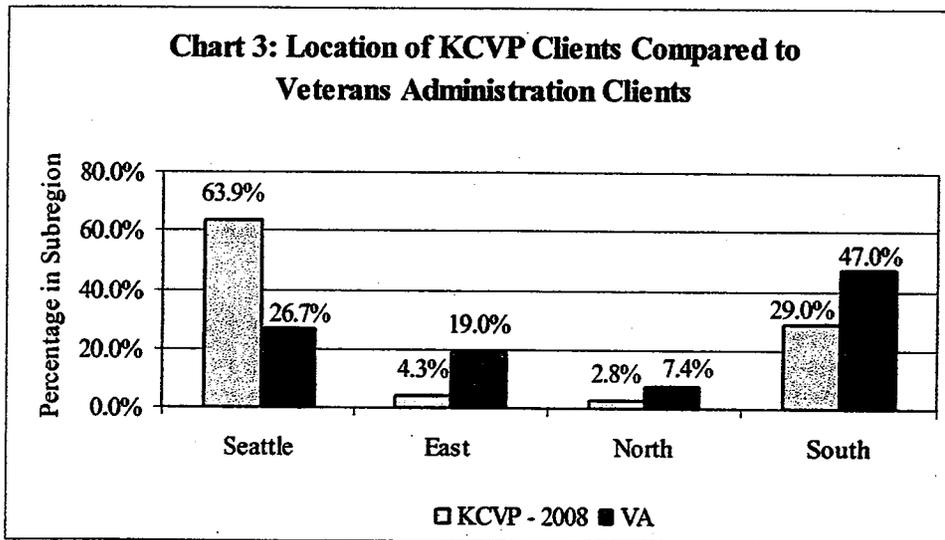
The majority of veterans served by the KCVP in 2008 were 35 to 54 years old (55 percent). This age group served in the post-Vietnam era, including the Gulf War and early Afghanistan/Iraq war. The second largest group served was 55 to 64 – the age group associated with the Vietnam War Era. Only nine percent of those served by the KCVP were under the age of 35. This is slightly higher than the overall under-35 veteran population in King County (6.9 percent) and similar to the homeless veterans' population (8.3 percent). As shown in Chart 1, the ages of those served tends to be much younger than the general veterans population, which includes Korea and World War II veterans. The American Communities Survey (ACS) conducted by the U.S. Census Bureau shows that a significant proportion of the King County veterans' population (37 percent) is over age 65.



The KCVP served proportionally more people of color than the general veterans' population in King County, but in similar proportion to the homeless veterans in King County. Close to 52 percent of KCVP clients were people of color, while people of color are only 13.5 percent of the overall King County veterans' population. African-Americans account for most of this difference, as 41.4 percent of KCVP clients are African-American. Although only 44 percent of all KCVP clients are homeless, the race/ethnicity proportions approximate the ethnicity of King County homeless single adults. Chart 2 provides more detail.



Over 93 percent of KCVP clients were men. This is consistent with the gender proportion reported by the ACS of King County veterans conducted in 2006. A majority of clients lived in Seattle or South Urban King County subregions. Over 63 percent of KCVP clients were from Seattle and another 29 percent were from the South King County area. This is disproportionate to the distribution of veterans in the North, East and South County per ACS statistics and U.S. Department of Veterans Affairs (VA) data on clients receiving either or both VA compensation and/or VA pensions. Chart 3 shows that only 26.7 percent of the VA clients lived in Seattle, with a much larger percent in South King County (47 percent).

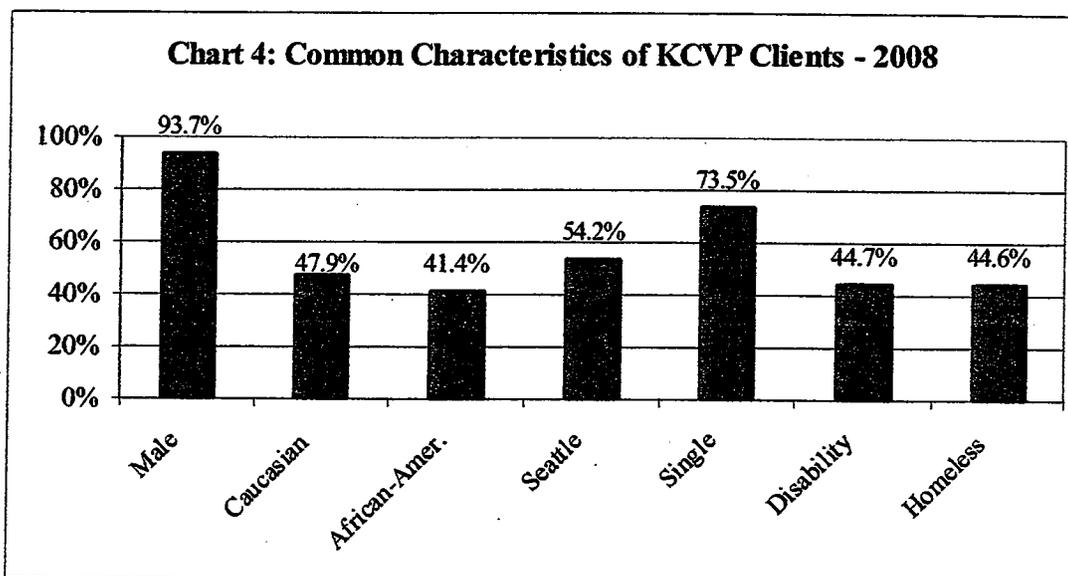


Seventy-three percent of the clients by the KCVP were single; however, only 32 percent of the general King County veterans' population were single, according to the ACS survey. Only 17

percent of the KCVP clients were either married or partnered, compared to 60 percent of the general King County veterans populations.

Nearly half (44.7 percent) of KCVP clients reported that they have a disability. The percentage of KCVP clients reporting a disability is considerably higher than the 6.8 percent disability rate reported among King County's civilian population (ACS, 2005 - 2007).

Of the clients served by the KCVP in 2008, 44.6 percent stated that they were homeless. This is a large increase from 2007, when 25.3 percent identified themselves as homeless. Chart 4 provides more detail on the common characteristics of KCVP clients.





Veterans and Family Services Levy Fund
 Fund 1141/Department 0117
 Department of Community and Human Services/Community Services Division

	2008 Actual ¹	2009 Adopted	2009 Estimated ²	2010 Projected ³	2011 Projected ³
Beginning Fund Balance	11,411,518	5,975,202	10,218,220	8,498,380	3,780,472
Revenues					
* Veterans Services Levy Millage	7,173,233	7,357,206	7,352,675	7,476,197	7,588,338
* Interest Income	323,375	115,000	159,000	104,000	45,000
Total Revenues	7,496,608	7,472,206	7,511,675	7,580,197	7,633,338
Expenditures					
* Administration and Board Support	(358,539)	(404,059)	(404,059)	(442,485)	(464,139)
* Services and Capital	(8,128,070)	(8,827,456)	(8,827,456)	(11,855,620)	(9,424,598)
Total Expenditures	(8,486,609)	(9,231,515)	(9,231,515)	(12,298,105)	(9,888,737)
Estimated Underexpenditures					
Other Fund Transactions					
* Impaired Investment ⁴	(203,297)				
Total Other Fund Transactions	(203,297)				
Ending Fund Balance	10,218,220	4,215,893	8,498,380	3,780,472	1,525,073
Reserves & Designations					
* Encumbrances for contracted providers	(633,516)	(552,192)	-		
* Capital Projects commitments	(636,853)	(2,603,849)	(684,662)		
* Service Programs commitments	(7,947,361)		(6,490,691)	(2,406,537)	
Total Reserves & Designations	(9,217,730)	(3,156,041)	(7,175,353)	(2,406,537)	-
Ending Undesignated Fund Balance	1,000,490	1,059,852	1,323,027	1,373,935	1,525,073
Target Fund Balance⁵		1,000,000	1,000,000	1,000,000	1,000,000

Financial Plan Notes:

- ¹ 2008 Actuals are based on ARMS 14th month.
- ² 2009 Estimated is based on projections for revenues and expenditures.
- ³ 2010 and 2011 revenue and interest earnings estimates based on OMB projections.
- ⁴ This adjustment reflects an unrealized loss for impaired investments.
- ⁵ Target fund balance is set at \$1,000,000.

Human Services Levy Fund
 Fund 1142/Department 0118
 Department of Community and Human Services/Community Services Division

	2008 Actual ¹	2009 Adopted	2009 Estimated ²	2010 Projected ³	2011 Projected ³
Beginning Fund Balance					
Revenues	13,559,243	8,313,806	11,944,510	9,120,697	2,491,529
* Human Services Levy	7,172,413	7,357,206	7,352,675	7,476,197	7,588,338
* Interest Income	406,305	166,000	203,057	132,250	41,110
Total Revenues	7,578,718	7,523,206	7,555,732	7,608,447	7,629,448
Expenditures	(378,302)	(476,450)	(476,450)	(511,904)	(537,036)
* Administration and Board Support	(8,593,504)	(9,903,095)	(9,903,095)	(13,725,711)	(8,527,932)
* Services and Capital	(8,971,806)	(10,379,545)	(10,379,545)	(14,237,615)	(9,064,968)
Total Expenditures	(221,645)	(221,645)	(221,645)	(221,645)	(221,645)
Estimated Underexpenditures					
Other Fund Transactions					
* Impaired Investment ⁴					
Total Other Fund Transactions					
Ending Fund Balance	11,944,510	5,457,467	9,120,697	2,491,529	1,056,009
Reserves & Designations					
* Encumbrances for contracted providers	(1,937,199)	(1,862,465)	(1,862,465)	(1,862,465)	(1,862,465)
* Capital Projects commitments	(2,324,929)	(2,896,546)	(2,896,546)	(6,246,178)	(6,246,178)
* Service Programs commitments	(6,627,110)				
Total Reserves & Designations	(10,889,238)	(4,759,011)	(4,759,011)	(8,108,643)	(8,108,643)
Ending Undesignated Fund Balance	1,055,272	698,456	1,012,054	1,031,097	1,031,097
Target Fund Balance⁵		1,000,000	1,000,000	1,000,000	1,000,000

Financial Plan Notes:

- ¹ 2008 Actuals are based on 14th Month ARMS
- ² 2009 Estimated is based on projections for revenues and expenditures.
- ³ 2010 and 2011 revenue and interest earnings estimates based on OMB projections.
- ⁴ This adjustment reflects an unrealized loss for impaired investments.
- ⁵ Target fund balance is set at \$1,000,000.

Prepared by the Department of Community and Human Services



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FINAL PROGRAM DESIGN

Veterans and Human Services Levy: 4.1

Strengthening Families at Risk – Expansion of Nurse Family Partnership

1. Goal (Overarching Investment Strategy)

The Veterans and Human Services Levy Service Improvement Plan (SIP) set a goal of strengthening families at risk by expanding the Nurse Family Partnership (page 24 of the SIP).

2. Objective (Specific Investment Strategy)

The Service Improvement Plan recognized the importance of promoting healthy child development in order to reduce the risk of future criminal behavior or dependency problems. One of the proven programs in this area is called Nurse Family Partnership (NFP), in which nurses provide home visits for low-income, first time young mothers who are at increased risk for poor birth outcomes and who face increased educational and economic challenges as parents. Studies of NFP have “shown a remarkable number of positive outcomes, including a reduced number of subsequent pregnancies, reduced use of welfare, lower rates of child abuse and neglect, and fewer arrests for criminal behavior among the offspring.”¹ This Program Design proposes to use Levy funds to expand the existing and sole NFP program already operating in King County through Public Health-Seattle & King County.

3. Population Focus

Young, low-income first time mothers in King County are the population targeted by Nurse Family Partnership. Women under 23 years of age on Medicaid and having their first babies meet the eligibility requirements; priority is given to those under 20 because research has shown they are likely to get the most benefit from the program. Birth data show that the largest area of unmet need for this population is in south King County, but young women meeting the eligibility criteria will be offered the program regardless of where in the county they live.

¹ Leckman et al., Nurturing Resilient Children, Journal of Child Psychology and Psychiatry 48:3/4 (2007) pp 221-223.

4. Need and Population to be Served

Need for Program Services: Adolescent pregnancy and births present multiple social and health risks to both infant and mother. Infants born to mothers under age 18 have increased risk of death and low birth weight. Both the mother and the child tend to have fewer educational, economic, and social opportunities. The younger the mother, the more likely such problems will occur (Communities Count, Social and Health Indicators Across King County, 2005).

Detailed analysis of adolescent pregnancies in King County, presented in Public Health's most recent Data Watch on Adolescent Pregnancy (June 2003) concludes the following: "An analysis of birth outcomes to women in King County over five years showed that teen mothers were significantly more likely to get late or no prenatal care, to smoke and to be anemic during their pregnancy. Girls 15-17 year of age who gave birth were significantly more likely compared to other mothers to have a low, very low birth weight or premature infant." Prematurity and low birth weight are ranked as the second leading cause of all infant deaths in a 2002 National Vital Statistics report, and surviving children begin life with and elevated risk of subsequent health and developmental problems.

The Public Health Data Watch on Adolescent Pregnancy goes on to state: "Most teen mothers and fathers are not prepared for their emotional and financial responsibilities, and the challenges of parenthood. As a result their children often receive inadequate parenting. Given the importance of careful nurturing and stimulation in the first three years of life, the burden borne by babies with parents who are too young to be in this role is especially great. Children born to teen mothers are more likely to have insufficient health care, and are more likely to fall victim to abuse and neglect. Children of teenagers often suffer from poor school performance, and are more likely to leave high school without graduating and are more likely to be poor, thus perpetuating a cycle of unrealized potential."

Population to be served: The Nurse Family Partnership serves low-income, first time young mothers living in King County. Young pregnant women are referred in early to mid-pregnancy and are served with intensive public health nurse home visit services until their child reaches two years of age. NFP services began in King County in 1999 funded in part by the University of Washington Health Plan/Premera Blue Cross. Funding to support 25 clients was also provided from 2002-2004 through a federally funded Safe Schools/Healthy Students Grant administered by Seattle Public Schools. In 2001 capacity was added by the Children and Family Commission targeted to Renton, Kent and Auburn. In 2002 the City of Seattle added capacity to serve their residents.

Each nurse carries a caseload of 25 clients. Approximately 60 percent of clients referred to the program agree to participate, so a larger number of clients are seen initially, but the numbers below represent those agreeing to participate in the program. Unless they permanently move out of King County, services continue until the child's second birthday. New clients are added as clients graduate or permanently move out of county, so the total number of clients served in each calendar year will be higher than the total being served at any one time. The numbers below are those being served at any one time in order to show program capacity.

The table below shows where current NFP capacity exists in King County. The Veterans and Human Services Levy funding will expand capacity to serve an additional 100 clients.

Geographic Area Served	Capacity	Funder	Date services began
Renton, Auburn and Kent	100	King County Children and Family Commission	2001
Seattle	169	City of Seattle	2002
Kent	6	City of Kent	2005
King County	100	Veteran's and Human Services Levy	2007 (proposed)
Total	375		

5. Funds Available

Human Services Levy: \$400,000/year
 Veterans Levy: N/A

6. Program Description

The Nurse Family Partnership (NFP) is a program designed by and based on the research of Dr. David Olds. The Nurse Family Partnership is an evidence-based nurse home visitation program that has been shown to positively impact the lives of first time mothers and their children.

Research has shown the Nurse Family Partnership to be most effective and have the strongest outcomes with younger, low-income first time mothers. Therefore, services will target efforts to recruit and retain young women age 19 or younger and at or below 185 percent of the federal poverty level (the cutoff for eligibility for Washington State First Steps/Maternity Support Services Program and a surrogate marker for low-income). Interested and eligible young women over the age of 19 will be considered for services. However, if referrals exceed available slots, younger, lower income clients will receive priority for services.

Clients will be enrolled in NFP services as early in pregnancy as possible, but no later than 26-28 weeks gestation. This adheres to NFP protocol, and allows adequate time for the public health nurse and the client to establish a relationship before the birth of the baby. Once enrolled, clients will receive a home visit on average every two weeks from the time of enrollment until the first child's second birthday. Clients receive weekly visits for the first four weeks of the program, and for the first six weeks following the birth of the baby. For the remainder of the program they are visited every other week until the last two months of the program, when visits taper to every month to begin the transition to program graduation.

Nurse Family Partnership protocol will be followed with allowance for individualization based on client needs. Program guidelines define visit by visit content as well as program materials and client handouts. A parenting curriculum, entitled "Partners in Parenting Education" (PIPE), is introduced during pregnancy and continues throughout the program. NFP services are organized into five domains of personal health, environmental health, life-

course development, maternal role and friends & family. Visit content by domain is determined by phase (pregnancy, infancy, and toddler) and by the client's goals and needs. Program principles identify the client as the expert on her own life, and support the nurse home visitor to "follow the client's hearts desire." In this way, client-centered services are provided in the context of overall NFP program structure and protocols.

7. Coordination/Partnerships and Alignment Within and Across Systems

The Nurse Family Partnership program in King County collaborates with a number of other community agencies, organizations and coalitions to help ensure that the first time parents served in the program are connected to as many community resources as possible while avoiding duplication of services. Nurse Family Partnership services are coordinated with First Steps Services that most NFP clients also receive. First Steps provides low income pregnant women in Washington State with support and health education during pregnancy and after their baby is born through nursing, nutrition and social work services. First Steps services are provided by multiple agencies in King County and clients receive services from the provider of their choice.

Nurse Family Partnership coordinates with many community providers to share information on program eligibility and to receive referrals of interested clients. These providers include other Public Health WIC and First Steps providers, community clinics and other providers of prenatal care and birthing services including Harborview Medical Center, Swedish Medical Center, Valley Medical Center and the University of Washington Medical Center. NFP staff also work closely with the Open Arms Agency to access doula (birth coaching) services for clients who are interested.

NFP staff and program managers work closely with other programs in King County who serve pregnant and parenting adolescents to align services and avoid duplication. These programs include Eastside Healthy Start, Children's Home Society's Next Generation Program and Amara Parenting and Adoption Services Teen Age Pregnancy and Parenting Program.

NFP services are coordinated with mental health, substance abuse, housing, work training and education, childcare and many other community services. The NFP program has received additional funding since 2001 to integrate mental health and employment and work training services into the core structure of the Southeast King County NFP program. Close relationships have been formed with Renton Area Youth Services, Kent Youth and Family Services and Children's Home Society in Auburn to encourage integration of mental health support with NFP services. These agencies have provided home visits to NFP clients as well as enrolled NFP clients in their office-based services.

Close working relationships have been established with school nurses and school-based and school-linked teen health centers for referral and coordination of services. NFP nurses work closely with school health and counseling staff to support the education goals of NFP clients, including support to continue schooling in the prenatal and early postpartum period, at times through home-based school services. The NFP team serving clients living in the City of Seattle works closely with SW Youth and Family Services, El Centro De La Raza and the

Family Support Programs located in Seattle Community Centers to access education and other supportive services for their clients.

Employment services for NFP clients. NFP in Southeast King County has been funded through the King County Children and Family Commission to work closely with King County Work Training to provide support and consultation to NFP clients and providers regarding education and work opportunities for our clients. This has been a very successful collaboration and is anticipated to be continued and expanded through the Veterans and Human Services Levy. The program provides the services described below.

- Provides direct economic development to parents, including administering various tools that measure adults' basic math, reading, listening, writing, and speaking abilities, as well as career assessment and interest surveys.
- Acts as DSHS/WorkFirst Liaison for Economic Development. Many NFP families need to meet the requirements of the WorkFirst program because they receive Temporary Assistance to Needy Families (TANF), and the employment services through King County Work Training help the families with this process.
- Coordinates placements into Work Experience or Community Jobs positions
- Develops and maintains employer relations and community networking.
- Coordinates and consults with staff of the home visiting program.
- Maintains participant files.

8. Timeline

Activity: Year One	Q3 2007	Q4 2007	Q1 2008	Q2 2008
Final Review of Procurement plan by Regional Human Services Levy Oversight Board (RHSLOB)	X			
Recruit and hire Public Health Nurses (staff will join existing NFP teams based at PHSKC)		X		
Staff trained by NFP National Service Office in Denver		X		
Begin enrolling clients (caseloads will build over time as demand for services builds in response to expanded capacity. NFP staff will enroll on average 3-4 new clients per month each, to balance visit demands at enrollment and during the postpartum period when clients receive weekly visits)		X		
Continue to enroll clients to full caseload capacity			X	X

9. Provider Selection / Contracting Process

The Nurse Family Partnership is a replication of program services based on research conducted by Dr. David Olds. Agencies wishing to deliver NFP services complete an application process with the NFP National Service Office in Denver, Colorado, and receive site visits and technical assistance from NFP "site developers" as part of the application process. Public Health – Seattle & King County completed this application process; and was approved to become an NFP provider in 1999. Public Health – Seattle & King County is the

sole agency in King County who is an approved NFP provider, and already has the infrastructure in place to manage the program. This Program Design calls for building on and expanding this existing program, as recommended in the SIP.

10. Geographic Coverage

Teen birth rates in King County have declined from a high of 23.9 per 1000 in 1992 to 10.1 per 1000 in 2003; however King County still has a large number of young mothers giving birth. The teen birth rates in South King County and Seattle remain higher than in East and North King County (Communities Count, Social and Health Indicators Across King County, 2005).

2004 Birth Certificate Data shows that the highest numbers of first time births to low-income, young women in King County are clustered in South King County. Listed below are the areas of King County with the highest numbers of births to young, first time mothers.

First time births paid by Medicaid in King County, 2004

Health Planning Area	Number of first births to mothers 19 years of age or younger
Burien & Des Moines/Normandy Park, Tukwila/SeaTac & White Center/Blvd Park	133
Kent & Covington/Maple Valley	110
Auburn & SE King County	83
Renton & Cascade/Fairwood	65
Federal Way	45
Ballard, Fremont/Green Lake, Shoreline, North Seattle, NE Seattle & NW Seattle	37
Beacon Hill, Georgetown, South Park & SE Seattle	36
Bellevue & Issaquah/Sammamish	27
Downtown/First Hill, West Seattle & Delridge	25
Bothell/Northshore & Kirkland	14
Total	575

Data Source: Washington State Department of Health, Birth Certificate Data

Currently in King County, Nurse Family Partnership enrolls young, first time pregnant, low-income women who live in Seattle, Renton, Auburn or Kent at the time of enrollment. This geographic eligibility is dictated by program funders. The expansion of capacity with Veterans' and Human Services Levy funding will expand eligibility for NFP services county-wide. Due to the higher percentage of teen births in South King County, it is anticipated that with expanded capacity there will be a larger demand for services from the South King County communities. However, VHS levy dollars will allow eligible women to be enrolled in NFP regardless of where in the county they live.

Services will also be expanded within the City of Seattle. Currently, the City of Seattle currently funds enough capacity to serve over 90 percent of eligible and interested low-

income first time mothers under the age of 19 living in the City of Seattle. As with all areas of the county, priority will be given to women 19 and under, but it is anticipated that the funding provided by the City of Seattle will enhance access to the program allowing some women over 19 to be served.

NFP staff and program managers will be providing program information and doing outreach throughout the county as capacity expands to allow new referrals. East and North King County is already served by Healthy Start, which targets the same population with intensive services, so recruitment in those areas will only occur when Healthy Start is not able to accept new clients. Coordination among agencies servicing pregnant women and teens within the county is an on-going need that has been inadequately addressed. The community advisory group described below will be one mechanism to improve understanding of each of the different programs in the community and coordination between them. As staff and program managers do outreach about this expanded capacity, renewed efforts will be made to define roles and referral relationships.

Other areas implementing Nurse Family Partnership have benefited from a community advisory board to assist with developing and maintaining support within the community, coordinating with other services and guiding expansion. PHSKC hopes to be able to implement a community advisory group in 4th quarter 2007 that will include local government representatives from suburban cities, Seattle and the county, representatives from social service and health agencies serving teens, community members and client/consumer members. Some interested people from areas currently served have been identified; as outreach is initiated for the VHS expansion, additional people will be invited to participate.

11. Funding/Resource Leverage

Nurse Family Partnership targets low-income, first time young mothers. First Steps, a program funded by Medicaid, provides low income pregnant women in Washington State who are under 185 percent of poverty with support and health education during pregnancy and after their baby is born. After the First Steps period of service, when the baby is over 1 year of age, the cost of providing linkage to Medicaid-covered services can be partially reimbursed through Medicaid Administrative Match. These two Medicaid fund sources support approximately 46 percent of the Nurse Family Partnership cost over the entire time a client is enrolled, First Steps during pregnancy and the first year of life and Match in the second.

Funding from the Veterans' and Human Services in the amount of \$400,000 per year will provide the remaining 54 percent of program funding.

Nurse Family Partnership Program Costs

REVENUE

Medicaid and patient generated funding	\$341,343
Veterans' and Human Services Levy funding	<u>\$400,000</u>
Total Revenue	\$741,343

EXPENSES

(Estimated 2007 costs, annualized)

Salaries and Benefits	\$483,763
Public Health Nurses 4.0 FTE	
Supervisor 0.5 FTE	
Clerical 0.35 FTE	
Supplies/Operating Expenses	\$18,763
Phone/pager	\$5,260
Car/gas	\$15,915
Site costs (lease, utilities, billing, payroll, site management)	\$116,411
Indirect (19.33% FNIR)	\$101,231
Total	\$741,343

Program replication guidelines include a staff-supervisor ratio of 1 supervisor to 8 FTE nurses to provide team leadership and required reflective supervision. Clerical support is required to maintain program materials and data entry for submission to the national NFP office in Denver. Training by NFP National Service Office staff in Denver is required for all nursing and supervisory staff working in a Nurse Family Partnership Program. Site costs include lease, utilities other than phone, billing, payroll and site management. Indirect costs are budgeted at the federally negotiated rate for the Community Health Services division, which is 19.33 percent.

First Year (2007) Budget:

Veterans and Human Services Levy Support

2007 Program Costs

September - December 2007	\$400,000/3 =	\$135,000
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Start Up Costs

Training (required for program replication)	\$25,541
Equipment and other start-up	\$21,714

Total 2007 Projected Costs	\$182,255
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The remaining \$217,745 in 2007 funds will be distributed across the 2008 – 2011, providing an additional \$54,436 per year to partially cover increases in personnel costs, supplies and any gap in billable service reimbursement as a result of static reimbursement in the face of growing expenses.

12. Evidence-based or Best Practice Information

Nurse Family Partnership is the local implementation of a program designed by Dr. David Olds to serve first time pregnant, low-income, high-risk young women. It is an evidence-based nurse home visitation program that has been shown to positively impact the lives of first time mothers and their children. In early randomized control trials and in two subsequent randomized control studies, NFP mothers were more likely to have positive birth outcomes and engage in school or work and were less likely to abuse or neglect their children, have subsequent unintended pregnancies or misuse alcohol or drugs. NFP mothers were more likely to transition off government subsidy and successfully maintain employment. Children born to mothers who completed NFP services are less likely to display behavioral problems and are better prepared for school. Adolescents at age 15 whose mothers completed NFP services when they were infants show a 48 percent reduction in child abuse and neglect and have a 59 percent reduction in arrests, compared to control group adolescents whose mothers did not receive NFP services.

Cost benefit studies on the Nurse Family Partnership have estimated that this program saves from \$17,000 - \$27,000 for every family served. Program costs are recovered by the time the first child reaches 4 years of age. In a 2004 study on the “Benefits and Costs of Prevention and Early Intervention Programs for Youth,” the Washington State Institute for Public Policy (WSIPP) reported that the cost benefit of providing services to one family in the Nurse Family Partnership was \$17,180. The sources of cost savings include: crime reduction, improved educational outcomes and prevention of substance abuse, child abuse and neglect, teen pregnancy and public assistance. In a more recent 2006 study by WSIPP looking at evidence-based options to reduce future criminal justice costs and crime rates, the authors found the cost benefit of NFP services per family to be \$27,105, based on crime reduction for both mothers and children who participated in the program.

13. Disproportionality Reduction Strategy

Data analyzed by Public Health – Seattle & King County and presented in *Public Health Data Watch* publications show significant racial disparities in infant mortality and in pregnancy rates among adolescents. The October 2004 Data Watch on Racial Disparities in Infant Mortality: An Update, reviews data from 2000-2002, showing that “African American infants are more than twice as likely as white infants to die in the first year of life,” and that “American Indians/Alaska Natives had an infant mortality rate over four times the rate for whites.” The June 2003 Data Watch on Adolescent Pregnancy; shows that “birth rates have generally been higher among African American, American Indian/Alaska Native and Latina/Hispanic girls 15-17 relative to white and Asian teens.” Given the higher rates of adolescent pregnancy and infant mortality in these populations, Nurse Family Partnership has been tracking data on race and ethnicity of current NFP clients in King County. The following table shows data on clients served by NFP, relative to race/ ethnicity of the overall King County Population and births to women under 20 years of age.

Race/Ethnicity	NFP clients served in 2006	King County 2004 Births to Women < 20 yrs of age*
Hispanic	37%	30%
Black or African American	20%	18%
Caucasian	14%	67%
Multiethnic	7%	na
Asian/Pacific Islander	5%	10%
Native American	1%	3%
Unknown	16%	n/a

* Percentages are greater than 100 percent because Hispanic ethnicity numbers are duplicated in the racial categories.

As shown by the table above, Nurse Family Partnership has been successful in engaging and serving a higher percentage of clients shown to be at risk of disproportionate rates of infant mortality and adolescent pregnancy compared to the King County population as a whole. Given that NFP services have been shown to improve birth outcomes and to reduce rates of subsequent unintended pregnancy in the young, low-income first time mothers served by the program, NFP is contributing to reduction of disparities in poor birth outcomes in the target population of low income young first time mothers in King County.

Ultimately, NFP is an important vehicle for addressing disproportionality in the criminal justice and welfare systems. Because the program's long term outcomes document fewer arrests for criminal behavior among the children served in NFP, it is the type of prevention program that has a direct ability to prevent people of color from entering the criminal justice system.

14. Dismantling Systemic / Structural Racism

PHSKC has been working internally, with its contractors, and in community presentations to increase awareness of racism as a core determinant of health. This effort has benefited from Undoing Institutional Racism training; participants have included both PH staff and outreach contractors. PH staff have also participated in the work of CityMatCH and NACCHO, national public health organizations, to look at how public health agencies can undo racism in their organizations and communities. Using infant mortality as an example, PHSKC staff in conjunction with infant mortality prevention outreach workers have made the link between racism and chronically elevated stress hormones, which then impact birth outcomes through multiple biologic pathways. Through dialogue groups in the African American and Native American communities, this understanding is helping shape community 'buffers' to the impacts of racism.

Nurse Family Partnership directly impacts levels of chronic stress in several ways. The focus of the work done by the client and nurse is chosen by the client as her highest priority and progress toward achieving her goal is regularly monitored and celebrated. Support such as this serves as a buffer, making stressors easier to bear, and success in reaching goals increases feelings of control, which reduces stress. Participants in Nurse Family Partnership have improved birth outcomes, which reduces stress by increasing feelings of competence

and decreasing the frustration of dealing with an infant born prematurely or at low birth weight. In addition, many of the client goals are around concrete stressors such as unsafe or inadequate housing, clothing and household needs, or access to adequate food, so meeting those goals reduces the burden of stressors.

Public Health is also beginning a Place Matters initiative to develop community dialogues around racism and other social determinants of health, assess county policies and programs for their impact on health equity, and involve community members in making recommendations to the county and its departments based on the impact on health equity. We hope this initiative will reduce institutional racism both through concrete policy change and by giving communities more power in policy decisions.

15. Cultural Competency

The Nurse Family Partnership program follows two important program principles which are critical in addressing cultural competency in the populations served. The two principles are:

- “The client is the expert on her own life” and
- “Follow the clients hearts desire”

These two principles guide the Public Health Nurses who provide Nurse Family Partnership services to define and support, first and foremost, clients’ desires and goals. In this way, the providers set aside pre-conceived notions of how and what goals should be set and/or accomplished and instead meet the young mothers “where they are” in their hopes and dreams for themselves and their infants. By respecting the client as the expert on her own life, and by following the client’s hearts desire, NFP staff support each client as she makes choices and defines her goals in the context of her unique culture and environment.

Depending on their family, culture and current circumstances, each young mother will make choices about their pregnancy, childbirth, parenting, relationships and education and life course based on her values and beliefs. By honoring the expertise of that young mother to know what her hopes, desires and needs are, the nurse is in a position to support her to achieve these hopes and desires and to help her become the kind of parent that she hopes to be.

As shown by the service data included in section 13 (disproportionality) above, NFP staff in King County have been successful at engaging and serving young mothers representing many diverse races, ethnicities and cultures. Currently NFP services are available to English and Spanish speaking clients. NFP Program guidelines stress the importance of the NFP nurse being able to deliver services in a language the client can understand. Use of an interpreter to deliver services is discouraged due to the tendency of interpreter use to dilute and/or triangulate the relationship developed between the nurse and the young, first time mother. To date, the NFP program in King County has served African American, Hispanic, Ethiopian, Somali, Vietnamese, and Filipino clients. Young Ethiopian, Somali and Vietnamese and Filipino clients served have generally been born in the U.S. or immigrated at an early enough age so as to become conversant or fluent in English. Currently the King County NFP program has 3 public health nurses who are bilingual in Spanish and can deliver services to clients who are monolingual in Spanish. The NFP program will continue to

support cultural competency in all areas of service and strive to gain increased knowledge in serving the diverse communities who enroll in program services.

16. Improvement in Access to Services

To date in King County, NFP services have been available to clients living in Seattle, Renton, Auburn and Kent at time of enrollment. Services are available to any young, low-income first time mother who is referred prior to her 28th week of pregnancy. Outreach efforts to date have targeted young mothers under the age of 19, as the NFP research showed services to be most effective and have the strongest outcomes with younger, low-income first time mothers. Otherwise eligible women between 19 and 23 will be considered for enrollment based on capacity. In the communities where NFP services are currently offered, program staff has done outreach to a variety of agencies and programs serving young women, including but not limited to health department and community clinics, providers of the Women, Infant and Children (WIC) program, family planning and reproductive health clinics, school based and school linked clinics, school nurses and agencies, clinics and private providers who see prenatal clients.

Outreach efforts with the proposed expansion supported by Veterans' and Human Services Levy funds will focus on all of the above providers to let them know of program expansion. Special efforts will include outreach to those communities not currently served by NFP including North, East and Southwest King County. Program staff will engage providers of current programs serving teen parents, specifically Healthy Start in East and North King County and the Highline School District's Teen Parent Program serving teen parents in SW King County, to assure that recruitment efforts do not conflict.

As discussed above, planning is also underway to develop a King County Nurse Family Partnership Advisory Committee. Goals for this Committee include oversight of program delivery, program expansion and program sustainability. One of the first items for this newly formed body will be to advise program staff on expansion and outreach efforts as NFP services expand county-wide. Additionally, this group would be charged with identifying and developing a service model for clients otherwise eligible for NFP who speak only a language other than English or Spanish. The demand for services in this population is currently unknown and needs to be determined, followed by the development of a plan for serving this population with NFP or other evidence-based services.

17. Disproportionality Reduction Strategy

Nurse Family Partnership is the local implementation of a program designed by Dr. David Olds to serve first time pregnant, low-income, high-risk young women. The Nurse- Family Partnership is an evidence-based nurse home visitation program that has been shown to positively impact the lives of first time mothers and their children. In early randomized control trials, and in two subsequent randomized control studies; NFP mothers were more likely to have positive birth outcomes and engage in school or work; and were less likely to abuse or neglect their children, have subsequent unintended pregnancies or misuse alcohol or drugs. NFP mothers were more likely to transition off government subsidy and successfully maintain employment. Children born to mothers who completed NFP services are less likely to display behavioral problems and are better prepared for school. Adolescents whose

mothers completed NFP services; at age 15, show a 48 percent reduction in child abuse and neglect and have a 59 percent reduction in arrests, compared to control group adolescents whose mothers did not receive NFP services.

Common goals and outcomes are currently measured for all Best Beginnings program services in King County. These include:

Goal 1:

- To insure health care coverage and access for first time low-income mothers and their children.

Outcome 1A:

- 100 percent of children and pregnant women will have access to healthcare, including prenatal and well child care, and be linked with a medical provider.

Goal 2:

- To support positive birth outcomes for first time, low-income young women in King County.

Outcome 2A:

- 85 percent of births to young women participating in Nurse Family Partnership will be term deliveries (> 37 weeks gestation) and greater than 2500 grams (5.5 lbs)

Goal 3:

- To reduce child abuse and neglect among first time, low-income young mothers in King County.

Outcome 3A:

- 95 percent of families participating in Nurse Family Partnership will not be involved in incidences of reportable child abuse and neglect in the home.

Outcome 3B:

- 100 percent of the parents participating in the program identified with parental stress will have interventions offered.

Goal 4:

- To support long term improved family economic stability for first time low-income young mothers in King County.

Outcome 4A:

- 85 percent of parents graduating from the program will delay the birth of their second child for a minimum of two years after the birth of their first child.

Note: Goals 2 and 4 address the current disproportionality in infant mortality and adolescent pregnancy rates discussed earlier in item 15.

18. Process and Outcome Evaluation

Nurse Family Partnership is a replication based on the original research studies conducted by Dr. Davis Olds, and is not a primary research project. To ensure the likelihood that the program's adherence to the NFP protocol will achieve the same outcomes as the original research, the program will collect and provide service data using standardized tools to the NFP research team at the Center for the Study and Prevention of Violence at the University of Colorado for compilation and analysis. Data is sent weekly to the University of Colorado

on all services provided, and is compiled and reported back to PHSKC on a quarterly basis. This data tracks program enrollment, client demographics and outcomes, and the fidelity of PHSKC to program implementation based on NFP National Service Office guidelines. Program implementation in King County is assessed on each quarterly report and program managers and staff align practice as needed to maintain program fidelity. The King County teams implementing NFP have been successful to date in implementing NFP with fidelity. Short term outcomes for those clients who have already completed the program align with outcomes achieved in the original research and would indicate that long term outcomes would be similarly aligned.

The quarterly and annual reports will contribute to the data reported to the Veterans and Human Services Levy staff and board and will be used by the program for quality monitoring and improvement purposes. Nurse Family Partnership criteria for enrollment, frequency and duration of visits and program and visit content is adhered to in order to ensure the highest chances of replicating the short and long term outcomes achieved in the NFP research studies.



King County

VETERANS AND HUMAN SERVICES LEVY 2008 STRATEGY AREA ANNUAL REPORTS

Strategy 4.1 Expand the Nurse Family Partnership Program

OBJECTIVE

The Levy's fourth strategy helps families at risk with a set of programs designed to strengthen the bonds between parents and children and to help parents become self-sufficient. Many families have a difficult time getting off to the right start: teen parents, immigrants, and parents who have been homeless or incarcerated or have experienced domestic violence often need help learning to care for their children and build a stable life. This kind of help – in the early months and years after a child is born – can prevent child abuse and neglect, while giving children and their families a healthy start on life. The goal of Strategy 4.1 is to support maternal-child attachment and maternal health by expanding the Nurse Family Partnership and adding linkages to employment opportunities.

POPULATION FOCUS

The Nurse Family Partnership serves young, low-income first time mothers in King County. Women under 23 years of age, who are on Medicaid and are having their first babies meet the eligibility requirements; priority is given to those under 20 because research has shown they are likely to get the most benefit from the program. Birth data show the largest area of unmet need for this population is in South King County, but young women meeting the eligibility criteria will be offered the program regardless of where in the county they live.

PROGRAM DESCRIPTION

The Nurse Family Partnership (NFP) is a program designed by and based on the research of Dr. David Olds. The NFP is an evidence-based nurse home visitation program that has been shown to have positive effects on the lives of first time mothers and their children.

Research has shown the NFP to be most effective and have the strongest outcomes with younger, low-income first time mothers. As a result, program staff have focused on recruiting and retaining young women who are 19 or younger and are at or below 185 percent of the federal poverty level (the cutoff for eligibility for Washington State First Steps/Maternity Support Services Program and a surrogate marker for low-income). Interested and eligible young women over the age of 19 are considered for services. However, if referrals exceed available slots, younger, lower income clients will receive priority for services.

Clients are enrolled in NFP services as early in pregnancy as possible, but no later than 26-28 weeks gestation. This adheres to NFP protocol, and allows adequate time for the public health nurse and the client to establish a relationship before the birth of the baby. Once enrolled, clients will receive a home visit on average every two weeks from the time of enrollment until the first child's second birthday. Clients receive weekly visits during the first four weeks of the program and during the first six weeks following the birth of the baby. For the remainder of the program, clients receive visits every other week until the last two months of the program, when visits taper to every month to begin the transition to program graduation.

Nurse Family Partnership protocol will be followed with allowance for individualization based on client needs. Program guidelines define visit-by-visit content as well as program materials and

client handouts. A parenting curriculum entitled "Partners in Parenting Education" (PIPE), is introduced during pregnancy and continues throughout the program. The NFP services are organized into five domains:

- Personal health
- Environmental health
- Life-course development
- Maternal role
- Friends and family.

Visit content by domain is determined by phase (pregnancy, infancy, and toddler) and by the client's goals and needs. Program principles identify the client as the expert on her own life, and support the nurse home visitor to "follow the client's heart's desire." In this way, client-centered services are provided in the context of overall NFP program structure and protocols.

PROGRESS DURING 2008

Public Health–Seattle & King County began implementation of the expanded Nurse Family Partnership in October 2007. Four Public Health nurses, a half-time supervisor, and a half-time administrative staff person were hired between October 2007 and January 2008. The Public Health nurses completed required training with the NFP in late 2007 and early 2008, and then began enrolling clients.

SERVICES PROVIDED

Number Served. Data below show the number of clients served through 2008 in NFP services countywide, including those enrolled with VHS Levy funding.

Total Served	East	North	Seattle	South
876	28	34	294	492

Public Health–Seattle & King County began enrolling clients into services under the Levy expansion in October of 2007. By the end of 2008, 93 clients had been enrolled under the Levy expansion. The project expects to meet full capacity (100 clients) for the expansion very early in 2009. As described above, clients are enrolled in NFP services as early in pregnancy as possible, but no later than 26-28 weeks gestation.

NFP services work towards three program goals:

- Improved pregnancy outcomes
- Improved child health and development
- Improved economic self-sufficiency of families served.

Living Situation. Just over 20 percent of the NFP participants (189 mothers) were homeless, a fact that has significant implications for the well-being of their children.

Living Situation		
Homeless	189	21.6percent
Not Homeless	687	78.4percent

Age Group. Per the NFP guidelines that focus on young mothers, those served ranged in age from 14 to 34, along with their babies.

Age Group		
0 to 5	343	39.2 %
6 to 10		
11 to 13		
14 to 17	173	19.7 %
18 to 34	355	40.5 %
35 to 59		
60 to 74		
75 to 84		
85 and over		
Unknown	5	0.6 %

Gender. Those served by NFP were primarily young women and their babies.

Gender		
Male	181	20.7 %
Female	695	79.3 %

Outcomes: In 2008, Public Health–Seattle & King County enrolled 448 young, first-time mothers in NFP services. The reportable outcome for Levy funded services is to support positive birth outcomes for the first time, low-income women receiving NFP services.

Nurse Family Partnership in King County continues to be successful in supporting positive birth outcomes for clients served by the program. King County NFP exceeded the target of 85 percent of clients delivering an infant at term and at a weight greater than 2,500 grams: 92 percent of NFP clients achieved this outcome in 2008. This meets both the state and national NFP objectives that no more than 8 percent of NFP clients deliver a low birth weight infant. In addition, NFP was successful in offering appropriate interventions to 100 percent of families who were identified as exhibiting parental stress.

The NFP conducts an annual client satisfaction survey with program participants. In the 2008 Client Satisfaction Survey, 96 percent of clients responding found the NFP nurse to be supportive and encouraging, and 100 percent reported that the nurse discussed their baby's development, talked with them about parenting and their baby's health, and talked about their goals for the future. A full 96 percent of clients who responded reported that they were very satisfied (85 percent) or satisfied (11 percent) with the program, and 98 percent reported that they would definitely (85 percent) or probably (13 percent) recommend the program to friends or family.

SUCCESS STORY

Ubah came to the United States from Somalia when she was 17 and pregnant to join her mother in Seattle. When the Nurse Family Partnership nurse first met Ubah, she was living with her mother, sister, and brother in a small apartment. Ubah wondered how life was going to be as a teen mother, or if she would even "have a life" as she put it.

Dealing with early contractions and fear about preterm labor, Ubah sometimes cried at the early nurse visits and felt daunted by this very significant and difficult change in her life. It was hard to imagine a life for her child that was so different from her own. She had grown up in a war-torn country, moved a lot, and lived with aunts or her grandmother more than with her own mother and father.

Dutifully taking notes, Ubah seemed to hang on to every word the nurse said and sought all the information she could get about pregnancy and parenting. She engaged in discussions of her

past, which were sometimes quite difficult, but did so to be more hopeful for a new future with her baby. Ubah developed a positive attitude near the end of her pregnancy, even while on bed-rest. When the nurse would ask how she was, she would say "I'm GREAT!"

Her daughter Idman is now 13 months old and is a very bright, curious, and affectionate child. She understands both English and Somali. Ubah is very playful and joyful with Idman and they have a strong relationship.

Throughout her pregnancy, Ubah had to work very hard at school, especially with English as a second language. There were times she did not think she could continue with school, so the nurse would work with her to focus on her strengths and progress. Now, Ubah plans to graduate from high school and has decided to go to college to pursue a career in the health care field.

Excerpt from a letter from a Nurse Family Partnership client

I am writing you this letter to inform you of how awesome your employee K is. She is one of the most inspirational, positive role models that I'm thankful for having in my life. She has helped me to succeed in all my goals. She and I first met at the downtown WIC office after I had found out I was pregnant.

She then asked if I would be interested in the Public Health nurse program. I think we had an immediate bond. After a week or two I had motivation to come in to her office and we sat there for like three hours applying for every imaginable low-income housing in Washington State. Then we applied for every transitional housing that would take pregnant women. It was so hard but K kept telling me over and over stay positive, think of only the positive things that may come out of this. She then made me a promise. I wasn't too sure of this at the time, but she promised we would find housing. One month went by and a transitional housing for first time parents in the north end of Seattle had called K and said they had an opening, and we met up the next day and went out and it was such a relief. I finally got housing, a roof over my head. That's all I needed at the time.

K was there for me every step of the way. She even convinced me to go to the doctors. At that time, I hated doctor visits. Dr. P referred me to get an ultrasound, and then that's when I found out I was having TWINS. Twin girls to be exact. The same day I got the keys to my new home. It was more like an apartment than anything. It was six young teen moms whether they were pregnant or already parenting one child.

After the girls were born at 30 weeks, I swear I lived at the hospital for like three months. It was crazy and very depressing, but I had K there to help me get through it. The babies finally came home about a week before Easter. K came within the first week we were home. K helped me find transitional and permanent housing. She helped me figure out how to get a credit report and how to fix my credit. She helped me get enrolled at high school and I graduated from High School in June 2007. Each visit she would bring worksheets that relate to how old the girls were and what I should look for and what they should be doing and what behaviors they should be doing too. She was very well organized every time she came to a house visit. She pushed me to better myself and enroll in some kind of college program. I wanted to enroll in school in the criminal justice program, but DSHS would not cover expenses, so we checked out a vocational school and I got enrolled. K helped me enroll.

K, you have been such an inspiration to me. I thank you for all you have done for not only me but for my daughters.

FOR MORE INFORMATION

Program Manager: Lois Schipper, Public Health – Seattle and King County
E-mail: lois.schipper@kingcounty.gov

Attachment A

2008 Annual Report

Veterans and Human Services Levy



King County

The Veterans and Human Services Levy was approved by King County voters in November 2005. It will provide over \$13 million each year through 2011 to help people in need around the county. The Levy serves four different groups of people:

- Veterans, military personnel, and their families
- Individuals and families who have experienced long-term homelessness
- Individuals who have recently been released from prison or jail
- Families and young children who are at risk

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

To best serve these groups, funds from the Levy have been allocated to five different strategy areas:

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 Levy resource management and evaluation

For further information on the status of individual levy activities, please see the Levy web site at: www.kingcounty.gov/DCHS/Levy

Veterans Citizen Levy Oversight Board
Douglas Hoople, Chair
Ronald Forest
Stanley Gunno
Oren J. Hadaller
Francisco Ivarra
Gary Kingsbury
Kathleen Lewis
Robert Stephens, Jr.
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Joe Ingram, Co-Chair
Dorry Elias-Garcia, Co-Chair
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Kathleen Hadaller
Edith Loyer Nelson
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Joel Estey, Veterans Regional Services Liaison
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Alternate format available.

Call 206.263.9105
or TTY Relay 711

Dear Friend:

We are delighted to report on a year of great progress with the Veterans and Human Services Levy.

During 2008, the Levy provided assistance for approximately 20,000 people in our community who found themselves in crisis as the economy worsened. Levy funds were used to help thousands of veterans, families, and individuals with health care, housing, counseling, job training, and other needed services. Some of the Levy accomplishments during 2008 included:

- **The mobile medical van**, which is operated by the Health Care for the Homeless Network, in partnership with Sound Mental Health. The mobile medical van began traveling through South King County treating people who are homeless and providing them with a non-threatening way to build trusting relationships with counselors who can help them find permanent housing and get the support they need to live independently.

- **Groundbreaking for McDermott Place**, a 75-unit apartment complex located in north Seattle, with 38 units designated specifically for veterans, for low-income and homeless individuals. McDermott Place, which is being developed by the Low Income Housing Institute, will include a food bank and a free medical clinic, as well as employment and job training for residents.

- **Renovations on Friends of Youth's New Ground Transitional Living** in Kirkland, which were completed in 2008. The facility has six units that provide safe housing for homeless and at-risk young adults between the ages of 18 and 24, along with career and educational guidance services.

- **Opening of the Auburn Veterans Facility** whose construction was paid for in part with Levy funds. The King County Veterans Program and the Washington Department of Veterans Affairs collaborate to provide services to veterans there two days a week.

These programs, and many others funded by the Veterans and Human Services Levy, are making a difference in the lives of people throughout our community. Our report on those receiving services indicated that 33 percent of the people served lived in Seattle, along with 18.5 percent in East and North King County and 48.5 percent in South King County. We are proud to be able to provide this level of support to people in need, and we are proud that, under our guidance, Levy funds have been managed prudently and strategically, leveraging their value to serve as many people as possible. We look forward to continuing our oversight role, visiting agencies to see programs first-hand, and reviewing evaluations reports to ensure Levy-funded activities achieve their intended results.

This Annual Report documents our progress in each of the Levy's five strategy areas and outlines the funding we awarded to activities during 2008. Additional information on the status and accomplishments of each of the Levy's activities in 2008 can be viewed on the Levy web site at: www.kingcounty.gov/DCHS/Levy. We hope you will be pleased with this investment in our community's well-being.

Sincerely,



Dery Elias-Garcia, Co-Chair
Regional Human Services Levy
Oversight Board



Douglas Hoople, Chair
Veterans Levy
Oversight Board



Joe Ingram, Co-Chair
Regional Human Services Levy
Oversight Board

Strategy 1

James: Help, housing, and stability

James, a 61-year-old veteran, sought help from the King County Veterans' Program (KCVP) in early 2008, shortly after being released from the Veterans' Affairs Medical Center (VAMC) for a mental health problem. James had lost his housing while in the hospital, and was living temporarily in the VAMC's respite care center, but he was worried that he would soon be homeless. With only a \$300 disability payment to live on each month, James simply couldn't manage the cost of an apartment.

Staff at the KCVP immediately stepped in to help. They found James a transitional housing unit and helped James move, paying his move-in expenses and stocking his kitchen with food to get him started.

Next, KCVP staff helped James take steps to stabilize his life. They helped him engage in therapeutic counseling, enroll in a worker retraining program, and then helped him find part-time work as a driving instructor. James' social worker counseled him regularly, and helped him plan each step he needed to take. Because James' stay in the transitional housing unit was limited to 18 months, KCVP staff helped him apply for a VAMC Section 8 housing voucher, which will allow him to move to a permanent apartment of his own.

James is thrilled with the changes he's made in his life over the course of just one year: he is no longer at risk of homelessness, he is working and earning money, and he is receiving ongoing counseling to help him stay on track. "I can't thank you enough," he told his KCVP social worker recently. "You've given me back my life."



The Veterans and Human Services Levy ballot measure that was approved by voters in 2005 directed that half of all Levy funds be used to serve veterans, military personnel, and their families. To honor their service to our community and assist them in re-integrating into civilian life, this strategy area provides a range of services specific to veterans' needs. In addition, most of the other Levy strategy areas include a number of services or set-asides targeted to veterans and their families. Strategy 1 includes four activity areas.

► **1.1 Expand the geographic range of the King County Veterans' Program:** To better serve veterans in South King County, a King County Veterans' Program office was opened in Renton in 2007. In addition, Levy funds provided partial support for a new Auburn Veterans facility that opened in 2008 and serves as a satellite office. The King County Veterans Program and Washington Department of Veterans Affairs collaborate to provide services there two days a week. Planning also began for adding outreach sites in the north and east areas of the county.

► **1.2 Increase the capacity of the King County Veterans' Program:** A total of \$2.1 million was allocated from the Levy during 2008 to expand program capacity and serve veterans throughout the county with emergency financial assistance, housing assistance, employment guidance and assistance, case management, life stability, veterans' benefits counseling, mental health referrals, and other supportive services. Funding was targeted to programs that have proven their effectiveness in serving veterans and their families, including the Veterans' Incarcerated Project (VIP), post-traumatic stress disorder services, and employment

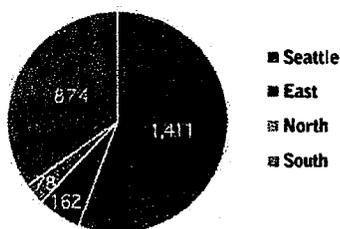
services. In addition, to facilitate referrals, linkages have been strengthened with housing providers and other agencies that serve veterans, such as the Washington Department of Veterans Affairs and the VAMC.

► **1.3 Provide phone resources for veterans:** A program was designed during 2008 and a \$200,000 Request for Proposal process will begin during mid-2009 to develop an information and referral phone line for veterans. The service will be devoted exclusively to veterans, military personnel, and their families, to help them learn not only about benefits and services available to veterans and other military personnel, but also about the broad range of regional housing, health, and human services around the county that they may access.

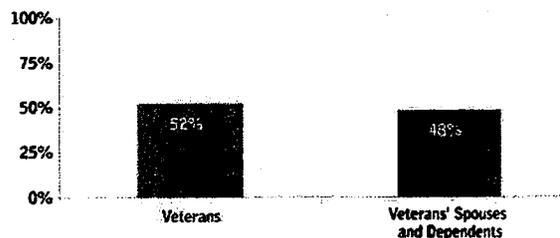
► **1.4 Provide training and information on Veterans' Administration linkages:** Funding has been allocated through the Levy to provide training to community-based service providers on the services and benefits available through the U.S. Department of Veterans' Affairs (VA). Implementation will occur in 2009.

People served by the activity areas in this first Levy strategy live throughout King County. During 2008, residents of Seattle constituted a majority of those served (approximately 56%) a factor which reflects the large numbers of clients served by the King County Veterans Program's Seattle office.

Location of People Served by Strategy 1



People Receiving Services From PTSD Program



Although most of the services provided through this strategy area focused on veterans and military personnel, the Levy also helped address the needs of veterans' family members. In the case of services for post-traumatic stress disorder (PTSD), for example, spouses and dependents made up nearly as much of the program's case load as veterans, perhaps demonstrating the very real needs faced by veterans' families during wartime.

Strategy 2

Dan: Mobile Medical Care Makes the Difference

"Dan" returned home to Auburn after serving in the Gulf War, hoping to work for a friend's heating and air conditioning business. Dan was good at his job, but struggled with depression, and began drinking to try to feel better.

Dan drifted from one job to another, living with friends and family and even becoming homeless at times when he ran out of money. His health worsened, but although he was diagnosed with high blood pressure, he was not able to receive regular medical care, and rarely took his medications. His frequently changing address made it difficult for clinics to keep in touch with him.

Dan was living in an encampment in Federal Way in November 2008 when he first visited the mobile medical van. Outreach staff at the van referred Dan to a case manager. He was offered mental health and chemical dependency services and placed on a waiting list for a transitional housing program. In addition, a nurse practitioner helped Dan get medical care and prescriptions.

Dan quickly became a regular visitor to the van to get his blood pressure checked and share his progress. With help and encouragement from the staff, he was able to stay on his medications, and begin treatment for the depression and PTSD.

Today, Dan is preparing to move into a new transitional housing unit and is taking steps to update his skills so that he can find a permanent job. Life is back on track, and he gives a great part of the credit to the outreach staff at the mobile medical van.



One of the Levy's four target population groups is people who have experienced long-term homelessness. The Levy's second strategy includes a number of programs designed to prevent homelessness and to help people who have been homeless find stable, affordable housing and the support they need to succeed. The "ending homelessness" strategy includes eight activities.

► **2.1 Identify, engage, and house those who have experienced long-term homelessness:**

- **Triaged list of homeless users of emergency services.** Identifying homeless individuals is a first step to help them find housing and supportive services.
- **Service improvements for homeless users of emergency services.** Levy investments are expanding emergency patrol and case management services, while strengthening sobering services.
- **Outreach and engagement of long-term homeless people in South King County.** The Levy funds staff from Sound Mental Health's Projects for Assistance in Transition from Homelessness, who work in South King County to win the trust of people who are often unwilling to accept services.
- **Mobile Medical Unit.** The medical van began holding regular clinics at South King County meal programs. Staff link clients to social services and ongoing health care.

► **2.2 Increase permanent housing with support services:** In 2008, one housing project completed construction, providing six units of homeless housing, and another, which will provide 38 units of housing for veterans, broke ground. Eight additional projects being developed throughout the county were selected to receive funding, bringing to 18 the total number of capital projects awarded Levy funds.

► **2.3 Support landlord risk reduction:** The YWCA will provide case management services to new tenants and manage a landlord risk reduction fund that will assist landlords with extra costs that come from renting to higher risk tenants.

► **2.4 Invest in support services for housing:**

- **Housing Health Outreach Team (HHOT).** The HHOT worked with 598 formerly homeless tenants to ensure that they have ongoing health, mental health, and chemical dependency care.
- **Supportive services for permanent housing.** The Levy funds case management, life skills training, employment counseling, and education for new tenants.

► **2.5 Provide housing and support for those in the King County Criminal Justice Initiative:**

The Forensic Assertive Community Treatment (FACT) program and the Forensic Intensive Supportive Housing (FISH) program, both of which are managed by Sound Mental Health, will help individuals involved with jails and mental health courts.

► **2.6 Provide housing and support for parents exiting the criminal justice system:**

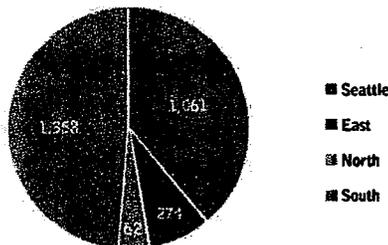
This activity helps young parents getting out of jail find housing; related Activities 4.4 and 4.5 help the parents become stable and reunite with their children. Services include education and job training, domestic violence prevention, health care, and case management. Services are provided by First Place and the YWCA.

► **2.7 Promote housing stability:** Solid Ground and 14 partner agencies provide short-term assistance to renters and homeowners in crisis.

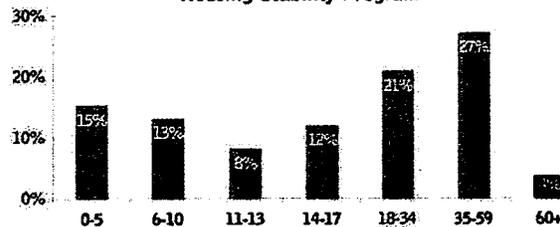
► **2.8 Link education and employment to supportive housing:**

The Levy supports an innovative program that links job training and job search-related case management with low-income housing. In 2008, 195 individuals were enrolled in these services.

Location of People Served by Strategy 2



Age of Those Served by Strategy 2.7, Housing Stability Program



The programs funded through Strategy 2 served nearly 3,000 people throughout the county during 2008. Although most of the programs focused on adults who had been homeless, the Housing Stability Program (Strategy 2.7) helped many families – including children of all ages – avoid homelessness.

Strategy 3

Mrs. G finds happiness with Program to Encourage Active, Rewarding Lives for Seniors (PEARLS)

Mrs. G is a widow who lives alone. She had experienced difficulty sleeping since the death of her husband in 2001 and had a multitude of health issues, including difficulty walking following a hip replacement. She was also taking anti-depressants along with other medications that left her moody, confused, and with low energy. Although she maintained a strong connection with her church, she did not socialize much.

Mrs. G also did not take responsibility for her finances, feeling that her husband had always taken care of their financial matters and she could not learn to manage money on her own.

Mrs. G and her counselor discussed PEARLS and she decided to give it a try. She felt she had nothing to lose. To start, Mrs. G listed all the positive things she could do to feel better about life, including walking, which helped reduce the pain in her hip, helping her to walk and sleep better.

Next, Mrs. G decided she would like to volunteer or work somewhere. On one of her walks, she stopped in at a local nursing home and applied for a position. Within a week, Mrs. G was hired to work in the cafeteria. The new job helped with her finances, and the walking and exercise from doing her job helped her to lose weight. This encouraged her to start taking care of herself by dieting, getting her hair done, getting dressed, and going out and doing things by herself. "I have learned I can achieve my goals and solve problems," says Mrs. G. "I am happy and productive."



When people do not have access to the mental health treatment they need, they are more at risk for homelessness and hospitalization, and involvement in the criminal justice system. Thus, the third Levy strategy focuses on providing behavioral health services – such as mental health counseling and treatment for depression – for people who are not eligible for Medicaid and long-term care in the public mental health system. The strategy focuses in particular on veterans who are struggling with mental illness, substance abuse, homelessness, post-traumatic stress disorder (PTSD), and associated health problems. The “behavioral health services” strategy includes four activities.

► **3.1 Integrate mental health and chemical dependency treatment into primary care clinics:**

Because people in need of mental health care often do not have adequate insurance coverage, the Levy has funded the King County Behavioral Health Safety Net Consortium to integrate mental health services into over twenty safety net medical clinics. During 2008, \$1 million was allocated to establish programs throughout the county that served over 2,000 individuals, including 80 veterans. Of the 80 veterans who were served, 39 (49%) screened positive for PTSD, depression, or anxiety. Of the 1,954 non-veterans who were served, 1,915 (98%) screened positive for PTSD, trauma, depression, mental health, or substance abuse issues. Program staff continue to reach out to individuals in need who are homeless, as well as to the county’s immigrant communities.

► **3.2 Provide training programs in trauma sensitive services and PTSD treatment:**

Veterans, people who have been homeless or incarcerated, and those who have suffered from domestic violence often experience PTSD. Because PTSD affects such a high proportion of people seeking housing and human services, Levy funds will be used to develop trauma-sensitive programs and services within jails, courts, schools, social services, health clinics, and housing programs. The Washington Department of Veterans Affairs is developing the curriculum for this activity and implementing it in conjunction with Activity 3.3.

► **3.3 Train behavioral health providers in PTSD:**

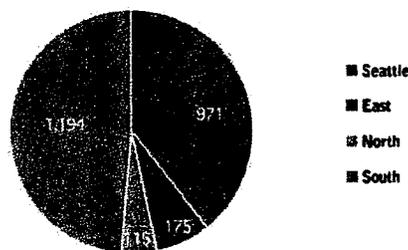
The prevalence of PTSD among veterans, people who are homeless or incarcerated, and people seeking help with housing or other services makes it important to train community-based providers in trauma-sensitive care, as outlined in Strategy 3.2. In addition, providers of mental health and chemical dependency treatment must also be trained in the signs, symptoms, and treatment for PTSD so that they can most effectively serve the people who turn to them for help. Levy funding will support training for mental health and chemical dependency providers on identifying trauma and PTSD and on evidenced-based treatment practices for PTSD. The Washington Department of Veterans Affairs is developing the curriculum for this activity to be implemented in 2009.

► **3.4 Provide in-home services to treat depression in elderly veterans and others:**

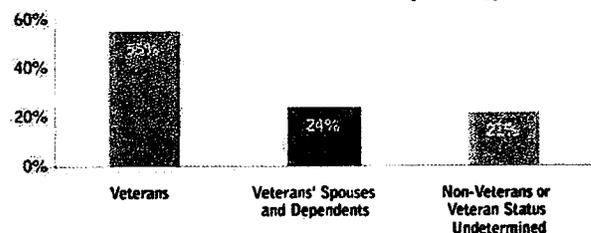
Many seniors experience depression when their infirmities or disabilities isolate them from health care, counseling, and community activities. Levy funds have been used to support the PEARLS program, which provides in-home counseling and support to homebound seniors. PEARLS has been shown to increase clients’ community involvement and to reduce depression and the need for more costly inpatient and custodial care. Two agencies, the African American Elders Program and the International Drop In Center are providing Levy-funded PEARLS services.

People served by the activities in this Levy strategy during 2008 lived throughout King County, though most were in Seattle due to the prevalence of at-risk populations there. Because of the inclusion of PTSD treatment as part of Strategy 3, a significant number of veterans and their spouses and dependents were served, a large proportion of them served by Levy-funded behavioral health services at primary health care clinics.

Location of People Served by Strategy 3



Veteran Status of Those Served by Strategy 3



Strategy 4

Maria and Jose, a Healthy Start

Maria and Jose had moved to Renton in 2007 hoping for a bright future. But Jose was unemployed, Maria was pregnant, and they were living in an unfurnished apartment where they slept on the floor and didn't even have electricity. Neither of them spoke English, and they were isolated and worried about their prospects. Maria had found a part-time job in a laundry, but it didn't pay well and she couldn't communicate with her boss. Maria and Jose had little money for rent or food and hadn't been able to afford medical care for Maria.

A case manager at the Renton Area Youth Services' Healthy Start Program was able to help. She first intervened with Maria's boss, to help clarify the terms of Maria's employment. She arranged for beds, food, clothes, utilities, bus tickets, and baby supplies, and then helped Maria find medical care. Next, she helped Jose enroll in a job training program.

By the time their baby was born, Jose had a job. Maria is home caring for the baby, but hopes to return to work soon. They have furniture and enough food to eat, and know they have support through Healthy Start for three years.

"I don't even want to think what would happen with my family if we hadn't received the enormous support that the Healthy Start provided," Maria said recently. "My family and I will always be grateful."



Many families have a difficult time getting off to the right start. Teen parents, immigrants, and parents who have been homeless or incarcerated or have experienced domestic violence often need help learning to care for their children and build a stable life. This kind of help – in the early months and years after a child is born – can prevent child abuse and neglect, and give children and their families a healthy start on life. The Levy's fourth strategy helps families at risk with a set of programs designed to strengthen the bonds between parents and children and to help parents become self-sufficient.

► **4.1 Support new mothers through the Nurse Family Partnership:**

The Nurse Family Partnership operated by Public Health-Seattle & King County serves low-income new mothers who are 19 or younger, offering them regular home visits until their baby is a toddler. Visits focus around maternal and baby health, and child development, in addition to links to employment and training to encourage future self-sufficiency. Levy funds helped the program serve 876 people: 533 mothers and 343 babies.

► **4.2 Pilot new services for maternal depression:**

Depression is twice as likely to affect women as men and peaks during women's childbearing years. Because depression can affect women's parenting behaviors, it can harm their children's health and development. The Levy funds maternal support programs at nine clinics around the county, providing education, mental health screening, and mental health and chemical dependency treatment. The program served 1,414 women.

► **4.3 Fund early childhood intervention and prevention services:**

- **Healthy Start Program.** Healthy Start focuses on at-risk families, providing home visits to strengthen healthy interactions between parents and children.
- **Family, Friend, and Neighbor Care.** Children and caregivers participate in activities to help caregivers build their skills.
- **Cultural Navigator Project.** Immigrants and refugees have access to culturally competent early childhood intervention services and links to family resources.
- **Training.** Caregivers and staff who work with high-risk

children can receive training to improve staff skills and help create high-quality environments in which children and families learn and grow.

► **4.4 Provide early intervention for parents exiting the criminal justice system living in transitional housing:**

This activity supports parents through reunification with their children and for up to one year after that, with domestic violence prevention, health care, and case management. First Place and the YWCA began providing services in the final months of 2008.

► **4.5 Invest in education and employment for single parents exiting the criminal justice system:**

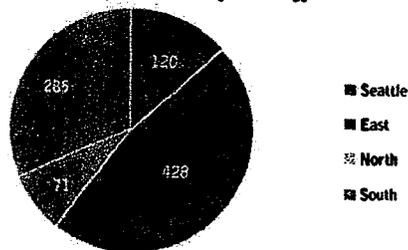
This activity is the third part of the comprehensive support network made up of Activities 2.6, 4.4 and 4.5. It focuses on education and job training, providing young parents with assistance toward high school graduation or a GED, vocational training and skills enhancement, job placement and post-placement supports, and case management.

► **4.6 Provide treatment for parents involved with the King County Family Treatment Court for child dependency cases:**

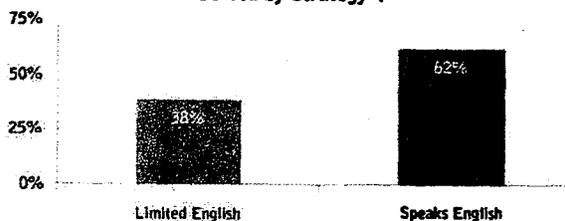
The Family Treatment Court serves the parents of children who have been removed from their homes. The court attempts to promote the children's health, safety, and welfare with substance abuse treatment and other services for the parents. Levy funds were used to address a one-year funding gap during 2007, and will support the program during 2009 as well.

Families served by Strategy 4 during 2008 lived throughout the county. A full 38% of those served had limited English-speaking ability.

Location of People Served by Strategy 4*



English-speaking Ability of Those Served by Strategy 4



*The chart reflects those clients served under Strategy 4 for whom residential information was available.

Strategy 5

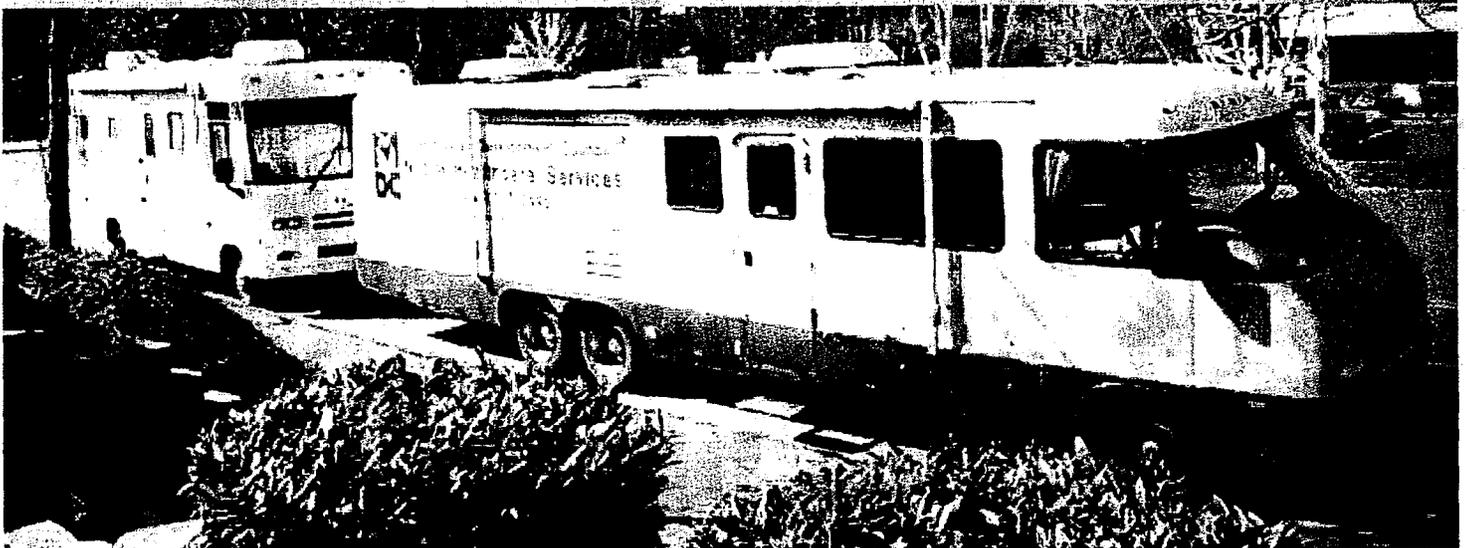
Although the vast majority of Levy funds are dedicated to direct services and housing development, a small amount has been reserved for evaluation, systems development, and related activities to ensure we can measure the results of Levy programs and invest Levy funds wisely. Evaluation projects are described below.

► **5.1 Support Levy evaluation and coordinate Levy funded regional data systems efforts:** Evaluation and performance measurement activities help guide Levy policy and investments, determine the effectiveness of Levy-funded activities, and help inform the public of the uses of their tax dollars. During 2008, \$350,000 was committed to evaluation efforts. Evaluation achievements during the year included adopting a coordinated evaluation plan building on the framework adopted in an earlier year, and developing the work plan for the final overall outcome and process evaluation reports. Significant work throughout 2008 was focused on identifying appropriate performance and outcome measures and evaluation strategies within each Levy funded project. These project outputs and outcomes were compiled into a comprehensive evaluation matrix documenting what would be measured, how it would be measured, the frequency of the measurement, and the resulting outcomes. Once reviewed by the Levy Oversight boards, requirements regarding evaluation measurements were incorporated into the Levy contracts and Memoranda of Agreement to ensure appropriate data was gathered by service agencies. Work also began on the evaluation of Strategy 1; the report will be made available in 2009.

► **5.5 Facilitate the Homeless Management Information System (HMIS):** The Safe Harbors HMIS is a critical tool in determining the nature, patterns, and extent of homelessness in King County, linking service data from over 170 programs that serve people who are homeless. In 2008, Safe Harbors began conversion to a "state of the art" system, phase one of which will be completed in 2009. Levy funds are supporting the conversion, helping to make Safe Harbors data entry tasks less complex for providers.

► **5.9 Facilitate ongoing partnerships:** Effective collaboration and partnerships are the cornerstones of any initiative to reduce fragmentation, leverage resources, and integrate services. Some examples include a pioneering partnership with Levy staff, the Puget Sound Educational Service District and the Washington Department of Veterans Affairs to develop a curriculum to support children of military families in the schools. Levy funding has also supported an annual Military Children's conference providing education on the effects of military service on children. During 2008, \$150,000 was committed to these efforts.

The mobile medical van provides care to those who are homeless in South King County. Photography © John Gilvar



2008 Financial Report: Overall Levy Fund by Strategy

The Veterans and Human Services Levy approved by the voters in November 2005 will generate more than \$13 million per year for six years to support a range of housing and human services for veterans, their families, and others in need in King County. By the end of 2008, plans for more than \$37 million in available funding had been approved by the Levy Oversight boards. During 2006 and 2007, funds totaling \$22.1 million were committed for Levy activities; during 2008, an additional \$13.5 million was committed for the services and projects described in this report for a total of \$35.6 million committed over the three years.

Strategy	Program Dollars Per Plan 2006-2007	Program Dollars Per Plan 2008	Step					
			Days/Full review status as of 12/31/08	RFP or Other Priority	2006-2007 Cumulative Funds Committed	2008 Funds Committed	2006-2008 Cumulative Expenditures	
Overarching Strategy 1: Veterans								
1.1 Expand geographic range of the King County Veterans' Program	\$300,000	\$394,970	Periodic	\$694,970	Completed	\$300,000	\$100,000	\$88,800
1.2 Increase capacity of the King County Veterans' Program	\$2,907,580	\$2,127,500	Completed	\$5,035,080	Completed	\$2,907,580	\$2,127,500	\$3,463,805
1.3 Phone resource for veterans	\$100,000	\$100,000	Completed	\$200,000	RFQ Apr 09	\$-	\$-	\$-
1.4 Provide training & info re: VA linkages	\$40,000	\$40,000	Under Discussion	\$-		\$-	\$-	\$-
Overarching Strategy 2: Homelessness								
2.1 Initiatives to identify/engage/house long term homeless	\$470,000	\$820,000	Completed	\$1,290,000	Completed	\$470,000	\$820,000	\$372,934
2.2 Increase permanent housing w/ support services	\$9,855,000	\$2,961,782	Completed	\$12,816,782	Annual RFP	\$9,855,000	\$2,961,782	\$9,881,729
2.3 Landlord risk reduction	\$1,000,000	\$-	Completed	\$1,000,000	Completed	\$1,000,000	\$-	\$-
2.4 Investment in support services for housing	\$1,250,000	\$1,250,000	Completed	\$2,500,000	Annual RFP	\$1,250,000	\$1,250,000	\$183,657
2.5 KCCJI housing/services	\$500,000	\$500,000	Completed	\$1,000,000	Completed	\$500,000	\$500,000	\$110,000
2.6 Perm housing placement suppt/ CJ parents exiting transitional hsg	\$-	\$110,000	Completed	\$110,000	Completed	\$-	\$65,460	\$-
2.7 Housing stability program	\$1,000,000	\$1,000,000	Completed	\$2,000,000	Completed	\$1,000,000	\$1,000,000	\$803,374
2.8 Link education & employment to supportive housing	\$700,000	\$850,000	Completed	\$1,550,000	Completed	\$700,000	\$850,000	\$294,599
Overarching Strategy 3: Behavioral Health								
3.1 Integrate MH/CD into primary care clinics	\$1,100,000	\$1,300,000	Completed	\$2,400,000	Completed	\$1,100,000	\$1,040,653	\$1,306,813
3.2 Training programs in trauma sensitive & PTSD treatment	\$75,000	\$75,000	Completed	\$150,000	Completed	\$-	\$-	\$-
3.3 Train behavioral health providers in PTSD	\$250,000	\$250,000	Completed	\$500,000	Completed	\$-	\$-	\$-
3.4 In-home services to treat depression in elderly vets, others	\$140,000	\$168,000	Completed	\$308,000	Completed	\$140,000	\$168,000	\$165,000
Overarching Strategy 4: Strengthening Families								
4.1 Nurse Family Partnership	\$400,000	\$467,500	Completed	\$867,500	Completed	\$400,000	\$467,500	\$627,712
4.2 Pilot new services for maternal depression	\$500,000	\$500,000	Completed	\$1,000,000	Completed	\$500,000	\$500,000	\$625,000
4.3 Early childhood intervention/prevention	\$493,000	\$493,000	Completed	\$986,000	Completed	\$493,000	\$493,000	\$533,781
4.4 Early intervention support for parents exiting CJ/in transitional hsg	\$-	\$280,000	Completed	\$280,000	Completed	\$-	\$280,000	\$21,640
4.5 Invest in education and employ for single parents exiting CJ	\$-	\$150,000	Completed	\$150,000	Completed	\$-	\$68,072	\$-
4.6 Family Treatment Court	\$200,000	\$-	Completed	\$200,000	Completed	\$200,000	\$-	\$200,000
Overarching Strategy 5: Resource Management and Evaluation								
5.1 Evaluation	\$550,000	\$350,000	Completed	\$900,000	Completed	\$550,000	\$350,000	\$116,039
5.2 Cross system planning/Youth	\$250,000	\$-	Sched Jun 09	\$-	RFP Sept 09	\$-	\$-	\$-
5.3 Profile of offenders with MH & COD	\$120,000	\$-	Completed	\$120,000	Completed	\$120,000	\$-	\$120,000
5.4 Planning, training, service design efforts	\$-	\$100,000	Sched Sept 09	\$-		\$-	\$-	\$-
5.5 Safe Harbors	\$350,000	\$275,000	Completed	\$625,000	Completed	\$350,000	\$275,000	\$24,360
5.6 Information systems	\$350,000	\$-	Sched Jun 09	\$-		\$-	\$-	\$-
5.7 Consultation and training (HIPAA)	\$150,000	\$-	Completed	\$150,000	Completed	\$150,000	\$-	\$-
5.8 Common data set	\$200,000	\$100,000	Sched Dec 09	\$-		\$-	\$-	\$-
5.9 Facilitation of ongoing partnerships	\$150,000	\$150,000	Completed	\$300,000	Completed	\$150,000	\$150,000	\$285,368
Subtotal:	\$23,400,580	\$14,812,752		\$37,133,332		\$22,135,580	\$13,466,967	\$19,224,610
Percent of available program dollars:	100.0%	100.0%		97.2%		94.6%	90.9%	50.3%
Administration and Board Support	\$665,000	\$866,456						\$1,092,373
Planning, Development and Start-up	\$1,717,408	\$-						\$584,087
Subtotal:	\$2,382,408	\$866,456						\$1,676,460
Total:	\$25,782,988	\$15,679,208		\$37,133,332		\$22,135,580	\$13,466,967	\$20,901,070

2008 Financial Report: Veterans Levy Fund by Strategy

When the Veterans and Human Services Levy was approved, voters committed half its funds to serve veterans, military personnel, and their families. Many of the Levy's programs for veterans are funded through Strategy 1, but all but one of the other strategies also provide a range of services directed at veterans. This table shows the Levy funds committed to serving veterans between 2006 and 2008: a total of \$11.4 million during 2006 and 2007 and \$5.4 million during 2008.

Strategy	2006 Available Dollars	2007 Available Dollars	Step 1		Step 2	Step 3		Step 4
			Open/Periodic Review Status as of 12/31/08	2006-2007 Available Dollars	2008 Available Dollars	2006-2007 Available Dollars	2008 Available Dollars	Life to Date Available Dollars
Overarching Strategy 1: Veterans								
1.1 Expand geographic range of the King County Veterans' Program	\$300,000	\$394,970	Periodic	\$694,970	Completed	\$300,000	\$100,000	\$88,800
1.2 Increase capacity of the King County Veterans' Program	\$2,907,580	\$2,127,500	Completed	\$5,035,080	Completed	\$2,907,580	\$2,127,500	\$3,463,805
1.3 Phone resource for veterans	\$100,000	\$100,000	Completed	\$200,000	RFQ April 09	\$-	\$-	\$-
1.4 Provide training & info re: VA linkages	\$40,000	\$40,000	Under Discussion	\$-		\$-	\$-	\$-
Overarching Strategy 2: Homelessness								
2.1 Initiatives to identify/engage/house long term homeless	\$141,000	\$246,000	Completed	\$387,000	Completed	\$141,000	\$246,000	\$92,443
2.2 Increase permanent housing w/support services	\$5,062,500	\$636,853	Completed	\$5,699,353	Annual RFP	\$5,062,500	\$636,853	\$5,069,182
2.3 Landlord risk reduction	\$500,000	\$-	Completed	\$500,000	Completed	\$500,000	\$-	\$-
2.4 Investment in support services for housing	\$375,000	\$375,000	Completed	\$750,000	Annual RFP	\$375,000	\$375,000	\$53,736
2.5 KCCJ housing/services	\$150,000	\$150,000	Completed	\$300,000	Completed	\$150,000	\$150,000	\$22,500
2.6 Perm housing placement suppt/ CJ parents exiting transitional hsg	\$-	\$-	Completed	\$-	Completed	\$-	\$-	\$-
2.7 Housing stability program	\$500,000	\$500,000	Completed	\$1,000,000	Completed	\$500,000	\$500,000	\$304,621
2.8 Link education & employment to supportive housing	\$210,000	\$255,000	Completed	\$465,000	Completed	\$210,000	\$255,000	\$26,557
Overarching Strategy 3: Behavioral Health								
3.1 Integrate MH/CD into primary care clinics	\$600,000	\$800,000	Completed	\$1,400,000	Completed	\$600,000	\$627,861	\$690,653
3.2 Training programs in trauma sensitive & PTSD treatment	\$22,500	\$22,500	Completed	\$45,000	Completed	\$-	\$-	\$-
3.3 Train behavioral health providers in PTSD	\$250,000	\$250,000	Completed	\$500,000	Completed	\$-	\$-	\$-
3.4 In-home services to treat depression in elderly vets, others	\$70,000	\$84,000	Completed	\$154,000	Completed	\$70,000	\$84,000	\$82,500
Overarching Strategy 4: Strengthening Families								
4.1 Nurse Family Partnership	-	-	-	-	-	-	-	\$-
4.2 Pilot new services for maternal depression	-	-	-	-	-	-	-	\$-
4.3 Early childhood intervention/prevention	-	-	-	-	-	-	-	\$-
4.4 Early intervention support for parents exiting CJ/in transitional hsg	-	-	-	-	-	-	-	\$-
4.5 Invest in education and employ for single parents exiting CJ	-	-	-	-	-	-	-	\$-
4.6 Family Treatment Court	-	-	-	-	-	-	-	\$-
Overarching Strategy 5: Resource Management and Evaluation								
5.1 Evaluation	\$275,000	\$175,000	Completed	\$450,000	Completed	\$275,000	\$175,000	\$58,020
5.2 Cross system planning/Youth	\$125,000	\$-	Sched June 09	\$-	RFP Sept 09	\$-	\$-	\$-
5.3 Profile of offenders with MH & COD	\$60,000	\$-	Completed	\$60,000	Completed	\$60,000	\$-	\$60,000
5.4 Planning, training, service design efforts	\$-	\$50,000	Sched Sept 09	\$-		\$-	\$-	\$-
5.5 Safe Harbors	\$105,000	\$82,500	Completed	\$187,500	Completed	\$105,000	\$82,500	\$-
5.6 Information systems	\$175,000	\$-	Sched June 09	\$-		\$-	\$-	\$-
5.7 Consultation and training (HIPAA)	\$75,000	\$-	Completed	\$75,000	Completed	\$75,000	\$-	\$-
5.8 Common data set	\$100,000	\$50,000	Sched Dec 09	\$-		\$-	\$-	\$-
5.9 Facilitation of ongoing partnerships	\$75,000	\$75,000	Completed	\$150,000	Completed	\$75,000	\$75,000	\$142,683
Subtotal:	\$12,218,580	\$6,414,323		\$18,052,903		\$11,406,080	\$5,434,714	\$10,155,500
Percent of available program dollars:	100.0%	100.0%		96.9%		93.4%	84.7%	54.5%
Administration and Board Support	\$332,500	\$401,710						\$577,334
Planning, Development and Start-up	\$1,304,884	\$-						\$520,482
Subtotal:	\$1,637,384	\$401,710						\$1,097,816
Total:	\$13,855,964	\$6,816,033		\$18,052,903		\$11,406,080	\$5,434,714	\$11,253,316

2008 Financial Report: Human Services Levy Fund by Strategy

When the Veterans and Human Services Levy was approved, voters committed half its funds to serve veterans and the remaining half to serve individuals and families in need throughout the county. Levy funds have provided a range of housing, supportive services, behavioral health care, and family support services. This table shows the Levy funds committed to human services between 2006 and 2008: a total of \$10.7 million during 2006 and 2007 and \$8 million during 2008.

Strategy	Program Dollars for Plan 2006-2007	Program Dollars for Plan 2008	Step 1		Step 2		Step 3		Step 4
			State/Fed/County/Local	State/Fed/County/Local	RFP or Other Process	2006-2007 Dispositive Fund Committed	2008 Funds Committed	Funds to Date Available for Expenses	
Overarching Strategy 1: Veterans									
1.1	-	-	-	-	-	-	-	-	-
1.2	-	-	-	-	-	-	-	-	-
1.3	-	-	-	-	-	-	-	-	-
1.4	-	-	-	-	-	-	-	-	-
Overarching Strategy 2: Homelessness									
2.1	\$329,000	\$574,000	Completed	\$903,000	Completed	\$329,000	\$574,000	\$ 280,491	
2.2	\$4,792,500	\$2,324,929	Completed	\$7,117,429	Annual RFP	\$4,792,500	\$2,324,929	\$4,812,547	
2.3	\$500,000	\$-	Completed	\$500,000	Completed	\$500,000	\$-	\$ -	
2.4	\$875,000	\$875,000	Completed	\$1,750,000	Annual RFP	\$875,000	\$875,000	\$129,921	
2.5	\$350,000	\$350,000	Completed	\$700,000	Completed	\$350,000	\$350,000	\$87,500	
2.6	\$-	\$110,000	Completed	\$110,000	Completed	\$-	\$65,460	\$ -	
2.7	\$500,000	\$500,000	Completed	\$1,000,000	Completed	\$500,000	\$500,000	\$498,753	
2.8	\$490,000	\$595,000	Completed	\$1,085,000	Completed	\$490,000	\$595,000	\$268,042	
Overarching Strategy 3: Behavioral Health									
3.1	\$500,000	\$500,000	Completed	\$1,000,000	Completed	\$500,000	\$412,792	\$616,160	
3.2	\$52,500	\$52,500	Completed	\$105,000	Completed	\$-	\$-	\$-	
3.3	\$-	\$-	Completed	\$-	Completed	\$-	\$-	\$-	
3.4	\$70,000	\$84,000	Completed	\$154,000	Completed	\$70,000	\$84,000	\$82,500	
Overarching Strategy 4: Strengthening Families									
4.1	\$400,000	\$467,500	Completed	\$867,500	Completed	\$400,000	\$467,500	\$627,712	
4.2	\$500,000	\$500,000	Completed	\$1,000,000	Completed	\$500,000	\$500,000	\$625,000	
4.3	\$493,000	\$493,000	Completed	\$986,000	Completed	\$493,000	\$493,000	\$533,781	
4.4	\$-	\$280,000	Completed	\$280,000	Completed	\$-	\$280,000	\$21,640	
4.5	\$-	\$150,000	Completed	\$150,000	Completed	\$-	\$68,072	\$-	
4.6	\$200,000	\$-	Completed	\$200,000	Completed	\$200,000	\$-	\$200,000	
Overarching Strategy 5: Resource Management and Evaluation									
5.1	\$275,000	\$175,000	Completed	\$450,000	Completed	\$275,000	\$175,000	\$58,020	
5.2	\$125,000	\$-	Sched June 09	\$-	RFP Sept 09	\$-	\$-	\$-	
5.3	\$60,000	\$-	Completed	\$60,000	Completed	\$60,000	\$-	\$60,000	
5.4	\$-	\$50,000	Sched Sept 09	\$-	-	\$-	\$-	\$-	
5.5	\$245,000	\$192,500	Completed	\$437,500	Completed	\$245,000	\$192,500	\$24,360	
5.6	\$175,000	\$-	Sched June 09	\$-	-	\$-	\$-	\$-	
5.7	\$75,000	\$-	Completed	\$75,000	Completed	\$75,000	\$-	\$-	
5.8	\$100,000	\$50,000	Sched Dec 09	\$-	-	\$-	\$-	\$-	
5.9	\$75,000	\$75,000	Completed	\$150,000	Completed	\$75,000	\$75,000	\$142,683	
Subtotal:	\$11,182,000	\$8,398,429		\$19,080,429		\$10,729,500	\$8,032,253	\$9,069,109	
Percent of available program dollars:	100.0%	100.0%		97.4%		96.0%	95.6%	46.3%	
Administration and Board Support	\$332,500	\$464,746						\$515,039	
Planning, Development and Start-up	\$412,524	\$-						\$63,605	
Subtotal:	\$745,024	\$464,746						\$578,644	
Total:	\$11,927,024	\$8,863,175		\$19,080,429		\$10,729,500	\$8,032,253	\$9,647,753	



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

African American Elders Project
Area Agency on Aging – City of Seattle Aging and Disability Services
Archdiocesan Housing Authority
Catholic Community 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
Compass Center
Community Health Plan
Community House Mental Health Agency
Country Doctor Community Health Centers
Crisis Clinic
Downtown Emergency Service Center
Eastside Interfaith Social Concerns Council
Evergreen Treatment Services
Family Services of King County

First Place
Friends of Youth
Foundation for the Challenged
Harborview Medical Center
Health Care for the Homeless Network
HealthPoint
Hopelink
Housing Resources Group
International Community Health Services
International Drop-in Center
King County Behavioral Health Safety Net Consortium
Low Income Housing Institute
Multi-Service Center
Navos (formerly Highline Mental Health)
NeighborCare Health
Neighborhood House
Northshore Youth & Family Services
Odessa Brown Children's Center
Pioneer Human Services
Plymouth Housing Group
Projects for Assistance in Transition from Homelessness (PATH)
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
St. Andrews Housing Group
United Way of King County
University of Washington
Valley Cities Counseling and Consultation
Vashon HouseHold
Vashon Youth & Family Services
Washington Department of Veterans Affairs
Youth Eastside Services
YWCA of Seattle-King County-Snohomish County

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