## STAFF REPORT

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| **Agenda Items:** | 4, 5, 6 & 7 | **Name:** | Sam Porter |
| **Proposed No**.: | 2019-0414  2019-0415  2020-0195  2020-0196 | **Date:** | July 29, 2020 |

**SUBJECT**

Four proposed motions that would acknowledge receipt of the progress and final reports on the coordination of the delivery of benefits and services to low-income King County residents as requested through the 2019-2020 Biennial Budget Ordinance[[1]](#footnote-1), Section 62, Proviso P2 and Section 98, Proviso P1.

**SUMMARY**

Proposed Motions 2019-0414 and 2019-0415 would acknowledge receipt of the progress report on the coordination of the delivery of benefits and services to low-income King County residents[[2]](#footnote-2) and Proposed Motions 2020-0195 and 2020-0196 would acknowledge receipt of the final report. These reports were requested through the 2019-2020 Biennial Budget Ordinance, Section 62, Proviso P2 in the Department and Community and Human Services (DCHS) appropriation unit, and Section 98, Proviso P1 in the Public Health—Seattle & King County (PHSKC) allocation. Table 1 below delineates which motion applies to which report and budget proviso.

**Table 1. Proposed Motions, Appropriation Section, and Report Type**

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| Proposed Motion | Proviso in Ordinance 18835 | Report Type |
| 2019-0414 | DCHS, Section 62, Proviso P2 | Progress |
| 2019-0415 | PHSKC, Section 98, Proviso P1 |
| 2020-0195 | DCHS, Section 62, Proviso P2 | Final |
| 2020-0196 | PHSKC, Section 98, Proviso P1 |

If Proposed Motions 2019-0414, 2019-0415, 2020-0195, and 2020-0196 were adopted, $500,000 each of appropriation authority would be released to the PHSKC and DCHS budgets. It appears that all four reports are responsive and meet the terms of each proviso.

**BACKGROUND**

King County provides an array of programs and services crafted specifically to meet the needs of low-income residents. These programs exist across King County government in multiple departments and agencies and include such programs as Metro's ORCA LIFT[[3]](#footnote-3), Limited Income Deferrals for property taxes through the Assessor's Office[[4]](#footnote-4), the Cleanup LIFT discount program for county-operated recycling and garbage transfer stations through the Solid Waste Division[[5]](#footnote-5), and the Department of Public Defense (DPD) which provides attorneys to financially eligible individuals facing certain kinds of criminal and civil proceedings[[6]](#footnote-6).

The two King County departments who provide the largest number of programs and services for low-income residents are PHSKC and DCHS. DCHS administers programs related to housing and homelessness investments, behavioral health treatment, and human services supported by federal, state, and local funding sources. PHSKC provides a wide range of public health services, including communicable disease control, environmental health services, epidemiology, jail health services, chronic disease and injury prevention, emergency medical services coordination and delivery, medical examiner services and a countywide community health center system that serves individuals and families who otherwise are unable to access health care.

The provisos requesting the aforementioned progress and final reports are identical and each withholds $500,000 each from the PHSKC and DCHS appropriations for the current biennial budget. The proviso language is below.

1. *Of this appropriation, $500,000 shall not be expended or encumbered until the executive transmits the following:*
   1. *A final report on the coordination of the delivery of benefits and services to residents in poverty, and a motion that should acknowledge receipt of the report and reference the subject matter, the proviso's ordinance, ordinance section and proviso number in both the title and body of the motion and a motion acknowledging receipt of the report is passed by the council; and*
   2. *A progress report on the progress of the final report as described in this proviso, and a motion that should acknowledge receipt of the report and reference the subject matter, the proviso's ordinance, ordinance section and proviso number in both the title and body of the motion and a motion acknowledging receipt of the report is passed by the council.*
2. *The Department of Community and Human Services and Public Health – Seattle & King County shall work collaboratively on a final report that will* *assess the coordination of the delivery of the most common benefits and services to residents in poverty. Benefits or services should include those that are provided directly by the county, funded by the county, or provided by other non-county organizations partnering with the county. The Department of Community and Human Services and Public Health – Seattle & King County should also consider benefits and services provided by other county agencies, such as the Metro transit department's ORCA LIFT, to residents in poverty and work with those agencies to get input for the final report. The Department of Community and Human Services and Public Health – Seattle & King County* *shall approach the effort through the perspective of the customers, who are county residents that receive benefits and services, and recognize the challenges customers might face in receiving all benefits and services available.*
3. *The Department of Community and Human Services and Public Health – Seattle & King County shall collaborate to also convene focus groups with customers to identify challenges and barriers on receiving benefits and services and to receive feedback on ways to address the challenges and barriers. The focus groups may also include social workers, case workers, health care providers and community organizations to understand the customers' perspectives.*
4. *The final report shall include, but not be limited to:*
   1. *A summary of focus groups assessed as described in this proviso. The summary shall include, but not be limited to:*
      1. *a list of organizations included in the focus group engagement;*
      2. *gaps and barriers identified in delivering benefits to residents;*
      3. *ways to streamline the delivery of benefits and services so that customers can receive them all in either a single location or a single method, or both; and*
      4. *obstacles and challenges of identifying, applying and receiving benefits and services for customers in particular;*
   2. *An assessment of the role of technology in improving the coordination of benefits and services. The assessment should include evaluating the county's existing "customer/constituent" database and its capabilities, new and existing back-end technology, such as data warehousing with business intelligence capabilities, and new and existing front-end technology tools, such as smart phone applications, web portals and a smart card. In particular, the assessment should include an assessment of smart card programs like the Clarity Card in Washoe County, Nevada; and*
   3. *Recommendations based on the focus groups and assessment of the role of technology, as described in subsection D. 1. and 2. of this proviso, to improve integration of the benefits and services to residents in poverty.*
5. *The progress report shall include, but not be limited to, progress made to date on the final report and any challenges to produce the final report.*
6. *The executive should file the progress report and motion required by this proviso by September 30, 2019, and the final report and motion required by this proviso by March 31, 2020, in the form of a paper original and an electronic copy with the clerk of the council, who shall retain the original and provide an electronic copy to all councilmembers, the council chief of staff and the lead staff for the health, housing, and human services committee, or its successor.*

**ANALYSIS**

**Progress Report | Proposed Motions 2019-0414 and 2019-0415**

Attachment A to Proposed Motions 2019-0414 and 2019-0415 contains the progress report as requested by Ordinance 18835, Section 62, Proviso P2 and Section 98, Proviso P1. The reports attached to each motion are identical. The summary of progress outlined in the report includes:

* Establishing an interdepartmental working group of staff from DCHS, PHSKC, Office of Performance, Strategy, and Budget (PSB), King County Department of Information Technology (KCIT) and the Office of Equity and Social Justice (OESJ),
* Defining key terms,
* Identifying common low-income benefits and services using the King County Determinants of Equity[[7]](#footnote-7) report as a framework,
* Reviewed recent community engagement findings related to low-income services,
* Planning focus groups and outreach,
* Identifying IT integration projects designed to improve the coordination of benefits,
* Identifying challenges and mitigation strategies to facilitate the completion of the final report.

The progress report defines low-income as households at or below 200% of the federal poverty level. The staff working group conducted internal stakeholder interviews and identified the following as the most common benefits and services offered to King County residents in poverty that fit the criteria of the proviso requirements:

* Behavioral health and recovery services,
* Employment support and training,
* Housing supports and homelessness prevention,
* Other social services, including capacity building and youth programs,
* ORCA LIFT,
* Public health services, including health care, health promotion, and wrap-around services,
* Property tax exemptions and deferrals, and
* Public defense services.

Table 2 shows the County programs and initiatives that the progress report indicates would be included in the analysis for the final report.

**Table 2. County Programs and Initiatives Serving Low-Income Residents**

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| --- | --- |
| Department | Initiative/Program |
| DCHS | Behavioral Health and Recovery Division |
| DCHS | Best Starts for Kids Initiative |
| DCHS | Familiar Faces Initiative |
| DCHS | Homeless Management Information System Project |
| DCHS | Employment Services Section |
| DCHS | Developmental Disabilities and Early Childhood Supports Division |
| DCHS | Veterans, Seniors, and Human Services Levy Initiative |
| DCHS | Housing, Homelessness and Community Development Division |
| DCHS/PHSKC | Data Integration Project |
| PHSKC | Community Health Services Division |
| PHSKC | Access and Outreach Program |

The progress report was transmitted to Council on September 30, 2019 and appears to meet the requirements of the proviso.

**Final Report | Proposed Motions 2020-0195 and 2020-0196** Attachment A to Proposed Motions 2020-0195 and 2020-0196 contains the final report requested by Ordinance 18835, Section 62, Proviso P2 and Section 98, Proviso P1. The reports attached to each motion are identical. The final report indicates that the interdepartmental working group described in the progress report received information and assistance to produce the final report from staff in the Office of the Executive, the Assessor's Office, and the Departments of Information Technology, Public Defense, and Metro Transit. A consultant facilitated the workgroup and assisted with research for the report.

As required by the proviso, the report includes:

1. An assessment of the coordination of the delivery of the most common low-income benefits and services through the perspective of customers who are county residents;
2. A summary of focus group findings that identify challenges and feedback on how to address the challenges;
3. An assessment of the role of technology in improving the coordination of benefits and services; and
4. Recommendations based on community engagement, including focus groups, and assessment of the role of technology to improve integration of benefits and services.

According to the report, the definition of "low-income" being at or below 200 percent of the federal poverty level[[8]](#footnote-8) is consistent with several county, state and federal subsidized services and benefits programs, including Apple Health and ORCA LIFT. The final report uses a high-level list of most common benefits and services provided to low-income King County residents that matches what was described in the progress report. This includes the following:

* Physical and behavioral health services,
* Services for children, youth and families, veterans, older adults, and homeless people,
* Food, housing, transportation, and legal assistance, and
* Property tax relief.

**Assessing Coordination of the Delivery of Low-Income Benefits and Services** Examples of the coordination of low-income services and benefits organized by funding stream identified in the report are listed below. Additional detail can be found on pages 18 through 20 of the final report.

1. Best Starts for Kids
   1. Universal Developmental Screening tool
   2. Transitions to Adulthood
2. Mental Illness and Drug Dependency
   1. Juvenile Justice Youth Behavioral Health Assessments
   2. Law Enforcement Assisted Diversion
3. Veterans, Seniors and Human Services Levy
   1. Housing Stability Program
   2. Parent Education and Support
4. Behavioral Health and Recovery Services
   1. Mental health services
   2. Substance use disorder services
5. Public Health Community Health Services
   1. Public Health Clinics
   2. Healthcare for the Homeless Network
6. ORCA LIFT
7. Property Tax Exemptions and Deferrals
8. Public Defense Service

The report indicates that King County has designed and implemented systems to coordinate delivery of the most common low-income benefits and services. However, the report states that coordination of these services are most effective between divisions within King County departments and the community-based organizations with whom they contract.[[9]](#footnote-9) The report asserts that, "in most cases, that coordination is demonstrating strong results that give customers access to the benefits and services they need."[[10]](#footnote-10) The following programs were provided as examples of effective customer service coordination in King County:

1. Public Health’s Access and Outreach Program
2. King County Veterans Program in DCHS
3. Executive’s Customer Service Relationship Management platform

These programs were held up as examples by the work group because they are "customer-centered" and, "start with the needs of the customer, coordinating services within and across King County government departments. In addition, care coordination occurs using the equity and social justice principle of 'targeted universalism,' which sets clear goals for the whole population and then carries out targeted actions to make sure the universal goals are met."[[11]](#footnote-11) Additional detail can be found about each of these programs on pages 21 through 22 of the final report.

The analysis provided in the final report indicates that low-income services provided by locally-designed programs may be easier to coordinate because they often use the same eligibility rules and processes. The report asserts that King County residents may be more likely to encounter challenges with the coordination of other low-income services due to varying state and federal laws and rules. An example of this described in the report is Apple Health which has, "state-defined income eligibility levels that are higher for families with children than they are for single adults. These eligibility differences and application rules impact the county’s ability to streamline the coordination of services."[[12]](#footnote-12)

**Community Engagement** In order to inform the final report, Executive staff conducted eight focus groups, administered two surveys, and reviewed data from seven previous King County community engagement efforts in order to more fully understand the consumer experience of accessing low-income services in King County. Focus group participants included members of King County boards and commissions as well as consumers of King County low-income services who attended health care open enrollment events in Shoreline and Bellevue. Appendix A of the final report provides a list of organizations included in focus groups, where focus groups were conducted, the number of participants at each, and the date on which each event occurred. Five of the eight focus groups were held in Seattle with the remaining three held in Bellevue, Burien, and Shoreline. Appendix A of the report shows that 192 people participated. However, the report does not provide demographics about the attendees or information about how many social workers, case workers, or health care providers were represented as compared to individuals actually accessing low-income services.

Boards and commissions who participated in focus groups and surveys included:

* Behavioral Health Advisory Board
* Children and Youth Advisory Board
* Health Care for the Homeless Community Advisory Group
* Health Care for the Homeless Governance Council
* Juvenile Justice Equity Steering Committee
* King County Immigrant and Refugee Commission
* MIDD (Mental Illness and Drug Dependency) Advisory Committee
* Outreach and Access Team – health coverage open enrollment event Bellevue
* Outreach and Access Team – health coverage open enrollment event Shoreline
* Veterans, Seniors, and Human Services Levy Advisory Board

The seven previous King County community engagement efforts that were analyzed for relevant consumer perspectives include:

1. The Road Map to Zero Youth Detention, 2018
2. The Veterans, Seniors, Human Services Levy Implementation Plan, 2018
3. Maternity Support Services Focus Groups, 2018
4. MIDD 2 Service Improvement Plan, 2016
5. The Best Starts for Kids Implementation Plan, 2016
6. The Equity and Social Justice Strategic Plan, 2016-2022
7. The King County Youth Action Plan, 2015

According to the report, feedback from the boards and commission focus groups indicated that, "while coordination is important, it cannot fix problems caused by insufficient levels of services to meet population needs." Further, the report stated that, "focus group participants noted that shortages, such as those customers face when seeking affordable housing or substance use disorder treatment, may look like coordination problems, for example in entry-management systems, but they can only be fixed by increasing the supply of the needed service and offering these within a well-coordinated structure."[[13]](#footnote-13) Residents who participated in community outreach identified a number of gaps and barriers in delivering benefits and obstacles to access. Feedback provided by residents is summarized below. Additional detail can be found on pages 22 through 23 of the final report.

The following gaps and barriers in delivery were identified in the report:

* Navigating service systems is challenging for families.
* Some customers have experienced disrespectful treatment and want more supportive, relationship-based interactions.
* Multiple access points for services are needed, and in some cases – such as behavioral health – should include more schools and medical providers.
* Disparities by income and race are increasing, displacement is a concern and participants question whether county investments are being responsive.
* Lack of coordination among human services, health care and schools can exacerbate inequities or risk factors that increase the odds of entry into other systems such as the criminal legal system.

The following obstacles and challenges to access were identified in the report:

* Unmet cultural and language needs.
* Customer service is not standardized, sometimes resulting in customers receiving different information about services from different staff.
* Customer gaps in knowledge of services they are eligible for, and there is a lack of clarity regarding how city, county, state and federal services do or do not overlap.
* Lack of collaboration between departments limits more equitable outcomes and results in customers navigating multiple programs that require the repetition of information and interactions that become frustrating.
* Customer gaps in knowledge about where to access some service systems, particularly behavioral health care and youth services.
* Transportation to access services.

Recommendations from customers on ways to streamline the delivery of benefits and services are included in the final report and summarized below. Additional detail can be found on pages 25 and 26 of the report. Recommendations include:

1. Make it easy to understand what services are available and how to sign up.
2. Design services and enrollment processes with early and ongoing input from the users.
3. Use technology to make enrollment and coordination easy.
4. Make in-person, relationship-based assistance available to people who need it.
5. Partner with trusted community-based organizations.
6. Find direct solutions to fill service gaps. Be clear about what can be fixed with better coordination.

**Role of Technology** The staff workgroup identified technology that King County uses to help facilitate and coordinate the provision of low-income benefits and services. Detailed information about these technologies are included in the report and summarized below. Additional detail can be found on pages 26 through 30 of the report.

* King County DCHS-PHSKC Integrated Data Hub: This data hub allows for cross-sector data analysis between DCHS and PHSKC. Supported by KCIT, the Integrated Data Hub provides the ability to analyze data from the behavioral health system, Medicaid, the Homeless Management Information System (HMIS). According to the final report, this tool "creates opportunities for analytics, hot spotting, and business intelligence to further the capacity of DCHS and PHSKC to provide whole-person care, by studying how individuals are interacting with, and being served by, multiple systems."
* Client Outcomes Reporting Engine (CORE): The CORE allows DCHS evaluators to analyze program performance data across DCHS’s three major levy programs BSK, VSHSL, MIDD in addition to the Developmental Disabilities and Early Childhood Supports Division. This program was fully rolled out in June 2020.
* Smart Cards: Smart cards are essentially access cards, similar to an employee badge that allows access to buildings, that are used in multiple jurisdictions to assist in the coordination of low-income programs and services. According to the report King County currently uses targeted smart card applications to improve the coordination of benefits and services for specific customers, specifically within the HMIS. HMIS partner agencies currently using scan cards are REACH, Chief Seattle Club, Catholic Community Services, Compass, Salvation Army, LIHI, Mary’s Place, Lake City Shelter, YouthCare, and the Downtown Emergency Services Center. The report indicates that there are challenges when using a single card for multiple benefits and services due to the aforementioned issue regarding changing eligibility rules set by funders, including local, state, and federal governments as well as different data requirements associated with the funds.

Based on customer perspectives highlighted in the final report, the report recommends that the use of smart phone applications and web portals only be used as one feature in a larger service continuum for customers to access low-income services. This is because not all customers have easy access to the technology needed to utilize these tools. The report states that, "individuals with high needs or unusual circumstances require personalized and one-to-one interactions as they seek benefits and services."[[14]](#footnote-14)

**Final Recommendations** Informed by customer perspectives, the final recommendations included in the final report are below. Additional details can be found on pages 30 through 34 of the final report.

1. Tailor service combinations in ways that work best for specific population groups.

This includes focusing on specific population groups such as veterans, families with young children, people engaged in the criminal justice system, people experiencing homelessness or low-income older adults. Examples of programs that do this are *Help Me Grow, Senior Hubs,* and the *Familiar Faces Initiative*. Help Me Grow is designed to assist families with navigating health and social service systems. Familiar Faces is a cross-sector collaborative effort to map, design and build out an integrated system of care and support for frequent users of the King County jail. Senior Hubs have not been fully stood up but the strategy is intended to build social connections and connect with services through senior centers and virtual villages.

1. Integrate projects across the most common programs that serve the same customers.

The report identifies continuing and enhancing the County's existing technology projects including CORE, the Health and Housing data dashboard, electronic health records, and the DCHS-PHSKC Integration Data Hub.

1. Prioritize more coordination across county departments that serve the same customers.

Prioritizing coordination across departments with overlapping customer bases such as DCHS, PHSKC, DPD, KC Metro, and when appropriate, the Department of Adult and Juvenile Detentioncould lead to improved coordination of many services. Establishing, "Inter-branch teams and multi-department work teams that cross-train staff, create relationships, share information and develop service coordination linkages across agencies should be used to strengthen cross-department coordination."[[15]](#footnote-15)

1. Support cross-sector countywide and statewide efforts to coordinate systems.

The report recommends engaging in regional cross-sector efforts to coordinate systems policies, funding, and eligibility. One example identified in the report is HealthierHere's[[16]](#footnote-16) countywide Community Information Exchange (CIE). According to HealthierHere, the CIE would allow cross-sector community partners to access and contribute to a database with single longitudinal client records to share information and referrals.[[17]](#footnote-17) The report states that VSHSL funded Countywide Information and Referral strategy will invest in systems to enable interoperability and connectivity between coordinated systems across sectors.

Lastly, the report recommends not "overlaying or adding a new system that would coordinate all services and benefits for low-income residents through a single location or single method. This is not recommended because of: the increased financial investment; differences between various eligibility and enrollment systems; the speed at which eligibility rules and services evolve; and, the logistical challenges of establishing new locations, procuring new technologies and investing in new staff capacity." The report asserts that, "county government has the greatest opportunity to improve coordination related to services funded and delivered by the County, and less ability to improve program coordination for services funded by federal and state resources."[[18]](#footnote-18)

It appears that the contents of both the progress report and the final report meet the requirements of the provisos. Adoption of all four Proposed Motions would fulfill the proviso requirements and release $500,000 of appropriation to PHSKC and $500,000 to DCHS.

**INVITED**

* Josephine Wong, Deputy Director, Department of Community and Human Services
* Kirsten Wysen, Policy Analyst, Public Health—Seattle & King County

**ATTACHMENTS**

1. Proposed Motion 2019-0414 (and its attachments)
2. Proposed Motion 2019-0415 (and its attachments)
3. Proposed Motion 2020-0195 (and its attachments)
4. Proposed Motion 2020-0196 (and its attachments)

1. Ordinance 18835 [↑](#footnote-ref-1)
2. The provisos used the terms "customers" and "residents" interchangeably therefore they are used as such in this staff report. The progress report and staff report replace the term "residents" with "customers" throughout. [↑](#footnote-ref-2)
3. Metro Transit ORCA LIFT, <https://kingcounty.gov/depts/transportation/metro/fares-orca/orca-cards/lift.aspx> [↑](#footnote-ref-3)
4. King County Assessor's Office, Tax Relief, <https://www.kingcounty.gov/depts/assessor/TaxRelief.aspx> [↑](#footnote-ref-4)
5. King County Natural Resources and Parks, Cleanup LIFT Discount, news release January 18, 2019, <https://www.kingcounty.gov/depts/dnrp/newsroom/newsreleases/2019/January/18-Cleanup-LIFT.aspx> [↑](#footnote-ref-5)
6. King County Department of Public Defense, <https://www.kingcounty.gov/depts/public-defense/For-Our-Clients-Legal-Services-and-Advocacy.aspx> [↑](#footnote-ref-6)
7. The King County Determinants of Equity Report, 2015 <https://kingcounty.gov/~/media/elected/executive/equity-social-justice/2015/The_Determinants_of_Equity_Report.ashx?la=en> [↑](#footnote-ref-7)
8. Report on the Coordination of the Delivery of Benefits and Services for Low-Income King County Residents, May 29, 2020, page 6. [↑](#footnote-ref-8)
9. Ibid, page 7. [↑](#footnote-ref-9)
10. Ibid, page 7. [↑](#footnote-ref-10)
11. Ibid, page 20. [↑](#footnote-ref-11)
12. Ibid, page 5. [↑](#footnote-ref-12)
13. Ibid, page 23. [↑](#footnote-ref-13)
14. Ibid, page 28. [↑](#footnote-ref-14)
15. Ibid, page 33. [↑](#footnote-ref-15)
16. HealthierHere, [www.healthierhere.org](https://www.healthierhere.org/) [↑](#footnote-ref-16)
17. HealthierHere, Community Information Exchange Information, <https://www.healthierhere.org/wp-content/uploads/2019/10/CIE-Opportunity-Onepager-2.0-103019.pdf> [↑](#footnote-ref-17)
18. Ibid, page 34. [↑](#footnote-ref-18)