Council Meeting Date: February 22, 2010 Agenda Item: 8(a)

CITY COUNCIL AGENDA ITEM

CITY OF SHORELINE, WASHINGTON

AGENDA TITLE: Presentation regarding the King County Veterans and Human

Services Levy

DEPARTMENT: Community Services Division

PRESENTED BY: Rob Beem, Community Services Manager

ISSUE STATEMENT:

The Veterans and Human Services Levy was passed by the voters of King County in November 2005 to generate funding to help veterans, military personnel and their families and other individuals and families in need across the county through a variety of housing and supportive services. This levy allocates approximately \$13.3 million per year for six years to implement housing and human services for these two broad groups.

Half of the revenue raised funds services for veterans, military personnel and their families, including services specific to veterans' needs such as treatment for post-traumatic stress disorder. The other half funds regional health and human services, including housing, homelessness prevention, mental health and substance abuse services and employment assistance. The levy will remain in effect until 2011. Based on current valuation and the \$.05 per \$1,000 assessed value levy rate, Shoreline contributes roughly \$337,000 annually to this purpose. The Levy provides support to local agencies including the Center for Human Services, Hopelink and Compass Veterans' Housing.

Two citizen boards were created which are responsible for reviewing the expenditure of levy proceeds, and for reporting annually to the King County Executive and the King County Council. The boards will make recommendations to the Executive and Council on the issue of levy renewal or a replacement proposition prior to 2011. Two Shoreline residents, Edie Loyer-Nelson and Gary Kingsbury, serve as representatives for District 1 to the Human Services and Veterans Levy Oversight Boards. This evening they are joined by King County staff

This meeting provides Levy staff an opportunity to discuss the progress and impact of levy funded activities on services across the County and specifically for Shoreline residents. The 2008 Annual Report is attached to provide additional background. More information in the Levy is available from King County at http://kingcounty.gov/operations/DCHS/Services/Levy.aspx

Ms Loyer-Nelson and Mr. Kingsbury will be joined by King County staff Sadikifu Akina-James, Levy Project Manager, to make this presentation.

FINANCIAL IMPACT:

This is an information item and there is no financial impact on the City.

RECOMMENDATION

No action is required.

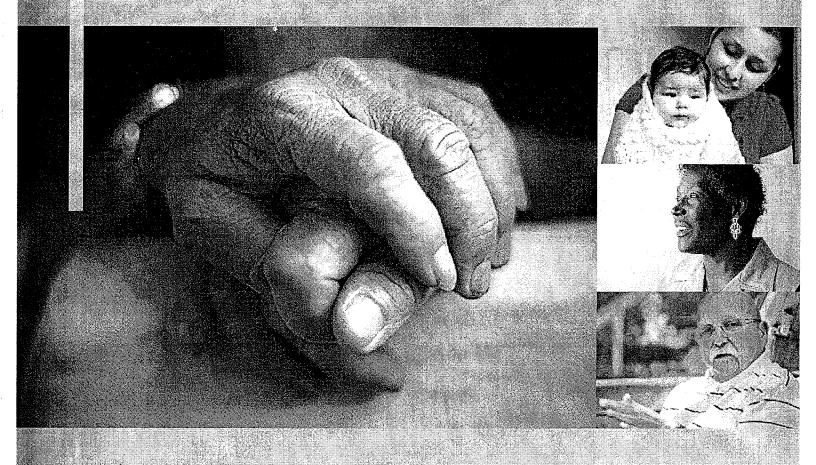
Approved By:

City Manager City Attorney ____

Attachment A: 2008 Veterans and Human Services Levy Report

2008 Annual Report

Veterans and Human Services Levy





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 longterm 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:

- 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. Roger Welles William Wood, Vice-Chair

Regional Human Services Levy Oversight Board Joe Ingram, Co-Chair Dorry Elias-Garcia, Co-Chair Kevin Bernadt Kathleen A. Brasch Kathleen Hadaller Edith Loyer Nelson -Doris P.Tevaseu

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2008 Annual Report
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Design: Lynn Hernandez, Artifact Design
Photography: ©Tim Ripley-timripley.net unless noted

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 activites 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,

Dory 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

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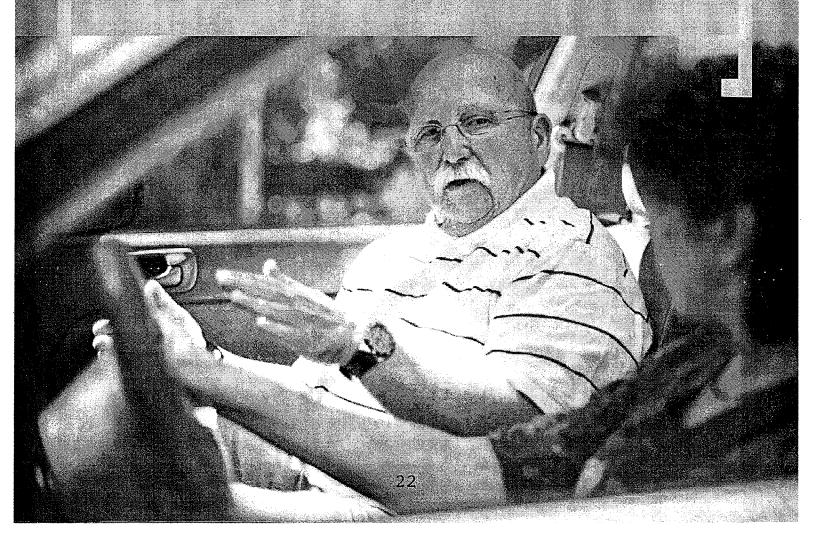
James: Help, housing, and stability

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, KGVP 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."



he 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.

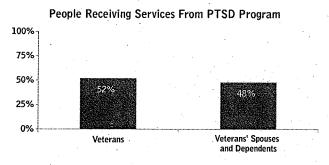
- ▶ 1.1 Expand the geographic range of the King County Veterans' Program: To better serve veterans in South King County, a King County Veterans' Program office was opened in Renton in 2007. In addition, Levy funds provided partial support for a new Auburn Veterans facility that opened in 2008 and serves 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.
- 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.





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.

Dan: Mobile Medical Care Makes the Difference

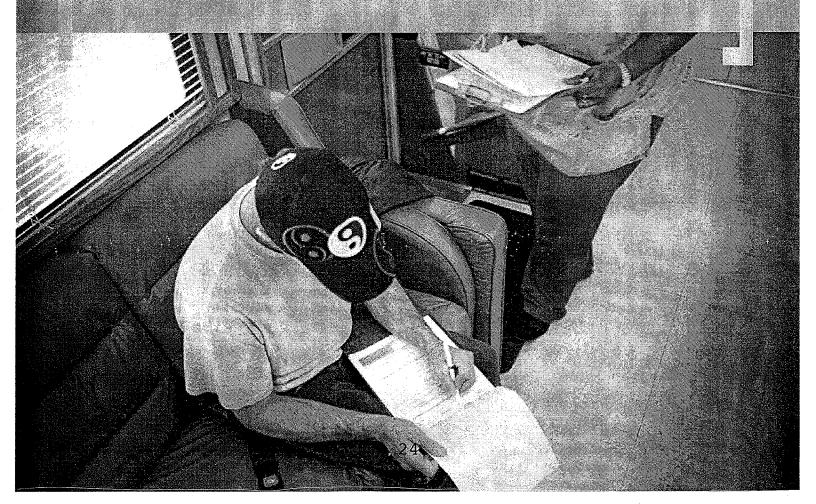
"Dan" returned home to Auburn after serving in the Gulf War, hoping to work for a friend's heating and air conditioning business. Dan was good at his job, but struggled with depression, and began drinking to try to feel better.

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.



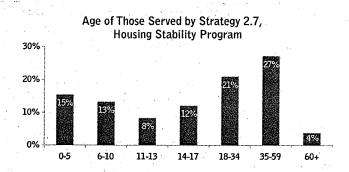
ne of the Levy's four target population groups is people who have experienced long-term homelessness. The Levy's second strategy includes a number of programs designed to prevent homelessness and to help people who have been homeless find stable, affordable housing and the support they need to succeed.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





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.

Increasing access to behavioral health services

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."



hen 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.

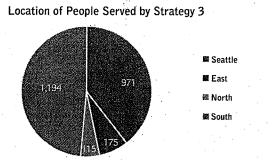
▶ 3.2 Provide training programs in trauma sensitive services and PTSD treatment: Veterans, people who have been homeless or incarcerated, and those who have suffered from domestic violence often experience PTSD. Because PTSD affects such a high proportion of people seeking housing and human services, Levy funds will be used to develop traumasensitive 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.

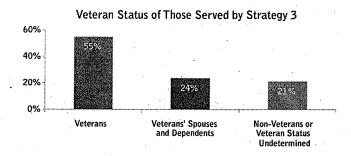
3.3 Train behavioral health providers in PTSD:

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.





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."

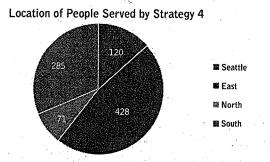


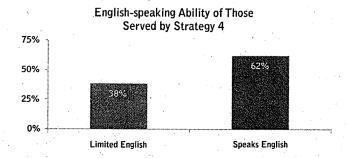
any families have a difficult time getting off to the right start. Teen parents, immigrants, and parents who have been homeless or incarcerated or have experienced domestic violence often need help learning to care for their children and build a stable life. This kind of help – in the early months and 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 5,800 women and their families.
- ▶ 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, heath 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.





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Ithough 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.

Six	tlegy.	Program Dollars Per Plan	Program Dollars Per Plan 2008	Step Bookd/Pi review sta	iblic lits as	Step 2 RFP or Other Process	2004-2007 Cumulative	tep 3 2008 Finds	Step 4 Life to Date Consulative
		2006-2007	2808	of 12751	/08		Fund Committed	Committed	Expenditures
1.1	erarching Strategy 1: Veterans Expand geographic range of	\$300,000	\$394,970	Periodic	\$694,970	Completed	\$300,000	\$100,000	\$88,800
1.2		\$2,907,580	\$2,127,500	Completed	\$5,035,080	Completed	\$2,907,580	\$2,127,500	\$3,463,805
1.3 1.4	King County Veterans' Program Phone resource for veterans Provide training & info re: VA linkages	\$100,000 \$40,000	\$100,000 \$40,000	Completed Under Discussion	\$200,000 \$-	RFQ Apr 09	\$- \$-	\$- \$-	\$- \$-
> 0\	erarching Strategy 2. Homelessness								
2.1	Initiatives to identify/engage/	\$470,000	\$820,000	Completed	\$1,290,000	Completed	\$470,000	\$820,000	\$372,934
2.2	house long term homeless Increase permanent housing w/	\$9,855,000	\$2,961,782	Completed	\$12,816,782	Annual RFP	\$9,855,000	\$2,961,782	\$9,881,729
2.3 2.4	support services Landlord risk reduction Investment in support services	\$1,000,000 \$1,250,000	\$- \$1,250,000	Completed Completed	\$1,000,000 \$2,500,000	Completed Annual RFP	\$1,000,000 \$1,250,000	\$- \$1,250,000	\$- \$183,657
2.5 2.6	for housing KCCJI housing/services Perm housing placement suppt/	\$500,000 \$-	\$500,000 \$110,000	Completed Completed	\$1,000,000	Completed	\$500,000 \$-	\$500,000	\$110,000 \$-
2.7	CJ parents exiting transitional hsg Housing stability program	\$1,000,000	\$1,000,000	Completed		Completed Completed	\$1,000,000	\$65,460	\$803,374
2.8	Link education & employment to supportive housing	\$700,000	\$850,000	Completed		Completed	\$700,000	\$850,000	\$294,599
► Ov	erarching Strategy 3; Behavioral He	alth				-		1	
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
▶ Ov	erarching Strategy 4: Strengthening	Families			-				74.5
4.1 4.2	Nurse Family Partnership Pilot new services for maternal	\$400,000 \$500,000	\$467,500 \$500,000	Completed Completed	\$867,500 \$1,000,000	Completed Completed	\$400,000 \$500,000	\$467,500 \$500,000	\$627,712 \$625,000
4.3	depression	\$493,000	\$493,000	Completed	\$986,000	· -	\$493,000		
	prevention			•	·	Completed		\$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
	erarching Strategy 5: Resource Man					,			
5.1	Evaluation	\$550,000 \$250,000	\$350,000	Completed	\$900,000	Completed	\$550,000	\$350,000	\$116,039
5.2 5.3	Cross system planning/Youth Profile of offenders with MH & COD	\$120,000	\$ \$-	Sched Jun 09 Completed	\$- \$120,000	RFP Sept 09 Completed	\$- \$120,000	\$- \$-	\$- \$120,000
5.4	Planning, training, service design efforts		\$100,000	Sched Sept 09	\$-	Completed	\$-	\$ -	\$-
5.5	Safe Harbors	\$350,000	\$275,000	Completed		Completed	\$350,000	\$275,000	\$24,360
5.6	Information systems	\$350,000	\$- \$-	SchedJun 09	\$-	C11	\$-	\$- #	\$- #
5.7 5.8	Consultation and training (HIPAA) Common data set	\$150,000 \$200,000	\$100,000	Completed Sched Dec 09	\$150,000 \$-	Completed	\$150,000 \$-	\$- \$-	\$- \$-
5.9	Facilitation of ongoing partnerships	\$150,000	\$150,000	Completed	\$300,000	Completed	\$150,000	\$150,000	\$285,368
I	Subtotal: Percent of available program dollars:	\$23,400,580 100.0%	\$14,812,752 100.0%		\$37,133,332 97.2%		\$22,135,580 94.6%	\$13,466,967 90.9%	\$19,224,610 50.3%
	Administration and Board Support	\$665,000	\$866,456						\$1,092,373
. P	lanning, Development and Start-up Subtotal:	\$1,717,408 \$2,382,408	\$- \$866,456				٠.		\$584,087 \$1,676,460
		\$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

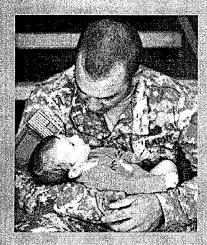
When the Veterans and Human Services Levy was approved, voters committed half its funds to serve veterans, military personnel, and their families. Many of the Levy's programs for veterans are funded through Strategy 1, but all but one of the other strategies also provide a range of services directed 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.

	10 - 0 - 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			Step	1	Step 2	Ste	р3	Step 4
Shr	tegy	Program Dollars	Program Dollars	Board	Public	REPOR	2006-2007	2008	Life to Date
		Per Plan 2006-2007	Per Plan 2008	review of 12		Other Process	Compliative Fund Committed	Frinds Committed	Copulative Expenditures
► 0\	erarching Strategy 1: Veterans		Lassagasta	LOSS AND S				l	la.
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	\$-		\$-	\$-	\$-
→	erarching Strategy 2: Homelessnes	S							
2.1	Initiatives to identify/engage/house	\$141,000	\$246,000	Completed	\$387,000	Completed	\$141,000	\$246,000	\$ 92,443
2.2	long term homeless Increase permanent housing	\$5,062,500	\$636,853	Completed	\$5,699,353	Annual RFP	\$5,062,500	\$636,853	\$5,069,182
2.3	w/support services 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	KCCJI 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 2.8	Housing stability program Link education & employment	\$500,000 \$210,000	\$500,000 \$255,000	Completed Completed	\$1,000,000 \$465,000	Completed Completed	\$500,000 \$210,000	\$500,000 \$255,000	\$304,621 \$26,557
2.6	to supportive housing	\$210,000	\$233,000	Completed	\$403,000	Completed	φ210,000	φ233,000	\$20,337
►Ou	erarching Strategy 3: Behavioral H	 eaith							
3.1	Integrate MH/CD into primary	\$600,000	\$800,000	Completed	\$1,400,000	Completed	\$600,000	\$627,861	\$690,653
3.2	care clinics Training programs in trauma sensitive	\$22,500	\$22,500	Completed	\$45,000	Completed	\$-	· \$-	\$-
3.3	& PTSD treatment 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
	•								
►Uv 4.1	erarching Strategy 4. Strengthening Nurse Family Partnership	i Families		1	#10 	l		l	\$-
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		-	- '		-	-	-	\$ -
4.6	single parents exiting CJ Family Treatment Court		_		_	-			\$-
			_	•	,				
> UV 5.1	erarching Strategy 5: Resource Mai Evaluation	nagement and \$275,000	Evaluation \$175,000	Completed	\$450,000	Completed	\$275,000	\$175,000	\$58,020
5.2	Cross system planning/Youth	\$125,000	\$173,000	Sched June 09	\$-	RFP Sept 09	\$273,000 \$-	φ1/3,000	\$30,020 \$-
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 5.6	Safe Harbors Information systems	\$105,000 \$175,000	\$82,500 \$-	Completed Sched June 09	\$187,500 \$-	Completed	\$105,000 \$-	\$82,500 \$-	\$- \$-
5.7	Consultation and training (HIPAA)	\$75,000	\$-	Completed	\$75,000	Completed	\$75,000	\$-	\$-
5.8	Common data set	\$100,000	\$50,000	SchedDec 09	\$-		\$-	\$-	\$-
_ 5.9	Facilitation of ongoing partnerships	\$75,000	\$75,000	Completed	\$150,000	Completed	\$75,000	\$75,000	\$142,683
	Subtotal: Percent of available program dollars:	\$12,218,580 100.0%	\$6,414,323 100.0%		\$18,052,903 96.9%		\$11,406,080 93.4%	\$5,434,714 84.7%	\$10,155,500 54.5%
	Administration and Board Support	\$332,500	\$401,710						\$577,334
	Planning, Development and Start-up	\$1,304,884	\$-				,		\$520,482
	Subtotal: Total:	\$1,637,384 \$13,855,964	\$401,710 \$6.816.033	\$18,052,903			\$11,406,080	\$5,434,714	\$1,097,816 \$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.

1. Expand googophic range of the	Stra ► G	tery a property of the control of th	Program Dollars Per Plan 2006-2007	Program Dollars Per Plan 2008	Ste Board/ review a of 12/	Public latus es	Step 2 RFP or Other Process	Ste 2006-2007 Cumulative Final Committed	p 3 Z008 Frinks Committee	Step 4 Life to Date Confidence Expenditures
1.4 Provide training & finite vex A line legislation of the very large of the ve	1.1	Expand geographic range of the King County Veterans' Program Increase capacity of the King County Veterans' Program	- 8	-	-	-		-	-	-
2.1 Initiatives to identify/engage/ house long term homeles/ house long term homeles/ house long term homeles/ approximate the provided pr						- - -		-	-	-
2.1. Increase permanent housing w/ support services Support serv	→ 0\									
2.2. Increase permanent housing w/ support services or services for services of services of control of the decision of the dec	2.1		\$329,000	\$574,000	Completed	\$903,000	Completed	\$329,000	\$574,000	\$ 280,491
2.3 Landlord risk reduction	2.2	. Increase permanent housing w/	\$4,792,500	\$2,324,929	Completed	\$7,117,429	Annual RFP_	\$4,792,500	\$2,324,929	\$4,812,547
2.5 KCCJI housing reviews		Landlord risk reduction Investment in support) T
CJ parents exiting transitional hag 2. Housing stability program 3.40,000 \$500,000 \$500,000 Completed \$1,000,000 Completed \$1,000,000 Completed \$1,000,000 \$500,000 \$500,000 \$595,000 \$268,042 **Note activity of the stability program in trauma sensitive & PT3D treatment \$500,000 \$500,000 Completed \$1,000,000 Completed \$500,000 \$412,792 \$616,160 primary care clinics 3.2 Training programs in trauma sensitive & PT3D treatment \$52,500 \$52,500 Completed \$1,000,000 Completed \$5. \$. \$. \$. \$. \$. \$. \$. \$. \$. \$. \$. \$. \$.		KCCJI housing/services					Completed Completed			
Souracting Strategy 3. Behavioral Health Sourage S	2.7	CJ parents exiting transitional hsg Housing stability program	\$500,000	\$500,000	Completed	\$1,000,000	Completed	\$500,000	\$500,000	\$498,753
3.1 Integrate MH/CD into primary care clinics S500,000 S500,000 S500,000 Completed primary care clinics S50,500 S52,500 S52,500 Completed S105,000 Completed S- S- S- S- S- S- S- S	2.8		\$490,000	\$595,000	Completed	\$1,085,000	Completed	\$490,000	\$595,000	\$268,042
primary care clinics 3.2 Training programs in trauma sensitive & PTSD treatment 3.3 Train behavioral health providers in PTSD 3.4 In-home services to treat depression in elderly vets, others POverarching Strategy 4. Strengthening Families 4.1 Nurse Family Partnership 4.1 Nurse Family Partnership 4.2 Pilot new services for south dishond intervention/ prevention 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/in transitional hsg 4.5 Invest in education and employ for single parents exiting CJ/streament and Evaluation 5.1 Evaluation 5.2 Cross system planning/Youth 5.2 Cross system planning/Youth 5.2 Cross system planning/Youth 5.3 Profile of offenders with MH & COD 5.4 Planning, training, service design efforts 5. S245,000 5. Sched June 09 5. Sch	• • 0v	erarching Strategy 3: Behavioral I	Health			•			,	
3.2 Training programs in trauma sensitive & PTSD treatment 3.3 Train behavioral health \$-\$ Completed \$-\$ Completed \$-\$ Completed \$-\$ S-\$ S-\$ S-\$ S-\$ S-\$ S-\$ S-\$ S-\$ S-\$	3.1		\$500,000	\$500,000	Completed	\$1,000,000	Completed	\$500,000	\$412,792	\$616,160
3.3 Train behavioral health providers in PTSD providers in PTSD 3.4 In-home services to treat depression in elderly vets, others 570,000 \$84,000 \$84,000 \$82,500 \$82,500 \$84,000 \$82,500 \$82,500 \$84,000 \$82,500 \$82	3.2	Training programs in trauma	\$52,500	\$52,500	Completed	\$105,000	Completed	\$-	\$-	\$-
## Overarching Strategy 4: Strengthening Families ### 4.1 Nurse Family Partnership	3.3	Train behavioral health providers in PTSD			Completed		Completed	\$-	\$-	\$-
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 investing and training CJ/in transitional hsg in the completed support for parents exiting CJ/in transitional hsg in the completed support for parents exiting CJ/in transitional hsg in the completed support for parents exiting CJ/in transitional hsg in the completed support for single parents exiting CJ/in transitional hsg in the completed support for single parents exiting CJ/in transitional hsg in the completed support for single parents exiting CJ/in transitional hsg in the completed support for single parents exiting CJ/in transitional hsg in the completed support for single parents exiting CJ/in transitional hsg in the completed support for single parents exiting CJ/in transitional hsg in the completed support for single parents exiting CJ/in transitional hsg in the completed support support for single parents exiting CJ/in transitional hsg in the completed support support for single parents exiting CJ/in transitional hsg in the completed support supp	3.4		\$70,000	\$84,000	Completed	\$154,000	Completed	\$70,000	\$84,000	\$82,500
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 investing CJ/in Completed S200,000 Completed S200,000 S2. S275,000 S175,000 S2. S275,000 S20,000 S2. S275,000 S2. S27	. ► Ov	erarching Strategy 4: Strengtheni	ı 10 Families		1					
maternal depression maternal depression maternal depression series	4.1	Nurse Family Partnership	\$400,000							
4.3 Early childhood intervention \$493,000 \$493,000 \$493,000 \$493,000 \$533,781	4.2		\$500,000	\$500,000	Completed	\$1,000,000	Completed	\$500,000	\$500,000	\$625,000
Parents exiting CJ/in transitional hsg Sister Siste	. 4.3	Early childhood intervention/	\$493,000	\$493,000	Completed	\$986,000	Completed	\$493,000	\$493,000	\$533,781
for single parents exiting CJ 4.6 Family Treatment Court \$200,000 \$- Completed \$200,000 Completed \$200,000 \$- \$200,000 **Deveracting Strategy 5: Resource Management and Evaluation 5.1 Evaluation \$-\$275,000 \$175,000 Completed \$450,000 Completed \$275,000 \$175,000 \$58,020 \$- Completed \$60,000 \$- Complet	4.4	parents exiting CJ/in transitional hsg		\$280,000	Completed	\$280,000	•	\$-	\$280,000	\$21,640
Subtotal: Planning, Development and Board Support Planning, Development and Start-up Subtotal: S774,002 S175,000 S175,000 S175,000 S175,000 S58,020 Completed S450,000 Completed S275,000 S175,000 S58,020 S58,020 S275,000 S58,020	* * * * * * * * * * * * * * * * * * * *	for single parents exiting CJ	·		1		-	·		
Solution Sign Sig	4.6	Family Treatment Court	\$200,000	\$-	Completed	\$200,000	Completed	\$200,000	\$-	\$200,000
Solution Sign Sig	► Ov	erarching Strategy 5: Resource M	anagement and	Evaluation						
S.3 Profile of offenders with MH & COD \$60,000 \$- \$- \$- \$- \$- \$- \$-	5.1	Evaluation	\$275,000	\$175,000						
S.4 Planning, training, service design efforts										
5.6 Information systems \$175,000 \$- Sched June 09 \$- Completed \$75,000 \$- S- Sched June 09 \$- S- Sched June 09 \$- S-		Planning, training, service					Completed			
5.7 Consultation and training (HIPAA)		Safe Harbors	\$245,000 \$175,000				Completed			
5.8 Common data set \$100,000 \$50,000 <td>5.7</td> <td>Consultation and training (HIPAA)</td> <td></td> <td></td> <td></td> <td></td> <td>Completed</td> <td></td> <td></td> <td></td>	5.7	Consultation and training (HIPAA)					Completed			
Subtotal: \$11,182,000 \$8,398,429 \$19,080,429 \$10,729,500 \$8,032,253 \$9,069,109 97.4% \$96.0% \$95.6% 46.3% Administration and Board Support Planning, Development and Start-up Subtotal: \$745,024 \$464,746 \$10.00 \$10							Completed			
Percent of available program dollars: 100.0% 100.0% 97.4% 96.0% 95.6% 46.3% Administration and Board Support Planning, Development and Start-up Subtotal: \$332,500 \$464,746 \$63,605 \$63,605 \$578,644		· · · · · · · · · · · · · · · · · · ·			Completed		Completed			
Planning, Development and Start-up \$412,524 \$ \$ \$63,605 Subtotal: \$745,024 \$464,746 \$ \$578,644		ercent of available program dollars:	100.0%	100.0%	÷					
Subtotal: \$745,024 \$464,746 \$578,644								·		
	PI								,	



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

www.kingcounty.gov/DCHS/Levy