

VETERANS & HUMAN SERVICES LEVY

2012 ANNUAL REPORT



King County

The Veterans and Human Services Levy renewal for 2012–2017 was approved by King County voters in 2011. It built on the success of the 2006–2011 levy, and will provide almost \$16 million each year to help people in need.

Half the levy revenue continues to be dedicated to veterans, military personnel, and their families (Veterans Levy Fund). The other half is for other individuals and families in need (Human Services Fund). Two boards provide oversight to the two portions of levy funding.

The 2012–2017 levy goals support King County’s Strategic Plan, and equity and social justice efforts.

The levy goals are to:

- ▶ Prevent and reduce homelessness.
- ▶ Reduce unnecessary criminal justice and emergency medical system involvement.
- ▶ Increase self-sufficiency of veterans and vulnerable populations.

The levy’s Service Improvement Plan set out four overarching strategies to achieve the goals:

- ▶ Supporting veterans and their families to build stable lives and strong relationships
- ▶ Ending homelessness through outreach, prevention, permanent supportive housing and employment
- ▶ Improving health through the integration of medical and behavioral health services
- ▶ Strengthening families at risk.

This 2012 Annual Report summarizes the levy’s progress and accomplishments during the year.

During 2012 the Veterans Citizen Levy Oversight Board and Regional Human Services Levy Oversight Board each met a dozen times and together hosted four joint board meetings. They donated 216 hours reviewing the current status of levy programs, bringing the total number of volunteer hours provided since the beginning of the levy to 2,693 hours. During the year, they reviewed almost half of the levy-funded programs including newly funded programs, such as the emerging programs for justice involved veterans, as well as ongoing programs, such as the Nurse Family Partnership. The boards will continue their review of levy programs in 2013.

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Dear Friend:

It was an exciting day in August 2011 when almost 70 percent of King County voters approved renewal of the Veterans and Human Services Levy for six more years. The transition to the new levy went smoothly and we have successfully completed our first year of the renewed levy. During 2012, levy activities served more than 52,800 individuals, more than 8,200 of whom were veterans, current troops and their families.

The 2012–2017 levy continued the first levy's overarching goals to reduce homelessness and criminal justice system involvement, as well as to increase the self-sufficiency of veterans, their families and those in need. To increase our ability to measure success in meeting these goals, the new levy set performance targets for all of its programs. These targets confirm each program's success and document the contribution to meeting the levy's goals. The Evaluation Report section of this report provides details on the levy programs' success.

Here are a few highlights of 2012 accomplishments for each of the levy's goals:

▶ **PREVENT AND REDUCE HOMELESSNESS:**

The Housing Health Outreach Team worked with 762 Seattle and South King County residents whose complex needs made it difficult for them to maintain stable housing. Ninety-one percent maintained housing for one year.

▶ **REDUCE UNNECESSARY CRIMINAL JUSTICE AND EMERGENCY MEDICAL SYSTEM INVOLVEMENT:**

- ▶ After one year of involvement in the Forensic Intensive Supportive Housing program, participants' jail bookings declined by 51 percent and days in jail declined by 74 percent.
- ▶ Data available on 110 individuals referred to housing through the Client Care Coordination program showed community psychiatric hospital days declined by almost 70 percent and emergency department admissions declined by 66 percent.

▶ **INCREASE SELF-SUFFICIENCY OF VETERANS AND VULNERABLE POPULATIONS:**

The Career Connections Program helped 123 homeless people, including more than 55 veterans, work toward self-sufficiency, with more than 50 engaging in vocational training and 76 getting employment.

While we celebrate the success of the first year of the 2012–2017 levy, our community still faces economic challenges. We must sustain the safety net to help support our neighbors who may have lost their jobs and be at risk of becoming homeless, or young first-time parents needing help to get their new families off to a good start. As the military conflicts overseas wind down, we will continue to see veterans return home needing assistance with issues resulting from their service, and family members who need our support as they adjust to their family's "new normal." We are committed to supporting our veterans, their families and others in need in King County. The investments in levy-funded programs will continue to meet important needs in our county.

Thank you for your continued support of the Veterans and Human Services Levy.

Sincerely,



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



Douglas D. Hoople, Chair
Veterans Levy
Oversight Board



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

Supporting Veterans and Their Families to Build Stable Lives and Strong Relationships

Real Hope for the Future



“Jasmine,” a 35-year-old Army veteran, and her two young children were on verge of being homeless. Jasmine had been experiencing domestic violence, and had gotten a “no contact” order for her partner. Jasmine’s Army service had left her in poor health. She was worried about whether she could keep herself and her children safe.

Then Jasmine got a referral to the King County Veterans Program (KCVP). Staff of the Levy’s Homeless Veteran Street Outreach program, operated by the Washington State Department of Veteran Affairs, were able to get temporary housing for Jasmine and her children, then permanent affordable housing. Jasmine also began working

with a KCVP case manager to develop goals for herself and a plan to achieve them. The case manager helped her apply for U.S. Department of Veterans Affairs (VA) disability benefits and connected her to other resources, such as the female veteran assistance programs offered by the VA.

Jasmine’s health and stability improved as the year progressed. By the fall, with her case manager’s help, Jasmine took the big step of enrolling in a community college certificate program. She was also able to secure a work-study position at the VA. Both will improve her ability to earn a living and provide for her children. Jasmine now has real hope for her family’s future, and her own.

In 2012, Levy Strategy 1 helped more than 5,700 veterans and family members access the medical and behavioral health services they need, and secure stable housing and employment to reintegrate into our communities.

Supporting Veterans and Their Families to Build Stable Lives and Strong Relationships

King County is home to at least 127,000 veterans. As the wars in Iraq and Afghanistan wind down, there will be an increasing need to help returning veterans and their families as they struggle with mental and physical health problems, finding affordable housing, getting training and finding employment. Unlike veterans of prior eras, veterans of recent conflicts typically have served multiple tours of duty and are more likely to have a service-connected disability. The increasing numbers of women veterans and veterans of color may face additional barriers to reestablishing stable lives. In 2012, Levy Strategy 1 helped more than 5,700 veterans and family members access the medical and behavioral health services they need, and secure stable housing and employment to reintegrate into our communities.

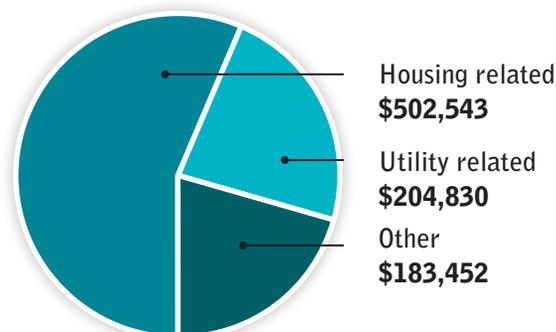
ACTIVITY 1.1

King County Veterans Program

The King County Veterans Program (KCVP) has been serving veterans in need and their families since the 1950s. The first levy moved the program to a case management model with a wider geographic reach. Levy funding has enabled the KCVP to serve groups that other veterans' programs do not serve, such as National Guard and Reserve veterans, families of veterans, and children of deployed parents. The focus of the KCVP is to help clients become self-sufficient. New clients receive a thorough assessment. A case manager helps the client identify how to move toward greater life stability and self-sufficiency. In 2012, the program:

- ▶ Contacted 941 veterans or family members through satellite offices and provided services for 497.
- ▶ Provided shelter services to 318 veterans through contracts with community providers for shelter beds and transitional housing.

2012 KCVP Financial Assistance



The majority of financial assistance KCVP (1.1) provided was for rent and utilities.

- ▶ Provided 1,680 veterans and military personnel with short-term financial assistance totaling \$890,825 primarily to assist with rent and utility bills.
- ▶ Provided case management assistance to 2,430 veterans, helping more than 62 percent attain one or more of their case plan goals.

ACTIVITY 1.2

Veteran Outreach and Engagement

Many veterans and their family members are not aware of services available to them or are overwhelmed by the complexity and specialized focus of different services. The levy funded three outreach and engagement activities for veterans.

- ▶ **Enhanced outreach to women veterans and veterans of color.** Levy-funded services reached and assessed the needs of 721 women veterans and veterans of color in 2012, and helped 602 connect with services and resources they needed, such as housing, medical and mental health care, employment skills, and help with disability claims. Those who filled out satisfaction surveys gave the service an average approval rating of 97 percent.
- ▶ **Veteran information and referral.** A total of 984 veterans contacted the call center in 2012. The call center connected more than 76 percent to veteran-specific resources and services. The center also had a high rate of success helping veterans negotiate the process of applying for veterans' benefits for medical care, housing and education. The center conducted outreach at a dozen veteran-focused events and locations, and distributed materials featuring the call center telephone number.
- ▶ **Homeless veteran street outreach.** The program offered services to 173 veterans and their families who were homeless or at risk of homelessness. A total of 131 completed an assessment, with 60 receiving housing or shelter services. A total of 116 successfully completed case plans, including actions to obtain health, employment and pension benefits. The program also helped injured veterans obtain their disability and pension benefits totaling more than \$2 million.

ACTIVITY 1.3

Veterans Employment and Training

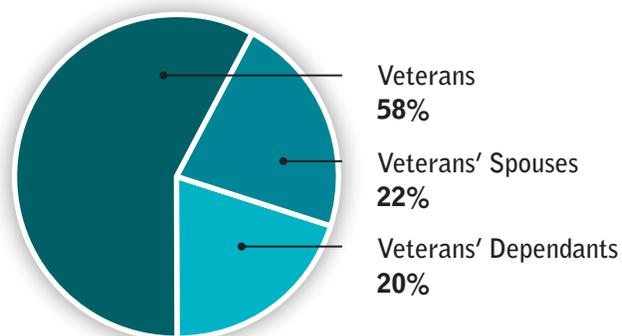
Levy funds supported an effort to help veterans transition to a civilian career. In 2012, the program enrolled 157 veterans, and helped 98 either find jobs or get into training programs. The staff also furthered relationships with major employers and worked closely with the King County chapters of the Society for Human Resource Managers. The society set up hiring fairs and mock interviews exclusively for veterans.

ACTIVITY 1.4

Post-Traumatic Stress Disorder / Military Sexual Trauma Treatment

Levy funding enabled many more veterans to receive treatment for post-traumatic stress disorder (PTSD) than possible with other funding. The treatment providers are located throughout King County, expanding access to service, increasing convenience and scheduling opportunities, and providing greater privacy than veterans may encounter with other programs. The program enabled family members to be seen for treatment, too, either alone or with their veteran relative. The levy's program is cited as a model by mental health professionals in other counties and states. A total of 306 low-income veterans and family members received PTSD treatment. The program also provided 118 hours of professional education for health care providers.

People Served by the PTSD Program (558 total)



Levy funds supported services for PTSD (1.4) for veterans, their spouses and their dependants.

ACTIVITY 1.5

Veterans Justice

The levy aims to help veterans who encounter civil legal barriers to a stable life, or whose mental health or addictions have led them into involvement with the criminal justice system. Three programs addressed these needs in 2012.

- ▶ **Veterans Incarcerated Program (VIP).** The VIP program¹ provided case-management for justice-involved veterans whose incarceration was related to mental health challenges or chronic addictions. The program helped them identify their own recovery and reentry process, and provided referrals to treatment and housing. In 2012, VIP screened 209 veterans for services, engaging 180 in the program. The program made 190 referrals, including 38 for housing, with eight housing placements completed.
- ▶ **Veterans Legal Assistance Program.** This program aimed to reduce barriers to housing, employment and self-sufficiency for veterans and family members who were at risk of or experiencing homelessness. In 2012, the program assessed the needs of 264 veterans and family members, and provided 61 with legal advocacy or counseling that helped resolve their civil legal issues. Another 185 were referred to other legal service providers.
- ▶ **Emerging programs for justice-involved veterans.** Levy funds supported a liaison for both the Seattle Veterans Treatment Court and the new King County Regional Veterans Court, which opened in June 2012. The liaison met with veterans and screened for eligibility for the court, including trauma history, mental health and medical needs, and other reentry needs. The liaison assisted 74 eligible veterans with the court process and made referrals for services, with 27 accessing services they needed. Two opted into the court.

ACTIVITY 1.6

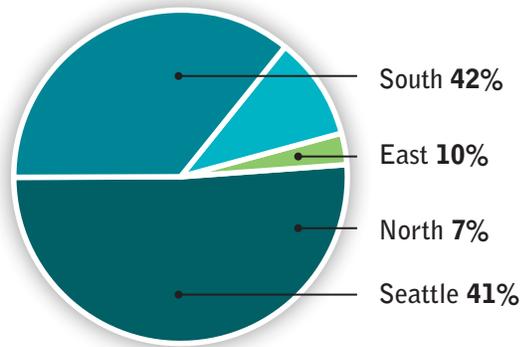
Support for Military Families

As more troops returned from multiple deployments, they and their families needed support to re-establish stable, self-sufficient lives. Two levy-funded programs focused on preventing family instability and homelessness in 2012.

¹ The VIP program used a jail reentry support model for individuals with co-occurring disorders, based on a national best practice identified by the National GAINS Center of the federal Substance Abuse and Mental Health Services Administration. The program also used the evidence-based practice of Motivational Interviewing.

- ▶ **Military family outreach.** This program conducted outreach in the community, assessed the needs of 305 households, and provided a total of 1,129 referrals to housing and health services in 2012. Follow-up identified that 274 individuals successfully connected with the services they needed.
- ▶ **Military family counseling.** This new levy-funded program was set up to provide family-centered counseling for military and veteran households before, during and after deployment to promote family stability and prevent domestic violence. The program conducted research in 2012 and will begin serving families in 2013.

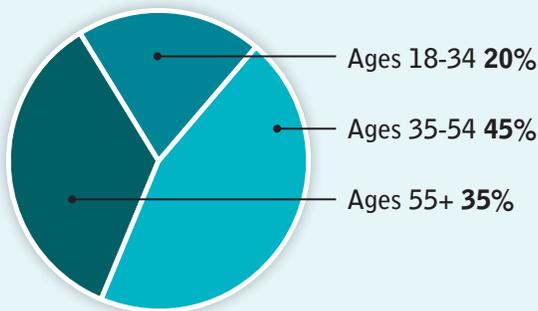
Location of King County Residents Served by Strategy 1 (6,266 total)



The veterans and family members served by Strategy 1 lived throughout King County, with 70 percent living outside Seattle.

Thirty-five percent of veterans served by Strategy 1 were age 55 or older.

Ages of Veterans Served by Strategy 1



Veterans of all ages and representing a number of war eras were served by Strategy 1.



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

From Unemployed to a New Sales Record



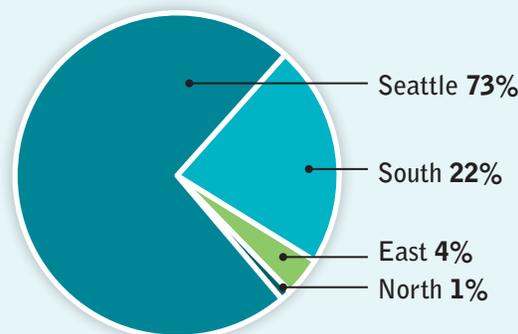
“Anton” was working to stabilize his life. He had gotten into transitional housing, but now he needed a job. He had carpentry experience and was signed up with a union, but had not been called for a permanent position. His housing program referred him to the Community Employment Services (CES) program, which is co-located at Work-Source Centers. Since Anton lacked computer skills, staff helped him create a resume.

Just then, Home Depot contacted Anton’s housing provider asking for referrals for clients who were bilingual and had painting experience. Anton had both the language and the technical skills Home Depot wanted. His Employment Navigator helped him complete an online application.

When Home Depot asked Anton to come for an interview, the CES staff helped him prepare. The staff also gave the recruiter a positive reference for him. Anton was thrilled when Home Depot offered him a full-time Paint Specialist position at \$16 an hour! The staff helped him get a bus pass to commute to work.

From the start, Anton really enjoyed the work at Home Depot. After only three months, he broke their record for paint sales to a single client! Anton takes great pride in his job, and has been able to move into permanent housing.

Location of King County Residents Served by Strategy 2 (12,477 total)



People served by Strategy 2 lived predominantly in Seattle.

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

The levy's second strategy furthered the work of the Ten-Year Plan to End Homelessness in King County and the Five-Year Plan to End Homelessness Among Veterans in King County. This strategy helps work toward all three levy goals: reducing homelessness, reducing unnecessary criminal justice and emergency medical involvement, and increasing self-sufficiency. The activities in 2012 included a full continuum of services, from engaging with homeless people on the street all the way through helping get them into stable housing and employment. These activities addressed the needs of nearly 12,500 clients, of whom 9,700 were homeless and more than 1,300 were veterans and family members.

\$16

Levy funding has leveraged \$16 for every \$1 the levy spent on permanent housing.

ACTIVITY 2.1

Outreach and engagement.

Chronically homeless individuals often have extreme psychiatric and health needs and substance abuse challenges. They are among the highest users of costly emergency services. However, their psychiatric needs and life experience often lead them to reject help. The levy funded four programs to reach and engage homeless adults, win their trust over time, and help them get the health and housing services they needed.

- ▶ **Homeless street outreach.** The levy continued to invest in the REACH Program² in 2012, which conducted active outreach to homeless and addicted adults, provided case management to 586 adults to connect them to housing and health services, and helped 103 move into stable housing. The program provided health care services to 277 people. The program also collaborated with the Landlord Liaison Project, which encouraged renting to homeless individuals, providing landlords with a 24-hour call-in line and risk reduction funds.
- ▶ **Dutch Shisler Sobering Center and Emergency Service Patrol.** Levy funds continued to support the Emergency Service Patrol (ESP), a round-the-clock

service in Seattle to engage homeless people and transport them to services they need, relieving the more costly emergency responders of providing this care. Many are transported to the Dutch Shisler Sobering Support Center, which manages acute intoxication symptoms and initiates recovery. In 2012, the program served 5,294 people and transported 3,244 to the Sobering Center. The program also expanded services to Seattle's Beacon Hill neighborhood.

- ▶ **Mobile medical outreach.** The levy-funded mobile medical unit provided outreach, health care, dental care and care coordination to 669 homeless people in 2012. The mobile unit provided clinic times on a rotating schedule at meal programs in South King County. In 2012, the unit included 48 dental clinics, a 40 percent increase from the prior year, and helped 20 clients obtain dentures, enabling them to eat a healthier diet. Levy funding made it possible to replace the aging mobile medical van. The program's success rate was high in two areas. Thirty-nine percent of clients with mental health needs attended at least one appointment for treatment; 39 percent of those the project helped to apply for state medical benefits received those benefits.
- ▶ **South King County homeless outreach.** The levy supported the Program for Assistance in Transition from Homelessness (PATH), an outreach effort to engage and address the needs of the chronically homeless population in South King County. The program went to meal sites, overnight shelters, parks and other locations to reach out to homeless individuals, and responded to referrals from city and county workers. In 2012, the program contacted 373 long-term homeless individuals, and engaged 120 (32 percent) in community services and housing.

ACTIVITY 2.2

Capital funds for permanent housing.

Levy funds helped support development of affordable housing linked to supportive services to assist the homeless and those at risk of homelessness. In 2012, refurbishing was completed of the 64-unit Evergreen Court and construction began on Nyer Urness House in Seattle, which will serve 21 veterans. Funds awarded during 2012 will help support the development of 182 new units of affordable housing. Levy funding has provided seed money and leveraged \$16 for every \$1, resulting in 931 units of housing being developed since 2006.

2 The REACH Program used two evidence-based approaches: "assertive outreach" to engage homeless persons with substance abuse problems, and "harm reduction" to reduce the harmful effects of substance abuse and homelessness.

“If it weren’t for the Housing Health Outreach Team, we would have more tenants that would be unable to keep their housing.”

– Danielle Montrose, Housing Case Manager, Plymouth Housing Group

ACTIVITY 2.3

Housing Stability Program.

Levy funds helped a network of providers across the county prevent 1,193 households, including 384 veteran households, from becoming homeless by providing emergency rent and mortgage assistance. The companion Landlord Liaison Project also provided eviction prevention assistance to formerly homeless residents during periods of instability, to help them retain their housing. A total of 2,593 people were served, including more than 1,000 children. Ninety percent of these households retained their housing for at least 12 months, a testament to the program’s effectiveness.

ACTIVITY 2.4

Support services for permanent housing.

Providing supportive services in combination with housing has proven to be a cost-effective way to help formerly homeless people achieve more stable and healthy lives. The levy funded two supportive services programs in 2012.

- ▶ **Housing Health Outreach Team (HHOT).** The program worked with 762 people in Seattle and South King County whose complex needs made it difficult to maintain stable housing. Key services included medical care and mental health referrals, coordinating substance abuse treatment, wound treatment, and crisis intervention. Ninety-one percent of clients maintained housing for at least one year; 64 percent improved their skills in managing their chronic illnesses.

65%

The Mobile Medical Program has leveraged 65 percent of its budget with levy funds.

- ▶ **On-site support services.** The levy helped fund a variety of support services³ tied to 17 affordable housing buildings, including four new buildings in 2012. The program served 678 households made up of 801 individuals in 2012, with services including housing case management, treatment referrals, chemical dependency and employment assistance. More than 90 percent of clients maintained stable housing for at least one year, enabling them to focus on education, employment and treatment to increase their self-sufficiency.

ACTIVITY 2.5

Criminal justice initiatives.

The levy supported two programs of the King County Criminal Justice Initiative to locate and provide supportive housing options for adults with serious mental illness, who also have a history of homelessness or who are at high risk of becoming homeless, and who have extensive criminal histories.

- ▶ **Forensic Assertive Community Treatment (FACT).** The FACT program⁴ provided intensive recovery support services for adults with severe mental illness and a substance abuse disorder, and who have repeatedly been in the county or municipal jails. The program served 56 individuals in 2012. King County levy and Mental Illness and Drug Dependency (MIDD) funding enabled the program to leverage Medicaid dollars for eligible clients. Many participants needed initial training and support in the activities of daily living. An evaluation of FACT’s first three years found that participants had a 45 percent reduction in jail/prison bookings, a 38 percent reduction in days incarcerated, and reduced use of inpatient psychiatric services.
- ▶ **Forensic Intensive Supportive Housing (FISH).** The FISH program⁵ used a housing-first approach to providing supportive housing for homeless veterans and other adults with mental illness who have been involved in the criminal justice system. The program served a total of 73 individuals in 2012. A program evaluation showed that jail bookings of FISH participants decreased by 51 percent in their first

3 The on-site support services used complementary best practice approaches of Housing First and, when clients choose to engage in supportive services, Harm Reduction.

4 The FACT program uses the evidence-based Assertive Community Treatment model, which has been shown to reduce hospitalizations and emergency room visits for severely mentally ill adults, applying it to people involved in the criminal justice system.

5 The FISH program’s integrated mental health and substance abuse treatment is based on the evidence-based Integrated Dual Disorder Treatment program.

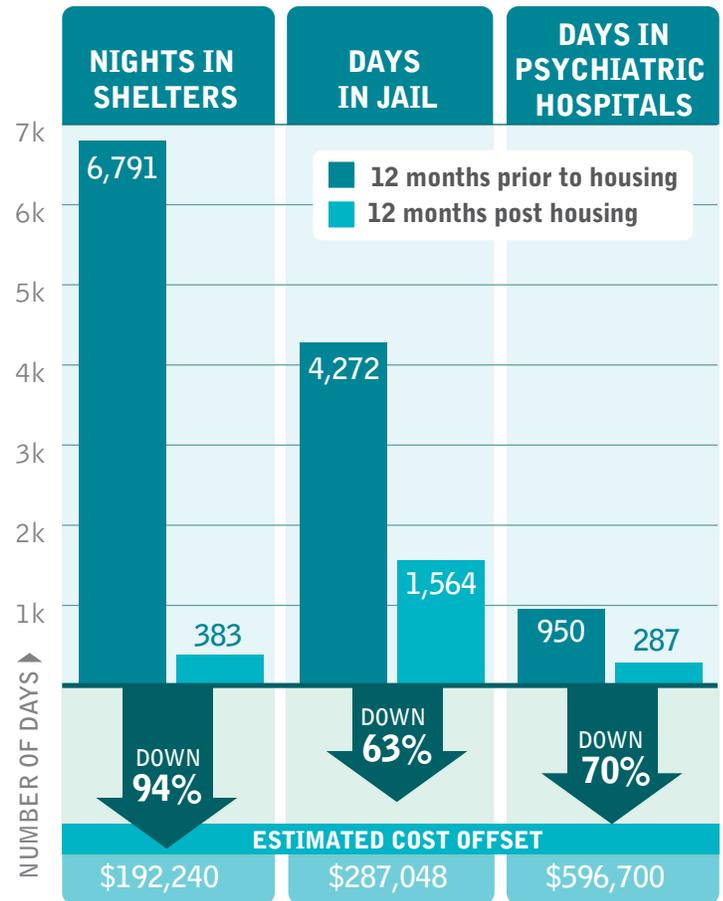
year in the program, and the number of days in jail declined by 74 percent.

ACTIVITY 2.6

Employment and training.

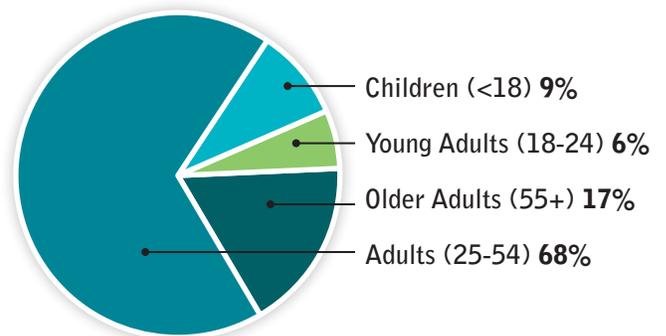
Employment is a key to self-sufficiency. In 2012, the levy supported two ongoing and two new employment programs.

- ▶ **Community Employment Services.** This project provided education and employment services to homeless individuals and families. Co-located at WorkSource centers, the project helped participants develop individual action plans, identify needed job readiness and vocational training, address barriers to employment, and access social services. In 2012, the project enrolled 970 individuals, and helped 484 get jobs.
- ▶ **Career Connections.** A project aimed to help homeless people gain self-sufficiency, it helped clients repair their credit, identify their skills, get vocational training, and conduct job searches. The project also made referrals for mental health and substance abuse issues that could be a barrier to finding employment. In 2012, the project enrolled 123 people, including more than 55 veterans, helped more than 50 engage in vocational training, and 76 get jobs. Several clients in the project were able to move into market-rate homes.
- ▶ **Aerospace and Veterans Employment Training initiative.** The Metropolitan King County Council approved funding for this new program in the last quarter of 2012. The project was able to sponsor a training class in manufacturing at South Seattle Community College that started in November, and enrolled a full cohort of 17 students, 13 of whom were veterans.
- ▶ **King County HERO Veterans Internship Program.** The King County Council also approved funding for this new program in the last quarter of 2012. The program provides six months of a paid internship for veterans in King County departments that share the cost 50/50. The program will have two cohorts of 10 interns for six months each in 2013. In December 2012 the County posted the initial internship, selecting from the 59 veteran applicants, 10 interns to start in January 2013.



Home makes a difference. Finding permanent housing dramatically reduced the use of expensive services.

Ages of People Served by Strategy 2



Strategy 2 programs served those who were homeless or at risk of homelessness, the majority of whom were working-age adults.

Improving Health Through the Integration of Medical and Behavioral Health Services

Making Art Improves a Veteran's Life



“Ron,” a 51-year-old Army veteran who had been homeless on and off for 10 years, had found housing with the levy-supported Compass Veterans Center. When Valley Cities Counseling and Consultation’s clinician at the Compass Veterans Center started working with Ron, he had high levels of depression and anxiety, along with significant health issues and memory problems. In addition, childhood abuse had left him with a low opinion of himself.

Ron was receiving medical services at the VA Medical Center but needed help advocating for himself. The levy-funded clinician helped

Ron learn about his health conditions and provided him with reminder notes of scheduled appointments. After finding out that Ron really enjoyed using art to cope with his symptoms, the clinician asked him to make drawings about his feelings.

The clinician also coordinated with the case manager at Ron’s housing program, to help him access the King County Veterans Program for financial assistance and to coordinate appointment reminders. The clinician worked with his Veterans Affairs Supportive Housing nurse practitioner to address his chronic medical needs and support him to maintain permanent stable housing.

Ron has learned to cope better with his depression and anxiety, using a combination of counseling and artwork. He recently had an art show, ending with several buyers interested in purchasing his artwork!

“Problem-solving skills taught me how to search for solutions on my own and to keep working on it. ... [This] helped me a lot in learning how to confront my problems.”

– Client, age 69, who participated in the Program to Encourage Active, Rewarding Lives for Seniors (PEARLS)

Improving Health through the Integration of Medical and Behavioral Health Services

The levy's third strategy directly addresses the levy goal of reducing unnecessary use of the emergency medical system. In 2012, the levy continued to fund activities that involved integrating behavioral health care and primary health care, and produced promising results. The activities served a total of 8,336 people, including 955 veterans and family members.

ACTIVITY 3.1

Behavioral health integration.

The levy supported two programs that integrate behavioral health screening and primary care as part of offerings at community clinics for low-income people and veterans, many of whom have chronic, untreated mental health challenges. This approach⁶ reaches patients who might not otherwise seek mental health services, reduces the stigma associated with treatment and increases the likelihood that patients will complete their treatment.

- ▶ **Behavioral health integration.** In 2012, 4,198 low-income adults served in community clinics received screening for depression, anxiety and substance abuse. Of these, 3,248 screened positive and were engaged in treatment. The majority received at least two visits with a mental health provider at a clinic. Of those seeing a mental health provider, 55 percent showed reduced levels of depression or anxiety. These results are comparable to national clinical trials of integrated care and are impressive for a low-income, chronically mentally ill population.
- ▶ **Behavioral health integration for veterans.** In 2012, 576 veterans and family members received screening in their primary care clinic for depression, anxiety and substance abuse, and were engaged in treatment. The majority received at least two visits with a mental health provider at the clinic. Fifty-eight percent showed reduced levels of depression or anxiety after the mental health visits.

ACTIVITY 3.2

Veteran and trauma competency training.

Levy funding supported training sessions for mainstream and for veteran-specific health professionals on appropriate and effective treatment services for PTSD and other trauma. A total of 84 training sessions were offered in 2012, with 899 professionals who serve veterans and 1,090 mainstream providers participating.

ACTIVITY 3.3

Health care reform system design and implementation.

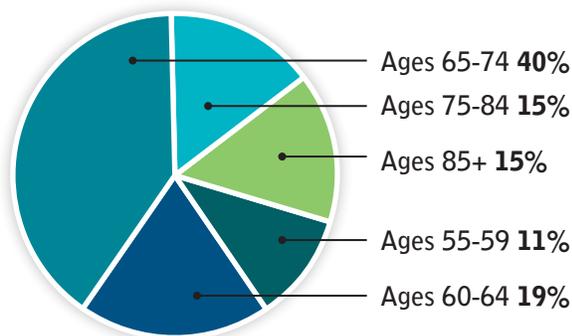
The purpose of this activity is to continue the integration of behavioral health and primary health, and maximize opportunities for efficiencies for both government and community agency systems. The goal is to afford the county's most vulnerable population the benefits of good health. Initial planning took place in 2012 for implementation in 2013.

ACTIVITY 3.4

Depression intervention for seniors.

Levy funding continued to support the Program to Encourage Active, Rewarding Lives for Seniors (PEARLS), which is a multi-week course offered in the homes of older adults who are experiencing mild depression. The 89 older veterans, spouses and other adults participating in 2012 learned to recognize and manage the symptoms of depression and develop a plan of social and physical activities they enjoy to improve their quality of life. A total of 82 completed the program, with 100 percent showing improvement.

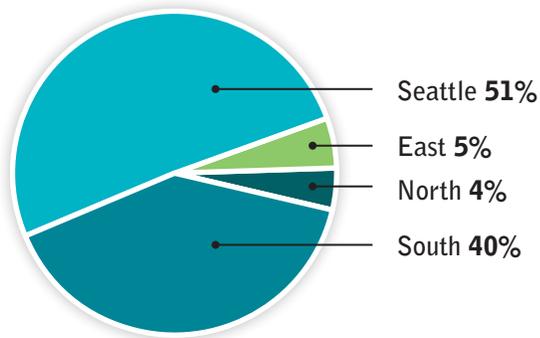
Ages of Clients Served by Depression Intervention (PEARLS) (182 total)



The PEARLS served people from age 55 up, with the largest number in the 65 to 74 age group.

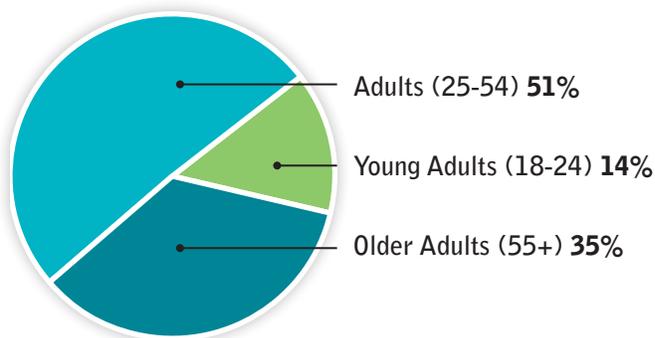
⁶ Integrating mental health services with primary care community clinics is an evidence-based approach known as the IMPACT Model or collaborative stepped care.

Location of King County Residents Served by Strategy 3 (8,336 total)



People served by Strategy 3 lived throughout King County, with the largest share in Seattle and South King County.

Age of People Served by Strategy 3



Strategy 3 programs primarily served adults.

ACTIVITY 3.5

Facilitation of ongoing partnerships.

This activity continued building partnerships developed during the first levy, helped ensure a smooth transition to the renewed levy, and continued to explore new opportunities for collaboration with its levy partners.

ACTIVITY 3.6

Client care coordination.

Activities in the first levy demonstrated that providing permanent supportive housing for homeless individuals who have been high utilizers of costly public safety and emergency medical systems will reduce their use of these systems. In 2012, this activity maintained a high-utilizer database of 1,305 persons who might be eligible for services. The project received referrals of 456 individuals and screened them for possible housing placement. Of these, 227 met the requirements of high system use or vulnerability and were referred to fill vacant supportive housing units. A total of 112 individuals, 15 of whom were veterans, were accepted and moved into supportive housing in 11 buildings. By tracking individuals housed in 2011, both one year prior to and one year after move-in, analysis demonstrated a dramatic drop in the use of costly services. These included a:

- ▶ 94 percent drop in use of shelter services
- ▶ 70 percent reduction in use of community psychiatric hospital services
- ▶ 63 percent reduction in use of jails.

Together these reductions resulted in cost offsets totaling \$2,830,532.

\$2.8 Million

Reductions in the use of emergency health, housing and criminal justice services offset an estimated \$2.8 million in these costs after 12 months.

Strengthening Families at Risk

Daughter's Birthday Signals Mother's New Life



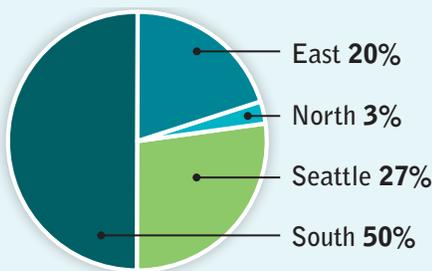
Nora's battle with years of addiction finally caught up with her when she lost custody of her children. Realizing she could not stop her substance abuse without help, she committed to six months of inpatient treatment. As she was completing her treatment, Nora received a call that a unit was open at YWCA Passage Point, a supportive housing facility for single parents re-entering the community after treatment or incarceration. Nora left the very next day to begin a new life!

In April 2012, Nora celebrated one year of sobriety. She knows there is no turning back. "I am

working with CPS [Child Protective Services] and Passage Point," she said, "and taking advantage of as many services as I can to learn how to become the best mom I can be."

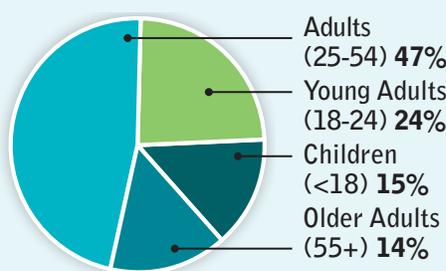
For Nora's daughter's fourth birthday, her children got to come to her home at Passage Point. Neighbors and friends all chipped in to throw a birthday party neither Nora nor her daughter will ever forget. "I'm grateful for all the help and support people have given me. I cannot believe my luck," said Nora. It was hard work and determination more than luck, though, that helped Nora arrive at Passage Point. Nora has decided that when she reaches her second year of sobriety, she will pursue employment with the treatment center so she can help others start creating a stable life for themselves, too.

Location of King County Residents Served by Strategy 4



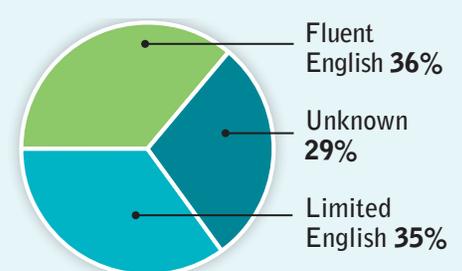
People served by Strategy 4 lived throughout King County, with half in South King County.

Age of People Served by Strategy 4



Strategy 4 programs served many children and young adults.

English Speaking Ability of Those Served by Strategy 4



Strategy 4 activities reached families who faced cultural and linguistic barriers. A little over one-third had limited ability to speak English.

A total of 25,731 people were served by Strategy 4.

Strengthening Families at Risk.

The levy's fourth strategy focused on families and individuals for whom prevention and early intervention would help lay a solid foundation for the future and prevent the need for crisis services. The strategy built on existing resources and the successes of the first levy in early childhood development and parenting programs, and in providing information and referral. The activities helped young parents provide the nurturing and everyday learning opportunities children need, as well as becoming self-sufficient. The activities also helped young parents and recent immigrants to our communities to overcome linguistic and cultural barriers to accessing services. In 2012, the levy served 25,731 people, including 182 veterans and family members of veterans.

ACTIVITY 4.1

Home visiting.

The levy supported two home visiting programs that provide evidence-based early interventions with low-income, young, first-time parents (from pregnancy through the child's third birthday). Research shows that a child's first three years are the time of greatest brain development and set the foundation for the child's future. The program sent a nurse or trained worker to the family's home to help parents learn about healthy child development and parenting skills, and identify goals for improving their education and employment.

- **Nurse Family Partnership.** The Nurse Family Partnership (NFP)⁷ program worked with low-income, first-time mothers under age 24, from pregnancy until the child was two years old. In 2012, NFP served a total of 630 families made up of 1,077 individuals, with 229 receiving care directly supported by the levy. Forty-three percent

of the families were homeless, most living with families or friends. Ninety percent of participating pregnant women who gave birth in 2012 had successful birth outcomes.

- **Healthy Start.** The Healthy Start program⁸ assessed and provided home visits to 205 parents and their 222 children in 2012. More than half the families were Hispanic/Latino. Ninety-four percent of the Healthy Start families made progress or met goals they set to improve their lives; 96 percent of mothers had increased positive parenting skills. Screenings by home visitors also resulted in 27 referrals for child development and health issues.

ACTIVITY 4.2

Maternal depression reduction.

Low-income pregnant women and mothers often experience severe depression that negatively affects their parenting, their child's early development, and their overall health. In 2012, the program screened 2,960 pregnant and parenting mothers for depression, anxiety and substance abuse when they went to primary care visits. A total of 652 screened positive and were engaged in treatment. The majority received at least two visits with a mental health provider at their primary care clinic. Seventy-six percent showed reduced depression or anxiety symptoms after these visits.

ACTIVITY 4.3

Parent education and support.

The levy continued to invest in programs that improve young children's health and development by providing training and support for parents and caregivers. The levy funded two activities in 2012.

Families Achieving Healthy Start Outcomes in 2012

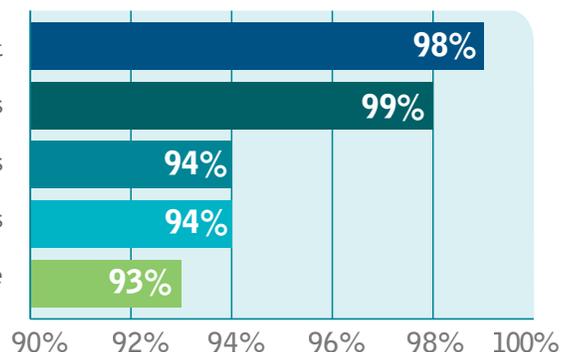
Had no referral accepted by Child Protective Services for child abuse or neglect

Showed stronger nurturing and attachment behaviors

Set and made progress toward family independence goals

Increased healthy, effective parenting skills

Delayed a second birth by 24 months or more



The Healthy Start (4.1) home visiting program was effective in helping families achieve improved outcomes.

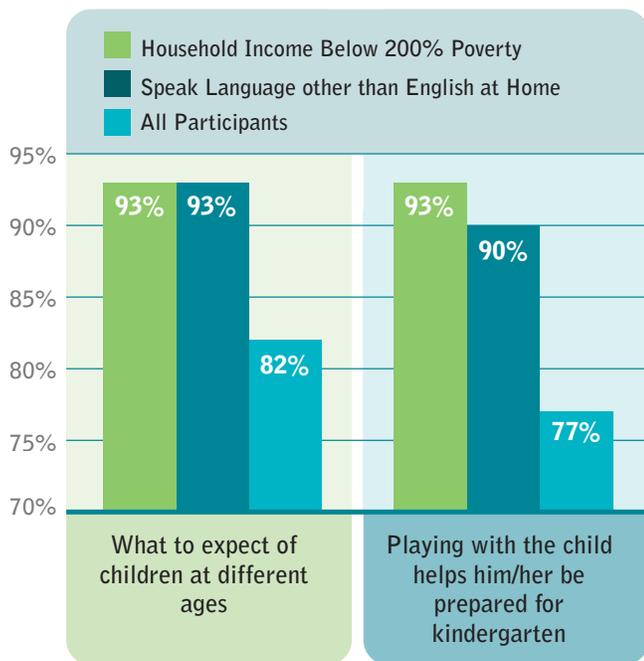
7 Nurse Family Partnership is a national, evidence-based program that helps improve birth outcomes, reduce child abuse and neglect, improve school readiness and increase family self-sufficiency.

8 Healthy Start uses the evidence-based Parents as Teachers home-visiting model that increases healthy parenting skills and parent-child bonding, and reduces child abuse, neglect and domestic violence.

► **Promoting First Relationships (PFR) – Train the Learner Program.** The PFR9 program promotes healthy early childhood development by helping parents and caregivers build nurturing and responsive relationships with their young children. In 2012, the PFR Train the Learner program trained 16 staff members from six agencies to help high-risk parents and caregivers build nurturing relationships with their children. The training consisted of a three-day workshop; a 10-session video discussion series; then use of the 10-week PFR program with a family, along with weekly meetings with a master trainer. Eight trainees are now certified to provide the PFR program with families.

► **Family, Friend and Neighbor Play and Learn Groups.** Kaleidoscope Play and Learn reached some of the county’s most vulnerable families, such as those living in poverty, immigrant and refugee families, families of color, and those who primarily speak a language other than English. Many of the children were cared for by family members, friends and neighbors while their parents were at work or school. Play and Learn offered culturally appropriate activities for the children, and information and social network

Play & Learn Participants Who Increased Their Knowledge of Child Development



The Family, Friend and Neighbor Play & Learn Groups (4.3) effectively increased parents’ knowledge.

9 Promoting First Relationships is a nationally recognized, evidence-based promising practice program to promote healthy child/caregiver relationships.

opportunities for parents and caregivers. In 2012, 17,076 parents and caregivers participated in Play and Learn groups. Levy funds helped support activities for 671 groups, including 11 new ones.

ACTIVITY 4.4

Passage Point Program

The Passage Point facility in Maple Valley served parents exiting the criminal justice system. Levy funds supported comprehensive services to help the parents transition to stability and reunite with their children, where possible. In 2012, all 46 units at Passage Point were filled. The program assisted 128 residents, more than half of whom were under 18 years old. Services included case management (4,003 hours), employment (934 contacts), family therapy and transportation to other needed services. Ninety-one percent of residents maintained stable housing for at least six months. A handful moved on to their own permanent housing.

ACTIVITY 4.5

Information and referral

To ensure that vulnerable residents could access the information and services they needed, the levy invested in two successful information and referral programs.

► **2-1-1 Community Information Line.** The King County 2-1-1 Community Information Line made a wide range of services just a phone call away. In the current economic climate, 2-1-1 staff have seen a dramatic increase in the number of calls and the time needed to help clients with more complex needs. In 2012, the line received 105,137 calls, and provided almost 98 percent of callers with new referral information. Follow-up with callers found that 99 percent were satisfied with the information and services they received. The levy contributes a small amount of funding to support these services.

► **Cultural Navigator.** The levy continued to support the Cultural Navigator Program in East and South King County to help low-income residents who faced cultural or language barriers access the services they needed. In 2012, the program served 989 individuals with a variety of information, education and supportive services. Sixty-four percent were low-income, and 82 percent were from immigrant and refugee communities. To increase services to South King County residents, the program expanded to the Kent International Family Center. The program also provided technical assistance to 154 community organizations, and participated in a resources workshop and coalition meetings.

2012 Performance and Evaluation Report

For the renewed 2012–2017 levy, the King County Council required an updated Service Improvement Plan that identified outcome and output targets for each levy activity, with twice-annual reporting on progress toward those targets.

2012 ACTIVITIES

Performance Measurement and Evaluation staff undertook the following activities in 2012:

- ▶ Evaluation and levy staff worked closely with contractors implementing levy activities to develop realistic targets and establish benchmarks for comparison.
- ▶ Evaluation staff developed the 2012–2017 Levy Evaluation Framework. It provided a structure for reporting on overall levy goals and objectives as they related to the King County strategic goals and objectives, and established a performance measurement approach to assessing every levy activity.
- ▶ Evaluation and levy staff prepared a Mid-Year Performance Update, including the first report on progress in meeting the performance targets for each levy-funded activity.
- ▶ Evaluation staff completed a report, **Status of Veterans and Veteran Services in King County**, which provided current data on veterans’ status and needs, an overview of veterans’ services, lessons learned and recommendations for future improvements.
- ▶ Evaluation and levy staff collected and analyzed year-end data and reports from the nearly 40 levy activities implemented in 2012. The results are reflected in this report. The pie charts below provide summary data about the people served by levy activities.

PERFORMANCE REPORT

The 2012 Performance Management Report on the following pages is organized by the levy’s three goals:

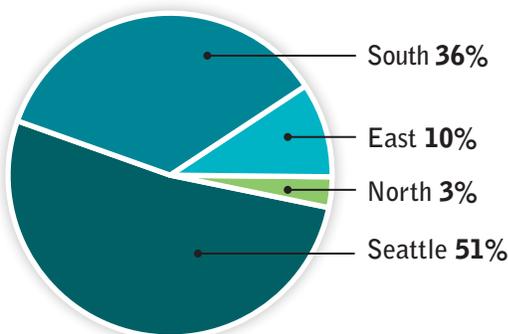
- ▶ Prevent and reduce homelessness.
- ▶ Reduce unnecessary criminal justice and emergency medical system involvement.
- ▶ Increase self-sufficiency of veterans and vulnerable populations.

Few levy-funded activities by themselves can meet an overall levy goal, yet together, they form a pathway toward the goals. This pathway includes the following typical steps: outreach and engagement, assessment, crisis intervention, stabilization, and services and interventions. The performance report groups activities under subheadings reflecting these steps.

The Performance Report shows each activity’s results compared to its established targets. The Percent of Target Reached column uses up arrows (green) for activities achieving 85 percent or more of their target; horizontal arrows (yellow) for achieving between 65 and 85 percent of target; and down arrows (red) for meeting below 65 percent of target. The report shows that most activities performed well in meeting their targets.

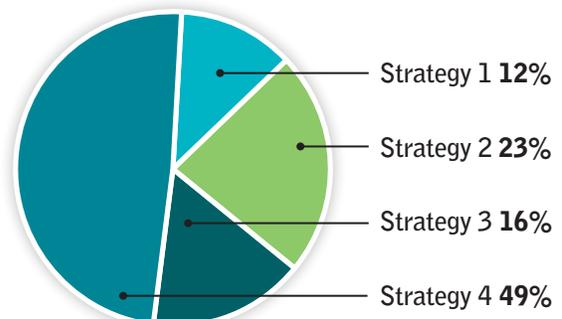
The Performance Report does not include five activities that were developed in 2012 but not yet fully implemented: 1.6B Military family counseling; 2.6C Aerospace and Veterans Employment Training Initiative; 2.6D King County HERO Veterans Internship Program; 3.3 Health care reform system design and implementation; and 3.5 Facilitation of ongoing partnerships.

Location of People Served in 2012



People served in 2012 lived throughout King County, with half in Seattle and more than one-third South King County.

People Served in 2012, by Strategy



Strategy 4 (Strengthening families at risk) accounted for nearly half of the people served by the levy in 2012.

2012 Performance Management Reports

| LEVY GOAL: PREVENT AND REDUCE HOMELESSNESS | | | | | | |
|--|--------------------------------|--|--------------|-------------|-----------------------------|---|
| LEVY ACTIVITY | Household members served 2012* | Services Performance 2012 | | | Outcomes | |
| | | Service Measures | 2012 Targets | 2012 Actual | Percent of Target Reached** | Rates of success*** |
| Outreach, engagement and assessment activities of homeless or at-risk persons | | | | | | |
| 1.2.C Homeless veteran street outreach | 173 | Number of veterans completing assessment | 120 | 131 | ↑ 109% | 87% of assessed clients were successfully connected with benefits and/or services |
| | | Number of veterans contacted through outreach | 160 | 173 | ↑ 108% | |
| 2.1.A Homeless street outreach (REACH) | 586 | Number of clients contacted through outreach | TBD | 586 | | 73% of the clients engaged improved or maintained their housing situation |
| | | Number of clients engaged | | 488 | | |
| | | Clients moved into or stabilized in permanent housing | | 331 | | |
| 2.1.C Mobile Medical outreach | 669 | Clients receiving services from mobile medical van | 479 | 669 | ↑ 140% | In addition to receiving health care, 39% of clients linked to MH Treatment or medical benefits |
| | | Total visits for medical care or psychiatric social worker | 1,249 | 1,195 | ↓ 96% | |
| 2.1.D South King County homeless outreach (PATH) | 373 | Number of clients engaged in service | 90 | 120 | ↑ 133% | 100% of the homeless veterans contacted engaged in services |
| | | Number of persons contacted | 150 | 373 | ↑ 249% | |
| Crisis intervention activities | | | | | | |
| 2.1.B Dutch Shisler Sobering Center and Emergency Service Patrol | 5,294 | Number of clients transported to Sobering Center | 1,800 | 3,244 | ↑ 295% | 100% of the clients were connected with supportive services |
| | | Number of clients contacted | | 5,294 | | |
| 1.1.B KCVP — contracted shelter services | 318 | Emergency shelter bed nights | 9,882 | 8,888 | ↓ 90% | 53% of the clients were able to move into more stable housing |
| | | Transitional housing unit nights | 3,650 | 3,202 | ↓ 88% | |
| 2.3 Housing Stability Program (HSP) | 2,593 | Number of unduplicated non-Veteran Households assisted | 342 | 849 | ↑ 248% | 90% of clients served retained housing at 1 year following initial stabilization |
| | | Number of unduplicated Veteran Households assisted | 209 | 384 | ↑ 184% | |
| Stabilization, services, intervention activities | | | | | | |
| 2.4A Health Housing Outreach Team | 762 | Number of clients linked to primary care | 295 | 290 | ↓ 98% | 91% of HHOT clients are able to maintain housing for at least a year |
| | | Number of clients served | 655 | 762 | ↑ 116% | |
| | | Number of clients self-managing chronic condition | N/A | 491 | | N/A |
| 2.4.B On-site support services | 801 | Case management hours | 15,608 | 15,800 | ↑ 101% | An average of 90% of the clients served retain housing for at least a year |
| | | Hours of housing support services | 19,318 | 39,289 | ↑ 203% | |
| | | Number of total households served | TBD | 678 | | N/A |
| 2.6.A Community employment services | 970 | Number of clients enrolled | 422 | 970 | ↑ 230% | 45% of the enrolled clients met the goals for increased income and retention of employment |
| | | Number of job placements | 247 | 484 | ↑ 196% | |
| | | Persons assisted | TBD | 556 | | N/A |
| 2.6.B Career Connections | 123 | Number of clients entering an educational program | 38 | 51 | ↑ 134% | 81% of clients increase self-sufficiency and/or retain jobs |
| | | Number of clients served | 122 | 123 | ↑ 101% | |
| | | Number of clients obtained new jobs | 29 | 76 | ↑ 262% | |
| Capacity-building activities | | | | | | |
| 2.2 Capital funds for permanent housing | | Housing units funded in 2012 | TBD | 182 | | N/A |
| | | | | | | 64 units opened in 2012 |

* Household members include all members of a family and may be larger than "clients served" where heads of households are counted.

** ↑ Indicates meeting 85% or more of target; ↓ Indicates 65% - 85%; ↕ Indicates less than 65%.

*** Note: In many cases, longitudinal success rates are established from either prior year clients, or only a segment of the populations served in 2012.

| LEVY GOAL: REDUCE UNNECESSARY CRIMINAL JUSTICE AND EMERGENCY MEDICAL AND SYSTEM INVOLVEMENT | | | | | | |
|--|--------------------------------|--|--------------|-------------|-----------------------------|--|
| LEVY ACTIVITY | Household members served 2012* | Services Performance 2012 | | | Outcomes | |
| | | Service Measures | 2012 Targets | 2012 Actual | Percent of Target Reached** | Rates of success*** |
| Outreach, engagement and assessment activities of high utilizers of emergency medical or justice system | | | | | | |
| 1.5.A.1 Veterans Incarcerated Program (VIP) | 180 | Number of veterans screened | 65 | 209 | ↑ 322% | To be evaluated in 2014 |
| | | Number of veterans enrolled | 50 | 180 | ↑ 360% | |
| 1.5.C Emerging programs for justice involved veterans — Veterans Court | 74 | Number of veterans enrolled in program | TBD | 74 | TBD | In 2014 a report will present the number of veterans successfully transitioning from jail to housing stability |
| | | Eligible veterans accessing needed services from the VA and other identified community-based providers | | 27 | | |
| 2.5.A Forensic Assertive Community Treatment program (FACT) | 56 | Clients engaged in services but not housed | 5 | 9 | ↑ 180% | FACT participants show a 45% reduction in jail and prison bookings within the first year |
| | | Clients moved into or maintained in supportive housing | 45 | 47 | ↑ 104% | |
| 2.5.B Forensic Intensive Supportive Housing program (FISH) | 73 | Clients moved into or are maintained in supportive housing | 60 | 73 | ↑ 122% | 92% of FISH clients in housing retained it for at least 6 months |
| | | Total clients served | 60 | 73 | ↑ 122% | |
| Stabilization, services, intervention activities for high utilizers | | | | | | |
| 4.4.A Passage Point | 128 | Life skills assistance hours | 805 | 1,557 | ↑ 193% | |
| | | Employment contacts | 1,035 | 934 | ↓ 90% | 93% of clients do not re-enter the CJ system |
| | | Number new individuals and carryover enrolled | 128 | 128 | ↑ 100% | |
| Reduce involvement: Capacity building | | | | | | |
| 3.6 Client Care Coordination (CCC) | 1,305 | Number of clients with high system utilization/vulnerability and referred for possible tenancy | 225 | 227 | ↑ 101% | 49% of housing referrals that screen for high utilization were able to secure housing |
| | | Number of persons w/ high utilization/vulnerability scores | 1,000 | 1,305 | ↑ 131% | |

* Household members include all members of a family and may be larger than "clients served" where heads of households are counted.

** ↑ Indicates meeting 85% or more of target; ↓ Indicates less than 65%.

*** Note: In many cases, longitudinal success rates are established from either prior year clients, or only a segment of the populations served in 2012.

LEVY GOAL: INCREASE SELF-SUFFICIENCY OF VETERANS AND VULNERABLE POPULATIONS

| LEVY ACTIVITY | Household members served 2012* | Services Performance 2012 | | | | Outcomes |
|--|---|---------------------------|-------------|-----------------------------|--|----------|
| | | 2012 Targets | 2012 Actual | Percent of Target Reached** | Rates of success*** | |
| Outreach, engagement and assessment activities for vulnerable veterans and their families | | | | | | |
| 1.1.A | KCVP — satellite site outreach | 497 | 941 | 78% | No associated outcome | |
| 1.2.A | Enhanced outreach to women veterans and veterans of color | 721 | 721 | 79% | 97% of enrolled clients are successfully connected with benefits and/or services | |
| 1.2.B | Veteran information and referral | 984 | 984 | 131% | 99% of clients reporting satisfaction | |
| 1.6.A | Military family outreach | 383 | 305 | 127% | 70% of families assessed who are successfully connected to services | |
| Outreach, engagement and assessment activities for vulnerable persons | | | | | | |
| 4.5.A | 2-1-1 Community Information Line | 3,470 | 3,470 | 116% | 98% of clients access the services to which they are referred | |
| 4.5.B | Cultural Navigator | 989 | 989 | 99% | TBD | |
| Crisis intervention activities for vulnerable veterans and their families | | | | | | |
| 1.1.C | King County Veterans Program (KCVP) financial assistance | 1,680 | 1,680 | 96% | To be evaluated in 2013 | |
| 1.5.B | Veterans Legal Assistance Program | 264 | 264 | 100% | 77% of civil legal cases successfully resolved | |
| Stabilization, services, intervention activities leading to self-sufficiency for vulnerable veterans and their families | | | | | | |
| 1.1.D | KCVP — employment, and case management | 2,430 | 2,430 | 100% | 62% of case plans are completed | |
| 1.3 | Veteran employment and training | 162 | 157 | 145% | 378 Clients completing training program or achieved credential | |
| 1.4 | Contracted PTSD Treatment/ Military Sexual Trauma treatment | 558 | 306 | 111% | 87% of clients demonstrating reduced impacts of PTSD | |
| 3.1.B | Behavioral health integration for veterans | 735 | 576 | 165% | 58% of client treated have reduced depression scale | |
| Stabilization, services, intervention activities leading to self-sufficiency for vulnerable populations | | | | | | |
| | | 250 | 159 | 64% | | |

* Household members include all members of a family and may be larger than "clients served" where heads of households are counted.

** Indicates meeting 85% or more of target; Indicates less than 65%.

*** Note: In many cases, longitudinal success rates are established from either prior year clients, or only a segment of the populations served in 2012.

LEVY GOAL: INCREASE SELF-SUFFICIENCY OF VETERANS AND VULNERABLE POPULATIONS, CONTINUED

| LEVY ACTIVITY | | Services Performance 2012 | | | | Outcomes |
|---|--|---------------------------|-------------|-----------------------------|---|----------|
| Household members served 2012* | Service Measures | 2012 Targets | 2012 Actual | Percent of Target Reached** | | |
| 3.1.A | Behavioral health integration | 5,000 | 4,198 | 84% | Rates of success*** | |
| | Total number of all clients receiving treatment | 4,000 | 3,248 | 81% | 55% of clients who are have reduced depression or anxiety scale | |
| 3.4 | Depression intervention for seniors (PEARLS) | 75 | 82 | 109% | 100% of clients who completed all 8 sessions have reduced depression scale | |
| 4.1.A | Nurse Family Partnership (NFP) | 80 | 89 | 111% | 90% of clients achieving successful birth outcomes | |
| | Number of persons enrolled | 133 | 229 | 172% | | |
| 4.1.B | Healthy Start | 300 | 205 | 68% | 92% of clients delay the birth of their second child | |
| | Number of persons/households assessed | 300 | 427 | 142% | | |
| | Clients receiving home visits | 300 | 180 | 60% | | |
| 4.2 | Maternal depression reduction | 3,000 | 2,960 | 99% | 76% of clients have reduced scores on depression anxiety scale | |
| | Number of persons screened | 750 | 652 | 87% | | |
| | Total number of all clients receiving treatments | 1,100 | 652 | 59% | | |
| 4.3.B | Parent education and support — Family, friend and neighbor Play & Learn Groups | 32 | 61 | 191% | 86% of parents confident of promoting healthy and nurturing parent-child relationships | |
| | Number of persons screened positive for depression | TBD | 17,076 | TBD | | |
| | Number of parents participating in program | 60 | 671 | 1118% | | |
| | Number of play and learn groups | | | | | |
| Capacity-building activities to serve vulnerable veterans and their families | | | | | | |
| 3.2.A | Veteran and trauma competency training | 748 | 1,090 | 146% | 99% of professionals trained integrate treatment/service strategies | |
| | Number of mainstream providers trained | 752 | 899 | 120% | | |
| | Number of professionals trained | 64 | 84 | 131% | | |
| | Number of training sessions | | | | | |
| Capacity-building activities to serve vulnerable persons | | | | | | |
| 4.3.A | Parent education and support — Promoting First Relationships (PFR) | 15 | 16 | 107% | 100% increased skills to train other staff in their agency to deliver the PFR intervention. | |
| | Number of community members educated | 15 | 16 | 107% | | |
| | Number of community members that show improved skills and knowledge | | | | | |

* Household members include all members of a family and may be larger than "clients served" where heads of households are counted.

** Indicates meeting 85% or more of target; Indicates 65% - 85%; Indicates less than 65%.

*** Note: In many cases, longitudinal success rates are established from either prior year clients, or only a segment of the populations served in 2012.

2012 Financial Reports

| VETERANS LEVY FUNDS BY STRATEGY | | | | | |
|--|--|--------------------|--------------------------|----------------------------|---------------------|
| Service Improvement Plan (SIP) Strategy | | 2012 SIP Budget | 2012 Supplemental Budget | Total Adjusted 2012 Budget | 2012 Expenditure |
| Strategy 1: Supporting veterans and their families to build stable lives and strong relationships | | | | | |
| 1.1 | King County Veterans Program | \$2,485,000 | \$- | \$2,485,000 | \$2,346,056 |
| 1.2 | Outreach and engagement | | | | |
| | A Enhanced outreach to women veterans and veterans of color | \$300,000 | \$75,000 | \$375,000 | \$374,973 |
| | B Veteran information and referral | \$100,000 | \$- | \$100,000 | \$100,000 |
| | C Homeless veterans street outreach | \$84,000 | \$- | \$84,000 | \$84,000 |
| 1.3 | Veterans employment and training | \$125,000 | \$- | \$125,000 | \$125,000 |
| 1.4 | Contracted PTSD treatment/Military Sexual Trauma | \$400,000 | \$50,000 | \$450,000 | \$450,000 |
| 1.5 | Veterans justice | | | | |
| | A Veterans Incarcerated Program | \$100,000 | \$- | \$100,000 | \$98,613 |
| | B Veterans Legal Assistance Program | \$20,000 | \$- | \$20,000 | \$20,000 |
| | C Emerging programs for justice involved veterans | \$150,000 | \$- | \$150,000 | \$41,861 |
| 1.6 | Support for military families | | | | |
| | A Military family outreach | \$174,000 | \$- | \$174,000 | \$174,000 |
| | B Military family counseling ¹ | \$- | \$- | \$- | \$- |
| Total Strategy | | \$3,938,000 | \$125,000 | \$4,063,000 | \$3,814,503 |
| Strategy 2: Ending Homelessness through outreach, prevention, permanent supportive housing and employment | | | | | |
| 2.1 | Outreach and engagement | | | | |
| | A Homeless street outreach | \$86,000 | \$- | \$86,000 | \$86,000 |
| | B Sobering/Emergency Services Patrol | \$45,000 | \$- | \$45,000 | \$45,000 |
| | C Mobile medical outreach | \$90,000 | \$115,000 | \$205,000 | \$198,600 |
| | D South King County homeless outreach | \$15,000 | \$- | \$15,000 | \$15,000 |
| 2.2 | Housing capital | \$625,000 | \$2,300,000 | \$2,925,000 | \$2,925,000 |
| 2.3 | Housing Stability Program | \$400,000 | \$- | \$400,000 | \$364,397 |
| 2.4 | Support services for housing | | | | |
| | A Housing Health Outreach Team | \$75,000 | \$- | \$75,000 | \$75,000 |
| | B On-site support services ² | \$300,000 | \$- | \$300,000 | \$300,000 |
| 2.5 | Criminal Justice Initiatives | | | | |
| | A FACT | \$63,000 | \$- | \$63,000 | \$63,000 |
| | B FISH | \$210,000 | \$- | \$210,000 | \$210,000 |
| 2.6 | Employment and training | | | | |
| | A Community employment services | \$120,000 | \$- | \$120,000 | \$120,000 |
| | B Career Connections | \$120,000 | \$- | \$120,000 | \$120,000 |
| | C Aerospace and Veteran Employment Training Initiative | \$- | \$237,294 | \$237,294 | \$237,294 |
| | D King County Internship Program for Veterans | \$- | \$33,333 | \$33,333 | \$33,333 |
| Total Strategy | | \$2,149,000 | \$2,685,627 | \$4,834,627 | \$4,792,624 |
| Strategy 3: Improving health through the integration of medical and behavioral health services | | | | | |
| 3.1 | Behavioral health integration | | | | |
| | A Behavioral health integration | \$- | \$- | \$- | \$- |
| | B Behavioral health integration-veterans | \$600,000 | \$- | \$600,000 | \$600,000 |
| 3.2 | Veteran and trauma competency training | \$200,000 | \$- | \$200,000 | \$179,358 |
| 3.3 | Health care reform system design and implementation ¹ | \$- | \$- | \$- | \$- |
| 3.4 | Depression intervention for seniors ³ | \$112,000 | \$- | \$112,000 | \$84,000 |
| 3.5 | Facilitation of ongoing partnerships | \$70,000 | \$- | \$70,000 | \$65,966 |
| 3.6 | Client care coordination | \$40,000 | \$- | \$40,000 | \$40,000 |
| Total Strategy | | \$1,022,000 | \$- | \$1,022,000 | \$969,324 |
| Strategy 4: Strengthening families at risk | | | | | |
| 4.1 | Home visiting | \$- | \$- | \$- | \$- |
| 4.2 | Maternal depression reduction | \$- | \$- | \$- | \$- |
| 4.3 | Parent education and support | \$- | \$- | \$- | \$- |
| 4.4 | Passage Point | \$- | \$- | \$- | \$- |
| 4.5 | Information and referral | \$- | \$- | \$- | \$- |
| Total Strategy | | \$- | \$- | \$- | \$- |
| Evaluation | | \$257,500 | \$- | \$257,500 | \$254,993 |
| Total Program | | \$7,366,500 | \$2,810,627 | \$10,177,127 | \$9,831,445 |
| Administration ⁴ | | \$406,489 | \$- | \$406,489 | \$398,134 |
| Board Support | | \$71,319 | \$- | \$71,319 | \$70,455 |
| GRAND TOTAL | | \$7,844,308 | \$2,810,627 | \$10,654,935 | \$10,300,033 |
| Percent Expended | | | | | 97% |

1 SIP allocation for program begins in 2013.

2 2012 Supplemental for Youth and Young Adults shelter capacity.

3 2012 liability that was not accrued by program manager, and was paid out of 2013.

4 Under expenditure planned to cover higher salary and central rate related costs in the later years of the levy.

HUMAN SERVICES LEVY FUND BY STRATEGY

| Service Improvement Plan (SIP) Strategy | 2012 SIP Budget | 2012 Supplemental Budget | Total Adjusted 2012 Budget | 2012 Expenditure |
|--|--------------------|--------------------------|----------------------------|--------------------|
| Strategy 1: Supporting veterans and their families to build stable lives and strong relationships | | | | |
| 1.1 King County Veterans Program | \$- | \$- | \$- | \$- |
| 1.2 Outreach and engagement | \$- | \$- | \$- | \$- |
| 1.3 Veterans employment and training | \$- | \$- | \$- | \$- |
| 1.4 Contracted PTSD treatment/Military Sexual Trauma | \$- | \$- | \$- | \$- |
| 1.5 Veterans justice | \$- | \$- | \$- | \$- |
| 1.6 Support for military families | \$- | \$- | \$- | \$- |
| Total Strategy | \$- | \$- | \$- | \$- |
| Strategy 2: Ending Homelessness through outreach, prevention, permanent supportive housing and employment | | | | |
| 2.1 Outreach and engagement | | | | |
| A Homeless street outreach | \$190,000 | \$- | \$190,000 | \$190,000 |
| B Sobering/Emergency Services Patrol | \$100,000 | \$- | \$100,000 | \$100,000 |
| C Mobile medical outreach | \$210,000 | \$260,000 | \$470,000 | \$463,400 |
| D South King County homeless outreach | \$65,000 | \$- | \$65,000 | \$65,000 |
| 2.2 Housing capital | \$700,000 | \$- | \$700,000 | \$700,000 |
| 2.3 Housing Stability Program | \$400,000 | \$- | \$400,000 | \$400,000 |
| 2.4 Support services for housing | | | | |
| A Housing Health Outreach Team | \$165,000 | \$- | \$165,000 | \$165,000 |
| B On-site support services ² | \$700,000 | \$310,000 | \$1,010,000 | \$908,127 |
| 2.5 Criminal Justice Initiatives | | | | |
| A FACT | \$142,000 | \$- | \$142,000 | \$142,000 |
| B FISH | \$480,000 | \$- | \$480,000 | \$480,000 |
| 2.6 Employment and training | | | | |
| A Community employment services | \$550,000 | \$- | \$550,000 | \$546,234 |
| B Career Connections | \$300,000 | \$- | \$300,000 | \$300,000 |
| C Aerospace and Veteran Employment Training Initiative | \$- | \$79,098 | \$79,098 | \$79,098 |
| Total Strategy | \$4,002,000 | \$649,098 | \$4,651,098 | \$4,538,859 |
| Strategy 3: Improving health through the integration of medical and behavioral health services | | | | |
| 3.1 Behavioral health integration | | | | |
| A Behavioral health integration | \$625,000 | \$- | \$625,000 | \$625,000 |
| B Behavioral health integration-veterans | \$- | \$- | \$- | \$- |
| 3.2 Veteran and trauma competency training | \$50,000 | \$- | \$50,000 | \$36,865 |
| 3.3 Health care reform system design and implementation ¹ | \$- | \$- | \$- | \$- |
| 3.4 Depression intervention for seniors ³ | \$112,000 | \$- | \$112,000 | \$84,000 |
| 3.5 Facilitation of ongoing partnerships | \$70,000 | \$- | \$70,000 | \$60,901 |
| 3.6 Client care coordination | \$100,000 | \$- | \$100,000 | \$100,000 |
| Total Strategy | \$957,000 | \$- | \$957,000 | \$906,766 |
| Strategy 4: Strengthening families at risk | | | | |
| 4.1 Home visiting | | | | |
| A Nurse Family Partnership | \$470,000 | \$- | \$470,000 | \$470,000 |
| B Healthy Start | \$270,000 | \$- | \$270,000 | \$270,000 |
| 4.2 Maternal depression reduction | \$625,000 | \$- | \$625,000 | \$625,000 |
| 4.3 Parent education and support | \$260,000 | \$- | \$260,000 | \$260,000 |
| 4.4 Passage Point | \$415,000 | \$- | \$415,000 | \$410,396 |
| 4.5 Information and referral | | | | |
| A 2-1-1 Community Information Line | \$50,000 | \$- | \$50,000 | \$50,000 |
| B Cultural Navigator | \$70,000 | \$- | \$70,000 | \$70,000 |
| Total Strategy | \$2,160,000 | \$- | \$2,160,000 | \$2,155,396 |
| Evaluation | \$282,500 | \$- | \$282,500 | \$266,259 |
| Total Program | \$7,401,500 | \$649,098 | \$8,050,598 | \$7,867,280 |
| Administration ⁴ | \$412,141 | \$- | \$412,141 | \$370,910 |
| Board Support | \$58,720 | \$- | \$58,720 | \$58,080 |
| GRAND TOTAL | \$7,872,361 | \$649,098 | \$8,521,459 | \$8,296,269 |
| Percent Expended | | | | 97% |

1 SIP allocation for program begins in 2013.

2 2012 Supplemental for Youth and Young Adults shelter capacity.

3 2012 liability that was not accrued by program manager, and was paid out of 2013.

4 Under expenditure planned to cover higher salary and central rate related costs in the later years of the levy.

COMBINED LEVY FUNDS BY STRATEGY

| Service Improvement Plan (SIP) Strategy | | 2012 SIP Budget | 2012 Supplemental Budget | Total Adjusted 2012 Budget | 2012 Expenditure |
|--|--|--------------------|--------------------------|----------------------------|--------------------|
| Strategy 1: Supporting veterans and their families to build stable lives and strong relationships | | | | | |
| 1.1 | King County Veterans Program | \$2,485,000 | \$- | \$2,485,000 | \$2,346,056 |
| 1.2 | Outreach and engagement | | | | |
| A | Enhanced outreach to women veterans and veterans of color | \$300,000 | \$75,000 | \$375,000 | \$374,973 |
| B | Veteran information and referral | \$100,000 | \$- | \$100,000 | \$100,000 |
| C | Homeless veterans street outreach | \$84,000 | \$- | \$84,000 | \$84,000 |
| 1.3 | Veterans employment and training | \$125,000 | \$- | \$125,000 | \$125,000 |
| 1.4 | Contracted PTSD treatment/Military Sexual Trauma | \$400,000 | \$50,000 | \$450,000 | \$450,000 |
| 1.5 | Veterans justice | | | | |
| A | Veterans Incarcerated Program | \$100,000 | \$- | \$100,000 | \$98,613 |
| B | Veterans Legal Assistance Program | \$20,000 | \$- | \$20,000 | \$20,000 |
| C | Emerging programs for justice involved veterans | \$150,000 | \$- | \$150,000 | \$41,861 |
| 1.6 | Support for military families | | | | |
| A | Military family outreach | \$174,000 | \$- | \$174,000 | \$174,000 |
| B | Military family counseling ¹ | \$- | \$- | \$- | \$- |
| Total Strategy | | \$3,938,000 | \$125,000 | \$4,063,000 | \$3,814,503 |
| Strategy 2: Ending Homelessness through outreach, prevention, permanent supportive housing and employment | | | | | |
| 2.1 | Outreach and engagement | | | | |
| A | Homeless street outreach | \$276,000 | \$- | \$276,000 | \$276,000 |
| B | Sobering/Emergency Services Patrol | \$145,000 | \$- | \$145,000 | \$145,000 |
| C | Mobile medical outreach | \$300,000 | \$375,000 | \$675,000 | \$662,000 |
| D | South King County homeless outreach | \$80,000 | \$- | \$80,000 | \$80,000 |
| 2.2 | Housing capital | \$1,325,000 | \$2,300,000 | \$3,625,000 | \$3,625,000 |
| 2.3 | Housing Stability Program | \$800,000 | \$- | \$800,000 | \$764,397 |
| 2.4 | Support services for housing | | | | |
| A | Housing Health Outreach Team | \$240,000 | \$- | \$240,000 | \$240,000 |
| B | On-site support services ² | \$1,000,000 | \$310,000 | \$1,310,000 | \$1,208,127 |
| 2.5 | Criminal Justice Initiatives | | | | |
| A | FACT | \$205,000 | \$- | \$205,000 | \$205,000 |
| B | FISH | \$690,000 | \$- | \$690,000 | \$690,000 |
| 2.6 | Employment and training | | | | |
| A | Community employment services | \$670,000 | \$- | \$670,000 | \$666,234 |
| B | Career Connections | \$420,000 | \$- | \$420,000 | \$420,000 |
| C | Aerospace and Veteran Employment Training Initiative | \$- | \$316,392 | \$316,392 | \$316,392 |
| D | King County Internship Program for Veterans | \$- | \$33,333 | \$33,333 | \$33,333 |
| Total Strategy | | \$6,151,000 | \$3,334,725 | \$9,485,725 | \$9,331,483 |
| Strategy 3: Improving health through the integration of medical and behavioral health services | | | | | |
| 3.1 | Behavioral health integration | | | | |
| A | Behavioral health integration | \$625,000 | \$- | \$625,000 | \$625,000 |
| B | Behavioral health integration-veterans | \$600,000 | \$- | \$600,000 | \$600,000 |
| 3.2 | Veteran and trauma competency training | \$250,000 | \$- | \$250,000 | \$216,223 |
| 3.3 | Health care reform system design and implementation ¹ | \$- | \$- | \$- | \$- |
| 3.4 | Depression intervention for seniors ³ | \$224,000 | \$- | \$224,000 | \$168,000 |
| 3.5 | Facilitation of ongoing partnerships | \$140,000 | \$- | \$140,000 | \$126,867 |
| 3.6 | Client care coordination | \$140,000 | \$- | \$140,000 | \$140,000 |
| Total Strategy | | \$1,979,000 | \$- | \$1,979,000 | \$1,876,090 |
| Strategy 4: Strengthening families at risk | | | | | |
| 4.1 | Home visiting | | | | |
| A | Nurse Family Partnership | \$470,000 | \$- | \$470,000 | \$470,000 |
| B | Healthy Start | \$270,000 | \$- | \$270,000 | \$270,000 |
| 4.2 | Maternal depression reduction | \$625,000 | \$- | \$625,000 | \$625,000 |
| 4.3 | Parent education and support | \$260,000 | \$- | \$260,000 | \$260,000 |
| 4.4 | Passage Point | \$415,000 | \$- | \$415,000 | \$410,396 |
| 4.5 | Information and referral | | | | |
| A | 2-1-1 Community Information Line | \$50,000 | \$- | \$50,000 | \$50,000 |
| B | Cultural Navigator | \$70,000 | \$- | \$70,000 | \$70,000 |
| Total Strategy | | \$2,160,000 | \$- | \$2,160,000 | \$2,155,396 |

1 SIP allocation for program begins in 2013.

2 2012 Supplemental for Youth and Young Adults shelter capacity.

3 2012 liability that was not accrued by program manager, and was paid out of 2013.

continued on next page

COMBINED LEVY FUNDS BY STRATEGY, CONTINUED

| Service Improvement Plan (SIP) Strategy | 2012 SIP Budget | 2012 Supplemental Budget | Total Adjusted 2012 Budget | 2012 Expenditure |
|---|---------------------|--------------------------|----------------------------|---------------------|
| Evaluation | \$540,000 | \$- | \$540,000 | \$521,252 |
| Total Program | \$14,768,000 | \$3,459,725 | \$18,227,725 | \$17,698,724 |
| Administration ⁴ | \$818,630 | \$- | \$818,630 | \$769,043 |
| Board Support | \$130,039 | \$- | \$130,039 | \$128,535 |
| Veterans | \$71,319 | \$- | \$71,319 | \$70,455 |
| Human Services | \$58,720 | \$- | \$58,720 | \$58,080 |
| Total | \$130,039 | \$- | \$130,039 | \$128,535 |
| Veterans Total | \$7,844,308 | \$2,810,627 | \$10,654,935 | \$10,300,033 |
| Human Services Total | \$7,872,361 | \$649,098 | \$8,521,459 | \$8,296,269 |
| GRAND TOTAL | \$15,716,669 | \$3,459,725 | \$19,176,394 | \$18,596,302 |
| Percent Expended | | | | 97% |

4 Under expenditure planned to cover higher salary and central rate related costs in the later years of the levy.



With help from the levy-supported Community Employment Services Program, “Anton” now has a good job serving customers as a Paint Specialist.

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

| | | |
|--|--|---|
| Abused Deaf Women’s Advocacy Services | Evergreen Treatment Services | Renton Area Youth & Family Services |
| African American Elders Project | Foundation For the Challenged | Renton Housing Authority |
| Area Agency on Aging–City of Seattle Aging and Disability Services | Friends of Youth | Salvation Army–Seattle |
| Catholic Community Services | Harborview Medical Center | SeaMar Community Health Centers |
| Catholic Housing Services | Health Care for the Homeless Network | Seattle Indian Health Board |
| Center for Human Services | HealthPoint | Seattle Jobs Initiative |
| Child Care Resources | Highline West Seattle Mental Health | Senior Services |
| Children’s Home Society of Washington | Hopelink | Solid Ground |
| Chinese Information and Service Center | Imagine Housing (formerly St. Andrews Housing Group) | Sound Mental Health |
| City of Seattle | International Community Health Services | South King County Early Intervention Program |
| Community Health Plan | International Drop-in Center | Terry Home |
| Community House Mental Health Agency | King County Behavioral Health Safety Net Consortium | Therapeutic Health Services |
| Community Psychiatric Clinic | Low-Income Housing Institute | TRAC Associates |
| Compass Housing Alliance | Muckleshoot Indian Tribe | United Way of King County |
| Congregations for the Homeless | Multi-Service Center | University of Washington |
| Country Doctor Community Health Centers | Navos | Valley Cities Counseling and Consultation |
| Crisis Clinic | NeighborCare Health | Vashon HouseHold |
| Downtown Action to Save Housing (DASH) | Neighborhood House | Vashon Youth & Family Services |
| Downtown Emergency Services Center | Northshore Youth & Family Services | Washington State Department of Veterans Affairs |
| Eastside Interfaith Social Concerns Council | Northwest Justice Project | Wellspring Family Services |
| El Centro de la Raza | Pioneer Human Services | Wonderland Development Center |
| Encompass | Plymouth Housing Group | YouthCare |
| | Projects for Assistance in Transition from Homelessness (PATH) | Youth Eastside Services |
| | Public Health–Seattle & King County | YWCA of Seattle–King County–Snohomish County |

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Writing: Rhonda Peterson, Cedar River Group
Design: Audrey Nezer, Artifex Design Inc.
Photography: Cover & page 4: iStockphoto. Page 7: Punchstock. Page 8 and 26: Stephanie Felix. Page 12 & 15: Getty Images.

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