VETERANS & HUMAN SERVICES LEVY 2014 ANNUAL REPORT



The Veterans and Human Services Levy for 2012–2017 was approved by King County voters in 2011 to build on the success of the 2006–2011 levy. It provides approximately \$18 million each year to help people in need.

2014 Program Highlights

- Achieved cost offsets of \$862,000 through housing placements.
- Increased veteran clients' life skills by 88 percent.
- Each dollar spent on the Aerospace/Veterans Employment Training Initiative increased the participants' income by \$3.51/hour.

Half the levy revenue is dedicated to veterans, military personnel, and their families (Veterans Levy Fund). The other half helps other individuals and families in need (Human Services Fund). Two boards provide oversight to the two portions of the levy (see inside back cover for a list of members).

The 2012–2017 levy's goals support King County's Strategic Plan and the Equity and Social Justice principles. The levy goals are:

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

2014 Annual Report Credits:

Writing: Rhonda Peterson, Cedar River Group Design: Audrey Nezer, Artifex Design Inc.

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The levy's Service Improvement Plan set out four overarching strategies to achieve these goals:

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

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Dear Friend:

We are very pleased to bring you this report on the Veterans and Human Services Levy's 2014 achievements. Nearly 36,000 county residents were served last year, including almost 8,000 veterans and family members. The levy also helped put King County at the forefront of creative strategies that are gaining national attention, such as its approach to enrolling low-income individuals in affordable health care, and its implementation of the Regional Veterans Initiative, which is increasing access to services and improving coordination of agencies serving veterans. The County's Strategic Plan and the Equity and Social Justice Principles give extra impetus to the levy's work to ensure that King County veterans and residents in need have opportunities to realize their potential.

These approaches demonstrate one of the levy's key benefits—its flexibility to respond to changing needs and promote innovations such as King County's Health and Human Services Transformation Plan, whose focus is on collective community efforts to shift from a costly, crisis-oriented response to health and social problems to one that focuses on prevention, embraces recovery and eliminates disparities. This flexibility has enabled the levy to provide residents numerous opportunities to receive needed services and advance progress toward the levy's three overarching goals. These goals and examples of some of the levy's 2014 accomplishments are provided below.

REDUCING HOMELESSNESS:

The Housing Stability program provided emergency help to 1,285 household members to keep their housing or move from homelessness to permanent housing. Ninety-six percent kept their housing a full year after receiving services. The flexibility of levy funding enabled the program to address emerging needs.

REDUCING CRIMINAL JUSTICE AND EMERGENCY MEDICAL SYSTEM INVOLVEMENT:

The Mobile Medical Outreach program provided 841 homeless individuals with immediate health, mental health and dental care, and made referrals to partner clinics. It helped 501 of those clients enroll in Apple Health/Medicaid, which gave them health coverage for the first time. It also piloted offering services in the city of Bellevue.

INCREASING SELF-SUFFICIENCY:

The Career Connections, a homeless-to-self-sufficiency program, helped 177 individuals get training or apprenticeships. Through collaboration with social service, educational and employment agencies, the program helped 143 of those trainees secure jobs.

The levy's emphasis on meaningful performance targets is bearing fruit in the projects' outcomes. The levy dollars are achieving important results across the county. We encourage you to peruse the data in this report and read the stories of some of your neighbors who are on their way to fulfilling and productive lives thanks to your investments in the levy.

Sincerely,

Mum / hum //

Francisco F. Ivarra, Chair Veterans Citizen Oversight Board

Loran L. Lichty, Chair Regional Human Services Citizen Oversight Board

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

"It's great to know there are services for women veterans and their families"

Below are excerpts from a letter to King County Veterans Program (KCVP) staff from a 37-year-old woman veteran of Native Hawaiian/Pacific Islander descent.



Dear Friends at KCVP,

I left an abusive relationship with whatever could fit in my car, so I had nothing. I was virtually homeless, bouncing from family to family with nowhere to live. I was unemployed 3 months and about to start my job, when I finally found KCVP.

[Staff] assisted me with \$75 to purchase my son's clothing, he's 6 years old, for cold weather that will last him for the whole year. I also used this to purchase clothing for work... I was behind on my car payment.... KCVP also assisted me with this and ... \$100 for gas for my first week as I hadn't gotten paid yet. (KCVP referred her to Solid Ground, who helped her find an affordable apartment, and provided her first month's rent and deposit.)

KCVP assisted me financially but also offered

encouragement. It's great to know there are services out there for veterans, especially women veterans and their families.

Thank you for all of your assistance and I hope that one day I, too, will be able to give back to the veteran community. Also my household is stable now, we have a roof over our head and a steady job.

Sincerely, 'Penina'

SUPPORTING VETERANS AND THEIR FAMILIES TO BUILD STABLE LIVES AND STRONG RELATIONSHIPS

King County is now home to approximately 122,000 veterans and military personnel. The levy has helped expand the range and capacity of services available to veterans in our communities to help them build on their strengths and respond to the unique challenges they face. Because of Levy Strategy 1 activities in 2014, more than 5,000 veterans and their family members got the medical and behavioral health services they needed, secured stable housing and employment, and successfully re-entered or continued civilian life.

ACTIVITY 1.1

King County Veterans Program

For more than 60 years, the King County Veterans Program (KCVP) has served veterans and their families. Levy funding has helped KCVP serve veterans better. It enabled KCVP to expand to serve members of the National Guard and Reserves, and families of those in active duty who were not eligible for other military services. KCVP focused on basic services, such as housing, and on long-term goals to help veterans become self-reliant. In 2014, KCVP:

- Served 2,380 veterans and family members and developed 2,254 case plans to help them move forward. More than 88 percent improved their life skills and more than 73 percent obtained employment.
- Helped veterans complete 73 percent of their case management goals, with 76 percent improving their self-sufficiency.
- Aligned with outreach services so that veterans served have a consistent KCVP staff member contact.
- Designed an eligibility checklist to increase the efficiency of sheltering homeless veterans, resulting in a 95 percent success rate in helping veterans get a shelter bed when needed.
- Provided more than \$600,000 in financial services primarily to help veterans and their family members with emergency rent or utility bills.

- Provided education and employment services, with 365 veterans getting employment at an average wage of \$16.66 per hour.
- Incorporated the successful Aerospace and Manufacturing program, which completed a twoyear pilot (see Activity 2.6.C), as a basic KCVP service offering.
- Inaugurated a career expo, "Working with Our Troops." Nearly 400 veterans and family members attended and met with any of 135 employers and schools, learned job search and interviewing strategies, and got one-on-one resume writing help.

The program helped me come out of the oppression of homelessness.

- KCVP client

ACTIVITY 1.2

Veteran Outreach and Engagement

The levy funded three activities to reach out to veterans and help them connect with the services they need to overcome homelessness, get health care and other benefits, and improve their lives. Accomplishments in 2014 included the following:

Enhanced outreach to women veterans and veterans

of color. The program reached out to 403 veterans and family members, and helped 305 of them access medical care through the Department of Veterans Affairs (VA), receive service-connected disability compensation or pensions, or use benefits to upgrade their education and employment skills. The program went to a variety of locations to reach veterans, including colleges, resource fairs, tent cities, and dropin centers.

Veteran information and referral. The King County Veterans Information and Assistance Call Center is an important resource to connect veterans to services. The program exceeded its targets in 2014, taking 901 calls and connecting 896 veterans with services. During follow-up, 97 percent of callers reported being satisfied with the services. *Homeless veteran street outreach.* In 2014, the program served 199 homeless veterans, helping 76 percent increase their housing stability. By collaborating with the Bread of Life Mission, the program enabled 79 homeless male veterans to get emergency shelter. The program found peer-to-peer mentoring effective in connecting veterans to resources and encouraging self-sufficiency.

\$16.66/hr.

KCVP helped 365 veterans get jobs averaging \$16.66 per hour.

ACTIVITY 1.3

Veterans Employment and Training

In 2014, King County Vet Corps engaged with 63 veterans and helped 38 enter educational or training opportunities, from which 10 got jobs. The program engaged veterans serving in AmeriCorps to assist the "veterans serving veterans" team on 13 college and university campuses.

ACTIVITY 1.4

Post-Traumatic Stress Disorder (PTSD) / Military Sexual Trauma (MST) Treatment

In 2014, this program served a total of 246 veterans and family members through 2,781 counseling hours, often seeing the spouse or dependents even when the veterans themselves were not enrolled. Of those in the program at least six months, 94 percent reported positive outcomes. The program also completed MST curricula that it was developing in 2013.

ACTIVITY 1.5

Veterans Justice

The levy provided funding for three programs for veterans involved with the justice system.

Veterans Incarcerated Program (VIP). The program assisted 240 veterans in 2014 by assessing their needs and providing short-term, re-entry case management.¹ Of these, 120 reported being homeless. Of the veterans referred to housing resources, 71 percent were successfully housed. Of 217 referred for treatment of behavioral health issues, 108 began treatment.

Veterans Legal Assistance Program. The program served 212 low-income veterans and their families who had civil legal issues that were barriers to housing, employment or self-sufficiency, and resolved 98 cases. The program also increased veterans' awareness of their services by reaching out to veteran service providers and community partners.

Emerging programs for justice-involved veterans.

In 2014, 89 veterans involved in the criminal justice system and struggling with behavioral health needs were determined to be eligible for the King County Regional Veterans Court or the City of Seattle Veterans Treatment Court, and 37 opted in. The program screened the veterans for trauma history and basic needs, and referred them to veteran-specific services for health care, behavioral health and housing. Eleven veterans graduated from the courts (i.e., engaged in behavioral health treatment and had no new law violations).

VIP used a best practice for transition of people with co-occurring disorders in the criminal justice system called the APIC Model (for the steps: Assess, Plan, Identify, Coordinate), along with Motivational Interviewing, an evidence-based practice.

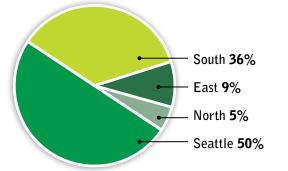
Support for Military Families

As troops came home after multiple deployments, they and their families needed a helping hand to connect with housing and other services to establish a stable life in the community. The levy supported two programs that helped with family stability.

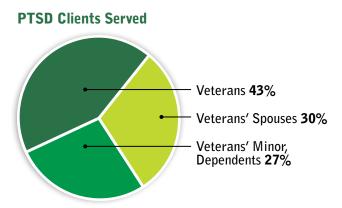
Military family outreach. The outreach team participated in community events, partnered with the Mobile Medical Van to connect with hard-to-reach veterans, and enrolled 146 veterans and their family members, referring them to needed services. Of 135 clients who completed a self-sufficiency assessment, 94 percent showed increased stability within six months.

Military family courseling. The levy funded counseling to reduce the direct and trans-generational impacts of deployment on military families. In 2014, 50 family members received a total of 544 hours of therapy. Nearly 95 percent reported that their lives had improved since starting services. The program served family members even when the veteran was not enrolled in services.

Location of King County Residents Served by Strategy 1



Half of veterans and family members served by Strategy 1 lived in Seattle; more than a third lived in South King County.



More than half of those served by the PTSD/MST Treatment program (Activity 1.4) were veterans' spouses and minor dependents.

41%

Forty-one percent of clients served by Strategy 1 were age 55 or older.

STRATEGY 2

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

"You're the person I've been looking for"



For Paul, age 35, every dawn brought another day of drugs, depression and health problems. To get by, he lived in an emergency shelter in Kent and went to a nearby community meal program. One night in late 2013 when the Mobile Medical Program van came to the meal site, Paul talked to the social worker and described his health challenges. She thought that with expansion of Medicaid under the Affordable Care Act, Paul might be eligible for health care for the first time.

She took Paul to see the van's medical benefits specialist, who pulled out a laptop and helped Paul apply online. Immediately, Paul was approved for coverage in Washington Apple Health! The specialist explained to Paul how to access community health care services once coverage started on January 1, 2014.

In January, Paul took action. He saw a primary care provider at a HealthPoint community health center and got a referral to a mental health counselor at an associated clinic. By the end of the year, he had seen these providers three times each and was stabilized with medications.

Recently when the Mobile Medical van came to the meal program, Paul sought out the benefits specialist. "You're the person I've been looking for!" he said with a grin. "I want to thank you for signing me up for medical insurance. I've been going into the clinic, talking to a counselor, and finally working on my issues." For Paul, January 1, 2014, marked the dawn not just of a new day but a new life.

ENDING HOMELESSNESS THROUGH OUTREACH, PREVENTION, PERMANENT SUPPORTIVE HOUSING AND EMPLOYMENT

Levy Strategy 2 supported direct services for those who are homeless, who have only recently gained housing, or for whom interventions can prevent homelessness. Through this work, the levy furthered the Ten-Year Plan to End Homelessness in King County and the Five-Year Plan to End Homelessness Among Veterans in King County. In 2014, Strategy 2 served 7,550 clients, of whom 4,350 were homeless, and 1,120 were veterans and family members.²

ACTIVITY 2.1

Outreach and engagement

Those with a history of homelessness often struggle also with substance abuse, and behavioral or chronic health issues. Many use costly emergency services while refusing other help. The levy funded four programs that reached homeless people, won their trust and helped them start on a better path.

Homeless street outreach. The REACH program³ served 613 homeless individuals in 2014, of whom 202 moved into or kept stable housing, 245 accessed at least one health service, and 261 obtained or kept health coverage. The program met with these clients on the street or at sites of such services as meal programs. By building trusting relationships, REACH was able to reduce clients' regular use of emergency medical service.

Dutch Shisler Sobering Center and Emergency Service Patrol (ESP). Through street outreach and

911 referrals, ESP made 7,683 contacts with people in need in 2014 and provided transport 6,445 times to the Sobering Center to manage acute intoxication, and initiate recovery and connections to services. ESP also transported 776 people from hospitals to the Crisis Solutions Center. In total ESP served 1,958 people.

2 The total served was 3,500 less than in 2013 because starting in 2014, the system could identify clients the Sobering Center served multiple times (duplicates).

3 REACH used several best-practice models and clinical strategies: Recovery-Oriented Care, Motivational Interviewing, Harm Reduction, Stages of Change, Trauma-Informed Care, and Integrated Treatment. *Mobile medical outreach.* The van regularly visited meal sites and shelters in South King County, and piloted services in Bellevue in 2014. The program provided 841 homeless individuals with immediate health, mental health and dental care, and made referrals to partner clinics. The team also helped 501 of the clients enroll in Apple Health/Medicaid.

South King County homeless outreach (PATH). The program regularly visited meal programs, overnight shelters and other sites, engaged with 190 long-term homeless individuals, and successfully linked 109 of them with community services and housing. The program also assisted parks' staff and police in responding to specific problems.

You've made me feel like a real person again. – a South King County Homeless Outreach client

ACTIVITY 2.2

Capital funds for permanent housing

The levy helped create housing linked to supportive services for homeless people. Three projects were awarded levy funds in 2014 that, with other funding sources, will result in 183 new housing units. In addition, three facilities opened, adding 93 units of housing. Since 2006, the levy has helped support the creation of 1,841 units of affordable housing.

ACTIVITY 2.3

Housing Stability Program

In 2014, the program provided emergency help to 1,285 household members to keep their housing or move from homelessness to permanent housing. Thirty percent were veterans and 47 percent were single female-headed households with children. Ninety-six percent kept their housing for a full year.

96%

Ninety-six percent of households the Housing Stability Program helped kept their housing at least a year.

ACTIVITY 2.4

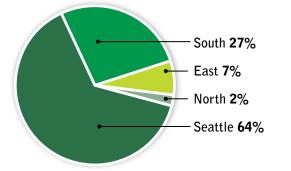
Support services for permanent housing

The levy funded supportive services for residents in permanent housing to help them achieve stable, healthy and productive lives, and reduce the need for emergency services. Two programs received levy funds.

Housing Health Outreach Team (HHOT). The program provided on-site health services to 810 homeless and formerly homeless people now in housing. Eighty percent improved their skills in managing their chronic illnesses. The program also provided services at onsite health fairs, conducted foot care clinics, and held classes in nutrition and in managing chronic disease. With health reform enabling people to get health care, HHOT experienced greater demand for their medical case management services.

On-site support services. The levy supported services⁴ at 17 sites housing veterans and chronically homeless individuals and families to assist them with case management, mental health and chemical dependency treatment, and employment services. In 2014, the program served 792 household members, of whom 104 obtained employment. The one-year housing stability rate averaged 90 percent.

Location of King County Residents Served by Strategy 2



Most people served by Strategy 2 lived in Seattle or South King County.

ACTIVITY 2.5

Criminal justice initiatives

The levy supported two King County Criminal Justice Initiative programs that located supportive housing for ex-offenders who have a mental illness, were homeless and were re-entering the community from jail.

Forensic Assertive Community Treatment (FACT) *program.*⁵ The program served 64 individuals in 2014 who had chronic mental health and substance abuse issues and a history of criminal justice involvement. The program helped them enroll in health care through the state exchange, access behavioral health services and supportive housing, and, if possible, find employment.

Forensic Intensive Supportive Housing (FISH)

*program.*⁶ In 2014, the program provided permanent supportive housing for 64 homeless individuals. All were involved with the criminal justice system but were found incompetent to stand trial because of mental illness. These services helped break the cycle of homelessness-jail-competency dismissalhomelessness.

ACTIVITY 2.6

Employment and training

The levy promoted self-reliance through four employment and training programs.

Community employment services. Three agencies provided employment services at eight WorkSource affiliates and enrolled 424 individuals struggling with homelessness. The agencies placed 59 veterans and 182 others in jobs, where 122 earned a wage sufficient to meet their basic needs without public or private assistance.

Career Connections. This homeless-to-self-sufficiency program assisted 178 individuals, including more than 100 veterans, helping 177 of them to obtain needed training or apprenticeships and 143 to secure jobs. Services included behavioral health referrals and job search help. The program maintained a presence in

FACT used the Assertive Community Treatment (ACT) evidence-5 based model.

⁶ level to apply IDDT.

The program used the Housing First and Harm Reduction best practice approaches.

FISH used evidence-based Integrated Dual Disorder Treatment (IDDT); however not all participants functioned at a high enough

veterans' transitional housing and received referrals from a variety of housing agencies.

Aerospace / Veterans Employment Training Initiative.

The pilot program created education and employment pathways for veterans to get jobs in local aerospace and manufacturing industries. It served 315 veterans in 2014, 178 of whom obtained a job averaging \$17.79/hour. These veterans often struggled with homelessness or disability, yet 73 percent obtained jobs and increased their annual income by more than \$20,000. For each dollar spent on the program, the participants' hourly income increased by \$3.51/hour.

King County HERO Veterans Internship Program.

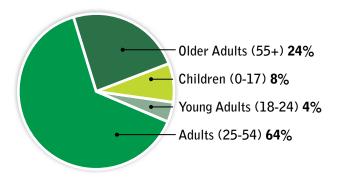
The Heroes Employment Reintegration Opportunity (HERO) Program provided internships in King County government for returning veterans, helping them translate their military skills to civilian jobs, build their confidence, and obtain gainful employment. In 2014, 17 veterans were placed in internships, most completed their internships, and some left early for new jobs, including four hired by King County.

ACTIVITY 2.7

Youth/Young Adult Homelessness Plan Private Fund Match

In 2014, the Comprehensive Plan to Prevent and End Youth and Young Adult Homelessness in King County by 2020 was implemented. It developed employment, housing stability and family reunification programs for homeless youth. It also convened monthly stakeholder forums, and held trainings for providers of housing and other services.

Age of People Served by Strategy 2



Most of those served by Strategy 2 were working age adults (25 to 54).

Improving Health through the Integration of Medical and Behavioral Health Services

Working through PTSD, a Refugee Finds Joy



With some effort, "Makena," a 61-year-old Kenyan Kikuyu refugee, went for medical help at a primary care clinic. Talking with Makena through an interpreter, the care provider noticed symptoms of post-traumatic stress disorder (PTSD), depression and anxiety. Because the clinic had integrated behavioral health with primary care, the staff gave her screening tests for depression and anxiety, again with the interpreter's help. The tests found moderately severe depression and moderate anxiety.

Makena's primary care provider referred her to a behavioral health provider purposely housed in the same clinic to help clients keep appointments and reduce the potential stigma of receiving mental health services. With regular behavioral health appointments, Makena started improving. In the last six months of treatment, her screening tests showed zero sign of depression or anxiety.

Makena's provider says she now comes to appointments with a bright, expressive look and a cheerful mood. From Makena's own descriptions, the change in her life is remarkable. She says she sleeps soundly and never thinks of the people who abused her in the past. She is working and learning to drive. On her day off, she sometimes enjoys getting on a bus

and riding it to see where it goes, then figuring out how to get home. Her next goal is to take classes to improve her spoken English.

Makena says she now has a sense of joy that she never imagined people could experience!

IMPROVING HEALTH THROUGH THE INTEGRATION OF MEDICAL AND BEHAVIORAL HEALTH SERVICES

Levy Strategy 3 furthered the aim of reducing costly emergency services by integrating behavioral with primary health care to help individuals stabilize their lives. The strategy included both direct services and system improvements, including advancing health care reform. In 2014, the activities served a total of 8,782 people, including almost 1,300 veterans and family members.

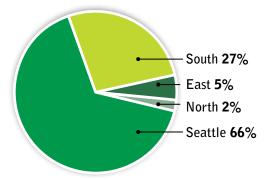
ACTIVITY 3.1

Behavioral health integration

Integrating behavioral health care with primary care clinics⁷ reaches people who might not otherwise seek mental health services or follow through with treatment. A 2008 study estimated a net savings from integration of roughly \$1,300 per program participant per year.⁸ The levy-funded integration programs reached low-income adults and veterans.

Behavioral health integration. In 2014, 2,310 low-income adults visiting primary care clinics were screened for depression, anxiety and substance abuse.

Location of King County Residents Served by Strategy 3



Two-thirds of those served by Strategy 3 lived in Seattle.

- 7 Integrating mental health services with primary care community clinics is an evidence-based approach called IMPACT Model or collaborative stepped care.
- 8 Cited in J. Unützer, H. Harbin, M. Schoenbaum, and B. Druss, The Collaborative Care Model: An Approach for Integrating Physical and Mental Health Care in Medicaid Health Homes (Washington, DC: Centers for Medicare & Medicaid Services) 2013, p. 6.

Of these, 79 percent showed signs of these challenges and most received at least two visits with a mental health provider in the primary care clinic. On followup screening, 46 percent of those who had the mental health visits showed improvement in their symptoms.

Behavioral health integration for veterans. In 2014, 728 veterans and their family members visiting primary care clinics were screened for depression, anxiety and substance abuse. Of these, 38.5 percent showed signs of these challenges and most received at least two visits with a mental health provider in the primary care clinic. On follow-up screening, 49 percent of those who had the mental health visits showed improvement in their symptoms.

I needed help and you made sure I didn't fall through the cracks like so many spouses of veterans do.

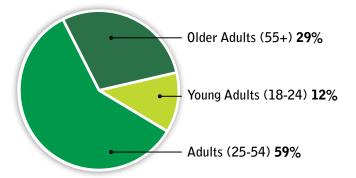
> - Client of Behavioral Health Integration for Veterans program

ACTIVITY 3.2

Veteran and trauma competency training

In 2014, the program's trainings reached 1,027 health care providers not part of the veteran's care system and 934 professional providers, such as first responders, behavioral health providers, and housing support providers. Trainings covered veteran culture; awareness and treatment of PTSD, traumatic brain

Age of People Served by Strategy 3



The majority of those served by Strategy 3 were adults 25 and over.

injury (TBI) and other trauma; and impacts on families. Nearly 95 percent of participants reported increased awareness of veterans' issues after the training.

ACTIVITY 3.3

Health care reform system design and implementation

Levy funding helped support an outreach campaign resulting in 195,000 King County residents enrolling in health coverage under the Affordable Care Act. Preliminary results showed that the rate of uninsured county residents dropped from 14 percent to 8 percent. King County received national recognition for its targeted enrollment activities and use of community partnerships. The activity also supported multi-sector community partners' work to carry out the County's Health and Human Services Transformation Plan to move to a prevention and wellness focus.

ACTIVITY 3.4

Depression intervention for seniors

In 2014, the Program to Encourage Active, Rewarding Lives (PEARLS)⁹ served 99 older adults who had depression symptoms, of whom 49 were veterans and spouses. A total of 79 completed the program and all but two showed reduced depression symptoms.

I was able to confront my physical and outlook problems in a new perspective. – a 60-year-old PEARLS client

ACTIVITY 3.5

Facilitation of ongoing partnerships

This activity supported the work of the Regional Veterans Initiative (RVI) to increase the coordination among existing regional veterans services. Engaging such agencies as Veterans Affairs, WDVA and many community agencies, the activity launched several activities to improve veterans' and families' access to benefits and services. The activity also supported integrating behavioral and primary health care to implement the County's Health and Human Services Transformation Plan. The activity worked with community partners and stakeholders to gain perspective on what the County's role should be in the delivery of fully integrated physical, mental health, and substance use disorder treatment services.

ACTIVITY 3.6

Client care coordination

This activity maintained a database of 3,684 homeless individuals who frequently used expensive public services. In 2014, the database included 1,946 high-need candidates for housing, of whom 404 were veterans. A total of 189 people, including 42 veterans, moved into permanent supportive housing. Tracking of those housed in 2013, and one year before and after, revealed a 96 percent drop in shelter use and a 92 percent drop in sobering services use. Housing placements resulted in roughly \$862,000 in reduced use of emergency services.

9 PEARLS uses evidence-based treatment to reduce depression and improve quality of life in older adults living in the community.

Having a home makes a difference

Levy-supported housing programs helped clients reduce their use of costly emergency services.



Strengthening Families at Risk

Teen Mom Moves through Depression to a Better Life with Her Child



"Joyce" was a 17¹/₂-year-old high school senior when she became pregnant. Her own childhood hadn't been easy, complicated by her father's mental health issues and substance abuse. By age 12, she was addicted to alcohol, cigarettes and other drugs. At 14, she had entered rehab. When she learned that the Nurse Family Partnership program could provide a nurse home visitor during her pregnancy and after the baby was born, she was interested. One of her first questions was how to finish her last high school credits. The nurse helped her identify small steps to reach that goal. Joyce earned her diploma right before the baby was born.

Joyce's history put her at high risk for postpartum depression. When her baby was 2 months old, Joyce began to identify her own depression symptoms. Talking with her nurse and doctor, Joyce came to see that her mental health impacted her parenting ability. She began working with a counselor and learned self-care skills to maintain her sense of well-being.

To help Joyce become the good parent she

wanted to be, the nurse taught her games to play with her child, nonverbal communication and discipline. Her child responded, and they played, read and laughed together.

Joyce was determined to create a healthy environment for her child. She moved out of her parents' home to a friend's home, then to transitional housing. When her child was 15 months old, Joyce entered community college. She is now working toward a Dental Hygienist certificate. Joyce has big dreams for herself and her child and is moving on a path to achieve them.

STRENGTHENING FAMILIES AT RISK

Strategy 4 provided prevention and early intervention activities to help families and individuals create a stable base for a successful life. The levy served 14,147 people in 2014 through activities involving early childhood development, transitioning to family life after prison, and connecting to community resources.

ACTIVITY 4.1

Home visiting

The levy invested in evidence-based programs offering home visits to help young, low-income new parents learn to support their child's healthy development and learning in the first three years of life crucial for the child's developing brain.

*Nurse Family Partnership (NFP).*¹⁰ In 2014, the levy supported 133 of 855 young, first-time mothers NFP served in pregnancy and until their infant was age 2. Two-thirds lived in South King County. Education, training and employment services were provided to 40 of the parents. Of the mothers who gave birth in 2014, 88 percent had healthy babies.

*Healthy Start.*¹¹ Levy funding supported nearly half the cost of serving 361 family members in 2014, providing a total of 1,722 home visits. In the first 90 days of service, families set goals for their education and family independence. Ninety-five percent increased their skills in healthy, effective parenting; 87 percent delayed having a second child; 30 percent completed their educational goals; and 40 percent achieved their employment goals.

ACTIVITY 4.2

Maternal depression reduction

The primary care-based program screened 2,543 pregnant and parenting low-income mothers for depression, anxiety and substance abuse in 2014, and

identified 468 for follow-up. Of 362 who saw a mental health provider at least twice, 65 percent showed improvement. These results far exceeded those of national clinical trials of integrated care.

ACTIVITY 4.3

Parent education and support

The levy supported two programs that trained parents and caregivers to improve their child's health and development.

*Promoting First Relationships (PFR) Train the Learner Program.*¹² In 2014, this program trained 14 staff of six nonprofit agencies to use PFR with at-risk parents and their babies. Trainees attended a two-day workshop, met weekly to view and discuss training videos, then used PFR with a family for 10 weeks under supervision. Added in 2014 were two, two-hour follow-up mentoring sessions to support trainees.

Over the course of PFR, the mother became increasingly confident, more aware of her infant's cues.

– a Promoting First Relationships trainee

Family, Friend and Neighbor Play & Learn Groups. Play & Learn reached record numbers in 2014, with 97 weekly groups across the county serving about 6,130 family members of whom half were children. Eighty-seven percent of participating caregivers increased their understanding of children's development. Two school districts (Highline and Seattle) began offering Play & Learn groups. The program trained 65 new facilitators, and held quarterly continuing education for all facilitators.

ACTIVITY 4.4

Passage Point

Passage Point housed 149 individuals in 2014, including 73 under 18 years old, helping them transition from prison to a stable life and to reunite with their family. Services included housing support,

¹⁰ NFP is an evidence-based program to improve birth outcomes, reduce child abuse and neglect, improve school readiness, and increase family self-sufficiency.

¹¹ Healthy Start is an accredited affiliate of Parents as Teachers (PAT), an evidence-based program to prevent child abuse and neglect, promote health, and increase parental involvement.

¹² PFR is an evidence-based program to promote healthy child/ caregiver relationships.

family therapy, employment, and parenting and life skills training. Ninety percent of residents kept stable housing for at least six months; 17 households moved to permanent housing.

ACTIVITY 4.5

Information and Referral

The levy invested in two information and referral methods to help residents in need find services.

2-1-1 Community Information Line. The program received 108,707 calls in 2014, with more than 19,000 identifying as homeless, and more than 4,700 as active-duty military or veterans and families. Staff screened and referred 11,500 callers for rental assistance. Ninety-one percent of callers had incomes below poverty; more than 35 percent of calls related to basic needs.

Cultural Navigator. This program served 1,158 immigrants and non-English-speaking families and individuals in 2014. Nearly 90 percent were low or very low income, with nearly 70 percent un- or underemployed. The program referred clients to community-based and public agencies that could serve them in their own language and cultural perspective. It also conducted workshops and helped people enroll in health care through the state exchange. A new activity was "65th Birthday" workshops, which helped 57 Chinese and Vietnamese immigrants navigate Medicare.

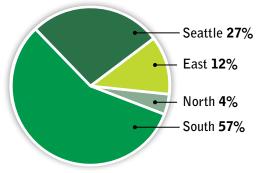
Sample comments from 2-1-1 Community Information Line callers:

Kenmore: "I really appreciate your compassionate tone. It's taken me over a month to get the courage to call."

Renton: "2-1-1 helped me with my movein deposit. I just love you guys!"

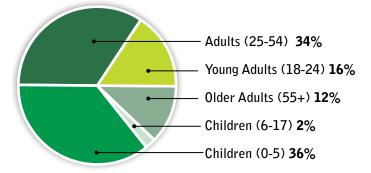
Seattle: "I've never had to ask before. I couldn't believe how quickly I was able to find help."

Location of King County Residents Served by Strategy 4



People served by Strategy 4 lived primarily in South King County or Seattle.

Ages of People Served by Strategy 4



Adults aged 25 to 54 and young children were the majority of people served by Strategy 4.

2014 Performance and Evaluation Report

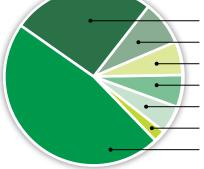
The 2012–2017 Service Improvement Plan required outcome and output targets for each levy activity. Activity managers reported twice a year on their progress in meeting their targets.

2014 ACTIVITIES

Performance Measurement and Evaluation staff undertook the following activities:

- Worked closely with contractors and program managers to develop meaningful targets and benchmarks.
- Updated the 2012–2017 Levy Evaluation Framework for 2014.
- Prepared a 2014 Mid-Year Performance Update.
 Developed corrective action plans with contractors, as needed.
- Developed performance dashboards, metrics and assessment tools for DCHS, Employment and Education Resources, including veterans' services.
- Evaluated the Veterans Aerospace and Manufacturing pilot project.
- Analyzed year-end data and reports from the nearly 40 levy activities.

Race of People Served in 2014



Black **26%** Other **8%** Multiracial **6%** Asian **6%** American Indian **5%** Pacific Islander **2%** White **47%**

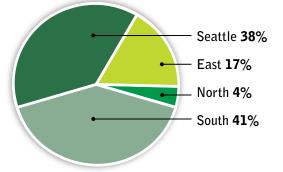
People of color were slightly more than half of those served by levy programs in 2014. Hispanics/Latinos can be of any race.

PERFORMANCE REPORT

The 2014 Performance Management Report (next four pages) is organized by the levy's strategies. The report shows each activity's results compared to its established targets. The "Percent of Target Reached" column uses arrows pointing up (green) for activities achieving 85 percent or more of their target; horizontal arrows (yellow) for achieving 65 to 85 percent of target; and arrows pointing down (red) for meeting below 65 percent.

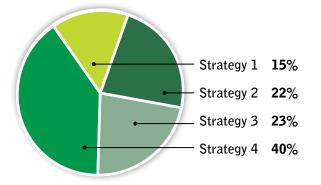
Most activities performed well in meeting their targets. Evaluation staff met with each underperforming contractor to determine the cause of the underperformance, evaluate the target's appropriateness and provide technical assistance to assure improvement.

Location of People Served in 2014



People served by the levy in 2014 lived in all parts of King County.

People Served in 2014, by Strategy



Strategy 4 served the most residents in 2014.

2014 Performance Management Reports

			Services Derformance 2014				Outcomee
			_				Ομιτοπιεσ
LEVY	LEVY ACTIVITY	Household members 2014*	Service Measures	2014 Targets	Actual 6 Service 6	Percent of Target Reached**	Performance Review – Comments
STRAT	STRATEGY 1: SUPPORTING VETERANS						
-			Satellite site service contacts	941	949	101%	101% Targets met with aggressive outreach events. Service
T.L.A	KUVP - Satellite site outreach		Persons and vets served	497	666	1 34 1	134% model under review for 2015.
1.1.B	KCVP - contracted shelter services		Emergency shelter bed nights/ Transitional housing bed nights	18,250	25,421	1 39%	139% 45% of KCVP homeless clients provided shelter through these contracts.
(- -	King County Veterans Program	2,380	Financial assistance recipients	1,800	1,618	%06	90% All financial assistance is now linked to comprehensive
л.т.С	(KCVP) financial assistance		Total levy and State RCW assistance	\$1,100,000	\$901,307	82%	82% case management.
	KCVP - employment, and case		New client assessments	1,800	2,380	132%	132% Exceeded all annual targets. Beginning in 2014 all
Т.Т.U	management		New case plans created	1,000	2,254	225%	225% clients are case managed.
< C F	Enhanced outreach to women	201	, Number of clients engaged	410	403	~ 68%	98% Increased linkages to KCVP and rural King County
T.2.A	veterans and veterans of color	504	Clients applying for benefits/services	260	305	117%	117% Mobile Medical Outreach.
с с	Wether and the second		Number of information and referral clients	850	106	106%	106% 97% of clients referred, successfully linking to
д.2.1		TNA	Number of clients receiving referrals to services	825	896	109%	109% services.
с с		371	Number of veterans completing assessment	120	165	138%	000/ of alianta linkad with comiace
7.2.L		COT	Number of veterans engaged through outreach	160	199	124%	
с г	Waterer amplement and turing	67	Number of veterans assessed	108	63	1 58%	58% Met target for job/training placement, agency
C.I		0	Number of veterans placed in jobs or education training	112	128	114%	114% sanctioned for low number assessed.
	H dotta		Hours of individual and group counseling	2,600	2,781	107%	
1.4	Military Sevinal Treatment /	473	473 Number of clients in counseling (unduplicated)	260	246	• 95%	95% 94% of clients report increased resolution of PTSU
			Hours of professional training	100	122	122%	u auilia 135ucs.
	Veterans Incarcerated Program		Number of veterans screened	360	607	169%	
A.C.I	(VIP)	240	Number of veterans enrolled (w/ 2013 carryover)	155	240	155%	155% Met annual targets.
			Initial case assessments	200	212	106%	106% 48% of measured clients achieved desired outcome.
1.5.B	Veterans Legal Assistance	212	212 Case referrals for services to outside counsel	150	118	<u> </u>	79% Outside referrals low, dependent upon availability of
			Number of cases successfully resolved by NJP	70	98	140%	140% pro bono resources.
	:		Number of veterans screened	120	89	• 74%	
1.5.C	Emerging programs for justice	89	89 Number of veterans opting in to program	30	37	123%	123% Screenings low due to loss of mental health clinicians;
			Veterans accessing services from the VA and other providers	80	82	1 03 1 05	
			Number of households completing assessment	75	135	180%	
1.6.A	Military family outreach	146	146 Number of referrals made	120	181	151%	151% 94% of measured clients achieved succestul linkages
			Number of referred clients connected to services	60	154	257%	LU SET VICES.
0 7 F		0 L	, Number of hours of counseling	300	545	182%	182% 95% of measured clients achieved the desired
а.о.т			Number of military family members served	50	50	100%	100% outcome.
TOTAL	TOTAL STRATEGY 1 CLIENTS SERVED 2014: 5,130	2014: 5,13(0				

* 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%.

		Services Performance 2014				Outcomes
LEVY	LEVY ACTIVITY		2014		Percent of Target	
CTDAT	STBATE GV 3. ENDING HOMELESSNESS	2014* Service Measures	t	Service	Reached**	** Performance Review – Comments
		Number of clients engaged by REACH	380	613	16	161%
2.1.A	Homeless street outreach (REACH)	613 Clients enrolled in treatment/services	140	241	F	172% 70% of clients needing services were linked.
		Clients moved into or remained stabilized in housing	200	202	F	101%
	Dutch Shielar Scharing Cantar Emargancy	Number of persons contacted (duplicated)	5,000	7,863	11 •	157% 100% of clients were connected with services.
2.1.B	Service Patrol	1,958 Number of clients (duplicated) transported to Sobering Center	3,600	6,445	=	179% Targets under review to increase, though depend on 911 calls and client willingness.
с Г С	Makia Madianta attances		700	841	T	120% Exceeded targets; increased connections to
ר.ר.	INIODIJE MEGICAL OUTFEACH	⁶⁴¹ Total visits for medical care or psychiatric social worker	1,150	1,643	1	143% veterans outreach projects.
2.1.D	South King County homeless outreach (PATH)	190 Number of clients engaged in service	125	190	11	152% 74% of clients linked to support services.
2.2	Capital funds for permanent housing	Housing units funded in 2014	N/A	183	•	N/A 2014 funding round completed.
2 2	Loucing Stability Drogram	Number of unduplicated Non-Veteran Households المود الم	393	366	•	93% OFON wateration of housing at 6 months
C:4		L, 203 Number of unduplicated Veteran Households	136	142	F F	
		Number of clients linked to primary care	400	373	•	93% of ULOT climits works able to wainstain
2.4.A	Health Housing Outreach Team	810 Number of clients served	700	810	= •	116% housing for at least a year
		Number of clients self-managing chronic condition	260	650	5	250% "Busiling for at reast a feat.
a / c	On cito cumort convicos	Zoo Case management/Housing support hours	42,288	53,209	12	126% Econodod cumout house tourot
0.4.0	OII-SILE SUPPORT SET VICES	N 72 Number of total households served	N/A	679	•	N/A Exceeded support filours target.
2 5 0	Forensic Assertive Community Treatment	\mathcal{L}_{A} Clients engaged in services but not housed	5	26	22	520% Succeeded in engaging clients; accessing housing
H.U.2	program (FACT)	Clients moved into or maintained in supportive housing	45	38	₩	84% remains a challenge.
2 5 R	Forensic Intensive Supportive Housing program	Glients moved into or maintained in supportive housing	60	51	•	85% Annual targets met, but accessing housing
, , ,	(FISH)	Total clients served	09	64	F	107% remains a challenge.
V 7 C	Community compose continue	Number of homeless clients enrolled	301	424	-17	141% 78% ich alsonnat sets
4·0·7		Act Number of job placements	196	249	1 12	
		Number of clients completing job readiness and training	150	177		118%
2.6.B	Career Connections	178 Number of clients served	180	178	•	99% Wet annual goal in the first 6 months, doubling
		Number of clients obtaining new jobs	85	143	16	168% COTO 12-1110/1111 actuals.
		Number of clients served	122	315	₽	258% 76% increase in self-sufficiency of homeless
2.6.C	Aerospace / veterans Employment Iraining Initiative	315 Number of clients entering an educational program	50	70	17	140% persons through education and employment
		Number of clients obtaining jobs	100	178		178% placement.
		Number of clients completing internship	20	15		75%
2.6.D	King County Internship Program for Veterans	17 Number of clients assessed	35	67	•	191% Implorment.
		Number of clients entering internship program	18	17	•	94%
7 0	Youth/Young Adult Homelessness Plan Private	Convene monthly meetings with stakeholders	12	12		100% Mooting housing to work
۲.1 ۲	Fund Match	Conduct 4 provider trainings to expand capacity for youth	4	4	H H	100% MEETING PIGINING LA BELS.
TOTAL	TOTAL STRATEGY 2 CLIENTS SERVED 2014: 7,551					

* Household members include all members of a family and may be larger than "clients served" where heads of households are counted. ** 1 Indicates meeting 85% or more of target; 4 Indicates 65% – 85%; 4 Indicates less than 65%.

			Services Performance 2014				Outcomes
ГЕЛ	LEVY ACTIVITY	Household members 2014*	Service Measures	2014 Actual Targets Service		Percent of Target Reached**	Percent of Target Reached** Performance Review – Comments
STRA	STRATEGY 3: IMPROVING HEALTH						
< - c	Dobavious hoolth internation	010 0	Number of persons screened	3,500	1,757 🖊	50%	50% Numbers screened are low due to changing criteria for
A.L.C			Z, 210 Total number of all clients receiving treatment	3,000	2,310 🔶	77%	77% Affordable Care Act.
			Veterans or dependents screened for PTSD /MH issues	450	728 🛉	162%	
3.1.B	3.1.B Behavioral health integration for	728	728 Number of veterans or their dependents enrolled	009	492 🔶	82%	82% 44% reduced mental health symptoms – impressive for a
	Acted 4115		Number of clients contacted through outreach	175	164 🛉	94%	וסש-וווכטווב טסטמומנוטוו שונון כווו טווני ווובוונמן ווווובאז.
			Number of mainstream providers trained	748	1,027 🛉	137%	
3.2	Veteran and trauma competency	1,961	1,961 Number of professionals trained	752	934 🕈	124%	124% All targets exceeded.
	tr alling	_	Number of training sessions	64	67 🕈	105%	
77	Depression intervention for	00	Older adults/veterans who completed PEARLS program	82	72 🕈	88%	88% 96% of measured clients achieved reduced depression/
t N	seniors (PEARLS)	<i>L</i>	Older adults/veterans enrolled in the PEARLS program	110	66	%06	90% anxiety.
70		101 6	Number of clients with high system utilization/vulnerability and referred for possible tenancy	225	285 🕈	127%	127% Success dependent upon number of vacant units that
		400/c	2,004 Number of persons in the database meeting system utilization/ vulnerability requirements	1,000	1,946 🔺	195%	1,946 🛉 195% become available.
TOTA	TOTAL STRATEGY 3 CLIENTS SERVED 2014: 8,782	D 2014: 8,7	82				

* 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%.

			Services Performance 2014				Outcomes
LEV	LEVY ACTIVITY	Household members 2014*	Service Measures	2014 Targets	Actual Service	Percent of Target Reached**	Performance Review – Comments
STR	STRATEGY 4: STRENGTHENING FAMILIES	ILIES					
4.1.A	4.1.A Nurse Family Partnership	196	196 Number of persons enrolled	133	133	100	100% 88% of measured clients achieved the desired outcome. Targets prorated to portion supported by levy.
			Number of new persons/households assessed	300	214	+ 71%	
4.1.E	4.1.B Healthy Start	361	361 Clients receiving home visits	300	361	1 20%	120% 91% of measured clients achieved the desired outcome.
			Number of clients linked with medical care	300	287	%96	
			Number of persons screened	2,800	2,543	16 🛉	
4.2	Maternal depression reduction	2,552	2,552 Total number of all clients receiving treatments	750	608	81%	81% 65% of measured clients achieved the desired outcome.
			Number of persons who screened positive for depression	400	468	117%	
	Parent education and support -		Number of agency learners delivering PFR intervention	12	14	117%	117% 7000% of massived clients achieved the desired outcome:
4.3.4	4.3.A Promoting First Relationships (PFR)	14	14 Number of community members showing improved skills and knowledge	12	14	1179	117% 14 interventionists successfully completed PFR training.
ם ר י	, Family, Friend and Neighbor Play	001 1	Number of facilitators educated in play and learn	32	74	2319	
4.0.D	& Learn Groups	NCT'O	Number of play and learn groups	60	79	1 089	108% 07 % of ciletits improved caregiver, parenting skills.
			Hours of employment/ life assistance support	7,800	5,807	+ 749	74% 90% remained stable for 6 months. 17 households moved
t t		T47	Number new households and carryover enrolled	09	76	127%	127% on to permanent housing.
4.5.4	4.5.A 2-1-1 Community Information Line		3,587 Number of callers	3,300		🛉 1099	3,587 4 109% 108,707 calls received. Targets prorated to portion
4.5.E	4.5.B Cultural Navigator	1,158	Number of clients receiving information and referral 1,158 (duplicated)	1,000	1,228	1 23	123% Met annual targets.
			Number of agencies receiving technical assistance	250	267	🛉 107%	- 0
TOT	TOTAL STRATEGY 4 CLIENTS SERVED 2014: 14,147	D 2014: 14,	147				

* Household members include all members of a family and may be larger than "clients served" where heads of households are counted. ** A Indicates meeting 85% or more of target; Indicates 65% - 85%; Indicates less than 65%.

2014 Financial Reports

Veterans Levy Funds by Strategy

			Supplemental &		Total	
	mprovement Plan (SIP) Strategy	2014 Adopted SIP Budget	Budget Ordinance 17407 & 17696	Adjustment [†]	Operating Budget	2014 Expenditure
	Y 1: SUPPORTING VETERANS AND THEIR FAMILIES TO B					
1.1	King County Veterans Program	\$2,485,000	\$-	\$	\$2,485,000	\$2,447,172
1.2	Outreach and engagement	[1			
A	Enhanced outreach to women veterans and veterans of color	\$300,000	\$-	\$ –	\$300,000	\$300,000
В	Veteran information and referral	\$100,000	\$	\$	\$100,000	\$100,000
	Homeless veterans street outreach	\$84,000		\$-	\$84,000	
1.3	Veterans employment and training	\$200,000		\$ -	\$200,000	
1.4	Contracted PTSD treatment/Military Sexual Trauma	\$400,000	\$200,000	\$	\$600,000	\$600,000
1.5	Veterans justice	+		*		
	Veterans Incarcerated Program	\$100,000		\$-	\$100,000	
	Veterans Legal Assistance Program	\$20,000 \$305,000		\$19,000 \$ –		
1.6	Emerging programs for justice involved veterans Support for military families	٥,000 ه) Þ–	پ –	\$305,000	\$305,000
	Military family outreach	\$174,000	\$ -	\$	\$174,000	\$174,000
	Military family counseling	\$100,000		\$	\$100,000	
Total Str		\$4,268,000		\$19,000		
	Y 2: ENDING HOMELESSNESS THROUGH OUTREACH, PRE					
2.1	Outreach and engagement					
	Homeless street outreach	\$86,000		\$ -	\$86,000	
	Sobering/Emergency Services Patrol	\$45,000		<u> </u>	\$45,000	
	Mobile medical outreach	\$90,000		<u> </u>	\$90,000	
D	South King County homeless outreach	\$15,000		<u> </u>	\$15,000	
2.2 2.3	Housing capital Housing Stability Program	\$625,000 \$400,000		 \$ –	\$625,000 \$400,000	
2.4	Support services for housing	μ φ 400,000	φ-	φ-	μ 	\$400,000
	Housing Health Outreach Team	\$75,000	\$ -	\$	\$75,000	\$75,000
	On-site support services	\$340,000		\$-	\$340,000	
2.5	Criminal Justice Initiatives				1	1
	FACT	\$63,000		\$	\$63,000	\$63,000
	FISH	\$210,000	\$	(\$18,000)	\$192,000	\$192,000
2.6	Employment and training					
	Community employment services	\$120,000		\$-	\$120,000	
	Career Connections	\$120,000 \$ -		\$15,000 = \$ -		
	Aerospace and Veteran Employment Training Initiative King County Internship Program for Veterans	په ا	\$627,522 \$66,667	 \$ –	\$627,522 \$66,667	\$627,522 \$66,667
2.7	Youth/Young Adult Homelessness Plan Private Fund Match	\$ -	<u>۵0,007</u> – \$ –	\$ _ \$ _	\$00,007	\$00,007
Total Str		\$2,189,000				
STRATEO	GY 3: IMPROVING HEALTH THROUGH THE INTEGRATION O	F MEDICAL AND	BEHAVIORAL HEAL	TH SERVICES		
3.1	Behavioral health integration					
	Behavioral health integration	\$	\$ -	\$ -	\$-	\$ -
В	Behavioral health integration-veterans	\$600,000		\$ -	\$600,000	
3.2	Veteran and trauma competency training	\$200,000		\$ -	\$200,000	
3.3	Health care reform system design and implementation	\$25,000		<u> </u>	\$25,000	
3.4 3.5	Depression intervention for seniors Facilitation of ongoing partnerships	\$178,000 \$70,000			\$178,000 \$458,447	
	Client care coordination	\$40,000		(\$16,000)		
Total Str		\$1,113,000		(\$16,000)		
	AY 4: STRENGTHENING FAMILIES AT RISK	, , , , , , , , , , , , , , , , , , , ,			, ,,	
4.1	Home visiting					
	Nurse Family Partnership	\$ -	\$-	\$ -	\$ -	\$ -
	Healthy Start	\$ -	\$ -	\$ -	\$ -	\$ -
4.2	Maternal depression reduction	\$ -	\$-	\$ -	\$ -	\$ -
4.3	Parent education and support	\$ -	\$	\$ - ¢	\$ -	\$ \$
4.4 4.5	Passage Point Information and referral	\$ -	\$ -	\$	\$ -	\$ –
	2-1-1 Community Information Line	\$ -	\$ -	\$ -	\$ -	\$ -
	Cultural Navigator	\$ -	\$-	\$ \$	\$ -	\$ - \$ -
Total Str		\$-	\$-	\$ -	\$-	\$-
Evaluatio		\$257,500	\$ -	\$ -	\$257,500	\$257,500
Total Pro		\$7,827,500	\$1,282,636	\$	\$9,110,136	\$9,036,777
Admin 6		\$415,282		\$5,889		\$415,509
Board Su		\$62,853		\$ -		
GRAND		\$8,305,635	\$1,282,636	\$5,889	\$9,594,160	
Percent E	zxpenaea					99%

† Includes Admin 5% adjustment and reallocations to ensure maximum expenditure.

Human Services Levy Funds by Strategy

	e Improvement Plan (SIP) Strategy EGY 1: SUPPORTING VETERANS AND THEIR FAMILIES TO E			Adjustment [†]	Budget	2014 Expenditure
1.1	King County Veterans Program	SOILD STABLE		S –	5hir 5 \$ -	\$ -
1.2	Outreach and engagement	ψ	Ψ.	Ψ.	Ψ.	¥
A		\$-	\$ -	\$ -	\$ -	\$ -
E	Veteran information and referral	\$-	\$ -	\$ -	\$ -	\$ -
C	Homeless veterans street outreach	\$	\$	\$	\$	\$
1.3	Veterans employment and training	\$	\$	\$	\$	\$ -
1.4	Contracted PTSD treatment/Military Sexual Trauma	\$	\$ -	\$ -	\$	\$ -
1.5	Veterans justice					
	Veterans Incarcerated Program	\$-	\$ -	\$-	\$-	\$ -
	Veterans Legal Assistance Program	\$ \$	\$ \$	\$ - \$ -	\$ \$	\$ - \$ -
1.6	Emerging programs for justice involved veterans Support for military families	<u> </u>	<u>۵</u> –۱	ֆ –	.	\$ —
	Military family outreach	\$	\$ -	\$ -	\$ -	\$ -
	Military family counseling	\$-	\$ -	¥ –	¥ –	\$
	Strategy 1	\$-	\$-	\$ -	\$ -	\$ -
	EGY 2: ENDING HOMELESSNESS THROUGH OUTREACH, PR	EVENTION, PE	RMANENT SUPPOR	TIVE HOUSI	NG AND EMP	LOYMENT
2.1	Outreach and engagement					
	Homeless street outreach	\$190,000		\$ -	\$190,000	\$190,000
E	Sobering/Emergency Services Patrol	\$100,000		\$ -	\$100,000	\$100,000
	Mobile medical outreach	\$210,000		\$	\$210,000	\$210,000
	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	¢1(5,000	¢	¢	¢1(5,000	¢1(5,000
	Housing Health Outreach Team	\$165,000 \$815,000		<u>\$ -</u> \$ -	\$165,000 \$815,000	\$165,000 \$815,000
2.5	On-site support services Criminal Justice Initiatives	\$015,000	⊅ −	φ –	\$015,000	\$615,000
	FACT	\$142,000	\$ -	\$ -	\$142,000	\$142,000
	FISH	\$480,000		(\$42,000)		\$438,000
2.6	Employment and training	<u> </u>	Ψ.	(\$12,000)	φ190,000	
	Community employment services	\$550,000	\$ -	\$ -	\$550,000	\$550,000
	Career Connections	\$300,000		\$17,500		\$317,500
C	Aerospace and Veteran Employment Training Initiative	\$-	\$134,174	\$ -		\$134,174
0	King County Internship Program for Veterans	\$-	\$	\$	\$	\$
2.7	Youth/Young Adult Homelessness Plan Private Fund Match	\$-	\$144,000		\$144,000	\$144,000
Total S	Strategy 2	\$4,117,000	\$278,174	(\$24,500)	\$4,370,674	\$4,370,674
	EGY 3: IMPROVING HEALTH THROUGH THE INTEGRATION C	F MEDICAL A	ND BEHAVIORAL HE	EALTH SERVI	ICES	
3.1	Behavioral health integration	¢(25,000	¢	¢.	¢(25,000	¢(25 000
<i>P</i>	Behavioral health integration	\$625,000	\$ - \$ -	\$ \$	\$625,000 \$ -	\$625,000 \$ -
3.2	Behavioral health integration-veterans Veteran and trauma competency training	\$50,000		ب ج –	ہ – \$50,000	ہ – \$50,000
3.3	Health care reform system design and implementation	\$245,000		ب ج \$ –	\$245,000	\$245,000
3.4	Depression intervention for seniors	\$178,000	.			\$178,000
3.5	Facilitation of ongoing partnerships	\$70,000			\$151,000	\$151,000
3.6	Client care coordination	\$100,000		\$-	\$100,000	\$60,000
Total S	Strategy 3	\$1,268,000				\$1,309,000
	EGY 4: STRENGTHENING FAMILIES AT RISK					
4.1	Home visiting					
A		\$470,000				\$613,700
E		\$270,000		\$ -		\$270,000
4.2	Maternal depression reduction	\$625,000		\$-	\$625,000	\$625,000
4.3	Parent education and support	\$260,000		(\$59,200)		\$200,800
4.4	Passage Point	\$415,000	\$	\$ -	\$415,000	\$415,000
4.5	Information and referral	¢=0.000	¢10.075	¢	¢(0.075	\$60.075
	2-1-1 Community Information Line	\$50,000 \$70,000		<u>\$ -</u> \$ -	\$62,875	\$62,875 \$70,000
	Strategy 4	\$70,000 \$2,160,000		⊅ – \$24,500	\$70,000 \$2,257,375	
Evalua		\$287,500		\$24,500 \$-	\$287,500	\$287,500
	Program	\$7,832,500				
Admin		\$410,282		\$10,624		\$346,721
				\$-	1 1	\$62,853
Board	Support /	<u> 20</u> 2,05	\$-	φ-,	φ0 <u>2</u> ,0 <u></u> ,0	Ψυς,υσσι
	D TOTAL	\$62,853 \$8,305,635	⇒ – \$432,049			

† Includes Admin 5% adjustment and reallocations to ensure maximum expenditure.

Combined Levy Funds by Strategy

Service	Immended Dien (CID) Startow		Supplemental &		Total	2014
	Improvement Plan (SIP) Strategy	SIP Budget	Budget Ordinance 17407 & 17696	Adjustment [†]	Operating Budget	2014 Expenditure
	EGY 1: SUPPORTING VETERANS AND THEIR FAMILIES TO BU					
	King County Veterans Program	\$2,485,000	\$	\$	\$2,485,000	\$2,447,172
	Outreach and engagement	¢200.000	, the second sec	*	#200.000	¢200.000
	Enhanced outreach to women veterans and veterans of color	\$300,000		<u>\$ -</u>	\$300,000	
	Veteran information and referral	\$100,000		<u>\$</u> -	\$100,000	
	Homeless veterans street outreach	\$84,000		<u>\$ -</u> \$ -	\$84,000 \$200,000	
	Veterans employment and training Contracted PTSD treatment/Military Sexual Trauma	\$400,000		 \$	\$600,000	
	Veterans justice	\$400,000	\$200,000		\$000,000	\$600,000
	Veterans Incarcerated Program	\$100,000	\$ -	\$ -	\$100,000	\$100,000
	Veterans Legal Assistance Program	\$20,000		\$19,000	\$39,000	
	Emerging programs for justice involved veterans	\$305,000		<u> </u>	\$305,000	
1.6	Support for military families	\$2027000	Ψ.	Ψ	\$202/000	\$2027000
A	Military family outreach	\$174,000	\$ -	\$ -	\$174,000	\$174,000
	Military family counseling	\$100,000		\$ -	\$100,000	
	trategy 1	\$4,268,000		\$19,000	\$4,487,000	
	EGY 2: ENDING HOMELESSNESS THROUGH OUTREACH, PREV			HOUSING AND	EMPLOYMENT	. , , ,
2.1	Outreach and engagement					
Α	Homeless street outreach	\$276,000		\$	\$276,000	\$276,000
В	Sobering/Emergency Services Patrol	\$145,000	\$ -	\$ -	\$145,000	\$145,000
	Mobile medical outreach	\$300,000		\$	\$300,000	
	South King County homeless outreach	\$80,000		\$ –	\$80,000	
	Housing capital	\$1,325,000		\$	\$1,325,000	
	Housing Stability Program	\$800,000	\$	\$	\$800,000	\$800,000
	Support services for housing					
	Housing Health Outreach Team	\$240,000		\$	\$240,000	
	On-site support services	\$1,155,000	\$	\$	\$1,155,000	\$1,155,000
	Criminal Justice Initiatives					r .
	FACT	\$205,000		\$	\$205,000	
	FISH	\$690,000	\$	(\$60,000)	\$630,000	\$630,000
	Employment and training	¢(=0.000		*	* (T0 ,000)	¢(=0.000
	Community employment services	\$670,000		\$ -	\$670,000	
	Career Connections	\$420,000		\$32,500	\$452,500	
	Aerospace and Veteran Employment Training Initiative	\$-	\$761,696	\$ -	\$761,696	
	King County Internship Program for Veterans	\$ \$	\$66,667	<u>\$</u> -	\$66,667	
	Youth/Young Adult Homelessness Plan Private Fund Match trategy 2		\$144,000	\$-	\$144,000	
	EGY 3: IMPROVING HEALTH THROUGH THE INTEGRATION OF	\$6,306,000		(\$27,500)	\$7,250,863	\$7,250,663
	Behavioral health integration	MEDICAL AND DE		JERVICE5		
	Behavioral health integration	\$625,000	\$ -	\$ -	\$625,000	\$625,000
	Behavioral health integration-veterans	\$600,000		\$	\$600,000	
	Veteran and trauma competency training	\$250,000		φ — \$ —	\$250,000	
	Health care reform system design and implementation	\$270,000				
				× –	\$270.000	\$270.000
	Depression intervention for seniors			<u>\$ -</u> \$ -	\$270,000 \$356,000	
3.4	Depression intervention for seniors Facilitation of ongoing partnerships	\$356,000	\$ -	\$ - \$ - \$ -	\$356,000	\$356,000
3.4 3.5	Depression intervention for seniors Facilitation of ongoing partnerships Client care coordination	\$356,000 \$140,000	\$ – \$469,447	\$ – \$ –	\$356,000 \$609,447	\$356,000 \$606,116
3.4 3.5 3.6	Facilitation of ongoing partnerships Client care coordination	\$356,000 \$140,000 \$140,000	\$ – \$469,447 \$ –	\$ - \$ - (\$16,000)	\$356,000 \$609,447 \$124,000	\$356,000 \$606,116 \$84,000
3.4 3.5 3.6 Total S i	Facilitation of ongoing partnerships Client care coordination trategy 3	\$356,000 \$140,000	\$ – \$469,447 \$ –	\$ – \$ –	\$356,000 \$609,447	\$356,000 \$606,116 \$84,000
3.4 3.5 3.6 Total S t STRATE	Facilitation of ongoing partnerships Client care coordination	\$356,000 \$140,000 \$140,000	\$ – \$469,447 \$ –	\$ - \$ - (\$16,000)	\$356,000 \$609,447 \$124,000	\$356,000 \$606,116 \$84,000
3.4 3.5 3.6 Total St STRATE 4.1	Facilitation of ongoing partnerships Client care coordination trategy 3 EGY 4: STRENGTHENING FAMILIES AT RISK Home visiting	\$356,000 \$140,000 \$140,000	\$ \$469,447 \$ \$469,447	\$ - \$ - (\$16,000)	\$356,000 \$609,447 \$124,000	\$356,000 \$606,116 \$84,000 \$2,791,116
3.4 3.5 3.6 Total S STRATE 4.1 A	Facilitation of ongoing partnerships Client care coordination trategy 3 EGY 4: STRENGTHENING FAMILIES AT RISK	\$356,000 \$140,000 \$140,000 \$140,000 \$2,381,000	\$ \$469,447 \$ \$469,447 \$469,447 \$60,000	\$ \$ (\$16,000) (\$16,000)	\$356,000 \$609,447 \$124,000 \$2,834,447	\$356,000 \$606,116 \$84,000 \$2,791,116 \$613,700
3.4 3.5 3.6 Total St STRATE 4.1 A B	Facilitation of ongoing partnerships Client care coordination trategy 3 EGY 4: STRENGTHENING FAMILIES AT RISK Home visiting Nurse Family Partnership	\$356,000 \$140,000 \$140,000 \$2,381,000 \$470,000	\$ \$469,447 \$ \$469,447 \$469,447 \$60,000 \$ -	\$ - \$ - (\$16,000) (\$16,000) \$83,700	\$356,000 \$609,447 \$124,000 \$2,834,447 \$613,700	\$356,000 \$606,116 \$84,000 \$2,791,116 \$613,700 \$270,000
3.4 3.5 3.6 Total S STRATE 4.1 A B 4.2	Facilitation of ongoing partnerships Client care coordination trategy 3 EGY 4: STRENGTHENING FAMILIES AT RISK Home visiting Nurse Family Partnership Healthy Start	\$356,000 \$140,000 \$140,000 \$2,381,000 \$470,000 \$270,000	\$ \$469,447 \$ \$469,447 \$469,447 \$60,000 \$ - \$ - \$ -	\$ - \$ - (\$16,000) (\$16,000) \$83,700 \$ -	\$356,000 \$609,447 \$124,000 \$2,834,447 \$613,700 \$270,000	\$356,000 \$606,116 \$84,000 \$2,791,116 \$613,700 \$270,000 \$625,000
3.4 3.5 3.6 Total S STRATE 4.1 A B 4.2 4.3	Facilitation of ongoing partnerships Client care coordination trategy 3 EGY 4: STRENGTHENING FAMILIES AT RISK Home visiting Nurse Family Partnership Healthy Start Maternal depression reduction	\$356,000 \$140,000 \$140,000 \$2,381,000 \$470,000 \$270,000 \$625,000	\$ \$469,447 \$ \$469,447 \$469,447 \$ \$ \$ \$ \$ \$ \$ - \$ \$ - \$ \$ - \$ \$ - \$ \$ - \$ \$ - \$ \$ - \$ \$ - \$ - \$ - \$ \$ \$ - \$ \$ - \$ \$ - \$ \$ \$ - \$ \$ - \$	\$ - \$ - (\$16,000) (\$16,000) \$83,700 \$ - \$ - \$ -	\$356,000 \$609,447 \$124,000 \$2,834,447 \$613,700 \$270,000 \$625,000	\$356,000 \$606,116 \$84,000 \$2,791,116 \$613,700 \$270,000 \$625,000 \$200,800
3.4 3.5 3.6 Total Si STRATE 4.1 A B 4.2 4.3 4.4 4.5	Facilitation of ongoing partnerships Client care coordination trategy 3 EGY 4: STRENGTHENING FAMILIES AT RISK Home visiting Nurse Family Partnership Healthy Start Maternal depression reduction Parent education and support Passage Point Information and referral	\$356,000 \$140,000 \$140,000 \$2,381,000 \$470,000 \$270,000 \$625,000 \$260,000 \$415,000	\$ \$469,447 \$ \$469,447 \$469,447 \$ \$ \$ \$ \$ \$ \$ \$	\$ - \$ - (\$16,000) (\$16,000) \$83,700 \$ - \$ - (\$59,200)	\$356,000 \$609,447 \$124,000 \$2,834,447 \$613,700 \$270,000 \$625,000 \$200,800	\$356,000 \$606,116 \$84,000 \$2,791,116 \$613,700 \$270,000 \$625,000 \$200,800 \$415,000
3.4 3.5 3.6 Total Si STRATE 4.1 A B 4.2 4.3 4.4 4.5	Facilitation of ongoing partnerships Client care coordination trategy 3 EGY 4: STRENGTHENING FAMILIES AT RISK Home visiting Nurse Family Partnership Healthy Start Maternal depression reduction Parent education and support Passage Point	\$356,000 \$140,000 \$140,000 \$2,381,000 \$470,000 \$270,000 \$625,000 \$260,000	\$ \$469,447 \$ \$469,447 \$469,447 \$ \$ \$ \$ \$ \$ \$ \$	\$ - \$ - (\$16,000) (\$16,000) \$83,700 \$ - \$ - (\$59,200)	\$356,000 \$609,447 \$124,000 \$2,834,447 \$613,700 \$270,000 \$625,000 \$200,800	\$356,000 \$606,116 \$84,000 \$2,791,116 \$613,700 \$270,000 \$625,000 \$200,800 \$415,000
3.4 3.5 3.6 Total Si STRATE 4.1 A B 4.2 4.3 4.4 4.5 A	Facilitation of ongoing partnerships Client care coordination trategy 3 EGY 4: STRENGTHENING FAMILIES AT RISK Home visiting Nurse Family Partnership Healthy Start Maternal depression reduction Parent education and support Passage Point Information and referral	\$356,000 \$140,000 \$140,000 \$2,381,000 \$470,000 \$270,000 \$625,000 \$260,000 \$415,000	\$ \$469,447 \$ \$469,447 \$ \$60,000 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - (\$16,000) (\$16,000) \$83,700 \$ - \$ - (\$59,200) \$ -	\$356,000 \$609,447 \$124,000 \$2,834,447 \$613,700 \$270,000 \$625,000 \$200,800 \$415,000	\$356,000 \$606,116 \$84,000 \$2,791,116 \$613,700 \$270,000 \$625,000 \$200,800 \$415,000 \$62,875
3.4 3.5 3.6 Total Si STRATE 4.1 A B 4.2 4.3 4.4 4.5 A B	Facilitation of ongoing partnerships Client care coordination trategy 3 EGY 4: STRENGTHENING FAMILIES AT RISK Home visiting Nurse Family Partnership Healthy Start Maternal depression reduction Parent education and support Passage Point Information and referral 2-1-1 Community Information Line	\$356,000 \$140,000 \$140,000 \$2,381,000 \$2,381,000 \$270,000 \$625,000 \$260,000 \$415,000 \$50,000 \$70,000 \$2,160,000	\$ \$469,447 \$ \$469,447 \$ \$60,000 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - (\$16,000) (\$16,000) \$ \$83,700 \$ - \$ - (\$59,200) \$ - \$ - \$ - \$ - \$ -	\$356,000 \$609,447 \$124,000 \$2,834,447 \$613,700 \$270,000 \$625,000 \$200,800 \$415,000 \$62,875 \$70,000 \$2,257,375	\$356,000 \$606,116 \$84,000 \$2,791,116 \$613,700 \$270,000 \$625,000 \$200,800 \$415,000 \$62,875 \$70,000 \$2,257,375
3.4 3.5 3.6 Total Si STRATE 4.1 A B 4.2 4.3 4.4 4.5 A B	Facilitation of ongoing partnerships Client care coordination trategy 3 EGY 4: STRENGTHENING FAMILIES AT RISK Home visiting Nurse Family Partnership Healthy Start Maternal depression reduction Parent education and support Passage Point Information and referral 2-1-1 Community Information Line Cultural Navigator trategy 4	\$356,000 \$140,000 \$140,000 \$2,381,000 \$270,000 \$625,000 \$260,000 \$415,000 \$50,000 \$70,000	\$ \$469,447 \$ \$469,447 \$ \$60,000 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - (\$16,000) (\$16,000) \$ \$83,700 \$ - \$ - (\$59,200) \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$356,000 \$609,447 \$124,000 \$2,834,447 \$613,700 \$270,000 \$625,000 \$200,800 \$415,000 \$62,875 \$70,000	\$356,000 \$606,116 \$84,000 \$2,791,116 \$613,700 \$270,000 \$625,000 \$200,800 \$415,000 \$62,875 \$70,000 \$2,257,375
3.4 3.5 3.6 Total St STRATE 4.1 A B 4.2 4.3 4.4 4.5 A B Total St	Facilitation of ongoing partnerships Client care coordination trategy 3 EGY 4: STRENGTHENING FAMILIES AT RISK Home visiting Nurse Family Partnership Healthy Start Maternal depression reduction Parent education and support Passage Point Information and referral 2-1-1 Community Information Line Cultural Navigator trategy 4 ion 5	\$356,000 \$140,000 \$140,000 \$2,381,000 \$2,381,000 \$270,000 \$270,000 \$625,000 \$260,000 \$415,000 \$50,000 \$70,000 \$2,160,000 \$15,660,000	\$ - \$469,447 \$ - \$469,447 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ - \$ - (\$16,000) (\$16,000) \$ 883,700 \$ - \$ - (\$59,200) \$ - \$ - \$ - \$ - \$ - \$ 24,500 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$356,000 \$609,447 \$124,000 \$2,834,447 \$613,700 \$270,000 \$625,000 \$200,800 \$415,000 \$62,875 \$70,000 \$2,257,375	\$356,000 \$606,116 \$84,000 \$2,791,116 \$613,700 \$270,000 \$625,000 \$200,800 \$415,000 \$62,875 \$70,000 \$2,257,375 \$545,000 \$17,261,327
3.4 3.5 3.6 Total St STRATE 4.1 A B 4.2 4.3 4.4 4.5 A B Total S Evaluat Total Pi Admin 6	Facilitation of ongoing partnerships Client care coordination trategy 3 EGY 4: STRENGTHENING FAMILIES AT RISK Home visiting Nurse Family Partnership Healthy Start Maternal depression reduction Parent education and support Passage Point Information and referral 2-1-1 Community Information Line Cultural Navigator trategy 4 tion 5 rogram	\$356,000 \$140,000 \$140,000 \$2,381,000 \$2,381,000 \$270,000 \$270,000 \$625,000 \$260,000 \$415,000 \$50,000 \$70,000 \$70,000 \$545,000 \$15,660,000 \$825,564	\$ \$469,447 \$ \$469,447 \$ \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$	\$ - \$ - (\$16,000) (\$16,000) \$ \$ \$ \$ \$ (\$59,200) \$ - \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$356,000 \$609,447 \$124,000 \$2,834,447 \$613,700 \$270,000 \$625,000 \$200,800 \$415,000 \$415,000 \$62,875 \$70,000 \$2,257,375 \$545,000 \$17,374,685 \$842,077	\$356,000 \$606,116 \$84,000 \$2,791,116 \$613,700 \$270,000 \$625,000 \$200,800 \$415,000 \$62,875 \$70,000 \$2,257,375 \$545,000 \$17,261,327 \$762,230
3.4 3.5 3.6 Total St STRATE 4.1 A B 4.2 4.3 4.4 4.5 A B Total St Evaluat Total Pi Admin 6 Board S	Facilitation of ongoing partnerships Client care coordination trategy 3 EGY 4: STRENGTHENING FAMILIES AT RISK Home visiting Nurse Family Partnership Healthy Start Maternal depression reduction Parent education and support Passage Point Information and referral 2-1-1 Community Information Line Cultural Navigator trategy 4 tion 5 rogram 6 Support 7	\$356,000 \$140,000 \$140,000 \$2,381,000 \$2,381,000 \$270,000 \$270,000 \$415,000 \$415,000 \$70,000 \$50,000 \$545,000 \$15,660,000 \$825,564 \$125,706	\$ - \$469,447 \$ - \$469,447 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ - \$ - (\$16,000) (\$16,000) \$83,700 \$ - \$ - \$ - (\$59,200) \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$356,000 \$609,447 \$124,000 \$2,834,447 \$613,700 \$270,000 \$625,000 \$415,000 \$415,000 \$62,875 \$70,000 \$2,257,375 \$545,000 \$17,374,685 \$842,077 \$125,706	\$356,000 \$606,116 \$84,000 \$2,791,116 \$613,700 \$270,000 \$625,000 \$200,800 \$415,000 \$200,800 \$415,000 \$2,257,375 \$545,000 \$17,261,327 \$762,230 \$125,706
3.4 3.5 3.6 Total St STRATE 4.1 A B 4.2 4.3 4.4 4.3 4.4 A B Total St Evaluat Total St Evaluat Total St Evaluat STOTAL ST STOTAL STOTAL 	Facilitation of ongoing partnerships Client care coordination trategy 3 EGY 4: STRENGTHENING FAMILIES AT RISK Home visiting Nurse Family Partnership Healthy Start Maternal depression reduction Parent education and support Passage Point Information and referral 2-1-1 Community Information Line Cultural Navigator trategy 4 tion 5 rogram 6 Support 7 ns Total	\$356,000 \$140,000 \$140,000 \$2,381,000 \$2,381,000 \$270,000 \$270,000 \$625,000 \$260,000 \$415,000 \$415,000 \$70,000 \$545,000 \$15,660,000 \$15,660,000 \$15,660,000 \$825,564 \$125,706 \$8,305,635	\$ \$469,447 \$ - \$469,447 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ - \$ - (\$16,000) (\$16,000) \$ - \$ - \$ - (\$59,200) \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$356,000 \$609,447 \$124,000 \$2,834,447 \$124,000 \$270,000 \$625,000 \$200,800 \$415,000 \$415,000 \$62,875 \$70,000 \$2,257,375 \$545,000 \$17,374,685 \$842,077 \$125,706 \$9,594,160	\$356,000 \$606,116 \$84,000 \$2,791,116 \$613,700 \$270,000 \$625,000 \$200,800 \$415,000 \$415,000 \$2,257,375 \$545,000 \$17,261,327 \$762,230 \$125,706 \$9,515,139
3.4 3.5 3.6 Total St STRATE 4.1 A B 4.2 4.3 4.4 4.5 A B Total St Evaluat Pr Admin 6 Board S Veterar Human	Facilitation of ongoing partnerships Client care coordination trategy 3 EGY 4: STRENGTHENING FAMILIES AT RISK Home visiting Nurse Family Partnership Healthy Start Maternal depression reduction Parent education and support Passage Point Information and referral 2-1-1 Community Information Line Cultural Navigator trategy 4 tion 5 rogram 6 Support 7	\$356,000 \$140,000 \$140,000 \$2,381,000 \$2,381,000 \$270,000 \$270,000 \$415,000 \$415,000 \$70,000 \$50,000 \$545,000 \$15,660,000 \$825,564 \$125,706	\$ - \$469,447 \$ - \$469,447 \$ - \$469,447 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - (\$16,000) (\$16,000) \$83,700 \$ - \$ - \$ - (\$59,200) \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$356,000 \$609,447 \$124,000 \$2,834,447 \$124,000 \$270,000 \$625,000 \$200,800 \$415,000 \$415,000 \$415,000 \$2,257,375 \$545,000 \$17,374,685 \$842,077 \$125,706 \$9,594,160 \$8,748,308	\$356,000 \$606,116 \$84,000 \$2,791,116 \$613,700 \$270,000 \$625,000 \$200,800 \$415,000 \$415,000 \$2,257,375 \$545,000 \$17,261,327 \$762,230 \$125,706 \$9,515,139 \$8,634,123

 \dagger Includes Admin 5% adjustment and reallocations to ensure maximum expenditure.

Citizen Oversight

During 2014, the Veterans **Citizen Oversight Board and Regional Human Services Citizen Oversight Board** donated almost 300 hours to review the work of 40 levy funded programs. Members were briefed on the latest research in such areas as maternal depression, and received a training on military discharge. The boards provided their recommendations on several initiatives, including the King County Regional Veterans' Initiative, the Homeless Youth and Young Adult Initiative, and the Health and Human Services Transformation Plan.

2014 Veterans Citizen Oversight Board

Francisco F. Ivarra, Chair Curtis Thompson, Vice Chair James Callow Stanley Gunno Douglas Hoople Kathleen Lewis Mary Kay Lewis John Pruitt Robert Stephens, Jr. Ray Tomlinson Jaime Yslas

2014 Regional Human Services

Citizen Oversight Board Loran L. Lichty, Chair David Ramsay, Vice Chair Marilyn Cooks Gary Haines Lynnette Jordan Bonnie Sanders Kate Slaminko

Department of Community and Human Services

Adrienne Quinn, Director

Patricia Lemus, Special Projects Manager, Veterans and Community Services

Nancy Loverin, Employment and Education Resources Administrator and Veterans Program Manager

Joel Estey, Regional Veterans Program Outreach Coordinator Marcy Kubbs, Levy Coordinator

Jon Hoskins, Performance Measurement and Evaluation Manager

Laird Redway, Assistant Levy Coordinator

Alex Yoon, Finance and Administrative Services Manager

The Veterans and Human Services Levy is carried out in partnership with:

Abused Deaf Women's Advocacy Services African American Elders Project Area Agency on Aging - City of Seattle Aging and Disability Services Atlantic Street Center Auburn Youth Resources **Catholic Community Services Catholic Housing Services** Center for Human Services **Child Care Resources** Children's Home Society of Washington **Chinese Information and Service Center** City of Seattle **Community Health Plan Community House Mental Health Agency Community Psychiatric Clinic Compass Housing Alliance** Congregations for the Homeless **Country Doctor Community Health Centers Crisis Clinic** Downtown Action to Save Housing (DASH) **Downtown Emergency Services Center** Eastside Interfaith Social Concerns Council El Centro de la Raza Encompass **Evergreen Treatment Services** First Place Foundation for the Challenged Friends of Youth Harborview Medical Center Health Care for the Homeless Network **HealthPoint** Hopelink Imagine Housing International Community Health Services International Drop-in Center Kindering King County Behavioral Health Safety Net Consortium Low-Income Housing Institute Muckleshoot Indian Tribe

Multi-Service Center Navos Neighborcare Health Neighborhood House Northshore Youth & Family Services Northwest Justice Project **Pioneer Human Services** Plymouth Housing Group Projects for Assistance in Transition from Homelessness (PATH) Provail Public Health – Seattle & King County **Puget Sound Educational Services District Renton Area Youth & Family Services Renton Housing Authority** Salvation Army – Seattle SeaMar Community Health Centers Seattle Indian Health Board Seattle Jobs Initiative Senior Services Solid Ground Sound Mental Health South King County Early Intervention Program Terry Home Therapeutic Health Services **TRAC** Associates United Way of King County University of Washington Valley Cities Counseling and Consultation Vashon HouseHold Vashon Youth & Family Services Veterans Training Support Center Washington State Department of Veterans Affairs Wellspring Family Services Wonderland Development Center YouthCare Youth Eastside Services YMCA YWCA of Seattle - King County -**Snohomish County**

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