

VETERANS, SENIORS AND HUMAN SERVICES LEVY: BLUEPRINT REPORT

Honoring King County's commitment to veterans, older adults and vulnerable populations



King County

**Department of Community and Human Services
May 22, 2017**

Veterans, Seniors and Human Services Levy: Blueprint Report

This report accompanies the transmittal of a proposed ballot measure ordinance that would present the voters of King County with a proposition for the Veterans, Seniors and Human Services Levy. The new levy would replace the Veterans and Human Services Levy, which expires at the end of 2017.

This report serves as a proposed blueprint for the new Veterans, Seniors and Human Services Levy. It envisions key components of levy size, structure, investment framework and outcomes-orientation as they are captured in the proposed ballot measure ordinance. The report also proposes key next steps for the replacement planning process.

This report builds upon the key findings of two Council-directed reports to inform deliberations about the renewal or replacement of the existing Veterans and Human Services Levy. The King County Council approved those two reports in Motion 14822 and Motion 14823.

If the County Council elects to pass a levy replacement ballot measure ordinance, detailed implementation planning for the Veterans, Seniors and Human Services Levy would follow. Implementation planning would occur in consultation with community partners, affected populations and the Council to ensure a well-informed proposed plan, representative of the input, perspectives and values of the County’s rich diversity of stakeholders in veterans, seniors and human services.

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VETERANS, SENIORS AND HUMAN SERVICES LEVY

1 | Introduction

King County residents have affirmed their commitment to the men and women who serve our country and to individuals and families in need by voting for the Veterans and Human Services Levy (VHSL) when it was first proposed in 2005 and voting to renew the levy when it was proposed again in 2011. For more than a decade, the VHSL has succeeded in helping veterans, vulnerable populations and families connect to physical and behavioral health services, exit homelessness to housing, enroll in education and training programs, and gain living wage employment and self-sufficiency.

King County's VHSL is unique across the country for the magnitude and breadth of commitment and leadership that it embodies. This commitment to investing in our veterans and vulnerable populations helps both the individuals and our broader community. Our veterans and their families are community assets whose experiences equip them to contribute powerfully to our region. The families and vulnerable persons we assist with the VHSL are our neighbors, colleagues and community members. We embrace the vision that every member of our community has the opportunity to reach their full potential. The VHSL is a valuable tool in achieving that vision by providing the services and setting the conditions that can help each person reach their potential.

The current levy expires on December 31, 2017. Over the past ten months, King County staff hosted a series of 43 community conversations and focus groups, conducted two online surveys and ultimately heard from more than 1,018 residents. Staff also researched and analyzed current levy service populations and emerging areas of unmet need. Those efforts informed two reports that the Executive transmitted to the King County Council in January 2017, beginning the conversation about a renewal or replacement of the expiring levy. The first report looked broadly at the goals, priorities and accomplishments of the current VHSL and potential future areas of emphasis, and the second report focused on providing shelter and housing for homeless veterans utilizing VHSL funds. The Council passed Motions 14822 and 14823 in March 2017, approving both reports.

Having begun the conversation, we are now called to act. This report and the proposed ballot measure ordinance that it accompanies envision a Veterans, Seniors and Human Services levy to build upon the VHSL. This report provides an initial blueprint for the framework and structure of the replacement levy and proposes a plan to realize that vision, building upon information and data from past reports, ongoing community engagement efforts, input from elected leaders and feedback from clients.

The Veterans, Seniors and Human Services Levy will strengthen our commitment to veterans and vulnerable populations while adding a new and much-needed effort to meet the challenges and opportunities that our aging population presents. There remain many brave men and women who served in our nation's armed forces who still need our

help to make a successful transition home. Thousands of our fellow residents are homeless, and the severe lack of affordable housing leaves many others on the brink of homelessness. Our population is rapidly aging, even as funding to support older adults is falling at multiple levels of government, with philanthropic investment in older adults in similar decline. Immigrants and refugees across King County, and indeed the nation, are living in fear and uncertainty as the federal government issues directives that threaten their safety and stability. Others in our community are living every day with the pain and trauma of domestic violence and sexual assault or trapped in the treacherous web of human trafficking.

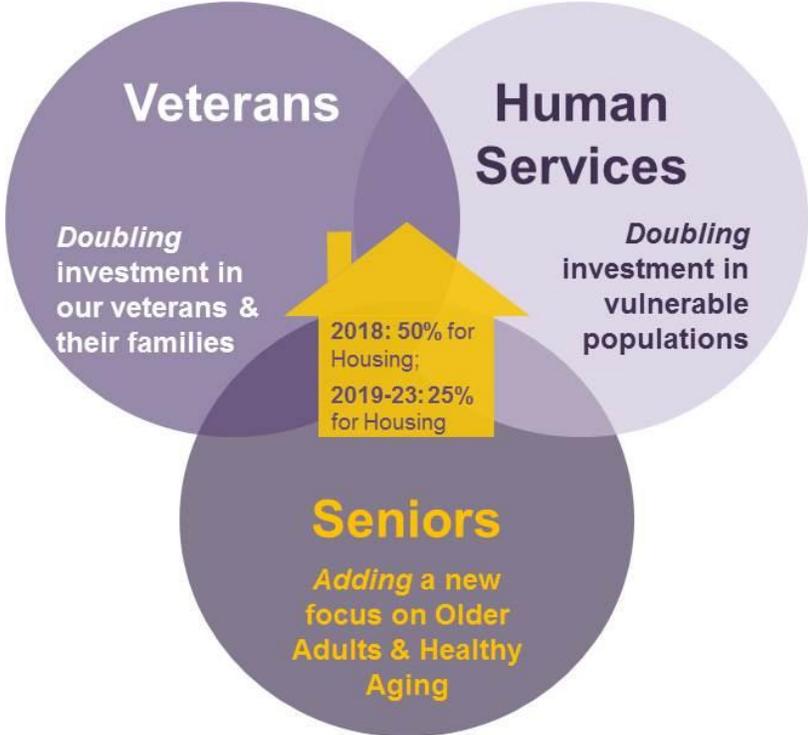
King County has a vision for its future: a place where everyone has the opportunity to achieve their potential, regardless of income, race, ethnicity, age, religion, sexual orientation or place of birth. King County’s rich natural beauty and resources make it an extraordinary place to live, but it is our people who make King County so special. We enrich our entire region when we invest in the full diversity of people who make King County what it is and what it will be.

For more than 183,000 King County residents – including more than 30,000 veterans – the Veterans and Human Services Levy has since its 2011 renewal provided essential support to help our neighbors achieve their potential and to help our communities remain extraordinary. Looking to the future, this report envisions a Veterans, Seniors and Human Services Levy to continue that tradition.

Veterans, Seniors and Human Services Levy | Populations

Replacing the expiring VHSL by:

- **Strengthening support for veterans and vulnerable populations**
- **Adding a new focus to meet the needs of our aging population**
- **Recognizing the critical importance of housing stability to make existing systems work better**



VETERANS, SENIORS AND HUMAN SERVICES LEVY

2 | Building on the Accomplishments of the Veterans and Human Services Levy

All activities supported by the current VHSL advance one or more of three policy goals. Staff analysis and community input both demonstrate that the VHSL has been effective within the three goal areas. The VHSL provides annual reports that provide in-depth review of each levy-funded activity as well as an annual fiscal performance report, all of which are available online for public review.¹

Highlights of Veterans and Human Services Levy-funded programs and activities within each goal include:

Goal One: Reduce Homelessness

- Outreach programs have reached more than 8,800 homeless veterans, chronically homeless individuals and other homeless persons, helping to move thousands from the streets into housing.
- Since 2006, the VHSL has contributed capital to the creation of over 2,000 units of affordable housing, including units specifically set aside for veterans.
- The VHSL played a key role in convening a team of federal, state and local agencies that successfully housed over 850 homeless veterans in 2015, developing a by-name list and case conferencing model that is now employed by the larger homeless housing system.
- VHSL investments helped connect 7,100 people who were homeless or at risk of homelessness to physical and behavioral health services through outreach and mobile services, as well as connecting them to shelter and placement in affordable or permanent supportive housing.
- The VHSL continues to provide these services to those in need.

Goal Two: Reduce Emergency Medical and Criminal Justice System Involvement

Investments in programs that connect incarcerated persons and those re-entering society after incarceration with health, housing and human services are essential tools in reducing recidivism, building stability and eliminating criminal justice costs. Similar results are possible when connecting people to preventive medical and behavioral health care *before* health conditions deteriorate and require expensive emergency interventions, such as detox or hospitalizations. Goal Two funds programs that connect people to systems and resources to break costly cycles of incarceration and emergency services.

- More than 3,800 incarcerated or formerly incarcerated veterans or persons at high risk of incarceration received reentry case planning, supportive services and connections to housing or health care. The Veterans Incarcerated Program and Passage Point are two projects that

¹ Annual fiscal and performance reports provide in-depth information about VHSL activities and investments. They are available online at <http://kingcounty.gov/VHSL-reports>.

have helped hundreds to successfully re-enter their communities from incarceration.

- The Client Care Coordination program, a levy-funded database and housing referral program for high users of public services, tracked the cost-savings of providing housing and supportive services to this population, reporting more than \$7 million in cost offsets between 2012 and 2016 that otherwise would likely have been incurred through use of jail or hospitalizations.

Goal Three: Increase Self-Sufficiency for Veterans and Vulnerable Populations

Thanks to VHSL funds, the King County Veterans Program (KCVP) expanded to provide a broader and richer array of services to support veterans and their families, including case management designed to respond to the individual needs of each veteran and family. The levy enhanced the geographic accessibility of the KCVP and made it possible to add significant employment and education services, as well as services focused on veterans of color, women veterans and National Guard and National Reserve service men and women and their families—all improvements and enhancements that were not possible prior to the VHSL. No county in Washington honors and supports the service of local veterans as King County has chosen to do. This region cares about the health and economic success of our veterans and it has demonstrated that commitment through approval of the levy.

- The KCVP served more than 10,000 veterans and family members in the last levy cycle. In 2015, 80 percent of KCVP clients receiving case management services reported increased self-sufficiency and 93 percent of veterans seeking jobs were employed.
- 128 veterans receiving levy-funded job placements and training increased their household income by an average of \$27,963 in 2016, totaling more than \$3,500,000 in increased household income in one year, an outcome that will improve life for these veterans and their families for years to come.

In additional efforts to build self-sufficiency, the levy:

- screened more than 12,500 mothers for behavioral health conditions at integrated community health centers—of those screened, an annual average of 523 mothers per year screened positive for depression and the sought follow-up mental health care
- provided civil legal case assessments for nearly 1,000 veterans, resulting in more than 300 successful resolutions and more than 500 referrals to outside counsel
- supported regular meetings of more than 330 Play and Learn groups for healthy parent/child interaction
- provided more than 15,000 hours of post-traumatic stress disorder counseling to an annual average of 260 veterans, spouses and children who were ineligible or prefer not to seek care from the U.S. Department of Veterans Affairs.

VETERANS, SENIORS AND HUMAN SERVICES LEVY

3 | Understanding Changing Conditions and Assessing New Needs

At the direction of the County Council, Executive staff researched vulnerable populations and human services efforts in the community to determine how well current resources respond to community needs and to identify trends and gaps in health and human services delivery. The areas of interest for that research and analysis focused on populations identified in County Council Motion 14743. Across all community engagements, there was a clear consensus that the VHSL is an important resource and a benefit to the community, particularly because it often provides for basic human services needs that are not funded by other sources.

Community input and staff research provided evidence that some populations not supported within the current levy now merit consideration for inclusion. These include older adults; survivors of traumatic experiences that include sexual assault, domestic violence, human trafficking and sexual exploitation; refugees; residents of rural communities who are low-income and who may be isolated; and persons with disabilities. Community input also frequently identified the challenges faced by unpaid caregivers for older adults and for persons with disabilities.

Concern about the harmful impacts of isolation came out in many discussions – for veterans, older adults, immigrants and refugees, rural residents, people living in poverty, and people with disabilities and other mobility issues. Staff research confirmed why community members are concerned: a growing body of literature makes clear that social isolation, real or perceived, has direct health-harming effects.

Another critical issue that arose in the deliberation of the future of the levy came up both in the research and analysis as well as the community discussions: the growing uncertainty and unease about future federal funding for health and human services, especially the potential erosion of the fragile gains made in improving access to health and behavioral health services. Access to health care only recently assured by the Affordable Care Act is in jeopardy as the new administration and Congress deliberate proposed repeal or reductions in coverage. Early federal budget proposals suggest the possibility of significant reductions to housing and human services, impacting tens of thousands of people in our communities who are poor, disabled, elderly or homeless.

Within King County, state law has created a structural deficit in the county general fund that makes difficult ongoing general fund support for human services, as mandated service costs in one of the nation's most populous and rapidly growing counties consume more than three-quarters of the general fund. The philanthropic funding landscape is also changing.

These conditions highlight the essential role of mechanisms like the Veterans, Seniors and Human Services Levy to provide elements of basic health and human services for those living with the challenges of poverty, illness or disabilities and to erect the framework needed to hold these programs and services together for those who desperately need them.

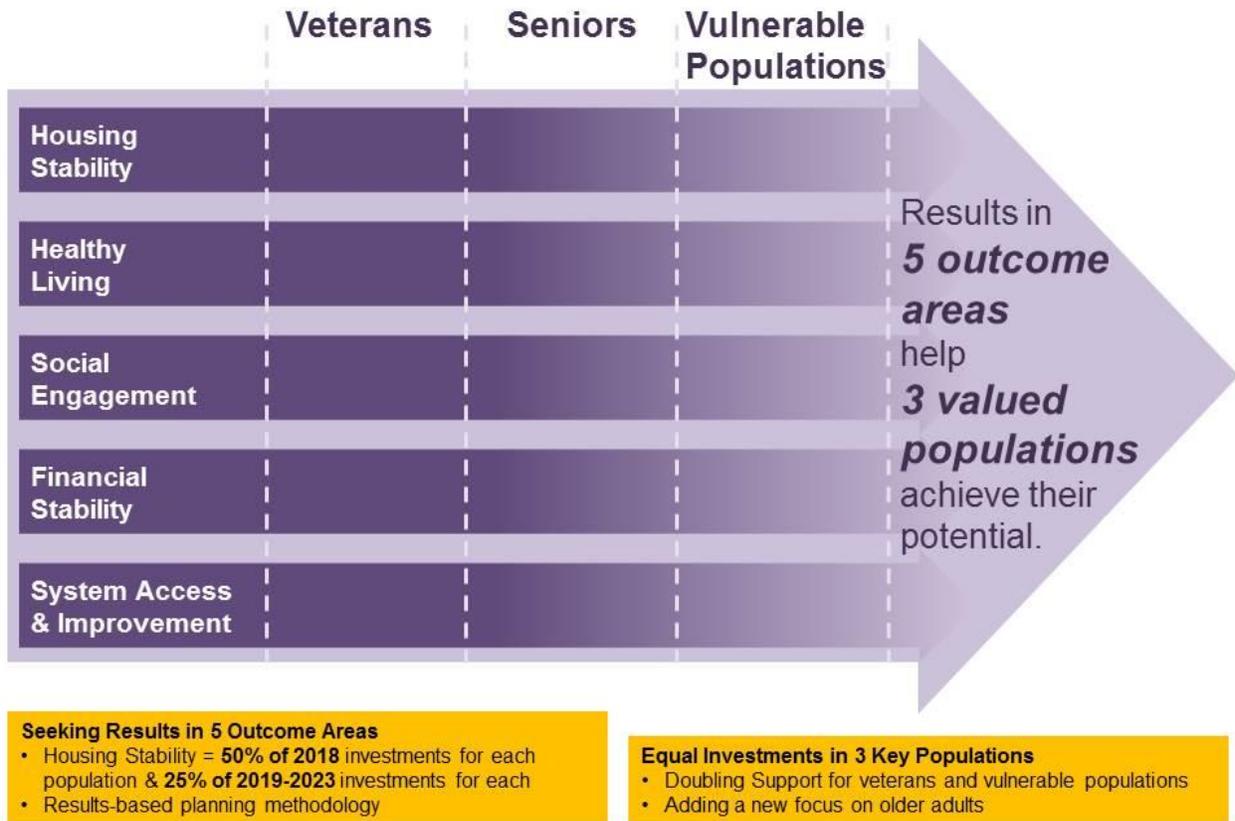
VETERANS, SENIORS AND HUMAN SERVICES LEVY

4 | A New Levy for a Stronger King County

Since its 2011 renewal, the VHSL has served more than 183,000 veterans, military personnel, their families and other individuals and families across King County. The need continues for investment in proven approaches that help our neighbors achieve their full potential and that help our communities benefit from the full diversity within them.

This report accompanies a proposed ballot measure ordinance for the Veterans, Seniors and Human Services Levy to replace the expiring Veterans and Human Services Levy. The proposal would authorize a regular property tax levy at a rate of 12 cents per one thousand dollars of assessed value for six years, beginning in 2018. Levy proceeds would be deposited in a single special revenue fund.

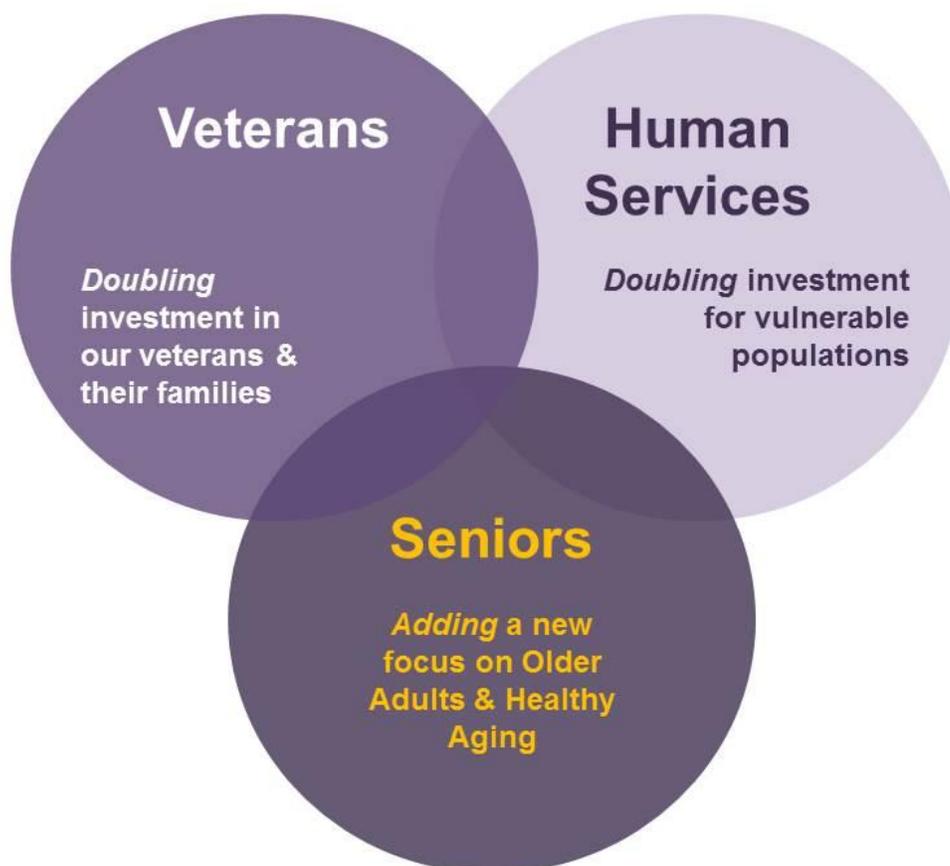
Veterans, Seniors and Human Services Levy | Framework



The new levy will strengthen investments in veterans and vulnerable populations while adding a new focus area on seniors and healthy aging in King County. The levy would invest equally in each of the three key populations. Investments would focus on achieving results in five outcome areas: Housing Stability, Healthy Living, Social Engagement, Financial Stability, and System Access and Improvement.

SERVING THREE KEY POPULATIONS

The Veterans, Seniors and Human Services Levy will maintain and reinforce the expiring levy's commitment to veterans and vulnerable populations while adding a new focus on seniors in King County.



1. Doubling Levy Support for Veterans, Service Members and their Families

Leadership experience, an ethos of shared sacrifice and common purpose, and exposure to people and cultures from across the globe make veterans extraordinary community assets with tremendous potential to strengthen our communities. For some, however, the same experiences that equip them with so much potential can also erect barriers to unlocking that potential. Supporting and empowering veterans to overcome barriers and contribute to our region is both a moral and an economic imperative.

Building on King County's tradition of honoring, empowering and welcoming veterans, the Veterans, Seniors and Human Services Levy would dedicate one-third of levy proceeds to planning, providing, administering and evaluating investments in regional health and human services and capital facilities for

veterans, military service members and their families. In the levy's first year, at least 50 percent of the proceeds dedicated to serving veterans would focus on promoting housing stability for veterans, including funding for capital facilities. In subsequent years, at least 25 percent of proceeds would be dedicated to promoting housing stability, including capital facilities. Community engagement and research efforts, captured in greater depth in the reports approved by Council in Motions 14822 and 14823, have identified possible areas of focus for the Veterans, Seniors and Human Services Levy's investments in veterans. These include:

A growing percentage of veterans are living in poverty. King County is home to an estimated 115,000 veterans. While the total population of veterans in King County is declining, the number of veterans in poverty and the severity of their poverty have increased since 2006. Over 18,000 King County veterans earn below 200 percent of the federal poverty level (\$24,120 annually for a one-person household). The number of veterans living below 100 percent of the poverty level (\$12,060 for a household of one) grew by 43 percent since 2010.

Veterans homelessness is on the rise. About ten percent of homeless single adults are veterans. They are disproportionately persons of color. While the existing veterans homelessness system houses an average of 40 veterans per month, even more veterans become homeless every month, causing the number of homeless veterans to grow. 52 percent of incarcerated veterans who participated in veterans reentry programming in King County reported being homeless when they were incarcerated, with at least as many expected to release from incarceration back into homelessness.

The veteran population is aging. The majority of King County's veterans served during the Vietnam era or before, with more than 74,000 veterans (65%) over the age of 55. As these veterans age, many are presenting service-related illness and disabilities in addition to general aging issues. Some challenges faced by aging veterans are best approached as veterans issues, while other challenges are common to the broader population of seniors in King County.

Women comprise a growing portion of veterans. Women veterans are, on average, younger and more diverse than their male counterparts. They share with all veterans the potential to contribute powerfully to communities, and unlocking that potential will require changes to a veteran's service system that has long focused on serving primarily men.

Younger veterans are more economically and racially diverse than their older counterparts, but they make up an ever smaller portion of the population. Only 10,000 King County veterans are 34 years of age or

younger, a low rate that sets the conditions for young veterans to feel isolated. As with other populations that the new levy would focus on, social isolation for veterans risks health-harming effects as well as imposing social costs. Although smaller in number and proportion to the overall population, recent veterans have higher rates of disability and mental health conditions, in part due to more veterans experiencing multiple tours of duty in war zones. Suicide rates are dramatic: roughly 20 veterans a day commit suicide nationwide. Research is clear that service-related trauma takes a significant toll, not just on the returning service member, but also on their families.

Student veterans in King County describe how focused investments in community building, housing stability and support for student veterans with children could increase rates of graduation for veterans and reduce rates of student veteran homelessness and poverty. Investments during this critical phase of the transition from the military into the community can set the conditions for a veteran's lifelong contribution to the community and reduce the number of student veterans who experience homelessness during their transition.

The King County Veterans Program (KCVP) has leveraged VHSL funding since 2006 to better serve our veterans and their families. The infusion of levy resources has enabled KCVP to move towards holistic assistance and support for veterans. While KCVP retains its unique capability to assist indigent veterans with financial support to gain or maintain housing or prepare for a job interview, the levy-funded program also offers ongoing case management, a point of connection for physical and behavioral health care, access to other veterans services, and robust support for employment. Continued strengthening of KCVP with levy-funded programs for veterans offers a promising path towards the ongoing effort to defragment the regional veterans service system and improve customer focus in veterans services.

King County Executive Dow Constantine's two-year Regional Veterans Initiative (RVI) launched in 2013 brought together government, veterans service organizations and human services organizations to improve service coordination and collaboration. Full implementation of the RVI's recommendations remains an important goal to systematize King County's veterans service system. Examples of areas for improvement include integrating the VHSL's programs for veterans with the KCVP, improving connections among levy-funded providers, and meeting the community's requests for more advocates to help veterans and families bridge the gaps and connect to the services and benefits they have earned.

2. Expanding our Commitment to Regional Health and Human Services for Vulnerable Populations

The Veterans and Human Services Levy has supported vulnerable populations in King County for more than a decade. These services include supporting health care for persons experiencing homelessness, reentry services for formerly incarcerated persons, assisting low-income persons in retaining housing, empowering new parents through evidence-based programs, and funding efforts to navigate a complex human services system. As the general fund's structural deficit makes funding for human services increasingly difficult and federal funding priorities change, levy-provided human services funding will be the sole source of large-scale government support for many vulnerable and valued populations in King County.

The accompanying proposed ballot measure ordinance would define vulnerable populations as:

Persons, peoples and communities who are susceptible to reduced health, housing, financial, or social stability or outcomes because of current experience of or historical exposure to trauma, violence, poverty, isolation, bias, racism, stigma, discrimination, disability or chronic illness. Examples of vulnerable populations include, but are not limited to, survivors of domestic violence; survivors of sexual assault; survivors of human trafficking; survivors of sexual exploitation; persons with a disability; family caregivers; refugees; asylum seekers; low-income residents of rural communities; persons living in poverty; persons at risk of or experiencing homelessness; persons reentering from criminal justice system involvement and persons at risk of criminal justice system involvement due to disproportionate practices of enforcement, mental illness or substance use disorders.

Adopting this definition emphasizes how vulnerability is most often the result of systems acting upon people in ways that create or reinforce disparities. The new levy, guided by the King County Equity and Social Justice Strategic Plan's commitment to "invest upstream where needs are greatest," shall build upon the strengths of vulnerable populations and work to change systems that contribute to inequity.

One-third of the new levy's proceeds would be used to plan, provide, administer and evaluate regional health and human services and capital facilities for vulnerable populations in need of such services. In the levy's first year, at least 50 percent of the proceeds dedicated to serving vulnerable populations would be focused on services and capital facilities that promote housing stability. In subsequent years, at least 25 percent of the proceeds dedicated for vulnerable

populations would promote housing stability, including capital facilities. Possible areas of levy investment include:

Survivors of domestic violence and sexual assault. At least 14,000 individuals experience domestic violence in King County each year. In 2015, there were 54 domestic violence fatalities in Washington State; four of these occurred in King County. A total of 4,195 individuals sought domestic violence protection orders as walk-in clients in 2015. Domestic violence is often an underlying cause of homelessness or housing instability. In 2015, 5,023 people who were experiencing homelessness and seeking housing services had experienced domestic violence; 79 percent were female. There is an immediate need for more shelter and long-term housing options, particularly as eviction history and debt make it challenging for many survivors to hold a lease in their own name. Many spoke of the trauma of sexual violence and the need for supports for survivors of both domestic and sexual violence. The co-morbidity of domestic violence and sexual assault was also identified in the research efforts.

Persons with disabilities and their families. In 2015, more than 195,000 King County residents – 9.6 percent of the population – reported having one or more disabilities. One-third of seniors reported a disability. Of the six types of disabilities measured by the Census, ambulatory and cognitive difficulty were the most common among all ages, with ambulatory and independent living difficulties the most common among seniors.

Families and caregivers of persons with disabilities were frequent participants in the community engagement process. A frequently raised issue among these participants was support for caregivers, an issue also raised in the context of those caring for older adults and those caring for disabled veterans. Caregiver needs focused on short-term respite for caregivers, long-term planning assistance for caregivers (e.g., to help in directing care for a disabled child after the caregiver parent's death), and assistance navigating complex systems required to seek and apply for services. Persons with disabilities themselves spoke of the importance of being present in decision-making processes that affect them, the ever-present challenge of social isolation for persons with disabilities and their families, promoting mental health as a part of a broader approach to therapeutic care for persons with disabilities, and providing assistive technologies and accessible services to allow persons with disabilities to self-navigate and perform supported decision-making.

Rural residents. A total of 168,000 individuals, eight percent of the county's population, live in rural areas of King County. Vulnerable populations and those with low incomes living in rural areas face unique

challenges in accessing services due to their geographic location. Research points to the importance of integrated rural health and human service delivery for low-income families. Community conversation participants from rural areas echoed this finding, describing the difficulty of accessing services outside of urban cores. Intersections of membership in a vulnerable population, being low-income, and living in a rural community can combine to create particular difficulty. Community participants highlighted important opportunities to transform human services delivery in rural communities through strategies that employ remote access (e.g., tele-health), mobile services, school-based services and more multigenerational approaches to care. Rural communities also emphasized the importance of delivering services in ways that support the strong community networks already in place.

Survivors of human trafficking and sexually exploited youth.

Survivors of human trafficking and sexually exploited youth are underserved, even amongst other vulnerable populations in King County. The U.S. Department of State estimates that as many as 17,500 foreign nationals are trafficked into the U.S. every year, and the National Report on Domestic Minor Sex Trafficking suggests that between 100,000 and 300,000 domestic minors are trafficked within the borders of the U.S. Washington is a “hot spot” in an international human trafficking circuit between the United States, Mexico, Hawaii, Japan, Thailand and the Philippines. Approximately 300-500 youth are exploited each year in King County. The County Council inserted a budget proviso in the recently enacted 2017-2018 Budget Ordinance, Ordinance 18409, Section 20, Proviso P1 directing the Executive to “transmit a report and a work plan on options to assess and address the systemic issue of labor trafficking and trafficking related exploitation in King County.” Potential strategies to serve survivors of human trafficking may fund or align with both the proviso-directed work and the recent report and recommendations of the One King County Sexual Exploitation Work Group.

Civil legal services. Civil legal services are services that help low-income persons and communities in legal proceedings and situations where they may be at risk of losing housing, health care, employment, government benefits or the right to remain in the United States. Seventy percent of low-income households in Washington face at least one significant civil legal need each year, 76 percent of whom do not receive civil legal services to help them address their legal problems. The result is that low-income residents of King County too often engage in legal processes that could deprive them of housing, health care access, income or other important parts of their lives without the advice or representation they need to ensure that laws and regulations are being enforced fairly. Potential priority populations with pronounced civil legal needs include veterans, seniors, refugees, homeless persons and those at risk of losing

housing, and survivors of domestic violence and sexual assault, who experience more civil legal issues per person than any other population.

Reentry services for incarcerated persons and the shift to diversion.

The current VHSL supports important parts of a continuum of services for justice-involved veterans and families. While these programs focus on reentry and provide essential services to help veterans and families rejoin society after incarceration, community engagement discussions highlighted a clear emphasis on diversion. The underlying idea of emphasizing diversion over reentry is that many of the traumatic effects and collateral consequences of justice-system involvement occur at the initial point of arrest and during pre-adjudicative procedures. When the criminal justice system is used to provide health and recovery interventions that could more effectively be provided by health and human services agencies, the person receives more expensive, less effective care that actually erects barriers to health and self-sufficiency. In cases where criminal justice system contact is more attributable to conditions of mental health, addiction or disproportionate practices of enforcement, the most effective strategy to prevent the fiscal and moral costs of using the criminal justice system to provide human services is to prioritize diversion away from the system rather than reentry after entering the system.

Immigrants and refugees. More than 430,000 King County residents – 21 percent of the population – are immigrants or refugees. Almost 84 percent of foreign-born persons speak a language other than English at home; half of those – 180,000 people – report that they do not speak English very well. The July 2016 findings of King County’s Immigrant and Refugee Task Force indicate that immigrants and refugees experience gaps related to service system awareness and access, availability of civil legal services, difficulty gaining or maintaining housing, and awareness of and access to existing health and human services. In particular, immigrants and refugees identified language access, both in the ability to speak to potential service providers in a language other than English and in being able to receive written materials in languages other than English.

3. Embracing a New Commitment to Seniors

The population in King County is rapidly aging. Eighteen percent of King County residents are aged sixty or older, a number that will increase to 24 percent by 2030. More than 264,000 residents in King County are already over the age of 65, and over 300 of those are centenarians (over the age of 100). While overall longevity is increasing, significant disparities based on race and place persist. Residents in Bellevue can expect to live ten years longer than those in South Auburn.

While the older adult population grows, funding for this population has significantly declined. King County's Area Agency on Aging (operated by the City of Seattle) reports a \$3 million funding reduction in the last five years while at the same time serving 12,000 new clients. In March, the federal government proposed deep cuts to older adult programs, including food and housing. Philanthropic divestment in older adult services exacerbates these trends.

Housing and services for older adults with low to moderate means are already stretched, and the aging boom has just begun. Most will not have enough saved to live in retirement without some level of assistance. The Veterans, Seniors and Human Services Levy can help to ensure that the men and women who worked to build our communities can remain here as they age.

To meet the needs of a rapidly aging population, one-third of Veterans, Seniors and Human Services Levy proceeds would be dedicated to planning, providing, administering and evaluating regional health and human services and capital facilities for seniors and their unpaid caregivers. In the levy's first year, at least 50 percent of proceeds dedicated for seniors would go towards promoting housing stability, including capital facilities. In subsequent years, at least 25 percent of the proceeds would be dedicated to promoting housing stability, including capital facilities, for seniors. Potential areas of focus for the new levy include:

Seventy-eight percent of persons age 60 or older have one or more chronic health conditions. Thirty-five percent are women living alone. Nine percent of seniors are living in poverty. On average, 3,754 older adults were hospitalized each year between 2010 and 2014. In 2015, more than 15 percent of King County Emergency Medical Services' call responses were for older adults who had fallen.

Elder abuse is a growing challenge. The King County Prosecuting Attorney's Office reported more than 7,000 allegations of abuse and neglect of older adults in 2015.

Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) seniors in King County are at extreme risk of the health-harming effects of social isolation and poverty, with nearly one quarter of LGBTQ older adults in King County living below two hundred percent of the federal poverty level, 45 percent living alone and 68 percent reporting having experienced three or more incidents of victimization or discrimination.

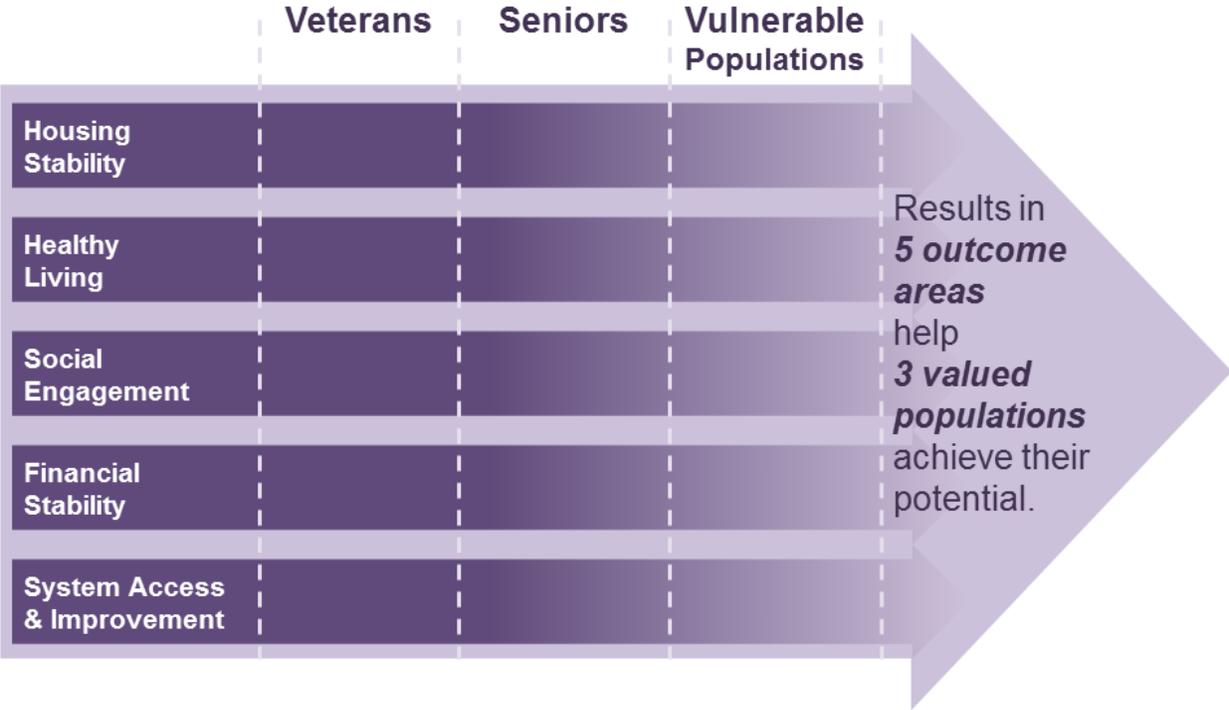
Social isolation's influence on premature death exceeds that of physical inactivity and obesity. Adults age 75 and older who are lonely, isolated and inactive have a mortality rate of 53 percent compared to a mortality rate of 30 percent among their peers who remain socially engaged.

Seniors are aging into poverty and finding housing difficult to afford. Older adults, many of whose incomes are fixed, find it increasingly difficult to afford to live in King County, increasingly priced out of the housing areas where they lived, worked and raised their families.

The responsibility to care for vulnerable older adults impacts all generations. One-third of today’s King County residents who are 65 or older will need some form of long-term care service or support in the future. This work will, in many cases, require assistance from unpaid caregivers, including spouses, adult children and friends.

RESULTS IN FIVE OUTCOME-AREAS

The Veterans, Seniors and Human Services Levy will focus on results instead of throughput. Best practices and local community input highlight five domains in which the Veterans, Seniors and Human Services Levy can seek results in order to best serve veterans, older adults and vulnerable populations in King County. Following a result-oriented planning and evaluation methodology, the new levy will be designed to achieve results in five key outcome areas.



1. Housing Stability

Affordable housing came up for discussion at every community engagement, focus group and rural meeting. It was the most frequently cited system gap in the online surveys. The issue of homelessness was a strong and recurring concern. Older adults voiced their fears they could not afford to continue living in King

County. Others spoke of the housing needs of veterans or of chronically homeless people with behavioral health and disabilities. Residents were clear that housing is the paramount source of stability on which lives are built. In the absence of that stability, other investments in human services are far less effective.

A lack of housing blunts the effectiveness of other county investments in vulnerable populations as people focus on finding a place to stay instead of recovery, their health or seeking employment. Even for those who have homes, the situation is often precarious. Incomes are not keeping pace with the cost of housing. As of 2014, King County's area median income (AMI) was approximately \$86,000. Renter households make up approximately 40 percent of all households in King County, but they represent nearly 70 percent of households earning less than 50 percent of AMI. With lower incomes and higher housing costs, renters are at higher risk of homelessness.

This situation is compounded by the rapid rise and high level of rents. Nearly 50,000 households earning 30 percent of AMI (approximately Washington State's minimum wage) are severely housing cost burdened (defined as paying more than 50 percent of income towards rent). An additional 14,500 households earning 50 percent of AMI are severely housing cost burdened. Seattle has the highest number of severely cost burdened households, while South King County has the highest percentage. Cost burden does not fall equally across all racial and ethnic groups. Black or African American and Hispanic households are disproportionately cost burdened. Taken together, there are nearly 65,000 households that are unstably housed. Just one adverse event – an illness, accident or reduced work hours – could send these households into homelessness.

Displacement is another serious issue. In a highly competitive rental market, landlords who previously accepted voucher payments are electing to stop. With the increasing value of land, owners of mobile home parks are selling the land to developers, displacing low-income park residents.

The populations most at risk are those with special needs. These include seniors, people who are homeless, veterans who are low-income, persons with disabilities, and some immigrants and refugees.

Added to this is the County's continuing homelessness crisis. In 2016, the One Night Count in King County revealed 4,505 individuals without shelter (a 19 percent increase from 2015). Another 6,183 individuals were in emergency shelters and transitional housing, for a total of 10,688 homeless individuals throughout the County. These figures do not represent the thousands of households that are marginally housed, living one adverse event away from homelessness.

In the face of the unprecedented need, the replacement levy proposes to dedicate a portion of funding in each priority service area to support the creation or maintenance of affordable housing, the critical foundation for stability. Affordable housing strategies will feature as a significant investment in the new levy's approach to keeping King County's veterans, older adults and vulnerable populations stably housed and supporting the region's goal of making homelessness for all rare, brief and one-time.

2. Healthy Living

The current VHSL's second goal includes a focus on reducing the unnecessary use of emergency medical care. The goal promotes better health outcomes for individuals and a more sustainable medical care system that prevents crises instead of responding to them. This focus remains a key part of the Veterans, Seniors and Human Services Levy, which will include an outcome area in healthy living.

King County experiences geographic differences in the health of its residents. Using an index of health, housing and economic opportunities, King County has mapped how various areas of the county rank on population measures, including health indicators such as frequent mental distress, smoking, obesity, diabetes, preventable hospitalizations, housing conditions and economic opportunity indicators such as poverty rate and unemployment.² Life expectancy in areas of South King County is 74 years of age, while higher ranked areas in East King County have an average life expectancy of 87.³

According to the *King County Hospitals for a Healthier Community* report:

*The relationship between lack of opportunities and poor health is clear: King County neighborhoods with the lowest educational attainment and highest levels of poverty are also the areas with the greatest concentrations of obesity, diabetes, and many other adverse health outcomes. Equal access to opportunities such as education, housing, and jobs is necessary for all people to thrive and achieve their full potential.*⁴

According to the Center for Disease Control, (CDC), chronic diseases and conditions – such as heart disease, stroke, cancer, type 2 diabetes, obesity and arthritis – are among the most common, costly, and preventable of all health problems. They are experienced by about half of the adult population and are a major underlying cause of physical disabilities. Besides the toll chronic diseases take on individuals and their families, hospitals spend enormous resources caring for these preventable conditions. Many risk factors for chronic diseases, including

² King County Hospitals for a Healthier Community (KCHHC). *King County Community Health Needs Assessment 2015/2016*. Retrieved from PHSKC website: www.kingcounty.gov/health/indicators.

³ Ibid.

⁴ Ibid.

physical inactivity, obesity, unhealthy diet, and high blood pressure have available well established, prevention-focused interventions to help prevent or reduce the impact of these conditions. Levy investments in these programs will not only improve health outcomes for individuals but also reduce the unnecessary use of expensive emergency room and hospital services.

While chronic diseases affect a large portion of the population, other health issues may disparately impact certain groups. For example, veterans experience higher than average rates of suicide and post-traumatic stress. An estimated 100,000 individuals in Washington State have Alzheimer's Disease or dementia, a problem that is projected to increase dramatically over the next 30 years for those 65 and older. Specific services can help support these older adults and their caregivers, helping them to remain in their homes as they age. Other groups such as homeless or formerly homeless individuals, persons with disabilities, immigrants and refugees, and survivors of traumatic experiences may have significant and sometimes unique health issues whose outcomes could be improved with levy support.

Investments in evidence-based and best practice programs can improve the health of residents of King County. The Veterans, Seniors and Human Services Levy will promote better health outcomes for individuals and a more sustainable medical care system that prevents crises instead of responding to them.

3. Social Engagement

Social isolation is increasingly understood as not only a significant cause of emotional difficulty, but also as a potent risk factor for health-harming conditions. Actual and perceived social isolation are both associated with increased risk for premature death.⁵

The influence of social relationships on risk of death are comparable with well-established risk factors for mortality such as smoking and alcohol consumption, and exceed the influence of risk factors such as physical inactivity and obesity.⁶ Negative outcomes of social isolation include: unhealthy behaviors such as heavy drinking, smoking and being sedentary; psychological issues such as cognitive decline, depression and suicide; physical problems such as heart disease, stroke and falls; and other impacts such as re-hospitalization and institutionalization.⁷

Adults age 75 and older who are lonely, socially isolated and inactive have a mortality rate of 53 percent compared to a mortality rate of 30 percent among adults age 75 and older who are not lonely, nor socially isolated, nor inactive.

⁵ Holt-Lunstad, J., Smith, T.B., Baker, M., Harris, T. Stephenson, D. *Loneliness and social Isolation as Risk Factors for Mortality: A Meta-Analytic Review*. Perspectives on Psychological Science. 10:2. 2015. 227-237.

⁶ Holt-Lunstad, J.; Smith, T.B.; Layton, J. B. *Social Relationships and Mortality Risk: A Meta-analytic Review*. July 27, 2010. Retrieved from: <http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1000316>.

⁷ Nicolson, Nicholas R. *A review of Social Isolation: An Important but Underassessed Condition in Older Adults*. Journal of Primary Prevention. 33:2-3. 2012. 137-152.

Sebastian Junger, a reporter and author who has covered the contemporary veterans experience has highlighted the trauma of social isolation as one of the most pressing challenges that confront veterans after their military service.⁸

Often thought of in the context of older adults who become isolated as social networks fade and families change, isolation was also discussed extensively as a concern for veterans, persons with disabilities and their families, caretakers, survivors of traumatic experiences like domestic violence, and recent immigrants and refugees. The Veterans, Seniors and Human Services Levy will include a focus on results that combat the health-harming effects of social isolation and promote social engagement for veterans, seniors and vulnerable populations.

4. Financial Stability

The King County Equity and Social Justice (ESJ) indicators of Equity determined that income is the most powerful indicator of ESJ, having the ability to affect more determinants of equity than any other variable. As people live longer, life-long financial security is a growing challenge. This is particularly true for the least educated, who are more likely to live at or near the poverty level without emergency resources.⁹ National statistics indicate that 4.2 million older Americans live in poverty. For many older adults, retirement planning has been inadequate to prepare them for years of retirement, resulting in poverty in old-age for a broad group of older adults who may not have experienced poverty while working.

5. System Access & Improvement

Participants in community engagement events and surveys consistently identified issues of human services system access and system design among their most pressing concerns. Veterans express difficulty navigating a complex set of benefits and programs. Residents of rural communities – often including seniors, veterans, and persons with disabilities – repeatedly voiced difficulties in finding transportation to access services in urban areas. Communities and persons who communicate most effectively in languages other than English report how language barriers often become barriers to seeking essential services. All of these participants and many more identified shortcomings that have to do with getting to where services are, opportunities for mobile services to come into communities, difficulty making sense of a complex service system, and a desire to have a single point of contact for thorough information about what veterans and human services are available. Responding to these needs, the Veterans, Seniors and Human Services Levy will include in its framework a set of outcomes relating to how people can effectively and efficiently access services.

⁸ For an extensive, current analysis of the social isolation that veterans face upon leaving service, the trauma of reintegrating, and how cultivating belonging can address those issues, see Sebastian Junger's [Tribe: On Homecoming and Belonging](#) (2016).

⁹ Stanford Center on Longevity. *The Sightlines Project: Seeing our way to living long, living well in 21st century America*. Stanford University: February 2016.

VETERANS, SENIORS AND HUMAN SERVICES LEVY

5 | Alignment with County Initiatives and Plans

Good governance and stewardship of the public's resources and confidence demands deliberate planning to align the Veterans, Seniors and Human Services Levy with King County's Strategic Plan and the County's Equity and Social Justice (ESJ) Plan. The new levy will also actively coordinate with Best Starts for Kids (BSK) and the Mental Illness and Drug Dependency (MIDD) sales tax, King County's other two special purpose revenue funds for human services.

Aligning with the Strategic Plan

In 2010, the County enacted Ordinance 16857, establishing the King County Strategic Plan. In 2015, the Council passed Motion 14317 updating and revising King County's vision, mission, guiding principles and goals. Included within the County's goals are improving the health and well-being of all people in our community, increasing access to quality housing that is affordable to all, implementing alternatives to divert people from the criminal justice system, and ensuring that county government operates efficiently and effectively and is accountable to the public. These guiding principles command that the County address the root causes of inequities to provide equal access for all; engage with partners, stakeholders, and public and private organizations to achieve the stated goals; and work to align the funding, policy and operational goals of county government.

Equity and Social Justice Alignment

In accordance with the 2016 Equity and Social Justice Strategic Plan, King County actively engages in efforts to eliminate racially disparate health and human services outcomes in King County, and this priority will guide the process of designing, administering and evaluating the policies and programs related to the new levy, if approved by voters. Specific expressions of this alignment have included focused efforts during community engagement to consult with non-English speaking communities and community meetings in communities that reflect the full diversity of King County. Future ESJ alignment opportunities include a focus on increasing community engagement with diverse stakeholders and ensuring integration of an ESJ lens during planning for outcomes and procurement processes.

BSK-MIDD-VSHSL Alignment

Also in 2016, the Council adopted plans for the voter-approved BSK levy and the Council-adopted MIDD sales tax. Initial planning for the renewal of the VHSL, including preparation of the reports transmitted to the Council earlier this year, focused intensely on potential ways to align and integrate the replacement VHSL with both of the other service plans. Together, these three fund sources provide a substantial portion of King County's local investments in health and human services for children, youth, families, adults and communities, and provide a source of local funding that can help meet changing needs based on local conditions or changes in federal and state policy and funding.

Staff continues to explore opportunities for collaboration and potential co-investments to promote coordinated services and respond to county priorities. There are several areas where two or more of the service plans could complement each other and make it possible to serve more individuals or serve the community better: to increase system stability through diversified funding, enhance integrated and coordinated performance measures, improve access and delivery of services, and align programs and services with the County's Strategic Plan and Equity and Social Justice goals. Examples include:

- Multigenerational Activities – Such as child care, kinship care, housing options and social inclusion activities.
- Aligning Investments in Therapeutic Courts – Courts, veterans and human services providers will achieve the best results by working together to help individuals and families achieve stability.
- Integrating Community Partnerships – Such as coordinating community engagement and partnership efforts in ways that support shared goals and address equity and social justice.
- Aligning Performance Measurement Frameworks – All three initiatives are working to integrate contracting, data reporting and alignment of performance management frameworks to allow for shared results and indicators across the funding sources and improve the ability to measure the combined impacts of these programs.

In addition to identifying opportunities to blend resources for unified effects among the three special revenue funds, staff will also remain cognizant during implementation planning of the prohibition against supplanting funds.

Planning for Change: A Quick Reaction Fund (“QRF”) to adapt to emerging needs

Veterans of contemporary conflict recognize the acronym “QRF” as the quick reaction force that military units keep in reserve to respond when new opportunities or challenges call for an adjustment of the original plan. For further development during implementation planning and in consultation with the Council and community, the replacement levy would also include an annual portion of unprogrammed funds whose purpose would be to provide a rapid response to fill gaps or make use of opportunities that result from changes in community conditions or the federal or state funding landscapes for human services. The Quick Reaction Fund (“QRF”) would provide the Council with the mechanism and recurring allocation within the levy to meet new needs as other funding sources and aligned programs change or community conditions shift.

VETERANS, SENIORS AND HUMAN SERVICES LEVY

6 | Performance Measurement and Evaluation

The Veterans, Seniors and Human Services Levy will adopt an outcomes-orientation that appropriately aligns with the framework already adopted for both the BSK and the MIDD sales tax.

The VHSL has continuously refined its performance measurement practices to move away from a focus simply on numbers served, in favor of moving towards a focus on results. Looking ahead, the levy will increase systemization among programs and emphasize outcomes as a means to better measure and demonstrate how levy-funded activities combine to change lives and drive system improvements. An outcomes-based framework integrates performance measurement into the planning process instead of designing an after-the fact performance measurement process. An outcomes-based framework complements efforts to increase the ability of programs within the levy to work together for common outcomes.

Serving residents well, continuous improvement and responsible stewardship of precious public resources all depend upon a clear understanding of the various service systems and the achievement of identified outcomes. Measuring results is an essential part of effective health and human services planning, and the replacement levy will emphasize and be resourced to maximize its effectiveness through performance measurement and evaluation.

The shift to an outcomes-orientation and alignment with BSK and MIDD will allow for common results and indicators between the three initiatives, increasing the County's ability to quantify the combined effectiveness of the three local revenue sources for human services funding and to conduct combined continuous improvement processes. Staff will also explore potential integration of community partnerships and engagement, contracting, contract monitoring and data management in addition to performance measurement.

VETERANS, SENIORS AND HUMAN SERVICES LEVY

7 | Levy Oversight and Governance

Resident oversight of levy expenditures has been a key feature of the VHSL, and the Veterans, Seniors and Human Services Levy will continue the VHSL's tradition of strong oversight and involvement by King County residents. The proposed ballot measure ordinance that this report accompanies requires transmittal by August 23, 2017 of a proposed ordinance to create, contingent on voter approval of the levy, a board or boards to provide advice and oversight. King County has benefited tremendously from the dedicated community members who volunteered to serve on the VHSL oversight boards, one for regional human services and one for veterans issues. The council ordinances approving the previous service improvement plans for each levy included detail on the eligibility to serve and the roles and functions of the boards.

The proposed Veterans, Seniors and Human Services Levy represents an evolution of the current VHSL, and the addition of a new focus on seniors presents an opportunity to build upon the VHSL's tradition of citizen oversight and governance by adapting the current levy's boards to the structure and focus of the levy that would replace it.

The following descriptions explore possible board structures and purposes for the Veterans, Seniors and Human Services Levy. Executive staff will ensure a thorough and consultative process with community members, current board members and the County Council to refine, improve and finalize board structure recommendations for inclusion in the proposed ordinance on governance that the Executive will transmit by August 23, 2017.

Considering a unified King County Veterans Advisory Board

King County currently has two boards dealing with matters affecting veterans. In addition to the current levy's Veterans Citizen Oversight Board, State law also requires each Washington County to maintain a Veterans Advisory Board to oversee each county's state-mandated Veterans Assistance Program.

As the proposed Veterans, Seniors and Human Services Levy envisions both an increase in the resources to serve veterans in King County and a significant emphasis on coordination of the King County Veterans Program with levy-funded services for veterans, this report proposes establishment of a new, unified King County Veterans Advisory Board that would perform the functions of both of King County's veterans boards. In addition to consolidating oversight of the King County Veterans Program with the levy's programs for veterans, a combined board would unify the voice of King County's veterans in providing veterans policy advice to the Executive and the Council.

A unified veterans board would be able to adopt the strengths of the two existing boards into a single entity. In addition to satisfying the requirements of RCW 73.08.035, the current state-mandated veterans board is composed solely of veterans elected by their peers at an annual meeting of the board. Members of the state-mandated board value the independence that elected membership

enables. The current levy's veterans board differs in that its composition is primarily made up of Council-nominated members, with an additional three members appointed by the Executive from the membership of the state-mandated board. The members of the levy's veterans board value their representativeness of the full geography of the County as well as their connection to the Councilmembers and the Executive.

A unified King County Veterans Advisory Board would combine the strengths of both existing boards, facilitate integrated governance of all King County veterans funding sources, and elevate a single source of advice on veterans matters for the Executive and Council. Subject to ongoing consultation with the current veterans boards, the Council, and King County's broader veterans community, the proposed ordinance for levy governance that the accompanying ballot measure ordinance would require could include a provision for a veterans board as described below:

The King County Veterans Advisory Board shall advise the County Executive and County Council on matters affecting veterans in King County and provide oversight on levy funds that are dedicated to health and human services for veterans, military servicemembers and their families. This board would satisfy for King County the need for resident oversight for both the veterans portion of the levy as well as the requirements set forth in RCW 73.08.035. The board shall consist of eighteen members, appointed or elected on or after January 15, 2018. All board members must be veterans who reside in King County. Each councilmember will select a nominee to submit to the Executive for consideration to represent the councilmember's district. The Executive will also appoint three at-large representatives. The remaining six members will be elected by the veterans in attendance at a regular meeting of the Veterans Advisory Board for which the community is given notice of the election. A majority of the board members must be drawn from the membership of nationally recognized veterans service organizations.

Continuing the Regional Human Services Advisory Board

Voter approval of the Veterans, Seniors and Human Services Levy would also present an opportunity to build upon the current levy's Regional Human Services Citizen Oversight Board. Creation of a new governance structure for the new Veterans, Seniors and Human Services Levy presents an opportunity to consider how the board charged to oversee the portion of the levy for vulnerable populations could evolve to retain the current board's strengths while making refinements to improve representativeness and promote diversity. Subject to ongoing consultation with the current levy's boards, the Council, and the broader King County human services committee, the proposed ordinance for levy governance that the accompanying ballot measure ordinance would require could include a provision for a human services advisory board as described below:

The King County Regional Human Services Advisory Board shall oversee the levy funds for regional health and human services for other vulnerable populations. The board will consist of fifteen members, to be appointed on or after January 15, 2018. All board members must reside in King County. Each councilmember will nominate a representative from the councilmember's district. The Executive will appoint six representatives. Board members shall be chosen to represent the perspectives of vulnerable populations, with consideration given to persons with experience or expertise related to survivors of sexual assault, survivors of domestic violence, survivors of human trafficking, immigrants and refugees.

Establishing a King County Healthy Aging Advisory Board

King County does not have a preexisting board to oversee levy-related matters for older adults and healthy aging. King County is, however, a current partner in the Advisory Council for the Area Agency on Aging. The proposed ordinance for levy governance that the accompanying ballot measure ordinance would require could include a provision for an older adult advisory board as described below:

The King County Healthy Aging Advisory Board shall advise the County Executive and County Council on matters regarding aging and older adults in King County and oversee the levy funds for regional health and human services for older adults. The board will consist of fifteen members, to be appointed on or after January 15, 2018. All board members must reside in King County. Each councilmember will nominate a representative from the councilmember's district for the Executive's consideration. The Executive will also appoint six at-large representatives. At least three board members shall be drawn from the membership of the Advisory Council of the Area Agency on Aging.

VETERANS, SENIORS AND HUMAN SERVICES LEVY

8 | Implementation Planning

Drawing upon the County's guiding principles as revised in Motion 14317, the County is committed to engaging with partners, stakeholders, and public and private organizations to achieve our goals. The planning process for levy replacement has honored this commitment in assessing the current levy and exploring possible strategies for a new Veterans, Seniors and Human Services Levy, and the development of an implementation plan will continue the work of community engagement and partnership. Engagement will involve reaching out to those individuals and groups that participated in the community conversations and focus groups, as well as to nonprofit providers and key stakeholder groups involved in the earlier efforts to craft the two VHSL reports requested by the Council in 2016. Ongoing engagement will also involve reaching out to new agencies, organizations and constituency groups that were not previously involved in VHSL activities.

Contingent upon voter approval, enactment of the ordinance that accompanies this report will set in motion a two-part process to implement the new Veterans, Seniors and Human Services Levy. This process is designed to balance four key considerations.

Community Partnership

First, as mentioned above, the County's guiding principles make clear the importance of community partnership in formulating the new levy's implementation plan.

Honoring Partnerships with Cities and the Role of the Regional Policy Committee

In addition to investing the time to ensure meaningful community partnership, the second key consideration is recognizing the essential role of the Regional Policy Committee in creating and enacting an implementation plan for the new levy. In addition to the Regional Policy Committee's role in regional plans as provided in the King County Code, the Regional Policy Committee also has a special connection to the Veterans and Human Services Levy as the committee played a key role in envisioning the original levy. For these reasons, any implementation plan process for the new levy must acknowledge the essential role of the Regional Policy Committee.

Ensuring Continuity of Veterans and Human Services During the Transition

The third key consideration, especially important in light of the time that will be required to partner meaningfully with community and the Regional Policy Committee, is to ensure that there is no discontinuity of service provision for veterans and vulnerable populations during the interval between the expiration of the current levy at the end of 2017 and the enactment and follow-on procurement processes needed to fully develop and implement the new Veterans, Seniors, and Human Services Implementation Plan.

Planning for a New Major Initiative for Aging and Older Adults

A fourth key consideration is recognizing that the Veterans, Seniors and Human Services Levy would represent a substantially new body of work and partnership for King County. Planning for responsible, effective and accountable investments in older adults will require sufficient time to plan and continuous partnership with the community and other jurisdictions.

In light of the responsibility to provide sufficient time for community partnership, to facilitate referral to the Regional Policy Committee, to ensure continuity of services for veterans and vulnerable populations, and to plan for a new investment area for older adults, the accompanying ordinance provides for two key actions to implement the Veterans, Seniors and Human Services Levy if voters approve the levy in November 2017.

A Transition Plan to limit service discontinuity, authorize planning activities, and provide for housing stability investments during the new levy's first year until the new implementation plan is enacted and procured

The first stage of implementation planning, provided for in Section 7.A of the accompanying proposed ordinance, would direct the Executive to transmit by August 23, 2017 for Council review and adoption in ordinance a proposed Transition Plan. The Transition Plan would propose a plan for the new levy's first-year proceeds to limit discontinuity of services during the transition between levies, fund planning activities for the new levy, and propose investments in capital facilities and services that promote housing stability for veterans, seniors and vulnerable populations.

An Implementation Plan¹⁰ to guide the veterans, seniors and human services expenditures for the remaining term of the new levy

The final phase of implementation planning would be the development, transmittal and enactment of the Implementation Plan for the Veterans, Seniors and Human Services Levy. Section 7.B of the accompany ordinance would require the Executive to transmit the proposed Implementation Plan by March 16, 2018.

¹⁰ **From "Service Improvement Plan" to "Implementation Plan"**: The 2006 and 2012 versions of the Veterans and Human Services Levy both used a council-adopted Service Improvement Plan ("SIP") to guide levy expenditures for the six-year levy period. The Veterans, Seniors and Human Services Levy would rename the controlling document and call it the Implementation Plan.

**Proposed Timeline for Executive Transmittal of Proposed Legislative Actions
Required to Replace the Veterans and Human Services Levy**

| | 2017 | | | | | | | | | | | | 2018 | | | | | | | | |
|--|---|-----|-----|--|--|-----|---|--|-----|-----|--------------------------|---|-----------------------|-----|--------------------------------|-----|-----|-----|-----|-----|--|
| | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | |
| Key Dates or Events | | | | | | | ★ | Aug 1st Filing Deadline for Ballot Measure | | ★ | Nov 7th General Election | ★ | Dec 31st VHSL Expires | | | | | | | | |
| VHSL Guidance Motion Response Reports | Council Approval Complete | | | | | | | | | | | | | | | | | | | | |
| Veterans, Seniors and Human Services Levy (VSHSL) Ballot Measure Ordinance | Executive Drafting; Transmittal May 22nd. | | | | Council Consideration of Ballot Measure Ordinance | | | | | | | | | | | | | | | | |
| VSHSL Governance Ordinance <small>(Required in Sections 6 of the proposed Ballot Measure Ord.)</small> | | | | Executive Drafting; Target Transmittal August 23rd. | | | VSHSL Governance Ordinance <i>May be combined with the Proposed Transition Plan</i> | | | | | | | | | | | | | | |
| VSHSL Transition Plan | | | | Executive Research, Stakeholder Engagement, & Drafting; Target Transmittal August 23rd. | | | Council and Regional Policy Committee Consideration of Transition Plan | | | | | | | | | | | | | | |
| VSHSL Implementation Plan Ordinance | | | | | | | Executive Community Engagement, Research, and Drafting; Required Transmittal by March 16, 2018 | | | | | Council and Regional Policy Committee Consideration of VSHSL Implementation Plan | | | | | | | | | |
| Key | | | | | | | | | | | | | | | | | | | | | |
| VHSL = Veterans and Human Services Levy (Expires December 2017) VSHSL = Veterans, Seniors and Human Services Levy | | | | | | | | | | | | Executive Actions | | | Proposed Council & RPC Actions | | | | | | |