

PROPOSED ORDINANCE 2005-0324

ATTACHMENTS 2-5

AUGUST 31, 2005 STAFF REPORT



**Metropolitan King County Council
Regional Policy Committee**

Staff Report

Agenda Item No.:	4	Name:	Elizabeth Mountsier
Briefing No.:	2005-B0061	Date:	May 4, 2005

SUBJECT: A briefing on veterans needs and services.

BACKGROUND: At the April meeting of the Regional Policy Committee, the subcommittee (Councilmembers Ferguson, Rasmussen and Mayor Wise) studying veterans' relief funding, distributed a report summarizing their findings regarding veterans assistance and the role of County government and potential demand for veterans services. The report also included state law regarding "Veterans Relief" and legislation that at the time was pending before the state legislature regarding changes to veterans relief funding. In addition there was a copy of the most recent state Department of Veterans Affairs Six Year Strategic Plan 2006- 2001 and a collection of recent reports on veterans and their needs in the news media.

After discussion of the report, the Regional Policy Committee asked the subcommittee to present more specific information about veterans' service needs in King County, the mechanics of and options for a potential ballot measure to provide additional funding for those services and if possible a specific proposal or recommendation on a ballot measure at the May meeting. Staff have worked with the subcommittee members and staff from the Executive's Budget Office and Department of Community and Human Services to research, discuss and provide more information in response to the committee members' requests.

SUMMARY: The following is a summary of trend data and observations regarding the composition and nature of the needs of veterans of military service residing in the state and King County – and therefore the health and human service needs of this population. This summary is based on information from federal and state sources and other non-profit groups dedicated to veterans needs such as the National Coalition for Homeless Veterans.

In addition, executive staff have prepared an "Overview of Veterans Property Tax Issues" (**Attachment 1**) which summarizes the history of Veterans Relief funding in King County and "property tax options". The discussion of property tax measures briefly outlines the differences between a "regular lid lift", a "multi-year lid lift" and an "excess levy". Potential election dates (and related deadlines for action) for a tax measure are summarized in **Attachment 3**.

Based on the trend data and observations regarding the expanding and evolving service needs of retired and active duty military and their families, a "Veteran Services Levy Proposal" (**Attachment 2**) outlines the Executive's proposed illustrative expenditure plan. The RPC subcommittee has reviewed the proposed expenditure plan and concurs that it addresses many

of the existing and emerging needs. The illustrative expenditure plan should be viewed only as the starting point for work by service agencies, the Veteran's Advisory Board and/or a broader oversight board of veterans, human service providers, elected officials and other stakeholders to allocate resources to maximum benefit of the veteran community.

King County Veterans Services History

Local veteran services in King County have grown out of the enabling state legislation requiring some level of financial support by counties in Washington State to address the needs of "indigent" veterans. Delivery of veterans services in King County is essentially done in partnership with the state Department of Veterans Affairs and with the federal Department of Veterans Affairs (formerly Veterans Administration) – via local offices and in particular through the local VA Puget Sound Health Care System.

The King County Veterans' Program and its various projects not only provide direct services but also serve as an access point or conduit for connecting veterans to federal and state services and the benefits (such as medical care) to which they are entitled. Although the state also provides a point of contact via its network of Veterans Service Officers (VSO), and at the federal level there are local "Veterans Centers" for entry into the system of veterans benefits – the County's program has historically been an important source of services and point of entry for low-income and "at-risk" (those who are struggling maintain themselves in the community) eligible veterans and their dependents.

County aid to veterans was originally structured by the state to provide direct financial aid to indigent veterans or those in need of temporary financial assistance. The King County Veterans' Program (KCVP) has been in existence since the early 1950's to fulfill this function. However, the fleeting or temporary fix of cash assistance was found to be doing little to meet the long-term needs of many veterans needing assistance address the life-altering impacts of their military service. King County's Veterans Advisory Board and staff of the King County Veterans' Program instead began assessing the needs of veterans and developing programs and projects to meet those needs.

The recent passage of SHB 1189 amending veterans relief provisions now explicitly encourages each county to provide a "veterans' assistance program to address the needs of local indigent veterans and their families". Counties are directed to consult with and solicit recommendations from veterans' advisory boards to determine the appropriate services needed for local veterans. The legislation further directs that veterans' assistance programs shall be funded, at least in part, by the veterans' assistance fund created under the authority of RCW 73.08.080, but does not preclude other funding sources for veteran services.

In King County, meeting the needs of veterans has been an evolving process as the 17-member Veterans Advisory Board and staff have sought to develop programs that connect veterans to employment, mental health counseling, and substance abuse treatment but also provide case-management for these clients.

Financial Assistance continues to be the cornerstone of the program with approximately \$400,000 utilized to assist clients with the basics such as rental assistance, food, medical needs, transportation, and utility expenses. Often the financial aid helps stabilize families with dependents.

Employment and case management services are provided by three social workers who conduct or arrange for job counseling and placement, career testing and skills assessments and access

to voice mail. Aging and increasing medical needs of the veteran population are impacting service needs requiring the staff to increasingly spend more time dealing with complex needs such as chronic homelessness, addiction issues, marginal job skills and mental illness.

In 1988 the KCVP implemented mental health counseling utilizing a single clinician to address Post-Traumatic Stress Disorders, addiction issues and other mental health needs. The clinician provides direct counseling and referral to trauma counseling (see below) but also submits letters to Social Security and the Department of Veterans Affairs advocating for disability claims.

In 1990 (and again in 1996 and 2004) the program implemented Long-term Transitional Housing projects by working through contracts with the Vietnam Veterans Leadership Program for access to 12 beds in two different homes providing independent living. The KCVP also provided a substantial capital investment and now an annual operating subsidy to support the 24 unit Compass Veterans Center in Shoreline.

In 1994, the KCVP started providing Short-term Transitional Housing by contracting with the Salvation Army to secure access to 30 emergency beds at their facilities. Staff use the beds to house employment ready clients who are homeless, veterans waiting to get into treatment programs, and those who may only need housing for a short period.

In 1995 the program expanded its counseling services to provide "trauma" counseling to spouses, significant others and children who are or have resided with a parent or partner who is suffering from Post-Traumatic Stress Disorder.

In 1995, the KCVP also established a joint project with the Washington State Department of Veterans Affairs (WDVA) called the Veterans Incarcerated Project (VIP). Project staff identify incarcerated veterans, and if eligible, they are enrolled in the program. Staff and enrollees work with the courts to negotiate early release typically pending entry into addiction and/or mental health treatment and connection to other services. A partnership with the local VA medical system provides the treatment, transitional housing through other KCVP programs is arranged and staff provide the services that are structured to move clients to independent living with out re-offending. The program has had extraordinary outcomes securing early release days with hundreds of thousand dollars saved in jail costs each year and a recidivism rate below 20% compared to a general recidivism rate of 50% for the general population in King County facilities.

In 1998, King County (along with Pierce, Thurston and Snohomish counties and staff from WDVA) organized the County Veterans Coalition (CVC) which brings together veterans program managers to assess and address the evolving needs of the state's veteran population and to improve the design and delivery of services and resources. The CVC has grown to include partners from state, federal, and local agencies who work with and provide services to veterans. Specifically, the CVC works to improve relations among county veterans programs, identify future service needs and opportunities, and promote the CVC as a resource to other service providers. This group most recently has been the driving force to create a state-wide database and information system to assist and better coordinate delivery of veterans services.

King County's Veterans' Program has had excellent outcomes (that are detailed in previous reports to the committee) and seems to only be limited by its financial resources that are currently provided by a minimal millage within the County's property tax.

Overview of Veterans in Washington State and King County

Washington State is home to over 670,000 veterans. Nationally, the veteran population has decreased by 5 percent between 1990 and 2000. In contrast, the number of veterans in the State of Washington has increased by almost 4 percent over the same period.

Approximately 181,000 veterans live in King County (almost one-third of the state's total veteran population). King, Pierce and Snohomish Counties account for almost 85% of state's veteran population. Veterans alone (not counting their families) make up around 10% of King County's population.

Probably the nearest facility which has an impact on King County is Ft. Lewis. But it appears that veterans stationed at facilities in proximity to King County, have chosen to make King County their place of employment and residence based on the disproportionate numbers of veterans in the county. Although not a complete picture of active duty personnel stationed or deployed through military bases in Washington (information has to be procured on an individual basis) – as of March 18, 2005, current deployments from Ft. Lewis number 9,300 which includes Active Duty, US Army Reserve Soldiers, Army National Guard, but does not include Navy or Air Force. Ft Lewis demobilized 14,100 troops from FY 2002 - March 18, 2005. This figure represents US Army Reserve Soldiers, Army National Guard but does not include Army Active Duty, Navy or Air Force.

Based on the 2000 Census, the VA estimates 13% of Washington's veterans served are Gulf War era, another 15% served between the Gulf War and Vietnam War. 32% are Vietnam era veterans, and approximately 10% served between Vietnam and the Korean Conflict. 9% served in Korea and 13% served during World War II or in the years shortly before and after. (A broader discussion of the "aging of veterans" is discussed below.)

Housing and Homelessness Issues, Needs and Services

An organization working for the past two years, called the Committee to End Homelessness in King County recently released its report detailing the causes and potential solutions to ending homelessness. They report:

Homelessness as we know it today has been an issue for our community for nearly twenty-five years. Many point to a confluence of events in the late 70s and early 80s—recession, deinstitutionalization of people who experience mental illness, and severe reductions in federal funding for housing—as being responsible for the way homelessness exists in our communities. Today, poverty, racism, and violence each significantly contribute to homelessness. Livable wage jobs are more and more difficult to secure and many working people struggle to achieve and maintain housing stability. People of color are disproportionately represented among homeless persons and are impacted by racism and discrimination that adversely affect access to and success in employment and housing. Family violence impacts as many as half of homeless women and children and many homeless youth and young adults.

Studies of one-night counts of homeless on the streets and in shelters and other assessments place the number of homeless in King County between 6,500 – 8,000 homeless and many more experience homelessness over the course of a year.

National studies and the VA estimate that 1 in 3 homeless adults is a veteran or has served in the military. Therefore, conservative estimates project that there may be as many as 1,500 – 1,600 homeless veterans in King County. Local VA statistics cite as many as 2,000 homeless

veterans in the Puget Sound region. The WDVA has concluded that of the estimated 5,000 homeless veterans in Washington State, roughly half served during Vietnam. An assessment through the Ten Year Plan to End Homelessness estimated at least 450 chronically homeless veterans in King County.

The 2000 Census also revealed an overall veteran poverty rate of 5.6%, meaning there are nearly 25,000 veterans in Washington living in poverty (and potentially at risk of losing their housing). That might be extrapolated to mean as many as 8,000 of those veterans and their families are in King County.

As noted in the Ten Year Plan to End Homelessness, each year, millions of King County taxpayer dollars are spent caring for homeless people through some of the most expensive emergency services—911, hospital emergency rooms, jails, mental health hospitals, detoxification programs, child protective services, and more. Studies around the nation, however, have proven that these individuals and families can succeed in housing if they get appropriate support. Once housed, their use of emergency services declines sharply.

The Ten Year Plan to End Homelessness estimates the need for at least 9,500 units of housing over the next 10 years through a combination of subsidizing or utilizing existing rental-market properties and developing additional new units of housing. In addition, the plan recommends:

- Focus resources on preventing homelessness and immediately housing those who do experience homelessness, prioritizing a “housing first” approach that removes barriers to housing and provides on-site services that engage and support individuals to maintain their health and housing stability
- Ensure a fully coordinated countywide response at both the client and system level through networking enhanced community-based service sites that offer local access throughout the county to comprehensive assessment, referral, and a range of culturally competent services
- Increase significantly the housing options that are affordable, available, and appropriate to meet the needs of homeless individuals, families, and youth

Homeless Veterans housing and service needs

Currently, through contracts with the Vietnam Veterans Leadership Program, the KCVP has access to twelve beds in two different homes. The homes provide living stability for chronically homeless veterans who are engaged in services, schooling or treatment that will foster a return to independent living. In 2002, 47 veterans passed through the homes with 14 enrolling in school or training programs, nine finding permanent housing, and 11 moving to other low cost housing. Ongoing operating support for these houses is currently budgeted at \$45,000.

The Compass Veteran’s Center is a newly completed project (July 2004) facility located in Shoreline. It provides 25 units of transitional housing, job training, case management and recovery support for homeless veterans. King County provided over \$1 million to fund construction and will also provide ongoing annual funding of over \$86,000 for support services to be provided through the King County Veteran’s Program.

To potentially address the needs of the chronically homeless veterans population (around 450 persons) capital and operating costs for transitional and permanent housing with a range of on- and off-site support is estimated in the \$3 – \$4.8 million range. This estimate is based on an initial capital investment to build or secure more long-term transitional housing units and then transition to \$1.125 million for annual operating subsidy and \$3.6 million for annual service costs (see **Attachment 2**, page 5)

Homelessness prevention

As noted above, with approximately \$400,000 each year, KCVP staff are able to assist clients with the basics such as rental assistance, food, medical needs, transportation and utility expenses. Often the financial aid that is given helps stabilize families and prevents the loss of housing. Currently the maximum assistance allowed under the programs internal guidelines is \$500/individual and \$1,200 per family. Given the higher cost of living and housing expenses in King County, the Veterans Advisory Board has already had some initial discussions regarding raising the maximum in assistance. If the amount were raised to \$750 for individuals and another 100 - 200 people were served with the addition of another staff person – additional funding of \$350,000 – 610,000 might be needed. This funding could assist with rent, food, utilities, work related support services, medical emergencies and transportation needs.

In addition, changes in military deployments, drawing more from reserves and National Guard units have put additional strains and financial hardship on the families while the primary income-earner is deployed. There are charitable organizations trying to help these families, but there is an emerging need to possibly provide more emergency grants and loans for veterans and active duty families at risk of losing their housing. Additional funding of \$300,000- \$500,000 could be allocated through the existing King County Housing Stability Project to better ensure housing stability for these types of military families.

Employment Issues, Needs and Services

Another component of homelessness prevention is a steady job with adequate pay to maintain the veteran (and dependents) in King County. As noted, the KCVP currently provides job counseling and placement, career testing and skills assessments and access to voice mail. But, aging and increasing medical needs of the veteran population are impacting service needs requiring the staff to increasingly spend more time dealing with complex needs such as chronic homelessness, addiction issues, marginal job skills and mental illness. Homeless veterans in particular, face challenges with job readiness, especially when dealing with other issues.

In Pierce County there is a highly successful program run by an organization entitled Veterans Independent Enterprises of Washington. VIEW provides disabled and homeless veterans work adjustment training, work therapy, job placement services, transitional employment and transitional housing.

At a minimum, given the increasing complexity of needs there ought to be more career service or contract staff to aid in counseling and referral to appropriate job training programs – this estimated to cost at least \$343,000 – and could be coordinated with King County's WorkSource system. Potentially King County should partner with or potentially duplicate the VIEW program which has had proven outcomes. Apparently 80% of VIEW's rehabilitation programs are largely self-funded by the business services offered by VIEW as part of the work therapy. More research would need to be done to estimate costs for a King County program – or funding to ensure some portion of King County veterans have access to the existing program.

Mental Health Issues, Needs and Services

A recent memo from Executive staff and the WDVA's strategic plan note that dealing with the emotional trauma experienced by veterans returning Iraq and Afghanistan is a concern. The Department of Veterans Affairs (VA) reports that 20-25% of veterans returning from Iraq and Afghanistan may need treatment for PTSD, mental illness and depression.

Returning soldiers who have been exposed to combat or been in a combat theater often experience PTSD. The effects of PTSD generally manifest after the soldier has returned home, often times months to years later. Some of those symptoms include; alienation from family or friends, difficulty with authority figures, hyper-vigilance, and difficulty holding a job. Families also are impacted by these behavioral changes and often are under extreme stress. We know over 3,000 Washington State National Guardsmen are currently returning from overseas assignments in March/April 2005. Additional 12 – 18 month deployments are expected to send similar numbers of units in the coming years should the conflict and peacekeeping efforts in Afghanistan and Iraq continue.

The KCVP currently has one clinician on staff to address Post Traumatic Stress Disorders, addiction issues and other mental health needs. At a minimum KCVP should probably add 1 – 2 clinicians and/or referral specialists to help with claims processing and “triage” in directing clients to appropriate services. However, in addition, and to be more effective in intercepting and identifying veterans with mental health issues and substance abuse issues would be the addition of “outreach specialists” – who would be able to initiate contact with at-risk veterans before their condition or situation deteriorates. Outreach specialists could also identify and potentially lead to more veterans who are homeless accessing services and stable housing.

The addition of two more contract referral specialists and two more substance abuse/mental health outreach specialists is estimated to cost at least \$346,000.

As noted before, KCVP also provides trauma counseling to spouses, significant others, and children who have grown up with a parent or partner who is suffering from Post Traumatic Stress Disorder. Often family members are not aware of the dysfunction and if left untreated are at risk for repeating the same behaviors. Given the increasing numbers of military personnel returning from high-stress deployments – the KCVP estimates there may be a need to double the number of counseling hours available to family members through the existing network of PTSD clinicians. This amount of additional PTSD counseling for veterans and their families is estimated to cost \$485,000.

Substance Abuse Issues, Needs and Services

A federally-funded survey of homeless services users published in 1999 found that 76 percent of currently homeless veterans surveyed had an active alcohol, drug or mental health problem, or some combination thereof. Of this total, 49 percent reported an alcohol problem, 40 percent a mental health problem, and 31 percent a drug problem. When the time frame is expanded to a full year, 83 percent of currently homeless veterans reported an alcohol, drug or mental health problem, or some combination thereof. Fifty-eight percent of the homeless veterans surveyed reported an alcohol problem, 46 percent a mental health problem and 40 percent a drug problem.

Part of the 10 Year Plan to End Homelessness in King County is to provide greater and more consistent access to substance abuse treatment – starting with case management services that will ensure clients stick with programs and remain housed and are receiving other complementary services in a coordinated manner. Expanded case management /support services might be partially accounted for in expansion of housing programs above. But additional funding in this area that would provide something closer to “treatment on demand” for a greater portion of veterans with substance abuse issues is estimated to cost \$378,000. The additional funding would allow veterans to access the County’s existing network of mental health and substance abuse treatment specialists and counselors. Depending on the number

people and intensity of the counseling and treatment needed – this amount could be even greater – estimates could range into the millions.

Incarcerated Veterans Issues, Needs and Services

As noted above, King County Veterans' Program and the WDVA run a highly successful Veterans Incarcerated Project. 2004 statistics show that there were 169 veterans enrolled, 6,712 early release days were secured thereby saving \$519,000 in jail costs. In addition, the program has resulted in recidivism rates hovering between 16 – 18% in comparison to typical recidivism rates of 50%.

The program has been operating with the equivalent of funding for 1 FTE. Although there isn't necessarily an increasing number of veterans in the criminal justice system, it is evident that not all the eligible veterans can be served because of current staffing limited by funding. It is anticipated with the hiring of even one more contract FTE, at an estimated cost of \$86,000, could increase by 30-33% the number of veterans seen in the county jail system. Outcomes in other categories, job placement, housing stability and referral to treatment would likely increase proportionally. Increasing the number of veterans enrolled in the VIP would put more veterans back into society as productive taxpaying citizens by assisting them with early release and employment options.

Women Veterans Issues, Needs and Services

Between 1990 and 2000, the women veteran population increased by 33.3 percent from 1.2 million to 1.6 million, and women now represent approximately 7 percent of the total veteran population. By the year 2010, it is projected that women veterans will comprise well over 10 percent of the veteran population. Currently women make up 15 percent of the active duty force and approximately 23 percent of the reserve force.

The 2000 Census reported 47,600 female veterans in Washington State, representing 7% of the total veteran population in the state. Federal VA projections indicate that woman veterans will increase to 9% by 2010, but the percentage for the age group under 35 will rise to 19%.

The VA reports that it has designed services and programs to be responsive to the gender-specific needs of women veterans. The VA offers comprehensive healthcare services for women including: counseling for sexual trauma; Pap smears, mammography and general reproductive health care; and full-time Women Veterans Coordinators at most VA medical centers.

However, reports indicate that the PTSD counseling needs of women may differ from men. As noted above, additional funding for PTSD counseling for veterans and their families is merited – the KCVP has one staff person at this time to specifically address women veterans' needs. An on-going assessment of emerging needs may lead to the recommendation for more specialized services – particularly outreach that may be needed to homeless women veterans.

Domestic Violence

Among the military and their immediate families are victims and survivors of domestic violence – women, men and children living with the daily reality of mental, physical, and sexual abuse. The dynamics and impact of domestic violence are no different in the military context. However, certain characteristics of military life and culture can make some military families especially vulnerable – including economic dependence, weapons training and exposure to combat, family stresses related to deployment and reunification, and the constant mobility that isolates many victims from familiar support systems. Moreover, military life, with its powerful control over the lives of service members, presents unique challenges for victims in need of help.

In the past, civilian and military response systems have usually operated independently of each other. But this is changing. Public awareness about domestic violence within military families is rising. Increasingly, civilian advocates are called on to assist military victims, and understand the need for information and partnership with their military counterparts. Other factors are at work as well: changing housing policies mean that more military families are not living in military housing (on-base or installation), making it more likely they will access civilian or local resources. And there are significant populations of survivors – especially unmarried partners and victims of same-sex battering – for whom military domestic violence services are generally not available. Others want or need a level of confidentiality that on-installation services cannot provide. For these and other victims, civilian resources are the best or only option.

Suburban Cities, Seattle and King County currently spend more \$3 million annually on comprehensive domestic violence services including confidential shelter, transitional housing, supportive services for children, supportive services for domestic violence victims, batterers' treatment, domestic violence education and prevention. Anecdotal information from around the country and in Washington State indicates some rise in domestic disturbances around military bases and in neighboring areas when active duty, reservists and National Guard soldiers return from long deployments. It might be advisable to increase funding for domestic violence counseling and/or access to shelters via the existing network of providers in King County. Additional funding needs for this are currently estimated at \$355,000.

Aging Veterans Population Issues, Needs and Services

According to federal VA projections, the number of Washington State veterans age 85 and over will increase by 140% between 2000 and 2005, and there will be an additional 35% between 2005 and 2010. By 2010, veterans in this cohort will comprise almost one-quarter of the total Washington State population 85 and over, up from 10% in 2000. This significant growth in the very elderly reflects the aging of World War II and Korean War veterans.

The effect of an aging population are evident in the fill levels of Washington's Veterans Homes. The two western Washington homes have experienced bed-fill levels between 96% and 100% for the last 5 year.

In the future, there will also be an associated increase in special needs services, such as hospice care and care for Alzheimer's and related dementias. Using data from a recently completed federal VA study on prevalence rates for Alzheimer's, it is estimated that approximately 16,000 Washington veterans aged 65 and over will be diagnosed with the disorder by 2010, representing an increase of almost 100%. Increased demands are also likely for short-term rehabilitative care and geropsychiatric services.

While there will always be a need for 24 / 7 care within the vulnerable veteran population, not all veterans will require care in a state-run Veterans Home facility. In fact the WDVA's strategic plan recognizes that the demand for services for this population may represent an opportunity to capture federal resources and broaden state's role in providing alternative long-term care services, such as adult day care and respite care, allowing elderly veterans to remain in their homes longer or transition to the least restrictive community settings. However, the WDVA references the need to partner with local government (county veteran programs) and private organizations to provide these services.

According to federal VA projections, Vietnam veterans will continue to represent the largest proportion of total veterans – between 31% and 34% in Washington State through 2015. King

County's Veterans' Program reports that 55% of the veterans utilizing its services are Vietnam era veterans.

The state's Department of Veterans Affairs intends to expand its already growing role in the provision of **preventive services** to veterans who served in Vietnam and later conflicts. Of the estimated 5,000 homeless veterans in Washington State, roughly half served during Vietnam. The 2000 Census revealed an overall veteran poverty rate of 5.6%, meaning there are nearly 25,000 veterans in Washington living in poverty. Through partnerships with the federal VA, counties and other community-based organizations, WDVA plans to expand the provision of **preventive services** – PTSD treatment and counseling, alcohol and substance abuse services, education and job training, and short-term housing – that will help younger veterans in need become healthy, productive and independent members of the community. By helping these veterans when they are in their 40's, 50's and even 60's, the state is planning that the need for more costly intervention services, including nursing home care, will be reduced in future years.

Active Duty and National Guard and Reservists Issues, Needs and Services

The current war on terrorism is being mainly fought by National Guard and Reservist. These are the service men and women who often give up the most to serve their country—leaving jobs, careers and family obligations. They present a challenge for veterans' programs to meet across the state since most of them do not currently meet the definition of homelessness or indigent and as a result may be considered ineligible for county services. In many cases, they have less access to federal services, as well. However, they are one of the most vulnerable groups in the system and need consideration.

Veterans with Extensive Injuries Issues, Needs and Services

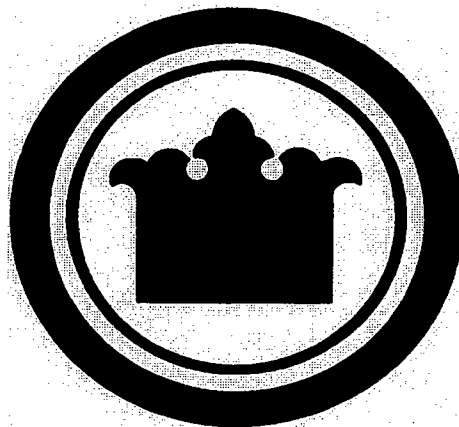
Veterans' hospitals are reporting that a higher percentage of injured veterans have very extensive injuries—loss of limbs, blindness, and brain trauma. This is due in part to the very powerful explosive devices used by Iraqi insurgents and in part to rapid and effective medical treatment that prevents extensive injuries from becoming fatal. These soldiers, who prior to going to war, were fully functional must now deal with adapting to new ways of living. These new adaptations can place an extreme burden not only on the soldier, but the family as well. Beyond the mental health counseling, these veterans will need support in rehabilitation, job placement, daily living skills, and family counseling.

The last three areas of emerging veterans' issues may call for a wide-range of regional health and human services. This does not necessarily mean the creation of "new" services to specifically meet the needs of veterans and their families – more likely those needs could be met through the expansion of existing services (such as job chore services for elderly veterans and their families, or intervention services for an at-risk young mother left alone when her National Guard spouse is deployed for a year, or childcare for spouse who suddenly needs to find work to augment the family's income because of a deployment).

ATTACHMENTS:

1. Overview of Veterans Property Tax Issues
2. Veterans Services Levy, Proposal to the Regional Policy Committee, dated May, 4, 2005
3. Memo regarding Deadlines for Adoption of Ballot Measures in 2005

VETERAN SERVICES LEVY
Proposal to the Regional Policy Committee
May 4, 2005



KING COUNTY EXECUTIVE RON SIMS
OFFICE OF MANAGEMENT AND BUDGET

Proposed Veteran Services Levy

A generation ago, American soldiers returned home from Vietnam to a country that was both bitterly divided and unprepared to meet the needs of thousands scarred by war. Our failure to address those problems early, particularly in mental health, sparked the chronic homelessness and substance abuse that remain with us today.

Once again, our men and women overseas are making enormous sacrifices. Returning troops have shown elevated levels of post-traumatic stress disorder after enduring harsh conditions, intense combat, and terrorist attacks. Extended service by reserve units around the world has created significant hardship and economic dislocation with a broader impact on families and the community.

At the same time, the federal government is not living up to its obligation to provide services and medical care for returning veterans. Faced with substantial deficits, VA hospitals have reduced services. Some veterans are denied care, even with third-party insurance and co-payments. Others face lengthy delays in accessing services. Last month the Senate voted down a supplemental veterans appropriation, making further cuts necessary.

Washington state has sent thousands to serve in Iraq and Afghanistan and now a large group is returning home – including nearly 4,000 National Guard members. As these veterans return, existing support resources will be unable to keep up with demand.

The Veteran Services Levy seeks to apply the lessons of Vietnam by funding the care and support needed to deal with this emergency before it turns into a crisis. Employment assistance is increased to help returning veterans find jobs. Post-traumatic stress disorder and domestic violence counseling are funded to help veterans return to civilian life. Specialized resources are made available to combat substance abuse and provide mental health counseling. Emergency financial assistance programs are expanded to keep veterans and the families of active duty reservists and National Guard members from losing their homes.

But the needs of veterans extend beyond newly returned soldiers. A 2003 report by the US Department of Veterans Affairs estimated that there are 6,850 homeless veterans in Washington, and only 167 beds of VA transitional housing. 45 percent of homeless veterans suffer from mental illness, while 67 percent of homeless veterans served in the military for three years or more.

The Veterans Services Levy addresses the lasting legacy of chronic homelessness from the Vietnam era by implementing the Ten Year Plan to End Homeless. Suffering the highest levels of mental illness, substance abuse, and alcoholism, chronically homeless veterans remain on the street largely due to the lack of adequate care. Supportive housing with 24-hour intensive services, mental health, and substance abuse aftercare will finally solve a decades-old problem.

Enhanced Veteran Assistance Programs — \$1.6 million

The Veteran Service Levy will supplement existing Veteran's Assistance programs.

Outreach and Referral

Expanded assessment and referral services will be provided through a one-stop support program at a central facility collocated with other government and non-profit service providers, or by locating staff at community facilities like the Compass Veterans Center in Shoreline.

Veteran Employment Assistance

Employment assistance resources are doubled to provide enhanced job readiness, skill development, focused retraining, and job search support through the WorkSource system.

Post-Traumatic Stress Disorder Counseling

Counseling hours are more than doubled in the post-traumatic stress disorder support network.

Domestic Violence Counseling

Domestic violence counseling services are funded for veterans and their families.

Veterans Incarcerated Program

A second case management position is funded. Through a combination of treatment and transitional housing, this program helps clients move toward independent living without re-offending. The program recidivism rate of 16 percent is less than a third of the jail population as a whole.

End Veteran Homelessness in 10 years — \$5.8 million

The Ten Year Plan to End Homelessness calls for a series of coordinated initiatives to eliminate homelessness. The Veteran Services Levy provides a combination of resources to combat homelessness.

Supportive Housing to Implement Ten Year Plan

Approximately 450 chronically homeless veterans are estimated to require intensive support services to keep off the streets. The Veteran Services Levy fully funds the operating and intensive service cost for 450 units of transitional housing for chronically homeless veterans.

Homelessness Prevention

Supplemental funding is provided to the emergency financial assistance program to keep veterans from becoming homeless. The housing stability program will assist veterans and active duty reservist families with emergency vouchers and support services.

Service Access for Veterans — \$2.9 million

Dedicated funding is provided to assure access to county health and human services programs.

Specialized Resources

Specialized care enhancements for veterans are funded through the county's network of mental health and addiction treatment providers.

Service Vouchers

Funding is provided through a voucher system or similar mechanism to assure veteran access to high-demand treatment and services.

Proposed Veteran Services Levy

Illustrative Expenditure Plan

Enhanced Veteran Assistance Programs

Outreach and Referral

Outreach and engagement services, case management, and linkage to treatment.

	Quantity	2005 Cost Per Unit	Total Cost
Referral Specialists (contract)	2.00	63,000	126,000
Substance Abuse/Mental Health Outreach Specialists (contract)	2.00	66,000	132,000
<i>Service Delivery Costs</i>			88,000

Total Outreach and Referral Expenditures **346,000**

Veteran Employment Assistance

Add job readiness and employment services through the WorkSource system.

	Quantity	2005 Cost Per Unit	Total Cost
Employment Assistance Specialists (Career Services)	4.00	49,264	197,056
<i>Benefits</i>		21,535	86,140
<i>Support Costs</i>		15,000	60,000

Total Veteran Employment Assistance Enhancement **343,196**

Post-Traumatic Stress Disorder Counseling

Specialized contracted PTSD counseling for vets and family members.

	Total Cost
Post Traumatic Stress Disorder Treatment (contract)	485,000

Total Increased Post-Traumatic Stress Disorder Treatment Contracts **485,000**

Domestic Violence Counseling

Provide funding for a new domestic violence program for veterans and their families.

	Total Cost
Domestic Violence Counseling (contract)	355,000

Total Domestic Violence Counseling Contracts **355,000**

Veterans Incarcerated Program

Increase services for incarcerated vets by assisting with early release. Other services include job placement, housing and referral to treatment.

	Quantity	2005 Cost Per Unit	Total Cost
Veterans Benefits Specialist (Career Service)	1.00	53,694	53,694
<i>Benefits</i>		17,633	17,633
<i>Support Costs</i>		15,000	15,000

Total Veterans Incarcerated Program Enhancement **86,327**

End Veteran Homelessness in Ten Years

Supportive Housing to Implement Ten Year Plan

Capital and operating costs for transitional and permanent housing with a range of on and off-site support.

Chronic Homeless On-Site Support Services		Total Cost
	<i>Annual Operating Subsidy</i>	1,125,000
	<i>Annual Service Costs</i>	3,600,000
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Total Housing Support		4,725,000

Homelessness Prevention: Enhanced Veterans Financial Assistance

Assist with rent, food, utilities, work related support services, medical and transportation needs.

	Quantity	2005 Cost Per Unit	Total Cost
Veterans Financial Counselor (Career Service)	1.00	74,942	74,942
		<i>Benefits</i>	21,535
		<i>Support Costs</i>	15,000
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Financial Assistance Grant Funding Increase			500,000
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Total Veterans Financial Assistance Enhancement			611,477

Homelessness Prevention: Housing Stability Project

Emergency grants and loans for veterans and active duty reservist families at risk of losing housing.

Housing Stability Project		Total Cost
		500,000
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Total Housing Stability Project		500,000

Service Access for Veterans

Assurance of Accessibility to County Health and Human Services

Contract mental health, substance abuse, domestic violence, and health care services

	Quantity	2005 Cost Per Unit	Total Cost
Service Providers (contract)	6.00	63,000	378,000
Veterans Health and Human Services Accessibility			2,500,000
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Total Assurance of Accessibility Expenditures			2,878,000

