► 2009 Annual Report ◄

Veterans & Human Services Levy







The Veterans and Human Services Levy was approved by King County voters in November 2005. It will provide over \$13 million each year through 2011 to help people in need around the county. The levy serves four different groups of people:

- Veterans, military personnel, and their families
- Individuals and families who have experienced long-term homelessness
- Individuals who have recently been released from prison or jail
- Families and young children who are at risk

Half of the levy revenue is dedicated to veterans, military personnel, and their families (Veterans Levy Fund) and the other half is for other individuals and families in need (Human Services Fund).

To best serve these groups, funds from the levy have been allocated to five different strategy areas:

- 1. Enhancing services and access for veterans, military personnel, and their families
- 2. Ending homelessness through outreach, prevention, permanent supportive housing, and employment
- 3. Increasing access to behavioral health services
- 4. Strengthening families at risk
- 5. Increasing the effectiveness of levy funds by evaluating programs and managing levy resources

For further information please see the levy website at: www.kingcounty.gov/DCHS/levy

Veterans Citizen Levy Oversight Board

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Regional Human Services Levy Oversight Board

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Department of Community and Human Services

401 Fifth Avenue, Suite 500 Seattle, WA 98104 Phone: 206-263-9100 Fax: 206-296-5260

Jackie MacLean, Director

Sadikifu Akina-James, Levy Project Manager Linda Peterson, Community Services Division Director Pat Lemus, Community Services Division Asst. Director Debora Gay, Veterans and Levy Program Manager Joel Estey, Veterans Regional Services Liaison Fred Steele, Veterans Program Administrator Marcy Kubbs, Levy Coordinator Jon Hoskins, Levy Evaluator

2009 Annual Report

Writing: Mary Bourguignon, Steeple-jack Consulting Design: Lynn Hernandez, Artifact Design Photography: © Tim Ripley – timripley.net unless noted

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Dear Friend:

IN THE MIDST OF DIFFICULT ECONOMIC TIMES, the people of King County have come together to care for our neighbors. Thanks to the voter-approved Veterans and Human Services Levy, we have had the resources to help thousands of veterans, families, and individuals who might otherwise have had nowhere else to turn. Levy services have been important, not only to veterans of the wars in Iraq and Afghanistan, who have returned home from their deployments to find a welcoming hand and help with the transition to peacetime life, but also to those who served in prior engagements such as the Gulf and Vietnam Wars. The levy has helped young, first-time mothers grow confident as parents and set goals for the future, linked immigrant parents with resources to stabilize their families in a new country, and given many living on the streets for far too long, a place to call home. The levy served approximately 28,000 people throughout King County during 2009:

- We expanded King County Veterans Program (KCVP) outreach services to 22 sites throughout the county to serve families
 of active duty and returning service members, and began outreach services to National Guard and Reserve members and
 their families. We also completed a new Military Kids Curriculum to help children with the issues they face when their
 parents deploy. The new curriculum is being implemented with the assistance of the Puget Sound Educational Service
 District.
- We completed three affordable housing projects during 2009, adding 208 new housing units. We broke ground on nine additional projects, including Compass Center's Veterans Housing Program in Renton that will provide 44 units of housing for veteran households. One previously opened housing project, Plymouth Housing Group's Simons Apartments, was a finalist in Affordable Housing Finance Magazine's Fifth Annual Reader's Choice Award for the nation's best low-income housing developments.
- We leveraged many community efforts to serve people in need. Behavioral health services, for example, as part of King County's safety net consortium of community health clinics, screened nearly 7,500 people for mental health and substance abuse issues. Another project identified almost 1,000 women experiencing maternal depression and helped more than 600 of them receive treatment and follow-up through integrated behavioral health programs.

As members of the levy's oversight boards, we have worked to ensure that levy funds are managed prudently and strategically, and that they serve as many people as possible. During 2009, we visited levy programs in action and reviewed all evaluations completed on the levy to date. We reached out to local governments and citizen organizations throughout the county, informing them about the levy and learning from them how this countywide resource could best continue to serve the people in their communities. This annual report documents our progress in each of the levy's five strategy areas and outlines the funding we awarded during 2009. For more information on the levy's activities, please see www.kingcounty.gov/DCHS/levy.

For a cost of less than \$15 a year for the average King County household, the Veterans and Human Services Levy has accomplished a great deal. We are proud of our success to date, and prouder still of the fact that we live in a community that has banded together in tough times to help those in need.

Sincerely,

Katulen a. Brasch

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

Bill Wood, Chair Veterans Levy Oversight Board

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

Enhancing Services and Access for Veteran's, Military Personnel, and their Families

Craig: Retraining for success

AFTER CRAIG LEFT THE 3RD U.S. ARMY INFANTRY REGIMENT having risen to the rank of sergeant, he got married, used his GI Bill benefits to get an associate's degree in marketing and management, and found a job as a sales manager in the satellite and cable TV industry.

Craig spent years working in cable and satellite TV. In 2009, however, as the bleak national economy forced consolidations among TV providers, Craig lost his job. Out of work at 58, Craig wasn't sure where to turn. He had been successful at his job and he had a great skill set... but his skills were based on a shrinking industry.

Craig knew that Seattle had become a national environmental leader, and thought a green job would give him better employment opportunities for the future. But he knew he would need training to succeed.

Thanks to the King County Veterans' Program and the levy-funded Veterans' Conservation Corps, Craig was able to enroll in South Seattle Community College's Conservation and Weatherization Program. Of the 33 students in his class, more than 20 were fellow veterans. After completing the program, Craig passed the Building Performance Institute, Inc. (BPI) professional certification test, a nationally recognized credential for energy efficiency retrofit work.

With his BPI certification, Craig was eligible to work on conservation and retrofit projects and quickly found a job on Seattle City Light's Quick Lighting Upgrade Initiative. Today, he uses both his sales experience and his new conservation skills to help local businesses replace obsolete, inefficient lighting with new, energy-conserving fixtures, a win for everyone involved.



alf of all Veterans and Human Services Levy funds are dedicated to the needs of veterans, military personnel, and their families. This first levy strategy includes four activity areas designed to serve veterans. In addition, most of the other levy strategies include services or set-asides for veterans and their families.

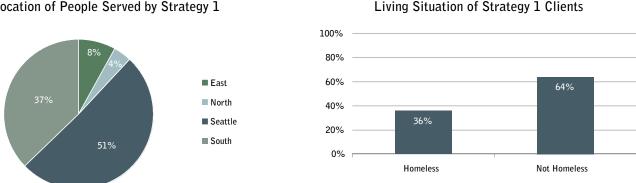
1.1 Expand the geographic range of the King County Veterans Program: In 2009, the King County Veterans Program (KCVP) opened satellite offices in Federal Way, Lake City, Enumclaw, Auburn, Maple Valley, Redmond, and Kirkland. As these satellites opened, KCVP focused on implementing needed programs for veterans, collaborating with work training centers and community colleges, and partnering with drug/alcohol and mental health providers.

1.2 Increase the capacity of the King County Veterans Program: The KCVP has developed programs to meet a wide range of veterans' needs, including the Homeless Prevention Project, the Veterans Incarcerated Program, post-traumatic stress disorder (PTSD) counseling, and increased outreach to families of National Guard and Reserve members. During 2009, KCVP funded the development of the Military Kids Curriculum to help school-aged children when a parent deploys, and built a partnership with the Veterans Conservation Corps to help clients interested in green collar careers. The KCVP served more than 2,600 people during 2009.

1.3 Provide phone resources for veterans: During 2009, King County conducted a Request for Proposal process to expand phone services for veterans. The Washington Department of Veterans Affairs (WDVA) was awarded funds to implement this project. The expanded system, devoted exclusively to veterans, military personnel, and their families, will help them learn about the benefits and services available to veterans and military personnel, as well as the broad range of regional housing, health, and human services they may access.

1.4 Provide training and information on Veterans Administration linkages: Another way to assist veterans is to increase community-based service providers' knowledge of the services and benefits available through the U.S. Department of Veterans Affairs (VA) and help them to link veterans to these services. Progress has been made, and additional planning will be undertaken to determine more approaches to educate providers about the VA system to help veterans access those services.

People served by the activity areas in this first levy strategy live throughout King County. During 2009, residents of Seattle and South King County constituted most of those served.



Location of People Served by Strategy 1

More than one-third of those served by the KCVP during 2009 reported that they were homeless, reflecting the fact that veterans are disproportionately more likely to be homeless.

Ending homelessness through outreach, prevention, permanent supportive housing, and employment

Johnny: Mobile medical van helps elderly veteran

JOHNNY HAD SEEN ACTION IN BOTH THE KOREAN AND VIETNAM WARS, but his life since then had been nearly as difficult. The 75-year-old combat veteran had lived in a tent in wooded areas in Burien and Federal Way since 1992, and struggled with a heroin addiction for much of that time.

Johnny finally triumphed over his addiction, but his experiences in Vietnam left him deeply traumatized and he was unwilling to live indoors, or to seek help.

King County's Mobile Medical Program was able to help. Outreach staff engaged Johnny every time the medical van visited the drop-in center where he ate lunch, and Johnny began visiting the van to have his blood pressure checked. Johnny acknowledged that he was having more difficulty each year making it through winter in the woods, though he was, at first, unwilling to talk about getting help.

Gradually, however, the medical van staff was able to win his trust. Johnny asked to see the medical van's doctor and accepted blood pressure medication. Next, he agreed to make an appointment at a clinic for follow-up care, and then agreed to inpatient treatment for a cardiac condition.

After his hospitalization, Johnny began to talk with the mobile medical van's social worker about his Vietnam experiences. He has a long way to go before he is ready to address his living situation, but he is finally able to trust someone with his story, and he is able to take charge of his health care needs.



he levy helps people who have experienced long-term homelessness, many of whom are veterans. The levy's second strategy includes eight activities that prevent homelessness and that help people who have been homeless find safe, affordable housing and the supportive services they need.

► 2.1 Identify, engage, and house those who have experienced long-term homelessness:

- **Triaged list of homeless users of emergency services.** The list has helped find safe and stable housing for people with the highest level of need.
- Service improvements for homeless users of emergency services. During 2009, levy funds focused on finding stable, long-term care and housing for the highest users of sobering services.
- Outreach and engagement of long-term homeless people in South King County. Sound Mental Health staff worked with chronically homeless adults to win their trust and help them get care.
- **Mobile Medical Unit.** The mobile medical van held 105 clinics and served 332 unduplicated people during 2009.

2.2 Increase permanent housing with support

services: During 2009, three new housing projects opened and nine broke ground. One recent opening was Community House Mental Health Agency's Brierwood project, which provides 23 housing units for individuals with chronic mental illness.

► 2.3 Support landlord risk reduction: The Landlord Liaison Project helped 39 agencies and 73 landlords assist 273 first-time renters. The project also provided regular trainings and meetings for landlords and service providers.

- 2.4 Invest in support services for housing:
- Housing Health Outreach Team (HHOT). The HHOT worked with 945 formerly homeless tenants to ensure that they have ongoing health, mental health, and chemical dependency care.
- **Supportive services for permanent housing.** The levy funded case management, life skills training, employment counseling, and tenant education for 217 people.

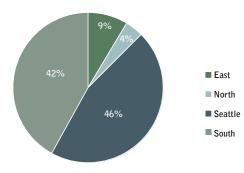
► 2.5 Provide housing and support for those in the King County Criminal Justice Initiative: Sound Mental Health provided intensive support and transitional housing for 92 people who had been in jail and involved in mental health court.

► 2.6 Provide housing and support for parents exiting the criminal justice system: First Place and the YWCA helped 29 homeless parents who had been released from prison prepare to reunite with their children.

► 2.7 Promote housing stability: Solid Ground and 12 partner agencies helped 623 households with emergency rental assistance and other support to prevent homelessness.

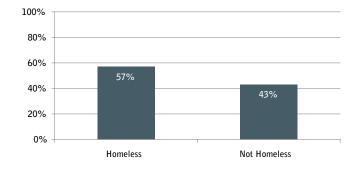
► 2.8 Link education and employment to supportive housing: The levy funded job training for 792 people. More than half were able to increase and stabilize their incomes.

The programs funded through Strategy 2 served nearly 6,500 people during 2009. Nearly two-thirds of those served were homeless at the time they first received service.



Location of People Served by Strategy 2

Living Situation of Strategy 2 Clients



Increasing access to behavioral health services

Sophia Son's deployment leads to depression

SOPHIA WAS PROUD when her son Kyle enlisted in the Army after graduating from high school. But her pride turned to anxiety and then depression after his unit deployed to Iraq. She began to have panic attacks and feelings of intense anxiety when she left the safety of home. That led to more and more trouble managing at work, and Sophia worried she might be fired.

Since she did not have medical insurance, Sophia had no way to get help.

But HealthPoint was able to help, thanks to levy funding. At a moment of crisis, Sophia stopped by one of HealthPoint's South King County clinics, and was relieved to learn that she could be treated without insurance. Sophia began regular appointments with a psychologist, who helped her manage her depression and anxiety with both behavioral modification and an antidepressant medication.

Since she started treatment, Sophia has been able to keep her counseling appointments and has made significant improvement. Her sense of worry no longer overwhelms her, and she is now able to function more independently and has become less isolated. Sophia has also started seeing a HealthPoint primary care physician, who coordinates with her psychologist to manage her overall health.

"I'm still worried about Kyle, of course," she said recently. "But I've learned how to cope with it. It's all thanks to HealthPoint."



he levy's third strategy helps King County residents with behavioral health issues, such as depression and PTSD, that are often not covered by insurance. By helping people receive the mental health treatment they need, the levy lessens their risk for homelessness, hospitalization, and criminal activity. The behavioral health services strategy includes four activities.

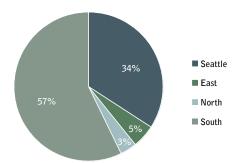
► 3.1 Integrate mental health and chemical dependency treatment into primary care clinics:

During 2009, the King County safety net consortium and other community-based providers screened 8,253 low-income adults for depression, anxiety, PTSD, and substance abuse in primary care clinics around the county. Of those who were screened, 2,886 were found to have significant mental health symptoms. A total of 38 percent of those entering treatment experienced clinical improvement, a very promising rate.

► 3.2 Provide training programs in trauma sensitive services and PTSD treatment: Veterans, people who have been homeless or incarcerated, and those who have suffered from domestic violence often experience PTSD. Because PTSD affects such a high proportion of people seeking housing and human services, levy funds have been set aside to provide trauma-sensitive training for agencies such as jails, courts, schools, social services, health clinics, and housing programs. The WDVA developed the curriculum and is implementing it in coordination with Activity 3.3, training behavioral providers. ► 3.3 Train behavioral health providers in PTSD: In addition to offering basic training on PTSD to communitybased service providers, the WDVA also provided evidencebased training on PTSD to 626 individuals who needed advanced training on signs, symptoms, and treatment to help the people they serve. Individuals trained included educators, law enforcement, service members, family members, first responders, and mental health and chemical dependency providers.

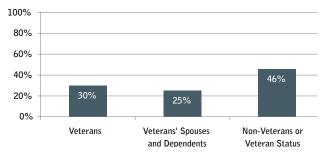
► 3.4 Provide in-home services to treat depression in elderly veterans and others: Levy funds have been used to support the Program to Enhance Active, Rewarding Lives for Seniors (PEARLS) to provide in-home counseling and support to homebound seniors. During 2009, 171 participants were recruited to PEARLS, 78 completed the program, and 62 were referred for more comprehensive services. Those who completed the program improved significantly in reducing their depression. PEARLS has been shown to increase clients' community involvement and reduce their need for more costly care.

People served during 2009 lived throughout King County. Because of the inclusion of PTSD treatment as part of Strategy 3, a significant number of veterans and their spouses and dependents were served.



Location of People Served by Strategy 3





Strengthening families at risk

Keisha: A Bright Future

WHEN KEISHA'S STEPFATHER started beating her mother, Keisha reacted by getting high. That helped her escape the conflict at home, but it wasn't a good way to live, and Keisha realized she needed help. A school counselor helped her enroll in a drug counseling program, and she worked hard to catch up at school.

In November of her junior year, though, Keisha discovered that she was pregnant. She didn't know what to do, and to make things worse, her parents kicked her out of the house.

Keisha dropped out of school, moved into her boyfriend's apartment, and got a job at McDonald's. It wasn't a great situation, but Keisha didn't know what else to do. Because she was under 18, she couldn't qualify for welfare or subsidized housing, and couldn't even open her own bank account. Instead, she gave her paychecks to her boyfriend, who cashed them and gave her a little money to live on.

Luckily, Keisha found the levy's Healthy Start program. Healthy Start provides regular home visits to young mothers to help them learn to care for their babies and set goals for the future. The Healthy Start counselor first addressed Keisha's homelessness, helping her reconcile with her parents and move back home. Then she focused on Keisha's education, helping her enroll in a General Education Development (GED) program.

After Keisha's son, Adam, was born, her counselor shifted the focus to parenting skills. All new mothers are a bit nervous, but Keisha blossomed into a confident and responsible parent who was determined to succeed for the sake of her son. She decided to work toward her dream of becoming a nurse, and by the time she would have graduated from high school had passed her GED and finished a medical assistant training program. Today, she is eagerly planning her next steps. Her future looks bright!



he levy's fourth strategy provides assistance to at-risk families. These programs help teen parents, immigrants, domestic violence victims, and parents who have been homeless or incarcerated gain the extra support they need to care for their children and build a stable life. This strategy includes six activities designed to strengthen family bonds and help parents become self-sufficient.

► 4.1 Support new mothers through the Nurse Family Partnership: Public Health–Seattle & King County (PHSKC) supports teen mothers with home visits from pregnancy to toddlerhood. During 2009, the levy funded additional services for 133 of the 573 mothers in this program, and helped 90 percent of them deliver healthy weight babies.

► 4.2 Pilot new services for maternal depression: New mothers frequently suffer from depression, which can affect their parenting and slow their children's development. During 2009, staff at nine community clinics screened 3,759 low-income women and their children for depression. More than 600 women were referred for counseling or other support.

► 4.3 Fund early childhood intervention and prevention services:

- Healthy Start program served 335 families with home visits to strengthen interactions between parents and their children.
- Family, Friend, and Neighbor Care Play and Learn groups helped 2,492 family caregivers learn about child development.
- Cultural Navigator Project opened a Redmond office

that, together with its other sites, provided early childhood services to 835 immigrants and refugees.

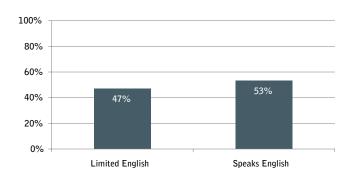
 Training. The University of Washington continues to provide Promoting First Relationship Train-the-Trainer services to agencies to help parents with their children's social and emotional needs.

► 4.4 Provide early intervention for parents exiting the criminal justice system living in transitional housing: Activities 4.4, 4.5 and 2.6 support young parents who have left jail and hope to reunite with their children

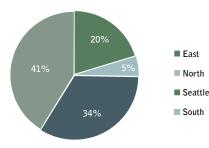
► 4.5 Invest in education and employment for single parents exiting the criminal justice system: The 29 parents served by this program in 2009 were helped with education, training, and job assistance.

► 4.6 Provide treatment for parents involved with the King County Family Treatment Court for child dependency cases: This activity served 54 parents in Family Treatment Court with a focus on helping the parents overcome their challenges and regain custody of their children. To date, 88 percent have successfully completed their courtassigned treatment plans.

Those served by Strategy 4 lived throughout the county. Nearly half had limited English-speaking ability.



Location of People Served by Strategy 4



English-speaking Ability of Those Served by Strategy 4

Increasing the effectiveness of resource management and evaluation

he significant majority of levy funds are dedicated to direct services and housing development. However, a small amount of funding has been set aside that improve regional systems coordination and for evaluation of the effectiveness of levy programs.

► **5.1 Support levy evaluation:** A detailed report on 2009 evaluation activities and levy achievements is provided on page 11.

► **5.2 Cross system planning for youth:** Planning for preventing youth homelessness, including youth aging out of foster care, is being coordinated through the Committee to End Homelessness, with the involvement of United Way, DSHS and other youth serving systems.

5.3 Profile of offenders: A report on individuals with mental illness, chemical dependency, and who are homeless and/or involved in the criminal justice and emergency medical systems was completed in 2007.

5.4 Planning, training, service design: Funds in this activity are reserved for levy renewal planning and design.

► 5.5 Facilitate the Homeless Management Information System: Called Safe Harbors, this information system provided training to 220 homeless service agencies to enhance information available about services they provide. ► 5.6 Enhance information systems to support administration and evaluation of the levy: Levy funds helped support improvements to the KCVP Veterans Information System to ensure veterans receive consistent, high quality care.

5.7 Consultation and training (HIPAA): Consultation and training regarding patient records and information sharing is underway.

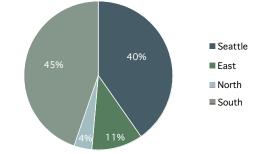
► 5.8 Develop common data set for assessment for those seeking services: A new initiative called Partnership for Health Improvement through Shared Information (PHISI) was launched. Planning is underway for the health information exchange that will improve the efficiency of care provided to people who use more than one service system.

► **5.9 Facilitation of ongoing partnerships:** In 2009, twenty presentations were made to city councils, commissions, community and veteran organizations by board members and levy staff.

During 2009, a total of \$13.9 million was allocated to levy programs. People served by the levy lived throughout King County.



Geographic Distribution of Those Served by All Levy Strategies



► 2009 Evaluation Report

Plan (SIP) and further defined in the *Evaluation Framework* that was developed in fall 2007. Building on these documents, the levy oversight boards adopted the *2008-2009 Levy Evaluation Work Plan and Evaluation Matrix* in May 2008. The work plan was updated in 2009 to incorporate additional approaches. Evaluation activities and 2009 efforts to evaluate the levy are described below. The chart on pages 12 through 14 summarizes progress made by individual levy activities in meeting performance outcomes.

► Established evaluation measurement structure and framework: Specific performance measurement outcomes were established for every activity funded through the levy. These outcomes were established in an evaluation matrix. They guided contract development and reporting during 2009.

Improved King County tools for collecting evaluation data: Levy evaluation staff worked with project managers to develop and/or improve data collecting systems such as the improved Veterans Information System.

Reviewed projects and implemented measurement strategies within contracts:

Every procurement plan identified the objectives, outputs, and outcomes to be achieved. Performance measurement strategies were negotiated with



The Langdon and Anne Simons Senior Apartments developed by Plymouth Housing Group and supported by the levy was recently named a finalist in Affordable Housing Finance Magazine's Fifth Annual Reader's Choice Award for the nation's best low-income housing developments in 2008.

project managers to ensure they were appropriate, realistic and meaningful.

► Facilitated activity-level review by levy boards: During 2009, levy management staff coordinated the development of progress reports for each project that had received levy funding in 2008. These reports were reviewed by both levy oversight boards. In addition, the boards visited levy program sites and heard presentations on a number of unique projects at four joint board meetings that were held throughout the county and were open to members of the public.

Conducted strategy level and activity level evaluations: In 2009, levy evaluation staff produced an indepth report, Strategy 1 - Increasing Veterans' Access to Services. It included performance measurement through June 2009 and an appendix that provided the first detailed needs assessment of King County veterans and their dependents. The needs assessment included information from the Census, VA records, and service data from the KCVP and WDVA. Evaluation staff also monitored the performance of each individual levy-funded activity. The following 2009 **Performance Management Report** summarizes results achieved by these activities. Reports providing a more detailed review of the performance of individual activities will be available by the fall of 2010.

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3Housing planning for veteransCSDAugust 2009NAPlan developmentIn progressIn progressPlan in progressPTSD treatment for veterans and theirWDVAApril 200744Conseling hours3,162Reduced PTSD symptoms95% successfulVeterans Incarcerated ProjectWDVAApril 2007204Clients emolled204Reduced pail days85% do not recidivateVeterans Incarcerated ProjectWDVAApril 2007204Clients emolled204Reduced precidivism85% do not recidivateIEmployment, outreach and caseKCVPSept 2007870Case management contacts1,884Reduced fail days85% do not recidivateIEmployment, outreach and caseKCVPSept 2007870Case management contacts1,884Increased stability east80% do not recidivateVeterans Conservation Corps programWDVAAugus 2008118Clients screened1,884Increased stability for resolutionVeterans Conservation Corps programWDVAAugus 2008118Clients screened1,884Increased stability for resolutionVeterans Conservation Corps programWDVAAugus 200818Guint screened1,884Increased stability for resolutionVeterans Conservation Corps programWDVAAugus 2008118Clients screened1,884Increased stability for resolutionVeterans Conservation Corps programWDVAAugus 200818Increased stability for resolutionTo eartive resolution<	1.2.A.2	Increase capacity of KCVP shelter services	KCVP	Dec 2007 Dec 2007	114 273	Stable bednights Transitional housing bednights	3,909 24,287	Increase housing stability Moving to more stable housing	76% successful 68% successful	÷	
PTSD treatment for veterans and their WDV April 2007 444 Counseling hours 3,162 Reduced PTSD symptoms 95% successful 1 Veterans Incarcetated Project WDVA April 2007 204 Community education hours 2,510 Reduced jail days 95% successful 1 1 Employment, outreach and case KCVP Sept 2007 870 Case management contacts 1,884 Complete case plans Segted information 1 Employment, outreach and case KCVP Sept 2007 870 Case management contacts 1,884 Complete case plans Segted information 1 Employment outreach and case KCVP Sept 2007 870 Case management contacts 1,884 Complete case plans Segted information 1 Employment outreach and case KCVP Sept 2007 870 Case management contacts 1,884 Complete case plans Segted information 1 Employment outreach and case KCVP Sept 2007 870 Case management contacts 1,884 Complete case plans Segted information 97 Veterans Conservation Corps program WDV August 2008	1.2.A.3	Housing planning for veterans	CSD	August 2009	N/A	Plan development	In progress	Increase veterans' access to housing	Plan in progress	↓	
Veterars Incarcerated Project WDVA April 2007 204 Clients enrolled 204 Reduced Fail days 5.942 days reduced 4 1 Employment, outreach and case KCVP Sept 2007 870 Case management contacts 1,884 Complete case plans 88% do not recidivate 4 1 Employment, outreach and case KCVP Sept 2007 870 Case management contacts 1,884 Complete case plans Reduced recidivate 4 Veterars Conservation Corps program WDVA August 2008 118 Case management contacts 1,884 Complete case plans Reduced recidivate 4 Veterars Conservation Corps program WDVA August 2008 118 Scure employment and job Too early to measure 5	1.2.B	PTSD treatment for veterans and their families	WDVA	April 2007	444	Counseling hours Community education hours	3,162 2,510	Reduced PTSD symptoms	95% successful	÷	
Employment, outreach and case management enhancementsKCVPSept 2007 870 Case management contacts1,884Complete case plansRedesigned information system will report in 2010JobVeterans Conservation Corps programWDVAAugust 2008 118 Clients screened 60118Secure employment and job retention for one yearToo early to measure retentionJob	1.2.C	Veterans Incarcerated Project	WDVA	April 2007	204	Clients enrolled Job-housing placements	204 123	Reduced jail days Reduced recidivism	5,942 days reduced 88% do not recidivate within year	÷	
Veterans Conservation Corps program WDVA August 2008 118 Clients screened 118 Secure employment and job Too early to measure Job-training placements 60 retention for one year retention	1.2.D.1	Employment, outreach and case management enhancements	KCVP	Sept 2007	870	Case management contacts	1,884	Complete case plans Increased stability	Redesigned information system will report in 2010	↓	
	1.2.D	Veterans Conservation Corps program	WDVA	August 2008	118	Clients screened Job-training placements	118 60	Secure employment and job retention for one year	Too early to measure retention	· · · ·	

**Outcome results are based upon the number of clients eligible to be measured, which is likely to be different from clients served in 2009.

	Success Rating															
Results				List created												
Outcome Measures				List developed	List developed Increased engagement in services (individuals)	List developed List developed Increased engagement in services (individuals) Clients in permanent housing Enrolled in benefits and substance abuse services	List developed List developed Increased engagement in services (individuals) Clients in permanent housing Errolled in benefits and substance abuse services Increased access to resources	List developed List developed Increased engagement in services (individuals) Clients in permanent housing Errolled in benefits and substance abuse services Increased access to resources Increased access to resources	List developed List developed Increased engagement in services (individuals) Clients in permanent housing Errolled in benefits and substance abuse services Increased access to resources Increased access to resources Vets units funded Homeless units funded	List developed List developed Increased engagement in services (individuals) Clients in permanent housing Errolled in benefits and substance abuse services Increased access to resources Increased access to resources Vets units funded Homeless units funded New landlords renting units	List developed List developed Increased engagement in services (individuals) Clients in permanent housing Errolled in benefits and substance abuse services Increased access to resources Increased access to resources Vets units funded Homeless units funded New landlords renting units Increase housing stability	List developed List developed Increased engagement in services (individuals) Clients in permanent housing Errolled in bernefits and substance abuse services Increased access to resources Increased access to resources Vets units funded Homeless units funded New landlords renting units Increase housing stability Increase housing stability	List developed List developed Increased engagement in services (individuals) Clients in permanent housing Errolled in benefits and substance abuse services Increased access to resources Increased access to resources New landlords renting units New landlords renting units Increase housing stability Increase housing stability Move into supportive housing	List developed List developed Increased engagement in services (individuals) Clients in permanent housing Errolled in bernenent and substance abuse services Increased access to resources Increased access to resources Vets units funded Homeless units funded New landlords renting units Increase housing stability Increase housing stability Move into supportive housing Increased stability/retention Increased stability/retention	List developed List developed Increased engagement in services (individuals) Clients in permanent housing Errolled in benefits and substance abuse services Increased access to resources Increased access to resources Increased access to resources New landlords renting units New landlords renting units Increase housing stability Move into supportive housing Increased stability/retention Increase housing stability Increase housing stability/retention Increase housing stability/retention	List developed List developed Increased engagement in services (individuals) Clients in permanent housing Errolled in bernenent and substance abuse services Increased access to resources Increased access to resources Vets units funded Homeless units funded New landlords renting units Increase housing stability Increase housing stability Increase housing stability Increase housing stability Increase housing stability Ave into supportive housing Increased stability/ retention Increase housing stability/ At-risk families who maintain their housing 12 months
Quantity				Ongoing	Ongoing 1,323	Ongoing 1,323 502	0ngoing 1,323 502 532	0ngoing 1,323 502 532	0ngoing 1,323 502 532 942 20	Ongoing 1,323 532 942 20 20 20	Ongoing 1,323 502 532 942 5,226 5,226 5,226 344	0ngoing 1,323 502 532 942 20 5,226 344 344 271 20 5,250	0ngoing 1,323 502 532 942 5,226 5,226 344 344 344 20 5,226 344 490	0ngoing 1,323 502 532 942 5,226 5,226 344 177 20,550 490 41	Ongoing 1,323 502 532 942 5,226 20 20 5,226 344 406 446 490 490 490 41 20,550 20,550 41 177 20,550 21,720 41 177 20,550 21,720 20,550 21,720 20,550 21,720 20,550 21,720 20,550 2	Ongoing 1,323 502 502 532 942 5,226 20 5,226 344 406 490 41 41 41 20,550 29 1,204 623
Types		Support Housing and Employment	using and Employment	using and Employment Develop list of high utilizers	using and Employment Develop list of high utilizers Outreach contacts (individuals)	using and Employment Develop list of high utilizers Outreach contacts (individuals) Clients enrolled	using and Employment Develop list of high utilizers Outreach contacts (individuals) Clients enrolled Outreach contacts	using and Employment Develop list of high utilizers Outreach contacts (individuals) Clients enrolled Outreach contacts Referrals for assistance	using and Employment Develop list of high utilizers Outreach contacts (individuals) Clients enrolled Outreach contacts Referrals for assistance Capital projects funded through 2009	using and Employment Develop list of high utilizers Outreach contacts (individuals) Clients enrolled Outreach contacts Referrals for assistance Capital projects funded through 2009 Hours of education-outreach	using and Employment Develop list of high utilizers Outreach contacts (individuals) Clients enrolled Outreach contacts Referrals for assistance Capital projects funded through 2009 Hours of education-outreach Linked to Primary Care MH/CD engagement Self-manage chronic condition	using and Employment Develop list of high utilizers Outreach contacts (individuals) Clients enrolled Outreach contacts Referrals for assistance Capital projects funded through 2009 Hours of education-outreach Hours of education-outreach Case management Self-manage chronic condition Hourseholds served Case management	using and Employment Develop list of high utilizers Outreach contacts (individuals) Clients enrolled Outreach contacts Referrals for assistance Capital projects funded through 2009 Hours of education-outreach Hours of education-outreach Linked to Primary Care MH/CD engagement Self-manage chronic condition Households served Case management hours Client visits	using and Employment Develop list of high utilizers Outreach contacts (individuals) Clients enrolled Outreach contacts Referrals for assistance Capital projects funded through 2009 Hours of education-outreach Hours of education-outreach Care management MH/CD engagement MH/CD engagement Client visits Client visits Client served Case management hours Client served	using and Employment Develop list of high utilizers Outreach contacts (individuals) Clients enrolled Outreach contacts Capital projects funded through 2009 Hours of education-outreach Hours of education-outreach Hours of education-outreach Hours of education-outreach Capital projects funded through Client visits Client visits Client visits Client servolled Families enrolled Case management hours	using and Employment Develop list of high utilizers Outreach contacts (individuals) Clients enrolled Outreach contacts Referrals for assistance Capital projects funded through 2009 Hours of education-outreach Hours of education-outreach Hours of education-outreach Crient visits Client visits Client visits Client served Case management hours Client serrolled Case management hours Households assisted
Clients Served in 2009		anent Support Hou	anent Support Hou	Support Hou N/A	Support Hou N/A 1,323	Support Hou N/A 1,323 502	Support Hou N/A 1,323 502 532	Support Hou N/A 502 532 332	Support Hou N/A 502 532 332	Support Hou N/A 502 332 332 273	Support Hou N/A 502 532 332 273 945	Support Hou N/A 502 532 332 332 945 945	Support Hou N/A 502 532 332 945 945 51 51	Support Hou N/A 502 532 332 332 945 945 51 51 41	Support Hou N/A 502 532 532 945 945 51 217 217 217 217 217 217 217 217 217 21	Support Hou N/A 502 532 532 532 532 945 945 51 217 217 217 217 217 217 217 217 217 21
Date of First Service		Prevention, Perma	Prevention, Perma n homelessness	Prevention, Perma n homelessness N/A	Prevention, Perma n homelessness N/A July 2008	Prevention, Perma n homelessness N/A July 2008 January 2008	Prevention, Perma n homelessness N/A July 2008 January 2008 January 2008	Prevention, Perma n homelessness July 2008 January 2008 July 2008 July 2008	Prevention, Perma n homelessness July 2008 January 2008 July 2008 Fall 2007	Prevention, Perma n homelessness N/A July 2008 January 2008 July 2008 Fall 2007 January 2009	Prevention, Perma n homelessness N/A July 2008 January 2008 January 2008 Fall 2007 January 2009 January 2009	Prevention, Perma N/A July 2008 January 2008 July 2008 Fall 2007 January 2009 January 2009 January 2008	Prevention, Perma In homelessness July 2008 January 2008 January 2008 Fall 2007 January 2008 January 2008 January 2008 January 2008	Prevention, Perma In homelessness January 2008 January 2008 January 2009 January 2009 January 2008 January 2008 January 2008 January 2008	Prevention, Perma n homelessness July 2008 January 2008 July 2008 Fall 2007 January 2008 January 2008 January 2008 January 2008 April 2009 2008	Prevention, Perma In homelessness January 2008 January 2008 January 2008 January 2008 January 2008 January 2008 January 2008 January 2008 2008 2008 2008
Lead Implementing Agency		through Outreach,	through Outreach, berienced long-tern	through Outreach, berienced long-tern MHCADSD	through Outreach, berienced long-tern MHCADSD MHCADSD	through Outreach, berienced long-tern MHCADSD MHCADSD PHSKC	through Outreach, berienced long-tern MHCADSD MHCADSD PHSKC CSD	through Outreach, berienced long-tern MHCADSD MHCADSD PHSKC CSD PHSKC	through Outreach, berienced long-tern MHCADSD MHCADSD PHSKC CSD PHSKC CSD CSD	through Outreach, nerienced long-tern MHCADSD MHCADSD PHSKC CSD CSD CSD	through Outreach, nerienced long-tern MHCADSD MHCADSD PHSKC CSD CSD CSD CSD CSD	through Outreach, mHCADSD MHCADSD PHSKC CSD CSD CSD CSD PHSKC CSD CSD	through Outreach, MHCADSD MHCADSD MHCADSD PHSKC CSD CSD CSD CSD PHSKC CSD CSD CSD CSD MHCADSD	through Outreach, nerienced long-tern MHCADSD MHCADSD PHSKC CSD CSD CSD CSD PHSKC CSD CSD CSD MHCADSD MHCADSD	through Outreach, mHcADSD MHCADSD PHSKC CSD CSD PHSKC CSD CSD CSD CSD CSD CSD MHCADSD MHCADSD MHCADSD	through Outreach, mHcADSD MHCADSD PHSKC CSD PHSKC CSD CSD CSD PHSKC CSD CSD MHCADSD MHCADSD MHCADSD CSD CSD CSD
Activity		ig Strategy 2: Ending Homelessness	ning Strategy 2: Ending Homelessness dentify and engage those who have ex	hing Strategy 2: Ending Homelessness identify and engage those who have ex Develop triage database identifying homeless high utilizers	hing Strategy 2: Ending Homelessness Identify and engage those who have ex Develop triage database identifying homeless high utilizers Service improvements for homeless Sobering Ctr/ Emergency Services Patrol	:hing Strategy 2: Ending Homelessness Identify and engage those who have exp Develop triage database identifying homeless high utilizers Sobering Ctr/ Emergency Services Patrol Outreach and engagement to chronically homeless - Seattle/REACH	ching Strategy 2: Ending Homelessness Identify and engage those who have ext Develop triage database identifying homeless high utilizers Service improvements for homeless Service improvements for homeless Service and engagement to Outreach and engagement to chronically homeless - Seattle/REACH PATH outreach team	ching Strategy 2: Ending Homelessness Identify and engage those who have ext Develop triage database identifying homeless high utilizers for homeless Service improvements for homeless Sobering Ctr/ Emergency Services Patrol Outreach and engagement to chronically homeless - Seattle/REACH PATH outreach team Mobile Medical Unit	ching Strategy 2: Ending Homelessness Identify and engage those who have ex Develop triage database identifying homeless high utilizers Service improvements for homeless Sobering Ctr/ Emergency Services Patrol Outreach and engagement to chronically homeless - Seattle/REACH PATH outreach team Mobile Medical Unit Increase permanent housing capital	ching Strategy 2: Ending Homelessness Identify and engage those who have ext Develop triage database identifying homeless high utilizers Service improvements for homeless Sobering Ctr/ Emergency Services Sobering Ctr/ Emergency Services Patrol Outreach and engagement to chronically homeless - Seattle/REACH PATH outreach team Mobile Medical Unit Increase permanent housing capital Landlord Risk Reduction (Landlord Laison)	ching Strategy 2: Ending Homelessness Identify and engage those who have ext Develop triage database identifying homeless high utilizers Service improvements for homeless sobering Ctr/ Emergency Services Patrol Outreach and engagement to chronically homeless - Seattle/REACH PATH outreach team Mobile Medical Unit Increase permanent housing capital Landlord Risk Reduction (Landlord Liaison) Housing Health Outreach Team (HHOT)	ching Strategy 2: Ending Homelessness Identify and engage those who have ex Develop triage database identifying homeless high utilizers Service improvements for homeless Sobering Ctr/ Emergency Services Patrol Outreach and engagement to chronically homeless - Seattle/REACH PATH outreach team Mobile Medical Unit Increase permanent housing capital Landlord Risk Reduction (Landlord Laison) Housing Health Outreach Team (HHOT) Investment in support services for housing	ching Strategy 2: Ending Homelessness Identify and engage those who have exp Develop triage database identifying homeless high utilizers Service improvements for homeless sobering Ctt/ Emergency Services patrol Outreach and engagement to chronically homeless - Seattle/REACH PATH outreach team Mobile Medical Unit Increase permanent housing capital Lardord Risk Reduction (Landlord Liaison) Housing Health Outreach Team (HHOT) Housing Health Outreach Team (HHOT) rivestment in support services for housing Criminal Justice Initiatives Criminal Justice Initiatives	Correctining Strategy 2: Ending Homelessness Intrough Outreach, Pervention, Permanent Activity 21 Identify and engage those who have experienced long-term homelessness Mincability Process 2.1.A.1 Develop triage database identifying MincADSD July 2008 2.1.A.2.a Service improvements for homeless MinCADSD July 2008 2.1.A.2.b Curreach and engagement to patrol MinCADSD July 2008 2.1.A.2.b Outreach and engagement to chronically homeless - Seattle/REACH PinSKC January 2008 2.1.B.1 PATH outreach team CSD January 2008 2.1.B.2 Mobile Medical Unit PinSKC July 2008 2.1.B.1 PATH outreach team CSD January 2008 2.1.B.2 Mobile Medical Unit PinSKC July 2008 2.1.B.1 PATH outreach team CSD January 2008 2.1.B.2 Mobile Medical Unit CSD January 2008 2.1.B.1 Patrol July 2008 July 2008 2.1.B.2 Mobile Medical Unit CSD January 2009 2.1.B.1 Patrol January 2008 July 2008 2.1.B.2 Mobile Medical Unit	ching Strategy 2: Ending Homelessness Identify and engage those who have exp Develop triage database identifying homeless high utilizers Service improvements for homeless sobering Ctr/ Emergency Services patrol Outreach and engagement to chronically homeless - Seattle/REACH PATH outreach team Mobile Medical Unit Increase permanent housing capital Laison) Hobile Medical Unit Increase permanent housing capital Laison) Housing Health Outreach Team (HHOT) Housing Health Outreach Team (HHOT) Nestment in support services for housing Criminal Justice Initiatives FISH Program Criminal Justice Initiatives FISH Program	Lining Strategy 2: Ending Homelessness Identify and engage those who have ext Develop triage database identifying homeless high utilizers Service improvements for homeless Sobering Ctr/ Emergency Services Patrol Outreach and engagement to chronically homeless - Seattle/REACH PATH outreach team Mobile Medical Unit Increase permanent housing capital Landlord Risk Reduction (Landlord Laison) Increase permanent housing capital Increase permanent housing capital Increase permanent housing capital Craninal Justice Initiatives FISH Program Criminal Justice Initiatives FISH Program Program Housing Stability Program
		rchir		2 7	2 -	2 A										

	Success Rating		÷	÷	↓	÷		÷	÷		÷	÷	←	(÷	÷
Outcomes	Results		38%	38%	Too early to measure	98.5%		90% %89	64%		91%	92%	67%	83%	100% of those measured did not return	88%
l	Outcome Measures		Reduced depression scale	Reduced depression scale	Clients referred/ Improved treatment	Reduced depression scale		Successful birth outcome Improved employment	Increased mental health status		Delaying birth of second child	Increased access to culturally appropriate services	Increased caregiver skills	Increased caregiver skills	Families do not re-enter the CJ system	Completed treatment plans
	Quantity		7,476 2,435	777 451 180	626	171 81		133 116	3,759 995 628		335 335 328	835 2,144 142	16	2,492 6,901	29 3,837	54 26
Services	Types		Clients assessed Enrolled in treatment	Assessed for PTSD/MH Enrolled in treatment Outreach CM & Referrals	Treatment professionals educated	Recruited Clients enrolled		Clients enrolled NFP Clients enrolled WTP	Clients screened Positive for depression Receiving treatment		Clients assessed Receiving home visits Linked with medical	Clients receiving info Information contacts Agencies- technical assistance	Number of caregivers trained	Families served Attendees Play and Learn	Parents served Case management hours	Clients served New enrollees with treatment plan
	Culents Served in 2009		7,476	777	626	171		133	3,759		335	835	16	6,901	47	54
	Date of First Service	iervices	2008	2008	July 2009	2008		2008	2008		2008	2008	2009	2009	2009	2009
3	Leau Implementing Agency	Behavioral Health S	PHSKC	PHSKC	WDVA	CSD	Families at Risk	PHSKC	PHSKC	ervices	PHSKC	PHSKC	PHSKC	PHSKC	CSD	King County Superior Court
	Activity	Overarching Strategy 3: Increasing Access to Behavioral Health Services	Integrate MH/CD into primary care clinics (non-vets)	Integrate MH/CD into primary care clinics (vets outreach)	Training programs in trauma sensitive & PTSD treatment	In-home services to treat depression in elderly vets, others	Overarching Strategy 4:Strengthening Young Families at Risk	Nurse Family Partnership	Pilot services for maternal depression	Activity 4.3 Fund early childhood and prevention services	Healthy Start expansion	Cultural Navigator project	Promoting First Relationships project	Family Friend and Neighbor Network Play and Learn	Invest in education / employment / treatment for parents exiting CJ system	Family Treatment Court
		 Overa 	3.1.A	3.1.B	3.2/3.3	3.4	 Overa 	4.1	4.2	Activity 4	4.3.A	4.3.B	4.3.C	4.3.D	4.4/4.5	4.6

14 | 2009 Veterans and Human Services Levy Annual Report

2009 Financial Report: Combined Levy Funds by Strategy The Veterans and Human Services Levy will generate more than \$13 million per year for six years to support a range of housing and human services for veterans, their families, and others in need in King County. This table shows that by the end of 2009, plans for more than \$51 million in available funding had been reviewed by the levy oversight boards.

		5			OICH 2			orep 4
Strategy	Dollars Per Plan 2009	Vollars Per Plan 2006-2009	Board/Public Review Status as of 12/31/09	lic Review f 12/31/09	RFP or Other Process	2009 Funds Committed*	2006-2009 Funds Committed*	Cumulative Expenditures (incl 2009)
Overarching Strategy 1: Enhancing Services and Access for Veterans								
 1.1 Expand geographic range of the King County Veterans Program 1.2 Increase capacity of the King County Veterans Program 1.3 Phone resource for veterans 1.4 Provide training & info re: VA linkages 	\$789,939 \$2,413,640 \$100,000 \$40,000	\$1,484,909 \$7,448,720 \$300,000 \$120,000	Periodic Completed Completed Under Discussion	\$1,484,909 \$7,448,720 \$300,000	Completed Completed Completed N/A	\$789,939 \$2,413,640 \$100,000 \$40,000	\$1,484,909 \$7,448,720 \$300,000 \$120,000	\$213,368 \$5,835,525 -
Overarching Strategy 2: Ending Homelessness through Outreach, Prevention, Permanent Support	nt Support Housing and Employment	iployment			I		l	
 Initiatives to identify/engage/house long term homeless Increase permanent housing w/ support services Increase mermination of the services for housing services for housing Increase mermination support services for housing Rerm housing placement suppt/CJ parents exiting transitional hsg Housing stability program Ink education & employment to supportive housing 	\$820,000 \$1,000,000 \$1,250,000 \$110,000 \$110,000 \$1,000,000	\$2,110,000 \$13,816,782 \$1,000,000 \$1,500,000 \$1,500,000 \$2,550,000 \$2,550,000	Completed Completed Completed Completed Completed Completed Completed	\$2,110,000 \$13,816,782 \$1,500,000 \$3,750,000 \$2,200,000 \$2,550,000 \$2,550,000	Completed Annual RFP Completed Annual RFP Completed Completed Completed	\$820,000 \$1,000,000 \$1,250,000 \$110,000 \$110,000 \$1,000,000 \$1,000,000	\$13,816,782 \$13,816,782 \$1,000,000 \$1,500,000 \$1,500,000 \$220,000 \$220,000 \$220,000	\$1,474,962 \$11,296,386 \$234,293 \$835,000 \$61,120\$\$61,120\$\$\$61,120\$\$\$61,120\$\$\$61,120\$\$\$61,120\$\$\$61,120\$\$\$61,120\$\$\$61,12
Overarching Strategy 3: Increasing Access to Behavioral Health Services								
 Integrate MH/CD into primary care clinics Irraining programs in trauma sensitive & PTSD treatment Train behavioral health providers in PTSD In-home services to treat depression in elderly vets, others 	\$1,300,000 \$75,000 \$250,000 \$196,000	\$3,700,000 \$225,000 \$750,000 \$504,000	Completed Completed Completed Completed	\$3,700,000 \$225,000 \$750,000 \$504,000	Completed Completed Completed Completed	\$1,300,000 \$75,000 \$250,000 \$196,000	\$3,700,000 \$225,000 \$750,000 \$504,000	\$2,850,714 \$166,000 \$419,967
Overarching Strategy 4: Strengthening Young Families at Risk								
 4.1 Nurse Family Partnership 4.2 Pilot new services for maternal depression 4.3 Early intervention/prevention 4.4 Early intervention support for parents exiting CJ/in transitional hsg 4.5 Invest in education and employ for single parents exiting CJ 	\$641,949 \$461,638 \$424,413 \$280,000 \$155,000 \$225,000	\$1,509,449 \$1,461,638 \$1,410,413 \$560,000 \$300,000 \$425,000	Completed Completed Completed Completed Completed	\$1,402,500 \$1,500,000 \$1,479,000 \$560,000 \$3200,000 \$425,000	Completed Completed Completed Completed N/A	\$641,949 \$461,638 \$424,413 \$280,000 \$150,000 \$225,000	\$1,509,449 \$1,461,638 \$1,410,413 \$560,000 \$200,000 \$200,000	\$1,429,670 \$1,120,587 \$1,150,587 \$297,607 \$42,644 \$321,755
Overarching Strategy 5: Resource Management and Evaluation								
5.1 Evaluation 5.2 Cross system planning/Youth	\$350,000	\$1,250,000 \$250,000	Completed Under Discussion	\$1,250,000 _	N/A N/A	- - -	\$1,250,000 \$250,000	\$351,459 -
5.3 Profile of offenders with MH & COD 5.4 Planning, training, service design efforts	\$100,000	\$120,000 \$200,000	Completed Sched July	\$120,000 -	Completed N/A		\$120,000 -	\$120,000 -
5.5 Safe Harbors 5.6 Information systems 5.7 Consultation and training (HIPAA) 5.8 Common data set 5.9 Facilitation of ongoing partnerships	\$200,000 - \$80,000 \$150,000	\$825,000 \$350,000 \$150,000 \$380,000 \$450,000	Completed N/A Completed Completed Completed	\$825,000 \$150,000 \$380,000 \$450,000	Completed N/A Completed N/A Completed	\$200,000 - \$80,000 \$150,000	\$825,000 \$350,000 \$150,000 \$380,000 \$450,000	\$457,440 - \$433,102
Subtotal: Percent of available program dollars:	\$13,907,579	\$52,120,911		\$51,200,911 98.2%		\$13,807,579	\$51,920,911 99.6%	\$33,101,882 63.5%
Administration and Board Support	\$1,072,085	\$2,294,734				\$1,072,085	\$2,294,734	\$2,126,279
Planning, Development and Start-up Subtotal:	- \$1,072,085	\$1,717,408 \$4,012,142				- \$1,072,085	\$1,717,408 \$4,012,142	\$584,087 \$2,710,466
Total	\$14,979,664	\$56,133,053		\$51,200,911		\$14,879,664	\$55,933,053	\$35,812,348

2009 Financial Report: Veterans Levy Fund by Strategy When the Veterans and Human Services Levy was approved, voters committed half its funds to serve veterans, military personnel, and their families. Many of the levy's programs for veterans are funded through Strategy 1, but all but one of the other strategies also provides a range of services directed at veterans. This table shows over \$26 million in levy funds committed to serving veterans by the end of 2009.

			Cton 1	Ctor 2	C ton 2	2	Cton A
Strategy	Program Dollars Per Plan 2009	Program Dollars Per Plan 2006-2009	Review 2/31/09	RFP or Other Process	2009 Funds Committed*	2006-2009 Funds Committed*	Cumulative Expenditures (incl 2009)
Overarching Strategy 1: Enhancing Services and Access for Veterans	I	I		I	I	I	
 I. I Expand geographic range of the King County Veterans Program I.2 Increase capacity of the King County Veterans Program I.3 Phone resource for veterans I.4 Provide training & info re: VA linkages 	\$789,939 \$2,413,640 \$100,000 \$40,000	\$1,484,909 \$7,448,720 \$300,000 \$120,000	Please see the Consolidated Financial Status Report	atus Report	\$789,939 \$2,413,640 \$100,000 \$40,000	\$1,484,909 \$7,448,720 \$300,000 \$120,000	\$213,368 \$5,835,525 -
Overarching Strategy 2: Ending Homelessness through Outreach, Prevention, Permanent Support	ent Support Housing and Employment	ıployment					
 2.1 Initiatives to identify/engage/house long term homeless 2.2 Increase permanent lousing w/ support services 2.3 Landlord risk reduction 2.4 Investment in support services for housing 2.5 KCCJI housing/services 2.6 Perm housing placement suppt/CJ parents exiting transitional hsg 2.7 Housing stability program 2.8 Link education & employment to supportive housing 	\$246,000 \$300,000 \$375,000 \$150,000 \$150,000 \$300,000	\$633,000 \$5,999,353 \$500,000 \$1,125,000 \$1,125,000 \$1500,000 \$1,500,000 \$1,500,000	Please see the Consolidated Financial Status Report	us Report	\$246,000 \$300,000 \$375,000 \$150,000 \$500,000 \$300,000	\$633,000 \$5,999,353 \$500,000 \$11,1250,000 \$450,000 \$1,500,000 \$1,500,000 \$7,65,000	\$425,544 \$5,321,374 \$5,321,372 \$284,325 \$250,500 - \$795,954 \$377,925
Overarching Strategy 3: Increasing Access to Behavioral Health Services				I			
 Integrate MH/CD into primary care clinics Training programs in trauma sensitive & PTSD treatment Train behavioral health providers in PTSD In-home services to treat depression in elderly vets, others 	\$800,000 \$22,500 \$250,000 \$98,000	\$2,200,000 \$67,500 \$750,000 \$252,000	Please see the Consolidated Financial Status Report	tus Report	\$800,000 \$22,500 \$250,000 \$98,000	\$2,200,000 \$67,500 \$750,000 \$252,000	\$1,600,714 5_ \$224,000
Overarching Strategy 4: Strengthening Young Families at Risk							
 4.1 Nurse Family Partnership 4.2 Pilot new services for maternal depression 4.3 Early childhood intervention/prevention 4.4 Early intervention support for parents exiting CJ/in transitional hsg 4.5 Invest in education and employ for single parents exiting CJ 			Please see the Consolidated Financial Status Report	tus Report			
Overarching Strategy 5: Resource Management and Evaluation							
 5.1 Evaluation 5.2 Cross system planning/Youth 5.3 Profile of offenders with MH & COD 5.4 Planning, training, service design efforts 5.5 Safe Harbors 5.6 Information systems 5.7 Consultation and training (HIPAA) 5.8 Common data set 5.9 Facilitation of ongoing partnerships 	\$175,000 - \$50,000 \$60,000 - \$40,000 \$75,000	\$625,000 \$125,000 \$100,000 \$100,000 \$247,500 \$175,000 \$175,000 \$775,000 \$725,000 \$225,000	Please see the Consolidated Financial Status Report	tus Report	\$175,000 - 560,000 540,000 \$75,000	\$625,000 \$125,000 \$60,000 \$247,500 \$175,000 \$175,000 \$190,000 \$225,000	\$175,783 \$60,000 - \$159,175 - - \$216,551
Subtotal: Percent of available program dollars:	\$6,785,079 ¢E04.005	\$25,417,982 *1 172 172			\$6,735,079 ¢EeA OOE	\$26,317,982 99.6% *1 172 172	\$16,108,069 63.4% *1 137 474
Administration and board support Planning, Development and Start-up Subtotal:	- - \$584,005	\$1,1/0,1/2 \$1,304,884 \$2,481,056			584,005	\$1,10,172 \$1,304,884 \$2,481,056	\$1,127,070 \$520,482 \$1,658,158
Total:	\$7,369,084	\$27,899,038			\$7,319,084	\$27,799,038	\$17,766,228

* Includes funds committed by Letter of Award, Contract, and/or Memorandum of Agreement, as well as funds committed to expanding the range/capacity of King County Veterans Programs.

2009 Financial Report: Human Services Levy Fund by Strategyy When the Veterans and Human Services Levy was approved, voters committed half its funds to serve veterans and the remaining half to serve individuals and families in need. Levy funds have provided a range of housing, supportive services, behavioral health care, and family support services. This table shows over \$26 million of levy funds committed to human services by the end of 2009.

	Program	Program	Sten 1 St	Sten 2	Ste	Sten 3	Sten 4
Strategy	Dollars Per Plan 2009	Dollars Per Plan 2006-2009	Review 2/31/09	RFP or Other Process	2009 Funds Committed*	2006-2009 Funds Committed*	Cumulative Expenditures (incl 2009)
Overarching Strategy 1: Enhancing Services and Access for Veterans				I			
 1.1 Expand geographic range of the King County Veterans Program 1.2 Increase capacity of the King County Veterans Program 1.3 Phone resource for veterans 1.4 Provide training & info re: VA linkages 			Please see the Consolidated Financial Status Report	s Report			
Overarching Strategy 2: Ending Homelessness through Outreach, Prevention, Permanent	nt Support Housing and Employment	and Employment					
 2.1 Initiatives to identify/engage/house long term homeless 2.2 Increase permanent housing w/ support services 2.3 Landlord risk reduction 2.4 Investment in support services for housing 2.5 KCCJI housing/services 2.6 Perm housing placement supput/CJ parents exiting transitional hsg 2.7 Housing stability program 2.8 Link education & employment to supportive housing 	\$574,000 \$700,000 \$875,000 \$350,000 \$110,000 \$500,000 \$700,000	\$1,477,000 \$7,817,429 \$500,000 \$2,625,000 \$1,050,000 \$1,050,000 \$1,785,000 \$1,785,000	Please see the Consolidated Financial Status Report	s Report	\$574,000 \$700,000 - \$350,000 \$350,000 \$110,000 \$500,000 \$700,000	\$1,477,000 \$7,817,429 \$500,000 \$2,625,000 \$1,050,000 \$1,785,000 \$1,785,000 \$1,785,000	\$1,049,418 \$5,975,012 \$1,332 \$649,968 \$561,126 \$61,126 \$61,126 \$21,933 \$1,100,164
Overarching Strategy 3: Increasing Access to Behavioral Health Services		I		I		I	
 3.1 Integrate MH/CD into primary care clinics 3.2 Training programs in trauma sensitive & PTSD treatment 3.3 Train behavioral health providers in PTSD 3.4 In-home services to treat depression in elderly vets, others 	\$500,000 \$52,500 - \$98,000	\$1,500,000 \$157,500 \$252,000	Please see the Consolidated Financial Status Report	s Report	\$500,000 \$52,500 - \$98,000	\$1,500,000 \$157,500 \$252,000	\$1,250,000 - \$195,967
Overarching Strategy 4: Strengthening Young Families at Risk							
 4.1 Nurse Family Partnership 4.2 Pilot new services for maternal depression 4.3 Early childhood intervention/prevention 4.4 Early intervention support for parents exiting CJ/in transitional hsg 4.5 Invest in education and employ for single parents exiting CJ 4.6 Family Treatment Court 	\$641,949 \$461,638 \$424,413 \$280,000 \$150,000 \$225,000	\$1,509,449 \$1,461,638 \$1,410,413 \$560,000 \$300,000 \$425,000	Please see the Consolidated Financial Status Report	is Report	\$641,949 \$461,638 \$424,413 \$280,000 \$150,000 \$150,000	\$1,509,449 \$1,461,638 \$1,410,413 \$560,000 \$300,000 \$425,000	\$1,429,670 \$1,211,638 \$1,150,587 \$297,607 \$42,644 \$321,755
Overarching Strategy 5: Resource Management and Evaluation							
 5.1 Evaluation 5.2 Cross system planning/Youth 5.2 Cross system planning/Youth 5.3 Profile of offenders with MH & COD 5.4 Planning, training, service design efforts 5.5 Information systems 5.5 Information systems 5.7 Construction and training (HIPAA) 5.8 Common data set 5.9 Facilitation of ongoing partnerships 	\$175,000 - 550,000 \$140,000 \$40,000 \$75,000	\$625,000 \$125,000 \$60,000 \$100,000 \$777,500 \$777,500 \$775,000 \$775,000 \$775,000 \$775,000 \$775,000 \$775,000 \$775,000 \$775,000 \$775,000	Please see the Consolidated Financial Status Report	s Report	\$175,000 - - \$140,000 \$40,000 \$75,000	\$625,000 \$125,000 \$60,000 \$577,500 \$175,000 \$175,000 \$175,000 \$725,000 \$225,000	\$175,676 - \$60,000 \$298,265 - \$216,551
Subtotal: Derront of susibility money deliare	\$7,122,500	\$26,702,929			\$7,072,500	\$26,602,929 99 6%	\$16,993,812 63.6%
Administration and Board Support Planning, Development and Start-up	\$488,080 - \$488,080	\$1,118,562 \$412,524 \$1,531,086			\$488,080 - \$488,080	\$1,118,562 \$412,524 \$1,531,086	\$988,703 \$63,605 \$1,052,308
Total:	\$7,610,580	\$28,234,015			\$7,560,580	\$28,134,015	\$18,046,120

*Includes funds committed by Letter of Award, Contract, and/or Memorandum of Agreement, as well as funds committed to expanding the range/capacity of King County Veterans Programs.



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

African American Elders Project Area Agency on Aging – City of Seattle Aging and Disability Services **Catholic Community Services** Catholic Housing Services Center for Healthcare Improvement for Addictions, Mental **Illnesses and Medically Vulnerable Populations** Center for Human Services Child Care Resources Chinese Information and Service Center City of Seattle Compass Center **Community Health Plan Community House Mental Health Agency Country Doctor Community Health Centers** Crisis Clinic **Downtown Emergency Service Center** Eastside Interfaith Social Concerns Council

Evergreen Treatment Services Family Services of King County First Place Friends of Youth Foundation for the Challenged Harborview Medical Center Health Care for the Homeless Network **HealthPoint** Hopelink Housing Resources Group International Community Health Services International Drop-in Center King County Behavioral Health Safety Net Consortium Low Income Housing Institute Multi-Service Center Navos NeighborCare Health Neighborhood House **Northshore Youth & Family Services** Odessa Brown Children's Center **Pioneer Human Services Plymouth Housing Group** Projects for Assistance in Transition from Homelessness (PATH) Public Health - Seattle & King County **Renton Area Youth & Family Services** Salvation Army – Seattle SeaMar Community Health Centers Seattle Indian Health Board Seattle Jobs Initiative Senior Services Solid Ground Sound Mental Health St. Andrews Housing Group United Way of King County University of Washington Valley Cities Counseling and Consultation Vashon HouseHold Vashon Youth & Family Services Washington Department of Veterans Affairs **Youth Eastside Services** YWCA of Seattle-King County-Snohomish County

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