October 10, 1988
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INTRODUCED BY: AUDREY GRUGER

PROPOSED NO. 88-744

MOTION NO. 7334

A MOTION, adopting program descriptions, stategies, goals and objectives, performance/outcome measures, and evaluation plans of on-going and one-time projects for the Health and Human Services Program.

WHEREAS, Motion No. 7204 adopted funding policies and a 1988-1990 expenditure plan for the Health and Human Services Fund, and

WHEREAS, Ordinance No. 8574 appropriated $989,493 to implement the 1988 portion of the Health and Human Services Programs, and

WHEREAS, Ordinance No. 8574 asked the public health department, the human resources department, and the office of prosecuting attorney, to submit for council review and approval by motion, a detailed program description including problem statements, strategies, goals and objectives, performance/outcome measures, and an evaluation plan for each on-going program funded by the Health and Human Services Program, and

WHEREAS, Ordinance No. 8574 further asked the department of human resources, judicial administration, and the planning and community development division to submit for council review and approval by motion a detailed project description and work program for each one-time planning or evaluation project funded by the Health and Human Services Program, and

WHEREAS, these program descriptions and related information have been submitted for council review and approval and are included in this motion as attachments A-1 through A-12 and B-1 through B-1 and B-5, and

WHEREAS, final council approval of these plans is necessary to proceed with the Health and Human Services Program, and

WHEREAS, portions of the Child Care and Outreach to High Risk Families and Infants program descriptions, which are contained in Attachments A-1 and A-11 respectively, are still being developed and will not be available for final review until February 1989;

NOW, THEREFORE, BE IT MOVED by the Council of King County:

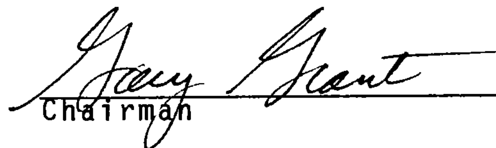
A. The program descriptions and related information contained in Attachments A-2 through A-10, Attachment A-12, and Attachments B-1 through B-5 are hereby adopted.

B. The program descriptions and related information contained in Attachments A-1 and A-11 are hereby adopted on a provisionsl basis pending submission to the council by February 1, 1989 of the complete and final program descriptions for review and approval.

BE IT FURTHER MOVED: All on-going programs funded by the Health and Human Services Program and described in Attachments A-1 through A-12 shall prepare a program performance indicators report for the first six months of 1989 and submit it by September 1, 1989 for council review.

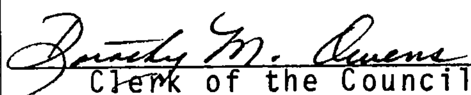
PASSED this 17th day of October, 1988.

KING COUNTY COUNCIL
KING COUNTY, WASHINGTON



Chairman

ATTEST:



Clerk of the Council

Health and Human Services Fund

PROGRAM DESCRIPTIONS

A. Ongoing Health and Human Services Programs

A-1 Child Care Program

A-2 South King County Sexual Assault Center for Children

A-3 Domestic Violence Victim Services

A-4 Domestic Violence Protection Order Advocacy Services

A-5 Teen Parents Project Expansion

A-6 Youth Shelters

A-7 Obstetric Care Practice Start-Up and Community Clinic Obstetrics

A-8 Pediatric Services Expansion

A-9 Child Care Team Expansion

A-10 East King County Teen Pregnancy Prevention Project

A-11 Outreach to High Risk Families and Infants

A-12 Community Clinic Network Support - East and North King County

B. One-Time Health and Human Services Programs

B-1 Minority Needs Assessment

B-2 Domestic Violence Protection Master Plan

B-3 Transitional Housing

B-4 Children and Family Commission

B-5 Health and Human Services Analyst

CHILD CARE PROGRAM
PROGRAM DESCRIPTION AND IMPLEMENTATION PLAN

7334

MISSION STATEMENT

King County has taken the lead responsibility to develop a coalition with the suburban cities, United Way, and other funders which will design and collaboratively fund a system of child care in the balance of the County outside of the City of Seattle. These efforts will be further coordinated through the Human Services Roundtable (HSR) with the City of Seattle and the State Department of Social and Health Services (DSHS) to create a countywide regional system of child care services.

LONG RANGE GOALS

The child care system will have two major goals:

1) To promote the economic self-sufficiency of low-income families and to provide the opportunity for adequate quality care for low-income children.

2) To promote safe, healthy, and nurturing care for all children through a regional network of resources available to families and child care providers.

PROGRAM COMPONENTS

Child Care Subsidies for Low Income Families

The County will provide direct subsidy payments to child care providers who agree to accept low-income children of families participating in the program. County contract monitoring staff will be responsible for recruiting, screening, and contracting with providers. The program will endeavor to recruit a sufficient number of providers to provide parents a reasonable choice in the size and type of program they wish to place their child in. A more open system of allowing parents to select whomever they wish (versus from a preselected list) was examined but was determined, at least in the beginning stages, not to be feasible due to the large number of contractors this method would generate, the additional start-up time, and the cost of adding additional contract monitoring staff which would be required.

General pre-screening for potential health problems of all enrolled children will be conducted by the intake workers and contracted providers. The Health Department, through its Child Care Team, will provide training to contractors in how to conduct pre-screenings. The Child Care Team will follow-up on identified at risk children, providing in-depth health screenings and making referrals as needed. The Health Department and the Child Care Program are now also in the process of examining the potential need for special case management services for children who are identified through the screening process as being at risk and requiring significant Health Department attention and follow-through. If this is determined to be needed, it will be funded out of the Child Care Program's Health and Human Services (HHS) funding.

Planning is now underway for eligibility criteria, provider payment rates, and methods of outreach and intake. This work is being done in conjunction with other current and potential funders of subsidies to both ensure the development of the most simple and non-duplicative system as possible, as well as to encourage other funders to increase their funding commitments.

Regional Resource Network

There appears to be widespread support for funding services which will assist child care providers to improve the quality of their programming and to provide information, referral, and assistance to parents in selecting and participating in child care. Discussions with suburban cities and local citizen planning groups indicate that most jurisdictions expect block grant and other funding applications from potential providers in the coming year. Private and public employers are increasingly recognizing the needs of their employees for information and referral assistance, and are considering funding of these services.

A planning process is now underway which will involve both funders and local advisory planning groups in determining the scope, location, and level of services needed. Potential services which could be jointly funded under discussion include:

a) Information and Referral (I&R) - A countywide system of I&R for parents seeking child care. The Crisis Clinic currently offers this service via contracts with employers to the contracted firm's employees. Some I&R is available to the general public, but access/busy signals is a serious problem due to lack of funding for staff. Funding and the location and method of delivering this service will need to be worked through in the next several months.

b) Parent and Community Education - Educational programs would include such topics as abuse prevention, alternative and positive parenting skills, health, nutrition, child development, choosing quality care, and information on other services available. Many of these topics are already offered through a variety of agencies but no mechanism for their coordination currently exists. Funding to provide adequate availability and accessibility is also under examination.

c) Provider Training - Training programs would be offered to assist providers in improving their program's abilities to effectively deal with the developmental, health, and behavioral needs of their children. Programs will address new idear for more effective curriculums, activities, methods of interaction, and environmental designs. Currently, such training is available through Voc-Techs and community colleges but access is limited by a lack of funding. Brokerage of these services, as well as possibly some direct service provision, could be provided through the Resource Network.

d) Technical Assistance to Providers and Employers - The Resource Network could also provide technical assistance in starting-up and managing child care businesses. Additionally, it could work with employers interested in establishing child care benefits or delivery programs.

e) <u>One-Time-Only Start-Up Grants</u> - Some portion of the 1989 H&HS funding originally budgeted for subsidies and the Resource Centers will not be contracted for due to a later start-up date. These funds will be used to assist with the start-up costs of establishing new services. Additionally, some areas of the County may not have an adequate supply of child care and the County will need to provide funding to establish new providers. For example, one area that has already been identified is the Springwood Gardens King County Housing Authority project. Residents there have expressed a strong desire to establish an on-site program due to the extreme transportation difficulties in that area. Needs assessment work is now underway which will assist the County in developing criteria and priorities for the use of these funds. It is expected that a competitive Request for Proposal (RFP) process will be used to select one-time-only grant recipients.

IMPLEMENTATION PLAN

The following workplan describes the major steps which will implement the long range goals. A status report is given for those steps which have already been completed.

GOAL: PROMOTE THE ECONOMIC SELF-SUFFICIENCY OF LOW-INCOME FAMILIES AND PROVIDE THE OPPORTUNITY FOR DECENT QUALITY CARE FOR LOW-INCOME CHILDREN.

<u>Objective 1: Determine the contractor selection model and related staffing requirements:</u>

Status: A model which utilizes a preselected group of contractors is recommended. At a minimum, one fiscal specialist and one contract monitor will be needed to establish the necessary contracts, payment systems, and contract monitoring required. A consultant has been hired to research models used elsewhere; dependent on the outcome of that study, a determination of what further staff (versus contracted staff) will be required. A final budget breakout within the funds available for 1989 administrative, subsidy and Resource Network costs will be prepared in the first week of November in time for consideration in the Council budget process.

1.1	Obtain Council approval to hire Fiscal Specialist and Contract Monitor.	10/5/88
1.2	Hire consultants to provide planning data on location of highest priority potential clients and service delivery models in use elsewhere.	9/13 - 9/30/88
1.3	Conduct analysis of rate study and develop recommended contractor rate structure.	9/13 - 9/30/88
1.4	Prepare 1989 budget estimates for staffing and subsidy component and deliver to Council.	10/28/88
1.5	Conduct hiring process for Fiscal Specialist and Contract Monitor.	10/15 - 12/15/88

Objective 2: Implement the Subsidy Program.

2.1	Determine the appropriate agencies to conduct the outreach, eligibility, and placement services.	3/31/89
2.2	Design and implement computer-based fiscal and management information systems.	12/15 - 3/31/89
2.3	Recruit, screen, and develop contracts with child care providers.	12/15 - 3/31/89
2.4	Contract with selected providers to conduct outreach, eligibility, and placement of clients.	3/31/89
2.5	Begin placing children into subsidized care.	4/1/89

GOAL: TO PROMOTE SAFE, HEALTHY, AND NURTURING CARE FOR ALL CHILDREN THROUGH A REGIONAL NETWORK OF RESOURCES AVAILABLE TO FAMILIES AND CHILD CARE PROVIDERS.

Objective 1: Develop a mechanism to ensure that all jurisdictions cooperate to fund a cohesive network of service providers.

1.1	Meet with suburban cities, United Way, and King County Community Development Block Grant Program to secure agreement to form a Coalition to develop a uniform funding and selection process for the Resource Network.	9/29/88
1.2	Seek support of elected officials for process at the October HSR meeting.	10/5/88
1.3	Hire marketing consultant to survey and report resource and support needs of parents, providers, and employers.	9/12 - 11/4/88
1.4	The Coalition reviews survey results and develops parameters for local advisory groups input into Resource Network specifications.	11/11/88
1.5	The Coalition finalizes specifications for Resource Network.	12/15/88
1.6	Community Services Division Manager coordinates Resource Network specifications with City of Seattle and DSHS through the HSR Child Care Task Force.	12/15 - 1/30/89
1.7	The Coalition prepares and issues RFP for Resource Network service providers.	2/28/89
1.8	Resource Network providers selected.	3/31/89

Objective 2: Ensure that local communities' needs are addressed during the development of the Resource Network.

Status: The Child Care Program Coordinator has met with already-established local Human Services Planning Councils, child care providers, and other interested organizations and individuals to solicit names for three sub-regional advisory groups. The three areas will generally correspond with the sub-areas as defined by the HSR for the North, South, and East areas of the County. The City of Seattle is responsible for working with citizens within the Central area (defined as within the City limits).

2.1	Convene local advisory groups.	9/30 - 10/30/88
2.2	Review data supplied by marketing consultant and parameters for input provided by the Coalition.	11/15/88
2.3	Provide input to Coalition on local considerations in planning a Resource Network, and any other items as requested by the Coalition.	11/30/88

SOUTH KING COUNTY SEXUAL ASSAULT CENTER FOR CHILDREN
PROGRAM DESCRIPTION

PROBLEM STATEMENT

Awareness of the problems of sexual assault and abuse of children and actions against perpetrators have increased considerably, but the provision of treatment and support services for the victims themselves is still very inadequate. Research shows a high correlation between sexual abuse as a child and later problems of low self-esteem, substance abuse, promiscuity, prostitution, and teen pregnancy and welfare dependency for girls, and low self-esteem, substance abuse, and later violent and abusive behavior for boys.

Children who have been sexually abused need a comprehensive medical evaluation, follow-up, counseling, and advocacy involving the child welfare and legal systems. A number of child and family serving agencies throughout the County provide counseling but are not equipped to provide the comprehensive evaluation and often do not have staff who are well-trained in the area of sexual abuse. The Sexual Assault Center at Harborview and the Eastside Sexual Assault Center for Children are currently the only places providing comprehensive evaluations as well as advocacy, consultation, and training to other providers. Children and families in south King County, where child abuse rates are high, do not have easy access to services. A network of south County agencies have come together to plan for a South King County Sexual Assault Center for Children.

GOALS

To assist children from south King County who have been sexually assaulted or abused to overcome the experience so as not to suffer from continuing low self-esteem and later, related problems of low achievement and abusive or self-destructive behavior.

To assist children from south King County who have been sexually assaulted or abused avoid further victimization.

OBJECTIVES

1. To increase the number/percent of sexually assaulted/abused children from south King County in total and from unincorporated south King County who receive comprehensive services in south King County.

2. To reduce the recurrence of sexual assault/abuse for victims who receive services.

3. To restore/increase the self-esteem of assault/abuse victims who receive services.

4. To strengthen the family unit in order to assist in the child's recovery process.

5. To increase coordination of follow-up and support services provided by other south County providers to children referred by the South King County Sexual Assault Center.

6. To leverage financial support for comprehensive services for sexually assaulted/abused children from other local and state sources.

STRATEGY

The King County Women's Program will be authorized to provide a challenge grant of $40,000 per year in 1989 and 1990 to support the South King County Sexual Assault Center for Children targeted to open June 1, 1989. With this initial commitment, the Center's Advisory Board will seek additional support from municipalities and the State.

PERFORMANCE MEASURES

1. The number of children served in south King County by area of residence, income, age, sex, and race/ethnicity.
2. The number of reports of sexual abuse in south King County.
3. The number of completed referrals to other providers by type and location.
4. Staff training and consultation time to other providers by type and location.
5. The level of service (counseling, assessment, advocacy, and referral/coordination).
6. The amount and proportion of financial contributions from other funding sources.

DOMESTIC VIOLENCE VICTIM SERVICES
PROGRAM DESCRIPTION

PROBLEM STATEMENT

Domestic violence continues to be a major problem in our community. Over recent years, data shows continual increases in domestic violence police reports, criminal filings, requests for civil protection orders, and for requests for community-based services.

Domestic violence leads to physical injuries and death primarily to women and long-term harm to the emotional and social development of children. Research shows a high correlation between domestic violence and later development of violent and other anti-social behaviors in adolescents and later in adults. Domestic violence's generational effect has meant that children who have witnessed violence between adults later become abusers or victims themselves. If intervention in domestic violence does not occur, such violence will continue and research further shows that violence will escalate. Therefore, early intervention and crisis assistance as well as community education are critical in breaking the cycle of domestic violence.

GOAL

To reduce injury and number of deaths caused by domestic violence and to break the cycle of violence and abuse by:

- o helping victims and their children to protect themselves from violence and leave situations of repeated violence and abuse, and to overcome the effects of such violence/abuse; and
- o treating the batterer to prevent repeated violence and abusive behavior.

OBJECTIVES

1. To increase the availability of victims' counseling and shelter services for the unincorporated areas and for ethnic minority and disabled victims, and to stabilize support for the countywide network of community-based domestic violence victims' services.

2. To increase awareness of the impact of domestic violence within ethnic minority and disabled populations.

3. To increase the proportion of domestic violence victims seeking counseling who take successful measures to end dangerous and abusive situations for themselves and their children.

4. To maintain the current availability of court-ordered anger management treatment for indigent batterers from unincorporated King County until state medical programs can be adjusted to provide full coverage.

5. To obtain state medical assistance coverage for court-ordered anger management treatment.

STRATEGY

The Women's Program of the Department of Human Resources (DHR) will contract, as soon as possible after July 1, 1988, with existing domestic violence counseling and shelter providers for enhanced services in the four geographic regions of the County and for enhancement of specialized services for ethnic minority and disabled victims. All services will be available on a countywide basis to help ensure victim confidentiality and safety.

The Women's Program will also contract with Harborview Mental Health Center effective July 1988 to provide structured, time-limited anger management treatment for indigent batterers who are ordered into treatment by the courts and who are from unincorporated King County. The Department of Human Resources and County lobbying staff will work to obtain full state medical assistance coverage for indigent, court-ordered batterers as soon as possible but no later than the end of 1990.

MEASUREMENT OF RESULTS/OUTCOMES

1. Client demographics -- area and jurisdiction of residence, race, disabling conditions, age, and numbers and ages of children.

2. The costs of service and levels of support from various revenue sources.

3. Presenting problems, kind and levels of need, levels and kinds of services provided, and case dispositions for counseling and shelter clients.

4. The numbers of batterers ordered to anger management treatment, the results of follow-up studies, eligibility for state medical assistance programs, and the level of uncompensated care for working poor on a sliding scale.

DOMESTIC VIOLENCE PROTECTION ORDER ADVOCACY SERVICES
PROGRAM DESCRIPTION

PROBLEM STATEMENT

Domestic violence continues to be a major problem in our community. With the enactment of the Domestic Violence Prevention Act, the Washington Legislature made clear its intent to make effective legal protection easily accessible to current, or potential, victims of domestic violence. This Act provided for the procurement and enforcement of "orders for protection" without the need for an attorney, at little or no cost, easily available, and enforceable through criminal or civil procedures.

Domestic violence leads to physical injury, severe psychological damage, and all too often the victim's death. Children raised in a violent atmosphere often become abusers or victims themselves, and certainly sustain serious emotional damage. Orders for protection provide a means by which an individual may obtain a tool for ending the violence. The number of petitioners continues to grow, and many are emotionally distraught, illiterate, or non-English speaking. Assistance is often needed for the petitioner to fill out the necessary forms, and to find community resources to help with the myriad needs of families in crisis.

GOAL

To reduce injury and number of deaths caused by domestic violence, and to break the cycle of violence and abuse by:

helping victims and their children protect themselves from violence by obtaining orders for protection; and

providing appropriate crisis intervention and referral to other agencies and community-based programs to assist victims and their children in receiving other needed services.

OBJECTIVES

1. To increase the number of completed petitions for orders for protection, increasing the number of both temporary and permanent orders issued.

2. To increase awareness in the community of the availability and usefulness of orders for protection.

3. To increase the number of domestic violence victims referred to community support groups and counseling to enable them to end dangerous and abusive situations for themselves and their children.

STRATEGY

The Victim Assistance Unit (VAU) of the Prosecutor's Office will add two protection order advocates to its staff as of September 16, 1988. These advocates will be located on the east side of the second floor of the courthouse.

MEASUREMENT OF RESULTS/OUTCOMES

1. The numbers of domestic violence victims seeking and receiving protection orders*, nature of violence and abuse, number of referrals to other services, numbers of petitioners with other pending legal actions (civil or criminal), and number of petitioners and respondents represented by attorneys at permanent protection order hearings.

2. Client demographics: area and jurisdiction of residence; race; disabling conditions; age; and numbers and ages of children.

*This data will be kept on all victims. The remaining items listed here will only be collected on the victims who receive full advocacy services. There are two other service categories for tracking: limited services and unserved.

TEEN PARENTS PROJECT EXPANSION
PROGRAM DESCRIPTION

PROBLEM STATEMENT

The rate of births to teen mothers has declined slightly in King County from 26 of 1,000 births in 1980 to 25 of 1,000 births in 1986. However, the actual number of teen parents has not decreased. From data compiled by the Seattle-King County Health Department Family Planning Program, in 1986 there were an estimated 2,449 teen-age mothers and 1,204 teen-age fathers in King County. Three-thousand-twenty-three children were being parented by teen parents in 1986. An estimated 60 percent of teen parents live in King County outside the City of Seattle.

Teen birth rates continue to be much higher in this country than in other economically advanced countries. Canada, for example, has less than half the teen birth rate as in the United States.

Children born to low-income teens have the highest incidence of early health and developmental problems and the greatest risk for abuse and neglect. The children of teen parents are the most likely to become less than adequate teen parents themselves, thus creating a cycle of poverty, neglect, and abuse. The majority of teen mothers are victims of abuse and also had teen mothers themselves.

Health education and birth control measures are helping to reduce the rate of teen pregnancies and births, but have the least effect on low-income teens who have less to look forward to and often see having a baby as their only chance to "escape" their life situations.

GOALS

- To demonstrate the effectiveness of a comprehensive services model designed to break the poverty cycle for teen parents and their children. The project provides the training and support necessary for the parents to become self-sufficient as breadwinners and successful as parents.
- To obtain the community and state support necessary to continue the program after 1990.

OBJECTIVES

1. To increase the number of teen parents from all of King County outside the City of Seattle, including unincorporated King County, who are receiving comprehensive services.
2. To significantly increase educational retention and completion rates for enrolled versus non-enrolled teen parents.
3. To have at least 52 percent of participating parents placed in unsubsidized employment.

4. To have at least 75 percent of those who are placed in unsubsidized jobs earn a monthly wage of at least 135 percent of the Public Assistance grant plus food stamps that they are receiving or would receive based on family size and number of dependents. This is the current goal of Washington State's Family Independence Program.

5. To have at least 25 percent of all participating parents (in addition to those who terminate the program placed in unsubsidized jobs) make substantial progress toward economic self-sufficiency while on the program as measured by one or more of the following:

   a. Enter and advance in vocational skills training.
   b. Return to high school or GED program from a dropout status.
   c. Complete high school, attain a GED or remain in school and make satisfactory progress.
   d. End dependency on public assistance or avoid going on public assistance (e.g., partner attains economic self-sufficiency through program participation).
   e. Attainment of work maturity and/or occupational skills competency through pre-employment training and on-site subsidized training.

6. To increase self-esteem of participating parents.

7. To obtain quality child care necessary for parents to complete training and to work, and for their children to grow and develop in a healthy manner.

8. To increase the parenting skills and abilities of at least 90 percent of participating youth which will lead to a decrease in the incidence of child abuse and enhance the well-being of children.

9. To increase life skills and coping skills through individual counseling, peer support groups, and classes dealing with issues such as health, alcohol/substance abuse, anger management, and budgeting.

10. To obtain support from schools, community organizations and groups, administrators, and legislators for incorporation of a comprehensive approach to teen parents into the State Family Independence Program by the end of 1990.

STRATEGY

Expand the small Private Industry Council-funded demonstration program coordinated by the King County Work Training Program in the Auburn and Highline School Districts. This expansion will increase the overall impact in the original districts and include additional districts in the County outside the City of Seattle. The current program services about 30 teen-age families at any one time with one case manager split between the sites. The expansion will add 90 slots - 30 slots to increase each of the two existing sites to 30, with a full-time case manager for each, 30 slots for an additional site in Renton, and 30 slots for split sites in Shoreline and Bellevue.

Programs at each site are coordinated with the school districts' teen parent education programs and include counseling and health services purchased from the local Youth Service Bureaus and the Health Department. In addition, the King County Cooperative Extension Service provides homemaker training. The school district provides parenting training and child care in addition to academic courses. The Work Training Program Counselor/Caseworkers do outreach and provide employment and training-related services including pre-employment and skills training, placement, and support services. Work Training Program Counselor/Caseworkers also provide overall case management and coordinate the delivery of comprehensive services.

Teen parents participate and will receive comprehensive services for up to 18 months. They will be tracked and continue to receive some program support for at least one year after program termination.

MEASUREMENT OF PERFORMANCE

1. Number of parents served and demographics of parents and children served including areas of residence (incorporated versus unincorporated), age, race, income source and level, etc.

2. The percentage of participants who continue in education, complete high school, or obtain a GED under the auspices of the program in the district as compared with teen parents who are not enrolled.

3. Percentage of participants placed and working, and percentage of these retained in employment of a least three months and at one year after placement.

4. Percentage of parents earning at least 135 percent of the Public Assistance grant plus food stamps that teen parents receive or would receive based on family size and number of dependents.

5. The percentage of participating teens who end their dependence on public assistance or avoid going on public assistance.

6. Pre- and post-measures of self-esteem. (Measures are in the process of being determined.)

7. Percentage of child care days spent in care rated adequate or better by the King County Child Care Program, by the Work Training Program Case Manager, or by the Public Health Nurse.

8. Percentage of participating parents completing parenting training.

9. Development of a plan for program support at the community and state level, and the number of supporting groups who make commitments for support beyond 1990.

YOUTH SHELTERS
PROGRAM DESCRIPTION

PROBLEM STATEMENT

There is currently only one shelter for homeless/runaway youth in the County outside of Seattle and no shelter services designed for minority youth. Homeless/runaway youth, therefore, tend to migrate to the streets of downtown Seattle, the University District, or the big Highway 99 strips north and south of Seattle where they quickly become involved in substance abuse, prostitution, and other self-destructive and illegal behavior. A study done through the Orion Center indicated that 56 percent of Seattle street youth come from outlying King County.

GOAL

To retain homeless youth in their natural communities, prevent them from becoming part of the "street kid" culture, and return them to their families or other appropriate living arrangements in their home community.

OBJECTIVES

1. To help develop new, small, group home-style shelters in south and northeast King County and specialized, countywide shelter services for minority youth to augment existing shelters in Issaquah and Seattle.

2. To increase the numbers of homeless/runaway youth sheltered in or near their home community or by their ethnic community.

3. To return a large majority of sheltered youth to a stable and appropriate living arrangement with their families, if possible, or otherwise within their home community or ethnic group.

4. To increase support for youth shelters from other local jurisdictions and local and state funding sources.

STRATEGY

The King County Youth Service Bureau Program will provide challenge or matching grants of $50,000 each for a shelter in south King County, another in northeast King County, and a minority shelter or set of alternative shelter services which will probably be located in Seattle. The south County grant will match other local commitments already made for operational funds for a shelter in Auburn.

MEASUREMENT OF RESULTS/OUTCOMES

1. The number and type of shelters developed.

2. The number of youth served in specific shelters in King County and units of service.

3. Demographic data -- age, area of residence including unincorporated versus incorporated, school grade completion, and race.

4. Client needs data -- reasons for needing shelter and service needs to return to or attain a stable living situation.

5. The proportion of youth served returned to stable living arrangements and type of arrangement (with family or other).

6. The amount and sources of revenue supporting new and existing youth shelter services.

OBSTETRIC CARE PRACTICE START-UP AND COMMUNITY CLINIC OBSTETRICS (OB) SERVICES PROGRAM DESCRIPTION

PROBLEM STATEMENT

In South King County there are not enough obstetricians to provide direct care for women, particularly low income women, needing those specialized services and to provide back-up to family practice physicians when they care for low risk OB patients. This is a major contributing factor to the fact that in 1987 over 50% of the South King County residents who had babies went out of their local area to deliver.

GOALS

Improve pregnancy outcomes of low income pregnant women in South King County by increasing the availability of early prenatal care and hospital delivery services.

OBJECTIVES

1. Expand network of prenatal and delivery services for low income women in South King County.
2. Increase the percentage of South King County low income women delivering in South County hospitals.
3. Increase the number of low income South King County women receiving prenatal care in the first or second trimester of pregnancy.

STRATEGY

The Health Department, in cooperation with the City of Auburn, South County Community Clinic, and the private medical community will recruit a new private OB provider into the Auburn area to join a private OB partnership. The $60,000 proposed would contract for half of the provider's time during the first year of practice, and cover the malpractice insurance costs as additional incentive to locate in the area. This would allow the provider to develop a full-time practice gradually, while providing prenatal and delivery care to 80 low income patients being case managed by the Maternity Screening Program. The physician will also provide OB back-up for up to four family practice physicians working in the South County Community Clinic, for 30-35 deliveries per practitioner.

The Health Department will contract for prenatal and delivery services from the South County Community Clinic, operated by Community Health Centers of King County, for low income pregnant women being case-managed by the Health Department's Maternity Screening Program. The $24,500 designated for October-December 1988, and the $40,000 designated for 1989 will provide service to

approximately 20 women in 1988 and 60 in 1989. For 1990, $42,000 has been designated for this purpose. The community clinic is setting up a practice in which four family practice physicians will provide annually 30-35 deliveries per practitioner, with OB back-up from communmity obstetricians.

PERFORMANCE MEASURES

1. Number of women entering prenatal care provided by private OB provider and South Community Clinic practice. (1988-1989-1990)

2. Client demographic data for women entering prenatal care provided by private OB provider or South County Community Clinic (by age, income, race, unincorporated vs. incorporated area resident) for 1988-1989-1990.

3. Change in number and percentage of women in Maternity Screening Program who deliver in South County hospitals.

4. Increase the number and percentage of South Community women receiving prenatal care in first or second trimester of pregnancy.

5. Continued commitment of OB provider to serve low income patients following the start-up period, as measured by low income patient load referred from Maternity Screening Program, and by continued back-up for community clinic family practitioners.

6. Description of increases in funding support for prenatal and delivery services in South King County, and other services network expansions that have resulted from the strategies.

HEALTH DEPARTMENT PEDIATRIC SERVICES EXPANSION
PROGRAM DESCRIPTION

PROBLEM STATEMENT

The demand for pediatric services delivered by the Health Department clinics has grown tremendously over the last several years, such that waiting times for well child physical exams range from three weeks to three months. Further, an average of five sick children per day are turned away from each district office. The waiting time for physical exams, which may be cancelled in order to see a sick child on an emergency basis, is particularly distressing because the majority of those exams uncover a health problem needing further attention. This compromises the primary public health mission of pediatrics, which is prevention through well-child care, prompt treatment of childhood illnesses, and education. With the growth in working poor families who lack medical insurance, and the decrease in community providers who will accept Medicaid or partial-pay patients, an increasing number of low income families have come to depend upon the Health Department and community clinic system as a regular source of medical care.

Satellite clinics, which are staffed by nurse practitioners in underserved areas of the County, are also seeing a higher proportion of sick children. Many of these children require referral to physicians for further examination, consultation, treatment, or to obtain hospital-based services. Lack of physician support at the satellites, transportation problems, and low income status of patients, result in a high rate of failure to obtain needed physician services, even when referrals are made.

Finally, the provider mix at Health Department clinics and satellites has resulted in an inefficient use of physician and nursing time, which has limited the ability to respond to the increased demand for well-child and sick-child services. For example, lack of clerical support has resulted in nurses or other providers doing scheduling, fee collection, and medical records work. Lack of nursing support has severely limited the educational aspects of pediatric visits, and again, has resulted in the more expensive physicians and nurse practitioners doing tasks more appropriate to an RN.

GOAL

Improve the health status of low income County children by the increased availability of immunizations, routine well-child care, and prompt treatment of minor illnesses, to prevent the development of major illness, chronic health problems, and handicapping conditions.

OBJECTIVES

1. Reduce the waiting time for well-child visits at Health Department clinics.

2. Increase the number of well-child and sick-child visits to pediatric patients, and increase the number of unduplicated patients served, particularly unincorporated area residents.

3. Reduce the number of sick children referred elsewhere for care, as measured periodically by number of telephone and walk-in requests which are turned away.

STRATEGY

The Health Department will add physician, registered nurse, and clerical staff time at the Southeast, East, and South Health Districts to provide additional well-child and sick-child visits at main and satellite clinic locations.

East District - The Health Department will add .5 FTE Physician (MD), .5 FTE Registered Nurse (RN), and .5 FTE Administrative Specialist I (ASI) in the East District. The .5 FTE MD will provide physician coverage at the Carnation, Snoqualmie, and Kirkland satellite clinics, and will visit newborns at Evergreen Hospital, as part of the Maternal Care Program. The .5 FTE RN will work with existing providers at the East District Health Center Clinic. The .5 FTE ASI will work at both the East District Health Center and satellite clinics.

Southeast District - The Department will add .5 FTE MD, 1.25 FTE RN, and 1 FTE ASI in the Southeast District. The MD time will provide physician coverage at the Springwood Housing Project satellite clinic, which operates two days/week. The RN time will be used to suport providers at the Southeast District Health Center Clinic, and to support the Nurse Practitioner staffing the Maple Valley satellite clinic two days/week. The ASI will primarily work at the Southeast District Health Center and assist with satellite clinics.

South District - The Department will add .25 FTE MD, 1.25 FTE RN, and 1 FTE ASI in the South Health District. The MD will provide physician coverage at the Federal Way satellite clinic, which operates 2.5 days/week. Of the RN time, .5 FTE will be assigned to the Federal Way Clinic to do immunizations, a service formerly provided by the South County Multiservice Center. The remaining .75 FTE will work at the South District Health Center to support providers, and allow them to direct their time more effectively given their expertise. The ASI will work at the Federal Way satellite where there is no clerical support, and at the South District Health Center supporting existing providers.

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PERFORMANCE MEASURES

1. Sick-child visits, well-child visits, and total visits by location for East, South, Southeast Service Center Clinics.

2. Unduplicated pediatric client demographic data for each district (age, race, sex, income level).

3. Number of visits provided to unincorporated vs. incorporated County residents.

4. Immunization visits at Federal Way satellite.

5. Average visits provided per FTE (Nurse Practitioner or MD) for each district.

6. Change in waiting time for well-child appointment at each district (estimated).

7. Estimate of sick children referred elsewhere for care at each district (i.e. on any given day, tallied periodically).

HEALTH DEPARTMENT CHILD CARE TEAM EXPANSION
PROGRAM DESCRIPTION

PROBLEM STATEMENT

It is estimated that 45,000 children under age six are in child care facilities outside the City of Seattle, and that 16,000 of them are in licensed facilities. Growth in the number of children placed in child care presents both health risks and opportunities. Poor sanitation, lack of knowledge about disease control, and the sheer number of children in close contact, particularly in large centers, contribute to outbreaks of communicable diseases in child care facilities. Unbalanced meals, prepared by staff or sent by parents, may cause serious growth and development problems, since children may consume two-thirds of their meals in child care settings.

On the positive side, the grouping of infants and young children provide an opportunity for trained staff, who are with the children several hours per day, to identify growth, development, health, and behavior problems that need treatment. Child care centers can also provide a central location for education of children and parents.

The Health Department's Child Care Team (County Division) has responsibility for all licensed facilities outside Seattle. At centers or homes not previously visited, Public Health Nurses inform operators about available Health Department services, assess the health, safety, and nutrition practices of the facility, and develop an appropriate service plan. Operator and staff training is provided in disease/accident prevention, child growth and development, and identification of growth and development problems in children.

The demand for service outstrips the abilities of the present team to respond. The largest centers are visited an average of 2.5 times/year, which is inadequate to deal with high staff turnover, limited staff training, and a higher incidence of communicable diseases. The focus on child care homes and mini-centers has been limited, both because of resources and difficulties faced by child care operators in attending daytime training. First Aid training for child care providers has been a frequently requested, but unprovided, service. Finally, there is a critical need, from a health and safety standpoint, to reach unlicensed child care providers.

GOAL

Promote a safe, healthy, nurturing environment in child care facilities outside Seattle, through the identification of hazardous or unhealthy practices employed in the facilities, and through education of providers. Promote early identification, by child care providers and parents, of health, growth, development, and behavior problems of children in child care, so that those problems may be targeted.

OBJECTIVES

1. Increase the average number of annual visits by the Child Care Screening team to child care centers (13-325 children) and mini-centers (7-12 children), from 2.5 visits annually to 4-6 visits annually.

2. Develop and implement a First Aid training program for child care providers, which would meet one of the training requirements for state licensure.

3. Visit licensed child care homes (1-6 children) which have not yet received a visit from the Child Care Screening team, for the purpose of introducing the services offered and assessing whether practices in the home warrant a subsequent follow-up visit.

4. Increase and improve access by child care providers to training opportunities and educational materials.

5. Increase the number of health assessments performed.

STRATEGY

The Health Department will add 2 FTE Public Health Nurses, .5 FTE Registered Nurse, .5 FTE Nutritionist, and .5 FTE Administrative Support Assistant to its Child Care Screening Team. Expansion of the team will increase the number of initial, and particularly follow-up, visits which the team will be able to provide to child care centers and homes located outside Seattle. Particular emphasis will be placed on visiting centers and mini-centers 4-6 times per year. A secondary, but still important, emphasis will be put on visiting child care homes that have not yet been informed of Health Department services. With the additional staff, the team also plans to expand off-hour training opportunities for child care providers, to improve accessibility. New services added will include First Aid training for child care operators and staff, development of a training materials lending library, and additional child nutrition and menu development assistance.

PERFORMANCE MEASURES

1. Number of facilities visited (homes, mini-centers, centers). Of these, the number that were visited for the first time.

2. Number of facilities visits (homes, mini-centers, centers).

3. Average annual visits to mini-centers and centers, and narrative describing observed outcomes from the increase in visits.

4. Unincorporated vs. incorporated County units of service (by facility location).

5. Number of education groups, and number of individuals in groups (parents/child care staff, children). Include narrative about type of education provided.

6. Number of First Aid training sessions and individuals attending.

7. Number of health screenings and assessments. Include any available information on types of problems identified, outcomes for screened children.

8. Compare the disease control data collected by the Communicable Disease Program with visitation data, to determine, if possible, if there exists any reduction in the spread of disease in child care centers, or if the data are useful in targeting services.

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EAST KING COUNTY TEEN PREGNANCY PREVENTION PROJECT
PROGRAM DESCRIPTION

PROBLEM STATEMENT

Even for teens who wish to become parents, there are significant emotional, social, and economic burdens placed on adolescent parents, which may put them in need of support, impact their ability to adequately parent, and impair their transition into healthy, productive adulthood. Children of teen parents are at higher risk for growth and development problems, abuse and neglect, and to become teen parents themselves. Teen pregnancy may have major health consequences for mother and child, including higher rates of maternal complications, prematurity and low birthweights in the children.

Although the teen fertility rate (live births per 1000 women ages 15-19) in King County has generally declined between 1980 and 1985, there are areas of the County in which it has remained high. These areas include East County and Carnation. In addition Shoreline, Northshore, Redmond, and East Bellevue have high numbers of teen births.

The needs assessment portion of the Health and Human Services plan identified sexuality education, development of an awareness of the problems of teen pregnancy in various communities, and the need to coordinate, promote, and improve access to services to pregnant and parenting teens as gaps in service.

GOAL

Over time, reduce the teen pregnancy rates in East and North King County, and develop more accessible, effective support services to pregnant and parenting teens.

OBJECTIVES

1. Develop awareness in targeted North and East King County communities regarding the extent and impact of teen pregnancy and parenthood.

2. Develop and implement education programs on teen pregnancy and parenthood, for parents, teachers, youth-serving professionals, and youth in and out of school.

3. Identify existing schools, agencies, and organizations in East and North King County which deal with teen pregnancy or parenthood. Assess the strengths and gaps in service, and facilitate information and resource sharing among these groups.

4. Promote the dedication of new community resources to teen pregnancy prevention activities and/or for services to pregnant and parenting teens.

STRATEGY

The Health Department will add 1 FTE Health Educator to work in the East Health District, which covers East King County north of Renton, as well as the area between Seattle and Snohomish County. The Health Educator will perform a needs assessment to determine priorities for service in individual communities, based upon teen pregnancy rates and need for resource development. The Health Educator will draw upon the expertise and advice of the East County Teen Pregnancy Task Force in this task. Initially the Health Educator will develop material on the incidence of teen pregnancy and parenthood in the target areas, and develop a familiarity with the services and providers in those communities. Subsequent activities will include provision of direct education in schools; presentations to community parents and professionals; development of a wider pool of adults capable of providing quality information about teen pregnancy, parenting, and sexuality; development of a project advisory committee; and participation in joint planning with other service providers.

PERFORMANCE MEASURES

1. Education/training sessions provided to parents, teachers, youth-serving professionals. (Number of presentations, number attending, locations, subjects).

2. Other consultations with community professionals. (Quantify and describe.)

3. Direct education presentations to community youth. (Number of presentations, number attending, locations, subjects.)

4. Description of technical assistance provided to community groups through this project.

5. Narrative description of additional community resources dedicated to teen pregnancy prevention or teen parenting services, joint planning activities, reduction of service gaps or duplication, that followed the inception of the project.

OUTREACH TO HIGH RISK FAMILIES AND INFANTS PROGRAM DESCRIPTION

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PROBLEM STATEMENT

The County Division of the Health Department provides public health nursing services, primarily through home visits, through several of its programs. Services include assessment of the home environment, evaluation of interaction between family members, counseling, parenting, health education, and resource referral.

The Department has attempted to focus its efforts on families at high risk for child abuse: women with high risk pregnancies, pregnant or parenting teens, families with premature babies, families with chronically ill or handicapped children, and developmentally delayed parents. A major purpose of these visits is to provide early assessment, education, support, and connection with needed resources to prevent child abuse or neglect. Another important function is to provide parenting education about child health, growth and development, nutrition, and safety to promote the healthy development of the children.

Increasingly, the Department has found its nursing resources consumed by families with which there have already been a suspicion or complaint of child abuse/neglect, leaving few resources to focus on prevention in families at risk, but not abusing their children. Further, the nurses are having to deal with more multi-problem families, frequently in which a parent has a serious drug/alcohol problem, mental health problem, or other social problem that may affect the healthy growth and development of the children. As a consequence, the public health nurses are doing a lot of work that could be done more appropriately by a trained social worker, and which reduces their available time to focus on health assessment, nutrition, and parenting education.

The Health Department has identified as a goal, the provision of service to all high-risk referrals, and assessment of medium-risk referrals to determine the need for ongoing service. A majority of the Department's referrals are for new births, which is a critical time for the preventive services delivered by public health nurses. Present resources are insufficient to meet that goal.

GOAL

Reduce the incidence of child abuse and neglect among high-risk families, and improve the health status of children served, through the promotion of healthy parent-child relationships and the connection of families to needed health and social services.

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OBJECTIVES

1. Increase visits to high-risk families served by the Public Health Nurse/Social Worker teams, and increase the number who receive more than a single visit or phone call.

2. Develop and implement coordinated service plans for families assigned to the team caseloads.

3. Provide and/or arrange culturally appropriate services, when needed.

4. Identify common services provided among families served, particularly those who are geographically isolated, culturally isolated, or live in low income communities or public housing projects. Work with other social service agencies to improve and coordinate service delivery.

STRATEGY

The Health Department will add 3 FTE Social Workers to form multidisciplinary teams with Public Health Nurses at the four County Health District Offices. The primary purpose is to address the non-health-related problems of high-risk families, which affect the healthy growth and development of the children in the family. The Department will also add 2 FTE Administrative Specialists to provide clerical support to existing and new staff.

Many of the families most in need of assistance from the Health Department are last able to help themselves, due to intangible barriers that are beyond their ability to control. These include language and cultural barriers that refugee and minority populations experience, and education and employment difficulties that minority and low income clients may face. The social worker's focus on system changes are intended to assist Health Department staff and clients identify such barriers to service, and to identify methods and resources to enable clients to overcome those barriers.

Initially in 1988 and early 1989, specific models will be developed for integrating the social workers into the case management of families. Appropriate caseload levels will be determined, and a team approach to both field and clinical activities involving the social worker will be established. By February 1, 1989 following the development of specific operating protocols, the Department will submit, for Council approval, a revision to this program description that contains a strategy section addressing the following points:

- Description of the working relationship between the social workers and public health nurses.

- Description of the activities to be performed by the social workers.

- Description of the broad goals/objectives that will be set for families on the public health nurse/social worker team caseload.

- Description of how efforts will be focused on target populations, as identified above.

PERFORMANCE MEASURES

1. Number of families served annually by public health nurse/social worker team.

2. Client demographic data (income, race, unincorporated vs. incorporated area resident, whether part of specific target group as identified above).

3. Average caseload maintained by each public health nurse/social worker team.

4. For families on the team caseload, what were the service needs, services provided, and disposition of the case? Average length of time on caseload?

5. Description of the impact of social workers on the effective utilization of the public health nurses?

6. Description of the service improvement or coordination activities resulting from the multidisciplinay approach.

7. Description of how and when culturally appropriate services were provided.

COMMUNITY CLINIC NETWORK SUPPORT - EAST AND NORTH KING COUNTY
PROGRAM DESCRIPTION

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PROBLEM STATEMENT

Health care for low income individuals, particularly outside Seattle, was one of the most frequently cited needs in recent health and human services planning documents. The Health Department's East District Planning Committee identified the need to expand service and improve access to health care in Bothell/Woodinville and the Snoqualmie Valley. A 1987 study by North King County social service agencies also identified the Shoreline, Kenmore, and Northshore areas where low income individuals were medically underserved.

The community clinic system functions as the "family doctor" for low income individuals and families that lack other medical resources. The Washington State Health Care Project estimated in 1985 that 12% of King County's population lacked medical insurance, and that half of that number had incomes below 200% of the federal poverty level. The majority of patients served by the community clinic system are children and young families, virtually all of whom are low income. Yet only four full-time and two part-time clinics are located outside of Seattle. Distance and transportation problems make travel to what few community clinics exist outside Seattle difficult.

GOALS

Encourage the regular use of preventive health care, and reduce the failure to seek needed health care and the reliance on emergency care, by improving the availability of primary medical, dental, and obstetrical services for low income County residents who reside outside Seattle, particularly in unincorporated King County.

OBJECTIVES

1. Increase the number of primary medical care visits provided to County residents living outside Seattle, particularly those living in the unincorporated areas of North and East King County.

2. Remove barriers to health care access by providing additional community clinic locations, and/or by providing outreach to bring children and young families and health care services together.

3. Encourage the development of broad-based funding support of the community clinic system in the balance of King County.

STRATEGY

The Health and Human Services Plan dedicates $25,000 in 1988, $75,000 in 1989, and $78,750 in 1990 to support the operation of a new Bothell/Woodinville community clinic, scheduled to open in September 1988. The Health Department will contract with Community Health Centers of King County, the clinic operator, for a number of primary medical care visits for low income County residents who live outside Seattle.

The community clinic will be staffed by a part-time physician and full-time family nurse practitioner in 1988, and a full-time physician and full-time family nurse practitioner by mid-1989. Night and weekend support will be provided by Eastside Community Clinic providers. Evergreen Hospital will help provide access to laboratory, x-ray, emergency, and inpatient care, as needed.

The Health and Human Services Plan dedicates $10,000 in 1988, $20,000 in 1989, and $21,500 in 1990 to provide primary health care services to low income residents of the Shoreline area of unincorporated King County. The Health Department will contract with the 45th Street Clinic for a number of primary care visits to be provided to low income County residents who reside outside Seattle.

Until such time as the 45th Street Clinic opens its Shoreline satellite clinic, which will initially be open three days per week, the clinic will expand its outreach efforts to bring unincorporated area residents to the main clinic for service. Once opened, the satellite will provide primary medical care, obstetrical care, and referrals to specialty care at Pacific Medical Center and area hospitals. Children's dental services will be provided at the 45th Street Clinic.

PERFORMANCE MEASURES

1. Compliance with Health Department contracts and operating standards.

2. Total visits provided by each site, number of CX-reimbursable visits provided at each site. (Until Shoreline satellite opens, track change in total visits and CX-reimbursable vists at 45th Street Clinic).

3. Unduplicated client demograhpic data (age, race, sex, income, incorporated vs. unincorporated County) for each site in 1988, 1989, and 1990.

4. Description of outreach efforts undertaken by the 45th Street Clinic to increase service to Shoreline residents and assessment of success.

5. Clinic funding from all funding sources (1988, 1989, and 1990 clinic budgets).

MINORITY NEEDS ASSESSMENT

One Time Health and Human Services Project

Problem Statement

It 's widely recognized that the human services needs of the county's ethnic/racial minority populations are acute and in many cases disproportionately greater in comparison to the community at large. At the same time there is no plan in place to address these needs in a comprehensive manner. A major impediment to developing a comprehensive approach is a lack of information with sufficient detail to assess the human service needs of diverse minority communities and the cultural sensitivities which accompany their needs.

Goal

The County recognizes that the needs of ethnic minorities are not sufficiently understood or accounted for in the normal health and human service planning process. Consequently a comprehensive assessment of the needs of ethnic minorities will be conducted by a consultant between January and July 1989. Special attention will be given to the cultural issues and concerns of minorities.
The goal of this project is to replace a compartmentalized view of minority issues with a more global and integrated perspective of the minority needs that exist in King County, and to ensure that the information is useable to policymakers and program administrators.

Objective

To ensure that the goal of the minority needs assessment is realized and that the project is conducted in a manner useful to the major ethnic/racial minority groups as well as health and human service administrators, an advisory committee has been appointed pursuant to the Council's appropriation ordinance. The advisory committee will assist the Department of Human Resources in the development of the Request for Proposal and assist in overseeing the conduct of the study.

Strategy

- Program Description

  A consultant will be retained to gather information on various minority communities in King County which demonstrate the "condition" of these populations relative to each other and relative to non-minority populations. The project is expected to convey information about what is and is not working to address the needs of racial minorities as compared to non-minorities. The consultant is expected to acquire and organize data which can be used for policy development and program planning purposes relative to addressing unmet needs of many racial minorities. At a minimum, data will be disaggregated by the following categories: Asian, Hispanic-Latino, Black, Native American, Immigrants and Refugees. In addition, areas of need pursuant to the above population groups will include the following: education, economic, health, disabilities, substance abuse, crime, domestic violence, housing, growth rates and services delivery systems.

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- Work Plan

  The project advisory committee was assembled on September 7, 1988. The committee, in cooperation with the Department of Human Resources (DHR) has started to develop the Scope of Work and Statement of Qualifications in order to initiate the solicitation process by late October 1988. DHR and the advisory committee will jointly review proposals from respondents and interview and select the final candidate by early December 1988. The selected consultant will begin work on the projct by mid-January 1989 and will be expected to finish the project by July 31, 1989. The consultant will be expected to provide interim work products prior to the issuance of a final report. Interim work products and the final report will be jointly reviewed by DHR and the advisory committee to ensure that the outcomes of the project are mutually acceptable and to ensure that the requirements of the appropriation ordinance are met.

DOMESTIC VIOLENCE PROTECTION MASTER PLAN

PROJECT DESCRIPTION

The reported incidence of domestic violence has escalated in the last ten years. As our communities have become more aware of the problem, it has become clear that we do not have a coordinated system to address it. This project funds the development of a master plan to integrate the legal system and the treatment system to assure this problem is being addressed in an effective manner. It is anticipated a series of recommendations to accomplish this goal will be presented for consideration.

PROJECT WORKPLAN

Work has begun on the County-wide Domestic Violence Protection Master Plan. Laurie Powers was hired on July 1, 1988, to spearhead this effort for the Department of Judicial Administration. Ms. Powers has been active in the Domestic Violence protection arena for several years, as the Domestic Violence Protection Coordinator in the Department of Judicial Administration through December 31, 1987, via a grant from IOLTA (via Settle-King County Bar Association). She has formed an advisory board, made up of representatives from throughout the Domestic Violence community, including shelter and abuser groups, district and superior courts, law enforcement, and legal agencies to assure that all elements are included in the plan.

The final report will describe King County's Domestic Violence protection needs, the organization for Domestic Violence protection services in the County and recommended changes to the current system to achieve the best organization and delivery for those services. The report will address the County's needs for the long term (i.e., 5-10 years). The final report will be submitted in mid-December 1988.

TRANSITIONAL HOUSING MATCHING FUNDS FOR FAMILIES
Program Description, Policies, and Selection Criteria

Program Description

The King County Council appropriated $65,000 for allocation in 1988 to stimulate more transitional housing for low-income families. Of this amount $60,000 is earmarked as matching funds for transitional housing for families and teen mothers (acquisition and rehab of existing housing is viewed as the most cost effective alternative) and $5,000 is earmarked for predevelopment costs (option/earnest money, appraisal fees, engineering reports needed to quantify building repairs needed, etc.). If no applications for predevelopment costs are funded, the entire amount will be allocated as matching funds. A request for proposals will be circulated during the month of September with a deadline of September 30, 1988. A complete timeline is attached. The contact person for this program is Kim von Henkle, Housing Planner in the Housing and Economic Development Section, 707 Smith Tower Building, 506 Second Avenue, Seattle, WA 98104; telephone 296-8647.

The Need for Transitional Housing

Housing the homeless, especially families with children remains a pressing community need. King County has funded 35 shelter units for families with children, but there is a scarcity of places for people to live after their three-week stay in emergency shelter. Homeless families and teen mothers need transitional housing after their initial stay in emergency shelter. Transitional housing is low-cost housing available for 3 to 18 months, which allow the families to learn new job skills, obtain health care and personal survival/coping and parenting skills, better preparing them for independent living. Currently King County supports six units in Kent for about two years of use, and four units will come on line this year in the north end.

Emergency shelters generally only allow families to stay for three weeks at a time, and shelter providers report that families/mothers who attempt to make it on their own after a short period of time in the shelter system very often return within the year. Transitional housing with strong case management and follow-up services can break the cycle of dependency and allow people to live more independent lives.

The Need for Predevelopment Funds

Most federal programs require site control (lease; a purchase agreement, option or earnest money agreement on the property) and a detailed project proposal including cost estimates, appraisals, etc. Yet many organizations are unable to find funding for these matching funds and predevelopment expenses, especially outside the City of Seattle who has such a fund. As a result, most low-income and transitional housing funds continue to be awarded to nonprofits operating in the City of Seattle, and organizations in King County outside of Seattle must continually seek Community Development Block Grant (CDBG) funds for their projects because of their inability to obtain site control, prepare complete applications, and to locate sufficient matching funds.

Leveraging Non-County Funds

This new source of County funds provides an opportunity to leverage State, federal, and private funds. Other funding for transitional housing will be soon be available from the State through the Housing Trust Fund and will be available in 1989 from the U. S. Department of Housing and Urban Development. Both these programs require matching funds, but CDBG funds are generally committed so far in advance by the County as to make it impossible to respond to new opportunities. Most programs require at least a one-for-one match; for every dollar committed to a project, it must be matched by a like amount from local sources.

Relationship to Other Funding Sources

- o Washington State Housing Trust Fund: About $3.5 million will be available in 1988 for housing that benefits people who have income less than 50% of the County median. Acquisition, rehabilitation, rental assistance, and limited support services are eligible for funding. Applications require a match and will be due in the fall of 1988. Funds will also be available in 1989 because interest earned on nominal escrow accounts goes to the trust fund and the legislature is expected to recapitalize the Trust Fund.

- o HUD supportive (transitional) housing for families with children: HUD announced the first deadline of May 17, 1988 for $20 million. Another round of funding is anticipated in 1989. Unfortunately, no nonprofits in King County were able to find matching funds so none applied. Four projects in the City of Seattle applied for funds.

- o United Way: United Way of Seattle and King County has applied to national United Way for a $100,000 Challenge Grant to provide up to five years of operating support to nonprofit agencies in the greater Seattle area. United Way funding would complement King County matching funds since they would pay for necessary staff to package loan/grant proposals and utilize County matching funds to leverage State, federal and private sources of funding. Other contributors anticipated are the Local Initiatives Support Corporation and the City of Seattle.

Program Policies

All projects applying for King County matching funds must conform to the following policies:

(1) All projects must benefit low-income families or teen parents and their children.

(2) Projects must be located in King County, outside the City of Seattle, and primarily serve County residents.

(3) All projects must utilize County funds for one-time-only capital purposes; matching funds for low-income or transitional housing and/or predevelopment costs (appraisals, option/earnest money, legal/architectural fees, etc.) are eligible activities.

(4) Eligible applicants are limited to not-for-profit organizations, including those affiliated with religious organizations but providing housing or social services without a condition of active religious practice.

(5) Projects shall leverage, at a minimum, an equal amount of funding from federal, State, or private sources.

(6) Projects resulting in displacement are strongly discouraged. If a project would result in displacement, agencies must provide relocation assistance.

Program Guidelines

In 1988 the total amount available is $65,000. Funds allocated from the King County Health and Human Service fund shall be allocated prior to the end of the calendar year. In 1988, $60,000 is earmarked for matching funds for families/teen mothers and $5,000 is earmarked for eligible predevelopment costs. If no applications are received and/or funded for predevelopment costs, then the entire amount will be available for matching funds. Rents charged to tenants shall not exceed 30% of their income including utilities.

Project Selection Guidelines

All projects must address each of the following guidelines:

(1) Low Income Benefit

All projects assisted must benefit people with incomes less than 50% of the median for King County. Projects assisting people with no income or negligible income are strongly encouraged. For 1988, the following maximum annual income standards apply.

Household Size

1	2	3	4	5	6	7	8+
$13,350	$15,300	$17,200	$19,100	$20,650	$22,150	$23,700	$25,200

Standard for Review

Projects will be evaluated according to low-income benefit with greatest consideration given to the project that assists the lowest income group of people. Projects assisting people with incomes that are 25% of median will be preferred over those benefiting people with incomes of 50% of median, for example.

(2) Duration of Low-Income Benefit

The duration of benefit to low-income people must be commensurate with the amount of funds granted by King County. Use of matching funds for the purchase and/or rehabilitation of housing generally requires that the project benefit low-income people for a minimum of 10 years. Projects which will involve lease and/or rehabilitation must benefit low-income people for a minimum of 5 years. Duration of benefit does not apply to the use of County funds for predevelopment costs.

Standard for Review

Projects that provide long-term community benefit are encouraged over those that propose short-term or temporary benefits. Projects ensuring

community benefit of 10 years or more are strongly encouraged. Low-income benefit for capital projects will be ensured through a leasehold agreement or deed of trust or similar agreement between the sponsor agency and King County.

(3) Leveraging non-County Funds

All projects must leverage non-County funds on a dollar-for-dollar basis. For the total amount requested from the County, an equal or greater amount of capital and/or service funds must be provided from local, private, or federal sources.

Standard for Review

Projects leveraging the greatest amount of non-County funds will be preferred. Leveraged funds need not be committed to the project, yet projects with firm financial commitments will be preferred over those with pending, tentative, or speculative commitments. Land, buildings, and other tangible assets committed to a project will be evaluated on the same basis as cash leveraged.

(4) Linkage of Services to Families/Teen Parents

Support services are necessary for families/teen parents to gain stability and independence. Services designed to foster family stability and independence must be linked to transitional housing funded by King County, yet such services cannot be paid by the County from these matching funds. Matching funds are earmarked from the one-time-only funding category in the Health and Human Services Budget and, as such, cannot be used for services. It is incumbent upon each applicant to devise a means to provide the necessary support services from other means. This does not apply to projects applying for predevelopment expenses.

Standard for Review

Projects will be evaluated on the basis of the comprehensiveness of services to be provided and the ability of the applicant to maintain an adequate level of service over the life of the project.

(5) Operating Costs

Operation of the housing such as insurance, utilities, maintenance, and furnishings is important to the success and long-term livability of the project.

Standard for Review

Proposals must show reasonable assurance of adequate ongoing operating funds.

(6) Timing

The need for transitional housing for low-income families/teen mothers is urgent, and more units are needed as soon as possible.

Standard for Review

Projects that are ready to proceed will be preferred over those awaiting funding from multiple sources. If a funded project is unable to meet the timetable negotiated with County staff, funding may be withdrawn and be allocated to a project which can proceed in a timely manner.

(7) Prior Experience/Demonstrated Capability

Since transitional housing development and management is a relatively new activity in King County, only a very few agencies have specific prior experience; yet the prospect for success of a project depends, in part, on the ability of the applicant to undertake a complex project, link the necessary services to the housing provided and to provide a long-term management commitment to the project.

Standard for Review

The ability of the applicant to undertake the proposed project will be evaluated. Organizations with demonstrated experience will be preferred over those with little or no experience. Prior experience need not be specific to transitional or low-income housing, however, but may be obtained from unrelated projects with similar development and management requirements.

(8) Location

Families and teen parents in a state of transition require access to transit, schools, and health and human services. Well situated projects can hasten a family's ability to stabilize their condition and eventually lead more independent lives.

Standard for Review

Projects will be evaluated on the basis of access to transit, health/human services, jobs, schools, and shopping. Recognizing there is a trade-off between site cost and accessibility, the project best served by the above services will be preferred.

Program Evaluation

The King County Planning and Community Development Division (PCDD) will implement, monitor, and evaluate the effectiveness of the matching funds program. Projects for which leasehold agreements or deeds of trust are used to secure the public interest will be monitored by PCDD with assistance from the County Prosecutor, as needed, to enforce the stipulations. The Annual Housing Report will be expanded to contain an annual description of the effectiveness of this program. Copies of the Report are distributed to the County Council, housing advocates, and interested citizens.

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TRANSITIONAL HOUSING MATCHING FUNDS FOR FAMILIES

Work Program

Task	Date	Responsibility
Prepare Request for Proposals (RFP)	September 1	Creager, von Henkle
Publicize/circulate RFP	September 6	von Henkle
Provide technical assistance to nonprofit agencies	September 1-30	von Henkle, Creager
RFP deadline	September 30	Nonprofit agencies
Review RFPs	October 3-7	H&ED staff, Budget Office
Department recommends projects for funding to Executive	October 13	Creager, Schwennesen, Nagel, Macapinlac
Executive transmits recommendations to Council	October 19	Executive
Council approval of funded project(s)	November 7	Council, Stevenson, Eglington, Sutton, Creager
Public notice of approved project(s)	November 15	Executive
Negotiate necessary leasehold agreements	Ongoing	Creager, von Henkle
Disburse funds as needed to implement projects	Ongoing	Creager, Gasser, Budget Office
Assist grantees to secure other capital and service funding	Ongoing	von Henkle

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8/25/88

CHILDREN AND FAMILY COMMISSION

PROJECT DESCRIPTION

The County Council has directed that a Children and Family Commission be created with the broad mission to look at the areas of children, youth, and families, and be charged with the initial task of developing a proposed policy plan for Council review and approval. The plan would incorporate the new Health and Human Services (HHS) Plan priorities and programs with existing policy and programming, and would be completed for Council review by mid-1990. This timing will allow for the consideration of results of the evaluation of Health and Human Services programs.

PROJECT WORKPLAN

Department of Human Resources (DHR) staff have met with staff of similar commissions in the area to seek advice on effective staffing of King County's Children and Family Commission. Specifically, DHR staff met with personnel responsible for the Snohomish County Children's Commission and the City of Seattle Children and Youth Commission. DHR staff are developing a job description, recruitment strategy, and policy framework for Commission members, all of which will be reviewed with the Executive and the Council in the fall of 1988. A new ordinance incorporating the details of these items will be submitted to the Council in December 1988. Once the ordinance is passed, potential Commission members will be solicited from the Council, other County departments, and the community beginning January 1989.

DHR staff will also organize background material related to the status of children and family services in King County to present to the Commission at its first meeting which will convene in July 1989. This information will include existing service delivery systems descriptions, briefings on the status of the HHS projects, and demographic data. The Commission will continue to meet as a whole and in sub-committees to produce the proposed policy plan which will aim at the overall goal of integrating the priorities of the HHS Plan and the other existing County priorities for children and families.

JD.CFC
Revised 10/10/88

HEALTH AND HUMAN SERVICES ANALYST
POSITION RESPONSIBILITIES

The Health and Human Services (HHS) Analyst position was funded to assist in the establishment of data systems for each HHS-funded project and for their evaluation. The position will be supervised by the existing Community Services Division Program Analyst, who will also dedicate a substantial portion of her time to the HHS projects.

These two staff have tailored the general procedures outlined below for Domestic Violence Services (except Victim's Assistance Unit services), South King County Sexual Assault Center, Teen Parent Project, Childcare, and Youth Shelters:

I. Develop Outcome Criteria and Determine Information Necessary to Measure Success in Reaching Outcomes

A. Review HHS-related ordinances and supporting literature for Council mandated outcome measures.
B. Discuss information needed with Division Management, ensuring that information is useful for County-wide planning.
C. Discuss information useful to service providers for improved agency management of the program.
D. Review data collected by other program funders for commonality and utility of information, to avoid excessive data collection demands, and potentially improve regional data collection.
E. Prioritize the information desired with Council and Division staff on the following scale:
   1. Council mandated criteria,
   2. valuable, but not mandated, information, and
   3. information that would be useful but is not worth additional cost to collect.

II. Compare Information Needed to Information Currently Collected

A. Review data collection forms currently in use
   1. for all funding sources, including King County, and
   2. to ensure that answer categories provide information consistent with the outcome criteria.
B. Review current procedures in completing and returning forms
   1. for completeness and accuracy,
   2. for timing and schedule in completion and submittal of forms,
   3. for internal review of forms by service providers to ensure accuracy and completeness of forms, and
   4. for possible complications to obtaining information on the forms (e.g., confidentiality, resources to copy forms, etc.).

III. Develop New Data Collection System

A. Compare information on existing forms to prioritized information needs (i.e., identify the gaps).
B. Decide with Council and Division staff, given available resources and Council mandates, what additional information to collect.
C. Develop draft of new data collection forms.
D. Review the draft with all involved parties (service providers, Council staff, Division staff, budget officer, etc.).
E. Revise forms.
F. Print forms.
G. Develop manual describing procedures for completing and delivering forms.
H. Design computerized database system to intake data and produce reports.
I. Train program coordinators and service provider staff in new data collection system.
J. Monitor and support program coordinators and service provider staff in initial use of the data collection system and computerized data base.
K. Revise computerized database program after first month of operation to better fit data as collected and to improve the utility of reports provided to the County and the service provider.

IV. Evaluate Performance of HHS Funded Programs

A. Monitor service provider staff for accuracy and completeness of submitted forms throughout the data collection period.
B. Support Division staff on a monthly basis in processing submitted forms, with particular attention to accurate entry of information into the computerized data base.
C. Generate a mid-year summary report of the program's performance.
D. Work with Council and Division staff in developing a corrective action plan, if needed, for the program based on mid-year findings.
E. Write year-end report which evaluates the program's success in meeting the County's outcome criteria and in providing effective service to clients. The first year-end report would be completed Spring, 1990.
F. Present year-end report's findings to Council, service providers, Division staff and others as required.
G. Continue the data collection system, as necessary, for second evaluation period using information collected in 1990.

The tasks outlined in Sections I, II, and the first half of III have already been completed for Youth Shelters, Domestic Violence Services, and Teen Parent Projects. The Division's goal is to collect one full year's worth of data for evaluation, which necessitates that the MIS systems be fully tested and implemented by January 1, 1989. Work on these three projects was underway much sooner than for Childcare and the Sexual Assault Center since these programs have a latter start date, but the analyst has already begun work on the Childcare Program to ensure that the deadlines described in the Child Care Program description are met.

All of the new data collection systems will be as complementary as possible of the systems used by the City of Seattle, the Department of Social and Health Services, United Way, and other major funders to ensure that funding partnerships can be developed or continued as efficiently as possible.

The HHS Analyst has also been developing an MIS system for King County Rape Relief which should be fully implemented January 1, 1989.