



KING COUNTY

1200 King County Courthouse
516 Third Avenue
Seattle, WA 98104

Signature Report

Motion 15667

Proposed No. 2020-0196.1

Sponsors Lambert

1 A MOTION acknowledging receipt of the final report on
2 the coordination of the delivery of benefits and services to
3 low-income King County residents required by the 2019-
4 2020 Biennial Budget Ordinance, Ordinance 18835,
5 Section 98, Proviso P1.

6 WHEREAS, the 2019-2020 Biennial Budget Ordinance, Ordinance 18835,
7 Section 98, Proviso P1, requires the executive to transmit a final report on the
8 coordination of benefits and services for low-income King County residents, and

9 WHEREAS, the executive has previously transmitted a progress report on the
10 final report and any challenges to produce the final report, as also required by the
11 proviso, and

12 WHEREAS, the proviso further requires the executive to submit a motion that
13 acknowledges receipt of the final report;

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

15 The receipt of the final report on the coordination of the delivery of benefits and
16 services to low-income King County residents, which is Attachment A to this motion, in

Motion 15667

17 compliance with 2019-2020 Biennial Budget Ordinance, Ordinance 18835, Section 98,
18 Proviso P1, is hereby acknowledged.
19

Motion 15667 was introduced on 7/21/2020 and passed by the Metropolitan King County Council on 8/18/2020, by the following vote:

Yes: 9 - Ms. Balducci, Mr. Dembowski, Mr. Dunn, Ms. Kohl-Welles, Ms. Lambert, Mr. McDermott, Mr. Upthegrove, Mr. von Reichbauer and Mr. Zahilay

KING COUNTY COUNCIL
KING COUNTY, WASHINGTON

DocuSigned by:
Claudia Balducci
F8830816F1C4427...

Claudia Balducci, Chair

ATTEST:

DocuSigned by:
Melani Pedroza
8DE1BB375AD3422...

Melani Pedroza, Clerk of the Council

Attachments: A Report on the Coordination of the Delivery of Benefits and Services to the Low-Income King County Residents

Report on the Coordination of the Delivery of Benefits and Services for Low-Income King County Residents

May 29, 2020



King County

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I. Proviso Text

Budget Proviso P2, Section 62, Community and Human Services Administration, and Proviso P1, Section 98, Public Health Administration, 2019-2020 King County Budget, Ordinance 18835:¹

- A. Of this appropriation, \$500,000 shall not be expended or encumbered until the executive transmits the following:
1. A final report on the coordination of the delivery of benefits and services to residents in poverty, and a motion that should acknowledge receipt of the report and reference the subject matter, the proviso's ordinance, ordinance section and proviso number in both the title and body of the motion and a motion acknowledging receipt of the report is passed by the council; and
 2. A progress report on the progress of the final report as described in this proviso, and a motion that should acknowledge receipt of the report and reference the subject matter, the proviso's ordinance, ordinance section and proviso number in both the title and body of the motion and a motion acknowledging receipt of the report is passed by the council.
- B. The Department of Community and Human Services and Public Health – Seattle & King County shall work collaboratively on a final report that will assess the coordination of the delivery of the most common benefits and services to residents in poverty. Benefits or services should include those that are provided directly by the county, funded by the county, or provided by other non-county organizations partnering with the county. The Department of Community and Human Services and Public Health – Seattle & King County should also consider benefits and services provided by other county agencies, such as the Metro transit department's ORCA LIFT, to residents in poverty and work with those agencies to get input for the final report. The Department of Community and Human Services and Public Health – Seattle & King County shall approach the effort through the perspective of the customers, who are county residents that receive benefits and services, and recognize the challenges customers might face in receiving all benefits and services available.
- C. The Department of Community and Human Services and Public Health – Seattle & King County shall collaborate to also convene focus groups with customers to identify challenges and barriers on receiving benefits and services and to receive feedback on ways to address the challenges and barriers. The focus groups may also include social workers, case workers, health care providers and community organizations to understand the customers' perspectives.
- D. The final report shall include, but not be limited to:
1. A summary of focus groups assessed as described in this proviso. The summary shall include, but not be limited to:
 - a. a list of organizations included in the focus group engagement;
 - b. gaps and barriers identified in delivering benefits to residents;
 - c. ways to streamline the delivery of benefits and services so that customers can receive them all in either a single location or a single method, or both; and
 - d. obstacles and challenges of identifying, applying and receiving benefits and services for customers in particular;
 2. An assessment of the role of technology in improving the coordination of benefits and services. The assessment should include evaluating the county's existing "customer/constituent"

¹ [Ordinance 18835](#), Section 62, DCHS, 52 and Section 98, PHSKC, 94.

database and its capabilities, new and existing back-end technology, such as data warehousing with business intelligence capabilities, and new and existing front-end technology tools, such as smart phone applications, web portals and a smart card. In particular, the assessment should include an assessment of smart card programs like the Clarity Card in Washoe County, Nevada; and

3. Recommendations based on the focus groups and assessment of the role of technology, as described in subsection D. 1. and 2. of this proviso, to improve integration of the benefits and services to residents in poverty.
- E. The progress report shall include, but not be limited to, progress made to date on the final report and any challenges to produce the final report.
- F. The executive should file the progress report and motion required by this proviso by September 30, 2019, and the final report and motion required by this proviso by March 31, 2020, in the form of a paper original and an electronic copy with the clerk of the council, who shall retain the original and provide an electronic copy to all councilmembers, the council chief of staff and the lead staff for the health, housing, and human services committee, or its successor.

II. Executive Summary

This report is a response to a proviso in the 2019-2020 adopted budget, Ordinance 18885 Provisos P2, Section 62, Community and Human Services Administration, and P1, Section 98, Public Health Administration. The proviso directs the King County Executive to transmit to the King County Council a report on the coordination of the delivery of most common benefits and services to residents in poverty. This report fulfills the proviso requirements.

As required by the proviso, the report includes:

- A. Assessment of the coordination of the delivery of the most common benefits and services through the perspective of customers who are county residents;
- B. Summary of focus group finding that to identify challenges and feedback on how to address the challenges;
- C. Assessment of the role of technology in improving the coordination of benefits and services; and
- D. Recommendations based on community engagement, including focus groups, and assessment of the role of technology to improve integration of benefits and services.

Overview

DCHS and PHSKC share an important goal: to expand access to critical human services in order to improve overall health and well-being, create thriving communities, and reduce disparities² throughout King County. The departments manage and provide a broad range of programs and services to help the county's most vulnerable residents. DCHS and PHSKC prioritize coordination to better serve customers and work to simplify eligibility and services enrollment processes whenever possible. DCHS' and PHSKC's work aligns with King County's Strategic Plan³ and its Equity and Social Justice (ESJ) Strategic Plan.⁴

State and federal benefits and services provided through DCHS and PHSKC often encounter coordination challenges that result from federal and state laws and rules, including defining what the county can and cannot do. For example, Apple Health has state-defined income eligibility levels that are higher for families with children than they are for single adults. These eligibility differences and application rules impact the county's ability to streamline the coordination of services. Coordination is more feasible for locally-designed programs which can use the same eligibility rules and processes as commonly used state and federal services.

Report Methodology

An interdepartmental workgroup formed to gather data, conduct analyses, and prepare this report. It included representatives from DCHS and PHSKC, as well as the Office of Performance, Strategy and Budget (PSB), and the Office of Equity and Social Justice (OESJ). Information and assistance were provided by staff from the Office of the Executive and the King County Departments of Assessment, Information Technology, Public Defense, and Metro. A consultant facilitated the workgroup and assisted with research for the report.

² [King County Strategic Plan](#), health and human services objective.

³ [King County Strategic Plan](#)

⁴ [King County Equity and Social Justice Strategic Plan](#)

Report Requirements

The following key definitions are used throughout this report.

“Most Common Benefits and Services”

The county’s 14 Determinants of Equity detailed in Ordinance 16948 in 2010 and the 2015 Determinants of Equity report form the basis of the scope of the “most common benefits and services for low-income customers.” Using the Determinants of Equity as a guide, this report focuses on the benefits and services that are delivered by and funded by the county, which the county has authority to change and better coordinate.

“Residents”

For consistency with the proviso language, “residents” are referred to as “customers.”

“Poverty”

The report uses the term “low-income” in place of “poverty,” and defines low-income customers as those living in households below 200 percent of the federal poverty level. This definition is consistent with several county, state and federal subsidized services and benefits programs, including Apple Health and ORCA LIFT. For an individual, 200 percent of poverty is \$25,520 per year and for a family of three it is \$43,440.

Process and Timeline for Completion of the Progress and Final Reports

On September 26, 2019, DCHS and PHSKC submitted the progress report required by the proviso. This final report builds on the progress report, addressing engagement with focus groups, analysis of customer feedback, the role of relevant technology, and development of recommendations per proviso requirements.

Assessing Coordination of the Delivery of Most Common Benefits and Services to Low-Income Customers

Using the Determinants of Equity as a guide, this report focuses on the benefits and services that are delivered by and funded by the county, which the county has authority to change and better coordinate.⁵ These services comprise the most common benefits and services provided to low-income customers, as follows:

- Physical and behavioral health services,
- Services for children, youth and families, veterans, older adults, and homeless people,
- Food, housing, transportation, and legal assistance, and
- Property tax relief.

Examples of most common benefits and services are included in the body of the report.

⁵ The 14 determinants of equity identified in [Ordinance 16948](#) in 2010 and the County’s 2015 [Determinants of Equity](#) report include the following: 1) access to affordable, healthy local food; 2) access to health and human services; 3) access to parks and natural resources; 4) access to safe and efficient transportation; 5) affordable, safe, quality housing; 6) community and public safety; 7) early childhood development; 8) economic development; 9) an equitable law and justice system; 10) equity in County practices; 11) family wage jobs and job training; 12) health built and natural environments; 13) quality education; and 14) strong, vibrant neighborhoods. Ordinance 16948 and the Determinants of Equity report further describe and/or explore each of the 14 determinants of equity.

Assessment: Most Common Benefits

Analyses conducted for this report find that overall, King County has designed and implemented many effective systems to coordinate delivery of the most common benefits and services to low-income customers, such as those described above. Departments and divisions focus primarily on the programs they administer, either directly or through contracts with community-based organizations. Accordingly, coordination is evident *within* departments and their divisions and between them and the community-based organizations with whom they contract. In most cases, that coordination is demonstrating strong results that give customers access to the benefits and services they need.

In assessing the state of coordination of delivery of common benefits and services, three examples of effective customer service coordination emerged: 1) Public Health's Access and Outreach Program; 2) the King County Veterans Program in DCHS; and, 3) the Executive's Customer Service Relationship Management platform. These efforts are centered on the needs of the customer, coordinating services within and across King County government departments.

This report also finds that coordination gaps that create challenges for customer access to benefits and services exist within King County. These gaps and challenges are more likely to be encountered when coordinating *across* departments. Customers noted the following challenges:

- Navigating service systems is challenging for families.
- Some customers have experienced disrespectful treatment and want more supportive, relationship-based interactions.
- Multiple access points for services are needed, and in some cases – such as behavioral health – should include more schools and medical providers.
- Customers encounter providers and service systems that are unable to meet their cultural and language needs, which limits access benefits and services.
- Customers may not know what services they are eligible for, and may be unclear about how city, county, state and federal services do or do not overlap.

Community Engagement

The workgroup gathered customer and community input for this report as required by the proviso. Input collection included holding focus groups, seeking input by survey, and reviewing data from seven previous King County community engagement efforts. Two types of focus groups were held to gather information for this report. One type included members of existing King County Boards and Commissions⁶ and another type connected with King County residents at health coverage open enrollment events in Shoreline and Bellevue.

A number of previous county endeavors where significant community engagement occurred provided the opportunity to leverage existing information. The planning efforts, occurring between 2015 and 2018, include:

- The Road Map to Zero Youth Detention, September 2018;⁷

⁶ See Appendix A.

⁷ [Link to King County Road Map to Zero Youth Detention](#)

- The Veterans, Seniors, Human Services Levy Implementation Plan, July 2018;⁸
- Maternity Support Services Focus Groups, April 2018;
- MIDD 2⁹ Service Improvement Plan, November 2016;¹⁰
- The Best Starts for Kids Implementation Plan, September 2016;¹¹
- The Equity and Social Justice Strategic Plan, 2016-2022;¹² and
- The King County Youth Action Plan, April 2015.¹³

Many of the board and commission focus groups and previous community engagement reports pointed out that while coordination is important, it cannot fix problems caused by insufficient levels of services to meet population needs.

Assessment of the Role of Technology in Improving Coordination of Benefits and Services

King County uses a number of technology tools to support the provision of benefits and services as well as improving coordination. For example:

- The county's existing Customer Service system is effective as a single point of contact individuals who have questions about King County services. Offering customers online and telephone options enables staff to quickly assess customer needs and connect them to people or services in all departments.
- A new integrated King County health and human services data hub is in development. It will merge Medicaid, homeless and behavioral health care data under appropriate privacy protections. This integrated data system will allow staff to efficiently identify customers' use patterns and needs across different types of services.
- The Client Outcomes Reporting Engine (CORE) will improve reporting capabilities for levy- and sales tax-funded services initially and will be expanded to allow for analysis of other services.
- New and existing front-end technology tools are in growing use across the state, such as HealthPlanFinder which coordinates access for health care coverage. However, these online platforms sometimes require in-person explanations and coordination, such as those offered by the Access and Outreach team in PHSKC.
- A smart card program similar to the one used in Reno and Washoe County, Nevada is used in King County to facilitate Homeless Management Information System (HMIS) intake, data collection, and service-provision tracking for some service providers. Smart cards can be used when eligibility rules are centralized as they are in Nevada, where counties use the state-administered card. Smart cards are more challenging for counties to administer when they do not set eligibility rules for state and federal programs.

Recommendation Criteria and Best Practices

The recommendations in this report are based on additional analysis using four key criteria to assess impact: 1) people, 2) services and operations, 3) equity and social justice, and 4) budget. In addition, the

⁸ [Link to VSHSL Implementation Plan](#)

⁹ MIDD is referred to in King County Code and related legislation as the mental illness and drug dependency fund, tax, or levy. "MIDD 2" refers to the renewal of MIDD for the period 2017-2025.

¹⁰ [Link to MIDD 2 Service Improvement Plan](#)

¹¹ [Link to Best Starts for Kids Implementation Plan](#)

¹² [Link to Equity and Social Justice Strategic Plan](#)

¹³ [Link to King County Youth Action Plan](#)

recommendations are aligned with best practices in user-centered program design in order to drive further improvements in customer-centered services and coordination. These best practices are:

- Recognizing that customers' time is limited and valuable: ensure that customers can access information about many services in one interaction with the county.
- Understanding that customers' perspectives are essential: incorporate user input at the earliest stages of program design.
- Acknowledging that relationships improve coordination of services, especially for those with the greatest needs.
- Recognizing that community-based organizations have strong ties within communities that should be leveraged whenever possible.

Recommendations

Based on analyses conducted by the workgroup, including the technology assessment, community engagement feedback, four recommendations are offered to improve the coordination of delivery of benefits and services. Taken together, these recommendations form a comprehensive approach to better coordinate the delivery of benefits and services and improve the customer's experience:

1. Tailor service combinations in ways that work best for specific population groups.

Specific population groups such as veterans, families with young children, people engaged in the criminal legal system, people without stable shelter (homeless) or low-income older adults share similar circumstances and many times have similar needs. They often use similar types of services. This report recommends maximizing opportunities to develop integrated and tailored approaches to the coordination of benefits and services for specific populations.

2. Integrate projects across the most common programs that serve the same customers.

Coordination itself is ineffective unless it connects the *right* services to meet customers' needs at the right time. Individual programs and the data they produce each tell only part of the story. Integrated data enables shared understanding of the most effective combinations and sequences of services. Integrated data also informs coordinated policy, eligibility and resource decisions across programs and systems. This report recommends continuing and enhancing the county's projects currently underway to achieve these goals.

3. Prioritize more coordination across county departments that serve the same customers.

One important improvement in service coordination the County can make is to increase coordination across different departments when these departments serve the same customers. Coordination should be prioritized for departments with significantly overlapping customers, such as DCHS, PHSKC, the Department of Public Defense, King County Metro and when appropriate the Department of Adult and Juvenile Detention. While general inter-departmental coordination has merit, these departments have a specific opportunity to engage customers, design systems, and coordinate services to improve outcomes for customers who experience poverty or marginalization.

4. Support cross-sector countywide and statewide efforts to coordinate systems.

King County government is one organization among many in Washington State that funds and delivers services for low-income customers. In addition to improving the coordination of the most common benefits and services that the county provides directly, this report recommends engaging in broader regional cross-sector efforts to coordinate systems policies, funding, and eligibility.

Finally, this report does not recommend overlaying or adding a new system that would coordinate all services and benefits for low-income residents through a single location or single method. This is not recommended because of: the increased financial investment; differences between various eligibility

and enrollment systems; the speed at which eligibility rules and services evolve; and, the logistical challenges of establishing new locations, procuring new technologies and investing in new staff capacity.

In-person and technology coordination already in place in King County, as demonstrated with the Access and Outreach team, the Customer Service Office, and the King County Veterans Program, are effectively providing customers with high quality coordination across a wide range of benefits and services. A Clarity Card, similar to that used in Reno and Washoe County, Nevada, enables efficient access to shelter and other services for some people who are homeless, but would be challenging to expand to all services on a county level in Washington State due to funding source and reporting requirements.

Given the customer perspectives gathered for this report and the limited financial resources of the county, resources would be more effectively spent addressing service gaps by improving access to substance use disorder treatment and affordable housing.

Conclusion

Making it as easy as possible for King County customers to access the services and supports they need to thrive is a primary goal of King County government. Customers have indicated the importance of service coordination that can respond to their needs and respect their time by offering coordination in-person and online. Current coordination work that is achieving this goal should be accelerated and services that operate as stand-alone programs should be connected to outreach and coordination systems when there are overlapping populations being served.

III. Background

The King County departments of Community and Human Services (DCHS) and Public Health – Seattle and King County (PHSKC) share an important goal: to expand access to critical human services in order to improve overall health and well-being, create thriving communities, and reduce disparities¹⁴ throughout King County.

Overview of Departments

Department of Community and Human Services

DCHS manages a broad range of programs and services to help the county's most vulnerable residents and strengthen its communities.

- The mission of DCHS is to provide equitable opportunities for people to be healthy, happy, self-reliant and connected to community.
- DCHS administers a wide variety of housing and homelessness investments, behavioral health treatment, and human services. To do so, it draws upon many different federal, state, and local funding streams to support and promote a more comprehensive system of care and supports for King County residents.
- Among these, DCHS oversees and stewards the revenues from two voter-approved initiatives – the Best Starts for Kids (BSK) and Veterans, Seniors, and Human Services levies (VSHSL) – and the Council-approved MIDD¹⁵ behavioral health sales tax initiative. The majority of these services are provided via contracts with community-based agencies.

Public Health – Seattle and King County

PHSKC is the metropolitan health department serving all of King County.

- The mission of PHSKC is to eliminate health inequities and maximize opportunities for every person to achieve optimal health. Overarching goals include: all children are born healthy and thrive, adults live long and healthy lives, and our communities support health for all.
- PHSKC provides a full complement of public health services, including communicable disease control, environmental health services, epidemiology, jail health services, chronic disease and injury prevention, emergency medical services coordination and delivery, medical examiner services and a county-wide community health center system that serves as a safety net for individuals and families who otherwise are unable to access health care.
- PHSKC manages contracts and data gathering for certain BSK services that connect to foundational public health activities, including Child Care Health Consultation, Help Me Grow, preventive health education and food assistance programs, School Based Health Centers, Home-based Services, Community-based Parenting and Peer Supports, Healthy and Safe Environments, Communities of Opportunity, and Trauma Informed and Restorative Practices.
- PHSKC also implements and provides certain services as part of MIDD and VSHSL initiatives.
 - PHSKC implements all or parts of the following MIDD initiatives: Outreach and Inreach System of Care, Multi-pronged Opioid Strategies, Prevention and Early Intervention Behavioral Health for Adults over 50, Behavioral Health Risk Assessment Tool for Adult Detention, and Hospital Re-Entry Respite Beds.

¹⁴ [King County Strategic Plan](#), health and human services objective.

¹⁵ MIDD is referred to in King County Code and related legislation as the mental illness and drug dependency fund, tax, or levy.

- PHSKC implements VSHSL programs including: Behavioral Health Integration, Maternal Depression Reduction, Nurse Family Partnership, Healthy Start, Parent Education and Support, Persons Experiencing Unsheltered Homelessness, Mobile Medical, and Cultural Navigator.

Historical and Current Context

DCHS and PHSKC's work aligns with King County's Strategic Plan¹⁶ and Equity and Social Justice (ESJ) Strategic Plan.¹⁷ Both plans emphasize customer service and coordination of benefits and services, reflective of the focus of this proviso response. In particular, the ESJ Strategic Plan:

- Calls for defining outcomes for all, identifying obstacles faced by specific groups, and tailoring strategies and building on assets to address barriers (targeted universalism).
- Acknowledges a need for "increased coordination and cross-sector solutions that match the scale of inequities we face."
- Urges investing upstream and where needs are greatest across goal areas, including community partnerships to "build community capacity as a strategy to foster full and equitable civic participation."
- Recommends investing in community partnerships to "steadily inform decision making," "connect county resources and expertise to capacity development of community partners," and "partner with community organizations to guide improvements and facilitate consistent engagement with communities."

DCHS and PHSKC prioritize coordination to better serve customers and work to simplify eligibility and services enrollment processes whenever possible. The human services and public health departments have worked intensively to coordinate services particularly since the implementation of the 2014 *Health and Human Services Transformation Plan*¹⁸ and continuing through current initiatives such as BSK, MIDD, and VSHSL.

Coordination Realities

State and federal benefits and services provided through DCCHS and PHSKC often encounter coordination challenges that result from federal and state laws and rules, including defining what the county can and cannot do. For example, Apple Health has state-defined income eligibility levels that are higher for families with children than they are for single adults. These eligibility differences and application rules impact the county's ability to streamline the coordination of services.

Coordination is more feasible for locally-designed programs which can use the same eligibility rules and processes as commonly used state and federal services. This enables eligibility processes to automatically qualify individuals for a locally funded services when they are eligible for a state or federal benefit rather than requiring a second screening and enrollment process.

Technology Investments Underway

A major King County data system modernization and standardization project crossing departments and BSK, MIDD, and VSHSL is well underway. It is expected that once fully operational, it will support and

¹⁶ [King County Strategic Plan](#)

¹⁷ [King County Equity and Justice Strategic Plan](#)

¹⁸ [Health and Human Services Transformation Plan](#)

advance the effectiveness of the County's technology in coordinating benefits and services and support program quality, continuous improvement, and outcomes transparency. Additional technology projects over the next few years, such as consolidated reporting, are expected to provide further opportunities to understand strengths and gaps and improve services across a widening range of program areas and funding streams. See Section D for an assessment of the role of technology in improving coordination of benefits and services.

Report Methodology

An interdepartmental workgroup formed to gather data, conduct analyses, and prepare this report. It was comprised of representatives from DCHS and PHSKC, as well as the Office of Performance, Strategy and Budget (PSB) and the Office of Equity and Social Justice (OESJ). Staff from the Office of the Executive, King County Departments of Assessment, Information Technology, Public Defense, and Metro provided information and assistance. A consultant facilitated the workgroup and assisted with research for the report.

Development of the report included:

- A. Assessing coordination of the delivery of benefits and services through the perspective of customers who are county residents. The workgroup:
 - Compiled information that had previously sought customers' perspectives on coordination of benefits and services in seven recent implementation plans and other county documents, and
 - Analyzed community engagement reports, focus group results and survey results from 2015 through 2018 for references to coordination of services.
- B. Convening focus groups to identify challenges and ideas about how to fix them. The workgroup:
 - Conducted focus groups at fall 2019 health care open enrollment events and at county board and commission meetings, which included customers, social workers, case workers, health care providers and community organizations;
 - Offered online surveys to board and commission members who were unable to attend focus groups;
 - Assessed the viability of receiving all benefits and services in a single location or by a single method; and,
 - Summarized themes of customer perspectives.
- C. Assessing the role of technology in improving coordination of service. The workgroup:
 - Reviewed the role of King County's technology in improving the coordination of benefits and services, including the roles of front-end user interfaces and back-end programming; and,
 - Researched the use of a smart card in Reno and Washoe County, Nevada, and compared findings with similar smart cards in King County.
- D. Developing recommendations on how to improve coordination of frequently used services. The workgroup:
 - Applied themes from community engagement and technology assessment to develop recommendations;
 - Selected and applied criteria for recommendations;
 - Developed recommendations to improve service coordination.

IV. Report Requirements

This report is organized to address the requirements of Proviso P2, Section 62, Community and Human Services Administration, and Proviso P1, Section 98, Public Health Administration, of the 2019-2020 King County budget.¹⁹

Legislative requirement	Report section and page number
A. Of this appropriation, \$500,000 shall not be expended or encumbered until the executive transmits the following:	
1. A final report on the coordination of the delivery of benefits and services to residents in poverty, and a motion that should acknowledge receipt of the report and reference the subject matter, the proviso's ordinance, ordinance section and proviso number in both the title and body of the motion and a motion acknowledging receipt of the report is passed by the council; and	This report is on the coordination of the delivery of benefits and services to residents in poverty. After being granted a 60-day extension due to the workload created by the COVID-19 outbreak, ²⁰ the report was transmitted by May 29, 2020, along with the required motions acknowledging receipt of the reports.
2. A progress report on the progress of the final report as described in this proviso, and a motion that should acknowledge receipt of the report and reference the subject matter, the proviso's ordinance, ordinance section and proviso number in both the title and body of the motion and a motion acknowledging receipt of the report is passed by the council.	A progress report was transmitted on September 26, 2019 along with required motions acknowledging receipt of the reports.
B. The Department of Community and Human Services and Public Health – Seattle & King County shall work collaboratively on a final report that will assess the coordination of the delivery of the most common benefits and services to residents in poverty.	Section A on page 17 describes the collaboration between DCHS and PHSKC to prepare this report. Section B on pages 20 to 23 reports on the assessment of coordination.
<i>B. Continued.</i> Benefits or services should include those that are provided directly by the county, funded by the county, or provided by other non-county organizations partnering with the county.	Described in Key Definitions on page 16 and Section B on pages 17 and 18, benefits and services in this report include those provided directly by the county and funded by the County. Services provided by non-county organizations that are close partners of the County are included when applicable.

¹⁹ [2019-2020 Budget](#) Section 62, Community and Human Services Administration, Proviso 2 and Section 98, Public Health Administration, Proviso 1.

²⁰ Motion 15620.

Legislative requirement	Report section and page number
<p><i>B. Continued.</i> The Department of Community and Human Services and Public Health – Seattle & King County should also consider benefits and services provided by other county agencies, such as the Metro transit department's ORCA LIFT, to residents in poverty and work with those agencies to get input for the final report.</p>	<p>Section B on pages 17 to 20 describe benefits and services commonly provided by DCHS; by PHSKC; by Metro, including ORCA LIFT; by the Executive's Office; by the Department of Public Defense; and by the Department of Assessments.</p>
<p><i>B. Continued.</i> The Department of Community and Human Services and Public Health – Seattle & King County shall approach the effort through the perspective of the customers, who are county residents that receive benefits and services, and recognize the challenges customers might face in receiving all benefits and services available.</p>	<p>Section C on page 23 describes the approach DCHS and PHSKC used to gather customer perspective.</p>
<p>C. The Department of Community and Human Services and Public Health – Seattle & King County shall collaborate to also convene focus groups with customers to identify challenges and barriers on receiving benefits and services and to receive feedback on ways to address the challenges and barriers. The focus groups may also include social workers, case workers, health care providers and community organizations to understand the customers' perspectives.</p>	<p>Section C on page 24 and Appendix A on page 36 describe how DCHS and PHSKC collaborated in convening focus groups.</p>
<p>D. The final report shall include, but not be limited to:</p>	
<p>1. A summary of focus groups assessed as described in this proviso. The summary shall include, but not be limited to:</p>	<p>Section C on pages 24 and 25 and Appendix A on page 36.</p>
<p>a. A list of organizations included in the focus group engagement;</p>	<p>Appendix A on pages 36 to 38.</p>
<p>b. Gaps and barriers identified in delivering benefits to residents;</p>	<p>Section B on pages 22 and 23.</p>
<p>c. Ways to streamline the delivery of benefits and services so that customers can receive them all in either a single location or a single method, or both; and</p>	<p>Section D on pages 25 and 26.</p>
<p>d. Obstacles and challenges of identifying, applying and receiving benefits and services for customers in particular;</p>	<p>Section B on page 23.</p>
<p>2. An assessment of the role of technology in improving the coordination of benefits and services. The assessment should include:</p>	<p>Section D on page 26.</p>
<ul style="list-style-type: none"> • Evaluating the county's existing "customer/ constituent" database and its capabilities; 	<p>Section B on page 22.</p>

Legislative requirement	Report section and page number
<ul style="list-style-type: none"> • New and existing back-end technology, such as data warehousing with business intelligence capabilities; and • New and existing front-end technology tools, such as smart phone applications, web portals and a smart card. 	Section D on pages 26 to 28.
<ul style="list-style-type: none"> • In particular, the assessment should include an assessment of smart card programs like the Clarity Card in Washoe County, Nevada. 	Section D on pages 28 and 29.
3. Recommendations based on the focus groups and assessment of the role of technology, as described in subsection D. 1. and 2. of this proviso, to improve integration of the benefits and services to residents in poverty.	Section D on page 30.
E. The progress report shall include, but not be limited to, progress made to date on the final report and any challenges to produce the final report.	Included in report transmitted in September 2019.
F. The Executive should file the progress report and motion required by this proviso by September 30, 2019, and the final report and motion required by this proviso by March 31, 2020, in the form of a paper original and an electronic copy with the clerk of the council, who shall retain the original and provide an electronic copy to all councilmembers, the council chief of staff and the lead staff for the health, housing, and human services committee, or its successor.	<p>A progress report was transmitted on September 26, 2019 along with required Motions acknowledging receipt of the reports.</p> <p>This report is the final report.</p>

Key Definitions

The following key definitions are used throughout this report.

Most Common Benefits and Services:

The County's 14 Determinants of Equity detailed in Ordinance 16948 in 2010 and the 2015 Determinants of Equity report form the basis of the scope of the "most common benefits and services for low-income customers."²¹ Using the Determinants of Equity as a guide, this report focuses on the benefits and

²¹ The 14 determinants of equity identified in [Ordinance 16948](#) in 2010 and the County's 2015 [Determinants of Equity](#) report include the following: 1) access to affordable, healthy local food; 2) access to health and human services; 3) access to parks and natural resources; 4) access to safe and efficient transportation; 5) affordable, safe, quality housing; 6) community and public safety; 7) early childhood development; 8) economic development; 9) an equitable law and justice system; 10) equity in County practices; 11) family wage jobs and job training; 12) health built and natural environments; 13) quality education; and 14) strong, vibrant neighborhoods. Ordinance 16948 and the Determinants of Equity report further describe and/or explore each of the 14 determinants of equity.

services that are delivered by and funded by the County, which the County has authority to change and better coordinate.

Residents:

For consistency with the proviso language, “residents” are referred to as “customers.”

Poverty:

The report uses the term “low-income” in place of “poverty,” and defines low-income customers as those living in households below 200 percent of the federal poverty level. This definition is consistent with several county, state, and federal subsidized services and benefits programs, including Apple Health and ORCA LIFT.²² For an individual, 200 percent of poverty is \$25,520 per year and for a family of three it is \$43,440.²³

A. Process and Timeline for Completion of the Progress and Final Reports

On September 26, 2019, DCHS and PHSKC submitted the progress report required by the proviso. This final report builds on the progress report, addressing engagement with focus groups, analysis of customer feedback, the role of relevant technology, and development of recommendations per proviso requirements.

B. Assessing Coordination of the Delivery of Most Common Benefits and Services to Low-Income Customers

This section responds to proviso requirement B: “The Department of Community and Human Services and Public Health – Seattle & King County shall work collaboratively on a final report that will assess the coordination of the delivery of the most common benefits and services to residents in poverty. Benefits or services should include those that are provided directly by the county, funded by the county, or provided by other non-county organizations partnering with the county. The Department of Community and Human Services and Public Health – Seattle & King County should also consider benefits and services provided by other county agencies, such as the Metro transit department’s ORCA LIFT, to residents in poverty and work with those agencies to get input for the final report.”

Coordination of Benefits and Services

Using the Determinants of Equity as a guide, this report focuses on the benefits and services that the County delivers and funds, which the County has authority to change and better coordinate.²⁴ These

²² [Apple Health](#) and [ORCA LIFT](#) income eligibility levels.

²³ [HHS Poverty Guidelines for 2020](#).

²⁴ The 14 determinants of equity identified in [Ordinance 16948](#) in 2010 and the County’s 2015 [Determinants of Equity](#) report include the following: 1) access to affordable, healthy local food; 2) access to health and human services; 3) access to parks and natural resources; 4) access to safe and efficient transportation; 5) affordable, safe, quality housing; 6) community and public safety; 7) early childhood development; 8) economic development; 9) an equitable law and justice system; 10) equity in County practices; 11) family wage jobs and job training; 12) health built and natural environments; 13) quality education; and 14) strong, vibrant neighborhoods. Ordinance 16948 and the Determinants of Equity report further describe and/or explore each of the 14 determinants of equity.

services comprise the most common benefits and services provided to low-income customers, as follows:

- Physical and behavioral health services,
- Services for children, youth and families, veterans, older adults, and homeless people,
- Food, housing, transportation, and legal assistance, and
- Property tax relief.

Funding for these services is derived from federal and state sources, grants, and three King County funding streams managed by DCHS: the Best Starts for Kids (BSK) levy, the MIDD behavioral health sales tax initiative, and the Veterans, Seniors and Human Services Levy (VSHSL). In addition to funding a wide array of services performed by community-based organizations and by King County, these three local funding sources support regional community and human services that seek to reduce disparities and improve overall health and well-being to create thriving communities throughout King County.²⁵

[Descriptions and Examples of the Most Common Benefits and Services](#)

Below are examples of common benefits and services supported by various King County funding streams. Internal coordination and coordination of external partners are critical for these services, where ongoing collaboration reduces barriers and challenges, and streamlines service delivery. These examples of strong service coordination are informed by the customers using these services and are supported by effective information technology.

[Best Starts for Kids Service Coordination](#)

- *Universal Developmental Screening* is a tool for parents and child service providers building knowledge of child development and understanding developmental milestones. Early identification and smooth referrals from medical providers and parents to developmental services and supports ensure that intervention is provided when the child’s developing brain is most capable of change, particularly between birth through age five.
- *Transitions to Adulthood* expands access to education, job training, and other services for teens and young adults. Community partners leverage BSK funds to complement existing efforts – peer support, behavioral health services, and support to complete high school and pursue post-secondary education – that are helping teens and young adults transition successfully to adulthood.

[MIDD Service Coordination](#)

- *Juvenile Justice Youth Behavioral Health Assessments* address the behavioral health needs of youth involved in the juvenile legal system through a team approach to assessments and referrals. The program seeks to divert youth with behavioral health needs from initial or continued legal involvement. Assessments ensure timely delivery of subsequent psychiatric and neuropsychological evaluations.
- *Law Enforcement Assisted Diversion (LEAD)* diverts people engaged in low-level drug involvement and prostitution toward intensive, flexible, community-based services and away from the criminal legal system. Program services include intensive case management that promotes well-being and independence and helps connect participants to housing and employment supports. LEAD also serves individuals with significant primary mental health needs.

²⁵ [King County Strategic Plan](#), health and human services objective.

Veterans, Seniors and Human Services Levy Service Coordination

- The *Housing Stability Program* is a network of community agencies throughout King County supporting households at risk of housing loss and homelessness. The program responds to requests for assistance from veteran and non-veteran households seeking to retain housing. Referrals come primarily through King County 2-1-1. Strong connections with the King County Veterans Program provide veterans with the financial resources they need, demonstrating the importance of coordinated support. The program is funded by the VSHSL and administered by Solid Ground.
- *Parent Education and Support* invests in promising and evidence-based interventions addressing growth and development needs of young children, with a focus on children from birth to age three. Supports for parents and caregivers include Promoting First Relationships,²⁶ and Kaleidoscope Play and Learn Groups²⁷ that increase parents' and caregivers' access to peer supports, knowledge of child development, and community resources to support their young children to thrive.

Behavioral Health and Recovery Services Coordination

- *Mental Health Services* help individuals with mental illness create or restore a stable and meaningful quality of life, as defined by each individual. Services are guided by a philosophy of care and recovery that focuses on the whole individual, not just the illness. Licensed community mental health centers provide mental health services based on needs, determined between the individual receiving services and his or her mental health provider.
- *Substance Use Services* are a continuum of prevention, intervention, treatment, and aftercare (P-I-T-A). A comprehensive substance use continuum combines an array of programs, policies, and practices to reduce substance use in communities. The continuum of care includes local services ranging from prenatal parenting classes, student assistance programs, outpatient and residential treatment and community-based relapse prevention and ongoing recovery support services.

Public Health Community Health Services Coordination

- *Public Health Centers* and satellite operations throughout the county serve a large proportion of customers who are low income. Each center provides some but not all of the following programs: Nurse Family Partnership, family planning, primary care, dental care, Kids Plus, refugee health, travel immunizations, mobile medical van, behavioral health, and children with special health care needs.
- *Healthcare for the Homeless Network* provides health services for people living homeless in King County through a collaboration of community-based partner agencies. Network providers throughout the county provide medical, dental, mental health, substance use, case management, and health access services for people experiencing homelessness. In addition to direct patient care, including at Public Health Centers, the Network provides training and consultation services for homeless-serving agencies.

ORCA LIFT Coordination

- *ORCA LIFT* is the reduced transit fare program for people with qualifying incomes. ORCA LIFT reduces the price up to 50 percent of the regular adult fare. The reduced rate of \$1.50 applies to all Metro buses, Sound Transit buses, Link Light Rail, Seattle Streetcar and the Monorail. The ORCA LIFT discount is also available on Kitsap Transit (includes the Kitsap Fast Ferry), Sounder Train, Community Transit, Everett Transit and the West Seattle Water Taxi and Vashon Island Water Taxi.

²⁶ [Promoting First Relationships](#)

²⁷ [Kaleidoscope Play and Learn Groups](#)

Children six through 18 are eligible for an ORCA youth card, which may be obtained free of charge by LIFT cardholders, and those 65 and older are eligible for a Regional Reduced Fare Permit (RRFP) card. People with disabilities may also qualify for the RRFP card. ORCA LIFT is coordinated with other county services through the Access and Outreach Team at PHSKC.

Property Tax Exemptions and Deferrals Coordination

- *Property Tax Exemptions and Deferrals* provide county residents who are low-income older adults, those with disabilities, and military veterans who have service-connected disabilities, with property tax deferrals or exemptions under certain eligibility circumstances. Major changes have been enacted for the deferrals and exemptions for King County property tax collections in 2020. Instead of a fixed amount, the annual income limit will be indexed at 65 percent of the median household income in King County, which for 2019 was \$58,423. Property Tax Exemptions and Deferrals are coordinated by the Assessor’s Office through the VSHSL programs and the Area Agency on Aging.

Public Defense Service Coordination

- *Department of Public Defense (DPD)* provides legal representation to adults and youth who have been charged with a crime and cannot afford an attorney, as well as people facing civil commitment, parents who could lose their children in a dependency action, and people seeking to vacate a past felony or misdemeanor conviction. In 2018, the DPD served approximately 20,000 customers. Social workers at the DPD are trained on common benefits and services offered by other county agencies.

Assessing Coordination

Analysis conducted for this report finds that overall, King County has designed and implemented many effective systems to coordinate delivery of the most common benefits and services to low-income customers, such as those described above. Departments and divisions focus primarily on the programs they administer, either directly or through contracts with community-based organizations. Accordingly, coordination is evident *within* departments and their divisions and between them and the community-based organizations with whom they contract. In most cases, that coordination is demonstrating strong results that give customers access to the benefits and services they need.

This report also finds that coordination gaps that create challenges for customer access to benefits and services exist within King County. These gaps and challenges are more likely to be encountered when coordinating *across* departments.

In assessing the state of coordination of delivery of common benefits and services, three examples emerged of effective customer service coordination include: 1) Public Health’s Access and Outreach Program; 2) the King County Veterans Program in DCHS; and, 3) the Executive’s Customer Service Relationship Management platform. These customer-centered efforts start with the needs of the customer, coordinating services within and across King County government departments. In addition, care coordination occurs using the equity and social justice principle of “targeted universalism,” which sets clear goals for the whole population and then carries out targeted actions to make sure the universal goals are met. For example, the Access and Outreach team has a universal goal of 100 percent health care coverage for all county residents; team members focus on conducting outreach in the neighborhoods with the highest levels of uninsured families and individuals. More information is provided below on these three examples.

Public Health Access and Outreach Team

The work of the Access and Outreach team is an example of benefits and services coordination that reduces obstacles and challenges for low-income customers who apply for benefits and services. A program within the Community Health Services division of PHSKC, the Access and Outreach team facilitates access to health insurance and an array of other essential benefits and services for customers. With assistance from Navigators, customers can also assess eligibility and be enrolled for Energy Assistance;²⁸ Breast, Cervical and Colon Health;²⁹ Basic Food Program; Child Care Programs; and Access to Baby and Child Dentistry.³⁰

Access and Outreach coordinates the efforts of more than 30 community partners, such as community health centers, which are part of King County's enrollment network, deploying nearly 300 Navigators who assist customers to understand the Washington HealthPlanFinder system and secure health care plans. The Access and Outreach team is responsible for training and certifying Navigators to ensure that federal and state standards are met, including understanding household income and immigration status rules so customers are enrolled into the right health care program, and assisting those who are incorrectly denied health insurance.

Although customers may start working with the Access and Outreach team to enroll in health coverage, they can rely on Navigators to make sure they are enrolled in other services for which they are eligible,³¹ for example Navigators arrange reduced-cost transit fares through ORCA LIFT³² for Medicaid participants and those who receive Basic Food.³³

King County Veterans Program

The King County Veterans Program (KCVP) is where veterans can connect to a wide variety of services in one place. KCVP removes barriers and provides services that help to empower low-income veterans, service members, and their families to achieve their greatest potential. KCVP centers veterans, servicemembers and their family members in its program delivery model. Through partnerships across the region as well as through its direct service staff, KCVP provides financial, housing, employment and other supportive services to veterans, servicemembers and their families in King County.

Eligible veterans, servicemembers and their families who visits one of KCVP's two locations during walk-in hours can meet with a social service professional to engage in a collaborative case management. During that meeting, individuals working with staff collaboratively identify appropriate type and levels of services clients need, as well as resources for which the client might qualify. Resources that may be available to clients include: emergency support including emergency food, expenses, clothing, transportation, hygiene items, or utilities assistance; employment services; housing stability services like temporary shelter or assistance with move-in costs, rental assistance, basic furniture, storage of items during a crisis, connections to the larger housing assistance community (Veterans Affairs Supportive Housing voucher coordination, Supportive Services for Veteran Families rapid re-housing assistance, low-income housing or supportive or transitional housing); financial stability services including

²⁸ [Energy Assistance](#)

²⁹ [Breast, Cervical, and Colon Health](#)

³⁰ [Baby and Child Dentistry](#)

³¹ Eligibility varies by program, based on age, income, and citizenship status.

³² [ORCA LIFT](#)

³³ [Basic Food](#)

budgeting support and financial coaching; civil legal assistance to access benefits and end of life legal assistance delivered through on-site partners; and well-being program connections to health and mental health resources, assistance with substance use disorder, post-traumatic stress disorder or traumatic brain injury resources, and connections to social groups and supports.

Executive’s Customer Service Relationship Management Platform: One-Stop Shopping for County Residents Seeking County Services from Any Department

The Executive’s Customer Service Relationship Management (CRM) platform is a one-stop phone number and online site where anyone who lives, works, or plays in King County can get personal assistance to access information and services offered by any King County department. Customers can access information via the King County web site; to email questions, comments, compliments or complaints; or speak by phone with a customer services agent.

Customer Service staff provide consistent, accurate, and timely responses to customer inquiries and feedback. CRM technology supports interactions from different departments, while the CRM platform aligns requests with a single view of the customer and tracks the requests to ensure staff respond in a timely way. It is also used to organize consistent and well-documented responses to public information requests across county government. Customer Service staff utilize the CRM platform to:

- Improve connections between the public and King County government;
- Enable cross-department tracking of issues for better accountability and resolution;
- Improve responsiveness, timeliness, and faster resolution; and
- Gather trending and analytic data to help identify and address issues as well as prevent problems.³⁴

Customer Findings: Coordination of Delivery of Most Common Benefits and Services

This section addresses the proviso requirement to use customer perspectives: “The Department of Community and Human Services and Public Health – Seattle & King County shall approach the effort through the perspective of the customers, who are county residents that receive benefits and services, and recognize the challenges customers might face in receiving all benefits and services available.”

To learn about customer perspectives and challenges, the workgroup used a comprehensive approach to gathering customers’ feedback – document reviews, focus groups, and surveys – described further in Section C. Below are themes that assess coordination of the delivery of most common benefits and services for low-income customers through their voice.

Gaps and Barriers Identified in Delivering Benefits:

- Navigating service systems is challenging for families. Customers desire a clear resource guide or a knowledgeable navigator to help them: meet their families' basic needs; find and access available resources; and, understand eligibility and covered services, especially around health.
- Some customers have experienced disrespectful treatment and want more supportive, relationship-based interactions.
- Sometimes support is needed in other languages, and sometimes English is preferred.

³⁴ The Customer Relationship Management system is part of the King County Information Strategic Technology Plan, which includes five information technology objectives: digital civic engagement, workforce empowerment, data driven, IT mobility, and effective digital systems. More information is available in the [Strategic Technology Plan](#).

- In-person assistance from someone familiar with the need, who can be trusted, is critical.
- Multiple access points for services are needed, and in some cases – such as behavioral health – should include more schools and medical providers.
- Disparities by income and race are increasing, more low-income residents are moving to south King County; customers question whether county investments are responsive enough to these shifts.
- Lack of coordination among human services, health care and schools can exacerbate inequities or risk factors that increase the odds of entry into other systems such as the criminal legal system.

Obstacles and Challenges of Identifying, Applying and Receiving Benefits and Services:

- Customers encounter providers and service systems that are unable to meet their cultural and language needs, which limits access benefits and services.
- Training for outreach and coordination staff is needed, such as standard trainings, protocols, and checklists. This will help assure staff consistently refer customers to services for which they are eligible. Sometimes, customers receive different information about services from different staff people.
- Customers may not know what services they are eligible for, and may be unclear on how city, county, state and federal services do or do not overlap.
- When departments operate in silos, it limits the ability to move toward more equitable outcomes. It signals the need for greater collaboration and integration of services.
- Customers are unclear about access points to some service systems, such as behavioral health care, particularly for youth.
- Customers are frustrated when they need to provide duplicate information through multiple interactions. These frustrations are furthered by a lack of information or resources necessary to access online.
- Siloed services require that customers navigate multiple programs and provide duplicate information and interactions.
- It is not always clear to customers how to access transportation.

Many of the board and commission focus groups and previous community engagement reports pointed out that while coordination is important, it cannot fix problems caused by insufficient levels of services to meet population needs. The focus group participants noted that shortages, such as those customers face when seeking affordable housing or substance use disorder treatment, may look like coordination problems, for example in entry-management systems, but they can only be fixed by increasing the supply of the needed service and offering these within a well-coordinated structure.

C. Community Engagement Document Reviews, Focus Groups and Surveys

This section addresses proviso requirement C: “The Department of Community and Human Services and Public Health – Seattle & King County shall collaborate to also convene focus groups with customers to identify challenges and barriers on receiving benefits and services and to receive feedback on ways to address the challenges and barriers. The focus groups may also include social workers, case workers, health care providers and community organizations to understand the customers' perspectives.”

A three-pronged approach was used to gather customer and community perspectives on coordination of delivery of most common benefits and services. They were:

1. *Review of previous plans:* Prior to conducting the focus groups, the workgroup analyzed seven implementation and strategic plans that had previously collected a large array of customers' perspectives on the coordination of benefits and services funded by King County government. Appendix B provides a table summarizing the document reviews.
2. *Focus groups at existing events or meetings:* Eight focus groups were convened between September 2019 and January 2020. Team members from DCHS and PHSKC held the focus groups at open enrollment events, and meetings of boards, commissions, and committees. The groups were comprised of customers, social workers, case workers, health care providers and community organizations.
3. *Online surveys:* Online surveys were also offered as an option for the boards and commissions; 10 survey responses were received from three advisory boards. Appendix A describes focus group and survey participants, locations, and dates.

Review of Previous Plans

As stated in the King County ESJ Strategic Plan, "Community engagement and inclusion are essential to the county's success in adapting to a dynamic, changing landscape of community needs and priorities."³⁵ This principle was applied to work on this proviso as the workgroup capitalized on information contained in seven county implementation and strategic plans that had previously engaged community members and addressed similar issues.

The workgroup carefully reviewed findings from previous community engagement efforts from seven county planning efforts that had previously engaged community members and involved similar issues. The planning efforts, occurring between 2015 and 2018, include:

- The Road Map to Zero Youth Detention, September 2018;³⁶
- The Veterans, Seniors, Human Services Levy Implementation Plan, July 2018;³⁷
- Maternity Support Services Focus Groups, April 2018;
- MIDD 2³⁸ Service Improvement Plan, November 2016;³⁹
- The Best Starts for Kids Implementation Plan, September 2016;⁴⁰
- The Equity and Social Justice Strategic Plan, 2016-2022;⁴¹ and
- The King County Youth Action Plan, April 2015.⁴²

Scores of focus groups and town meetings, hundreds of interviews, and thousands of survey responses were documented in these reports.

These documents set a frame for customers' perspectives, which included: 1) the importance of considering the whole person within the context of families, friends, and communities; 2) the value of in-person communication; and 3) the need for clarity and ease in accessing benefits and services. By

³⁵ [Link to Equity and Social Justice Strategic Plan](#)

³⁶ [Link to King County Road Map to Zero Youth Detention](#)

³⁷ [Link to VSHSL Implementation Plan](#)

³⁸ MIDD is referred to in King County Code and related legislation as the mental illness and drug dependency fund, tax, or levy. "MIDD 2" refers to the renewal of MIDD for the period 2017-2025.

³⁹ [Link to MIDD 2 Service Improvement Plan](#)

⁴⁰ [Link to Best Starts for Kids Implementation Plan](#)

⁴¹ [Link to Equity and Social Justice Strategic Plan](#)

⁴² [Link to King County Youth Action Plan](#)

making the most use of past community engagement findings, this process leveraged the investment of time and effort made community members to inform previous planning efforts. In doing so, the work group was able to demonstrate respect for and recognize the value of the time of those who had provided such input in the past.

Additional themes from the document reviews, focus groups and online surveys follow.

D. Final Report Requirements

1. Summary of Customer Perspective Themes

The recurring themes from customers outlined below address a third key point required by the proviso: “ways to streamline the delivery of benefits and services so that customers can receive them all in either a single location or a single method, or both.”

Customers recommended the County make it easy to understand what services are available and how to sign up.

- Timely and ongoing connections and referrals across systems are critical.
- The County can act as a convener of organizations and sectors to assure all are working toward shared, sustainable and community-driven solutions.
- Staff training is needed, such as standard trainings, protocols, and checklists, so staff people don't overlook mentioning a particular service.
- Access to services needs to be low-barrier and require as few prerequisites as possible. Multiple access points are needed, and in some cases – such as behavioral health – should include schools and medical providers.
- Mini-city halls and libraries can be very effective by offering accessibility and flexible hours, which accommodate work and family schedules.
- The County should support collaboration among community partners and build capacity for equitable access to benefits and services.
- Sometimes 211 or the Crisis Clinic line cannot provide necessary information.

Design services and enrollment processes with early and ongoing input from the users.

- The County should engage youth, seniors, veterans, people of color and other populations disproportionately impacted by poverty to identify problems and solutions.
- Customers and partners value ongoing information sharing and community input (two-way communication).
- Providers should assure they ask customers about their preferences rather than having service assumptions made for them.
- Staff should do walkthroughs to understand the customer experience firsthand.

Use technology to make enrollment and coordination easy.

- Many customers need assistance with online enrollment; their computer skills, and/or access, are limited.
- The best ways possible should be used to collect user data. Customers should not have to repeatedly enter the same information on paper forms or online.

- Providers should avoid just handing out brochures or phone numbers for other services. This is not one-stop shopping and it is frustrating to customers who seek personalized support.
- Sometimes support is needed in other languages, and sometimes English is preferred.
- Communicating directly through social media networks works well for some customers.

Make in-person, relationship-based assistance available to people who need it.

- In-person assistance from someone familiar with the need, who can be trusted, is critical.
- Ongoing outreach and engagement services are needed to educate people about available resources, and to increase active involvement in services.
- The County should reach out to communities with the greatest health needs and economic challenges.
- Youth seek valuable relationships and connections.

Partner with trusted community-based organizations.

- Participants desire more community connections and social and emotional support throughout pregnancy and parenting.
- Partnering with community organization for outreach and engagement is effective, through service strategies that are community-relevant and community-driven, from providers who speak customers' languages and understand their cultures.
- The County should reduce funding barriers to ensure the work can happen within communities.
- Strong work is happening within communities; the County should build off these opportunities.

Find direct solutions to fill service gaps. Be clear about what can be fixed with better coordination.

- A shortage of services cannot be fixed by coordination. Sometimes inadequate supply of basic services appears to be a coordination problem. For example, a lack of affordable housing and inadequate capacity for substance use disorder treatment cannot be solved through better coordination of services.

2. Assessment of the Role of Technology in Improving Coordination of Benefits and Services

An assessment of the role of technology in improving the coordination of benefits and services was completed for this report, with community stakeholders and county staff informing the assessment. This report finds that King County utilizes a number of technology tools to support the provision of benefits and services as well as improving coordination, as described below.

New and Existing Back-End Technology: Data Warehouse and Business Intelligence

The King County DCHS-PHSKC Integrated Data Hub is a new technology tool for bringing data together further analysis, leading to quality improvements for customers accessing King County benefits and services. Bringing cross-sector data together supports evidence-based decision making and whole-person care coordination. Analysis based on data from only one type of service results in incomplete information, which in turn contributes to inefficient care and increased costs, as well as hampering the ability to understand which programs are working well and for whom. The Integrated Data Hub for DCHS and PHSKC facilitates data analysis by racial and ethnic categories, as well as by age, gender and geographic locations to better understand customers as multi-faceted people who interact with a range of services in the system, as well as understanding complex needs of communities.

With the support of King County Information Technology (KCIT), DCHS and PHSKC collaborated and contributed data and resources to the future launch of the Integrated Data Hub and related tools. Preliminary work focused on initial data-sharing agreements, and technical development, including establishing data standards, validating procedures to identify customers in multiple systems, and designing a scalable data model to allow inclusion of additional data sources as the departments' resources are available and planned. The three departments also collaborated to develop a framework for data governance, data privacy and protection, and decision-making around data uses.

The Integrated Data Hub and customer look-up tool include data from: 1) King County behavioral health services and program authorizations; 2) provisional permission to use Medicaid claims and eligibility for King County customers; and 3) enrollment data from the Homeless Management Information System (HMIS),⁴³ which includes data from programs and services for people experiencing homelessness. The ability to use data from three systems creates opportunities for analytics, hot spotting, and business intelligence to further the capacity of DCHS and PHSKC to provide whole-person care, by studying how individuals are interacting with, and being served by, multiple systems. The Integrated Data Hub is up and running as an analytic resource being used to support backend planning and evaluation activities in the department. A user-friendly interface for client lookup internally is undergoing final security review and should be made available later in 2020.

The back-end system capacity of the data warehouse facilitates replicable and consistent cross-sector analysis, including program evaluation, public health disease tracking, and evidence-based policy planning. Likewise, when appropriate data sharing agreements are in place, the customer look-up tool will ensure that the County can effectively serve individuals with complex needs, potentially enabling viewing of cross-sector individual customer data, including past behavioral health, Medicaid, diagnoses, housing services, and housing status. Data source priorities for the next phase are Health Care for the Homeless Network, Sobering Center, and King County Jail booking and re-entry planning information.

Client Outcomes Reporting Engine

The development of the Client Outcomes Reporting Engine (CORE) allows health and human services evaluators to customize reporting requirements and tools for providers to ensure that any data submitted into the system is complete, accurate, and aligned across programs to the extent possible. The system automatically de-duplicates service participants (while maintaining privacy)⁴⁴ across programs and funds and gives providers real-time dashboards of customer characteristics and program performance to further continuous quality improvement.

⁴³ King County assumed responsibility for HMIS from the City of Seattle in 2016. The King County HMIS is a shared database and software application that confidentially collects, uses and shares customer-level information related to homelessness in King County. HMIS is designed to capture comprehensive and timely information about services supporting persons and families who are at risk of or experiencing homelessness and to measure results and outcomes of those services. The goals of HMIS are to: 1) ensure accurate data about the nature of homeless services and customers in King County; 2) ensure accurate data about the nature and extent of prevention services provided to households at risk of homelessness in King County; 3) assist in facilitating a coordinated system of care for homeless and at-risk populations; 4) collect data that fulfills federal, state and local requirements for homeless reporting; and; 5) provide customer information capacity to facilitate potential collaborative information collection, and service development and provision initiatives.

⁴⁴ Providers will only be able to view data they submit. De-duplication will happen in the back-end database and will only be accessible by county evaluators who are trained in the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and related laws and regulations.

CORE was implemented with contracted BSK, MIDD, and VSHSL providers in January 2020 and will support 2020 reporting for most DCHS-managed contracts for the three funds. Future plans for CORE include serving the data needs of other lines of business including developmental disabilities and early childhood support services contracted by DCHS as well as some PHSKC services. CORE data is expected to eventually be folded into the integrated data hub to further round out understanding of customers' needs and experiences. As with all new data systems, a three-year stabilization period is expected to address any data quality issues and fixes.

New and Existing Front-End Technology Tools: Smart Phone Applications, Web Portals, Smart Card
Front-end technology tools are what the customer uses to interface with services. Front end tools can reduce challenges and barriers customers experience in accessing benefits and services, or they can increase challenges and barriers. Front-end technology tools work best when offered as one of several options for accessing services, as some customers do not have access to computers and smart phones. Thus, their use as the only link between customers and needed benefits and services should be viewed with caution, based on the customer perspectives collected for this report. One of the most frequent messages customers, stakeholders, and staff expressed related to access and coordination is that individuals with high needs or unusual circumstances require personalized and one-to-one interactions as they seek benefits and services.

Customers value in-person assistance, particularly from service providers with whom they have ongoing and trusting relationships. Technology tools or referrals to online resources can be implemented as one component of a multi-modal and whole-person approach to coordination that also includes in-person options. Front-end technology tools are effective when made available within supportive contexts. The Access and Outreach Program described above offers customers a well-designed combination of personalized assistance and state-of-the-art technology to access several common benefits and services.

Smart Cards: King County and Washoe County

Smart cards, also known as scan cards, are used in multiple jurisdictions around the country to facilitate access to some benefits and services, and to gather and analyze customer data. King County is using targeted smart card applications that are improving benefits and services coordination for some specific customers.

Agencies within the Homeless Management Information System (HMIS) can use smart cards to facilitate client intake, data collection, and service-provision tracking for individuals accessing a range of benefits and services. King County's HMIS software (Clarity Human Services) includes the option to print scan cards that include customers' names, unique identifiers, optional photos, and bar codes. King County's scan cards can be used by customers for any HMIS service that tracks attendance, which are primarily night-by-night shelter services or services provided at day centers, hygiene centers, and drop-in centers. Customers can obtain scan cards from any agency participating in HMIS that is set up to print them. While customers are not required to use them, and agencies are not required to provide them in order to offer services, scan cards allow considerable efficiencies. Using scan cards, programs can "check-in" and/or provide services to a high volume of customers very quickly. Scan cards also address the frequently stated customer preference not to repeatedly provide the same information. HMIS partner agencies currently using scan cards are REACH, Chief Seattle Club, Catholic Community Services,

Compass, Salvation Army, LIHI, Mary's Place, Lake City Shelter, YouthCare and Downtown Emergency Services Center.

Agencies use the technology to track attendance and services, and the scan cards also allow agencies to connect their de-identified customers to existing de-identified profiles from other agencies, providing a more complete picture of HMIS participation for these customers. Customers may use the same card at any agency set up to use scan cards, even if customers are de-identified, which can allow them to maintain one HMIS profile across multiple agencies in King County. Customers may also find it helpful to have an ID-type card with a photo.

Washoe County, Nevada uses the Clarity Passport. It is Nevada's version of King County's HMIS Scan Card. Nevada also uses Clarity Human Services as its statewide HMIS software. Nevada's HMIS contract is at the state level, so customers can use their Clarity Passports in Washoe County, or in any other county in Nevada. This is also true in Washington, but only for the counties that use the Clarity Human Services software for HMIS,⁴⁵ and as restricted by the data access agreements per county/continuum of care.

Nevada's cards also display customers' names, photos, unique identifiers, and bar codes. Providers in Nevada use the cards in similar capacities for emergency shelters and some non-shelter services such as food banks. While jurisdictions in Nevada have stipulated that the Clarity Passport is not a legal form of identification, some non-homeless service providers are also using it to provide access to bus passes, work stations for computer use and job hunting, and other services for homeless customers.

Other Uses for Smart Cards

King County's partnership with Washington State's Department of Health (DOH) is another example of customer-focused implementation of smart cards. Between February and December 2019, DOH transitioned to a new system for managing Women, Infants and Children (WIC) Nutrition Program services, which included transitioning from paper checks to WIC Cards as participants' means for receiving and managing WIC funds. WIC funding supports the purchase of healthy food for pregnant women, new and breastfeeding mothers, and children under five.⁴⁶ Whereas WIC participants previously needed to visit a King County public health center or satellite site to pick up their checks, WIC benefits are now electronically loaded onto participants' WIC cards monthly via the new state system known as Cascades.⁴⁷ The introduction of WIC Cards has reduced the barriers and challenges faced by mothers as they seek healthy food for themselves and their young children.

PHSKC worked closely with DOH in the design and implementation of the new system, which was implemented in King County in October 2019. The state's development of WIC Cascades demonstrates how multiple entities can work together to reduce challenges and improve service coordination and delivery. King County served 52,184 WIC participants in federal fiscal year 2018, of which 37,178 were children under age five, and 15,006 were mothers.⁴⁸

⁴⁵ Most counties in Washington state use Clarity Human Services software, except not Clark, Pierce, Snohomish and Spokane Counties.

⁴⁶ In addition to funding healthy food, WIC helps improve the health of mothers and children through nutrition education, breastfeeding support, and health screenings and referrals.

⁴⁷ [Cascades Washington WIC](#)

⁴⁸ [2018 WIC Annual Summary Data by County](#)

One challenge to note when contemplating a single card is that a diverse range of benefits and services may likely be supported through multiple funding sources. This translates to complexities with a single card due to changing eligibility rules set by funders, including local, state, and federal governments as well as different data requirements associated with the funds.

3. Recommendations

This section includes recommendations to improve integration of the benefits and services to residents in poverty based on the focus groups and assessment of the role of technology.

Analyses of the coordination and delivery of the most common benefits and services to low-income customers finds that departments are employing many best practices and identifies opportunities for improvement.

Recommendation Criteria and Best Practices

Four recommendations are provided below, based on customer feedback and assessments conducted. To arrive at recommendations, additional analyses were performed on the impact of the recommendations using four key criteria: 1) people, 2) services and operations, 3) equity and social justice, and 4) budget. See Appendix C for more detail about the criteria used to develop the report recommendations.

In addition, the recommendations are aligned with best practices in user-centered program design in order to drive further improvements in customer-centered services and coordination. These best practices are:

- Recognizing that customers' time is limited and valuable: ensure that customers can access information about many services in one interaction with the County.
- Understanding that customers' perspectives are essential inputs that improve system performance: incorporate user input at the earliest stages of program design.
- Acknowledging that relationships improve coordination of services, especially for those with the greatest needs.
- Recognizing that community-based organizations have strong ties within communities should be leveraged whenever possible.

Taken together, these recommendations form a comprehensive approach to better coordinate the delivery of benefits and services and improve the customer's experience. Each of the following four key recommendations are detailed below:

- 1. Tailor service combinations in ways that work best for specific population groups.**
- 2. Integrate projects across the most common programs that serve the same customers.**
- 3. Prioritize more coordination across county departments that serve the same customers.**
- 4. Support cross-sector countywide and statewide efforts to coordinate systems.**

The description below of each of these four recommendations includes examples of how current coordination demonstrates best practices. Additional examples are provided in Appendix D.

Recommendation 1. Tailor service combinations in ways that work best for specific population groups. Defined population groups such as families with young children, people engaged in the criminal legal system, people without stable shelter, or low-income older adults share many similar circumstances, common challenges, and often similar needs. This report recommends maximizing opportunities to develop integrated and tailored approaches to the coordination of benefits and services for specific populations. Examples of this approach include the following:

- **Help Me Grow** (HMG) is a national model for a community-driven resource and referral linkage system for families with young children. HMG in King County will guide families through the complex array of services to connect children and their caregivers to appropriate, accessible, and timely services and supports. As it develops, HMG will increasingly serve as a front-facing technology resource providing a coordinated access network for King County families, providers and community-based partners across the region.⁴⁹

As an official HMG sub-affiliate, King County is partnering with WithinReach, an organization that builds pathways to make it easier for families to navigate complex health and social service systems and connect with the resources they need to be healthy and safe.⁵⁰ The partnership between King County and WithinReach aligns systems and services in collaboration with communities and families toward the goal of equitable family-centered, culturally responsive supports. This work includes increasing access for universal developmental screening, quality early learning and parent support. The HMG in King County coordinated access network will inform the development of a resource directory and data sharing system to improve care coordination for families, while bolstering community-based resources and the support of cultural ambassadors providing a warm handoff for family support.

- **Targeted work to ensure smooth jail transitions** will improve the coordination of benefits and services which is critical for people who are engaged with the criminal legal system, especially at the point that they are released from county jails back to the community. Data indicate that nearly half of these individuals are homeless and a large percentage struggle with mental health or substance use disorders.

Starting in 2014, King County leaders from across sectors collaborated through the Familiar Faces Initiative to map, design and build out an integrated system of care and support for frequent users of the King County jail. This resulted in enhanced efforts to support intensive care management teams, cross-sector data integration and interventions such as Law Enforcement Assisted Diversion (LEAD)⁵¹ and the Vital⁵² intensive care management team.

In 2020 King County is taking this work to the next level through an integrated approach to addressing the most common services needed for successful reentry into the community, including health, behavioral health, housing, employment and food assistance. This will be achieved through enhanced release planning and support coupled with improved linkage to services in the

⁴⁹ “Connecting Families to Services: Help Me Grow is Happening,” *Public Health Insider*, March 26, 2020, <https://publichealthinsider.com/2019/03/26/connecting-families-to-services-help-me-grow-is-happening/>

⁵⁰ “What We Do,” WithinReach, accessed September 5, 2019, <https://withinreachwa.org/our-programs/>

⁵¹ LEAD website: www.leadbureau.org

⁵² King County Vital Program website: tinyurl.com/KC-Vital-Program

community, including medication for opioid use disorder (MOUD), upon release. A mix of federal grants and local funding has been secured to support this enhanced coordination.

- **Senior Hubs** are now at the beginning stages of implementation. This strategy envisions integrated and coordinated service provision driven by senior centers and virtual villages acting as community hubs.

These hubs will build social connections and enable people to easily access a range of services and supports. Among these are new VSHSL-funded programs such as health services delivered through a senior mobile medical van, caregiver respite subsidies, and legal services that can help people apply for social security and senior property tax exemptions, or report suspected financial abuse to the Elder Abuse Multi-Disciplinary team.

This embodies the “combined arms” guiding principle of the VSHSL, defined as the development of systems in which multiple programs deploy thoughtful connections that amplify their mutual effects and mitigate each other’s weaknesses.

[Recommendation 2: Integrate projects across the most common programs that serve the same customer base.](#)

Coordination itself is ineffective unless it connects the *right* services to meet customers’ needs at the right time. Individual programs and the data they produce each tell only part of the story. Integrated data enables shared understanding of the most effective combinations and sequences of services. Integrated data also informs coordinated policy, eligibility and resource decisions across programs and systems.

The ability to analyze how customers are interfacing with multiple services systems is critical to improving and streamlining the coordination of benefits. Back-end technology enables analysis across sectors, enhancing program evaluation, public health disease tracking, and evidence-based policy planning, while at the same time improving front-end service for customers. Data integration tools can be used to produce trend reports to monitor the County’s progress in eliminating racial inequities over time. This report recommends continuing and enhancing the County’s projects currently underway to achieve these goals, described earlier in this report. They include:

- The Client Outcomes Reporting Engine (CORE), which began phased implementation in January 2020, allowing customized and consistent client-level data reporting requirements across BSK, MIDD and VSHSL. CORE’s future scope is also anticipated to include developmental disabilities and early childhood support services as well as some PHSKC services.
- The Health and Housing data dashboard which was launched in 2019, with opportunities to expand in 2021. The dashboard offers an integrated look at health and housing data that enables users to explore health outcomes for residents of public housing authorities.
- Electronic health records, which are currently under development, work toward integrating health and behavioral health by aligning health records of customers served by multiple county systems, including DCHS’ Behavioral Health and Recovery Division, Public Health Centers and Jail Health Services.
- DCHS-PHSKC Integrated Data Hub which is under way, integrating customer data and interfacing with the behavioral health system, Medicaid and HMIS.

Recommendation 3: Prioritize more coordination across county departments that serve the same customers.

The assessment of the current state of benefits and services coordination conducted for this report found that benefits and services generally are better coordinated *within* programs and departments than they are *across* programs and departments. One important improvement in services coordination the County can take is to increase coordination across different departments when these departments serve the same customers.

Such coordination should be prioritized for departments with overlapping customers, such as DCHS, PHSKC, the Department of Public Defense, King County Metro and when appropriate the Department of Adult and Juvenile Detention. Coordination across departments includes exploring presumptive eligibility for services that are under the jurisdiction of the county and cities, so that residents are not required to go through screening and eligibility processes multiple times. While general inter-departmental coordination has merit, these particular departments have a specific opportunity to engage customers, design systems, and coordinate services to improve outcomes for customers who experience poverty or marginalization.

In recent years, DCHS and PHSKC have worked more closely together, and this collaboration has led to improved coordination of many health and human services. Best Starts for Kids and the Veterans, Seniors and Human Services Levy programs have created work teams with members from both departments. Coordination now extends to King County Metro which offers ORCA LIFT through PHSKC's Access and Outreach Team. While conducting research for this report, PHSKC and DCHS learned that the social workers at the Department of Public Defense were interested receiving training from the Access and Outreach Team.

Inter-branch teams and multi-department work teams that cross-train staff, create relationships, share information and develop service coordination linkages across agencies should be used to strengthen cross-department coordination. These teams should use best practices in community engagement, including early and ongoing user participation in program design and performance measurement by customers, as described in the ESJ Strategic Plan. Elevating cross-department coordination of benefits and services to low-income customers should be considered a countywide best practice.

Recommendation 4: Support cross-sector countywide and statewide efforts to coordinate systems.

King County government is one organization among many in Washington State that funds and delivers services for low-income customers. In addition to improving the coordination of the most common benefits and services that the county provides directly, this report recommends engaging in broader regional cross-sector efforts to coordinate systems policies, funding, and eligibility.

HealthierHere⁵³ seeks to transform the way health care is delivered to residents in King County, working across medical, behavioral health, social service, and community to build a welcoming, accessible, and integrated delivery system that fosters health and wellness. It is exploring the development of a countywide Community Information Exchange (CIE).⁵⁴ The model, based on a system used in San Diego

⁵³ Healthier Here website: www.healthierhere.org

⁵⁴ Healthier Here Community Information Exchange Information: [PDF Link](#)

and other localities, is a mechanism to strengthen clinical-community linkages. It is centered on an integrated platform which clinicians can use to refer patients to a range of social services. It has capacity for data-sharing among providers and a closed-loop referral system to identify whether patients were able to follow through on referrals. If implemented, this model could develop interoperability between population-specific resources and referral systems such as Help Me Grow and Community Living Connections, a referral service for older adults, as well as others.

The Countywide Information and Referral strategy funded by VSHSL will invest in the planning for a CIE or systems to enable interoperability and connectivity between coordinated systems across sectors. Planners envision that such a system will coordinate with existing networks and technology platforms, allow for appropriate sharing of data between providers, and serve as an umbrella of different service coordination systems.

Finally, this report does not recommend overlaying or adding a new system that would coordinate all services and benefits for low-income residents through a single location or single method. This is not recommended for a number of reasons, including: the increased financial investment; differences between various eligibility and enrollment systems; the speed at which eligibility rules and services evolve; and, the logistical challenges of establishing new locations, procuring new technologies and investing in new staff capacity.

In-person and technology coordination already in place in King County, as demonstrated with the Access and Outreach team, the Customer Service Office, and the King County Veterans Program, are effectively providing customers with high quality coordination across a wide range of benefits and services. A Clarity Card, similar to that used in Reno and Washoe County, Nevada enables efficient access to shelter and other services for some people who are homeless, but would be challenging to expand to all services on a county level in Washington State due to funding source and reporting requirements.

As noted above, focus group feedback and previous community engagement reports pointed out that coordination cannot fix problems caused by insufficient levels of services to meet population needs. Given the customer perspectives gathered for this report and the limited financial resources of the county, resources would be more effectively spent addressing service gaps by improving access to substance use disorder treatment and affordable housing.

V. Conclusion

Making it as easy as possible for King County customers to access the services and supports they need to thrive is a primary goal of King County government. Customers have indicated the importance of service coordination that can respond to their needs and respect their time by offering coordination in-person and online. Current coordination work that is achieving this goal should be accelerated and services that operate as stand-alone programs should be connected to outreach and coordination systems when there are overlapping populations being served.

DCHS and PHSKC will continue to deliver in-person relationship-based service coordination that is supported by well-designed information technology platforms. This work continues even while recognizing that it is not possible for local government to coordinate all services when many of those services are funded at the state and federal levels. County government has the greatest opportunity to

improve coordination related to services funded and delivered by the County, and less ability to improve program coordination for services funded by federal and state resources.

The departments recognize that there are both bright spots and room for improvement in coordinating benefits and services. Guided by the four recommendations in this report, they will continue to openly communicate with county residents, community partners, and policymakers to leverage existing and co-develop new coordination efforts. Progress will be reported using data disaggregated by race/ethnicity, geography, gender, abilities, veterans status and other categories. This fine-grained approach to evaluation will inform programs and offer continuous improvement guidance. The opportunity provided by this proviso benefited both departments by creating the impetus to pause, take stock, continue coordination efforts that are successful and identify next steps for improvement.

VI. Appendices

Appendix A: Focus Groups, 2019 and 2020

Advisory Board or Event	Location	Participants	Date
1. Behavioral Health Advisory Board	Chinook Building	6	11/7/19
2. Children and Youth Advisory Board	Survey	30	12/1/19 to 1/10/20
3. Health Care for the Homeless Community Advisory Group	Chinook Building	15	10/2/19
4. Health Care for the Homeless Governance Council	Chinook Building	18	11/18/19
5. Juvenile Justice Equity Steering Committee	Survey	32	12/1/19 to 1/10/20
6. King County Immigrant and Refugee Commission	Colectiva Legal del Pueblo, Burien	11	11/20/19
7. MIDD (Mental Illness and Drug Dependency) Advisory Committee	Chinook Building	32	12/12/19
8. Outreach and Access Team – health coverage open enrollment event	Crossroads, Bellevue Mini-City Hall	6	12/2/19
9. Outreach and Access Team – health coverage open enrollment event	Shoreline Library	12	12/5/19
10. Veterans, Seniors, and Human Services Levy Advisory Board.	Beacon Hill Library	30	12/19/19

List of organizations included in focus groups

- Because It Takes a Village: Child Learning Collaborative
- City of Bellevue
- City of Des Moines
- City of Kent
- City of Kirkland
- City of Mercer Island
- City of Seattle
- Consejo Counseling and Referral Service
- Consumer representatives
- Coordinated Care of Washington
- Crisis Connections
- DAWN
- Downtown Emergency Service Center
- Encompass
- Friends of Youth
- GenPRIDE
- Harborview Center for Sexual Assault and Traumatic Stress
- Harborview Medical Center
- Health Care for the Homeless staff, Public Health-Seattle & King County

- Hero House
- Homeless and previously homeless representatives
- India Association of Western Washington
- International Rescue Committee
- King County Coalition Ending Gender-Based Violence
- King County Department of Community and Human Services
- King County Department of Judicial Administration
- King County Department of Public Defense
- King County District Court
- King County Executive Office
- King County Juvenile Court Services
- King County Prosecuting Attorney's Office
- King County Sheriff's Office
- King County Superior Court
- LGBTQ Allyship
- Mercy Housing
- Metropolitan King County Council
- Minority Veterans of America
- Mt. Si Senior Center
- Muslim Community and Neighborhood Center
- National Alliance on Mental Illness (NAMI) - Greater Seattle
- Neighborcare Health
- Neighborhood House
- Nexus Youth and Families
- North King County Community Medicine Team
- OneAmerica
- Operation Nightwatch
- Pacific Hospital Preservation & Development Authority (PHPDA)
- Peer Seattle
- Phinney Neighborhood Association
- Plymouth Housing Group
- Public Defender Association
- Public Health - Seattle & King County
- Puget Sound Education Service District
- Ryther Center for Children and Youth
- Save the Children Action Network
- SeaMar Community Health Centers
- Seattle-King County Advisory Council on Aging & Disability Services
- Seattle Children's Research Institute
- Seattle Counseling Service
- Seattle Public Schools
- Seattle University
- SEIU Local 925
- Snoqualmie Valley Community Network Unincorporated King County
- Somali Health Board

- Sound Cities Association
- Southeast Youth and Family Services
- Squaxin Island Tribe's Northwest Indian Treatment Center
- Starbucks
- Swedish Hospital
- SYL Foundation
- The Stability Network
- Ukrainian Community Center of Washington
- United Indians of All Tribes Foundation
- University of Washington School of Nursing
- Urban Indian Health Institute
- Veterans representatives
- Vine Maple Place
- Washington Immigrant Solidarity Network
- Washington State Association of Head Start and ECEAP
- Washington State Hospital Association
- West African Community Council
- WestSide Baby
- Windermere Real Estate
- Youth Development Executives of King County
- YouthCare YWCA Seattle, King County, Snohomish County
- YWCA of King County

Appendix B: Customers' Perspectives on Coordination of Benefits and Services

Analysis of Seven Implementation Plans and Other County Documents, 2015 to 2018

Plan or Initiative	Community Engagement Activities	Themes Related to Coordination of Benefits and Services
Road Map to Zero Youth Detention: September 2018	King County sought a wide array of perspectives on the development of the Road Map to Zero Youth Detention, with emphasis on those most impacted by the juvenile legal system. The insights of King County employees also informed the work. In 2018, 182 community members participated in community meetings and focus groups and 79 county employees participated in employee focus groups. A total of 2,132 King County residents and 142 employees responded to a digital survey. Nineteen parents or guardians and 12 youth participated in case examples.	Community engagement themes referenced: <ul style="list-style-type: none"> Youth value relationships and connections. They need a positive, prosocial network and should be involved in community.
Veterans, Seniors, Human Services Levy (VSHSL) Implementation Plan: July 2018	Community partners and VSHSL renewal staff collaboratively convened 72 community conversations and focus groups and four online surveys. In all, 1,697 residents were engaged from June 2016 to February 2018.	Residents defined characteristics of an excellent service system as including: <ul style="list-style-type: none"> Outreach to communities with the greatest health needs and economic challenges. Ongoing information sharing and community input.
Maternity Support Services Focus Groups: April 2018	From January to April 2018, 16 focus groups for new mothers, fathers and caregivers were held across King County in English, Burmese, Somali, and Spanish. 128 parents and caregivers were interviewed about services they received during pregnancy and early parenthood and what types of services would have been the most helpful during that time.	<ul style="list-style-type: none"> Many felt that parent groups would be a helpful and appropriate way to connect with others and find resources and information. Navigating the system is challenging for families. Participants desired a clearer resource guide or a knowledgeable navigator to help them meet their families' basic needs, find available resources, and understand eligibility and covered services, especially around health. Participants wanted to receive culturally relevant and

Plan or Initiative	Community Engagement Activities	Themes Related to Coordination of Benefits and Services
		<p>language-appropriate services. They highly valued service providers who speak their language and understand their culture.</p> <ul style="list-style-type: none"> • Many participants had experienced disrespectful treatment from staff and seek more supportive relationship-based interactions.
Mental Illness and Drug Dependency (MIDD) 2 Service Improvement Plan: November 2016	Between September 2015 and February 2016, staff planning for MIDD 2 engaged over 1,000 residents through five regional community conversations and 14 focus groups involving specific communities, populations, or sub-regional areas, including individuals in the King County Jail. An electronic survey gathered 362 responses.	<ul style="list-style-type: none"> • Outreach and engagement services were identified as needs, to educate people about available resources, and to increase commitment and active involvement in services. • Residents sought improved coordination and continuity of care.
Best Starts for Kids Implementation Plan: September 2016.	Between July and December 2015, county staff and community partners convened six large community gatherings, and multiple community conversations including focus groups and interviews, engaging over 1,000 community residents. The Best Starts for Kids Health Survey occurred from July to November 2017. From July through December 2017, Open Doors for Multicultural Families and BSK engaged community organizations, key stakeholders, and community leaders across seven cultural and linguistic groups: American Indian/Alaska Native, Somali, African American, Chinese, Latinx, LGBTQ, and Vietnamese.	<p>Community feedback, summarized by countywide, geography-specific, and strategy-specific themes included:</p> <ul style="list-style-type: none"> • There is a need to eliminate funding barriers to ensure the work can happen within communities. • BSK must build off existing strong programs, which are based in communities. • Connections and referrals across systems are critical. • Strong work is happening within communities; BSK must build off these opportunities.
Equity and Social Justice Strategic Plan, 2016-2022	Between July and September 2015, more than 600 county employees and 100 local organizations— including community organizations, education, philanthropy, labor, business and local governments—shared their insights and expertise on where we have made	<ul style="list-style-type: none"> • When departments and agencies operate in silos it undermines the ability to move toward more equitable outcomes and emphasizes a need for higher levels of

Plan or Initiative	Community Engagement Activities	Themes Related to Coordination of Benefits and Services
	<p>progress, persistent challenges that exist, and solutions toward achieving equity.</p>	<p>collaboration and integration of lines of work.</p> <ul style="list-style-type: none"> • A unifying strategy is for the County to act as a convener of organizations and sectors working toward shared, sustainable, community-driven solutions.
<p>King County Youth Action Plan: April 2015</p>	<p>The Youth Action Plan Task Force planned and executed a community and youth outreach strategy, holding five regional community conversations in October 2014 that included more than 225 attendees and conducted a survey of over 1,000 King County youth from September 2014 to November 2014.</p>	<p>Results that related to coordination of benefits and services included:</p> <ul style="list-style-type: none"> • Asking youth to identify problems and solutions. • Partnering with youth leadership groups to make decisions. • Communicating directly with youth through social media networks.

Appendix C: Criteria Used to Develop Report Recommendations

The recommendations for the Coordination of Benefits and Services report were developed using the criteria below:

1. People Impact

- Determined through the perspectives of low-income customers who are county residents receiving benefits and services;
- Capable of reducing challenges customers may face in accessing benefits and services;
- Responsive to customers' stated desires for one-to-one, personalized interactions with providers;
- Likely to maximize knowledge and contributions of partners.

2. Services and Operations Impact

- Likely to deepen and extend in-department and cross-department collaboration between DCHS and PHSKC teams;
- Capable of streamlining the delivery of benefits and services for low-income customers;
- Focused on maximizing current and planned technology collaborations and investments;
- Contained to the proviso's focus on benefits and services coordination.

3. Equity and Social Justice Impact

- Informed by community organizations, community members, and those with lived experience;
- Assure a strength-based mindset, and seek community-driven and community-delivered approaches;
- Exemplify the values of the ESJ Strategic Plan and use community input to coordinate and try different approaches toward achieving better outcomes.

4. Fiscal Impact

- Balance the costs of coordination with the costs of providing services.
- Use technology to support the coordination of in-person contacts.
- Build on and accelerate current data integration efforts that support service coordination work.

Appendix D: Additional Examples of Coordination Efforts That Fulfill Recommendations

Examples of where county services are available in one real or online location

- The King County Customer Service line is a one-stop online location to get questions answered about county services.
- PHSKC's Access and Outreach Team offers a hotline to help customers sign up for health and other social services in one sitting or phone call.
- DCHS' Housing, Homelessness and Community Development's Prevention/Diversion Program holds a series of Family Resource Exchanges throughout King County. At a typical Family Resource Exchange, over 20 providers are present and over 1,000 households attend, ensuring that customers can be connected with services in real time.
- DCHS' Behavioral Health and Recovery Division (BHRD) convenes organizations to assure all are working toward shared, sustainable and community-driven solutions. Partnership meetings are held with service providers for pregnant and parenting women including the family court system and DCHS.
- DCHS' Children, Youth, and Young Adult Division (CYAD) has developed a new YouthSource Instagram page to better market services to youth and youth adults.
- Providers funded by VSHSL leverage government benefits to gain employment and increase household income, work with all three populations supported by the levy (veterans, seniors and vulnerable persons) to learn about resources available and eligibility for government benefits, enroll in benefits, and resolve benefit-access or appeal benefit-reduction or denial issues.

Examples of plans in the near future to provide county services in one real or online location

- BHRD has created a training to introduce clinicians and peers to basic case management and standard services customers may need. BHRD plans on providing this training through their newly developed Onboarding Academy to standardize clinicians' knowledge of the systems clients may interact with.
- An upcoming website re-design for CYAD will make it much easier for young people in need of services to make contact.
- In 2020, VSHSL will create a searchable tool to enable customers seeking VSHSL-funded services to search for the location, contact name, and contact information of providers who offer that service.
- Departments will examine new and expanded routes to communicate directly with customers including social media networks, chat options, NextDoor, and email.
- The CYAD database will have features to automate enrollment and flag programs for which young people are eligible. This will assist social service professionals to coordinate delivery when working with customers.

Examples of what is currently being done to incorporate customer perspectives in program design

- Best Starts for Kids carried out extensive community engagement before designing services to make sure its strategies were informed by young families who will use services.
- Youth play critical leadership roles at YouthSource and on the Children and Youth Advisory Board.
- When opening the West Wing shelter, Downtown Emergency Services Center created a stakeholder group of potential users to inform program design, resulting in a space that meets both operators' and shelter stayers' needs. The West Wing shelter is highly utilized and one of the more sought-after shelters in King County.

- Survivor-Centered Mobile Advocacy for Survivors of Domestic and Sexual Violence funds community-based organizations to create a network of advocates to reach more and more diverse survivors, meet them where they are geographically and culturally, and provide a tailored combination of services and resources to help them improve their self-determination, safety, health, and stability.

Examples of what teams are planning or considering to do next to build programs with user perspectives

- Often individuals experiencing homelessness either have difficulty making scheduled meetings, or don't feel comfortable going to more formal settings (like county buildings). Staff are exploring opportunities to go straight to providers who work with homeless individuals and have "town meetings" at these locations.
- As a new division, CYAD is looking to expand opportunities for more youth feedback and youth voice to inform the work.
- Establishment of a countywide Commercial Sexual Exploitation Collaborative through VSHSL will develop a shared model to enable more people with lived experience in the sex trades to access resources, programs, and services to increase their housing, financial, social and/or health stability.

Relationships improve the coordination of services, especially for those with the greatest needs

Customer and stakeholder discussions often referenced the importance of human relationships, not exclusively technology tools, to foster coordination across services. They recommended: 1) amplifying the principle of "targeted universalism"⁵⁵ to establish population-wide goals that are implemented with enhanced outreach to those who need it; 2) continuing, whenever possible, to use community health workers, peer support specialists and staff who share lived experiences with community members to facilitate benefits and services coordination; 3) prioritizing cross-training staff from different departments and programs.

Examples of relationship-based coordination of services

- Access and Outreach Team holds in-person events throughout King County during open enrollment every fall. In November and December 2019, 305 Navigators from PHSKC and 26 community-based organizations held events several times a week at the 10 Public Health Centers and at 25 community locations, along with 51 one-time events. 32 in-person enrollment assistance events were held at King County and city libraries. The Community Health Access Program received 1,980 phone calls about health coverage during this time. Notices were placed on PHSKC's blog, Facebook and Twitter accounts, in movie theater ads, and in newspapers and radio ads, including ethnic media. Through these efforts, 3,805 King County residents enrolled in a Qualified Health Plan; 7,065 people secured Medicaid coverage and 6,886 were automatically renewed in their Medicaid plan.
- Customers receiving behavioral health services are assessed when their benefits begin, including the need for cross-system referrals and coordination, and then reassessed at least annually thereafter. Coordination includes financial benefits, housing, medical benefits, physical health needs, specialty provider/programs, crisis systems, and basic needs. Once enrolled in a single service such as mental health or substance use disorder treatment services, the provider agency can work to enroll the customer in any other needed services, ensuring that one door acts as the entry point for customers.

⁵⁵ [King County ESJ Strategic Plan 2016-22](#), page 13, defines targeted universalism as "defining outcomes for all, identifying obstacles faced by specific groups, and tailoring strategies and building on assets to address barriers."

- Many BHRD provider partners offer drop-in access times for customers who struggle to maintain schedules/appointments to ensure that they still have access to treatment.
- CYYAD's Reconnect to Opportunity team conducts outreach and recruitment to Opportunity Youth, who are young people ages 16-24 years not working and not in school. The team comprises four peer connectors and one supervisor who connect these youth to services that best meet their needs and goals.
- Under Housing, Homelessness and Community Development's new coordinated entry process, case managers and housing providers make customer/housing matches in real time. Using customer-trusted case managers ensures a successful handoff to available system housing.
- High touch in-person support for pregnant women through PCH.

Examples of near-term relationship-based coordination of services

- As a central hub of knowledge about many types of services and benefits, the Access and Outreach Team in Public Health will take on an increased role in facilitating cross training among county departments.
- Service providers could be encouraged to expand their use of drop-in facilities, day support programs, libraries, and other resources to be as available to customers who need them as possible.

Community-based organizations have deep ties to communities; leverage these partnerships whenever possible

The customer and stakeholder discussions stressed the importance for local government to work in partnership with community-based organizations that have long and strong roots in different communities. Their input included: 1) prioritizing partnerships with community-based organizations that have specialized relationships and capabilities for specific groups and locations; 2) identifying additional opportunities for access to community-based information on coordinated benefits and services, such as extending use of mini city halls, libraries, senior centers, and King County District Courts' community courts and resource centers; and 3) encourage technology solutions being pursued by county partners, such as the Mobility Coalition's "1 click, 1 call" service.

Examples of community-based organization partnership currently in place

- BSK investments in Stopping the School to Prison Pipeline and Helping Youth and Young Adults include community partners with expertise in serving young women, people of color, and youth with disabilities.
- CYYAD employment and education programs include services to youth with disabilities in partnership with the State Department of Vocational Rehabilitation.
- BSK peer connectors are working with community courts, public health centers, and schools to connect youth with those benefits and services.
- BSK's Youth and Family Homelessness Prevention Initiative contracts with 25 community-based organizations to provide homeless prevention services to at-risk families. The model relies on small, grassroots organizations that provide deep, focused, community- and population-specific work to reach households who may not seek out programs from government or large nonprofits.

Examples of community-based organization partnerships planned for the near-term

- Community partners offering mentoring services through the BSK Youth Development strategy are creating a community of practice that will elevate best practices, increase youth engagement, and standardize performance measurement for mentoring services.