



**KING COUNTY**

1200 King County Courthouse  
516 Third Avenue  
Seattle, WA 98104

**Signature Report**

**October 14, 2003**

**Motion 11821**

**Proposed No.** 2003-0439.2

**Sponsors** Gossett

1                   A MOTION adopting the King County Human Services  
2                   Recommendations Report for 2004-2006.

3  
4

5                   WHEREAS, the King County council recognizes the importance of using adopted  
6                   human services policies to guide its investments in human services, and

7                   WHEREAS, the King County council on September 13, 1999, passed Ordinance  
8                   13629 adopting Framework Policies for Human Services, which include Implementation  
9                   Guidelines directing the executive to develop a Human Services Recommendation  
10                  Report, and

11                  WHEREAS, the Human Services Recommendations Report for 2004-2006  
12                  describes human services designed to reduce involvement with the criminal justice  
13                  system, and

14                  WHEREAS, the Human Services Recommendations Report for 2004-2006  
15                  addresses methods for stabilizing and enhancing human services efforts over a three-year  
16                  period, and

17           WHEREAS, a King County interdepartmental human services team prepared the  
18           Human Services Recommendations Report for 2004-2006 with citizen oversight and  
19           review by the King County children and family commission;

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

21           The King County Human Services Recommendations Report for 2004-2006 is  
22           hereby adopted with the exception of the recommendation to use rental fees generated by

**Motion 11821**

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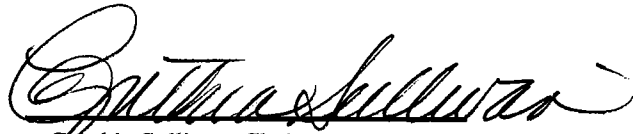
23 the solid waste division to support human services, a matter considered under separately  
24 proposed legislation.

25

Motion 11821 was introduced on 9/29/2003 and passed by the Metropolitan King County Council on 10/13/2003, by the following vote:

Yes: 13 - Ms. Sullivan, Ms. Edmonds, Mr. von Reichbauer, Ms. Lambert, Mr. Phillips, Mr. Pelz, Mr. McKenna, Mr. Constantine, Mr. Hammond, Mr. Gossett, Ms. Hague, Mr. Irons and Ms. Patterson  
No: 0  
Excused: 0

KING COUNTY COUNCIL  
KING COUNTY, WASHINGTON



Cynthia Sullivan, Chair

ATTEST:



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Anne Noris, Clerk of the Council

**Attachments**      A. Human Services Recommendation Report for 2004-2006



# Human Services Recommendations Report for 2004 – 2006

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## King County, Washington

Developed by the King County Interdepartmental Human Services Team  
In response to Ordinance No. 13629 (Implementation Guidelines)

King County Department of Community and Human Services  
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# I. Executive Summary

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## A. Purpose of the Human Services Recommendations Report for 2004-2006

The King County Human Services Recommendations Report (HSRR) provides an opportunity to assess the human services system, consider the changing human services environment, identify areas for specific focus, evaluate progress made in the five Community Goals, recommend programmatic and system improvements, and address next steps for human services development.

The King County Council adopted the *King County Framework Policies for Human Services* in September 1999 (Ordinance 13629). These policies lay out required elements for the HSRR:

1. Assessment of Current Human Services Activities
2. Assessment of Progress Made Toward Community Goals in Past Years
3. Program Evaluation Results
4. Recommended Changes

The *Human Services Recommendations Report for 2001-2003* mainly focused on programs funded with discretionary Current Expense and Criminal Justice revenues, and on primary prevention and early intervention strategies known to make a positive impact on future criminal behavior/involvement with the criminal justice system. This report provides updates on those strategies and an in-depth look at ongoing and emerging programs developed to impact recidivism and reduce criminal behavior. The factors underlying criminal behavior are many and complex; therefore our portfolio of strategies must be both broad and deep, and must address primary, secondary and tertiary interventions in order to maximize impact on the criminal justice system.

## B. The Changing Human Services Environment

The human services environment is changing. Budgets for human services are shrinking at all levels of government, which is a direct consequence of our challenging economy. Individuals who are marginal participants in the economy find it increasingly difficult to meet their basic needs. People are living longer, and human services supports must respond to the particular needs of the aging population. An increasing number of immigrants and refugees require a variety of supports in order to adapt to life in a country that may be radically different from what was left behind.

Each of these shifts requires timely and unique responses in the human services arena—old ways of doing business no longer work. We are learning the value of forging partnerships and working collaboratively across government agencies, with the private sector, foundations, faith communities, and grass roots organizations. This work empowers us to widen creative solutions, leverage our human services investments, identify best practices and how to evaluate them, collectively advocate with funders, and develop common outcomes and performance measures.

## C. Content Areas

A discussion of juvenile and adult criminal justice initiatives and programs is a major focus in this report. A growing body of literature supports the use of targeted interventions as a viable means to impact the high

cost of criminal justice systems. In our discussion, we note the many partnerships and the roles each partner plays in implementing these programs. Section III of this report outlines the system improvements in the juvenile justice system and describes the new adult Criminal Justice Continuum of Care Initiatives project.

We also provide brief descriptions from a sample of human services programs, each relating to one or more community goals, each reflecting a collaborative approach, and each describing how accountability is assured. The nine human services programs described in Section IV are:

- Family Support and Early Childhood: Through several programs and partnerships, King County supports services that build the foundation for the healthy development of children and families. The King County Children and Family Commission, Public Health – Seattle & King County (DPH), and the King County Developmental Disabilities Division continually work with the community to ensure that a regional system of services is maintained.
- Drug/Alcohol Prevention: The King County Community Organizing Program and the Alcohol and Other Drug Prevention Program, with active community participation, are close partners in the coordination of prevention services that discourage alcohol and drug abuse.
- Public Health – Seattle & King County: DPH provides direct services and education to the residents of King County in order to prevent health problems from starting, spreading, or progressing. Many of the services offered through DPH could easily be defined as human services—programs are often targeted for the most fragile and disadvantaged residents of King County, and frequently are provided in a holistic context.
- Youth Services: The Community Services Division has primary responsibility for implementing the four youth recommendations developed in the *Human Services Recommendations Report for 2001-2003*. Status updates are provided in this report.
- Access to Human Services—Transportation: Transportation is frequently identified as one of the top five needs for seniors, people with disabilities, and low-income and homeless populations, and can be a barrier to people reaching needed services.
- Services to Combat Homelessness: Programs are offered throughout King County which seek to meet the basic needs of low-income/indigent individuals and families by preventing imminent homelessness, moving people who are already homeless along the continuum from emergency shelter to permanent housing, and providing links to needed services.
- Aging Services: King County's Aging Program provides operating support to senior centers and adult day health programs in unincorporated areas of the County.
- Domestic Violence/Sexual Assault: Within King County, there is a continuum of community-based services that assist victims of domestic violence and sexual assault, such as crisis intervention, shelter, transitional housing, advocacy and counseling.
- Employment Services: King County provides a range of employment services for youth and adults as well as supported employment services for individuals with developmental disabilities and/or mental illness.

In the past three years, remarkable progress has been made toward achieving the five Community Goals developed by United Way of King County and adopted by King County as well as the city of Seattle, city of Bellevue, South County Human Services Forum and other jurisdictions. A survey of these entities provides a picture of how each is using the goals for planning, funding, and evaluating purposes. It is clear that the



goals have served as an organizing framework for the provision of human services in many locations throughout King County.

The Juvenile Justice Evaluation Work Group (JJEWG), formed in response to recommendations found in HSRR 2001-2003, is an interesting example of collaboration, applying research to social problems, developing evidence-based models, and building capacity to evaluate the efficacy of human services interventions. It is no longer acceptable for human services to merely claim that good work is done—it is now vital for such services to demonstrate the effective expenditure of scarce resources toward meeting client outcomes and system performance expectations. The products and processes used by JJEWG are a model which could have broader application across the County's human services endeavors.

## **D. Recommendations**

The HSRR includes an emphasis on the future through the recommendations made at two levels: program level and system-wide. The human services programs and initiatives described in the report include recommendations for maintaining or enhancing program activities. In addition, the report concludes with broader system level recommendations which are summarized below.

### **1. Program Level Recommendations**

Each of the Human Services Brief Reviews (see Section IV) includes recommendations for future actions related to the particular program area. Most programs include more than one recommendation; however, the following list is a sample of just one recommendation per program.

- Family Support and Early Childhood: The King County Children and Family Commission will conduct an evaluation of the home visiting programs to assure that desired outcomes are achieved.
- Drug/Alcohol Prevention: Health, human services and law enforcement agencies will continue to participate in methamphetamine prevention strategies. Next steps include a Drug Endangered Children protocol for children discovered in meth labs.
- Public Health—Seattle & King County: Health Care for the Homeless will focus on projects to address chronic homeless/high utilizers and expansion of services to South King County assessing unmet health needs of homeless people.
- Youth Services: King County will continue to expand the capacity of those programs proven to reduce juvenile justice involvement to communities of color, especially where there is a disproportionate representation in the juvenile justice system.
- Access to Human Services—Transportation: King County will continue to integrate planning efforts in human services, housing, and transportation to reduce barriers to efficient service delivery.
- Services to Combat Homelessness: King County will continue to work with communities outside of Seattle to expand the regional response to homelessness.
- Aging Services: King County will continue to build additional capacity in unincorporated areas of King County, specifically those areas outside the urban growth boundary, which will remain primarily the County's responsibility as the only local government provider of infrastructure and operations support. The senior populations in these areas are projected to grow 16% (to 67,000) by 2006.

- Domestic Violence/Sexual Assault: King County will participate in ongoing subregional coordination in developing and implementing domestic violence plans for the various subregions throughout the County (East, South and North).
- Employment Services: King County will continue to build regional system initiatives and coordinated employment and training support services.

## 2. System-wide Recommendations

As the County's revenues continue to decline, the challenge to identify a stable source of funding that maintains the current level of effort for discretionary human services becomes greater. To help sustain the efforts and respond to recommendations addressed throughout this report, King County Executive Ron Sims is proposing to dedicate annual rent fees paid by the Solid Waste Division to Current Expense (CX) funded human services.

*Recommendation 1. King County will utilize rental fees generated from the Solid Waste Division to prevent further erosion of the human services programs funded by the County's discretionary Current Expense revenues. This proposed Executive initiative is the first step toward maintaining current levels of human services funding (CX).*

To move human services planning to the next level, the Executive announced his intention to convene a human services advisory task force to take a critical look at King County's human services system and provide practical and strategic steps for stabilizing the system in the future.

*Recommendation 2. King County will convene a human services advisory task force that will be charged with identifying long-term, stable sources of human services funding that build upon the work of the Regional Policy Committee and are congruent with the King County Framework Policies for Human Services.*

Over the past several years, the King County human services infrastructure has been enhanced, in spite of incredible budget concerns, through the implementation of numerous partnerships and collaborative relationships. The collaboration between the human services and juvenile justice systems is a stunning example of a concerted effort to place the needs of troubled youth before the needs of systems. As a result of this strong partnership, innovative approaches with concrete results have made a significant impact on the costs of operating the juvenile justice system, on reduced rates of juvenile crime, on the lives of youth and their families, and on enhanced public safety.

*Recommendation 3. King County will continue developing collaborative relationship that lead to improved client outcomes and administrative efficiencies.*

Using the framework provided by the five Community Goals, human services funders, planners, and providers are looking at ways to demonstrate accountability through the development of common outcomes and performance measures that not only achieve efficiencies but also provide a means by which effective programs can be identified and replicated. Developmental work done by the Outcome Alignment Group and the Juvenile Justice Evaluation Work Group provides examples of rigorous processes applied to such efforts.

*Recommendation 4: King County will continue to streamline and consolidate reliable measures to assure accountability.*

## II. Introduction

### A. Purpose of the Human Services Recommendation Report

The King County Council adopted the *King County Framework Policies for Human Services* in September 1999 via Ordinance No. 13629. This ordinance called for submission of *Human Services Recommendation Reports* (HSRR) every three years, with updates provided in the non-reporting years. The ordinance describes the required content for the HSRR:

1. Assessment of Current Human Service Activities
2. Assessment of Progress Made Toward Community Goals in Past Year
3. Program Evaluation Results
4. Recommended Changes

The first report described the County's role and involvement in the human services arena and made recommendations for the forthcoming period 2001-2003. This second report will reflect current County business, summarize some of the human services activities in King County for the past three years, provide updates on recommendations made in previous reports, and suggest recommendations for 2004 - 2006.

### B. King County's Human Services Strategies

King County has chosen to invest in the health and well being of its residents through its ongoing commitment to and participation in human services. King County has an articulated investment strategy, specific investment goals, a well-planned approach to achieving those goals, and a diversified portfolio.

King County's investment strategy is described in the *King County Framework Policies for Human Services*, which

considers the County's broader role

in human services, as well as laying out criteria for the expenditure of Current Expense and Criminal Justice discretionary revenues in the human services arena. King County's role as planner, partner, resource developer, administrator, and funder spans regional and local services.

King County government is the only entity with an overarching and specific interest in all residents living within its boundaries. As such, the County's perspective is unique and provides opportunities to guide human services policy direction and expenditures.

"...The policy framework will identify the needs and service areas the county will fund as the local government for unincorporated areas and as a regional government; identify county priority goals such as reducing involvement with the criminal justice system; identify changes that need to be made in existing county human services policies; and, address how funds will be allocated and used to leverage other local, community, state and federal sources."

King County Framework Policies for Human Services (1999)

#### Five Community Goals

1. Food to eat and a roof overhead
2. Supportive relationships within families, neighborhoods, and communities
3. A safe haven from all forms of violence and abuse
4. Health care to be as physically and mentally fit as possible
5. Education and job skills to lead an independent life

King County Framework Policies for Human Services (1999)

King County, as well as subregional planners and local jurisdictions, has chosen to adopt the five Community Goals developed and implemented by United Way. This means that the majority of those entities involved with human services planning throughout the County now have a common direction by which to organize, fund and evaluate performance. These common goals provide the operational direction for King County's human services investment strategies.

King County's strategies are further clarified by defining the following priorities for its investments:

- To help provide access to a basic array of human services for residents of unincorporated King County, according to need.
- To help assure access to a basic array of human services for persons most in need, regardless of where they live.
- To reduce the impacts on the County's juvenile justice and adult criminal justice systems.<sup>1</sup>

The human services environment is changing. Human services budgets are shrinking at every level of government. Washington State is attempting to recover from an economic slowdown that has generated new and increased demands for human services, and a growing gap between need and funding. Demographic shifts, like longer life spans and larger immigrant and refugee populations, drive different and increased demands on services. Elected officials, funders, and taxpayers rightfully expect increased accountability and efficiencies that demonstrate the most effective uses of scarce resources.

Although King County is a leader, partner or participant in many human services arenas, federal, state, and local jurisdictions also have their own programmatic responsibilities. Further, there is an increasingly vital role for human services investors outside of governmental arenas: foundations, businesses, faith communities, and grass roots volunteer organizations have assumed a more central role in funding human services. These new alliances provide opportunities to complement King County's discretionary human service funds, and consequently provide broader and deeper access to vital services to those individuals who are most in need.

### **C. Current Human Services Priority Directions for King County**

King County and local jurisdictions that operate jails and prisons strive to balance the high cost of the criminal justice system<sup>2</sup> with the widely-held recognition that treatment and support services for those who need them will both reduce recidivism and divert people from criminal activities. Counties are mandated to operate courts and jails, yet common sense implies that people will be less likely to engage

- The Bureau of Justice Statistics reported that of the ten million adults booked into local jails each year, approximately 700,000 have active symptoms of mental illness, and most are also suffering from co-occurring substance abuse or dependency.
- Concurrently, the capacity of institutions and other facilities that house and treat people with mental disorders and other issues has decreased dramatically. State mental health hospital populations decreased from 559,000 patients in 1955 to 70,000 in 1998.
- Since 1972, state and federal prison capacity has increased a shocking 700%—growing from a maximum capacity of 200,000 inmates to over 1.4 million.
- In summary, in many parts of the United States, hospitals and other institutions are closing or downsizing, while state and local jurisdictions continue to build and fund new prisons and jails. If appropriate and adequate community resources are not available, too often jails and prisons become *de facto* treatment institutions by incarcerating people whose crimes may actually reflect lack of access to essential treatments.

<sup>1</sup> Final Report: King County Framework Policies for Human Services, September 1999.

<sup>2</sup> Other critical factors are long-term social and economic costs.

in criminal behavior if they are provided with appropriate supports. Resources carefully targeted to prevent problems, to mitigate known risk factors, and to assist those already involved with the juvenile or adult justice systems will have long-term benefits as an investment strategy. The County cannot ignore its mandated requirements, but may be able to reduce costs through prudent reinvestment strategies.

King County Ordinance No. 13629 requires the HSRR to: "...identify County priority goals such as reducing involvement with the criminal justice system..." This report will focus on a number of human services activities throughout King County that are designed to prevent or mitigate juvenile and adult criminal activity. Although it will take time to gauge the long-term effectiveness of these efforts, outcome and performance measures developed to evaluate impact will assess the efficacy of efforts made by the County and its numerous partners. Because prevention and early intervention activities were the focus for the previous report, the 2004 - 2006 report will focus on programs and initiatives designed to reduce recidivism and ongoing criminal activities. To assure public safety while reducing the burgeoning costs of the youth and adult criminal justice systems requires a variety of responses and is the current challenge.

Regional Policy Committee—Health and Human Services Work Plan: In 2002, the Regional Policy Committee<sup>3</sup> (RPC) decided to focus as a priority issue on the important area of health and human services. Due to proposed and actual funding reductions for human services, the RPC has undertaken a deliberate analysis of human services funding and the delivery of human services through a Health and Human Services Work Plan consisting of three major tasks. Task One was seen as a short-term goal to prioritize services of critical importance to the region. This task was given to the RPC by the King County Council in response to proposed 2003 human services reductions caused by the Current Expense funding crisis. For the 2003 budget, the King County Council adopted and funded the service priorities recommended by the RPC.

Task Two was seen as a mid-term goal—to identify transitional issues that must be addressed before long-term planning can occur. One major accomplishment of Task Two was the endorsement of a recommended set of regional human services to be provided through a countywide partnership. During the state legislative session, the RPC and suburban cities also focused on a joint legislative agenda supporting health and human services issues and sending letters to state legislators.

At this time, the RPC's focus is on Task Three—Recommending specific steps to be taken in planning for long-term stability in human services. Appendix A includes a brief summary of the work plan and describes the three tasks.

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<sup>3</sup> The Regional Policy Committee is one of three regional committees created as a result of the merger of METRO and King County. Six of the 12 committee votes are assigned to County Councilmembers and six to cities. Cities other than Seattle may split their votes, with members casting ½ votes.

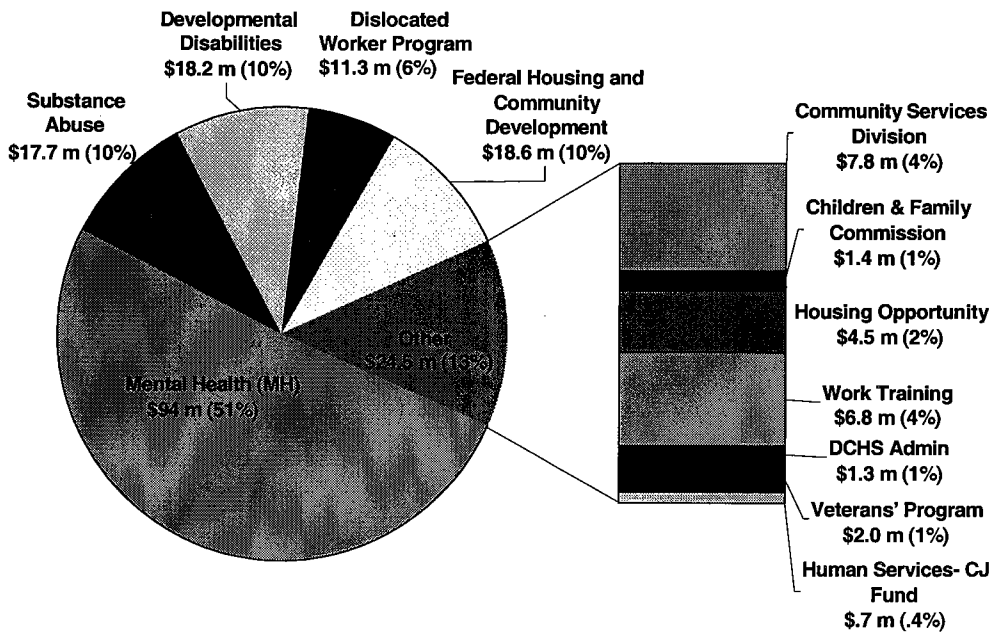
**D. Human Services Budget**  
**Human Services Expenditures \$184.3 million (2003 Level)**

King County government provides a wide variety of human services for the region’s most vulnerable and at-risk residents. Several departments provide multiple human services programs, which makes King County the second largest human services agency in the state, and a leader in the coordination and development of the human services infrastructure that serves our region.

The 2003 human services expenditure level is \$184.3 million. While the bulk of this funding comes from federal and state grants to provide specific services, King County devotes \$21.3 million of revenues (Current Expense and other revenues) to support our human services programs. This commitment provides a base to leverage funds as match dollars when required to obtain federal and state grants. King County’s human services funding (Current Expense) provides an array of vital human services and is expended according to the policy direction of the *King County Framework Policies for Human Services*.

The pie chart describes most of the human services 2003 expenditure levels administered by the Department of Community and Human Services and the King County Children and Family Commission. It does not include funds for access to human services (Department of Transportation), youth recreation services (Parks), some juvenile justice programs (Superior Court), community health centers and other health services (Public Health – Seattle & King County), or some domestic violence services (Office of the Prosecuting Attorney).

**2003 Human Services Expenditures**  
 Current Expense (CX) and Non-CX \$184.3m



# III. Human Services Programs that Reduce Impacts to the Criminal Justice System

## A. Juvenile Justice

Since 1998, King County's juvenile justice system has been systematically reviewing and improving practices and programs under the framework of the Juvenile Justice Operational Master Plan (JJOMP). In a significant way, the JJOMP intersects directly with the Human Services Recommendation Report, in that both focus on reducing impacts to the juvenile justice system. The partnership forged between the juvenile justice and human services systems has created innovative approaches and concrete results. Definite progress can be demonstrated toward reducing the average daily census in the juvenile detention facility.

This section has three parts and each part focuses on particular types of juvenile justice efforts: 1) Juvenile Justice Operational Master Plan (JJOMP); 2) Juvenile Justice Interventions and Initiatives; and 3) Community-Based Programs

### 1. Juvenile Justice Operational Master Plan (JJOMP)

King County's long-range planning effort that began in 1998, the Juvenile Justice Operational Master Plan, is in its third phase—Implementation. In this phase, the plans and initiatives developed in response to the 17 recommendations in the JJOMP are in various stages of development and execution.

### 2. Juvenile Justice Interventions and Initiatives

#### Proven Models

The King County Department of Community and Human Services (DCHS) and the King County Superior Court Juvenile Division established a strong working relationship in the provision of best practice interventions designed to both reduce recidivism and improve the functioning of youth and their families. Since 1999, the two departments have collaborated in providing Multi-Systemic Therapy (MST) and Functional Family Therapy (FFT).<sup>4</sup> Juvenile Court administers these programs through its Community Juvenile Accountability Act (CJAA) grant from the Washington State Juvenile Rehabilitation Administration. DCHS contracts with mental health agencies to provide services and participates on the oversight committee, which monitors performance, develops working protocols, and solves operational

According to the Juvenile Justice Operational Master Plan Phase II report (March 2000), if efforts were not made to reduce detention population, the number of youth in detention would increase from an average daily population of 149-221 in calendar year 2000 to 182-270 by the year 2005.

#### Good News!

Subsequent to implementation of the JJOMP, the actual average daily population for January through June 2003 shrank to less than 115 youth in secure detention, dipping a few days during the summer to less than 80 incarcerated youth.

<sup>4</sup> In addition to MST and FFT, Juvenile Court offers another proven model, Aggression Replacement Training (ART) provided by specifically trained Juvenile Probation staff to eligible youth.

problems. A "Risk/Needs Assessment"<sup>5</sup> is used to identify court-involved youth who may be eligible for a CJAA grant program.

Functional Family Therapy (FFT) is an outcome-driven prevention/intervention program designed for youth aged 11-18 who are at risk for, and/or presenting with, delinquency, violence, substance abuse, and a range of disruptive behaviors. The program requires as little as one hour per week of direct service time with youth and their families over a period of 8 - 12 weeks, with the most extreme cases completing treatment within 26 weeks. Services are generally provided in homes, at clinics, in juvenile courts, and at time of re-entry to the community from institutional placement. Services are based on a five-step curriculum: 1) Engagement; 2) Motivation; 3) Assessment; 4) Behavior change; and 5) Generalization.

FFT has been empirically proven to:

- effectively treat youth with maladaptive behaviors, including drug abuse;
- improve school performance;
- reduce dependence on social services;
- reduce recidivism;
- prevent younger children in the family from future interventions;
- prevent adolescents from entering the adult criminal system; and
- transfer treatment effects across treatment systems.

The total number served through the CJAA FFT program from January 1, 2000, through December 31, 2002, was 553, and 290 families completed the curriculum. The average cost per client/family ranges from \$2,500–2,700.

In the 2002 budget, a King County Council proviso dedicated \$260,000 to implement recommendations from the Juvenile Justice Operational Master Plan Proviso Funds report. Two priorities for the use of these funds were: 1) increase community capacity for research-based intervention programs and 2) ensure these programs are accessible, culturally appropriate and effectively delivered to eligible youth of color. The Central and South Seattle, and South King County regions were selected for program implementation because the largest proportion of court-involved youth reside in these areas. Subsequently, two provider teams from those areas were identified, and after a planning process, these teams chose to implement Functional Family Therapy.

The development of these provider teams is an opportunity to combine the experience and expertise of several agencies serving communities of color with the implementation of a research-based intervention. From this work, we learn how these interventions can be applied to meet the needs of specific communities and cultures and fit within an effective continuum of care for at-risk youth and youth of color.

Multi-Systemic Therapy (MST) is an intensive family and community-based treatment that addresses the multiple determinants of serious antisocial behavior in juvenile offenders. MST focuses the factors associated with delinquency across a youth's key domains: family, peers, school, and neighborhood. MST is provided through a home-based model of service delivery that removes barriers to accessing services, provides families with intensive services, facilitates family involvement in treatment, and promotes the long-term maintenance of favorable changes. MST is defined as a "best practice" because it:

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<sup>5</sup> The Washington State Risk/Needs Assessment was developed by the Washington State Institute for Public Policy.



- has rigorous evaluations, which have established its long-term effectiveness;
- has a clearly-defined treatment theory;
- holds MST providers accountable for adherence to the treatment model; and
- focuses on long-term outcomes.

The total number served through the CJAA MST program from January 1, 2000, to December 31, 2002, was 254, and 133 families completed the curriculum. The average cost per client/family ranges from \$5,000–5,300.

Expansion of MST: MST has produced positive results with high-risk King County youth involved with the juvenile justice system. The confirmation of this best practice at the local level has led to plans to expand capacity through two developing juvenile justice projects—Reclaiming Futures and Reinvesting in Youth.<sup>6</sup> The disproportionate representation of African-American youth in the juvenile justice system was among the issues identified in the Juvenile Justice Operational Master Plan (JJOMP). Youth residing in the Central Area and Rainier Valley sections of Seattle will be the next focus for expansion of MST services.

### **Children and Families in Common**

The King County Children and Families in Common (CFIC) project is one of 62 System of Care grant sites across the United States. These grant programs are designed to provide flexible individualized services to children and youth with severe emotional disturbances and their families. The Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD) manages the King County program and its activities. CFIC was implemented in October 1998 and federal funding will cease in the fall of 2004. The grant is funded by the Federal Center for Mental Health Services (Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services).

Community Goal(s) addressed: #2—Supportive relationships within families, neighborhoods, and communities; #4—Health care to be as physically and mentally fit as possible.

Target population: Children and youth served in more than one system (e.g. juvenile justice, child and family services, mental health) that meet criteria for serious emotional disturbance. Approximately 55% of the families being served have incomes at or below the federal poverty level.

Activities provided:

- Health 'N Action: A committee of youth that advocates for the needs of youth involved with the youth-serving system.
- Project TEAM (Tools, Empowerment, Advocacy, Mastery): Serves children and parents initiating the At-Risk Youth/Child in Need of Services (ARY/CHINS) or truancy petition process and/or post-adjudicated youth sentenced to community supervision. A team of the family's support system and providers together develop a unified, strengths-based plan to serve the child and family. The team develops a single, coordinated, integrated plan of care, and progress toward individualized goals is regularly reported back to the courts to inform future actions.
- Family Support and Participation: A committee that addresses increasing parent-to-parent support (families with at-risk youth), parent training, and family/professional partnerships. The committee

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<sup>6</sup> See Reclaiming Futures and Reinvesting in Youth in this section for additional information about these projects.

works to enhance existing services, train staff and train parents to increase the likelihood that parents are listened to and partnered with while receiving services.

- **Capacidad Project:** Trains natural supports and professionals to work together to enhance the strengths of the community and serve Latino clients in the most culturally competent manner. "Capacidad" is a Spanish word that implies empowering people to build their innate capacities.

#### Collaborations/partnerships:

- **The King County Youth & Family System of Care Partnership:** Stakeholders from the child serving system who are charged with the implementation of family centered, coordinated and integrated care, and culturally competent service principles throughout the child-serving system of juvenile justice, education, mental health/substance abuse, and child welfare.
- **The Casey Family Foundation** provides resources for operating the Capacidad Project.
- Youth and families participate at every level, in every way, toward the goal of creating a family-centered system of care driven by family needs and cultural practices.

#### Outcomes/performance measures:

- The overarching outcome for all projects implemented under the CFIC grant is that children being served in more than one system receive coordinated services that are strength-based, culturally competent, and individualized to meet the needs of the youth and family.
- 410 children and families have been served through multi-system teams.
- Over 300 children and their families will be served by Project TEAM over the life of CFIC.
- Youth served through Project TEAM showed improved functioning at home, school, and within the community six months after enrollment into Project TEAM. Youth and family functioning continued to improve twelve months after enrollment (see Section VI).

#### Recommendations:

1. Sustain and enhance project goals while integrating the values and principles of system of care and wraparound into the child serving system. This approach emphasizes a strong youth and family voice as well as coordination and collaboration of services throughout the system.
2. Continue implementing the Cultural Competency Assessment in the juvenile justice system.
3. Continue collaboration with the Reclaiming Futures project.

### **Reclaiming Futures**

Seattle-King County Reclaiming Futures is one of ten sites selected by the Robert Wood Johnson Foundation to participate in the Reclaiming Futures initiative. Reclaiming Futures receives in excess of \$1.25 million over a five-year period to develop systems and serve substance abusing and/or dually-diagnosed youthful offenders and their families.

Community Goal(s) addressed: #2—Supportive relationships within families, neighborhoods, and communities; #4—Health care to be as physically and mentally fit as possible.

Funding: Robert Wood Johnson grant of \$250,000 per year for five years. Partnerships have identified and committed \$1,221,000 in combined County, city, state and federal funds to support both the demonstration and sustainability of the Seattle-King County Reclaiming Futures project.

Target population: The project aims to provide enhanced treatment to 100 youth and their families per year (400 over the course of the pilot), with 10% being youth returning from long-term confinement and 50% being youth of color. Three high-impact communities have been selected for the demonstration project: 1) Central Seattle and Southeast Seattle; 2) West Seattle, White Center, Skyway, Highline and Burien; and 3) Kent, Auburn and Federal Way.

Activities provided: Major service components of the Seattle-King County Reclaiming Futures project:

- Comprehensive, Blended Assessment—Includes substance abuse and mental health screening and assessment for court-involved youth, resulting in improved disposition pathways and service matching.
- Advocacy Teams—Includes justice, treatment and community support members who will work as a team accountable for positive outcomes for each youth participant. Trained, supervised mentors also will be available to participant youth and their Advocacy Teams.
- Treatment Court Services—Includes blended assessment, advocacy team, blended treatment, long-term community support services, and frequent, individualized reviews for youth with both substance abuse and mental health problems.
- Graduation Ceremonies—Ceremonies for all youth released from probation and/or parole.
- Community Reclamation—Includes development of long-term community supports and plans for Reclaiming Futures youth by Advocacy and Treatment Court Teams.

Collaborations/partnerships: Fifteen core partners: King County Superior Court, King County DCHS (Community Services Division, Mental Health, Chemical Abuse and Dependency Services Division, and the Office of the Public Defender), city of Seattle Human Services Department, King County Office of the Prosecuting Attorney, Special Population Alliance, Youth and Family Services Network, 4 C's—Clergy, Community and Children/Youth Coalition, United Voices of King County Parents, Reclaiming Futures Youth Advocacy Team, Washington State Juvenile Rehabilitation Administration Mentoring Program, Washington State Division of Children and Family Services, University of Washington (Behavior and Justice Policy Institute, Alcohol and Drug Abuse Institute), Puget Sound Educational Service District, and Reinvesting in Youth.

Other community members and collaborations: Health 'N Action, Seattle Youth Involvement Network, Taking Care of Kids is Power, Federation of Families, King County Department of Juvenile and Adult Detention, Public Health—Seattle & King County, King County Department of Natural Resources and Parks, Seattle Police Department, King County Sheriff's Office, and the Washington State Division of Alcohol and Substance Abuse.

Outcomes/performance measures:

- Implement a cross-systems model that will provide the necessary community supports for substance-abusing youth and their families to alleviate the need to access care through the justice system, reducing recidivism of this population within both the justice and treatment systems.
- Design and implement an effective continuum of assessment, treatment and supports for every substance-abusing child adjudicated through King County Superior Court.
- Provide supports for youth with substance abuse and mental health issues beyond their court and treatment system participation.
- Reduce racial disproportionality among the affected population.

- Decategorize and reinvest current and future revenue streams to sustain effective service and court process reforms, including reinvestment into earlier interventions.

Activities timeline:

1. 2003—Demonstration project is fully up and running.
2. 2004—Preliminary process and outcomes findings are used to improve model; system and refinancing reforms begin.
3. 2005—Recidivism and disproportionality outcomes are communicated to public and policy-makers; resource base and model is expanded; and image of our targeted youth is improved within their communities.
4. 2006—Policy and reinvestment strategies are in place to further expand resources to support project success and build upon political, public and targeted community will.
5. 2007—Model fully sustained locally, expanded to all eligible youth; reinvestment strategies are operating to provide model prior to criminal involvement.

**Reinvesting in Youth**

The Reinvesting in Youth (RIY) mission is to bring about fundamental systems changes in the way juvenile justice and youth services are delivered in Seattle and King County. It is based on the theory that greater emphasis should be placed on “front-end” prevention measures that build assets in children and families before they get into serious trouble. In addition, RIY will continue to expand existing best practice models, which have been proven effective with youth involved in the juvenile justice system. RIY seeks to use major foundation grant funding to demonstrate that careful targeting of initial investments toward best practices in early intervention and prevention can generate significant savings in juvenile justice and other deep-end programs.

Community Goal(s) addressed: #2—Supportive relationships within families, neighborhoods, and communities; #3—Safe haven from all forms of violence and abuse.

Funding: The Gates and Allen Foundations each committed \$350,000 through 2004, with the understanding they will consider requests for 2005-2006 provided benchmarks are met. In 2003, the Anne E. Casey Foundation committed \$99,000. In 2003, local governments contributed \$219,000.

Target population: Youth and families already involved in the juvenile justice system—“deep-end” felony offenders—and high-risk youth not yet involved in the juvenile justice system. RIY, in partnership with other entities, anticipates serving 1,787 youth and families over a seven-year period.

Activities provided: RIY will contribute funding for several juvenile justice intervention services—Functional Family Therapy, Multi-Systemic Therapy, and Aggression Replacement Training. Three other components of RIY are community capacity building, evaluating all of the funded programs, and a savings reinvestment study. The community capacity building phase will focus on providing technical assistance to agencies in the areas of cultural competency and developing administrative, technical and fiscal skills. All juvenile justice intervention programs funded by RIY will undergo a rigorous evaluation process.

Collaborations/partnerships: RIY is a partnership comprised of the city of Seattle, suburban cities, King County and other partners, including foundations and community-based providers.

Outcomes/performance measures: RIY expects to achieve the following results within seven years:

- Investments will have expanded intensive, cost-effective, culturally relevant family and community-based treatments to meet the needs of troubled youth in King County.
- Court referrals will be reduced and public safety will be increased. These intervention programs will reduce recidivism and also have secondary benefits such as reductions in substance abuse among the targeted youth.
- The disproportionate involvement of youth of color in our juvenile justice system will be reduced.

Timeline of activities:

1. 2003—Begin service delivery; select culturally competent providers; provide training; begin building community-based provider capacity; begin to implement disproportionality reduction plan; institute evaluation.
2. 2004—Expand service delivery; produce initial evaluation report; reach peak on foundation funding.
3. 2005—Reach maximum service capacity levels; continue efforts on disproportionality reduction; produce annual evaluation report; make course corrections.
4. 2006—Assess and adjust strategies; produce final evaluation report in 2006.
5. 2007—Identify savings sufficient to sustain and expand services, eliminating need for foundation funds.

### **3. Community-Based Programs**

The Community Services Division (CSD) provides resources that respond to the *Framework Policy* intent to "...identify County priority goals such as reducing involvement with the criminal justice system..."<sup>7</sup> The provision of such resources is consistent with the CSD mission "to strengthen individuals and families, and improve the viability and livability of communities." CSD currently funds eight programs targeted for at-risk youth and their families/support system. Each program provides strategies that address Community Goal #3: Safe haven from all forms of violence and abuse.

The eight programs funded through CSD are located throughout the County, and while there are contrasts among the programs, there also are many similarities: each targets at-risk youth and their families/support systems; each includes intensive case management as a model component; many have outcomes and measures in common; and recommendations for future activities are similar. With these commonalities, it should be possible to compare performance over time, with each program learning lessons from the other.

The *Minority Juvenile Justice Improvement Project* serves minority youth, primarily Native American, who are referred by King County Juvenile Detention caseworkers and Juvenile Court Services staff. Youth are helped to negotiate the juvenile justice system, and are coached on how to interact appropriately with officers of the court. Caseworkers assist with diversion planning and/or work with Juvenile Probation Counselors (JPCs) to facilitate compliance with probation terms. Enrollees are provided Aggression Replacement Training (ART), and are recruited for the Interagency Classroom. Formal and informal community partners provide a variety of resources responsive to the needs of each youth, and toward reducing involvement with the juvenile justice system.

The *Positive Alternatives for Youth Program* serves pre-adjudicated and adjudicated youth who are primarily referred by Juvenile Court and Juvenile Detention staff. Most clients are youth of color who reside in Central or South Seattle. A case manager advocates for the youth in social, educational, legal, medical, and

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<sup>7</sup> Final Report: King County Framework Policies for Human Services, September 1999

community settings, and provides information and referral services to the youth and his/her family. Youth and family support services include couples and family counseling, financial assistance, and social and recreational support.

The *Project ROYAL (Raising Our Youth As Leaders)* serves African-American or other youth of color ages 14-17 years, who are currently involved with the King County juvenile justice system, have a high level of need for social service intervention (as indicated on the Early Intervention Risk Assessment Tool), and reside within the area that extends from Seattle's Central District through the Rainier Valley (including Skyway and Renton). Project ROYAL is administered by a public defender agency and is a collaborative effort among several youth and family service agencies through which a comprehensive mix of services is provided. Services include intensive case management, emergency shelter, and personal coaching and/or mentoring services. Project ROYAL's goal is to establish viable means through which the community can assist in reducing the disproportionate detention of African-American youth in King County's juvenile justice system.

The *Kent Youth and Family Services' Anti Violence Program* serves youth under the age of 20 and their families who reside in the Springwood, Valli-Kee, and Cascade low-income housing projects. Youth are identified through the court system, by local police, by the housing agency, and by program staff as being at risk for delinquency and/or repeat or escalating behavior. The program also provides After School/Youth Development Services to youth who are at moderate-to-high risk for involvement in the juvenile justice system. Eligible youth are provided access to adult role models who provide mentoring, tutoring, mental health and substance abuse interventions, group activities focused on anger management, conflict resolution skills, violence reduction/prevention, date violence prevention, individual counseling, and social activities.

The *Orion Detention Program* primarily targets girls incarcerated in the King County Juvenile Detention facility who are referred by detention and court services staff. Eligibility criteria include being at risk for unlawful street activity. In addition to case management and advocacy services, the program provides early intervention services, such as counseling services while still in detention, and five-day-per-week referral services that assist youth to obtain needed services.

The *TeamChild* program serves youth involved in the juvenile justice system, including those on probation, in detention, or charged with a crime. Youth must be eligible for indigent public defense, indicate a need for assistance in accessing education, treatment, or other social services, and must voluntarily agree to participate in the program. A particular emphasis is placed on advocacy development services through which professionals are trained to work with juveniles who are eligible for public defender services.

The *Northshore Youth & Family Services Juvenile Intervention Program* serves youth who are under age 20 and their families who reside in the Shoreline, Northshore, and Skykomish School districts and are first-time, non-violent offenders. Local law enforcement and school districts refer the youth and their families to community service providers for drug and alcohol, mental health and other necessary assessments. The agencies then recommend services to the youth and family. If the youth and family do not comply with these recommendations, the youth can be arrested for the offense.

The *New Start* program serves youth ages 14-21 in the White Center community, many of whom are involved with gangs or the juvenile justice system. Partnerships include schools, employers, law enforcement, the juvenile justice system, and social services agencies. Services provide skills to continue education, decrease recidivism, and gain employment. New Start houses an alternative education program

which offers high school credit recovery and GED preparation classes. (See Section VI for program evaluation.)

The programs described above illustrate several things: 1) prevention and early intervention programs are strategically located at various areas in King County, with an emphasis on areas where high-risk youth are known to reside; 2) partnerships among stakeholders, the community, grass roots organizations and youth and their support systems are a vital component of each program; 3) most programs use the same or similar performance measures, thus allowing a comparison of performance over time; and 4) components of each program reflect multiple strategies, indicating a need to offer comprehensive approaches.

### Accountability

**Outcomes:** Among the eight programs funded by CSD, several have selected the same or similar outcomes. Six programs have selected “Youth receiving services will show decreased involvement in the juvenile justice system.” Four programs use “Increase or maintain number of referrals for services made to youth in detention by the detention caseworker.” Five programs mention education and/or vocational outcomes.

**Indicators:** Six programs include measurable indicators that relate to the number of referrals to juvenile court following enrollment in the program, and the number of days spent in detention following enrollment in services. Three include indicators related to school enrollment and/or performance, and employment or pre-employment activities.

**Program evaluation:** Project ROYAL and New Start have completed program evaluations. Four programs have plans to conduct program evaluability studies,<sup>8</sup> before proceeding with program evaluations. All eight plan to develop training and technical assistance plans to improve program design and outcomes.

These programs exemplify King County’s partnership role in planning, funding and monitoring human services. They specifically target a priority population identified in the *Framework Policy*. Each program includes extensive participation from community partners, particularly from the juvenile justice system. The programs also illustrate the County’s effort toward increased accountability through the provision of “best practice” models, clearly stated performance goals, standardized measures, and program evaluation methods.

The King County Children and Family Commission also contracts with community-based organizations to provide services for at-risk youth—*Safe Communities* programs. These programs seek to reduce contact with the juvenile justice system through approaches that replicate proven “best practice” prevention/early intervention programs, or through programs that contain identifiable successful elements of proven best practice programs that have documented success in strengthening and increasing the resiliency of at-risk youth. In 2002, 1,576 at-risk youth received intensive services through the five *Safe Communities* programs, and over 40% of the youth served were youth of color. Among the program goals are: increased academic success, increased social support, promotion of positive social values and behavior, and improved self-management skills. Each of the five programs works with a broad range of community partners that work collaboratively to assist youth to reach desired outcomes. Outcomes vary by program and can include: increased self-sufficiency, reduced destructive behavior and violence, and decreased contact with the criminal justice system. In 2004, King County, through the Children and Family Commission, will issue

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<sup>8</sup> An “evaluability study” considers whether a program has the necessary and stable components in place in order to conduct a valid, reliable evaluation.

Requests for Proposals for *Safe Communities* programs. These programs will continue to emphasize evaluation and design of programs that reflect best and promising practice program models.

## **B. Adult Justice**

King County is recognized as a leader in the state of Washington for its multi-dimensional approaches toward reducing impacts on the criminal justice system by people with mental illness and/or chemical dependency. Although not described in this report, both the King County District Court and city of Seattle Municipal Court provide mental health courts that divert eligible individuals from jail to treatment. King County Superior Court provides a Drug Diversion Court, which assists individuals to access treatment. At the national level "Treatment Courts" are gaining recognition as yet another potentially effective tool to impact the criminal justice system, and the effectiveness of King County Courts should be enhanced through our new Criminal Justice Continuum of Care Initiatives (see Section 1 below). King County is the pilot site for the Mentally Ill Offender Community Transition Project (see Section 2 below), which provides a fruitful field test for a service delivery model assisting Department of Correction (DOC) inmates to transition from a correction facility to a host of immediately available community supports. Our models continue to be refined as we learn new strategies that protect public safety while providing effective, humane treatment.

### **1. Criminal Justice Continuum of Care Initiative Project**

Background: Ordinance 14430 (July 2002) approved the Adult Justice Operational Master Plan (AJOMP). The ordinance requested that the King County Superior and District Courts adopt "jail use criteria and procedures that limit the use of the jail for those individuals who are a public safety or flight risk, or for those who require secure detention as a graduated sanction having failed other intermediate punishments."

The King County Council articulated its intent to emphasize "process efficiencies that reduce the utilization of [the] jail and reduce overall criminal justice expenditures." The council encouraged "the development and use of alternatives to the use of secure detention for adult offenders in order to make the best use of limited detention resources and preserve public safety." The council further intended that the County provide community-based treatment alternatives to incarceration "for persons who are significantly impaired by substance abuse and/or mental illness and involved repeatedly or for significant duration in the criminal justice system."

The council stated that County human services programs "give priority to referrals from the criminal justice system...and shall partner with the criminal justice system to jointly develop treatment options and screening, assessment and referral protocols."

Ordinance 14517 (November 2002) adopted the 2003 King County Annual Budget and directed dedicated resources toward "cost-effective health and human services programs that help reduce involvement in the criminal justice system while at the same time preserving public safety." As a result, the need to build another detention facility in King County may be curtailed. With this in mind, the Criminal Justice Continuum of Care Initiative was proposed, planned and developed.

The Planning Process: The Director of the Department of Community and Human Services convened a cross-agency work group charged with identifying and developing a set of initiatives designed to correspond with the requirements of Ordinance 14517. To assist with this process, a planning grant from the National



Institute of Corrections (NIC) was procured and a consultant was identified. The planning process was guided by two principles:

1. This is an opportunity for *system change*. The stakeholders have the common goal of reducing the recidivism rate and the number of persons with mental illness and/or drug and alcohol problems in the County jail by providing treatment.
2. A *continuum of service* is needed. King County needs to re-examine current services and establish the services and programs in the jail and in the community that are needed to reduce the number of mentally ill and chemically dependent individuals in the criminal justice system, and to provide the best possible opportunity to be successful in their communities.

The planning process included gathering descriptive data about individuals involved with the criminal justice system who have chemical abuse/dependency and/or mental health issues. In all, 13 separate data-reporting entities were identified; however considerable differences in data elements among these entities made absolute comparisons impossible. There were a few notable trends that applied to most entities:

- The presence of a co-occurring disorder (e.g. substance abuse and mental illness) appears to correlate to jail length of stay;
- Co-occurring disorders are prevalent in the mental health and drug diversion courts;
- Homelessness is an identified issue for ten of the reporting entities;
- African-Americans are consistently reported at a higher percentage than their representation in the King County population; and
- 65% of the inmates evaluated by the King County Correctional Facility psychiatric evaluation specialists had felony charges.

A two-day planning process incorporated input from all members of the planning group—Department of Community and Human Services, King County Correctional Facility, Department of Adult and Juvenile Detention, Community Corrections, Public Health - Seattle & King County, Superior Court, District Court, and the Department of Judicial Administration. The planning process included the following elements:

- Identification of the target population;
- A vision statement;
- Available funding;
- Gaps, strategies and priorities;
- Criteria required of all action strategies;
- Priority for action; and
- Next steps

The Target Population: The target population consists of:

- individuals charged with a felony or a King County misdemeanor who either will not be transferred to a Department of Corrections facility, or can be prevented from transferring; OR
- those who are non-compliant with court orders; AND
- those diagnosed with a mental illness, or chemical dependency, or co-occurring mental illness/chemical dependency.

Activities: The planning process resulted in a number of new initiatives that will implement the requirements of Ordinance No. 14517. The following is a brief description and status report for each initiative.

*Co-occurring Disorders Benefit:* Agencies have been selected to provide evidence-based integrated mental health and chemical dependency treatment for eligible adult offender-clients referred from Seattle Municipal Mental Health Court, King County District Mental Health Court, or King County Drug Diversion Court. The treatment services will be based on the principle that both disorders are primary. This initiative hopes to foster the readiness of the King County publicly-funded mental health and chemical dependency treatment systems to routinely receive and treat clients who have co-occurring disorders. The objectives of this initiative are to:

1. develop and implement an integrated co-occurring disorder treatment program;
2. assist clients to obtain entitlements for which they are eligible;
3. assist clients to develop stability in their life circumstances, including housing and employment; and
4. develop strategies to facilitate the acceptance into treatment by the King County publicly funded mental health and chemical dependency treatment systems of clients who have co-occurring disorders.

*Criminal Justice Liaisons:* Three criminal justice liaisons will work specifically with the King County Jail (Seattle and Kent detention facilities) and the King County Community Corrections Division to engage, refer and link individuals sentenced to these facilities to post-release treatment and support services. Services include coordination with other initiatives developed from the Criminal Justice Continuum of Care plan, development of interim treatment plans, and linkage to chemical dependency and/or mental health services, and other treatment and services as indicated. The objectives of this initiative are to:

1. engage chemically dependent and/or mentally ill individuals sentenced to a King County detention facility;
2. provide post-release referrals and assure linkage to community-based providers for appropriate treatment and support services; and
3. work collaboratively with King County courts, detention facilities and others involved in the Criminal Justice Continuum of Care.

*Assessment Process Development:* Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD) hired an individual to coordinate the assessment process for the purposes of initially identifying and assessing offenders in the jail for possible mental illness and/or chemical dependency treatment needs. This staff person also is responsible for developing and/or identifying appropriate assessment tools and making recommendations on who should be assessed, when, and by whom. This work is critical toward getting necessary and timely offender-client information to those stakeholders who "need to know." As a result, and in conjunction with the new Criminal Justice Initiatives, a larger number of eligible offenders may be placed in appropriate treatment with ancillary services in the community.

*Assistance to Incarcerated Low-Income Offender-Clients in Applying for Publicly Funded Services:* Two positions will be filled in 2003 to assist potentially eligible offender-clients in applying for publicly-funded treatment services while still incarcerated. As a result, a greater number of eligible offender-clients will be able to access publicly funded treatment services in the community immediately upon release from custody. An ADATSA Case Monitor will be hired by MHCADSD to work with chemically-dependent offender-clients prior to release from the King County Jail. Likewise, an administrative staff person will be hired by

Public Health to assist mentally ill offender-clients in applying for Title XIX/Medicaid prior to release from custody.

*Methodone Dosing in the Jail:* Methadone dosing is currently provided to opiate-dependent inmates in the King County Jail by a community provider. This service is available only to individuals who were engaged in Opiate Substitution Treatment at a licensed methadone clinic in King County prior to arrest and incarceration. In the future, Jail Health Services may become certified to provide methadone dosing directly to previously and newly engaged opiate-dependent inmates.

*Voucher Services:* Enhanced access to opiate substitution treatment is now available via the Methadone Voucher Program. Methadone vouchers were initially provided to individuals on the King County Needle Exchange waiting list and, if eligible, these individuals would receive up to nine months of opiate substitution treatment. Subsequently, methadone vouchers will be provided to offender-clients being released from the King County Jail.

Dedicated housing options are now available for eligible clients of Seattle Municipal Mental Health Court, King County District Mental Health Court, and King County Drug Diversion Court via the Housing Voucher and Case Management Program. The program provides housing search, case management and stabilization services to clients who are homeless, substance abusing, chemically dependent and/or mentally ill. It enables clients to secure transitional or permanent housing via a housing voucher rent subsidy throughout the geographic areas of King County for those who either choose to “opt in” or are under supervision of the therapeutic courts and comply with court requirements. This program was developed specifically to help with housing issues after the Cedar Hills Addiction Treatment facility was closed. The objectives of this program are to:

1. provide transitional and permanent housing search, and housing stabilization services to eligible Medicaid and non-Medicaid funded clients;
2. provide housing case management services located at sites easily accessible to the targeted, eligible population;
3. implement a housing voucher program that provides eligible clients with rent subsidies for a period of up to six months to assist them with rent and utility expenses; and
4. provide mental health treatment (by King County Mental Health Plan Providers) for eligible criminal justice-involved clients via the Mental Health Voucher Program.

Enhanced access to mental health treatment is now available via the Mental Health Voucher Program. These vouchers are provided to offender-clients, primarily those referred from King County District Mental Health Court, who are not currently receiving Medicaid benefits but are likely eligible. These individuals will receive up to six months of mental health treatment at any licensed provider under the King County Mental Health Plan.

*Criminal Justice and Human Service Systems Cross Training:* Cross training will be provided to the criminal justice and human service systems, beginning in the fall 2003, via a consultant contract. Local criminal justice system professionals will be educated and cross-trained on the treatment/human services system. Vice versa, local human service system professionals will be educated and cross-trained on the criminal justice system.

*Project Coordination:* A Criminal Justice Initiatives Coordinator was hired to coordinate all facets of the Criminal Justice Continuum of Care Project. This individual is also the MHCADSDS representative on various other criminal justice projects, proposals, and work groups.

Partnerships: Each of the key County and provider agencies listed below provided expert input and feedback on the planning and development of the Criminal Justice Continuum of Care Initiatives Project and are responsible for providing the following services:

- Public Health – Seattle & King County: Entitlement applications; screening for medical, mental health and chemical dependency; information sharing; distribution of Methadone vouchers
- King County Department of Adult & Juvenile Detention: Collaboration with contracted liaisons; office space for liaisons; coordination with King County Superior Court on the Intake Services Program
- King County Department of Judicial Administration, and Superior and District Courts: Drug Diversion Court, Intake Services Pilot Program, District Mental Health Court
- King County Office of the Prosecuting Attorney: Information sharing protocols
- King County Office of the Public Defender: Information sharing protocols
- King County Department of Community and Human Services (DCHS): Project coordination and budget management; develop assessment tools and processes; community-based services liaisons; vouchers for treatment and housing; provision of ADATSA Case Monitor; mental health/chemical dependency treatment for veterans
- King County Executive: Facilitate Criminal Justice Implementation Group; provide budget oversight
- King County Council: Provide guidance via legislative staff
- DCHS Contracted Providers: Provide liaison and court monitor staff; provide Co-occurring Disorder Services to eligible clients; manage the Housing Voucher and Case Management Program; provide methadone dosing in the jail via contract for eligible opiate-dependent clients; operate the Mobile Methadone Program for eligible opiate-dependent clients
- King County Mental Health Plan Providers: Provide mental health treatment for eligible criminal justice involved clients via the Mental Health Voucher Program

Desired Outcomes/Performance Measures: A project evaluator will develop processes to ensure that data collection, compilation, and analyses are conducted in a systematic manner. Outcome and performance information will be reported to key stakeholders, including the King County Executive and the Metropolitan King County Council. Data collection elements and procedures will be established by year-end 2003. An additional information system programmer analyst will be hired in 2003 to provide database support and/or development. Finally, a consultant will be hired by the King County Drug Diversion Court to conduct an evaluation of Drug Court.

It is anticipated that the Criminal Justice Continuum of Care Initiatives will have a positive impact on lowering recidivism rates over time among non-violent mentally ill and/or alcohol and other drug involved offenders and, as a result, reducing criminal justice system costs pertaining to this population.

Funding: A total of \$2.2 million (Current Expense) was allocated to implement the initiatives described above.

## 2. Mentally Ill Offender Initiatives

King County participates in three programs targeted for offenders who are being released to King County from a Department of Corrections (DOC) facility. Although each program is somewhat different, prisoners who enroll are not provided with an early release date to encourage their participation. Involvement with these programs has provided invaluable information and experience regarding program elements that appear to be most likely to succeed in assisting criminals with mental health and/or chemical dependency to successfully transition to communities. The Mentally Ill Offender Initiatives have the potential to impact King County adult detention because many DOC prisoners from King County are initially jailed in a King County facility.

- The Seriously Mentally Ill Offender (SMIO) program is a referral process in which prisoners who appear to need ongoing mental health services following release are referred to the community mental health system for aftercare. DOC provides the mental health system with information about a prisoner's mental illness and the treatments received during incarceration. Referrals are made to community-based mental health providers.
- The Mentally Ill Offender Community Transition Project (MIOCTP) is a project devised by the state legislature to develop a model program for offenders with mental illnesses being released to communities. This project established model components for the provision of seamless services and supports for prisoners subsequent to release from a DOC facility. Model elements include: a pre-release component in which community providers meet with prisoners and DOC staff to establish a community treatment plan; provision of intensive wrap-around services following release; a multi-disciplinary team approach to treatment planning and problem solving (e.g., mental health and substance abuse providers, DOC community corrections officers). An Oversight Committee monitors policy implementation and performance, and oversees the evaluation of the project.
- The Dangerous Mentally Ill Offender (DMIO) project is a statewide demonstration project developed by the state legislature. This project incorporates model design features from the MIOCTP project and also includes a rigorous process for identifying persons incarcerated in a DOC facility who have a mental disorder and meet criteria for "dangerousness" (a composite score for risk of re-offending and nature of previous crimes/infractions while incarcerated). Multi-disciplinary teams meet with the prisoner while still incarcerated to develop a community-based post-release plan for services and supports. Intensive, comprehensive services are provided post-release with regular and frequent care consultation meetings with the community team. An evaluation is underway to determine the program's effectiveness in reducing recidivism, increasing treatment for released prisoners, improved effectiveness of treatment and services, increased Medicaid enrollment, and savings achieved in DOC bed days.

According to Northwest Resource Associates (the contractor providing the program evaluation for the Washington State Legislature):

- The implementation of the Mentally Ill Offender Community Corrections Project saves the Department of Corrections between \$276,375 and \$359,625 annually.
- Over the life of the program, DOC saved a total of \$430,500 from early release of inmates into the community program alone—additional savings are achieved through recidivism rates and other program elements.
- The recidivism rate for program participants is half that of mentally ill offenders who were not enrolled in the program.

Although the MIOCTP and DMIO programs have similar features, there are numerous contrasts, among which are: DMIO can serve people who have committed the most serious crimes, where many of these are ruled out of the MIOCTP criteria; DMIO funds services for up to five years, but the expectation for MIOCTP is transition to the “regular” mental health system; DMIO serves people with developmental disabilities (with or without co-occurring mental illness), but this population is excluded from MIOCTP.

Both programs have provided invaluable lessons toward building a best practice model that includes effective interventions and services that not only reduce recidivism, but also increase access to necessary and appropriate community services.

Conclusions: Over the past several years, huge progress has been made in the County’s efforts to reduce the census in both juvenile and adult detention facilities. Juvenile detention centers and adult jails are not intended to be treatment facilities, yet too often people in need of treatment and support services end up in such facilities. We cannot rectify this problem without recognizing the critical necessity for collaboration between the criminal/juvenile justice systems, and human services. Assuring that individuals in need of treatment get that treatment is one of many strategies that may impact average daily census, recidivism, and future criminal behavior. King County is applying “lessons learned” through its history with interventions of proven effectiveness with both juvenile and adult offenders. We already have good news about the decline in the juvenile detention census; we will work hard to replicate that success in the adult system.

## IV. Human Services Brief Reviews

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In this section, a sample of human service programs and activities provided throughout King County are described. Some of these are programs included in the *Human Services Recommendation Report for 2001 – 2003*, while others are introduced to this report for the first time. These programs are supported by a variety of funders, within and outside of King County government. Although just nine service areas are described, they provide a glimpse into the variety of human services available within the County. When possible, similar information is provided about each program: brief program overview, the Community Goal(s) addressed, funding, the target population, activities provided, collaborations/partnerships, outcomes/performance measures<sup>9</sup>, status updates, and recommendations.

### A. Family Support and Early Childhood

Through several programs and partnerships, King County supports services that build the foundation for the healthy development of children and families. The King County Children and Family Commission, Public Health - Seattle & King County, and the King County Developmental Disabilities Division continually work with the community to ensure that a regional system of services is maintained.

Community Goal(s) addressed: #1—Food to eat and a roof overhead; #2—Supportive relationships within families, neighborhoods, and communities; #3—A safe haven from all forms of violence and abuse; #4—Health care to be as physically and mentally fit as possible; #5—Education and job skills to lead an independent life.

Funding: Approximately \$210,000 per year collected from Marriage License fees are dedicated to family support services. Intensive home visiting programs—\$654,707 (Current Expense). Early intervention services for children with developmental delays—\$2.8 million per year (federal/state).

Target population: Families, including those at high-risk due to low-income and/or immigrant/refugee status, families of color, and first time teen parents. Families with children, newborn through two years of age, that have significant developmental delays.

Activities provided: Services for at-risk families occur through grassroots, community-based programs that emphasize a broad spectrum of support to assist families to strengthen familial relationships, become effective parents, and address issues that interfere with appropriate parenting (e.g. substance abuse, housing, employment). A family support model operates from a strength-based perspective that builds on a family's capacities. Supports may be provided at Family Support Centers, during home visits, and other locations convenient to families. Home visits provide opportunities for well-baby care, mentoring, and other supports particularly useful for teen parents. The Best Beginnings program serves 100 low-income first-time mothers in Renton, Auburn and Kent in a comprehensive home visit program with Public Health nurses in partnership with community human services providers. The Healthy Families program serves 322 teen parents in north and east King County and the Highline Hospital Program serves 324 first-time parents in the White Center, Highline, and Burien areas.

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<sup>9</sup> For some programs, outcomes/performance measures are provided; for others desired outcomes/performance measures are described.

Early intervention services for infants and toddlers with developmental delays occur through a network of 16 non-profit and public agencies throughout King County that provide a broad spectrum of services. Services include developmental assessment, specialized instruction, therapies, adaptive technology such as hearing aids, and supports to families through individual conferences or in groups. Services may be provided in agencies' facilities, families' homes, day care centers, schools, or in other locations appropriate to the individual child and his/her family.

Collaboration/partnership: Family support is based on an active partnership among policy makers, program providers, and parents. Examples of collaboration include:

- Project Lift-Off Opportunity Fund: identifies and addresses resource gaps that promotes children's readiness to learn. Over \$5 million is leveraged annually. See [www.projectlift-off.org](http://www.projectlift-off.org) for more information.
- United Way Children's Initiative: works with communities to invest in the early years of childhood, including policy development and improved access to coordinated services. Emphasis is placed on three critical stages: becoming a new parent, finding quality child care, and becoming ready for school.
- Local cities: many cities participate financially with the County to provide family support programs.
- Communities: local collaborations among city governments, service providers, hospitals, public health clinics, schools, employers and family support centers create supports specific to local needs.
- Department of Social and Health Services, Developmental Disabilities Division: provides funding and policy direction for state and federal funds used to support early intervention. Agencies also access Medicaid reimbursement for therapies for eligible children.
- School districts: public schools have the option to participate in providing and funding early intervention services by enrolling infants and toddlers with developmental delays. Several suburban districts participate and contract with child development agencies to provide early intervention services.
- Communities, civic organizations and private donors: fund raising efforts of child development agencies generate all capital funding for the system and support for operations. Other financial contributors are insurance companies by paying for covered therapies for children enrolled in a group insurance program and public entities, such as the University of Washington that provides substantial in-kind support.

Outcomes: Examples of outcomes include:

- improved prenatal health;
- improved birth outcomes;
- enhanced community and social resources for families;
- increased readiness to learn and academic success;
- decreased child abuse and neglect;
- decreased reliance on social welfare;
- increased ability of families to promote developmental progress in children with significant delays; and
- enhanced developmental functioning of children receiving early intervention services.

Status Update (*Human Services Recommendations Report for 2001-2003*):

Recommendation 1: King County will continue to support model family support and early childhood programs.



Status: Consistent with its role, as identified in the *King County Framework Policies for Human Services*, King County has assisted local communities to develop financial support for family support programs.

Recommendation 2: King County will continue to forge partnerships in support of inclusive, quality, accessible and affordable child care.

Status: A focus area for Project Lift-Off is accessible quality child care. Public Health – Seattle & King County’s Child Care Health Program is described in Section IV.C.

Recommendation 3: King County will explore expansion of home visiting programs for parents of newborns.

Status: The Children and Family Commission partnered with United Way and other community organizations on the “Welcome! Baby Home Visiting” project and the Children’s Initiative “Success by Six” planning process.

Recommendation 4: King County will strengthen internal and external coordination for family support and early childhood services.

Status: The upcoming merger of the United Way Children’s Initiative and Project Lift-Off will provide a strategic approach to external coordination. Internally, the Children and Family Commission continues to identify partnerships and opportunities to promote family support principles.

Recommendations for 2004-2006:

1. Maintain current level of funding for intensive home visiting and expand programs through new and enhanced partnerships.
2. Conduct an evaluation of the home visiting programs during 2004 to assure that desired outcomes are achieved.
3. Continue to identify innovative ways to leverage County dollars in order to expand community resources.
4. Maintain the community partnerships with United Way Children’s Initiative and Project Lift-Off.
5. Implement a *2004 Systems Improvement Plan for Early Intervention Services in King County* for infants and toddlers with developmental delays and their families (a collaborative effort by the King County Developmental Disabilities Division with providers and other stakeholders).

**B. Drug/Alcohol Prevention**

The King County Community Organizing Program (KCCOP)<sup>10</sup> and the Alcohol and Other Drug Prevention Program in Public Health (DPH), with active community participation, are close partners in the coordination of prevention services that discourage alcohol and drug abuse. Since 1989, KCCOP has been the recipient of state and federal “Safe and Drug Free Schools and Communities” funds for assisting local communities to develop and implement drug, alcohol and violence prevention strategies.

Community Goal(s) addressed: #2—Supportive relationships within families, neighborhoods, and communities.

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<sup>10</sup> KCCOP is a program in the Community Services Division, Department of Community and Human Services

Target population: Youth—particularly those at risk for problem behaviors.

Activities provided:

- Training in early identification;
- Intervention for youth at-risk for substance abuse;
- Parent education;
- Community awareness training;
- Allocation of small grants for community and youth groups to plan and implement training and drug-free activities;
- Chemical dependency treatment for pregnant and parenting women; and
- Therapeutic child care for the children of parents in treatment.

Collaborations/partnerships: DPH and KCCOP are close partners in the provision of processes (which a broad array of community stakeholders consider priority risk factors) and strategies to address them. Community members are vital partners in that their perspective of community needs drives planning. DPH and KCCOP collaborate on needs assessments, jointly prepare Requests for Proposal, make funding decisions, and oversee contracts.

Outcomes/performance measures: The risk and protective factors that are currently being addressed and the desired outcomes are:

1. Outcome—Friends who use drugs/perception of harm
  - Reduce youth association with friends who use and increase perception of harm for drug and alcohol use.
2. Outcomes—Family history of problem behavior (drinking, drugs and/or violence)
  - Increase family knowledge of drug, alcohol and violence issues.
  - Increase family's ability to handle conflict.
  - Increase community support for families who are at risk of youth involvement in problem behavior.
3. Outcomes—Low neighborhood attachment/community disorganization
  - Increase community problem solving capacity.
  - Increase community ability to support youth and families.
  - Increase community public safety.

Recommendations:

1. Health and human services partner with law enforcement agencies in the King County Meth Action Team. The next steps of this new methamphetamine prevention strategy is to develop a Drug Endangered Children protocol for children discovered in meth labs. Continue to work with law enforcement agencies to implement completed protocol.

### **C. Public Health - Seattle & King County (DPH)**

DPH provides direct services and education to the residents of King County in order to prevent health problems from starting, spreading, or progressing. Many of the services offered through DPH could be easily defined as human services—programs are often targeted for the most fragile and disadvantaged residents of King County, and frequently are provided in a holistic context. The following are examples of excellent programs provided by DPH that incorporate both health and human service elements.

**Child Care Health Program:** The mission of the Child Care Health Program is to promote the health of all children and youth in child care and out-of-school programs by working with families, community and staff to provide a physically and emotionally safe and healthy place for children.

Community Goal(s) addressed: #2—Supportive relationships within families, neighborhoods, and communities; #3—Safe haven from all forms of violence and abuse; #4—Health care to be as physically and mentally fit as possible.

Funding: 2003 Budget—\$2,169,769 (Federal/Current Expense)

Target population: All children and youth in child care settings in King County, representing approximately 55,000 children from birth to age 5 in child care, and 71,800 children between the ages of 6 to 12 in out-of-school care.

Activities provided:

- Program Interventions: Crisis prevention (communicable disease control, referrals regarding children of concern); multidisciplinary consultation; health and safety training for child care providers; web-based and hard copy health and safety publications for providers and parents; consultation with families and providers.
- Critical health services: Communicable disease prevention and control (including foodborne illnesses); immunizations; disaster preparedness; children of concern/chronic disease (identification and referral of chronic illness and mental disorders, obesity, failure to thrive, abuse and neglect); linkage to services.
- Injury prevention: Indoor and outdoor safety, healthy environment, safe sleep practices.
- Nutrition/physical activity.
- Childhood growth and development: Brain development; readiness to learn; behavior management; oral health; early identification and referral to birth to 6 programs and health care providers.

Collaborations/partnerships:

- Training child care center staff: Community colleges, National Association for the Education of Young Children, Washington Association for the Education of Young Children.
- Child care quality improvement: city of Seattle Department of Human Services, Washington State DSHS (licensing), health specialists and trainers, Public Health Epidemiology, Planning and Evaluation.
- Educational materials development: Washington State Departments of Health and DSHS, WSU Cooperative Extension, Harborview Injury Project, American Dietetic Association, American Heart Association, American Lung Association, Children's Hospital Resource Center.
- Increasing training options: Washington Association for the Education of Young Children, Child Care Resources, community colleges, King County Library System, King County School Districts.
- Increasing awareness of program: King County Metro, local TV and radio stations, community colleges.

Outcomes/performance measures:

Desired outcome: Child care settings in King County will have a safe and healthy environment.

Performance Measures (examples, not a complete list):

- % of child care programs with immunization tracking systems;

- % of child care programs that provide a safe environment;
- % of infant programs that employ safe sleep practices; and
- % of children in need of referral who receive early interventions.

Recommendations:

1. Child care homes (informal child care) should have access to the Web site, newsletter and training.
2. The program should focus on assessment and training of child care center staff and facilities in the areas of communicable disease prevention and control, immunization compliance, injury prevention, emergency preparedness, childhood growth and development, nutrition and physical activity, and chronic disease identification, prevention and treatment.

**Community Health Clinics:** Community Health Clinics provide health care services to low-income, uninsured and under-insured residents of unincorporated King County.

Community Goal(s) addressed: #4—Health care to be as physically and mentally fit as possible.

Funding: 2003 Budget—\$736,510 (Current Expense).

Target population: Low-income, uninsured and under-insured individuals living in unincorporated areas of King County, who need health care.

Activities provided:

- Primary Medical Care: Services provided by a physician, a nurse practitioner, or a physician's assistant for the purpose of provision of medical services for the prevention, diagnosis, treatment, or rehabilitation of illness or injury.
- Dental Care: Services provided by a dentist, a dental hygienist, or an expanded-duty dental assistant for the purpose of prevention (screening and education), assessment, and/or treatment of a dental problem, including restoration, oral examination, x-rays, prophylaxis, limited orthodontics, periodontics, dentures, minor surgery, and emergency care.
- Health Care Access Services: Services that reduce barriers for vulnerable populations in accessing medical and dental care, including: outreach; interpretation; case management to link patients with appropriate health care providers; patient advocacy; and assistance with enrollment in Medicaid or state Basic Health Plan insurance programs.

Collaborations/partnerships: Community health clinics collaborate with Public Health on projects that focus on the following priority health care and disease prevention activities:

- Chronic disease clinical improvement initiative (Public Health clinics and community health clinics);
- Bureau of Primary Health Care health disparities collaboratives (nationwide);
- Community Diabetes Initiative (statewide);
- Allies Against Asthma (Countywide)
- Breast and cervical health education and care collaborative (statewide);
- Women, Infants, and Children (WIC) nutrition education programs;
- Health Care for the Homeless network (Countywide, with national affiliation); and
- Kids Get Care (Countywide, with national foundation support).

Outcomes/performance measures:

- Number of visits provided to low-income, uninsured or under-insured residents of unincorporated King County; and
- Disease-specific annual reports on chronic disease clinical improvement measures.

Recommendations: Program resources should continue to be directed toward supporting low-income, uninsured or under-insured residents of unincorporated King County with a focus on chronic disease areas for which low-income populations are at particular risk.

**Health Care for the Homeless:** Public Health's Health Care for the Homeless Network (HCHN) promotes access to quality health care services for homeless adults, families, and children in King County. Health problems are often the cause of homelessness, and homelessness causes serious health problems. HCHN's goals are to improve the health and residential stability of homeless people, prevent the spread of communicable diseases, and reduce costs to the health and emergency response system.

Community Goal(s) addressed: #4—Health care to be as physically and mentally fit as possible.

Funding: 2003 Budget

<b>Fund Source</b>	<b>Amount</b>
U.S. Department of Health & Human Services	\$1,409,044
Housing and Urban Development	1,212,216
Local funds (Seattle & King County)	1,145,167
Medicaid Administrative Match	400,000
Other Grants	15,000
<b>Total</b>	<b>\$4,181,427</b>

Target population: Homeless adults, families, and children in King County. For 2003, it is projected that on any given night, 7,940 people are homeless in King County, and the approximate annualized number is 25,000 - 30,000. Health Care for the Homeless Network (HCHN) targets people who are chronically homeless, people who have acute and chronic health conditions, and people with mental health and/or substance abuse problems.

Activities provided:

- Homeless health care: Interagency, multidisciplinary teams of care providers serve shelters, day centers, transitional housing and other homeless programs.
- Tuberculosis Outbreak Response: Intensive work to address a significant outbreak among homeless people in Seattle; planning; direct nursing services; community alerts; and trainings.
- Communicable disease prevention and health and safety technical assistance for homeless serving agencies: Public Health nurses provide universal policies and standards related to TB, SARS, West Nile Virus and other illnesses.
- Assessments: Completed three assessments of health issues of homeless people, including inmates in the King County Jail, and used findings to develop a Strategic Plan for 2002-04.

#### Collaborations/partnerships:

- Tuberculosis Outbreak Response: Public Health TB Clinics, Centers for Disease Control.
- Advisory Board: 16 members representing King County, the city of Seattle, homeless agencies, community clinics, medical care providers, mental health/substance abuse systems, and consumer representatives.
- Coordination and planning groups/local government: Health system representation and coordination with the Committee to End Homelessness, the Safe Harbors Homeless Management Information System, the Chronic Populations Advisory Committee, the McKinney Steering Committee, city of Seattle Human Services Department, King County Department of Community and Human Services, Jail Health, HIV/AIDS program, Parent-Child Health, Public Health.

#### Outcomes/performance measures:

- HCHN provided 43,058 encounters in 2002, of which 27,779 were for medical care. Based on national studies, about 50% of these visits (11,112) would have occurred in emergency rooms had HCHN been unavailable.
- 43,058 health care visits were provided to 7,935 homeless people in 2002.
- 63% of REACH clients moved to a more stable level of housing in 2002 (Goal = 40%).
- 32% of Pathways Home clients entered permanent housing (Goal = 20%).
- 48% of Pathways Home clients moved up at least one level in housing stability (Goal = 50%).
- 45% of Medical Respite clients moved up at least one level in housing stability (Goal = 25%).
- 81% of Medical Respite clients participated in a psycho-social assessment (Goal = 75%).

#### Recommendations:

1. HCHN service expansion in line with Strategic Plan and focus on two key areas:
  - Implementing project to address chronic homeless/high utilizers that focuses on YWCA Opportunity Place, Harborview Medical Center urgent care services, Jail Health, Medical Respite and Pathways Home programs.
  - Expansion of services to South King County, focusing on assessing unmet health needs of homeless people.
2. Continue leadership role in local and national efforts to reduce homelessness.
3. Address emerging diseases/communicable disease prevention and control.

### **D. Youth Services**

The DCHS Community Services Division (CSD) has primary responsibility for implementation of the four youth recommendations developed in the *Human Services Recommendations Report for 2001-2003* and has worked collaboratively with a number of partners while addressing these recommendations.<sup>11</sup> The following summarizes the current implementation status for each recommendation:

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<sup>11</sup> Examples of CSD's participation in the various initiatives developed in response to these recommendations can be found in Sections III A. Juvenile Justice, Section IV Human Services Brief Reports, and Section VI Program Evaluation Results.

Status Update (Human Services Recommendation Report for 2001-2003):

Recommendation 1: King County will track and evaluate the various community-based “service linkage models” now being piloted for high-risk youth, and identify the model(s) most able to demonstrate an impact on the juvenile justice system. The most successful will be considered for possible continuation/expansion, and/or replication.

Status: The Juvenile Justice Evaluation Work Group is responsible for much of the work related to this recommendation.<sup>12</sup> An evaluation of the New Start Program, a service linkage model, was completed.

Recommendation 2: King County will continue participation in subregional partnerships to promote improved, better coordinated responses for at-risk youth. A priority in the implementation of subregional human service plans for County discretionary funds will be to address needs of at-risk youth and their families.

Status: Appendix B provides a compendium of community partnership activities.

Recommendation 3: King County will foster a regional perspective to address youth recreation issues, and continue to support youth recreation and education programs for youth in unincorporated King County.

Status: See the King County Parks Division 2002 Business Plan, the Metropolitan Parks Task Force (<http://www.metrokc.gov/exec/mptf/>), and the Active Sports and Youth Recreation Commission (<http://www.metrokc.gov/exec/news/2001/0202011.htm>).

Recommendation 4: King County will strengthen internal and external coordination for youth services.

Status: Subsumed under Recommendation 2.

Outcomes/performance measures:

- Increase and/or maintain family protective factors, levels of support, positive communication, parenting and family management skills.
- Decreased involvement for youth in the juvenile justice system.
- 84% of youth served in the juvenile justice intervention projects showed a reduction in recidivism in the year after service began as compared to the year prior to service.

Recommendations for 2004 – 2006:

1. Develop protocols for referral and coordination of the many youth initiatives in King County so clear pathways are available for youth, their families, and human service providers.
2. Obtain and act upon recommendations provided by the King County Office of the Prosecuting Attorney to address laws and regulations pertinent to the sharing of information across stakeholders of the juvenile justice system.
3. Expand capacity of programs proven to reduce juvenile justice involvement to communities of color, especially where there is disproportionate representation in the juvenile justice system.

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<sup>12</sup> See Section VI Program Evaluation Results.

4. Continue to provide technical assistance to juvenile justice program providers in such areas as contract compliance and reporting requirements, outcome development, appropriate assessment of youth, best practices/proven programs, and evaluation.

In addition to its emphasis on providing services to lessen the involvement of youth in the juvenile justice system, CSD continues to support programs that focus on reducing other risk factors and increasing protective factors for youth. The Division sustains a number of youth shelters and works in collaboration with the Youth and Family Services Network and other agencies to provide various prevention and intervention services to youth Countywide, including unincorporated areas and rural communities. Furthermore, services target those communities where positive supports for youth and families are limited. Through these efforts, CSD works to address the continuum of needs of King County's youth and families.

## **E. Access to Human Services: Transportation**

Access to human services—transportation—is frequently identified as one of the top five needs for seniors, people with disabilities, and the low-income and homeless populations, and can be a barrier to people reaching needed services.

Community Goal(s) addressed: #1—Food to eat and a roof overhead; #2—Supportive relationships within families, neighborhoods and communities; #4—Health care to be as physically and mentally fit as possible; and #5—Education and job skills to lead an independent life.

Funding: In 2002, King County Metro's budget total was \$485,728,035. In FY02-03, funding for Medicaid transportation is \$15,958,482 (federal Medicaid/state DSHS match). There is no dedicated funding for the paratransit operations, which totaled \$30,794,266 in 2003. Senior Services Transportation Programs are funded by a variety of federal and state funds through contract services, as well as some donations.

Target population: Individuals who require public transportation or specialized transportation services in order to access basic needs, services, and social activities.

### Activities provided:

- **ACCESS:** The Americans with Disabilities Act (ADA) mandated Metro's paratransit program for people with disabilities that prevent them from riding the regular bus; provides lift-equipped vans.
- **Community Partnership Program (CPP):** Metro provides operating assistance, retired vanpool vehicles, and lift-equipped paratransit vans to community-based programs to help transport clients. CPP also supports vanpools that serve riders with disabilities in supported employment activities and domestic violence training.
- **Job Access:** Metro provides operating assistance to community-based organizations that provide transportation for low-income and welfare clients who are transitioning into the workforce.

Collaborations/partnerships: Metro partners with a variety of human services agencies that support seniors and people with disabilities in the community. Partnerships include working with the Senior Services Transportation Program, Crisis Clinic of King County, Area Agency on Aging and Disability Services as well as 24 geographically diverse social service agencies. These partnerships promote better communication, more efficient service delivery, and a wider network of transportation resources available to the special needs populations.



Outcomes/performance measures:

- The number of rides delivered via ACCESS Transportation is increasing at a rate of about 3% per year. A total of 991,464 rides were provided during 2002.
- KC Metro's Community Partnership Program has a greater rate of growth with a projection for 2003 of 50% more rides than in 2002 (from 53,010 to 80,000).
- In 2002, the Job Access transportation program, funded with federal grant and local monies, provided more than 11,243 rides and trained approximately 200 case managers and social service workers to serve as transportation coordinators for their clients. Between January and July 2003, Job Access facilitated a bus/ferry pass voucher program which provided 101,430 transit rides.
- Medicaid provided 904,310 rides in 2002, an increase of 38% from the previous fiscal year.
- Approximately 120 people with disabilities each year are coached on how to use the regular bus system.
- Bus lifts are deployed an average 550 times each day to serve wheelchair users and others who need assistance to board the bus.
- Of the 96,000,000 trips provided on Metro buses in 2002, 12% were taken by holders of the Regional Reduced Fare Permit, i.e. persons over the age of 65, or over the age of 18 with a verifiable disability.
- The annual KC Metro Rider/Non-Rider survey done in 2002 determined that, 19% of all Metro riders do not have a car available, 31% of those transit-dependent riders identified themselves as disabled, and 10% of those riders earn less than \$35,000 annually.

Recommendations:

1. Integrate planning efforts in human services, housing, and transportation to reduce barriers to efficient service delivery.
2. Create a Countywide planning effort to develop and implement regional coordination of transportation services for people with special needs.
3. Use technology to improve the delivery of paratransit services.

**F. Services to Combat Homelessness**

Programs to combat homelessness include homelessness prevention, emergency shelters, transitional housing, and information and referral services. These programs seek to meet the basic needs of low-income indigent individuals/families by preventing imminent homelessness through eviction prevention and mortgage default prevention; move people who are already homeless along the continuum from emergency shelter to permanent housing; and provide links to needed services.

Community Goal(s) addressed: #1—Food to eat and a roof overhead.

Funding: 2002 Funding Levels

<b>Project</b>	<b>Amount</b>	<b>Fund Source(s)</b>
Homelessness Prevention	\$344,229	Federal/Current Expense
Emergency Shelter	\$422,372	Federal
Transitional Housing	\$2,862,225	Federal/State/Current Expense
Permanent Supportive Housing	\$3,208,128	Federal
Information and Referral	\$91,229	Current Expense
Homeless Outreach, Stabilization and Transition Project and PATH Outlying Areas Project	\$988,211	Federal/State
King County Assessment Center	\$1,251,455	Federal/State
Sobering Center Services	\$870,236	Federal/State/Current Expense

Target population: Individuals and families at-risk for homelessness, or those who are already homeless. Specialized funding targets single people, families, domestic violence victims, Spanish speaking persons, veterans and other specific populations.

Activities provided: The King County Consortium's Homeless Continuum of Care Plan provides a multitude of services including emergency shelters, transitional housing and services, permanent supportive housing for the disabled homeless, and permanent affordable housing. The Committee to End Homeless in King County works toward the goal of ending homelessness in King County by the year 2012. One major focus area was the development of the Safe Harbors Homeless Management Information System.

Collaborations/partnerships: King County works with community-based agencies who provide direct services; the city of Seattle and suburban cities on planning and coordination efforts; and the Committee to End Homelessness, which includes broad base representation of stakeholders.

Outcomes/performance measures:

- Prevention of homelessness;
- Movement of people along the continuum from homelessness to permanent housing; and
- Preservation and development of low-income and special needs housing.

Recommendations:

1. Continue to provide leadership in the regional response to homelessness, including participation in the Committee to End Homelessness, the federal McKinney planning and application process, and implementing Safe Harbors.
2. Continue to work with South King County and other areas of the County outside of Seattle to expand the regional response to homelessness.
3. Implement any new transitional housing and emergency shelter services made available through the new document recording fee revenue source.

## **G. Aging Services**

King County provides operating support to senior centers and adult day health programs in unincorporated areas of the County. Programs seek to assist seniors to access locally-provided services that enable them to live independent lives, maintain their health, live in their own homes, and avoid more costly and restrictive living arrangements. Eventually, one fourth of the residents of King County will be seniors and of these, one third will live outside the urban growth boundary.

According to the U.S. Census Bureau, the number of people aged 60 and older living in King County is projected to increase 32% in the next six years and will rise steadily for the next 20 years.

Community Goal(s) addressed: #2—Supportive relationships within families, neighborhoods, and communities.

Funding: 2003 Budget—\$728,000 (Current Expense).

Target population: Seniors residing in unincorporated King County with the current average age of 75. A minimum of 20% of seniors enrolled in any King County funded program must reside in unincorporated King County.

Activities provided: Senior centers provide prevention, health maintenance, social support, information and referral, and transportation services. County funding builds capacity and enables services to be provided under one roof in unincorporated areas. Examples of services are: case management; functional assessments; caregiving for dementia patients; physical, occupational, and speech therapy; and a broad range of health services.

Collaborations/partnerships: The federally designated Area Agency on Aging, administered by the city of Seattle Human Services Department, has the lead role in providing services for seniors in all areas of King County.

Outcomes/performance measures:

- The Senior Wellness Program, partially funded by King County, reports a marked increase in physical activity among seniors, and a 72% reduction in hospitalization.
- The Northwest Prevention Effectiveness Center found that the Wellness Program effects significant improvement in depression and a decrease in emergency room visits.

Status Update: The *Human Services Recommendation Report for 2001-2003* recommended that the County "Undertake a review of the County's Aging Program funding policy with attention to both senior centers and adult day health." Working with the community, the review was completed in 2001 and resulted in a revised Aging Services Funding Policy<sup>13</sup> that was approved by the Regional Policy Committee and took effect in 2002. The policy directs King County funding for senior centers and adult day health to benefit residents in the unincorporated areas of King County.

Recommendations:

1. Build additional capacity in unincorporated areas of King County, specifically those areas outside the County's urban growth boundary, which will remain primarily the County's responsibility as the only local government provider of infrastructure and operations support. The senior populations in these areas are projected to grow 16% (to 67,000) by 2006.
2. Maintain at least the current level of investment within the County's urban growth boundary, since it is not expected these areas will be annexed within the period covered by this report.

## **H. Domestic Violence/Sexual Assault**

Within King County, there is a continuum of community-based legal services that assist victims of domestic violence (DV) and sexual assault. King County funds a range of services such as crisis intervention, shelter, transitional housing, advocacy and counseling.

Community Goal(s) addressed: #3—Safe haven from all forms of violence and abuse.

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<sup>13</sup> Aging Services Funding Policy is located on the King County Department of Community and Human Services Web site.

Funding: (Current Expense)

<b>Project</b>	<b>Amount</b>
Batterers' Treatment	\$ 53,666
Civil Legal Assistance Services	50,000
Domestic Violence Victim Services	810,265
Sexual Assault Victim Services	615,637
Transitional Housing	129,090
Stop Grant Funds	97,187
<b>Total</b>	<b>\$1,755,845</b>

Target population: Any survivor or child of a survivor of DV is eligible for services. In addition, King County has placed a particular emphasis on developing programs for under-served communities (e.g., people of color, refugees and immigrants, gay and lesbian people). DV victims are the targeted population for sexual assault services.

Activities provided:

- Domestic violence: 24-hour crisis lines, emergency shelters, transitional housing, community advocacy, support groups, and limited services for children and youth. Community education and coordination are part of the overall efforts, as are state-certified batterer's treatment programs for offenders.
- Sexual assault: A statewide framework organizes services for victims of sexual assault into core services, which include 24-hour crisis response, information and referral, legal and medical advocacy, education and system coordination. The state accredits Community Sexual Assault Programs (CSAP), which are responsible for ensuring that specialized services are available in each County.
- Perpetrators: King County funds four programs intended for perpetrators of DV, two of which are targeted for minority populations. The criminal justice system is primarily responsible for treatment for perpetrators of sexual assault.

Collaboration/partnership:

- Domestic violence: There are numerous coordinating groups, task forces and government councils throughout King County—each working on related or specialized issues.
- Sexual assault: King County coordinates the Stop grant, which is funded by the state of Washington Office of Crime Victim Services.

Outcomes: In general, the outcomes collected match those required by other funders. New measures are under development and will be targeted for child and adolescent sexual assault treatment recipients.

According to a recent report by CSD:

- 83% say their level of personal safety has improved
- 95% could articulate a personal safety plan
- 81% indicated an improved level of self-sufficiency

Recommendations:

1. Participate in ongoing subregional coordination in developing and implementing DV plans for the various subregions throughout the County (Seattle, and North, South and East subregions).
2. Improve collaboration between sexual assault and DV services, which is common practice in most areas of the United States.
3. Develop Countywide standards for core services, advocacy and outcomes.

4. Focus on prevention, early intervention and other services that target children and teens for any new funding.

## I. Employment Services

King County provides a range of employment services for youth, adults, and supported employment services for individuals with developmental disabilities and/or mental illness. Through our employment programs, we have developed many community partnerships and a strong leadership role in building a regional system of employment and training services throughout the County.

Community Goal(s) addressed: #1—Food to eat and a roof overhead; and #5—Education and job skills to lead an independent life.

Funding: Funding sources have different fiscal years depending on the program.

	Project	Amount	Fund Source
Youth Programs	Out of School Youth Consortium/YouthSource Centers	\$1,370,023	Workforce Development Council
	Stay in School	\$789,153	Workforce Development Council
	Youth Opportunity	\$1,380,682	Workforce Development Council
	New Start	\$303,839	State/Current Expense
	Learning Center North Seattle	\$359,606	Shoreline Community College
	Children's Home Society Employment/Training	\$74,961	Children's Home Society
	Employment/Supports for youth with developmental disabilities	\$80,000	Developmental Disabilities
	School Programs	\$150,000	School Districts (Renton/Highline)
	Transportation—reduced/free passes and van rental	\$29,000	King County Metro
	Adult Programs	Worksource Renton planning grant to address transportation issues	\$50,000
Dislocated Worker Program		\$4 million	Workforce Development Council
Targeted dislocated workers		\$2,253,598	National Emergency Grant
Disadvantaged adults		\$182,862.50	Workforce Development Council
WorkSource Renton		\$849,773	Workforce Development Council
Employment services for adults with developmental disabilities		\$13,788,676	State Developmental Disabilities Funds
King County Jobs Initiative		\$904,905	Federal/State/Current Expense
Regional Employment Services and Placement Centers (Employment services for individuals with mental illness)		\$827,032	State Mental Health Funds and Dept. of Vocational Services

Target population: Youth already involved in the justice system or those who are at risk of involvement. In 2002, the percentage of people of color in our youth programs ranged from 66%-71%, and includes African-American, Asian, and Hispanic/Latino. Adult programs focus on people who were laid off, low-income job seekers, and employment placement and supports for adults with developmental disabilities and/or mental illness. The King County Jobs Initiative (KCJI) serves low-income and disadvantaged adults in the unincorporated areas of White Center and West Hill. KCJI forms direct relationships with employers to assist in employment needs as well as to provide technical assistance for business expansion and loans through the Office of Economic Development.

Activities provided: The King County Work Training Program delivers activities/services and works in partnership with community-based agencies. Youth programs focus on at-risk youth including: Stay in School program for potential school dropouts, Out of School Consortium for dropout retrieval, YouthSource at WorkSource Renton, Youth Opportunity, New Start, Opportunity Skyway, and Youthbuild. Youth programs may include GED preparation, credit retrievals, computer skills, leadership development, work experience, internships, job retention, and a multitude of support services. Youth with developmental disabilities access employment services to help transition from school to work.

Adult employment services include: the Dislocated Worker Program, the King County Jobs Initiative, and employment placement and supports for adults with developmental disabilities and/or mental illness. Activities in the various program areas may include career counseling, assistance with resumes/interviewing, training/re-training, job placement, and job retention/wage progression.

Collaborations/partnerships: Each of the following partners plays a unique role in building a comprehensive employment system: King County Work Training Program, King County Jobs Initiative, King County Supported Employment and other employment programs for adults with developmental disabilities, the Workforce Development Council, city of Seattle, school districts, community and technical colleges, the WorkSource system, justice system, and many community-based agencies. The Regional Employment Services and Placement Centers are a partnership with the state Division of Vocational Rehabilitation and the King County Mental Health, Chemical Abuse and Dependency Services Division. All employment programs require coordination and leveraging of multiple resources and partnerships that participate in this regional system of services.

Outcomes/performance measures: 2002 Performance Measurements

- 63% of low-income youth with low basic skills increased their employability by attaining a documented employment-related competency during the reporting period.
- 63% of adults completed employment programs with a placement wage that recovers 80% or more of the pre-program wage.
- 520 (34%) of adults with disabilities received support to maintain sheltered and group employment.
- 562 (36%) of adults with developmental disabilities received supportive services to maintain competitive employment.
- 85% of low-income and disadvantaged clients completed sector training designed to provide employment in high demand areas (KCJI).
- 65% of low-income disadvantaged clients were placed into high demand sector jobs with average wage rates of \$10.75 per hour (KCJI).
- 82% of low-income disadvantaged clients placed into jobs in 2002 remain employed for one year following date of placement (KCJI).

Recommendations:

1. Continue to build regional system initiatives and coordinated employment and training support services.
2. Locate additional partners.
3. Increase efficiency and productivity.

## V. Progress Made Toward the Five Community Goals

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Unique to King County is a planning effort to embrace common goals throughout the region. United Way of King County led the effort to develop the five Community Goals now widely adopted by human service planners and funders throughout King County. United Way, King County, city of Seattle, city of Bellevue, and the South King County Human Services Forum have all adopted the same five Community Goals and this section includes a brief report of their progress. Other jurisdictions are aware of this direction and use similar goals in their planning efforts. With common goals in place, efficiencies can be achieved through the development of shared outcomes and indicators, comparisons across programs to identify effective models, and enhanced communication among stakeholders. Common goals are integral to improving the overall human service infrastructure for all residents in King County.

### United Way of King County

United Way of King County distributes more than \$30 million annually in donor funds through its Community Safety Net Fund in support of the five Community Goals, and has developed outcomes, indicators, and measures that show progress toward meeting each goal. For each outcome, United Way has also identified the target population to which it applies, and the type of human services provider responsible for supplying outcome data. United Way publishes a community assessment biennially,<sup>14</sup> which includes performance data on the five goals and other findings. The assessment draws data from a number of sources and provides an analysis of factors impacting effective delivery of human services in King County.

### King County

Within the infrastructure of King County government, the Department of Community and Human Services (DCHS) and Public Health – Seattle & King County (DPH) manage the majority of human services planning, funding and collaboration.<sup>15</sup>

DCHS has modified the basic community goal language to better describe the responsibilities the department holds toward accomplishing these goals. The **bold** text is language added by DCHS in its Business Plan 2004:

- **Assure** food to eat and a roof overhead **for vulnerable populations**
- **Assure** supportive relationships within families, neighborhoods, and communities

**Five Community Goals**

1. Food to eat and a roof overhead
2. Supportive relationships within families, neighborhoods, and communities
3. A safe haven from all forms of violence and abuse
4. Health care to be as physically and mentally fit as possible
5. Education and job skills to lead an independent life

King County Framework Policies for Human Services (1999)

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<sup>14</sup> United Way of King County: Health and Human Services Community Assessment, September 15, 2001.

<sup>15</sup> As indicated throughout this report, there are numerous King County entities that provide what may be broadly described as human services, e.g. Parks, Transit, Superior Court, Office of the Prosecuting Attorney (domestic violence), etc.

- **Provide** a safe haven from all forms of violence and abuse
- **Assure the availability of developmental and behavioral healthcare so that vulnerable populations** can be as physically and mentally fit as possible
- **Provide** education and job skills **to vulnerable populations so that they can** lead independent lives.

To these goals, DCHS has added a sixth goal to more fully reflect the scope of the department’s responsibilities:

- Provide indigent defense services

DCHS has identified “core businesses” in which one (or more) of the community goals is a focus, and for each core business, performance measures inform the department about its progress toward achieving each goal. Baseline data covering 2000 - 2002 is collected for many of the measures, and 2003 performance targets are in place.

The following are examples of indicators used by DCHS to measure progress on each of the goal areas.

Goal	Core Business	Measure	2003 Target
1. Assure food to eat and a roof overhead for vulnerable populations	Affordable and Transitional Housing	Number of affordable housing units created or preserved	700
2. Assure supportive relationships within families, neighborhoods and communities	Child, Youth and Family Development	Number of adults with developmental disabilities who received supports to participate in their communities	540
3. Provide a safe haven from all forms of violence and abuse	Treatment	Number and percentage of victims of domestic violence in community programs who developed safety plans	1,005 85%
4. Assure the availability of developmental and behavioral health care so that vulnerable populations can be as physically and mentally fit as possible	Treatment	Total unduplicated number of persons served in any mental health service (outpatient, crisis, residential or inpatient)	35,216
5. Provide education and job skills to vulnerable populations so that they can lead independent lives	Employment Training and Supports	Percentage of low-income youth with low basic skills who increase employability	65%

Through clustering of its core businesses under the Community Goals, and continuously monitoring performance against established measures and targets, DCHS not only increases its accountability to stakeholders—funders, providers, elected officials, service recipients, and taxpayers—but also provides a structural framework for strategic planning.

## City of Seattle

The city of Seattle Human Services Department (HSD) 2003 adopted budget is over \$87 million annually and supports the five Community Goals. Over 25 percent of the funds are local dollars. HSD contracts with more than 230 community-based human services providers, administers over 700 contracts, and provides services directly to the community. In addition to the five Community Goals, HSD invests in a sixth community goal, equal access to high quality services. Investments here focus on improving human services



systems and infrastructure. Overall, HSD strives to optimize the city of Seattle's human services investments across two objectives: investing in economic and social success and preserving the safety net.

## **City of Bellevue**

The city of Bellevue uses the five Community Goals to group its human services programs, organize the bi-annual *Bellevue Human Services Needs Update*, and provide a summary of program outcome results that are linked to a goal area. The city plans to continue using the goals in a similar manner, and will also use them in regional collaborations, e.g. the Eastside Human Services Forum, the King County Regional Policy Committee human services work, etc.

Contracting agencies are required to identify indicators for each outcome being measured (these are determined during contract negotiations). Bellevue participates in the Outcome Alignment Group (King County, United Way and the city of Seattle), which collaborates on using common outcomes and demographic reporting forms.

## **South King County Human Services Forum**

South King County adopted the five Community Goals and used them to provide the framework for the region's business plan. The second *Building Health and Human Services in South King County, A Business Plan for Our Community 2003-2005*, was adopted by the South King County Human Services Forum in May 2003. For each goal, key focus areas were identified, along with objectives and strategies for accomplishing them. The plan has a three-year cycle, and criteria for selecting focus areas are:

- 1) Will addressing this issue benefit all of South King County?
- 2) Is there community support to address this issue?
- 3) Can significant progress be made regarding this issue within the next two years?

At the end of the three-year cycle, community needs and resources again will be reviewed, and focus areas for the next few years will emerge.

## **Communities Count 2002: Social and Health Indicators Across King County**

*Communities Count* is a biennial report that established its mission as one that improves community conditions through information advocacy by providing accurate and timely reports on the conditions that matter to King County families in order to stimulate action. It is another example of strong collaboration efforts among the King County Children and Family Commission, city of Seattle, city of Bellevue and United Way of King County, and receives significant funding support from the Annie E. Casey Foundation, the Boeing Company and others. *Communities Count* helps planners, funders, stakeholders and the public gain an understanding about the health and well-being of people and communities in King County. It identifies strengths as well as those areas that need attention.

Through an 18-month iterative process, residents and technical experts in King County, chose a core list of social and health indicators for a community health report card, to be updated every two years. The 29 indicators are tracked over time and reported to the public and public officials. The report includes variations by subregions within the County and disparities by race, gender, income, and age. The four categories of indicators reported in *Communities Count: Social and Health Indicators Across King County*

include Basic Needs and Social Determinants of Wellbeing, Positive Development through Life Stages, Safety and Health, and Community Strengths. Although these indicators were not developed to reflect the five Community Goals, many of them can be easily linked to one or more goal areas.

While several of the indicators are based on routinely-collected data, many others, particularly those reflecting social determinants of health and community-level strengths and structure, required new primary data collection. As a result, King County citizens and public officials now have useful information typically not available for the following community strengths/problems: *neighborhood social cohesion, freedom from discrimination, social support, family-friendly employer benefits, parent involvement in child's learning, institutional support for community service, involvement in community organizations, developmental assets in youth, perceived neighborhood safety, income inequity, neighborhood toxic release levels, and ease of access to shops and services.*

## VI. Program Evaluation Results

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### Juvenile Justice Evaluation Work Group

The Juvenile Justice Evaluation Work Group (JJEWG) was formed in November 2000 in response to Recommendation #1 from the HSRR 2001-2003:

"King County will track and evaluate the various community-based service linkage models now being piloted in King County for high-risk youth, and identify the model(s) most able to demonstrate an impact on the juvenile justice system. The most successful will be considered for possible continuation/expansion, and or replication."

The work group has members from DCHS, Department of Natural Resources and Parks, King County Superior Court, Children and Family Commission, the city of Seattle, Reinvesting in Youth, and Reclaiming Futures.<sup>16</sup> The roles and responsibilities for the group include providing advisory capacity to evaluation efforts and reviewing evaluation design and results of juvenile justice programs.

The work group has focused on defining elements of best practice models and constructing an infrastructure to guide evaluative efforts. With assistance from consultants, the work group is currently compiling a guidebook that identifies approximately 30 elements shared by programs that are effective in reducing juvenile recidivism, delinquency, and violence. The guidebook describes services and programs offered in terms of best practice elements.

The work on best practices provides a foundation for developing standards for program evaluation. The framework for the evaluation plan includes:

- Evaluation components: include process and outcome guidelines;
- Theoretical basis: describe how the intended outcomes will be achieved through the program design and service delivery model;
- Juvenile justice related outcomes: develop a consistent set of outcomes and indicators for measuring involvement of youth in the juvenile justice system; and
- Comparison groups: compare two groups of youth, one involved with the intervention being evaluated, and a similar group that is not, so that the impact of intervention can be further understood.

One of JJEWG's first projects was the evaluation of the New Start Program. A summary of that evaluation follows this section.

#### Current work and next steps

JJEWG will finalize development of the program evaluation framework by assuring that evaluation standards are credible and provide evaluation support and technical assistance to programs targeted for youth involved with the juvenile justice system. JJEWG also will look at outcomes and indicators not directly related to recidivism, based on the theory that improvements on community goals are another way to understand the extent to which protective factors are functioning in the lives of at-risk youth.

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<sup>16</sup> Reinvesting in Youth and Reclaiming Futures are described in Section III.A.

## New Start

King County is part of a national movement to test and implement effective approaches for reducing youth involvement in the juvenile justice system. The New Start program is an example of a new model that has brought together community expertise and resources to serve high-risk youth. A federal grant from the Department of Labor established New Start in June 1999. The grant seeks to address risk and protective factors in high-risk neighborhoods through community-wide collaboration, employment and training, alternative sentencing and community service, gang prevention initiatives, and aftercare for youth returning from detention. The program serves the White Center, Highline, West Seattle, and Burien areas and is building a community-driven network of services for youth who are offenders, gang-involved, or otherwise at-risk.

The New Start Juvenile Justice Evaluation was completed under the direction of the Juvenile Justice Evaluation Workgroup. The evaluation is reflective of program activities occurring between July 1999 through March 2002. Findings indicate that:

- As an intervention program for youth who have had contact with the criminal justice system, New Start appears to have reduced youth involvement in the juvenile justice system during the 14 months following enrollment in the program.
- Considered in the hypothetical context, of 100 New Start participants and 100 similar youth not participating in New Start, the New Start youth would have 87 fewer police referrals to the prosecutor, 37 fewer felony police referrals to the prosecutor, and 73 fewer admissions to detention.

The evaluation noted many strengths that New Start offers in its approach:

- Committed and caring staff;
- Strong initial community involvement;
- Culturally relevant programming;
- Cross system collaboration; and
- An accessible place for participants to spend unstructured time.

Recommendations for program improvements fall under four categories:

- Improve program design—clarify target population; increase understanding of Service Linkage Model; further define role of families and community; address differing philosophies.
- Develop program policies and practices—screening, assessment and intake processes; case management practices; expand role of Community Care Teams; staff training.
- Improve management support of project—increase understanding by managers and supervisors of the program's approach; clarify responsibilities and adequate resources.
- Provide evaluation/accountability—use data for program improvements; establish mechanisms for data collection and analysis; review/expand measurable indicators; further evaluate impact of program on at-risk youth.<sup>17</sup>

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<sup>17</sup> For additional information, see *New Start: Juvenile Justice Evaluation Report, July 1999-March 2002*, prepared by the King County Juvenile Justice Evaluation Work Group, October 2002.

## Safe Communities Program

During 2003, four of the five agencies that provide services under the Safe Communities program participated in an evaluation of the impact of their programs in reducing the entry and/or recidivism of program participants into the County's criminal justice system.

Safe Communities programs are sited at various geographic locations across King County, and strive to assist communities to provide positive options and role models for youth while reducing youth crime and violence. While each program has unique qualities tailored to the local needs, each seeks to make a positive impact on the lives of at-risk youth and works to improve outcomes in four areas:

1. Social support of program participants;
2. Development of positive assets and resiliency;
3. Risk-taking behavior; and
4. Rates of recidivism or entry into the criminal justice system.

Youth who participate are of middle and high school age. The types of program activities provided include:

Social skills training	Case management	Homework support
Peer mentoring	Support groups	Community outreach
Adult/youth mentoring	Crisis intervention	Violence prevention, education and engagement
Mental health counseling	Information and referral	

The program evaluation was conducted at the agency level, with each participating agency contacting former program participants to survey them on their contact with the criminal justice system following their participation in the program. Of the participants contacted, rates of entry and/or recidivism ranged between 0% to 24% across the four programs.

## Project TEAM

Project TEAM (Tools, Empowerment, Advocacy, And Mastery) is one of the programs funded and operated under a five-year demonstration project (federal grant) managed by the Mental Health, Chemical Abuse and Dependency Services Division and Children and Families In Common (CFIC).<sup>18</sup>

Project TEAM provides services to youth and their families who have serious emotional disturbances and are involved in the juvenile justice system. Specifically, Project TEAM serves families and youth going through the At-Risk Youth (ARY), Child in Need of Services (CHINS), and Truancy petition processes. These youth are considered status offenders; although recent findings show that 40% of Project TEAM youth had been accused of a crime in the six months prior to their enrollment, 23% were arrested, and 19% were convicted of a criminal offense. Additionally, over 23% of youth enrolled in Project TEAM spent time in juvenile detention in the six months prior to their enrollment.

In January 2003, Project TEAM expanded its population to include criminal offender youth. These youth are post-adjudication and sentenced to community supervision or probation. Project TEAM utilizes the values and principles of wraparound services to provide community-based, family-driven, individualized, strength-

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<sup>18</sup> For a more detailed description of CFIC, see Section III.A.2. of this report.

based, and culturally competent care to youth and families. Project TEAM employs eight care coordinators, located regionally throughout King County. The goal of the team is to develop and implement one care plan based on the individual needs of the youth and their families and to facilitate collaboration and coordination of services across systems. Since September 1999, Project TEAM has served 290 youth and their families.

An integral part of Project TEAM is the multi-level evaluation being conducted to provide feedback regarding the strengths and challenges of the program to families, providers, and key stakeholders. The evaluation includes a demographic study to define the characteristics and histories of the youth and their families. The evaluation incorporates a longitudinal outcome study component designed to examine the impact of Project TEAM on child and family functioning, including clinical outcomes, and improvements in functioning at home, school, and within the community.

Information is collected about the youth's involvement with the juvenile justice system, including frequency of arrests, criminal convictions, types of offenses committed, and time spent in juvenile detention and/or JRA facilities. Additional data is also collected regarding substance use history. To date, the evaluation has demonstrated an approximate 50% decline in arrests and convictions for youth enrolled in Project TEAM over the first six months of service and an approximate 34% decrease in detention admits.

Finally, the evaluation seeks to examine the efficiency and cost effectiveness of utilizing wraparound programs for youth involved in the juvenile justice system.

## VII. Recommendations

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*The recommendations described below are system-wide recommendations. Throughout the report other program level recommendations are listed.*

### **A. Solid Waste/Human Services Initiative and Human Services Task Force**

King County struggles with the economic reality that the expense of providing current level government services exceeds its ability to generate revenues. As a result of these reduced revenues, the past two County budget sessions have been marked with significant cuts to the County's discretionary programs, including major cuts to human services supported by the County's diminishing Current Expense funds (CX).

A recent review of the County's solid waste operations determined that the Solid Waste Division should have been paying rent to the County for the County's landfill. As a result, starting in 2004, the Executive proposes that the Solid Waste Division will pay \$7 million in annual rent (plus an escalator) to the County's general fund. The Executive proposes to commit these new Current Expense funds solely to human services. This proposal requires County Council approval as part of the 2004 budget process.

The Executive recognizes that the \$7 million revenue will not fulfill the unmet need, but it is an important first step in the effort to stabilize human services for this region through a credible plan that serves the community, at no additional cost to taxpayers or municipalities. Appendix C provides details about the human services programs proposed to be supported by this revenue source.

To move human services planning to the next level, the Executive has announced his intention to convene a human services advisory task force to take a critical look at King County's human services system and provide practical and strategic steps for stabilizing the system in the future. The independent panel will be comprised of community and business leaders with a variety of backgrounds and experiences, as well as consumers directly involved in the service system. Members will be asked to examine a range of issues including: funding mechanisms, populations served, changing demographics, service delivery, and current and emerging issues, plus recommend proposals for next steps in creating a sustainable human services system. The panel will work closely with service providers, regional governments, foundations, consumers and family members, and other human services stakeholders to ensure a balanced and thorough review. The Health and Human Services work of the Regional Policy Community and this *Human Services Recommendations Report for 2004-2006* will provide background information for the task force. The final report will help to create a blue print for the future (and future funding) of human services in King County.

*Recommendation 1. King County will utilize rental fees generated from the Solid Waste Division to prevent further erosion of the human services programs funded by the County's discretionary Current Expense revenues. This proposed Executive initiative is the first step toward maintaining current levels of human services funding (CX).*

*Recommendation 2. King County will convene a human services advisory task force that will be charged with identifying long-term, stable sources of human services funding that build upon the work of the Regional Policy Committee and are congruent with the King County Framework Policies for Human Services.*

## **B. Enhanced Collaboration**

Human services providers, planners, and funders are learning from first-hand experience the benefits of collaboration. At the level of the individual client, collaboration can take the form of a unified treatment plan from which all service providers develop appropriate interventions and assure comprehensive services. At the provider level, collaboration means clarification of roles and responsibilities and pooled resources. At the system level, collaboration means joint planning, increased potential for administrative efficiencies, and a stronger position from which to advocate with funders. At the funder level, collaboration means partnership with other funders, and the potential to develop common outcomes and performance measures.

Over the past several years, the King County human services infrastructure has been enhanced, in spite of incredible budget concerns, through the implementation of numerous partnerships and collaborative relationships. The collaboration between the juvenile justice and human services systems is a stunning example of a concerted effort to place the needs of troubled youth before the needs of systems. As a result of this strong partnership, innovative approaches with concrete results have made a significant impact on the costs of operating the juvenile justice system, on the lives of youth and their families, and on enhanced public safety. Another example is the strong partnerships that have developed focused on investment in the early years of childhood with King County's Children and Family Commission, Project Lift-Off Opportunity Fund, United Way Children's Initiative, and supports for early interventions with children identified with developmental delays. The well-known African proverb, "It takes a whole village to raise a child", has many applications.

A different type of partnership with the potential for intriguing results is the Outcome Alignment Group. The cities of Seattle and Bellevue, United Way of King County, and the DCHS Community Services Division are collaborating on identifying common outcomes and measures for programs that can be described as carrying out the same lines of business. This work began with identifying common demographic data each funder collects, and has now progressed to an analysis of standard outcomes. As this work progresses, the potential for comparing performance within the same line of business and across funders should be enhanced. At the program level, service providers might compare strategies that lead to positive outcomes and can develop a sense of how their work stands in comparison to others. Efficiencies are likely at the provider level when multiple funders use similar measures to demonstrate accountability.

*Recommendation 1. King County will continue developing collaborative relationships that lead to improved client outcomes and administrative efficiencies.*

*Recommendation 2. King County will continue to streamline and consolidate reliable measures that assure accountability.*



## **APPENDIX A: Summary of the Regional Policy Committee Work on Health and Human Services**

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Since 2002, the Regional Policy Committee<sup>19</sup> (RPC) has focused on the important area of Health and Human Services. The RPC adopted a Health and Human Services Work Plan consisting of three major tasks. Two tasks are briefly described below, and Task Three is a work in progress that is a recommended focus area for the future.

### **1. Task One—Prioritizing services of critical importance to the region**

This particular task was seen as a short-term goal designed to recommend priority services to include in the County's 2003 budget. This task was given to the RPC by the King County Council in response to proposed 2003 human services reductions caused by the Current Expense funding crisis. For the 2003 budget, the King County Council adopted and funded the service priorities recommended by the RPC.

### **2. Task Two—Identify transitional issues that must be addressed before long-term planning can occur**

The second task was seen as a mid-term goal and included four items:

1. Prepare a proposed joint legislative agenda directed to state and federal governments, that was appropriate for recommendation to all local governments;
2. Design a systematic approach to identifying accountability and efficiency concerns;
3. Prepare a proposed regional services list and a level of investment appropriate to those services; and
4. Determine changes to the *King County Framework Policies for Human Services* to reflect the emerging regional approach to human services.

As part of the joint legislative agenda (Item 1), the RPC sent letters to the state legislature that included support of issues that were consistent with the King County Legislative Agenda, namely mental health and public health. Work on Item 3 resulted in a list of regional and local human services, as well as analysis of the level of current investments by the County and cities in human services. The RPC endorsed the set of regional human services identified as the foundation for the development of a Countywide partnership. However, the appropriate level of funding for these services was not identified.

### **3. Task Three—Recommend specific steps to be taken in planning for some long-term stability in this service area**

The third task was seen as a long-term goal and is the next work program item for the RPC. It included three items:

1. Identify an administrative framework for delivery of recommended regional services;
2. Develop a financial plan for these services; and
3. Seek options for funding mechanisms and sources of funding.

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<sup>19</sup> The Regional Policy Committee is one of three regional committees created as a result of the merger of METRO and King County. Six of the 12 committee votes are assigned to County Councilmembers and six to cities. Cities other than Seattle may split their votes, with members casting ½ votes.

## APPENDIX B: Community Involvement

Community involvement, the ongoing process to provide updates and seek input and feedback from community partners and stakeholders on a regular basis, is a fundamental step to ensuring the success of the implementation of the various youth initiatives and recommendations. Some of the meetings held are listed below:

### Community Meetings and Forums

Meeting or Forum	Date	Location
King County Community Juvenile Justice Symposium	August 28, 2001	Meydenbauer Center, Bellevue
Developing Community-Based Juvenile Justice Best Practices in Communities of Color	August 23, 2002 September 6, 2002	Good Neighbor Center, Renton
Exploring the Value of Information Sharing & Understanding the Juvenile Justice System	August 29, 2002	Good Neighbor Center, Renton
Provider Focus Group with Prosecuting Attorney regarding Information Sharing Laws	March 5, 2003	Mercer View Community Center, Mercer Island
Provider Focus Groups for "Elements of Successful Programs" Project	June 19, 2003	Safeco Jackson Street Center, Seattle
	June 24, 2003	Good Neighbor Center, Renton
	June 26, 2003	Good Neighbor Center, Renton
Functional Family Therapy Implementation	Multiple meetings in 2002 and 2003	Multiple sites
Technical Assistance to Juvenile Justice Programs	Annual meetings	Agency offices

### King County Juvenile Justice Symposium

The DCHS Community Services Division (CSD) and King County Superior Court hosted the King County Community Juvenile Justice Symposium on August 28, 2001. This Countywide forum provided King County and the community opportunities to increase awareness, communication, and knowledge regarding current juvenile justice efforts, and produce strategies for ongoing and meaningful community participation. Participants included members of King County communities, families, youth service providers, law enforcement, faith communities, funders, service planners, other stakeholders, and interested youth.

### Best Practices in Communities of Color

The disproportionality of youth of color involved with the juvenile justice system is a significant priority for County resources. In an effort to address disproportionality and reduce juvenile justice involvement, the County is expanding the capacity of programs that have proven to reduce juvenile justice involvement and are cost effective: Functional Family Therapy (FFT), Multi-Systemic Therapy (MST), and Aggression Replacement Training (ART).

Subsequent to this decision, CSD held forums on August 23, 2002 and September 6, 2002 for providers serving communities of color to hear their thoughts about ways systems can improve their working relationships and use proven interventions and best practices to address the needs of youth of color. Concerns were expressed at the forum regarding the cultural efficacy of the proven programs, lack of coordination across systems in the care of youth, and the need for broader involvement from all community stakeholders.

As a result of the feedback given at these forums, CSD is committed to the following principles as the proven programs are implemented in the County:

- Create opportunities to discuss issues that arise while implementing best practice interventions; and
- Provide information about opportunities and resources for implementation of other best practice models.

### **Juvenile Accountability Incentive Block Group (JAIBG) Information Sharing Project**

The lack of information sharing among youth-serving organizations often creates a barrier to linking youth with appropriate services. To facilitate the sharing of information, County staff in the juvenile justice system and CSD participated in the JAIBG Information Sharing for Community-Based Organizations project, which is funded by JAIBG. The purpose of this project is to improve information sharing between the juvenile justice system and youth-serving organizations. Community meetings were held with stakeholders in 2002 and 2003.

### **Elements of Successful Programs Provider Forums**

In June 2003, CSD convened three community focus groups to provide input and feedback on the Elements of Successful Programs project and on the draft framework, which identifies common elements of best practice interventions to reduce juvenile recidivism, violence, and delinquency. Participants included clinical directors and executive directors from provider agencies, human service planners from the city of Seattle and suburban cities, and staff from other youth initiatives in King County. Also represented were large and small agencies, as well as agencies that serve specific ethnic populations and communities of color.

### **Functional Family Therapy Implementation**

Through funding from the JJOMP Proviso and the King County Council, CSD and Superior Court have expanded Functional Family Therapy (FFT), with eight agencies providing services in South King County and Seattle. Several community meetings occurred in 2002 and 2003 to implement the new FFT program. This effort has increased capacity of proven programs, particularly for youth in South King County and youth of color. The details of the expansion are covered in other sections of this document (see Section III.A. Juvenile Justice).

### **Technical Assistance to Juvenile Justice Program Providers**

On an annual basis, CSD meets with juvenile justice program providers to increase knowledge and awareness of juvenile justice efforts, provide networking opportunities for providers, and offer technical assistance to agencies. CSD has offered technical assistance in contract compliance and reporting requirements; outcome development; appropriate assessment of youth in the program; best practices/proven programs; and evaluation. If requested by the agency or required by the County, technical assistance is provided to the individual programs throughout the year.

## **APPENDIX C: Solid Waste/Human Services Initiative**

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### **FAQ: Solid Waste Rent Payment**

#### **Will the County raise rates to come up with the rent?**

- No, rates to consumers will not be raised to pay rent.
- There will be no need to raise rates because the County is operating more efficiently like a business and changing its operations.

#### **If the County isn't raising rates, how will the rent payment be generated?**

- Efficiencies and entrepreneurial initiatives will be implemented to come up with the \$7 million rent payment. Solid Waste Division employees came up with ideas for cutting costs and generating revenue to get \$7 million.
- The Executive's 2004 budget will include efficiencies and entrepreneurial ideas, such as:
  - reduction in workforce;
  - refocusing recycling programs;
  - adjusting transfer station hours of operation to remain open during the busiest times and close during the lowest traffic times; and,
  - generating revenue from the sale of landfill gas to a company that will convert it to energy.

#### **Why is the County paying rent now?**

- The Cedar Hills Landfill is owned by the County's general revenue fund, not the Solid Waste Division.
- Expectations are that one fund pays another for the use of a facility.
- The County asked its lawyers to examine the arrangement, and it was determined that the Solid Waste Division should have been paying rent since the County acquired the landfill property from the state in 1992.
- The County discovered their oversight.
- The Solid Waste Division has to pay rent no matter how the money is to be used.

#### **How was the amount of \$7 million settled on for rent?**

- Based on an independent appraisal, it was determined that fair rent, including retroactive costs, would be \$7 million annually starting in 2004 and escalating three percent (3%) per year thereafter. The payment of \$7 million annual rent will be achieved without increasing rates to King County consumers.

#### **How will the rent payment be used?**

- The solid waste landfill initiative creates \$7 million in new money for the general fund. The Executive made a policy decision that this revenue stream would be used solely to fund human services.

#### **Why should the general revenue fund be charged rent when it didn't pay for the property?**

- The property was deeded to the County's general revenue fund by the state in exchange for the state being held harmless for any liability associated with the landfill. Since 1992, the County has assumed all liability associated with Cedar Hills.

**Why not give the \$7 million back to ratepayers by reducing rates?**

- Distributed among ratepayers it would mean less than fifty cents (\$.50) a month, while a lump sum dedicated to human services would provide tremendous benefit to our communities through services that can be provided.

**Executive Proposed Solid Waste Initiative to Support Human Services**

King County Executive Ron Sims, as part of his 2004 Executive Proposed Budget, has called for the payment of rent to King County by the Solid Waste Division, in exchange for their use of the County's landfill at Cedar Hills. The revenue generated by this proposal is to be dedicated to support regional health and human service programs in King County, as shown in the table below. It is not a complete list of human service programs in the Executive's proposed budget but reflects those programs that will be sustained by these new revenues.

**2004 Health/Human Service Programs  
Solid Waste Revenue Estimates**

<b>Department</b>	<b>Program Area</b>	<b>2004 Estimated Executive Proposed Budget</b>
<b>Community and Human Services (DCHS)</b>	Youth Shelters	261,000
	Housing	576,000
	Juvenile Justice Interventions	936,000
	Youth and Family Service Network	1,202,000
	Domestic Violence	240,000
	Sexual Assault	562,000
	Housing Opportunity Fund (HOF)	1,000,000
	Children and Family Commission	1,456,000
<b>Public Health</b>	Community Clinics	737,000
<b>2004 Solid Waste Health and Human Services Estimate</b>		<b>7,000,000</b>

**2004 Budget and Budget-Related Ordinances  
(as of 10/13/03)**

**2004 BUDGET**

Prop Num	Title	Effect	Panel	Staff	Sponsors
2003-0462	AN ORDINANCE adopting the 2004 Annual Budget and making appropriations for the operation of county agencies and departments and capital improvements for the fiscal year beginning January 1, 2004 and ending December 31, 2004.				

**Budget-Related Ordinances/Motions**

Prop Num	Title	Effect	Panel	Staff	Sponsors
2003-0467	A MOTION identifying projects to be funded under Public Law 106-393, Title III, the Secure Rural Schools and Self-Determination Act of 2000, and allocating to those projects the funds to be received from the federal government for federal fiscal year 2004, which begins October 13, 2003.			DE	
2003-0468	AN ORDINANCE creating the parks and recreation fund, amending Ordinance 12076, Section 9, and K.C.C. 4.08.015, as amended, and adding a new section to K.C.C. chapter 4.08.				

**Fees and Revenue Measures**

Prop Num	Title	Effect	Panel	Staff	Sponsors
2003-0463	AN ORDINANCE relating to animal and pet license and service fees; amending Ordinance 7416, Section 2, as amended, and K.C.C. 11.04.035 and prescribing penalties.				
2003-0464	AN ORDINANCE increasing the service fee for adoption studies and marriage reconciliation charged by the family court services division of superior court as authorized				

	under RCW 26.12.220; and amending Ordinance 6241, Section 2, as amended, and K.C.C. 4.72.020.				
2003-0465	AN ORDINANCE increasing existing fees and adding new fees relating to adoption related services provided by the family court services division of superior court; and adding new sections to K.C.C. chapter 4.72.				
2003-0466	AN ORDINANCE related to changes to current sheriff's office civil process fees as authorized under RCW 36.18.040(3); and adding a new section to K.C.C. chapter 4.77.				

### Property Tax/Levy

Prop Num	Title	Effect	Panel	Staff	Sponsors
2003-0469	AN ORDINANCE relating to the county regular property tax levy for collection in 2004, and implementing RCW 84.55.120.	Sunshine ordinance			
2003-0470	AN ORDINANCE relating to the 2003 levy of property taxes in King County for collection in the year 2004.	Levy certifications			

### Comprehensive Plan-Related

Prop Num	Title	Effect	Panel	Staff	Sponsors
2003-0100	AN ORDINANCE relating to adoption of the 2003 King County space plan; and amending Ordinance 10810, Section 1, as amended, and K.C.C. 20.12.100.	Space plan		DL	LP
2003-0401	AN ORDINANCE relating to school impact fees; adopting the capital facilities plans of the Tahoma, Federal Way, Riverview, Issaquah, Snoqualmie Valley, Lake Washington, Kent, Northshore, Fife and Auburn school districts as subelements of the capital facilities element of the King County Comprehensive Plan for purposes of implementing the school impact fee program; establishing school impact fees to be collected by King County on behalf of the districts; and amending Ordinance 10122,	School impact fees		LS	JH

	<p>Section 3, as amended, and K.C.C. 20.12.460, Ordinance 10470, Section 2, as amended, and K.C.C. 20.12.461, Ordinance 10472, Section 2, as amended, and K.C.C. 20.12.462, Ordinance 10633, Section 2, as amended, and K.C.C. 20.12.463, Ordinance 10722, Section 2, as amended, and K.C.C. 20.12.464, Ordinance 10790, Section 2, as amended, and K.C.C. 20.12.466, Ordinance 10982, Section 2, as amended, and K.C.C. 20.12.467, Ordinance 11148, Section 2, as amended, and K.C.C. 20.12.468, Ordinance 12532, Section 12, as amended, and K.C.C. 20.12.470, Ordinance 13338, Section 13, as amended and K.C.C. 20.12.471 and Ordinance 10122, Section 2, as amended, and K.C.C. 27.44.010.</p>				
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**Green River Flood Control Zone District**

<b>Prop Num</b>	<b>Title</b>	<b>Effect</b>	<b>Panel</b>	<b>Staff</b>	<b>Sponsors</b>