

**Overview and Initial Issues Identification  
Human Services Department (HSD)**

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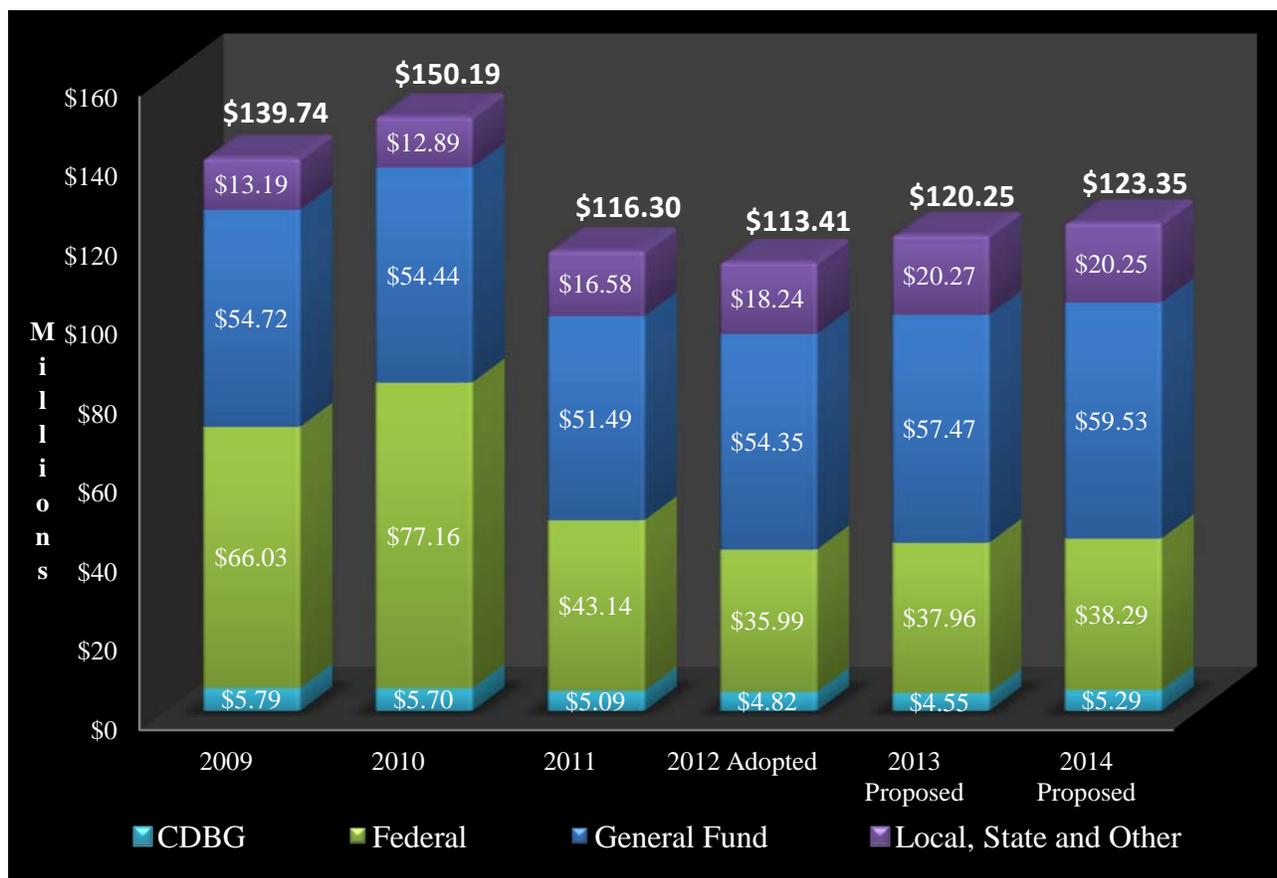
Expenditures/Revenues

Human Services Department		EXPENDITURES OVERVIEW (2013-2014 PROPOSED)			
BUDGET CONTROL LEVELS	2012 ADOPTED	2013 PROPOSED	% CHANGE '12-'13	2014 PROPOSED	% CHANGE '13-'14
<b>Expenditures by BCL</b>					
Aging and Disability Services - Area Agency on Aging	\$32,777,000	\$35,348,000	7.8%	\$36,180,000	2.4%
CDBG - Human Services	\$4,821,000	\$4,551,000	-5.6%	\$5,291,000	16.3%
Community Support and Self Sufficiency	\$11,850,000	\$10,836,000	-8.6%	\$10,870,000	0.3%
Leadership and Administration	\$7,286,000	\$9,065,000	24.4%	\$9,232,000	1.8%
Public Health Services	\$11,870,000	\$12,184,000	2.6%	\$12,464,000	2.3%
Transitional Living and Support	\$28,820,000	\$29,223,000	1.4%	\$29,613,000	1.3%
Youth and Family Empowerment	\$17,445,000	\$20,654,000	18.4%	\$21,022,000	1.8%
<b>Total HSD Expenditures</b>	<b>\$ 114,869,000</b>	<b>\$ 121,861,000</b>	<b>6.1%</b>	<b>\$ 124,672,000</b>	<b>2.3%</b>
Total FTEs	316.10	338.60	7%	341.60	1%
<b>Revenues HSD</b>					
General Fund	\$54,352,000	\$57,469,000	5.7%	\$59,533,000	3.6%
Community Devpt Block Grant	\$4,821,000	\$4,551,000	-5.6%	\$5,291,000	16.3%
Federal Grants - Direct & Indirect	\$35,915,000	\$37,959,000	5.7%	\$38,286,000	0.9%
Federal Grants - ARRA	\$77,000	\$0	-100.0%	\$0	0.0%
State Grants	\$15,276,000	\$16,901,000	10.6%	\$17,227,000	1.9%
Interlocal Grants	\$580,000	\$724,000	24.8%	\$724,000	0.0%
Utility Funds	\$1,341,000	\$1,399,000	4.3%	\$1,399,000	0.0%
Other (Interest, Pty Tax Levy)	\$1,047,000	\$1,145,000	9.4%	\$1,145,000	0.0%
<b>Total HSD Revenues</b>	<b>\$113,409,000</b>	<b>\$120,148,000</b>	<b>5.9%</b>	<b>\$123,605,000</b>	<b>2.9%</b>

**INTRODUCTION AND DEPARTMENT REVENUES**

The 2013 and 2014 Proposed Human Services Department (HSD) Budget reflects a 6.1% (\$7M) and 8.5% (\$9.8M) increase respectively over the 2012 Adopted Budget. Approximately 40% of this increase is attributable to inflationary and baseline adjustments for the new biennium, while the remaining 60% represents programmatic changes resulting from policy decisions made by the Mayor and fluctuation from Federal and State grants. There are no General Fund (GSF) programmatic reductions proposed in the 2013-14 HSD Budget. Any contracted agency specific reductions are most likely changes resulting from a competitive funding process (Request for Investments (RFI)) or cuts from non-GSF revenue sources. The bar graph below (top of page 2) depicts the department's revenue sources over time.

**BAR GRAPH 1: HSD Revenue Sources**



Generally, all sources of funding have remained relatively stable over the last several years. The substantial drop in Federal funding from 2010 to 2011 represents a change in how Washington State reimburses home health care agencies. These funds are no longer administered by HSD’s Aging and Disability Services Division (ADS). The \$4M net increase in non-GSF funding from 2012 to 2013 is largely attributable to expansions in grant supported programs for in-home and chronic care services for seniors as well as additional case management staff for ADS due to continued growth in Medicaid clients.

**INCREMENTAL CHANGES AND GENERAL FUND EXPENDITURES SUMMARY**

As mentioned previously, there are no GSF reductions in HSD proposed for the biennium budget. All of Council’s adds during the 2012 budget process have been incorporated into the baseline budget for HSD with some programmatic modifications related to homeless services which will be explored in greater detail later in this paper. The Mayor has proposed \$1.43M in new GSF programmatic adds for 2013 and \$1.48M for 2014. This accounts for about half of the approximate \$3M GSF increase in HSD’s 2013 proposed budget and roughly a third of the approximate \$5M GSF increase in 2014 over 2012. An additional \$864,000 in 2013 and \$1.88M in 2014 in GSF is added in order to provide a 2% and 2.3% inflationary increase each year for GSF direct service and

other contracts. The remaining GSF increase over the biennium reflects other technical and internal cost adjustments.

The table below summarizes the proposed programmatic GSF increases for the biennium budget above the funding level in the adopted 2012 Budget.

**TABLE 1: Proposed Increases in GSF**

Program Areas <sup>1</sup>	2012 Adopted	2013 Proposed Increase	2014 Proposed Increase	% Increase for Program Areas
Homeless Services	\$13.0M	\$0.62M	\$0.64M	4.8%
Child Care Services	\$3.0M	\$0.50M	\$0.51M	16.7%
Domestic Violence	\$3.0M	\$0.18M	\$0.18M	6.0%
Center City Outreach	\$0.0M	\$0.13M	\$0.14M	New Program
Net GSF Increase		\$1.43M	\$1.48M	

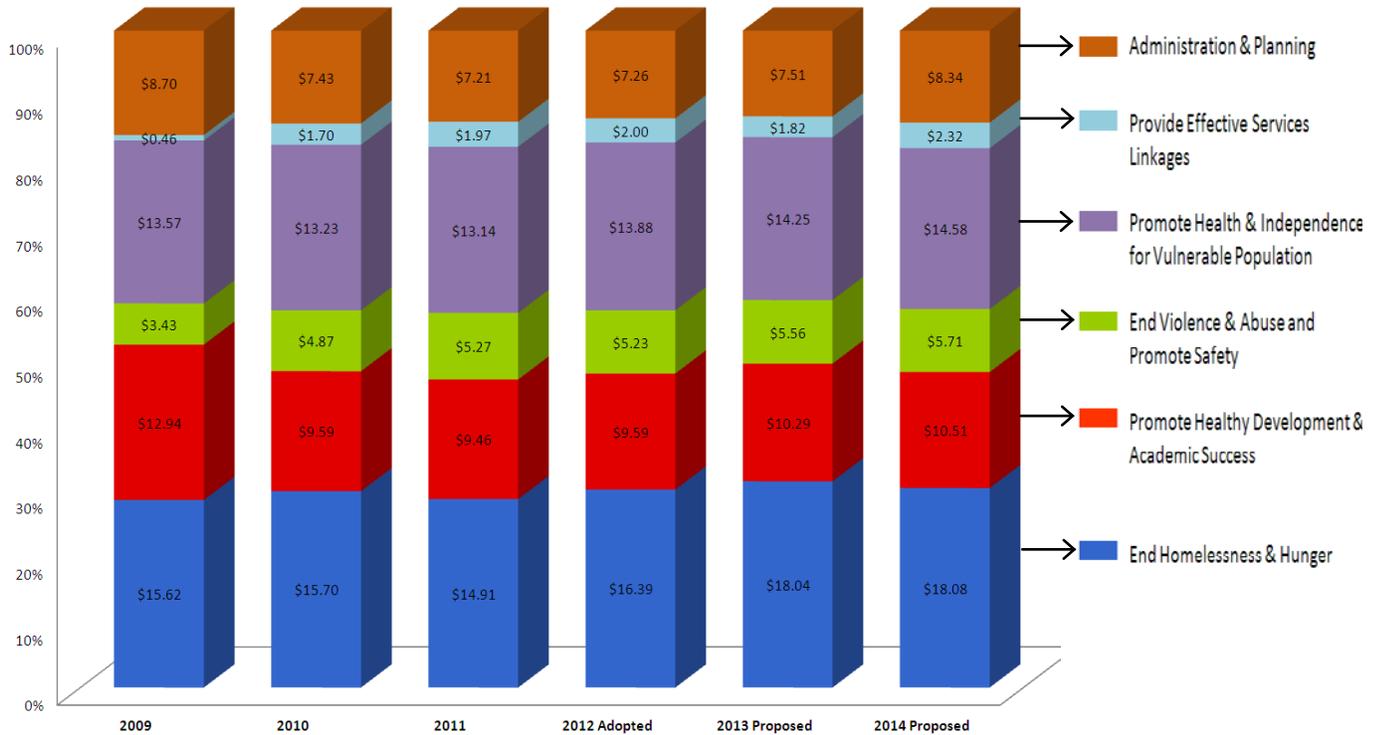
Later in this paper, homelessness, child care, domestic violence and sexual assault prevention programming will be discussed in greater detail. Central Staff has prepared a separate overview and issue identification paper on the Center City Initiative and the Career Bridge Program will be discussed as part of issue identification for the Office of Economic Development.

For the last several years, Central Staff has asked HSD to provide GSF detail in accordance and alignment with the department’s adopted Strategic Investment Plan (SIP). HSD is currently in the process of implementing a new strategic plan that will likely replace the existing SIP. However, for the time being, the SIP remains the clearest way for staff to provide Council with a year over year view of GSF expenditure trends in HSD. The bar graph on the next page illustrates GSF support for each of the five SIP goal areas and administrative and planning since 2009. You will find that the allocation of GSF at the goal level has remained remarkably stable and consistent over time.

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<sup>1</sup> For illustrative purposes, multiple program areas related to homelessness, child care, and domestic violence and sexual assault prevention are combined in order to provide a high level overview and context of City GSF investments in those broad program areas. Example: HSD invests approximately \$3M in GSF in all services that could be characterized as “child care” related. The \$500K added in the proposed budget is specific to the “child care subsidies program” which had a 2012 budget of \$2.1M. But to provide an order of magnitude perspective on general fund support for all child care services, this higher level view of general fund support is used in the table.

**BAR GRAPH 2: Allocation of HSD Funding by Program**



**STAFFING CHANGES**

HSD’s 2013-2014 Proposed Budget includes a net increase of 22.5 FTE. Of these new FTE, 19.5 are grant funded in ADS related to in-home and chronic care services referenced earlier in this paper. One other noteworthy staffing addition is a planning and development specialist funded through the Federal Urban Areas Security Initiative (UASI). The position will focus on vulnerable populations and emergency management planning, response and recovery. This work is intended to improve the City’s ability and capacity to provide mass care, shelter and food in the event of an emergency or disaster. The other changes appear to reflect minor adjustments to other grant funded positions and modest realignments of administrative staff within the department.

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## IDENTIFIED ISSUES FOR DISCUSSION AND POSSIBLE ACTION

### 1. HSD Realignment and Reforms (Fong)

Since late 2010, HSD has been developing and implementing a new strategic plan that significantly realigns and restructures the department. HSD engaged staff, stakeholders and members of the community in building a policy framework for advancing four primary goals:

- Create a proactive, seamless service system;
- Strengthen and expand partnerships;
- Engage and partner with community; and
- Use data-driven design and evaluation

As this effort has progressed, incrementally, changes are beginning to emerge in HSD’s approach to its work. Most visibly for Council, these reforms have been observed through legislation reorganizing staffing, divisions and Budget Control Levels (BCLs), briefings from management demonstrating a renewed energy and focus around service area outcomes and the use of data to inform decision-making and the development of a new investment plan for safe and stable housing. Less visible are a number of actions underway internally at HSD that are equally if not more integral to the success of this effort. Some of these include:

- New logic models and outcome frameworks for divisions and program areas;
- Developing investment plans for each division;
- Overhauling and improving contracting practices and monitoring; and
- Staff performance expectations and identifying capacity issues.

Following discussions with HSD staff and a review of various responses to our questions, Central Staff's observation is that there remains a tremendous amount of work within the department that needs to occur before the vision of the new strategic plan can be meaningfully implemented at the contract level for services. In particular, inconsistencies in contracting practices across the department and the current approach to contract monitoring cannot provide assurances or adequately account for the impact of all City human services investments. As a result, a degree of accountability appears to be lacking given the City's annual general fund investment of over \$57M for services.

A few examples in particular are related to the lack of financial information contract agencies are required to provide HSD. The department does not require line-item budget detail through monthly invoices for the vast majority of its contracts. As a result, actual real-time expenditure information related to costs for service delivery is not available. Furthermore, HSD does not require agencies to provide details related to other sources of funding. Without this information, it is not possible to determine if City funding represents a larger or smaller share of total program costs for services being provided at any given time. HSD's internal systems are also unable to provide aggregate information on how many agencies met their 2011 performance outcomes or are on track to meet those outcomes in 2012. The department is unable to provide detail on which agencies received "performance bonus payments" or how much in total funding this represents.

The department fully recognizes that these challenges exist and has developed concrete work plans for reform and improvement. The staff intent for raising this issue during the budget review process is to inform Council that systemic change at HSD is ongoing. "On the ground" changes with regard to contractual relationships with agencies, new strategies and investment outcomes through RFIs, and monitoring accountability measures are probably at least a year or two away, but are in fact coming. The department intends for the more significant contract changes to take effect with January 1, 2014 contracts, including the new outcomes and measures, and additional required backup documentation.

Council has historically been supportive of HSD's efforts aimed at making better and more strategic investments to achieve desired outcomes. At the same time, these changes will undoubtedly have both internal and external budget implications that may prove to be controversial. If this effort is to be successful, formal concurrence and affirmation from the Council and the Mayor will likely be necessary. It may be appropriate for the Council to adopt by resolution future division specific investment plans, outcomes frameworks and other policy directives.

Council may want to closely monitor HSD's continuing work to implement the new strategic plan either through a Statement of Legislative Intent (SLI) that focuses on some specific areas of interest or through inclusion of these issues for the Council's 2013 work program.

Options:

- A. Develop a SLI articulating priority areas of interest related to implementation of the HSD Strategic Plan and set formal reporting deadlines for updates to Council.

Alternatively or in conjunction with such a SLI, Council could incorporate this into its 2013 work program.

B. No action.

## **2. Domestic Violence and Sexual Assault Prevention (DVSAP) (Fong and Ko)**

### **i. Mayor's proposed programming changes and staffing capacity**

HSD's proposed budget includes \$180,000 in new GSF funding to support expansion of existing supportive housing programs and coalition building efforts for domestic violence (DV) and sexual assault (SA) prevention. \$120K is proposed to double the current City investment in funding to provide DV and SA victims access to hotel and motel vouchers, rental assistance and transitional housing opportunities.

It is anticipated that added funding for DV supportive housing services will enable 30 more survivors and their families to have shelter and food through hotel and motel vouchers for seven nights, \$1,000 of rental assistance for 30 DV survivors and transitional housing for 14 families. Data provided by HSD suggests that for every one woman provided DV emergency shelter or transitional housing, 20 more are turned away. The department plans to allocate this new funding to existing agencies contracted with HSD to provide DV supportive housing services.

The remaining \$60,000 would be added to an existing contract with the King County Coalition Against Domestic Violence (KCCADC) to carry out trainings and coordination meetings with DVSAP service providers. According to HSD, this level of funding would enable KCCADC to host monthly meetings with service providers to build support, identify needs and gaps, network and build coalition, and strategize ways to enhance services for survivors of assault and abuse. This funding would also provide for a minimum of 4 community engagement meetings, 4 trainings to build capacity and improve services for organizations and 2 "end abuse" or prevention public campaigns or events.

One DVSAP program add requested by HSD that was not included in the Mayor's proposed budget was for additional funding and position authority to hire a supervisor for the domestic violence section in the department. The Budget Issue Paper (BIP) submitted by HSD noted that the DVSAP section is the only unit in the Community Support and Self Sufficiency Division without a supervisor and thus lacks authority and leadership at the division and management level in the department. Furthermore, the BIP suggests that "a DVSAP supervisor would enable the unit and Division to make better investment choices, assist with policy decisions and be more effective at regional meetings".

DVSAP unit currently consists of 3.5 FTE. Given the department's acknowledgment that the unit currently has staffing challenges, Council may want to consider allocating additional funding to create a supervisor position for the unit, reallocate existing or new funding to meet this need or explore this issue further with HSD's director.

Options:

- A. Reallocate all or a portion of the Mayor's proposed \$180,000 increase to DVSAP supportive housing or coalition building efforts.
- B. Add or reallocate \$117,000 in funding to create 1.0 FTE Supervisor for the DVSAP Unit.
- C. Explore further with HSD alternative options associated with adding capacity to the DVSAP Unit. For example, an option could be to add 0.5 FTE to the DVSAP Unit and promote staff from within the unit to a supervisory role.
- D. No action.

ii. Emerging needs related to legal services for DVSAP

According to community advocates, the economic recession has generated increased barriers to DV survivors' access to justice, as court fees have increased at the same time many survivors' financial resources have drastically decreased. The result is that poorly represented DV survivors can be denied the safety provisions they badly need, lose custody of their children, and/or deplete their limited resources on legal fees.

Meanwhile, community advocates have observed that many immigrant survivors of domestic violence don't seek the help they need because they fear that the abuser will report them to immigration authorities or that contact with law enforcement will lead to their deportation. Congress has enacted laws specifically designed to protect immigrant survivors from being dependent upon their abusers for their lawful status and to provide protection to those who come forward and report abuse. However, immigrant survivors need qualified legal assistance to apply for and obtain these protections. According to the primary provider of immigration legal services to DV survivors, their agency has a waitlist of 140 individuals for its services and receives two new requests for assistance each day.

HSD currently funds programs that provide both family law advice and representation to DV survivors and specialized services for immigrant survivors to help them access protections under immigration law. Expanding City financial support to these efforts would serve more individuals and families by helping to provide greater economic stability and enhanced safety for DV survivors. To date, hundreds of survivors of family violence have received legal assistance since this project began few years ago.

Options:

- A. Add \$100,000 to fund 1.0 FTE family law attorney to provide legal assistance and representation to survivors of domestic violence involved in custody battles with violent and abusive partners. The goal would be to serve approximately 65 additional families per year. This funding would be utilized to expand legal services currently provided through contracts with HSD.
- B. Add \$60,000 to fund 1.0 FTE legal advocate position to work under the supervision of an attorney serving immigrant survivors to enhance capacity to provide services to a larger number of individuals. The goal would be to serve approximately 50

additional individuals to obtain intake and referral assistance, and 30 additional individuals to receive direct representation services. This funding would be utilized to expand legal services currently provided through contracts with HSD.

C. No action.

iii. Other community stakeholder requests for DVSAP programming

Community and human services advocates submitted a proposal to the City Council requesting a number of funding additions for DVSAP programming to address emerging needs. These include the following:

- Advocacy and support for traumatized children at DV agencies - \$120,000 in 2013 and 2014
- Bilingual culturally appropriate advocacy services for Bhutanese speaking survivors of DV - \$30,000 in 2013 and 2014
- Legal advocacy for SA victims where cases do not rise to criminal charges - \$75,000 in 2013 and 2014
- Direct assistance for SA victims - \$30,000 in 2013 and 2014

**3. Food and Meals Programming Expansion (Shulman and Moorehead)**

According to community and human services advocates, demand for programs providing food to low-income and homeless people has increased, with food banks serving over 150,000 people in 2011 and demand for meal programs up 20 percent. While demand has increased, advocates says that federal funding for food programs is declining and has expressed concerns that there is no downtown location where meals are distributed and eaten outdoors that also has an indoor alternative available during bad weather. The below-listed options are among the funding needs they identified to address these problems.

Options (Options A through D could be pursued individually or together):

- A. Add \$150,000 per year of GSF in 2013 and 2014 for bulk buying of food for food banks. A proviso could be placed on the added funding to ensure its use for bulk food buying.
- B. Add \$35,000 per year of GSF in 2013 and 2014 to support bulk purchasing for meal programs provided by non-profit meal providers. A proviso could be placed on the added funding to ensure its use for bulk food buying.
- C. Add \$300,000 each year of GSF in 2013 and 2014 to expand the number of meals and other services provided by non-profit meal providers to homeless and food-insecure people. A proviso could be placed on the added funding to ensure its use for the intended purpose.
- D. Add \$130,000 each year of GSF in 2013 and 2014 to support an additional site for providing indoor and outdoor meals to homeless and food-insecure people. A proviso could be placed on the added funding to ensure its use for the intended purpose.

E. No action.

#### **4. Nurse Family Partnership Program Expansion (Pedersen and Harris)**

The proposed budget for the HSD Public Health Services BCL includes \$1.1 million in each year for the Family Support Services program, which is entirely devoted to Public Health's implementation of the Nurse-Family Partnership in Seattle. The Nurse-Family Partnership (NFP) is a public health program implemented in many places throughout the nation in which nurses visit first-time low-income mothers from early pregnancy until the child is two years old. The main goals include improving pregnancy outcomes, child health and development, and the economic self-sufficiency of these young families.

The proposed budget would maintain the service level of 2012. The current service level is a substantial increase from 2011, due to an increase in funding added by the Council last year that allowed the program to add four nurses, bringing the total to eleven.

Several decades of evaluations meeting high scientific standards have consistently shown that this program produces not only the direct benefits above, but also indirect benefits such as improvements in the child's readiness for school and lesser criminal involvement by the mother and by the child as an adolescent. The RAND Corporation has estimated that the program produces quantifiable benefits of nearly \$3 for every dollar spent, and nearly \$6 for the highest-risk families. The crime reduction benefits alone and the quality of evidence behind them have led the Center for the Study and Prevention of Violence, the Washington State Institute of Public Policy and the U. S. Department of Justice to list this program as an exemplary crime prevention program.

It is within the City's reach to provide this program to every first-time low-income mother who wants it and would derive significant benefits from it. This would mainly consist of extending the program to more of those who are 20 and older. This would require seven additional nurses, plus additional supervision required to meet the national standards. The new nurses would be added in phases. The cost would be approximately \$530,000 in 2013 and \$1.1 million in 2014.

This plan is based on a review of the number of first-time low-income mothers in Seattle estimated by Public Health, the percentages of these in each age group currently served by the Seattle program, and the national NFP program's experience and expectations about the percentage likely to want the program and benefit from it; as follows:

The national program estimates that at least 25% of those eligible will choose to be served. The program in Seattle currently serves 86% of first-time low-income mothers under age 18, 45% of those 18 to 19, 14% of those 20 to 23, and almost none 24 and older – that is, much more than 25% in the two younger age groups, but much less in the two older. Because the Seattle program currently focuses on those 19 and younger, we estimate the maximum for these two groups at the current number. For those 20 and older, we estimate the maximum based on national NFP experience. Because there are many more first-time low-income mothers 20 and

older than under 20, serving 25% of those 20 and older would require a substantial increase in the program.

The arithmetic on this (which we will share on request) yields an estimate that the program could usefully serve as many as 450 young mothers in Seattle at any given time. This would require 18 nurses. Bringing the Seattle program to 18 nurses would require adding seven nurses and one nurse supervisor. The increase would be phased. Three nurses and a half-time supervisor would be added in 2013 and the other four nurses and additional half-time supervisor would be added in 2014. The costs stated here are based on this.

Options:

- A. Increase funding for the Family Services Program in HSD's Public Health Services BCL by \$530,000 in 2013 and \$1.1 million in 2014.
- B. Approve the proposed budget.

**5. New Funding for Social Workers at Senior Center (Hawksford and Fong)**

There is Councilmember interest in increasing HSD funding to pay for additional hours of social work for clients of senior centers or for senior citizens who come to the attention of senior centers. The services would be provided by qualified social workers both in the centers and in the community, including at the seniors' homes.

There are nine senior centers in Seattle that receive approximately \$400K annually in funding from the City for a variety of purposes. Currently five senior centers provide a part-time social worker, working from 8-24 hours a week. Those centers are Ballard, West Seattle, Greenwood, Central Area, and Southeast Seattle. Pike Place has 80 hours because of the higher number and specific needs of seniors at that location. The others for a variety of reasons (primarily financial) do not provide social work but would be eligible for social work funding if it became available and if the center met standards established by HSD.

It is estimated that every day 10,000 people in the United States turn 65 years of age. In Seattle 66,953 people are over age 65 and represent 11 % of the population according to the 2010 US Census. That number is expected to grow significantly as baby boomers reach their senior years. As the aging population grows and because many more older adults are continuing to live in their own homes, they will need more assistance to remain active and independent, particularly those over 85.

Senior Center directors report that increasing numbers of older adults combined with formal case management and mental health system funding cuts are resulting in people calling or showing up at the center with concerns about a neighbor, friend or relative. With no place to refer these people, some of the centers have been doing additional fund raising so they can hire social work staff, while others have increased hours significantly with no increase in funding. Even so, they cannot keep up with the demand or maintain what they are currently providing without additional investment.

Senior Centers have and continue to be the first step in providing services that help seniors to live happy, more active lives. Social workers focus on the wellbeing of individuals and

families. They can also help families by providing assessments of the individual, gathering information about the array of services available to them, coordinating care across various health systems, facilitating family support, and providing direct counseling services.

Examples of how social workers help:

- Clinical interventions – They may provide therapy for an elderly client who feels lonely or who is suffering depression or anxiety. Social workers help their clients to pursue stimulating activities, and to arrange group outings. They can help clients cope with aging by recording “life stories” and help people record their histories and connect with families and friends through writing letters, phone calls, videos, etc.
- Service interventions – Many social workers act as a link between their clients and the numerous public and private programs designed for the older adult. Social workers help clients apply for appropriate services. They help sort out any problems in the delivery of these services.
- Advocacy – A social worker can provide an older adult with assistance on end of life decisions and help with documents such as an Advance Directive form and explain how to correctly complete it. They are also a frontline defense for stopping elder abuse, neglect or financial exploitation and are mandated by law to report to any suspected elder abuse to Adult Protective Services.

Options:

- A. Add \$150,000 in GSF for allocations for social worker hours to be available to Senior Centers currently receiving funding from the City.
- B. No action.

**6. Homeless Services Investments (Ratzliff)**

In the 2012 Proposed Budget, the City Council approved \$435,000 in additional funding for homeless services for families. In the 2013-2014 proposed budget, the Mayor maintains this funding and provides an additional \$610,000 in 2013 and \$631,445 in 2014. Table 2 below shows the programs and levels of additional funding provided by the Council in 2012, and the proposed programs and additional funding included in the Mayor’s 2013-2014 budget. The table also provides total program funding, outcomes achieved in 2012 and proposed outcomes for 2013 and 2014, and brief program descriptions. Many of the services are proposed to be part of Family Housing Connections, the County-wide coordinated entry and assessment program that links homeless families to housing and other services.

As noted in Table 2, the Mayor continues to fund all of the programs that the Council funded in 2012, except for the Opportunity Fund for non-profit organizations providing shelter. This program was challenging to implement due to legal constraints. Responses to the Request for Proposals were not as plentiful or as strong as anticipated.

The Mayor is proposing to add funding and position authority to continue an existing planning position in the Transitional Living Division that was scheduled to sunset at the end of 2012.

In addition, the Mayor proposes to add funding for “outreach and engagement” workers and case management services targeted to serve several different homeless populations in the City, including: families in encampments and on the streets (\$135,000); car campers (\$25,000); and downtown homeless (\$133,000). Services for downtown homeless are included in the Center City Initiative to be discussed on October 23, and are not part of the HSD budget overview.

**Table 2: Proposed Changes to Homeless Services Investments**

<b>Program</b>	<b>2012 Council Add</b>	<b>2013 Proposed Add by Mayor</b>	<b>2014 Proposed Add by Mayor</b>	<b>Outcomes</b>	<b>Program description</b>
Shelter and Transitional Housing	\$120,000 *\$30,000 diverted to Emergency Services for daytime referrals	\$30,000	\$33,450	2012 – 24 families moved to permanent housing  2013 – 22 families move to transitional or permanent housing	Funding to place homeless families in transitional or permanent housing or assist families to maintain existing housing to keep them from becoming homeless. Funds can be used for: housing search and placement services; case management services;

<b>Program</b>	<b>2012 Council Add</b>	<b>2013 Proposed Add by Mayor</b>	<b>2014 Proposed Add by Mayor</b>	<b>Outcomes</b>	<b>Program description</b>
	<b>Total Program Funding: \$1.32 million</b>	<b>Total Program Funding: \$1.35million</b>	<b>Total Program Funding: \$1.353 million</b>	2014 – 22 families move to transitional or permanent housing	short and medium term financial assistance (rental application fees, rental assistance, security and utility deposits, utility payments, moving costs) to maintain housing or secure new housing. Services will be connected to Family Housing Connections and/or Emergency Services Program.
Rapid Rehousing	\$150,000  <b>Total Program Funding: \$251,000</b>	\$100,000  <b>Total Program Funding: \$250,000</b>	\$105,750  <b>Total Program Funding: \$255,750</b>	2012 – 33 families moved to permanent housing  2013- 45 families move to permanent housing  2014 - 45 families move to permanent housing	Funding to move families off of the streets or at risk of homelessness and into permanent housing. Funds can be used for housing search and placement costs; case management services; short and medium term financial assistance (rental application fees, rental assistance, security and utility deposits, utility payments, and moving costs). Services will be connected to Family Housing Connections.
Emergency Services Program	\$70,000*  *includes \$30,000 diverted from Shelter and Transitional Housing (see above)	\$175,000	\$180,000	2012 – 17 families moved from streets/cars/encampments to shelter, or housing  2013 – 80 families move from streets/cars/encampments into shelter	Vouchers for hotel/motel to move families out of encampments and streets to housing. Case management services also provided to help families access services, permanent housing.

<b>Program</b>	<b>2012 Council Add</b>	<b>2013 Proposed Add by Mayor</b>	<b>2014 Proposed Add by Mayor</b>	<b>Outcomes</b>	<b>Program description</b>
	<b>Total Program Funding: \$140,000</b>	<b>Total Program Funding: \$315,000</b>	<b>Total Program Funding: \$320,715</b>	2014 -80 families move from streets/cars/encampments into shelter	
Case Management for Safe Parking Program	\$30,000** ** includes \$10,000 diverted from Opportunity Fund (see below) <b>Total Program Funding: \$30,000</b>	\$35,000  <b>Total Program Funding: \$65,000</b>	\$36,035  <b>Total Program Funding: \$66,035</b>	2012 – 19 households served  2013 – 40 households increase safety and access to services and housing  2014 -60 households increase safety and access to services and housing	Full year funding for full time case management for Safe Parking Program.
NEW ADD Peer to Peer Outreach and Case Management for families	N/A	\$135,000  (\$76,000 outreach \$59,000 case management)	\$138,105	2013 – 120 families will increase access to services, shelter and housing.  2014- 120 families will increase access to services, shelter and housing.	Funding for outreach workers and case manager to encampments and other outdoor locations.

<b>Program</b>	<b>2012 Council Add</b>	<b>2013 Proposed Add by Mayor</b>	<b>2014 Proposed Add by Mayor</b>	<b>Outcomes</b>	<b>Program description</b>
NEW ADD Peer to Peer Outreach Services for car campers	N/A	\$25,000	\$25,575	2013 – 10 households will increase access to services, Safe Parking Program, shelter and housing  2014 – 10 households will increase access to services, Safe Parking Program, shelter and housing	Outreach workers for car campers in city, Safe Parking program, and mitigation for scofflaw.
NEW ADD Planner II position. Continue existing position scheduled to sunset at end of 2012	N/A	\$110,000	\$112,530		Planner in Transitional Living Division to manage RFI process, funder coordination, program implementation and evaluation.
Opportunity Fund for non-profit organizations providing shelter	\$65,000* *\$10,000 diverted to case management services for car campers due to loss of state funding	N/A	N/A	N/A	Funding for organizations to allow provision of shelter services (new or increased).
<b>Total Additional Funding</b>	<b>\$435,000</b>	<b>\$610,000</b>	<b>\$631,445</b>		

According to HSD, there are 12 FTE's and 40 volunteers in 11 service programs throughout Seattle providing some form of outreach and engagement services to individuals, families, and youth. The City provides funding for some of these services but not all.

It is not clear to what extent additional outreach and engagement efforts and case management services are needed given existing outreach and engagement efforts. In addition, there exists a known level of need already for certain populations, including Chronic Homeless and Homeless Families. Family Housing Connections, the coordinated entry and assessment program, has a placement list of over 1,800 families who have been formally assessed and are in need of housing. In addition, the Client Care Coordination Program, the County-wide database of individuals who are chronically homeless, includes over 1,062 individuals, who are awaiting housing.

Options:

- A. Approve Mayor's proposed 2013 and 2014 budget without modifications.
- B. Approve the Mayor's proposed funding for all above programs and activities, except funding for the outreach and engagement workers and case management staff for families, car campers, and Center City Initiative. Request that the Executive develop and submit to Council by April 30<sup>th</sup>, 2013 an outreach and engagement strategy that specifically:
  - a. Outlines the outreach, engagement, and case management efforts that currently exist for different homeless populations and identifies gaps for such services that exist for specific populations;
  - b. Provides an estimate, by specific population group, that would be targeted for new outreach, engagement, and case management services;
  - c. Explains how the City's efforts would coordinate with existing outreach and engagement efforts, including those provided by REACH, HOST, MIST, Health Care for the Homeless, Metropolitan Improvement District, etc.;
  - d. Identify the extent to which social service gaps exist for specific populations targeted for outreach and engagement efforts;
  - e. Describe the extent to which flexible funding for services might be needed to implement along with the outreach and engagement strategy; and
  - f. Provides the specific goals and outcomes to be accomplished by the proposed outreach and engagement strategy, consistent with Resolution 31404.

The funding proposed in the Mayor's 2013-2014 budget for the various outreach and engagement and case management efforts would be placed in Finance General until the Executive submits the outreach and engagement strategy to the Council's Budget Committee and Housing, Human Services, Health and Culture Committee for review and approval.

## **7. Homeless Youth and Young Adults (Ratzliff)**

In 2011, the Seattle/King County Committee to End Homelessness established a Youth and Young Adult Task Force that was charged with developing a plan for preventing and ending youth and young adult homelessness in King County. At about the same time private philanthropists were also meeting to discuss joint funding initiatives for preventing and ending youth and young adult homelessness. The two groups decided to combine. The Task Force that was created consisted of over 100 stakeholders, including private philanthropy, organizations providing services to youth and young adults, government agencies, and 30 homeless youth and young adults. In 2012, the group issued the plan entitled “Priority Action Steps to Prevent and End Youth/Young Adult Homelessness.” This plan includes three priorities:

- Focus on prevention and early intervention;
- Systematically assess needs of homeless youth and match them with effective services and housing interventions;
- Improve coordinated data collection and reporting to measure progress and learn how to make changes when needed.

Private foundations, including Ballmer Family Giving, Thomas V. Giddens Foundation, Medina Foundation, and the Raikes Foundation, in addition to the United Way have committed \$3 million in new money over the next two years focused on prevention and systems change. A critical fact informing the funding is that 80% of homeless youth eventually return home, but a significant portion become victims of crime while homeless. Prevention & rapid intervention, therefore, are the focal points of the new funding. The programs being funded are:

- National Safe Place –is a national program widely publicized in schools letting youth know that if they run away or have been thrown out they can let a Metro bus driver or King County librarian know and a case worker from YouthCare or other runaway youth provider will pick up the young person to make sure they have a safe place to go. The plan is to add an additional 80-100 locations throughout King County where young people can go for help in 2013-2014, in addition to more case managers.
- Project Safe - is a youth homeless prevention program in which a parent can call YouthCare and will get an appointment with a masters-level social worker who works with the parent to provide the supports necessary so that a youth is not thrown out or does not run away from home. This program, developed 12 years ago by Cocoon House in Snohomish County, has an 80% success rate in preventing a youth from running or being thrown from his or her house.
- Coordinated Entry & Engagement – an additional staff person at King County has been hired to work with homeless youth providers to create a system in which there will be one evaluation and a coordinated case manager assignment system for all homeless youth. Currently, organizations have their own forms and youth may have multiple case managers or none.

- Data - youth service agencies will be provided funding to improve technology that will enable agencies to share data with on another so that they will know if they are working with the same youth and also be able to better track needs, interventions and services. Sharing of data happens only with appropriate consent of the client.
- Evaluation - Part of the \$3M is being provided for an evaluation of Project Safe to understand if it is effective in preventing youth homelessness. An evaluation of SafePlace is underway as part of a national study of this program.

Option:

- A. Draft a Statement of Legislative Intent requesting that the foundations involved in funding the pilot programs, United Way, King County, and YouthCare provide a report to the Council by September 2, 2013 regarding the status of the National Safe Place and Project Safe programs and information, to date, regarding effectiveness of these programs in preventing or ending youth homelessness. If the data indicates that one or both programs show effectiveness, the Council could consider the possibility of providing funding for the programs as part of the 2014 budget process.

**8. Comprehensive Homeless Childcare and Mental Health Services (Ratzliff)**

HSD has provided funding for child care and after school care services for homeless children for over 20 years. The services provided under the current program primarily focus on childcare and after school care. Some wraparound services such as mental health and behavioral health services have also been provided by the existing providers. Child care and after school care services have been provided through contracts between HSD and Wellspring, First Place, and the YWCA. Childcare services are provided to homeless children, one to five years in age, and after school care is provided to kids five to twelve years in age. Total program funding in 2012 is \$336,136.

During 2012, HSD conducted extensive community engagement and discussions regarding homeless children's child care and mental health service needs. Six community meetings were held involving over 30 transitional housing, mental health, school, childcare, afterschool, and family home providers and homeless parents living in shelter or transitional housing. Providers and stakeholders who participated in these discussions included: Wellspring, First Place, Solid Ground, Catholic Community Services, YWCA, Tiny Tots Development, Child Care Resources (CCR), YMCA, LASER Afterschool, Causey's Learning Center, Muslim Housing Services, Atlantic Street Center, Sound Mental Health, Navos, King County Mental Health and Chemical Abuse and Dependency Services Division, REWA, Broadview, 21St Century, and Seattle Public Schools, who provided feedback on possible changes to the existing program. In addition, HSD reviewed existing research and best practices regarding the needs of homeless children.

The result of this work was the development of a new program for homeless childcare and mental health services. The City's proposed pilot program is based on the "Strengthening At Risk and Homeless Young Mothers and Children Initiative" funded by the Conrad Hilton Foundation. The Foundation, in partnership with the National Center on Family Homelessness, and the National Alliance to End Homelessness, funded four programs in

four cities, that provided comprehensive family-oriented services such as mental health services, parenting services, child development services, etc.

HSD is implementing a new pilot program that will provide in-depth mental and behavioral health services to homeless children in transitional housing, ages eighteen months to nine years for child care, and five to twelve years of age for after school care, who show moderate to severe behavioral issues. These services will also be provided to siblings. Mental and behavioral services will be provided at the child's day care, after school care, or transitional housing project. Pilot program funds will also support: parenting skills training and support; enhanced case management services to support good attendance at school, monitor academic progress, access child care subsidies, and other child-related issues; training by mental health therapists of childcare/afterschool/school staff regarding behavioral issues in the classroom; interdisciplinary team meetings that include school, child care, therapist, parent educator, and housing case manager. The program will leverage Medicaid in order to provide additional mental health services that will increase the number of children served by the program. A minimum of 30 homeless children per year, including siblings, will receive mental health assessments and therapy services. Families must be living in transitional housing to be eligible for services. The City's funding will no longer provide child care or after school care, but rather families will access child care subsidies through the Department of Social and Health Services or the City's child care subsidy program. The specific outcomes that will be measured with this pilot include:

1. Increased number of parents demonstrating parenting skills and knowledge
2. Reduced number of children demonstrating mental health status of moderate to severe behavioral issues
3. Improved attendance by children in their childcare/afterschool/school program
4. Improved socio-emotional behaviors of children with moderate to severe behavioral issues in their childcare, afterschool or school classroom
5. Improved academic skills (i.e. positive change in reading, writing, math scores)

HSD is issuing two RFP's to implement the pilot program. The first RFP was issued this summer and applications are now being reviewed. Eligible services covered by this RFP include: enhanced case management services; parent education classes; interdisciplinary team meetings. The second RFP will be issued within a month. Eligible services covered by this RFP include: mental health services for children and siblings and mental health therapist trainings of childcare, after school care, school staff.

HSD reports that feedback from the community engagement process showed overall support for the new pilot program. However, it is suggested that not all stakeholders are supportive of implementing the new pilot program as it eliminates funding for the existing program that provides child care services for homeless children who do not meet the new program criteria.

Options:

- A. Add GSF funding for additional homeless child care services. Funding would be allocated via a Request for Proposals (RFP) process.

B. No Action

**9. Other Community Stakeholder Requested Homeless Services Adds (Ratzliff)**

Community and human services advocates submitted a proposal to the City Council requesting a number of funding additions for homeless programs that will mitigate the impact of the economic downturn on vulnerable residents. These include the following:

- Invest in Summer Response shelter for single women - \$50,000 in 2013 and 2014
- Invest in year-round co-ed shelter in City Hall - \$150,000 in 2013 and 2014
- Support previous levels of day and hygiene services for adults - \$300,000 in 2013 and 2014
- Drop-in Services for youth and young adult - \$50,000 in 2013 and 2014

**10. Other Homeless Related Policy Issues (Ratzliff)**

In the discussions of proposed funding for homeless programs, Council members have raised several other policy questions or issues, including:

- Resident and Non-Resident Homeless Population. There is reportedly a growing number of homeless individuals and families who have come from other states to Seattle seeking jobs and/or social services. In September, the Human Services Department reported that to date in 2012, 47% of the families served by the Emergency Services Program were from out of state. This is compared to 2011, when 37% of the families served were from out of state. In addition, 2011 Safe Harbors annual data showed that at least 14% of individuals accessing single- adult shelter, and at least 28% of individuals accessing transitional housing, gave a last permanent address outside of the City. Some cities, such as New York City, have developed policies regarding the types of services that are provided to homeless individuals and families who are residents of New York City versus those who are not. Council members would like the Human Services Department to obtain further information regarding this issue and to look at options regarding the provision of services to out-of-area homeless individuals and families. A Statement of Legislative Intent could be drafted to request HSD to submit this information to the Council in 2013, with potential recommended policy or program changes ready for implementation in 2014.
- Family Housing Connection Program. Over 1,800 families have been assessed by the Family Housing Connection (FHC) program. This number includes families who are homeless, those already residing in and those placed into emergency shelter, and families at risk of losing housing (within 30 days). In addition, there are other families likely living on the streets (including encampments) that have yet to meet with Family Housing Connection program staff for an assessment.

People are placed in housing from the FHC placement list based on eligibility for specific program services and the date they are referred by the Community Information Line (2-1-1) to FHC. A prioritization policy is not in place that guides which families on the placement list should be given housing first. The Family Homelessness Initiative (consisting of partners involved in implementing the Ten Year Plan to End Homelessness) is developing a prioritization policy that will be reviewed with agency

partners prior to being vetted and approved by the Committee to End Homelessness Funder Group and Interagency Council by early 2013. Councilmembers are interested in reviewing this policy and aligning use of City funds for homeless families with this policy. A Statement of Legislative Intent could be drafted to request the Family Homelessness Initiative and HSD to report back by April 30, 2013 regarding the prioritization policy developed.

iii. Barriers to Housing. In a July Report to the Housing, Human Services, Health and Civil Rights Committee, staff from FHC indicated there were high denial rates due to:

- Differing interpretations of homelessness definitions
- Strict eligibility criteria related to sobriety

Council members have indicated a desire to obtain further information regarding the extent to which these issues and other issues are barriers to housing for homeless families and potential policy or program changes that would help families overcome such barriers and access housing. A Statement of Legislative Intent could be drafted to request HSD, in collaboration with the King County Family Homeless Initiative, FHC, and others, to provide further information on these issues and proposed options for addressing these issues by June 30, 2013.

**ISSUES IDENTIFIED FOR INFORMATIONAL PURPOSES**

The following are items that Council Staff wanted to bring to Council’s attention. Unless directed otherwise, staff will not carry forward these issues into Round 1 for further analysis.

**11. HSD Inflationary Adjustment (Fong)**

HSD’s proposed budget includes a 2% inflationary increase for all professional services contracts in 2013 and a 2.3% increase in 2014. Professional services includes contracts with agencies that provide direct services in the community as well as other services provided directly through HSD or program areas where RFIs are scheduled. The following table summarizes the allocation of the \$864,000 GSF increase in 2013 and a \$1.88M GSF increase in 2014 above the 2012 adopted budget.

**Table 3: Inflationary Adjustment**

	2012 Adopted Baseline	2013 Proposed Inflationary Increase	2014 Proposed Inflationary Increase
Human Services Agency Contracts	\$39.9M	\$0.798M	\$1.734M
Other HSD Services and Programs	\$3.3M	\$0.066M	\$0.143M
Total GSF Funding	\$43.2M	\$0.864M	\$1.877M

The last time human services agencies received an inflationary increase was in 2009 (2.5%). The proposed adjustment would be applied uniformly across the board with each agency receiving between a low of \$149 for smaller contracts on up to \$25K for larger contracts.

An example of “Other HSD Services and Programs” would be the Child Care Subsidies program (see item #11 below). HSD manages the program by providing child care subsidy vouchers to families. The department applies the 2% inflation adjustment to the pool of funds available as it would for outside agencies.

Unless Council provides direction to staff to continue examining HSD’s non-direct service consulting budget or explore reallocating the inflationary adjustment for non-direct service professional contracts, we will not advance this issue into Round 1.

## **12. Child Care Subsidies (Fong)**

The proposed biennium budget includes \$500,000 in additional GSF funding to provide 75 more children access to child care services. This would raise available program funds to \$2.6M for 2013 and 2014. The program is available to families meeting specific income threshold guidelines with children from one month old to 13 years old. The City typically pays between 25% and 70% of the child care provider’s monthly rate through a voucher.

As of October 1 of this year, the current wait list consists of 292 children. The average voucher ranges from \$400-\$500 per month. The City’s program is distinct from the subsidies available through the State of Washington. Recently, the State changed income eligibility requirements for child care assistance starting in July of 2012. Income eligibility was raised from 175% to 200% of the federal poverty level. HSD’s program supports families from 200% to 300% of the federal poverty level. There is currently no wait list for the State program.

The State’s changes have only been in place for 3 months. It would seem reasonable to assume that there would be at least a modest decline in the number of families seeking HSD childcare assistance as a result of the program expansion by the State.

Unless Council provides direction to staff to continue examining the proposed increase in funding for child care subsidies or potential reallocation of this funding, we will not advance this issue into Round 1.

## **13. HSD Proposed Budget Reductions – Not Accepted (Fong)**

The department proposed several reductions that were ultimately not accepted by the City Budget Office (CBO) and the Mayor. Though not included in the proposed biennium budget, they do provide some information with regard to the relative priority of these program areas from HSD’s perspective. The following is a list of some key program areas identified for potential budget reductions:

**Table 4: Not Accepted BIPs**

Program	2013 Proposed Reduction	2014 Proposed Reduction
Community Crime Prevention (Seattle Neighborhood Group)	-\$381,000	-\$399,000
Across the board 1% reduction in Public Health Investments	-\$109,000	-\$109,000
Batterers Intervention Program	-\$170,000	-\$170,000
Support for Free Tax Preparation Services	-\$77,000	-\$79,000
Foreclosure Prevention Program	-\$54,000	-\$55,000
Lettuce Link	-\$35,000	-\$36,000
Sunshine Garden Day Program	-\$36,000	-\$38,000
Elder Friends Program	-\$21,000	-\$21,000
Across the board 5% reduction for Senior Centers	-\$23,000	-\$23,000
Eliminate Indoor Air Quality Program	-\$125,000	-\$128,000
Cut Agency Inflationary Adjustment to 0.4% ('13) and 1.3% ('14)	-\$692,000	-\$1.145M
Total GSF	<b>-\$1.723M</b>	<b>-\$2.203M</b>