

# Regional Veterans Initiative

## Report and Recommendations



*Department of Community and Human Services  
Community Services Division*

**August 2013**

## Regional Veterans Initiative – Report and Recommendations

For information, contact:

**Patricia Lemus**

Assistant Division Director  
King County Community Services Division  
501 Fifth Avenue, Suite 500  
Seattle, WA 98104  
(206) 263-9020  
[pat.lemus@kingcounty.gov](mailto:pat.lemus@kingcounty.gov)

Project website: [www.kingcounty.gov/socialservices/veterans/Regional%fe20Veterans%20Initiative.aspx](http://www.kingcounty.gov/socialservices/veterans/Regional%fe20Veterans%20Initiative.aspx)

## Contents

Acknowledgments .....	4
Executive Summary .....	5
I. Veterans’ Needs and the Challenges of Accessing Benefits and Services .....	7
II. Creation of the Regional Veterans Initiative .....	7
III. Regional Veterans Initiative Development .....	10
IV. Special Advisors Panel’s Advice .....	19
V. Recommendations for the Regional Veterans Initiative .....	19
VI. RVI 2013 – 2015 Action Plan .....	22
Conclusion .....	28
Appendix 1: Initial RVI Information Sheet .....	29
Appendix 2 RVI Initial Work Plan .....	31
Appendix 3 RVI 2013 Communication Plan .....	33
Appendix 4: Outreach Plan .....	36
Appendix 5: Participants in Stakeholder Focus Groups and Interviews .....	39
Appendix 6 : Stakeholder Input Paper .....	41
Appendix 7: Introduction to Inventory and Maps .....	57
Appendix 8: System Maps .....	71
Appendix 9: Map of Veteran Services Sites .....	77
Appendix 10: Graphic of Coordinated, Seamless Services System .....	79
Appendix 11: RVI 2013 – 2015 Implementation Plan .....	81
Appendix 12: Sample “Be the Connect” Workshop Invitation and Agenda .....	91
Appendix 13: Regional Veterans Initiative Draft Report: Public Comments and Responses ..	93

## Acknowledgments

The Department of Community and Human Services (DCHS) extends deep appreciation to the following individuals who have contributed to the development of the Regional Veterans Initiative.

### Participating Organizations

Katherine L. Gerard, Coordinator, Veterans Administration, Puget Sound Health System

Steve Gill, Veterans Services Division Administrator, Washington Department of Veterans Affairs (WDVA)

M. J. Kiser, Interim Director, Compass Housing Alliance

Dixon McReynolds, Program Manager, WDVA

Josh Penner, Core Values Consulting

Rhonda Peterson, Cedar River Group

Peter Schmidt, Project Director, Veterans Training and Support Center

### Metropolitan King County Council

Kelli Carroll, Senior Principal Legislative Analyst

Jay Parales, Legislative Intern

### King County Executive Office

Rhonda Berry, Assistant Deputy County Executive

Carrie Cihak, Policy and Strategic Initiatives Director

Betsy Jones, Health and Human Potential Policy Advisor

### King County Departments and Divisions

Jackie MacLean, Director, King County Department of Community and Human Services (DCHS)

Sherry Hamilton, Communications Manager, DCHS

George Dignan, Administrator, Community Services Division, Employment and Education Resources, DCHS

Greg Ferland, Division Director, Community Services Division, DCHS

Jon Hoskins, Manager, Performance Measurement and Evaluation, Community Services Division, DCHS

Nancy Loverin, Manager, King County Veterans Program, Community Services Division, DCHS

Bob Lunke, Project/Program Manager, Community Services Division, DCHS

Suzanne Pak, Project/Program Manager, Community Services Division, DCHS

April Yee, Confidential Secretary, Community Services Division, DCHS

Andrea LaFazia-Geraghty Project Manager, Mental Illness Drug Dependency, Mental Health, Chemical Abuse and Dependency Services Division, DCHS

Laurie Sylla, Manager, System Performance Evaluation, Mental Health, Chemical Abuse and Dependency Services Division, DCHS

### King County Veterans Program Advisory Board

Debra Wood, Chair

Don-Michael Bradford, Vice-Chair

*Members:* Jim Beatty, Harry Brown, Arthur Dammkoehler, Stanley Gunno, Douglas Hoople, Matt Isenhower, Donald R. Key, Fred Pepper, Scot Pondelick, John Pruitt, James Robinson, Kristina Setchfield, Curtis Thompson, Ray Tomlinson, Chuck Vitiritti, David Waggoner, William Wood

### King County Veterans Citizen Levy Oversight Board

Francisco Ivarra, Chair

Douglas D. Hoople, Vice-Chair

*Members:* Stanley Gunno, Oren J. Hadaller, Kathleen Lewis, Mary Kay Lewis, John Pruitt, Robert Stephens, Jr., Curtis Thompson, Ray Tomlinson, William Wood

## Executive Summary

### **Background**

King County is home to an estimated 127,000 veterans and military personnel. The needs of veterans and their families are broad and cross many systems of care. We honor veterans' service and sacrifice by providing a range of benefits, programs and services. Three types of entities provide or fund these services: all levels of government; community-based and volunteer organizations; and private enterprises.

### **Challenge of Fragmentation**

While a range of services is available, the system of veteran services is currently fragmented. Each service provider has its own mission, objectives, population focus, policies, eligibility requirements and application process. For veterans and families, this system is a baffling maze to access and navigate.

Two reports prepared by the King County Department of Community and Human Services (DCHS) in 2013 revealed a strong need for increased coordination of the system of services and supports for veterans and their families in order to improve their access to benefits and services they have earned and deserve.

### **Regional Veterans Initiative Development**

On February 4, 2013, King County Executive Dow Constantine announced the launch of the Regional Veterans Initiative (RVI)—a project to increase coordination of and access to services for all King County veterans and their families. Executive Constantine created a Special Advisors Panel to help develop the RVI. This panel consisted of distinguished local officers and enlisted personnel: General Peter Chiarelli, U.S. Army (retired); Colonel Grethe Cammermeyer, Washington National Guard (retired); and Leo Flor, former U.S. Army Infantry Officer; along with Francisco Ivarra, King County Veterans Citizen Levy Oversight Board Chair; and Debra Wood, King County Veterans Program Advisory Board Chair.

The Special Advisors Panel worked with the Executive's Office, Council staff, and DCHS staff to reach out to regional leaders in the veterans' community to identify needs, gaps and opportunities for collaboration. The outreach verified the tremendous need to improve the coordination of the regional veterans' services systems in order to ensure that veterans and their families are able to get access to the resources they deserve and that can help them realize their full potential. Mid-point during the RVI development process, the Special Advisors Panel called upon project staff to build a comprehensive inventory and systems map of the services and resources available to veterans and their families in King County in order to illuminate coordination issues as they formed their recommendations.

### **Regional Veterans Initiative: Meeting the Challenge of Fragmentation**

The system of veteran services is fragmented. Each provider has its own mission, objectives, population focus, policies, eligibility requirements and application process. The Regional Veterans Initiative will increase coordination in order to increase access to services for all King County veterans and their families.

### ***Recommendations for the Regional Veterans Initiative***

**Vision:** King County veterans and their families are aware of the full range of available services and supports, and can access them easily. Veterans are empowered to achieve their potential, and communities benefit from the contributions of their veterans.

**Values:** Five key values have emerged from RVI planning that are essential to a coordinated service system: effectiveness; inclusiveness/accessibility; user-driven/empowering; good stewardship; and positive impact.

The RVI supports King County’s commitment to improve residents’ health and human potential, and to equity and social justice, as stated in the King County Strategic Plan: “promote opportunities for all communities and individuals to realize their full potential”; and “serve *all* residents of King County by promoting fairness and opportunity and eliminating inequities”.

### ***The RVI 2013 – 2015 Action Plan***

The proposed Action Plan for RVI implementation focuses on increasing coordination of existing regional services. The Action Plan will be implemented with a staff team from several county departments, plus a temporary RVI Veteran Services Network Coordinator position and a temporary Project Assistant. The staff will be responsible for meeting the following five objectives. (See Appendix 11, RVI 2013 – 2015 Implementation Plan for more detail.)

***Objective 1: Create the Regional Veteran Services Network.*** Action steps include using the system maps to create tools for veterans and others, convening partners to create consistent screening tools, and coordinating agreements among providers.

***Objective 2: Educate the community and providers about the veteran services system.*** Action steps include disseminating the inventory and system maps, and convening workshops to assist stakeholders and providers in working together.

***Objective 3: Improve customer service and access to care for veterans and their families.*** Action steps include training county staff and contractors who provide referrals and facilitating integration of services.

***Objective 4: Create a regional veterans information, public awareness and communication strategy.*** Action steps include creating an interactive website for veterans and families, maintaining interactive data sets, and developing new social media strategies to increase community awareness.

***Objective 5: Establish and conduct continuous improvement evaluation to measure performance, promote service improvement and support long term sustainability.*** Action steps include surveys, developing metrics and sustainability strategies, and reporting to stakeholders (e.g., County Executive, County Council, veterans’ advocacy groups).

## I. Veterans' Needs and the Challenges of Accessing Benefits and Services

King County is home to an estimated 127,000 veterans and military personnel who represent a broad range of individuals. More than 80,000 are 55 years or older and served during Vietnam, Korea and/or World War II eras. More than 17,000 veterans are low-income with a range of needs. More than 20,000 are enrolled with Veterans Health Administration for health care, so, by definition, are either low-income or disabled. As many as 30,000 are likely suffering from mild to severe injuries, such as post-traumatic stress disorder (PTSD), traumatic brain injury (TBI) or depression. There are approximately 1,000 veterans per year discharging from the military with a broad range of social, economic or health care needs.

The needs of veterans and their families are broad and cross many systems of care. These needs include housing, education, employment, temporary financial help, health care, dental care, behavioral health care, long-term care, transportation, and assistance with legal issues. Some have multiple needs. A challenge in reaching veterans is that they do not always see themselves as veterans.

As a nation and a county, we honor veterans' service and sacrifice by providing a range of benefits, programs and services. However, the system of veteran services is fragmented. Each service provider has its own mission, objectives, population focus, policies, eligibility requirements and application process. For veterans and families, this creates confusion. It is not uncommon for a veteran to contact one agency and get referred to another because he or she does not meet the first agency's requirements, then find that the second agency cannot help either, and refers back to the first. Once veterans and families are found to be eligible, there can be a long waiting period before benefits or services begin. With these barriers, too many veterans and families are falling through the cracks.

Two reports prepared by the King County Department of Community and Human Services in 2013 documented these needs and challenges: *Status of Veterans and Veterans Services in King County* (<http://www.kingcounty.gov/socialservices/veterans/PlansAndReports.aspx>), and *King County Stakeholder Recommendations for Enhanced Regional Coordination for Veterans* (<http://www.kingcounty.gov/socialservices/veterans/Regional%20Veterans%20Initiative.aspx>). A key finding in both reports was the strong need for increased coordination of the system of services and supports for veterans and their families in order to improve their access to benefits.

## II. Creation of the Regional Veterans Initiative

In 2013, King County Executive Dow Constantine announced that King County would provide leadership to address the challenges veterans and their families face in accessing benefits and services. In his annual State of the County Address on February 4, 2013, he launched the Regional Veterans Initiative (RVI) as the vehicle to provide this leadership. The RVI would bring together policymakers and key stakeholders to develop a coordinated service system that maximizes veterans' access to and satisfaction with community support and services. See Appendix 1 for an information sheet about the RVI.

Executive Constantine set up a Special Advisors Panel to help develop the RVI. This panel consisted of three distinguished local veterans who were joined by the Chair of the King County Veterans Citizen Levy Oversight Board, and the Chair of the King County Veterans Program Advisory Board.



**General Peter Chiarelli**, (Ret.) was the 32<sup>nd</sup> Vice Chief of Staff of the U.S. Army, responsible for the day-to-day operations of the Army and its 1.1 million active and reserve soldiers. He retired in 2012 as a four-star general after almost 40 years of military service. General Chiarelli is now the Chief Executive Officer of One Mind for Research, a nonprofit focused on major new research programs, advocacy and public awareness of all diseases of the brain, traumatic brain injury and post-traumatic stress.

**Col. Grethe Cammermeyer** (Ret.) served as a colonel in the Washington National Guard and became a gay rights activist. Born in Oslo, Norway, she became a United States citizen in 1960. In 1961 she joined the Army Nurse Corps as a student, and received a B.S. in Nursing from the University of Maryland. At the University of Washington School of Nursing, she earned a master's degree in 1976 and a Ph.D. in 1991. After 31 years of dedicated service to America, she retired in 1997 with full military privileges. Col. Cammermeyer also had a concurrent 30-year, civilian career in the Veterans Administration Medical Health Care System, retiring in 1996. She published her autobiography, *Serving in Silence*, in 1994. In 2006, she opened an Adult Family Home to provide skilled care to ailing elderly persons on Whidbey Island where she lives.



**Leo Flor** is a West Point graduate and a former U.S. Army Infantry Officer whose eight years of active-duty service included training as an Airborne Ranger, and a combined 27 months of combat experience as a Stryker Platoon Leader in Iraq, and an Airborne Company Commander in Afghanistan. After leaving the military in 2010, Mr. Flor was a William H. Gates Public Service Law Scholar at the University of Washington School of Law, receiving his J.D. and an M.A. in Infrastructure Planning and Management in 2013. While volunteering at the Northwest Justice Project's Veterans Project, Mr. Flor authored and co-edited *Representing Washington Veterans: Basic Legal and Cultural Concepts*. Mr. Flor was awarded an Equal Justice Works Fellowship for two years to provide free civil legal aid to justice-involved veterans.

**Francisco Ivarra** is the Chair of the Veterans Citizen Levy Oversight Board representing King County Council District Four, nominated by Councilmember Phillips. Mr. Ivarra served with the Americal Division 196th Light Infantry Brigade during the Vietnam Conflict and was awarded a Purple Heart. Upon returning from Vietnam, he earned his M.A. from Western Washington University, and worked on his Ph.D. at the University of Washington. Mr. Ivarra is a long-term member of the American G.I. Forum, the largest Hispanic veterans' organization in the nation, and served as the National Commander from 1998 to 2002. He has served as a member of the State of Washington Governor's Committee on Veterans Affairs and as the Chair of the Veterans Administration Regional Office Minority Veterans Council. He currently serves on the Seattle Veterans Administration Medical Center Executive Leadership Board, the Congressional Hispanic Veterans Institute Forum, the Hispanic War Veterans of America and the Library of Congress Veterans History Project. In 2002, Mr. Ivarra helped the Hispanic Congressional Caucus plan the first summit on Hispanic veterans' issues in Washington, D.C.

Mr. Ivarra represents the King County Veterans Citizen Levy Oversight Board on the RVI. The 12-member citizen oversight board for the Veterans and Human Services Levy is composed of residents of King County with a diverse, balanced representation of people from different groups, organizations, and experiences. Board members have specific interest and experience in veteran services. Nine members are chosen to represent County Council districts and the remaining three are at-large members appointed by the County Executive.

**Debra Wood** is the Chair of the King County Veterans Program Advisory Board and currently the longest serving member. Ms. Wood served in the U.S. Army for two years where she trained as a nurse. She served at Brooke Army Medical Center in the burn unit and was then stationed at Madigan Hospital where she worked in both men's surgical ward and newborn/intensive care nursery. She is the President of the Jim Hinde Memorial Chapter 102 of Vietnam Veterans of America, the Executive Director of the Veterans Service Foundation of Washington, and has been involved in veterans' affairs since 1990. She is a staunch advocate for veterans and their families, particularly Military Sexual Trauma survivors. She was instrumental in 2009 in starting a peer group of women who deal with Military Sexual Trauma and still support each other today.

Ms. Wood represents the King County Veterans Program (KCVP) Advisory Board on the RVI. The KCVP Board is composed of no more than 17 members who are all U. S. military veterans who have

been honorably discharged and are either members of nationally recognized veterans’ service organizations or the veterans’ community at large. The Board members are diverse in age, gender, geographic representation, and ethnic and cultural perspective, as well as offering a mix of relevant skills, experiences and perspectives.

### III. Regional Veterans Initiative Development

The King County Department of Community and Human Services (DCHS) was responsible for leading the process to design the RVI. The DCHS is involved in the veteran services system through coordinating the King County Veterans Program (KCVP) and the King County Veterans and Human Services Levy. The DCHS developed an RVI project work plan (see Appendix 2), a communication plan (see Appendix 3), conducted outreach (see Appendix 4), and a stakeholder input process (see Appendixes 5 and 6), and coordinated the meetings of the RVI Special Advisors.

#### ***Who Is a “Veteran”?***

Many different federal and community veterans’ programs have emerged over the years. These initiatives often defined “veteran” differently for the purpose of eligibility. Veteran eligibility is typically based upon length of service, when served and other factors.

The RVI is committed to planning for and implementing strategies that improve access to services for King County veterans defined as: those persons who have served active duty in the U. S. military (including the Army, Navy, Marine Corps, Air Force, and Coast Guard), those who have served in the National Guard, and those who have served in the Reserves. Veterans with any characterization of service are welcome, although eligibility for specific services may vary according to characterization of service.

The concept of “welcome” was an important part of the development of the vision, values and principles for the RVI. The RVI is dedicated to inclusiveness and adopting as broad a definition of veteran as possible for planning purposes.

#### ***Special Advisors Panel Meetings***

The Special Advisors Panel met four times between February and June 2013. Staff from the Executive’s Office, County Council and DCHS participated in the meetings. The following table summarizes key discussion topics of the meetings, the panel’s advice and the staff’s follow-up actions.

Meeting Date	Topic Discussed	Special Advisors Panel Advice	Staff Action
March	Stakeholder Recommendations Report (Feb. 2013)	Confirmed findings and get more stakeholder input on ways to improve the system.	Held six focus groups involving 54 individuals. Conducted outreach and interviews with community stakeholders.
	Project Goals	Advised on the most important goals for the RVI to address.	Drafted statements of project goal and vision.
April	March stakeholder input	Confirmed interest in	Convened a working group of subject

Meeting Date	Topic Discussed	Special Advisors Panel Advice	Staff Action
		improving coordination. Recommended developing a better understanding of the services available for veterans and families. Advised against moving rapidly on new initiatives.	matter experts from regional, state and federal agencies and other stakeholders. Began drafting an inventory and map of resources available to veterans in King County.
	Values	Offered advice on the values framework for the RVI.	Drafted RVI values statement.
May	Initial concepts for system map	Suggested ways to organize the maps and inventory.	With the working group, fleshed out system maps and inventory based on panel's suggested organizing principles.
	Draft RVI Discussion Paper	Suggested improvements to clarify problem statement, vision and outcomes, add the role of cultivating an ethos of respect and stewardship.	Revised Discussion Paper.
June	Revised system map and inventory	Suggested clarifications and the action steps to move the work forward.	Revised system map and inventory. Developed Action Plan.
	Revised Draft Discussion Paper	Suggested a few clarifications.	Used revised Discussion Paper as the basis for the RVI Report and Recommendations
	Options for structure of RVI	Recommended mapping and understanding existing services before creating a governance structure.	Developed action steps for the RVI that include refining the inventory and system maps.

The February and March meetings introduced the RVI’s purpose, background and development process, and helped establish its vision, values and goals. Just as navigating the veterans’ services system is challenging for individual veterans and families, it was also challenging for the panel and staff to get an overview of the coordination problem at the system level and chart a path for improving coordination. Following up on the panel’s recommendations to get further stakeholder input, the staff held a series of six focus groups. (See Community Feedback on Veteran Services Priorities in Section III.)

At the April meeting, staff shared the results of the stakeholder focus groups held in March. Based upon this initial input, the Special Advisors Panel cautioned against moving rapidly with system change or developing new initiatives. They suggested it was important first to focus on developing an in-depth understanding of the existing veterans’ services systems, and to start with improving coordination of current services. The panel used an analogy of identifying “what is in the refrigerator before deciding what to make for dinner.” Based on this suggestion and the panel’s request for a more detailed picture of the service system, the staff developed the Veteran Services System Mapping Project (described below and provided in Appendices 7 and 8).

At the May meeting, the Special Advisors Panel was briefed on the project’s outreach efforts and reviewed initial versions of system maps. The panel provided suggestions for ways to organize the system map and inventory. The panel also reviewed and commented on a draft RVI Discussion Paper. Staff followed up by fleshing out the system maps and inventory, and revising the Discussion Paper, which is the basis for the recommendations in this report.

At the June meeting, the Special Advisors Panel reviewed and commented on several options for the structure of the RVI, but advised that it is premature to develop a governance structure. They also reviewed a revised draft of the Veterans System Map and Inventory, and offered suggestions for improvements. This meeting represented the culmination of feedback received from the focus groups, and a presentation of the system mapping project results. The Special Advisors Panel made recommendations for moving forward, which are the basis for the objectives and action steps being proposed in this report (see Action Plan, Section VI, of this report).

### ***Community Feedback on Veteran Service Priorities***

The RVI stakeholder process built upon the stakeholder input process DCHS conducted beginning in the fall of 2012, documented in *King County Stakeholder Recommendations for Enhanced Regional Coordination for Veterans*

(<http://www.kingcounty.gov/socialservices/veterans/Regional%20Veterans%20Initiative.aspx>).

More than 150 individuals participated. As part of the RVI planning, an additional six focus groups involving the participation of 54 individuals were conducted in early 2013. These focus groups included members of the KCVP Advisory Board, Veterans Citizens Levy Oversight Board and Veteran Service Organizations (VSOs), including front-line service staff. The project also reviewed some case examples from providers. (See Appendix 5 for a list of organizations participating in the 2012 and 2013 stakeholder input processes.)

The 2013 focus groups used structured questions about proposals for system improvement from prior reports (including a potential “hub” service model), as well as broader questions. The groups were designed to capture stakeholder feedback on the critical elements in the veterans’ services system; major gaps in the services system; important priorities for new initiatives; and methods for improving coordination and communication.

**Major messages from stakeholders:** The focus groups captured rich feedback on the state of veteran services in King County, critical issue areas and needed initiatives. Responses ranged from identifying broad policy issues to very specific tasks that could be launched. (See Appendix 6 for the full stakeholder feedback.) The following is a summary of the strong overarching messages gathered in the March 2013 focus groups.

1. There was consensus that if the RVI is to improve services for veterans and their families, the number one priority should be to overcome services and policy fragmentation to improve coordination/communication of the regional veteran services system at three distinct levels; policy, community support, and service delivery.
  - Improving regional coordination of policy among the major resources has to be

a priority. It is essential to get the major players together to influence community messaging, avoid overlapping or redundant services and procedures, leverage mutual resources, and reconcile often conflicting eligibility criteria and business processes.

- At a community level there was agreement among the focus group participants about the need to create more coordinated messaging, coordinated community initiatives, and aligned advocacy efforts (beyond the service provider level).
  - At the service delivery level, participants suggested a number of actions to improve coordination and access to services for veterans by bringing providers together, aligning outreach and engagement, and exploring strategies to reduce redundancy of effort.
2. Improve communication at the funder level, among providers, and especially to and for veterans in need.
  3. The RVI should undertake system mapping to identify and clarify needs and system gaps.
  4. In order to be effective, any initiatives undertaken by the RVI need to address cross-cutting elements that include: integrating provider and client communication strategies; exploring use of technology; and incorporating transparent and understandable goals and metrics.
  5. Veterans and family members need to be the service providers to other veterans and family members to the fullest extent possible.
  6. There was strong support for integrating services to increase coordination among multiple service providers and facilitate efficient access to services for veterans and their families. Stakeholders suggested ways a number of physical locations for service providers could act as a coordinated vehicle for access to a full range of services.
  7. Among the many areas of focus there were a number of ideas for initiatives. Consistently, employment/education and access to benefits generated the greatest amount of discussion, inspiration and perceived level of need.

Based on this input, DCHS staff developed an initial plan for the RVI. Staff returned to all of these stakeholders for feedback on the plan and their recommendations between April and June 2013.

A draft of the RVI Report and Recommendations went out for public review in July 2013. Appendix 13 summarizes the comments received and the resulting revisions to the report.

### ***Outreach to Government, Community-Based and Private Veterans Programs***

The purpose of outreach during the RVI development process was to explain the RVI and engage key stakeholders in participating as the work moves forward. The DCHS staff conducted outreach with local offices and transition staff of the Department of Veteran Affairs (VA), military bases (Joint Base Lewis McChord, U.S. Coast Guard Base Seattle, Naval Station Everett, Naval Base Kitsap, Naval Air Station Whidbey Island), the Washington State Department of Veterans Affairs (WDVA), Washington State Army National Guard and Air Guard, Reserve commands in Washington (Army,

Navy, Air Force, and Marines). Staff also met with several local cities and at least five large private employers. (See Appendix 4, Outreach Plan.)

The VA, VA Puget Sound Health Care System, and staff at the military installations were very interested in the RVI's plans and are committed to participating. The outreach also found high interest among local cities and employers.

### ***Other Research***

The staff investigated similar initiatives in other Washington counties and across the nation. Island, Kitsap, Pierce, Snohomish, Spokane and Thurston counties all have veteran services programs. They vary in purpose, budget, activities and eligibility requirements. However, King County has the highest dedicated budget, and the widest range of partnerships and direct services for veterans and their families.

Many veterans' service initiatives, including those in other states, are primarily focused on co-locating services. A Washington example is Rally Point 6 in Tacoma. In other states, Rochester, NY, and the Thousand Points of Light project are working to co-locate services. However, these programs do not have a system coordination focus, other than some attempts to coordinate services for those transitioning back to civilian life after military service.

### ***Veteran Services System Mapping Project***

The purpose of the mapping project is to create tools that assist policy makers, providers, veterans and others to better understand the breadth of veterans' services resources in King County.

**Objectives:** The Veteran Services System Mapping Project's objectives were to create and disseminate to veterans' services stakeholders' two important products:

1. **An inventory** of all the services and resources available to King County veterans and their families, spanning all providers, organizations and locations. The inventory includes: (a) types and categories of services by objective, population and sub-population served; (b) annual budgets and client service levels; (c) geographic service areas and specific locations; and (d) as feasible, eligibility requirements, such as discharge status, level and nature of disability, war era, homelessness, etc.
2. **System maps** to show the viewer such features as the kinds of services provided, who provides them, who funds them, the magnitude of effort and resources committed, and the relationships among service objectives.

The systems inventory and maps are intended to be tools that stakeholders, policymakers and service providers can use for several purposes: (a) improve policy and services coordination for veterans in King County; (b) help service providers and their clients navigate the regional veterans service system; (c) educate the community about the veterans service system; and (d) identify gaps; and (e) develop metrics for system improvement.

**Mapping development process:** The DCHS staff developed the inventory and maps with the help of a work group of subject matter experts, which included representatives from King County Veterans Program, WDVA, the U.S. Department of Veterans Affairs (VA) Puget Sound, Compass Housing Alliance and other key stakeholders. The work group held four meetings.

The work group built a draft inventory of resources and created the first-ever maps of the King County veteran services system. The group created the initial format of the maps following a creative design exercise to identify the key determinants of the path for clients to meet their needs. These included the service’s objectives, type of service, who manages the program (community, county, federal or state), and which veteran population the service focuses on (homeless, unemployed, experiencing health or behavioral health problems). The mapping and inventory creation occurred simultaneously.

Draft maps and inventories were shared with staff, subject matter experts, and community and government providers. The inventory was sent to staff and representatives of the Veterans Health Administration, Veterans Benefits Administration, WDVA, KCVP, members of the King County Veterans Consortium and other community providers to ensure they accurately reflect the veterans’ services system in King County.

The initial draft includes five high-level system maps of the King County veterans’ services system:

1. Comprehensive Overview
2. Partnerships
3. Housing and Homelessness Services
4. Health and Behavioral Health Services
5. Employment, Education and Financial Benefits.

Appendix 7 provides the inventory and Appendix 8 the five system maps. See Appendix 9 for a geographic map of veterans’ services sites.

The maps and inventory have continued to be shared throughout the summer as an evolving project with such stakeholders as the two veterans’ boards, Joint Base Lewis McChord, Supportive Housing Alliance for Veterans (SHAVETS), and others.

**Lessons from the mapping project:** The process to create the veteran services system inventory and maps confirmed the feedback from stakeholders that the veteran services system is very complex and fragmented, and that services are not aligned. The mapping project identified at least 161 unique projects or programs accessible by King County veterans, which are managed by community providers, King County, the State of Washington and the federal government. The 161 does not count multiple service sites of a program (such as seven or more Vet Corps sites at college campuses and six separate KCVP satellite sites), or numerous veteran service organization chapter

locations. The table following in this section provides a snapshot of the range of services available in King County. See also Appendix 9 for maps of veteran service sites in King County and in Seattle.

### ***Examples of Lack of Coordination***

The stakeholder input and the mapping effort revealed a number of challenges that veterans, their families and service providers face. Most of the challenges appear to stem from lack of coordination and fragmentation of the veterans services system.

- No central referral system or access point exists to help veterans find the various community, county, state or federal programs, or understand their eligibility requirements.
- The various veterans' services programs do not have a standardized or shared application process.
- No data system or website exists where veterans can enter basic information about their service and status, and find out what they might be eligible to receive.
- There is no entity that helps veterans and their families create their own goals and pathway to stability.
- There is no clearinghouse for community-based services to work together or to work with federal and state partners. Services for veterans are only loosely linked through ad hoc provider groups such as the King County Veterans Consortium. Few memoranda of agreement exist between the major service providers who serve the same clients (such as homeless veterans).
- Experienced staff are generally aware of other programs and often make referrals, but that knowledge changes with staff turnover.
- There is no information system or standardized data set for veterans' services. The lack of standardization makes it difficult to coordinate care for individuals and obscures system-wide gaps.
- There may be service duplications or gaps where no services exist, but without an overview of the whole system, it is difficult to tell. As a result, policymakers lack a clear understanding of what needs to be improved to better serve veterans.
- There are no system-wide targets or long-range community plans for serving veterans such as there are, for example, for homeless individuals through the Committee to End Homelessness. Thus, while some segments of the veteran population are served and performance of services measured, efforts addressing other veteran needs lack cohesion and measureable objectives.



**Veteran Services in King County by Type of Provider and Service Category  
(Work in Progress)**

<i>Service Category</i>	<i>Type of Provider</i>						<i>Grand Total</i>
	<i>Business</i>	<i>City</i>	<i>CBO*</i>	<i>County</i>	<i>Federal</i>	<i>State**</i>	
<i>Assessment &amp; Case Management</i>				3	7		10
<i>Behavioral Health</i>		1		8	5	3	17
<i>Benefits Assessment &amp; Navigation</i>						4	4
<i>Burial</i>					1	1	2
<i>Community Support</i>			12			1	13
<i>Education &amp; Employment (small business)</i>	2		4	3	8	2	19
<i>Financial</i>			1	3	5	6	15
<i>Health</i>					16		16
<i>Housing</i>			15	3	1		19
<i>Information &amp; Referral</i>	1		2		3	5	11
<i>Legal</i>			2	1			3
<i>Long-Term Care</i>				1	5	1	7
<i>Outreach &amp; Engagement</i>			1	4	2	4	11
<i>Support Services for Permanent Housing</i>			12	1			13
<i>Temporary Housing</i>			1				1
<b><i>Grand Total</i></b>	<b>3</b>	<b>1</b>	<b>50</b>	<b>27</b>	<b>52</b>	<b>27</b>	<b>161</b>

\* CBO = community-based organization

\*\* State services include contracts with VSOs and with Vet Corps units on college campuses

**King County Veterans Programs and Coordination Efforts**

**Programs for veterans:** King County has a robust array of programs and services dedicated to serving veterans through countywide initiatives.

- **King County Veterans Program (KCVP)** has provided community-based financial and other assistance to veterans in need since the 1950s, using dedicated property tax revenues under the State Veterans Relief Act (RCW 73.08.080). The KCVP program expanded more recently, thanks to passage of the Veterans and Human Services Levy. KCVP now provides outreach, assessment, case management, emergency financial assistance, and linkage to a range of community and VA benefits and services. The RVI will build on this work.
- **King County Veterans and Human Services Levy (VHSL)**, passed by county voters in 2005 and renewed in 2011, assists veterans and their families, as well as other county residents in need. It focuses on three areas: reducing homelessness, reducing criminal justice involvement and emergency medical system use, and increasing self-sufficiency. King County DCHS contracts with community-based agencies to provide these services.

- **King County Veterans Justice Initiative** is starting to bring together the local justice system (courts, jails, defense, county and municipal prosecutors, and law enforcement) with veterans’ services providers to assist veterans involved in the criminal justice system.

These programs have different mandates and funding sources. None has the role of addressing the veterans’ services system as a whole. Other King County health and human services programs may serve veterans as individuals but do not specifically focus on the needs of veterans and their families.

**Other coordination efforts:** There are several existing coordination efforts in King County that focus on specific aspects of the service system. These include

- Seattle–King County Veterans Consortium (SKCVC)
- Five-Year Plan to End Homelessness Among Veterans in King County
- King County Veterans Program (KCVP) Advisory Board
- King County Veterans Levy Oversight Board
- Health and Human Services Transformation Plan.

None of the above efforts focuses on the veteran services and support system as a whole, so the RVI’s coordination focus is needed.

RVI and the Health and Human Services Transformation Plan both have a goal of creating more coordinated systems that support people getting the right services in the right place at the right time. However, the Transformation Plan addresses all populations needing services (veterans are only one of these), and is taking a different approach to coordination. The Transformation Plan will focus initially on the early stages of improving outcomes for high-risk individuals and high-risk communities. RVI staff will coordinate with the Transformation Plan staff to assure their work is aligned and where appropriate, such as for system mapping, can build on each other.

The RVI will incorporate and link to the work of these bodies. The RVI has already begun this effort in the planning process through its outreach and system mapping.

#### Key Stakeholder Groups

- ✓ King County Veterans Program (KCVP) Advisory Board
- ✓ King County Veterans Levy Oversight Board
- ✓ Department of Veterans Affairs (VA)
  - Veterans Health Administration
  - Veterans Benefits Administration
- ✓ Washington State Department of Veterans Affairs (WDVA)
- ✓ King County Veterans Program (KCVP)
- ✓ King County Veterans Consortium
- ✓ Veterans Service Organizations (VSOs) (such as Veterans of Foreign Wars, American Legion, and others)
- ✓ Supportive Housing Alliance for Veterans (SHAVETS)
- ✓ Committee to End Homelessness in King County
- ✓ Regional Housing Providers
- ✓ Northwest Justice Project

## IV. Special Advisors Panel’s Advice

At the conclusion of their work, the Special Advisors Panel was direct: Be clear that the RVI’s focus is to help veterans in King County get access to what is available by improving coordination among the wide range of services and supports for veterans and their families. The system should, as one advisor put it, “Find veterans, get them access, and make a path.”

The Special Advisors Panel gave the following advice for shaping the RVI:

- Improve our understanding of what is available for veterans on every level (federal, state, county, municipal, nonprofit, business, etc.), and what veterans may access based upon the complex grid of eligibility requirements. System mapping and inventory are a logical starting place.
- Share system maps and the service inventory with partners and train them to better assist the veterans and families they serve.
- Include enlisted personnel in the planning process for the RVI, and involve veterans in designing, controlling and implementing veteran programs.
- Although the county lacks formal authority over much of the vast range of service providers, the RVI can lead in cultivating an ethos of urgency, respect and stewardship that unites all providers in the way they go about supporting veterans and their families.
- Until the existing system of services is better understood, it is premature to initiate system changes, or to create a governance or collaboration structure. Thus it is premature to create the Veterans Coordinating Council that was discussed in the initial announcement of the RVI.
- Move forward in stages: (1) identify what exists; (2) coordinate what exists; (3) identify what is missing; and (4) implement system improvements.

## V. Recommendations for the Regional Veterans Initiative

### ***Vision***

King County veterans and their families are aware of the full range of available services and supports, and can access them easily. Veterans are empowered to achieve their potential, and communities benefit from the contributions of their veterans.

### ***Values and Principles***

Five key values have emerged from RVI planning that are essential to a coordinated service system—the system must be effective, inclusive/accessible, user-driven/empowering, a responsible steward of public resources, and have a positive impact. To create this system, the RVI will be guided by the following principles:

**Effectiveness:**

- Improve coordination and increase access to services
- Remove barriers that keep veterans from achieving their potential
- Create a common agenda among stakeholders and work together to improve the services system
- Build a system that is reliable and worthy of trust by veterans and families.

**Inclusiveness/Accessibility:**

- Ensure that the system serves all veterans regardless of era, disability status, gender, or nature of service (i.e., war zone or stateside, discharge, service branch, etc.)
- Improve outreach and communication with veterans and families
- Recognize and value the diversity of experience individual veterans bring.
- Apply the County’s fair and just principles in ensuring that King County is a place of opportunity, fairness, equity and social justice where all veterans thrive.

**User-Driven/Empowering:**

- Include veterans in all aspects of designing and delivering services (“veterans serving veterans”)
- Empower and support the veteran community’s efforts for mutual care and support
- Build on the strengths of individual veterans and their families.

**Good Stewardship:**

- Capitalize on existing veteran services and programs, eliminate duplication, fix system inefficiencies, reduce redundancy and improve alignment.
- Explore ways technology can improve service access/delivery and information sharing.

**Positive Impact:**

Track progress and measure the impact of the initiative to improve the veteran services system and meet the needs of veterans and their families.

**Goals**

The Regional Veterans Initiative supports King County’s commitment to improve residents’ health and human potential, and to equity and social justice, as stated in the King County Strategic Plan: “promote opportunities for all communities and individuals to realize their full potential”; and “serve *all* residents of King County by promoting fairness and opportunity and eliminating inequities.” To this end, the goals of the Regional Veterans Initiative are to:

1. Ensure that veterans and their families find out about and are able to access a continuum of benefits, services, supports and opportunities to realize their full potential
2. Develop a coordinated services system that provides seamless access for veterans and their families, and maximizes the use of regional resources

3. Ensure that veterans have a voice in making improvements to the services system.

See Appendix 10 for a graphic representation of a coordinated, seamless system of services.

### **Outcomes**

If successful, the Regional Veterans Initiative will accomplish the following overall outcomes for improving the lives of veterans and their families, and transforming the King County veteran services system:

- 1. Veterans and their families in King County will be able to get the information and assistance they need in order to navigate the system, and secure the benefits and services they have earned and deserve. (Ties to Goals 1 and 2)**

Indicators include the number and percentage of veterans and family members who receive information and/or assistance and who are then successfully connected with benefits or services, and the length of time between contact and successfully accessing benefits.

- 2. Major stakeholders and service systems will be able to work together to overcome fragmentation and increase efficient access to resources by King County veterans and their families. (Ties to Goal 2)**

Indicators include the implementation of new service and communication initiatives, and memoranda of agreement that consolidate, increase coordination, or reduce redundancies among existing services and resources.

- 3. Veterans are active, valued contributors to the improvements made to veteran services system. (Ties to Goal 3)**

Indicators include the number and percent of veterans serving on RVI work groups, the number and percent of veterans employed as service providers, and the number and percent of veterans leading service improvement projects.

### **Proposed Approach**

The process of developing the RVI has involved getting a better understanding of the problems veterans and their families face in trying to access the veterans' services system and developing the system maps and inventory to identify what resources are available. To follow the Special Advisors Panel's advice to improve policy makers', providers' and veterans' understanding the services available and to train partners in using the system maps to assist veterans and families, the RVI will develop and implement an action plan to:

1. Create a Regional Veteran Services Network, a collaborative group of providers and resources
2. Educate the community and providers and about the veterans services system
3. Improve customer service and access to care for veterans and their families
4. Create a regional veterans information, public awareness and communication strategy

5. Establish and conduct continuous improvement evaluation to measure performance, promote service improvement and support long-term sustainability of the initiative.

Major services system stakeholders will be invited to review and/or participate in the development, refinement and implementation of the work plan. These stakeholders include the King County Executive, King County Council, service providers (government, community-based, veteran organizations) and advocates, as well as veterans themselves.

The RVI 2013 – 2015 Action Plan is on the following pages of this report. The RVI 2013 – 2015 Implementation Plan is provided in Appendix 11.

## **VI. RVI 2013 – 2015 Action Plan**

The following is the proposed Action Plan to implement the RVI in a two-year period through December 2015. This plan focuses on the first two stages of effort that the Special Advisors Panel recommended: (1) Identify what exists, and (2) coordinate what exists.

### ***Overarching Goal***

In partnership with federal, state and municipal government, veteran service organizations, local businesses, and community-based organizations, King County government will act as convener to increase coordination of and access to services and support for all King County veterans and their families.

### ***Objectives and Action Steps***

The following describes the objectives for RVI’s work in 2013 – 2015 and action steps to accomplish those objectives. See Appendix 11 for a full Implementation Plan.

#### **Objective 1: Create the Regional Veteran Services Network to improve the coordination of services and resources**

King County government will convene veterans’ services system providers and stakeholders to create a coordinated network of existing service providers and programs that supplies timely information, assessment, referral and veteran system navigation to veterans and their families, and coordinates efforts with other county initiatives. Action Steps:

- a. The Community Services Division – Performance Measurement and Evaluation unit (CSD – PME) will work with subject matter experts to refine systems mapping capabilities and create visual tools that assist multiple audiences (including veterans and their families) with understanding veteran services system. (See Appendixes 7 and 8 for the draft inventory and maps.) The team will put the tools online, and will explore search capability and mobile access. (December 2013)
- b. The RVI Veteran Services Network Coordinator will
  - Convene a task force of information and referral, outreach and case management providers, and veterans, to produce the tools and coordinating structure necessary to ensure veterans and their families get consistent and effective information, services and

access to resources. The task force will also identify gaps and duplication, and prompt discussion on ways to improve efficiency. (December 2013)

- Continue outreach to regional military installations regarding transitions to civilian life. (ongoing)
  - Convene additional task forces (such as employment, behavioral health, homelessness), depending on opportunity. (December 2015)
- c. The RVI, along with the King County Veterans Program, will work with veterans’ services providers to create/identify and implement consistent screening, assessment and information tools to help service providers, veterans and their family members, identify appropriate needs, opportunities and eligibility for services. (June 2015)
- d. In coordination with Public Health – Seattle & King County and county initiatives, the RVI will create a regional network of at least 10 “Veteran System Navigators” (VSN) who have been trained in consistent skills and tools to provide screening, assessment guidance, linkages and advocacy for veterans and families to get the services they have earned and deserve. (June 2014)

**Objective 2: Educate the community and providers about the countywide veteran services system to improve connections between and among service providers**

Disseminate service information tools and educate the community and veteran service providers on the veteran services system, service inventories, and how to use the tools to provide informed and effective services to their clients. Action Steps:

- a. CSD – PME, in consultation with the technical working group, will create, maintain, and improve veteran services system maps and interactive service inventories to increase ease of use for service providers, veterans and community advocates in planning for and providing services, and to identify redundancies and opportunities for improved efficiency. (December 2013)
- b. The RVI Veteran Services Network Coordinator will disseminate relevant service information tools, such as the veteran services system maps and inventory, to all veteran service stakeholders, as well as conducting trainings on their use. (December 2013)
- c. The RVI will conduct a minimum of five “Be the Connect” workshops to identify opportunities and redundancies, reduce service inefficiencies, and promote cost-effective programming to increase the capacity of stakeholders, service providers, county staff and community members to work together and better serve veterans and their families, including teaching the community to recognize who may be a veteran. (September 2014) (See Appendix 12 for an example of a “Be the Connect” workshop format.)

**Objective 3: Improve customer service and access to services for veterans and their families**

Improve customer service for veterans and their families by promoting a countywide ethos of honoring and supporting veterans wherever they may seek services or community support in the county; and improving regional coordination of information and access to services. Action Steps:

- a. Develop strategies to increase veteran participation and peer support opportunities (December 2013)
- b. The RVI Veteran Services Network Coordinator will work with contractors to provide a minimum of six trainings for King County staff and outreach and engagement contractors to provide guided transitions and ensure complete follow-through when making referrals. (March 2014)
- c. King County RVI will facilitate conversations to identify opportunities to integrate existing services with other community, state and federal service providers, where possible, offering essential services (access to benefits, emergency crisis services, behavioral health, etc.) with strong connections to geographically dispersed resources. Specifically they will
  - Identify priority services that would result in greater efficiency and improved client satisfaction if better integrated (June 2014)
  - Look for opportunities to collaborate with other efforts, such as the health, human services and prevention transformation work, VA Community Resources and Referral Center, Auburn Veterans Center, and similar efforts. (Ongoing through December 2015)
- d. King County Veteran Service Network Coordinator and King County Veterans Program staff will work with all service providers to develop strong pathways and linkages to services for individuals who are geographically distant from service locations. Linkage strategies to be considered will include transportation, use of technology (such as tele-health), portable documentation, guided transitions, and prescreened eligibility and referral. (Ongoing through December 2015)

**Objective 4: Create a regional veterans information, public awareness and communication strategy**

Create and maintain an ongoing regional veteran’s information, outreach and communication strategy. Action steps:

- a. Create “Veterans Count” as a one-stop interactive website and information portal for policy makers, advocates, service providers, and veterans and their family members containing: (i) interactive service system mapping, regional metrics of veterans’ status, briefing papers on regional veteran issues, and updates on strategic planning efforts; and (ii) links to critical resource information. (March 2014)
- b. Maintain current interactive data sets and links to assist stakeholders, policymakers, advocates, providers and veterans to become informed about veterans’ issues. (ongoing)



- c. The RVI Veteran Services Network Coordinator will work with King County staff to create and launch social media strategies to engage veterans, families and advocates in ongoing discussion and awareness efforts. (March 2014)
- d. Conduct a media/public awareness campaign to keep King County residents and policy makers aware of issues affecting King County veterans and their families, as well as to explain how veterans and their families can get connected to services they need, and how they are bringing their skills and experience as a resource to the community.

**Objective 5: Establish and conduct continuous improvement evaluation to measure performance, promote ongoing service improvement and support the long-term sustainability of the initiative.**

- a. Design and implement veterans customer input mechanisms (such as surveys, data collection tools, etc.) on Regional Veterans Initiative services and projects, including regular reporting to stakeholders (e.g., County Executive, County Council, veterans' advocacy groups) on feedback received by veterans and their families on services, challenges, needs and successes. (December 2015)
- b. Develop performance tools, metrics and benchmarks and tracking progress for each initiative action step. (December 2013)
- c. Identify ways to reduce redundancies and improve efficiency in the veterans' services system. (June 2014)
- d. Implement continuous ongoing performance measurement, including regular reporting to stakeholders on challenges, opportunities and system improvements realized through the RVI. (December 2015)
- e. Assess staffing need and identify strategies that will ensure the long term sustainability of RVI action steps that are proven effective at meeting the service needs of veterans and/or their families. (December 2015)
- f. Present sustainability initiatives (including staffing) to King County Executive, King County Council and veteran services system stakeholders. (December 2015)

**Deliverables**

The following table summarizes by target date the deliverables the RVI will produce. They will be produced through the above action steps.

Target Date	Deliverable
December 2013	<ul style="list-style-type: none"> <li>• Task force of information and referral, outreach and case management providers and veterans</li> <li>• Visual tools for understanding the veterans services system</li> <li>• Dissemination of improved veteran services system maps and service inventories and trainings for all veteran services stakeholders</li> <li>• RVI performance tools, metrics and benchmarks</li> </ul>
March 2014	<ul style="list-style-type: none"> <li>• At least six trainings for King County staff and outreach/engagement contractors on referrals and guided transitions</li> <li>• “Veterans Count” interactive website and information portal for veterans, families and service providers with interactive mapping, resource information and briefing papers</li> <li>• Social media strategies to engage veterans, families and advocates</li> <li>• Begin media/public awareness campaign</li> </ul>
June 2014	At least 10 Veteran System Navigators trained in consistent methods for screening, assessment guidance, linkages and advocacy for veterans and families
September 2014	At least five “Be the Connect” workshops for stakeholders, service providers and community members to identify opportunities, redundancies and efficiencies
June 2015	Consistent screening tools, assessment guidance, linkages and advocacy for veterans and families
December 2015	Sustainability strategies
Twice a year	Semiannual project reports to stakeholders

**Staffing**

The RVI will be staffed by an internal staff work group, two temporary positions and the working group of stakeholder subject matter experts.

- Develop an RVI staff work group to manage the RVI’s work plan and staffing. The work group will include existing DCHS staff, Executive Office staff, County Council staff, Seattle & King County-Public Health staff, and the temporary RVI Veteran Services Network Coordinator (to be hired).
- Hire a temporary RVI Veteran Services Network Coordinator and a temporary Project Assistant. The Veteran Services Network Coordinator will be responsible for bringing together and staffing the Regional Veteran Services Network. The coordinator will be responsible for implementing the RVI work plan and providing regular reporting on the RVI’s progress to all stakeholders. The coordinator will participate in other coordination efforts in King County, such as the plan to create new partnerships and integration strategies for health, human services and prevention. A temporary Project Assistant will support the Veteran Services Network Coordinator. The Project Assistant will draft correspondence, reports, Memoranda of Understanding and contracts; plan and organize meetings and trainings; and coordinate the preparation of information for internal and

external committees. These positions will be budgeted for two years beginning January 2014 through December 2015.

- Continue to convene the technical working group of subject matter experts who helped to develop the initial system maps. The members include representatives of King County, state, federal and community-based agencies. The working group will help to refine the inventory and system maps, assist with dissemination, and design the structure to convene outreach and engagement specialists for trainings.

**Timeline**

Action Step	2013		2014				2015
	Q3	Q4	Q1	Q2	Q3	Q4	All
<b>1 Create Regional Veteran Services Network</b>							
1a. Refine systems mapping							
1bi. Convene info & referral task force							
1bii. Continue outreach to regional military installations							
1biii. Convene other task forces, as possible							
1c. Create screening & assessment tools							
1d. Train and create network of 10 Veteran System Navigators							
<b>2 Educate community and providers</b>							
2a. Improve system maps and inventories							
2b. Disseminate information tools							
2c. Hold five “Be the Connect” workshops							
<b>3 Improve customer service</b>							
3a. Develop strategies to increase vet peer support opportunities							
3b. Train King County staff and contractors							
3c. Identify opportunities to integrate services							
3d. Develop linkages to bridge geographical distance to services							
<b>4 Create ongoing communication strategy</b>							
4a. Create Veterans Count interactive website							
4b. Maintain interactive data sets and links							
4c. Create and launch social media strategies							
4d. Media/public awareness campaign							
<b>5 Establish and conduct continuous improvement evaluation</b>							
5a. Design/implement veterans customer input surveys and other mechanisms							
5b. Develop performance tools and metrics							
5c. Identify ways to reduce redundancy							
5d. Implement ongoing evaluation and reporting							
5e. Identify long term sustainability strategies							
5f. Present sustainability strategies to stakeholders							

---

## Conclusion

The RVI is dedicated to increasing coordination of the existing regional services for veterans and their families to increase access to the benefits and services that veterans have earned and deserve. The stakeholder feedback process and advice from the Special Advisors Panel united in emphasizing that increasing coordination is crucial.

The Veteran Services System Inventory and Veteran Services System Maps are an important first step in understanding what services are available and creating a tool to help veterans and their families access these services. The 2013 – 2015 RVI Action Plan lays out objectives and action steps to increase coordination, educate the community and providers, improve customer service, and improve communication with veterans, families, providers, policymakers and advocates. Undertaking this effort moves King County forward in honoring the service and sacrifice of our local veterans.

## Appendix 1: Initial RVI Information Sheet



King County is home to an estimated 127,000 veterans and military personnel. We honor their service and sacrifice by providing a range of programs and services, but lack of coordination across systems means many veterans and their families aren't connecting to the services they have earned. It is estimated that one in four veterans is unaware or unclear about their benefits or how to access them.

### King County Regional Veterans Initiative:

King County is launching an initiative to create stronger regional partnerships and coordination of services for veterans. We have an opportunity to connect veterans and their families to the health, housing, education, employment and other services they need and improve the coordination of those services. This will support our veterans in successfully transitioning from military service to stable and productive lives in our community.

King County Executive Dow Constantine has appointed three accomplished local veterans to serve as special advisors for the initial planning and community outreach to develop the initiative.

- **General Peter Chiarelli**, U.S. Army (retired) and 32nd Vice Chief of Staff
- **Colonel Grethe Cammermeyer**, Vietnam veteran and retired Chief Nurse of the Washington State National Guard.
- **Leo Flor**, former Army Infantry Officer and local veterans advocate.

### Opportunities:

- Explore the creation of a Veterans Coordinating Council comprised of the key organizations involved in funding services for veterans and their families. This council could provide cross-system collaboration and resource coordination across all levels of government and with local service organizations.
- Work with the Committee to End Homelessness to address the housing needs identified in the Five Year Plan to End Homelessness among Veterans in King County.
- Bring together regional partners to increase education and employment opportunities that will help veterans transfer their military experience and skills to jobs in the community, such as through the Veterans Aerospace Employment Initiative.
- Collaborate with state and regional partners on developing re-entry programs for service men and women preparing to leave military service to ensure a successful transition to civilian life.

### Next Steps:

- With the leadership and assistance of the Veterans Special Advisors appointed by Executive Constantine, gather community input on improving and enhancing regional veterans' services.
- Work with the King County Veterans Citizen Levy Oversight Board and the King County Veterans Program Advisory Board to gather input from veterans.
- Present recommendations to the King County Executive by June 2013.

**Background:**

- For over 50 years, King County has provided services to veterans and their families with property tax revenues (about \$2.6 million annually) dedicated under State law.
- In 2005, to assist veterans returning from Iraq and Afghanistan, the King County Council placed a Veterans and Human Services Levy on the ballot, which was approved.
- In 2011, voters renewed the Levy for another six years, which will raise about \$15.5 million annually. The 69 percent approval rate shows that King County residents value the service of veterans.
- A higher percentage of veterans are coming home with complex issues – traumatic brain injury, post traumatic stress disorder, military sexual trauma, and depression.
- The local unemployment rate for veterans is about 8.4 percent. The national unemployment rate for Iraq/Afghanistan veterans is 9.7 percent – 31 percent higher than the general unemployment rate – and highlights the need for education and employment programs.
- Approximately 15 to 18 percent of homeless single adults are veterans.



**General Peter Chiarelli, U.S. Army** (retired) and 32nd **Vice Chief of Staff**, was responsible for the day-to-day operations of the Army and its 1.1 million active and reserve soldiers. Retired in 2012 after 40 years of extraordinary military service, Gen. Chiarelli now serves as the Chief Executive Officer of **One Mind for Research**, a nonprofit focused on research, advocacy and public awareness of mental illness, traumatic brain injury and suicide prevention.



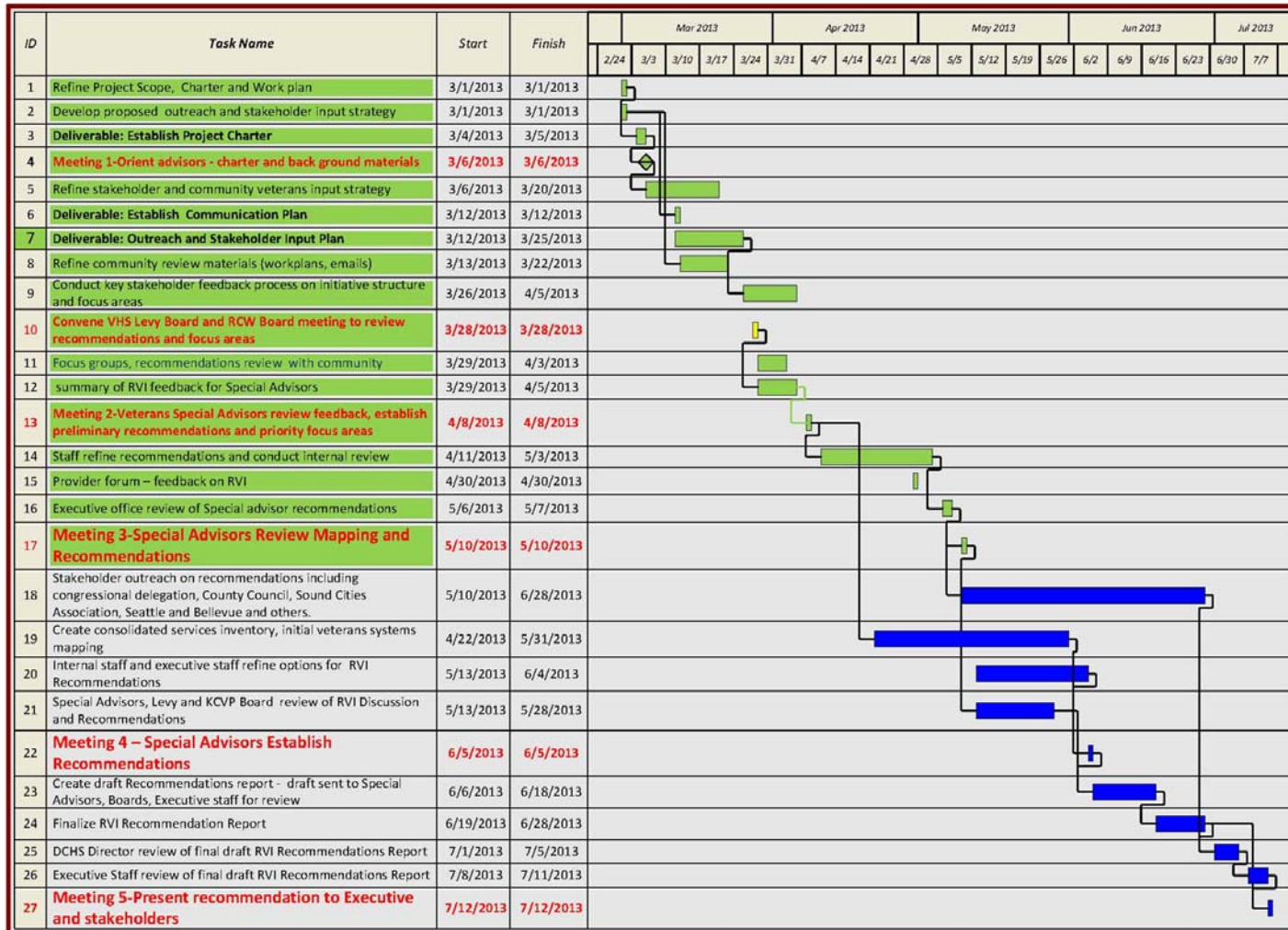
**Colonel Grethe Cammermeyer**, Vietnam veteran and retired Chief Nurse of the **Washington State National Guard**. Col. Cammermeyer served 31 years in the military and concurrently, also served 30 years with the **Veterans Affairs Medical Health Care System**. Her autobiography "*Serving in Silence*" and movie by the same name produced by Barbra Streisand and Glenn Close depict her struggle to overturn the military's anti-gay policy.



**Leo Flor**, former **Army Infantry Officer** and local veterans advocate. Mr. Flor's eight years of active duty included tours in Iraq and Afghanistan. Currently enrolled at the University of Washington School of Law, he has been awarded an **Equal Justice Works Fellowship** to provide free civil legal aid to justice-involved veterans upon his graduation in spring 2013.

Appendix 2

Regional Veterans Initiative Workplan 5/16/2013



*(this page intentionally blank)*



## Appendix 3

## Regional Veterans Initiative (RVI)

### 2013 Communications Plan

#### Regional Veterans Initiative Objectives

---

- ❖ Develop a policy, funding and governing structure that supports a coordinated system of care for veterans and their families across King County.
- ❖ Ensure access to essential benefits, services and supports provided in an environment that is at all times respectful of the service and sacrifice veterans and their families have made to our community and to our nation.

#### Communications Strategies

---

- ❖ Update Executive Leadership Team on the Regional Veterans Initiative through Quad Chart Updates, Executive Weekly Alerts and face-to-face meetings.
- ❖ Conduct Key Stakeholder meetings with the U.S. Department of Veterans Affairs Health and Benefits Administration, Washington State Department of Veterans Affairs, King County Housing Authority, King County and others.
- ❖ Conduct a focus group with both the King County Veterans Levy Oversight Board and the King County Veterans Program Advisory Board.
- ❖ Conduct focus groups for King County Veterans Consortium, Veterans Service Organizations, Supportive Housing Alliance for Veterans, Committee to End Homelessness, community providers and other stakeholders.
- ❖ Develop a media strategy to roll out the final report and recommendations to the media and to the public, if possible to coincide with Memorial Day messaging.

#### Key Audiences

---

- King County Veterans Levy Oversight Board
- King County Veterans Program Advisory Board
- Department of Veterans Affairs Health Administration
- Department of Veterans Affairs Benefits Administration
- King County Veterans Consortium
- Veterans Service Organizations
- Supportive Housing Alliance for Veterans
- Community-based veterans service providers
- Businesses and community stakeholders
- King County veterans and their families
- Media

## Primary Message

---

King County is home to 127,000 veterans and active duty members and a range of programs and services are available to help veterans and families in need. Far too many veterans, however, face barriers in accessing the benefits and services they have earned and need. To better connect veterans and their families living in King County to the services, the Regional Veterans Initiative will bring together funders, service providers, veterans' organizations and other stakeholders to develop action steps for an enhanced and coordinated system of support.

## Secondary Messages

---

1. Looking to unify the efforts of many disparate programs. There is a role for RVI in helping unify efforts.
2. The abundance of services for veterans doesn't automatically equate to effectiveness.
3. Involve stakeholders and keep the people we are trying to serve front and center.
4. Build trust in the system and reliability of service.
5. Access to services is important.
6. Success is not instantaneous. We're on the right track and we must keep going.
7. Promote self-sufficiency for veterans and their families.

## Regional Veterans Initiative Communications Work Plan

---

Program	Details	Timeline	Lead
Communications management	Coordination/management of RVI communications	Ongoing	Sherry/ Pat
Reporting and measurement	Quad Charts, Executive Weekly Alerts	Ongoing	Pat
Reporting and measurement	Executive Leadership Updates	April-May	Jackie / Pat / Andrea
Reporting and measurement	Project Sponsor (Jackie MacLean) Updates	Weekly	Pat / Andrea
Outreach and education	Washington Department of Veterans Affairs Senior Leadership Briefing	March 26 Ongoing	Pat / Andrea
Outreach and education	Department of Veterans Affairs – Veterans Health Administration	March - May	Pat / Andrea
Outreach and education	Department of Veterans Affairs – Veterans Benefits Administration	March - May	Pat / Andrea
Outreach and education	King County Veterans Levy Oversight Board	March 28 April 25 May 16	Pat / Andrea/ Jon
Outreach and education	King County Veterans Program Advisory Board	March 28 April 16	Pat / Andrea/ Jon

Program	Details	Timeline	Lead
		May 21	
Outreach and education	Focus groups with King County Veterans Consortium, Veterans Service Organizations, Supportive Housing for Veterans, internal King County staff and others	March 13 - March 27	Jon
Outreach and Education	Create and launch RVI website	April	Andrea
Outreach and education	Provider Focus Group in conjunction with Levy Annual Provider Conference.	April 30	Pat / Andrea
Outreach and education	Joint Based Lewis McChord, National Guard, US Coast Guard	April	Jackie./ Pat / Andrea
Outreach and education	Congressional Delegation Briefings	April - May	Pat / Andrea
Outreach and education	Brief Local municipalities	May - June	Pat / Andrea
Legislative	Brief Council Staff	March - May	Pat / Andrea
Legislative	Brief Executive Office	April 18 May 16	Jackie / Pat / Andrea
Marketing	Create an RVI webpage; keep current with activities, meetings and photos of outreach	March (Ongoing)	Andrea
Media	Prepare RVI report and recommendations roll out plan with Executive Communications Office to include some or all of the following: <ul style="list-style-type: none"> <li>• Media event with special advisors,</li> <li>• Briefing with one or more reporters for advance story,</li> <li>• News release,</li> <li>• Social media ,</li> <li>• Guest editorial in Seattle Times by Dow and/or special advisors.</li> </ul>	May - June (Memorial Day tie-in would be ideal for maximum messaging)	Sherry / Pat
Legislative	Transmit final report and recommendations	June	Jackie / Pat

**Appendix 4****Regional Veterans Initiative Proposed Outreach Plan**

---

**Federal**

- Senator Murray’s Office
- King County Congressional Delegation
- Department of Veteran Affairs – Veteran Benefits Administration
- Department of Veteran Affairs – Puget Sound Health Care System
- Department of Veteran Affairs – Seattle and Federal Way Vet Centers
- United States Coast Guard Base Seattle
- Joint Base Lewis McChord (JBLM)
- Naval Base Kitsap
- Naval Air Station Whidbey Island
- Naval Station Everett
- Military Reserve Commands – Army, Navy, Air Force, Marines, Coast Guard

**State**

- Washington State Department of Veterans Affairs (WDVA)
- Washington Attorney General’s Office
- Washington State National Guard & Air Guard
- Universities and Community Colleges - in partnership with the WDVA Vet Corps
- State representatives (King County)

**County**

- Puget Sound Regional Council
- Workforce Development Council (WDC) of Seattle/King County
- United Way of King County
- King County Veterans Program Advisory Board
- King County Veterans Citizen Levy Oversight Board
- Series of Brown-Bag lunches briefing in process for county Departments

**Municipal/Community**

- City of Auburn
- City of Bellevue
- City of Seattle
- Sound Cities Association
- City Human Services Planners

**Private (local entities that have veteran initiatives)**

- Alaska Airlines
- Amazon
- Boeing
- Costco
- Key Bank
- McKinstry Construction

- Microsoft
- Nordstrom
- Paccar
- Puget Sound Energy
- Russell Investments
- Starbucks
- Walmart
- Weyerhaeuser

#### **Veteran Service Organizations and Military Veteran Groups**

- American G.I. Forum of the U.S.
- American Legion
- American Veterans for equal rights
- Employer Support of the Guard & Reserve ESGR
- Groups that specifically include women
- Rally Point 6/Lakewood, WA
- Veterans of Foreign Wars
- Vietnam Veterans of America

## **Regional Veterans Initiative Summary of Outreach Completed**

---

Summary of outreach completed as of 8/21/13:

- Five Community Stakeholder Focus Groups (community veteran providers, county staff involved in veteran services, King County District Court Veterans Treatment Court Team, and levy and advisory board members)
- King County Congressional Delegation
- U.S. Department of Veteran Affairs, Veteran Benefits Administration Regional Office
- U.S. Department of Veteran Affairs, Puget Sound Health Care System
- U.S. Department of Veteran Affairs, Federal Way Vet Center
- U.S. Coast Guard Base Seattle
- Joint Base Lewis McChord (JBLM)
- Naval Air Station Whidbey Island
- U.S. Army Reserve Regional Command
- U.S. Air Force Reserve Regional Command
- Washington State Department of Veterans Affairs
- Washington State Attorney General's Office
- Washington State Army National Guard & Air Guard
- Universities, Colleges & Institutes – WDVA VetCorps Navigators
- King County Veterans Service Provider Conference
- King County Council Staff briefing (Kelli Carroll and Jay Parales)
- Workforce Development Council (WDC) of Seattle/King County

- United Way of King County
- King County Veterans Program Advisory Board
- King County Veterans Citizen Levy Oversight Board
- Seattle King County Veterans Consortium
- Sound Cities Association briefing
- City of Auburn
- City of Bellevue
- City of Seattle
- Human Services Managers (from local cities) briefing
- American Legion Posts 40 & 160 (with Auxiliary)
- American Legion District 1 & 11 Spring Conferences
- Rally Point 6/Lakewood, WA
- Veterans of Foreign Wars Post 2713
- Vietnam Veterans of Americans Jim Hines Memorial Chapter

**Appendix 5: Participants in Stakeholder Focus Groups and Interviews**

***Fall 2012***

American Legion, Post 40

American Legion Auxiliary

King County Veterans Citizen Levy Oversight Board

King County Veterans Consortium

King County Veterans Program (KCVP)

KCVP Advisory Board

Operation Military Family

Public Health – Seattle & King County

Regional Veterans Court

Supportive Services for Veterans Families (SSVF) grant recipients

Veterans of Foreign Wars (VFW)

Veterans Treatment Court

U. S. Department of Veteran Affairs

Washington State Department of Veteran Affairs (WDVA)

Community-based service and housing providers

County staff involved in veteran services

Elected officials

Veteran-owned businesses

Veterans and veteran family members

***Spring 2013***

City Human Services Planners

City of Bellevue

Joint Base Lewis McCord

King County Council staff

King County Federal Congressional Delegations Staffers briefing

King County Human Services Levy Oversight Board

King County Veterans Levy Board

King County Veterans Program (KCVP) Board and staff

Regional Veterans Court

Sound Cities Association

Veterans Administration Federal Way Vet Center

Veterans Administration – Veteran Benefits Administration (VA VBA)

VAPP

Veterans Consortium

Washington Department of Veterans Affairs (WDVA)

WDVA Veterans Conference

*(this page intentionally blank)*



## Appendix 6

## Regional Veterans Initiative Stakeholder Input Paper

---

### *Advisors, Boards and Community Stakeholder Input*

Since the Regional Veterans Initiative (RVI) was launched in February 2013, staff from the King County Department of Community and Human Services have sought input on the RVI from the Executive appointed Special Advisors, board chairs, the two citizen veteran boards (King County Veterans Program Advisory Board and King County Veterans Citizens Levy Oversight Board), community stakeholders and services providers, and veterans and their families through veteran service organizations.

The comments below are synthesized based on the feedback received through the stakeholder input process, this paper is an attempt to represent what the community said and it is not our intent to interpret what was said but rather to organize into themed areas and present it for review and discussion purposes. Appendix A provides the specific comments received from the stakeholder input process, in addition to general feedback on the RVI.

Areas of themes from focus groups were: RVI general input, Coordination, Communication, Employment/Education, Suicide Prevention/Mental Health, Healthcare, Housing, and Benefits. Input is grouped by systems level and individual level input received.

#### ***Regional Veterans Initiative (RVI) general input***

The community is excited about the RVI and wants to ensure that King County creates an initiative with all of the partners in the region and leverages resources in order to balance that the community does not develop veteran fatigue. Veteran fatigue can occur when there is no effective activism strategy in place or forward movement arising from efforts, audiences can disengage from veterans' issues and perceive that enough has been done or feel detached from the problems that veterans and their families face.

Systems level: Ensure that a veterans system is in place that addresses all eras of veterans, including widows, widowers, gold star families, families (extended and caregivers), and emphasize that veterans are not a problem, they are a solution, (e.g., veterans come into a community with \$30,000 of college benefits) and it translates well into the community (create a public relations/media strategy). Have veterans and their families shape the RVI and veterans system in King County, include the people we are serving at every step of way (in staff positions, on boards, advisory roles, etc.). Design the RVI from the consumer point of view; bring in younger, enlisted veterans and families as part of the special advisors so their voice is shaping it.

Create a coordinated way to gather and share data across all systems (including the criminal justice system) so that services are not duplicated for the veteran and allow for the system to create better consolidation of services/resources. Currently, everything for veterans is very fragmented across service providers and there are many unknown/untapped resources. Recommendations include using the 'high tech, high touch' resource, such as the VAPP.com which is a management information system in addition to a veteran resource application tool.

Individual level: Incorporate Post-Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI) Training and screening into the RVI and the veterans system in King County, create consistent screening and assessment protocols to ensure that all veterans are connected to the resources they need.

Create a system for veterans based on partnership with the veteran where information is communicated with them, and letting them be their own self advocate. (Note: recommendation received to ensure that county funded programs are using the same diagnostic tools for PTSD and TBI as the VA system. It is also recommended that neuropsych testing be added as the county is going to continue providing employment and education services to veterans. It is important to understand the neuro-cognitive evaluations and where to focus on the veterans strengths, where they learn best, etc.).

Improve the definition of veteran and families across the program, in order to make it easier for veterans, widows, widowers, spouses and other family members to access the benefits they've earned and other resources.

### ***Coordination***

Coordination of the broader veterans system within King County emerged as the most important area that stakeholders wanted the county to focus on through the RVI. Within the broad umbrella of coordination, there were themes that emerged at the systems level and individual level.

Systems level: Create a whole community system of welcome and support for veterans and their families through the 'no wrong door' philosophy. Ensure King County funded service providers are not duplicating services among each other and across federal and state providers. Create opportunities for networking at the provider level across all of the providers, not only the ones that King County funds, but the VSOs, small businesses that serve veterans, universities, etc.

Individual level: Create a universal intake, screening and assessment process for the veteran system in the county, understand that asking veterans the same questions over again may trigger trauma experiences for them (create a trauma informed care system for veterans).

### ***Communication***

Communication across the federal, state, county and cities and among service providers was a focus area of discussion and is critical to the success of serving veterans and their families. The main theme stakeholders stated is that it is important to remember in order to get information out to veterans, it has to go through the cities and there needs to be feedback from veterans (users of services) to find out what works/what doesn't so system/service improvements can be made.

Systems level: Create a communications/media plan to create an accurate picture of who King County veterans are. Demystify PTSD and overcome media attention on the negative, disabilities. Promote able body images where possible of veterans in our community.

### ***Employment/Education***

Creating employment and education opportunities for veterans was a focus area of interest for all stakeholder groups, create opportunities through hiring incentives for businesses and make it easy for employers to find veterans and assist with making the link.

Systems level: Create veteran friendly business, which includes training on hiring and retaining veterans. Create more opportunities within the county for veteran owned businesses, consider setting aside three percent of the county procurement budget for veteran owned small businesses (similar to federal and state) and create the model for other municipalities.

Individual level: Ensure current county employment strategies are for all veterans, (including veterans with criminal justice history) and explore using a supported employment for all veteran employment services.

### ***Suicide Prevention/Mental Health***

Provide universal suicide prevention training for veterans, caregivers, providers, professionals, and family members and availability of mental health treatment services. Stakeholders emphasized the need for additional psychiatric bed space for veterans and increased treatment capacity across the mental health and substance abuse treatment services.

System level: Create a network of community based providers that are linked to one another and coordinate around the veteran.

Individual level: View the veteran within the broader family system and provide support through the entire system (i.e., caregiver, spouse, children, parents, siblings, etc.), provide family education on the veterans' injuries, illnesses, recovery plan, etc., and have everyone the veteran needs to support them help assist in their recovery.

### ***Healthcare***

Expand the capacity at the VA to serve veterans (as well as eligible caregivers-post 9/11 caregivers). Expand the capacity to accommodate the new veterans coming to VA Puget Sound for health care.

System level: Refocus services to where services are actually delivered and incorporate veteran-to-veteran approaches to care. Increase access to healthcare, through the VA and other healthcare avenues, and ensure transportation (including parking) is not a barrier.

Individual level: Improve VA healthcare options for all veterans, ensuring that veterans who need dental care can receive it, if not from the VA then create linkages. Make the burden for finding healthcare and mental health on the system, not on the veteran or caregiver to identify.

### ***Housing***

Ensure that housing provided to veterans in King County lead to permanent housing solutions versus transitional housing, and incorporate specific housing exclusively for veterans and their families instead of mixed housing options.

System level: Remove barriers so landlords that want to specifically provide Section 8 for veterans can do so. Explore the creation of the Oxford House concept for veterans. Increase housing options for veterans involved in the justice system (or past involvement).

Individual level: There were recommendations to create specific housing for the following groups of veterans: women survivors of MST, family housing for veterans, and assisted living. Consider the needs

of the younger veterans who have complex injuries and illnesses (severely disabled) and their housing needs.

### **Benefits**

Work with the VA to develop a pilot project to try something new to get veterans through the claim process quicker, model it after the US Social Security Administration's SOAR initiative. The SOAR is designed to provide outreach, access and recovery for people who are homeless and it has been very successful in getting people on SSDI/SSI quickly (Sacramento County has adapted the model to make it even more efficient and King County could adapt for veterans and apply the concept to the VA claims and SSA claims together).

System level: Ensure that veterans and their families (widows, widowers, spouses, caregivers, and dependents) are linked to the benefits that they have earned, work in partnership with local veteran service organizations.

Individual level: Expand the recognition of the VA identification card, which would allow providers not to ask a veteran for their DD-214 with every new provider.

### **Appendix A: Detailed Stakeholder Input on the RVI**

The appendix includes feedback collected from March – May 2013 from Special Advisors, Board Chairs, the King County Veterans Program Advisory Board and the King County Veterans Citizens Levy Oversight Board, Community Focus Groups, Community Stakeholder Meetings and Key Informant Interviews. The information is arranged according to the input that was received for the RVI as follows: Advisor/Board Chair input from meetings; Recommendations Report/RVI itself; Coordination of Services; Communication; Employment/Education; Suicide Prevention/Mental Health; Healthcare; Housing; Benefits; System Mapping and Gap Analysis; and One stop – What's needed.

#### **Advisor/Board Chair input from meetings:**

- Ensure King County service providers and others in King County are not duplicating services to veterans
- Develop the RVI so that King County and our partners do not develop veteran fatigue
- Are we creating a system where we are creating veterans as invalid? (we are creating this system/keeping them in this system?)
- Be aware of the readiness of a particular client...we may have all of the programs, but they need to be ready
- What is the definition of veteran that King County uses?
- Is the county challenging dishonorable discharges (provided example of veterans who were discharged for homosexuality and PTSD)
- Excited about getting everything in one place to get things done easier
- Wants to help younger veterans
- Have the real stakeholders shape the system for veterans in King County
- Whatever we do with the RVI needs to reach those individuals that are impacted
- Love the HUB/one-stop model, needs to be internet based too and centrally located with multiple sub-sites. Make it a place that is kid friendly, stand-alone, plenty of parking, etc. (that is why stand-downs are effective is because everything is in one place and veteran focused)

- HUB needs to exist both physically and digitally (navigators if well trained would make all the difference in the world). Mirror the physical one-stop to the digital one-stop and then arm the local providers to use the digital one-stop. (technology is the way to go)
- Important to ask veterans the question about military status correctly
- We need to understand PTSD, the event is today and yesterday, not years ago
- Partnerships around veterans and suicide prevention
- County needs to be leveraging the federal resources from the behind the scene
- The veteran doesn't differentiate between federal, state and local government veteran programs
- It is important that if a veteran get referred to a provider/program that they are served because if they are 'not eligible' then they are potentially lost from seeking services again
- Coordination/collaboration issue – the definition differs of who serves what characteristic of veteran
- Many resources are available exclusively to veterans at many levels of government and private (e.g., Social Security, Child Support, etc.)
- County needs to harness the public/private partnerships (e.g., Microsoft, Boeing, Amazon, DollarTree and many other businesses are all interested in hiring veterans, the county needs to harness this)
- Volunteerism – important and there are many new ways to link veterans to volunteer opportunities (e.g., Pat Tillman Foundation, Habitat for Humanity, Team Red, White and Blue, VFW, American Legion, Peer Mentors in Veterans Court, etc.)
- Veterans need to have a role in the larger community
- Have one standard application process across all KC service providers (vs. something different for each program, one standard system, process)
- Involve the VA in the RVI and everything that the county is doing for veterans, believes that the VA/military should be taking care of their own
- Not sure one can be trained on military culture, you live it, breathe it, you are it, I'm not sure you can train on it to understand all of the nuances. The control, discipline, pomp, ceremony, etc. It is very difficult for someone who hasn't been there to understand and relate to someone who hasn't been there.
- There's not a full understanding of what we're asking these service members with TBI to do, by filling out forms and accomplishing tasks daily (day to day things become very complicated for someone with a TBI)
- Are providers screening for TBI and linking veterans? Screening for PTS and linking?
- It appears that the county is taking over where the VA should be all along and where are they, have they been at the table as these gaps were identified and the county created programs?
- If I was the VA I would refer to King County, but I don't see that there is a clear link to/with the VA. I would contact Patty Murray's office to ensure link/connection.
- Is the PTSD diagnosis being used in the county system consistent with the VA system? Is the TBI diagnosis the same? Are you doing neuropsych testing/what is the frequency of the testing?
  - The county needs to understand and provide these basic evaluations in order to provide employment and education services (this is what is in the best need of the veterans).
  - Neuro-cognitive evaluations: What you will get is where to focus on the veterans strengths, where they learn best, etc. (a benefit to the individual and family and service provider)
  - Hear about these in regards to behavioral problems (which are hidden by memory problems, not being able to sequence a plan (e.g., make a meal).
  - TBI will lead to dementia and it is important to get veterans screened and identified.

- If I was the VA I would refer to King County, but I don't see that there is a clear link to/with the VA. I would contact Patty Murray's office to ensure link/connection.
- Separate out the pre 9/11 from the post 9/11 veterans and develop programming before the post 9/11 veterans become so entrenched in the cycle
- Understand all of the different eras of veterans/services, etc., (especially post 9/11 veterans who have had multiple deployments, stresses on families/spouses, children, calling up of National Guard and Reserves)
- Military Kids Curriculum – expand focus of it and target all students and active duty, demystify it for everyone, think outside of the isolation of 'military kids' the more informed, the less bullying, the more understanding
  - Serving in Silence – was not geared to the gay community, it was geared to everyone else!
- County and providers needs to really understand PTSD, currently 15-30 percent of veterans from combat zone have PTSD and it's expected to increase to 60 percent, MST is also a huge issue.
- Service members need six months stateside to readjust before being discharged, that is how long it takes to stop being angry
  - You become furious at not having people concerned (I can understand how/why people are angry)
- Need to be connected to the VSOs – they should be able to tell the county what is going on with veterans and what is going on at the VA

#### **Recommendations Report/RVI itself**

- The word training is all over in the RVI document, but what does that mean? Train who and on what?
- The report does not discuss overlapping services.
- There isn't enough dedicated staff for women veterans in general and veterans of color specifically. Also, children of veterans have aged out of their housing and healthcare and the foster care system kicks them out at 18. Attention to both those groups and additional staffing is needed.
- Be cautious with the word reintegration because many of the younger vets are not being reintroduced, but introduced for the first time. Language difference is important.
- Cross integration is a better approach than trying to group people by age or other categories.
- Outreach has been done through the levy board, but the younger vets are not being reached.
- Page two, third bullet – the younger vets are tuned into the technology, which is great.
- Many of these issues have been previously brought up and nothing has been done. What makes this time different? Pat responded that the executive's order for HHS integration give these things a different level of attention and a different resource focus.
- City of Auburn is working on a veteran and human services one-stop, the county should work with Auburn, and the Mayor's office is the lead.
- Need more dedicated staff for women and people of color
- More attention to brain injury
- Report doesn't talk about permanent housing options and needs to be added
- Assisted living options need to be available for veterans in King County
- Call it integration vs. reintegration
- Create housing, treatment options that are for safe for victims/survivors of MST
- Outreach is still missing for the younger veterans (OEF,OIF)

- Boards feel like many of these recommendations have been made to the county in the past without any action/follow through. What makes this different?
- Certification with the military transferring into the civilian world
- Get information out and work with the cities; that are where the veterans live. Talk with the Mayors, city hall, human services, veteran services, etc. (the cities have been asking but the county isn't responding, improved communication and coordination is important)
- Transportation to the VA /Metro (provide free bus ride to veterans with VA card on routes to/from VA medical center)
- Better information sharing between all levels of government
- Better consolidation of services/resources (everything is so fragmented right now across service providers for the veteran)
- Create coordinated way to gather and share data
- Communicate information to a veteran and let them be their own self advocate
- Get feedback from the users of the system (veterans and family members) and the system includes all levels (federal, state, county, nonprofit, etc.)
- Design the RVI from the consumer point of view
  - Bringing in veterans and families in as part of the task force so that their voice is shaping it
  - The RVI needs to be shaped by veterans and families, not by the government.
- Get to the employers and make it easy for them to find veterans and make the link, perhaps provide an incentive.
  - Create 'Veteran Friendly Employer' – hiring and retaining veterans
- Create more opportunities for veteran owned businesses
  - Will the county consider setting aside three percent of their budget for veteran owned small business (similar to federal and state) and create the model for other municipalities?
- Let the vets do it; there are plenty of vets who don't have jobs who can do these things we're talking about.
- Include the VSOs, they are located in every community and already serving veterans and their families
- There a perception that the county has already decided what they want to do, the process for the RVI doesn't appear open, change this.
- Create a proactive process to work with cities
- Recommend a single point person for Veterans for the county, someone who is the banner holder for veterans, someone in a high management level that can make decisions about veterans programming and work with cities.
- Emphasize that veterans are not a problem they are a solution, veterans come into a community with \$30,000 of college benefits and it translates well into community, market this.
- If veterans are a priority and this is an initiative then we need to take the time and it a priority, there has to be someone in charge and the right person who is an empowered point of contact.
- Clear definition of veterans (be sure to include widows, widowers, spouses and gold star families)
- Many of the services for veterans in the community are not provided by federal, state or local governments, the county needs to be aware of all of the resources and partner with them
- Work with the Cities
- Ability to communicate, improving our knowledge about services
- One-stop important to overcome barriers to communication, face to face important
- Need an enlisted perspective in the RVI

- Cultural competency requires an enlisted perspective as well as any branch, or service era
- Attention to issues of less than honorably discharged (3 times cited)
- Homeless vets 18-24
- Is there a RVI goal/system goal to target the most vulnerable vets?
- Access for family members acting on behalf of vets
- Need more family member support systems
- Create a Veterans Service Provider Network of King County service providers, similar to the Mental Health Regional Support Network
  - It will help providers know who each are
  - The Network is linked together and managed by the county, providers meet regularly to coordinate services
- Greater visibility of positive veteran stories
- Taking veteran innovations and bringing them up to scale
- Create a veteran Public Relations Position as part of the RVI
- Focus on the systems perspective for the RVI and the veterans system, in addition, serve the entire family, extended and regardless of custody, understand that everyone been impacted.
- Vets Consortium meetings are good and are about networking, but they don't inform policy, the RVI needs to inform and create opportunities for service providers to network.
- Get someone who is a NCO (non-commissioned officer/enlisted) to participate as a special advisor) (mentioned all focus groups and by the boards)
- Civil Legal Aid for veterans
- Veterans involved in the criminal justice system
- Veterans mentorship in court model
  - Veterans in court positions that have gone through court
  - NAMI is interested in helping veterans veteran peers work (Hanniapn, MN veteran peer handbook)
  - Funding from the Levy to do this would be great
- Work with the jail to create veteran support groups in jail, we expect people to come out jail reformed and support is needed in jail in order to do this prior to reentry.
- NW Justice Project- Civil Legal aid – needs more resources more than 60 percent of their veterans have civil cases and need assistance.
- Create a Veterans Legal Clinic (I told them the UW law school is interested in this too), they said it is really needed in order to better serve veterans.
  - Clinic through UW, SU and/or bar association

This would help teach the intersection of veterans and criminal justice system and the DUI/DV and why the response may be different than the traditional response compared to a veteran vs. non-veteran due to trauma (i.e., you can have the same act, but with a veteran with PTSD it may be something PTSD and not power and control for DV).
- Engagement with the VA regional office – Benefits Administration
- Include the WDVA in meetings with the VA, show federal, state and county collaboration from the beginning
- Suicide prevention is important and we will be a head of many counties/states if we do something
- New core of veterans – high touch, high tech
  - Need to thing about technology and go forward in order to reach the younger veterans. They'll want to be talked differently and we'll need to plan for this



- Missing underserved populations that are eligible for benefits: widows/widowers, spouses that are eligible due to their spouse service
- Health care – work with the Health Care Authority on getting veterans onto benefits and having the VA as a 3<sup>rd</sup> party payer
- Department of Corrections – how can we get veterans their health care and benefits during the reentry process back into the community
- Barriers – address them at all levels and ensure that we’re not duplicating services, give the available service to those who need it
- WDVA is doing SSA/SOAR-SSDI/SSI process with the homeless in order to get the expedited process and veterans access to benefits quicker, the county should look at replicating this in King County
- One stop is exciting to get all your needs met in one place
- Create mobile units and add and benefits van to do outreach
- Missing a clear linkage to compensation and pension, you need to address benefits front and center (benefits eligibility review and get them started and get the claim started)
- VAPP – management information system – cloud access to manage veteran resources (it’s not just an application)
- If we can get this coordinated, that would be great; all of the areas are interrelated.
- RVI needs to include the grassroots organizations in order to make the initiative work

### **Coordination of Services**

- Ensure King County funded service providers are not duplicating services
- Standardize the service outcomes of this initiative amongst the organizations involved.
- The problem is that there are many very angry vets because the WDVA puts out there that they are a one stop shop, and vets are disgruntled when this turns out not to be true. Have a veteran created system. Vets don’t know what 211 is. This information needs to be accessible
- Consolidation of non-profits
- Seamless DOD handoff that includes education, linkages to King County resources
- Greater clarification on transition planning as a preventative measure
- Universal screening tools, assessment
  - Have only one intake process for all of King County
  - Let the VA card serve as proof of eligibility
- Common definitions of eligibility
- Improve coordination with transition. Is there a connection to King County resources
- More emphasis on transition “to” not transition “from”
- Make sure the new vet has the information they need right up front
- Explore how the funding process contributes to fragmentation
- Better networking and reduce duplication of like providers
- Lots of ad hoc coordination occurs now that funders may not be aware of. Build from this history.
- Outreach...improves the connectivity piece to ensure people get to the services they need. Proper hand off.
- Convoluted system at this point
- Limited services for families
- Need to streamline access to services
- Coordinate with grant per diem

- Increase attention to outreach, focus on underserved populations
- Ensure veterans get consistent information
- See a “whole Community system of welcome and support”
  - No wrong door
- Connectivity for all services serving veterans is lacking and we’re hoping that the RVI can fix this
  - We need to know everything too in order to help vets in court
- Like the Regional Office concept for the RVI and think it’s needed to have county related veterans direct services coordinated
- Ensure CIT and Law Enforcement basic training includes veterans culture across the region
- Incorporate for patrol and command so that those veterans who work in LE who may have PTSD are supported appropriately.
- Create one coordinated distribution list (currently there are multiple email distribution lists regarding veterans for King County, justice related, levy, etc.)
- Outreach is important and we need to include outcomes
- Collaborate to connect veterans to the benefits that they’ve earned
- Council – bring in the current veterans and one-stop is an important component to have available

### **Communication**

- If you want to get the information out, it has to go through the cities. They know their residents better than King County. Each city has a human services rep. They have their own TV stations, they twitter, they Facebook, and their outreach is crucial
- Expand locally generated services to veterans by talking to the city and state level.
- Communicate what exists and empower veterans to be self-advocates.
- There needs to be feedback from the users of services to find out what works, what was frustrating. Build in client feedback from the beginning.
- Veterans and their families need to be able to give constant feedback – veteran and family centered practices.
- Normalizing asking for help , overcome military conditioning
- Identify key people functionally responsible for communications. Who communicates what, to and for whom
- Work with media to create an accurate picture of who King County veterans are. Demystify PTSD and overcome media attention on the negative, disabilities. Promote able body images were possible.
- How do people find us?
- Better job of getting information to vets/families at the time that they need it
- Develop a communication strategy - distribute the resources information – Outreach and connections seamlessly
- Define who is responsible for communication. for what and for whom
- Greater visibility of popular stories
- Develop a PR, positive communication strategy
- Lacks systems perspective

### Employment/Education

- Get to the employer maybe through a countywide job fair. Give them incentive to hire veterans.
- Related to veteran friendly employers, you have to put value into hiring and retaining veterans.
- Center for Veterans Enterprise has a Veteran-Owned and Service-Disabled Veteran-Owned Small Business program. Money is available and it should be set aside for these contracts. Help them be company owners who can secure a portion of county contracts like the state does. This is another example of information not being disbursed. There is money available for this.
- Young vets want to work and this means translating what they did in the military to what can be done in the civilian world
- Young vets are concerned with the perception that they are unemployable due to PTSD and a lack of education. They have at times been advised to remove military experience so it doesn't reflect poorly
- Job accommodation network is a resource.
- Employment retention
- Get to the employers and make it easy for them to find veterans and make the link, perhaps provide an incentive.
  - Create 'Veteran Friendly Employer' – hiring and retaining veterans
- Create more opportunities for veteran owned businesses
  - Will the county consider setting aside three percent of their budget for veteran owned small business (similar to federal and state) and create the model for other municipalities?
- Partner with the Washington State Hospital Association on their Veterans Employment initiative which is under development
- Seems ill defined, is there a goal to target/prioritize the most seriously in need veterans? Or does the county serve any or all veterans? If the county is targeting/prioritizing groups, recommendation is to create a supported employment model for veterans and perhaps look at the VA priority populations and who they don't serve and fill in those gaps and refer the ones that meet VA eligibility to the VA.
- Fill financial assistance gaps for those in school (periods of not attending are not reimbursed), e.g., short term internships?
- Demystify what skills are available or transferable to the workforce
- Promote transferable certifications and licensing
- Promote union connections
- Employment strategies need to improve their focus and coordination
- Is there a desire to prioritize populations?
- Many in need are low-skilled, disengaged and not held jobs (or have a strong work history)
- Homeless may not benefit from jobs initiatives. Not sure it will happen for those people
- Homeless are kind of bouncing around, some level of disability...needs supported employment
- Confusing designations of disabilities status, disincentives to employment during the period of determining benefits/disability 70 percent to 100 percent rating.
- Policy work necessary on the relationship between unemployability status/benefits status., "Rectify the catch 22 situation"
- Is the employment strategy for all veterans?
  - Interested in knowing how veterans did the county layoff (from an equity and social justice perspective was this addressed?)
  - Can veterans afford the HERO internship? The rate of pay is really low

- Do veterans involved in the justice system qualify for the HERO intern program and for the employment services offered by the county and being proposed by the RVI?
- Don't see the focus on utilizing veterans in employment to do the things that are mentioned in the report (i.e., the HUB, Office, RVI)
- Utilizing Veterans needs to be beyond peer to peer component

### **Suicide Prevention/Mental Health**

- The need is for additional psychiatric bed space for veterans. KC treatment beds are booked up weeks ahead of time. Increase treatment capacity.
- The mental health arena could be another area for the clubhouse model
- More education needs to happen with the family on suicide prevention on what the triggers on and so they are better equipped to relate to their family members. This might get them help a little quicker.
- The presidential order called for suicide response to occur with 24 hours but this time should be shortened to an hour.
- Support caregivers, family education, treat the family as a system
- Universal suicide prevention training for caregivers, networks, professionals, family members and veterans
- Increase access for mental health support across the board.
- Increasingly challenging to access detox/substance abuse treatment
- Support the peer to peer substance abuse project
- Promote veterans going into service professions, delivering services to veterans and their families.
- Increase family members MH support
- Increase outreach to where people are?
- Add site based MH services in transitional housing, etc.
- Inform community care givers on risk factors. Training professionals, implement universal screening, and inform personal networks.
- Funding for therapy/service dogs and better linkage and coordination for them for the veterans that need them
- Incorporate basic suicide prevention awareness for everyone who works with veterans, require for King County funded providers
- Create a network of community based providers that are linked to one another and coordinate around the veteran

### **Healthcare**

- Refocus services to where services are actually delivered.
- Improve dental care (you have be at 100 percent disability or homeless)
- With healthcare reform coming, that system is already full; we have to expand capacity at the VA for the new veterans coming in.
- Technology - needed for those reluctant to engage
- Veterans must be greeted by veterans
- Peer to peer approaches
- System follow up with care
- Increase family member access to health care
- Increase transportation to health care resources

- The VA and community need navigators to identify and link veterans to healthcare (including mental health care)

### **Housing**

- Remove barriers so landlords that want to provide section 8 for vets specifically can do so.
- Increase housing for criminal justice involved vets.
- Be specific with housing options
- Section 8 isn't issuing any new vouchers (this is a capacity issues)
- Decrease the financial gaps and create some graduated housing options
- For those vets who are aging, housing needs to be addressed. Permanent veteran housing is reported on in many other reports but this recent report does not mention this type of permanent housing. This permanent housing is for married or singles and it has not been touched. There are 8A funds available from HUD that is not being tapped into.
- Assisted living for an aging veterans population does not exist. There are several areas that have an absence of employment retention for veterans.
- There should be creation of safe housing for women survivors of MST. There are women who are house bound due to some of these issues.
- Explore the Oxford House concept for veterans
- Coordinated entry , creates a log jam for eligibility
- More support for homeless vets. Increase attention to prevention funds
- Housing for elderly veterans, assisted living/supportive housing for non or moderately disabled veterans
- Family housing
- Specific housing for female vets
- Younger MH compromised – severely disabled
- Better matching of resources with needs
- Improve the grant per diem process
- Eliminate geographic barrier to completing the assessment for the VA Grant and Per Diem Program (Renton is not accessible)
- More permanent housing
- Need more transitional/emergency housing options (they are currently always full
  - Also recommend a different location from Booth, not conducive for veterans with PTSD or substance use disorder (something outside of the downtown core).
- Need policy level changes regarding housing and CD treatment
  - Both are lacking
  - Not enough CD treatment through the VA and the community based treatment could be made available
  - Not enough housing available, emergency, transitional or permanent.

### **Benefits**

- Cut down on the information coming into smaller more efficient answering services. There should be subject matter experts once you call in rather than a single person responsible for providing all sorts of info (housing, dental, MH, etc.).
- Expand recognition of the veterans benefits card
- Define what programs take Other Than Honorable discharge status vets
- Make it easier to get a VA card.

- There has to be a communications plan so that everyone knows what’s going on with this plan.
- There has to be a diverse population that is responsive to the local community.
- Have only one application for all county service providers
- Get the claims finalized, secured in a responsible time
- Expand the regional capacity to process applications at the approval level
- Granting should use ‘presumptive’ eligibility
- Overcome barriers that keep the system log jammed.
- Review approaches/issues of the Other Than Honorable access to benefits and King County resources
- Use more veterans to help assist others access benefits through their experiences
- Make the process faster, it takes too long
- Make presumptive determinations/eligibility
- Think outside of the box and try something new to get veterans through the claim process quicker (try something like the SSA SOAR, but with the VA compensation).
- Partner with VSOs on benefits

### **System Mapping and Gap Analysis**

- Part of gap analysis is looking at who is providing what and sharing information. There has to be service connection.
- Hard time determining exactly what DOD is providing locally
- Mapping the “systems of care” Military, Veterans, Community and Education
- Understand perception versus reality
- Engaging the FRC
- Welcome home strategies – technology
- Support from caregivers
- Follow-up path for vets and families
- Identify populations by need/vulnerability
- Gaps: Populations that have access versus those who do not
- Be aware of the distinctions between the system priorities and the reality of veteran needs...who connect and who doesn’t
- Deep outreach piece – HOST 6-8 months of contact to get people to talk to them
- The system feels very “Grass Roots”. Better system maps and professional coordination
- Identify what’s needed before undertaking the one-stop
- Include veterans involved in the justice system and other than honorable veterans
- Include services for families

### **One stop – What’s needed?**

- It has to work with the human services side as well. The hub will start to connect those resources that are so scattered.
- Look at the model that the City of Auburn is creating (Veterans and Human Services One-Stop)
- The one stop shop cannot be in just one location, don’t forget the spokes in the hub and spoke model.
- Adequate staffing, attention to work load, case load
- More than one location, avoid bottlenecks and overcome geographic barriers
- Get everyone to participate, overcome geographic commitments of services (i.e. leases and space)

- Who's in charge...get buy off from participants
- Buy off and support from Cities /community leadership
- Incorporate metrics of effectiveness
- Proactive transition from service follow up with discharged soldiers
- Veterans serving veterans
- Welcome home project
- No wrong door perspective
- Need to build the ability for it to be a place to “hang out”
- Should be at multiple locations
- Create a “no wrong door” concept in every community, perhaps in partnership with VSOs and local providers. We cannot give the response that “we don’t do that here”
- VA is pushing nationally to provide space for legal civil aid, no space in Seattle, look for local providers and the county could coordinate this, the need is here and many attorneys are willing to donate their time, but the coordination is needed
- Like the HUB concept
- Regionalizing Services
  - HUB services here (multiple locations) and in other counties across the state.
  - Create a network of HUBs so that veterans/families can access what they need through other HUBS regardless of county/location.
  - They like the concept of the VAPP
- Like the HUB concept
- Has the county talk to the City of Renton about hosting a One-Stop in their city

*(this page intentionally blank)*



## Appendix 7: Introduction to Inventory and Maps

When reviewing the service system inventory and system maps, there are several important things to know:

- The services in both the map and the inventory are those that are specifically designed for veterans. There are other services available that might also serve veterans, but do so as part of the broader population they serve.
- The system is organized as a continuum with three objectives: Crisis Response/ Intervention, Stability Support and Solutions, and Long-Term Support/Self-Sufficiency.
- The color code of each project title indicates who (by level) manages the project/provides the service: Community provider (Green), King County provider (Blue), Washington State (Purple), and Federal (Red).
- The project names enclosed in ovals indicate projects that help clients move through the system, span objectives and provide navigation support, or help clients develop a pathway through the system.
- The project names enclosed in boxes indicate service types and outputs.

Project/ Service Title	Lead Agency	Service Description	Population Focus	Estimated Annual Clients	Estimated Annual King County Budget
<b>Information &amp; Referral</b>					
211 - Community Information Line	Crisis Clinic	Community Information Line has veterans resources and is likely the initial go to for military families	Veterans	3,600	\$50,000
National Veterans Resource Hotline	VHA	24/7 Phone Access to Trained Counselors. Dedicated Coordinator at Puget Sound Health.	Homeless Vets	950	
King County Veteran Hot Line	WDVA	Veterans Phone Resources with Personal Follow-Up to Ensure Linkages	Veterans	984	\$100,000
Online & Mobile Information, Referral, and Navigation	Multiple	Websites and Online/ Mobile Apps That Provide Information to Veterans and Families on Who Provides What and Where to Access Benefits and Services (Military OneSource, National Military Family Association, Operation Military Family, TA Online...)	Veterans		
Outreach to Separating Service Members	WDVA	Welcome Letter Signed by Governor, with Contact Information for Services and Benefits - for Recently Discharged Honorable & General Under Honorable Veterans	Recently Discharged	871	
			<i>Sub-Total</i>	<i>6,405</i>	<i>\$150,000</i>
<b>Crisis Response/ Intervention</b>					
<b>Drop In Center (s)</b>					
Seattle One-Stop - Community Resource & Referral Center (CRRC)	VHA	Co-location of Health, Behavioral Health, Housing, Employment, Benefits and Education Agencies Under One Roof	Homeless, Mental Health/ Chemical Dependency Diagnosed	To Be Launched	

Project/ Service Title	Lead Agency	Service Description	Population Focus	Estimated Annual Clients	Estimated Annual King County Budget
Vet Center - Seattle and Federal Way	VHA	PSTD/ MST Counseling and Intake Site for Combat Veterans in Seattle & Federal Way.	Combat Veterans from Specific War Eras	2,655	
			<i>Sub-Total</i>	<i>2,655</i>	
<b>Outreach &amp; Engagement</b>					
Homeless Veteran Street Outreach (Veterans Reintegration Project)	WDVA	Seattle Outreach Project for Homeless Veterans	Homeless Vets	173	\$84,000
VBA Homeless Veterans Outreach Project	VBA	Provides Outreach & Entry Point for Homeless Vets to Access Benefits	VBA Eligible Homeless Vets		
Healthcare for Homeless Veterans (HCHV)	VHA	Provides Outreach & Entry Point for Homeless Vets to Access Services Available Under Special Circumstances. Contract with Residential Treatment Program.	Homeless Vets	507	\$852,277
Outreach to Veterans of Color and Women Veterans	CSD	Outreach to Women and Minority Veterans (two community contractors)	Minority & Women Veterans	220	\$225,000
KCVP Satellite Site Outreach	EER	22 Sites Providing Outreach to Underserved Geographic Areas	Veterans	497	\$266,500
			<i>Sub-Total</i>	<i>1397</i>	<i>\$1,427,777</i>
<b>Outreach &amp; Engagement: Family Support</b>					
National Guard Military Family Outreach	WDVA	Outreach to Washington State National Guard Families and Service Members	King County Reserve & National Guard Families	383	\$174,000

Project/ Service Title	Lead Agency	Service Description	Population Focus	Estimated Annual Clients	Estimated Annual King County Budget
Veteran Conservation Corp: TBI Veteran & Military Family Outreach	WDVA	Information & Training on Traumatic Brain Injury (TBI) Delivered in 70 Sites and to 1,500 Vets, Families & Providers Statewide. Resulted in 76 Vets Enrolling in TBI Services	Families	300	\$60,000
			<i>Sub-Total</i>	<i>683</i>	<i>\$234,000</i>
<b>Emergency Housing Assistance</b>					
KCVP Contracted Shelter and Transitional Housing Services	CSD	Provide Homeless Veterans Shelter while Working on Longer Term Solutions (2 providers)	Homeless Vets	318	\$558,872
VHA - Contracted Shelter and Transitional Housing Services	CSD	Provide Homeless Veterans Shelter while Working on Longer Term Solutions	Homeless Vets		\$380,000
Housing Stability Program (HSP)	CSD	Rental Assistance for Veterans Facing Eviction or Formerly Homeless and Moving into Housing	Homeless & At Risk of Homeless Vets	384	\$400,000
Grant and Per Diem Program	VHA	Provides Transtional Supportive Housing vouchers up to 24 months or Case Management, Education, and Counseling for Homeless Veterans	Homeless Vets	274	\$3,450,000
			<i>Sub-Total</i>	<i>976</i>	<i>\$4,788,872</i>
<b>Emergency Financial Assistance</b>					
KCVP Financial Assistance	KCVP	Emergency Financial Assistance, Coupled with Case Management and Referrals to Overcome Financial Instability	Vets At-Risk of Eviction	1,680	\$1,100,000
Veterans Innovation Program	WDVA	One-Time \$1,000 Assistance to Veterans Families Facing Hardship and Community Grants to Help Veterans & Spouses Find Living Wage Jobs	Low Income & At-Risk of Homelessness	40	\$61,050

Project/ Service Title	Lead Agency	Service Description	Population Focus	Estimated Annual Clients	Estimated Annual King County Budget
Operation Homefront (OHF)	OHF	Food Assistance, House Repair, Moving Assistance, Housing Essentials, Financial Assistance, Travel & Transportation Assistance, and Vision Care	Low Income Veteran Families		
			<i>Sub-Total</i>	<i>1,720</i>	<i>\$1,161,050</i>
<b>Legal</b>					
Veterans Legal Assistance Program	NWJP	Pro Bono Attorney Services Veterans	Justice Involved Veterans	264	\$20,000
			<i>Sub-Total</i>	<i>264</i>	<i>\$20,000</i>
<b>Health Services - Homeless or Crisis</b>					
Homeless Veterans Dental Program	VHA	Dental Care for Homeless Vets	Homeless Vets in VHA Programs	390	\$787,304
Homeless Veteran Respite Beds	VHA	Respite beds for sick veterans on the street or in emergency shelter	Homeless Vets in VHA Programs		
Medical Emergency & Urgent Care	VHA	24-Hour Emergency Room Available at Seattle Division for Life-Threatening and Urgent Care	VHA Eligible Veterans	Included in VA Puget Sound Primary & Specialty Care	
			<i>Sub-Total</i>	<i>390</i>	<i>\$787,304</i>
<b>Behavioral Health - Crisis</b>					

Project/ Service Title	Lead Agency	Service Description	Population Focus	Estimated Annual Clients	Estimated Annual King County Budget
Crisis Clinic Suicide Help and Crisis Resources Hotline	Crisis Clinic	Telephone-Based Crisis Intervention and Information and Referrals to Community Services. Offer emotional support to those in crisis or considering suicide through our 24-Hour Crisis Line.	Experiencing Mental Health Crisis		
National Veterans Crisis/ Suicide Prevention Hotline	VHA	Crisis Call Center to Provide 24X7 Counseling to Veterans (via Phone Based and Online Chat)	Experiencing Mental Health Crisis		
			<i>Sub-Total</i>		
<b>Stability Support/ Solutions</b>					
<b>Assessment &amp; Case Management</b>					
HUD-VASH Case Management	VHA	Provides Case Management to HUD-VASH Voucher Recipients & Connects them to Supportive Services, including Homeless Patient Aligned Care Teams (HPACT)	Chronically Homeless	530	\$277,942
King County Veterans Program (KCVP) - Assessment and Case Management	EER	Comprehensive Assessment, Case Planning and Linkages to Stabilization Resources	King County Veterans	2,430	\$3,259,628
Veterans Incarcerated Program (VIP)	WDVA	Also Called Veterans Incarcerated Re-entry Project. Outreach to Veterans Involved in the Regional Justice System	Justice Involved Veterans	180	\$150,000
Homeless Veterans' Reintegration Program (HRVP)	WDVA	Provide Case Management, Outreach, and Referral to Place Homeless and Formerly Homeless Veterans. Funded by DOL	Homeless	32	\$55,360
King County Regional Veterans Court	MHCADSD	Also Called Emerging Programs for Justice Involved Veterans. With Focus on Rehabilitation, Connects Eligible Veterans to Treatment and Counseling Services Available through Local Providers and VA	Justice Involved Veterans	37	\$100,000

Project/ Service Title	Lead Agency	Service Description	Population Focus	Estimated Annual Clients	Estimated Annual King County Budget
			<i>Sub-Total</i>	3,209	\$3,842,930
<b>Benefits Assessment &amp; Navigation</b>					
Veterans Affairs Regional Office (VARO)	VBA	Veterans Benefit Administration's Regional Office and In-Take Site in Seattle. Provides Claims Assistance	Veterans	2,488	
Transitioning Warrior Project	WDVA	Also Called Warrior Transition Battalion and Reintegration Action Plan. WDVA Staff On-Site at JBLM to Provide Claims Assistance to Separating Service Members	Recently or Soon to be Discharged	171	\$200,000
Veteran Service Officers	WDVA	Officers Contracted by WDVA Who Help Veterans Navigate Through the Process of Enrolling in VA Benefits And Filling Out the Applications (31 Officers)	Veterans	575	\$320,000
Veterans Disability & Claims Support Program	WDVA	Claims Assistance to Veterans and Widows to Help Them Enroll in VA Health and Benefits, and for Vets on Medicaid to Enroll them in VA Benefits	Low Income & Families	1,194	
Veteran Conservation Corp: VET CORP	WDVA	On-Campus Reps that Help Launch College Clubs and Resource Centers, Help Vets Navigate Education Benefits, Provides Referrals to WDVA	Seeking Higher Education	1,801	\$195,000
			<i>Sub-Total</i>	6,229	\$715,000
<b>Housing/Housing Support Services</b>					
HUD-VASH Vouchers	VHA	Provides Housing Choice Voucher (HCV) Rental Assistance through Contracted Providers	Homeless Vets	530	\$2,288,950

Project/ Service Title	Lead Agency	Service Description	Population Focus	Estimated Annual Clients	Estimated Annual King County Budget
Housing Capital	CSD	Build Veterans Specific Housing (with Dedicated Units for Vets)	Homeless, Special Needs, Low Income Vets	265	\$1,325,000
Housing Support Services	CSD	Support Services in Permanent Housing Projects (9 programs)	Homeless, Low Income & Special Needs	287	\$375,000
Supportive Services for Veteran Families (SSVF) Program	CPC, CCS, YWCA	Financial Assistance in Paying Rent/ Utility and Daily Living Expenses, Case Management, Transportation, and Legal Services. Funded by SAHMSA	Homeless & Low Income	280	\$1,020,117
Forensic Intensive Supportive Housing (FISH)	SMH	Permanent Supportive Housing (Housing First Approach) Providing Integrated Dual Disorders Treatment, Case Management, Trauma Informed Care, Forensic Peer Support, and Vocational Training	Homeless Vets with Mental Illness or Co-Occurring Disorders	18	\$207,000
			<i>Sub-Total</i>	<i>1,380</i>	<i>\$5,216,067</i>
<b>Behavioral Health</b>					
Health-Behavioral Health Integration for Veterans	SKCPH	Outreach, Screening for PTSD and Mental Health Needs, and Mental Health Treatment for Vets and Families Integrated into Primary Care Setting	Veterans and Family Members	734	\$600,000
Project THRIVE	CPC	Treatment, Housing, Resources and Interventions for Veterans Empowerment for Homeless Vets with Co-Occuring Disorders	Homeless & Special Needs	380	\$350,000
Contracted Post Traumatic Stress Disorder/ Military Sexual Trauma Treatment	WDVA	Community Based Treatment Providers Contracted for PTSD/MST Services for Veterans and Family Members	Veterans and Family Members	558	\$400,000



Project/ Service Title	Lead Agency	Service Description	Population Focus	Estimated Annual Clients	Estimated Annual King County Budget
Post Traumatic Stress Disorder/ Military Sexual Trauma Treatment	VHA	Counseling and Treatment for PTSD/ MST, by Therapists Trained in Working with Trauma and Female Patients	VHA Eligible Veterans		
Veteran Justice Outreach Program	VHA	Provides Referral and Placement in Mental Health Treatment/Housing, to Incarcerated and Formerly Incarcerated Vets through Justice Outreach Coordinator	Justice Involved Veterans		\$233,739
Mental Health Program	VHA	Counseling and Treatment for Substance Abuse/ Addictive Behaviors, Depression, and Anger/ Stress Management. In-Patient and Out-Patient Setting and with Contracted Providers	VHA Eligible Veterans		
Substance Abuse Disorder (SUD) Center of Excellence	VHA	Provides Opioid Treatment in 24-Hour Care Residential (4 Beds Dedicated) Intensive Outpatient, and Standard Outpatient Setting	VHA Eligible Veterans		
Mental Health Residential Rehabilitation Program (MHRRP)	VHA	Also Called Domiciliaries. Puget Sound VA Refers King County Veterans to American Lake for 30-day Mental Health & Substance Abuse Treatment Programs (40 Out of 64 Beds Filled by King County Vets)	VHA Eligible Veterans	480	
Program to Encourage Active Rewarding Lives for Seniors (PEARLS)	SKCADS	Depression Intervention for Seniors, Including Veterans and Their Spouses (Provided by Seattle King County Aging & Disability Services)	Elderly Veterans	42	\$112,000
Veteran and Trauma Competency Training	WDVA	Group training for King County service professionals on PTSD, MST and military culture	Community Based Providers	1,989	\$200,000
Military Family Counseling	WDVA	Mental Health Treatment for Veterans Family Members	Families of Veterans		\$100,000
			<i>Sub-Total</i>	<i>3,449</i>	<i>\$1,395,739</i>

Project/ Service Title	Lead Agency	Service Description	Population Focus	Estimated Annual Clients	Estimated Annual King County Budget
<b>Community Employment and Education</b>					
Veterans Aerospace Employment Initiative	EER	Comprehensive Employment and Training Services in Aerospace Job Skills and Linkages to Aerospace Jobs	Unemployed	Began 9/2012	\$771,912
Veterans King County Internship Program	DHR	Internship Opportunities for Veterans with King County	Unemployed	15	\$66,667
Homeless Veterans Employment and Training	EER	Comprehensive Employment and Training for veterans – Contracted (with YWCA Opportunity Place & Others) and provided through Community Connections and WorkSource	Homeless	143	\$240,000
Homeless Veterans Supportive Employment Program	VHA	Provides Employment Assistance, as Part of Integrated Care that Helps Homeless Vets Stabilize	Homeless		\$371,960
Veteran Conservation Corp: King County	WDVA	Internship, Volunteer, and Community Service Opportunities Related to Conservation Projects in King County	Seeking Higher Education	405	\$125,000
Wounded Warrior Project (WWP)	WWP	Rehabilitation, Vocational Training, and Employment Services for Disabled Veterans Post 9-11	Disabled Post 9/11 Veterans		
Vocational Training, Apprenticeship & License Programs	CBOs	Programs Provided by Community Based Organizations (CBOs) like Veterans in Construction & Electrical (VICE), Helmets to Hard Hats, Boots to Shoes, Troops to Teachers, and Commercial Truck Drivers Military Training Certificate	Unemployed		
Corporate Veteran Employment, Internship, and Job Fairs	Businesses	Organizations like Hire America's Heroes and United Way King County and Companies like Boeing, Starbucks, Amazon, Home Depot, Walmart, Microsoft, T-Mobile, and Macy's that Promote Hiring of Veterans and Connect Employers and Vet Job-Seekers	Unemployed		
			<i>Sub-Total</i>	<i>563</i>	<i>\$1,575,539</i>

Project/ Service Title	Lead Agency	Service Description	Population Focus	Estimated Annual Clients	Estimated Annual King County Budget
<b>Veterans Education Benefits</b>					
Post 9-11 GI	VBA	Tuition Benefits, Monthly Housing Stipend, & Supplies Stipend up to 36 Months for Honorably Discharged Veterans with Eligible Length of Service	Seeking Higher Education	13,384	\$180,643,848
Post 9-11 GI: Transfer to Eligible Dependents	VBA	Post 9-11 GI Bill Allows Transfer of Unused Benefits to Eligible Dependents of 100% Disabled or Deceased Veterans	Post 9/11 Veteran Family Members	1,393	\$9,400,661
Montgomery GI - Active Duty (MGIAD)	VBA	Tuition Benefits up to 36 Months High School Diploma/ GED - in Approved Training Program. Provided for those who Entered before January 1, 1977 or June 30, 1985, with Varying Requirements in Length of Service	Seeking Higher Education	16,669	\$126,301,013
Montgomery GI - Select Reserve (MGISR)	VBA	Tuition Benefits up to 36 Months for National Guard/ Reservist with Eligible Length of Service and High School Diploma/ GED - in Approved Training Program	Seeking Higher Education	428	\$1,185,132
Veterans Retraining Assistance Program (VRAP)	VBA	Tuition Benefits up to 12 Months for Unemployed Vets Age 35 - 60 , who are not Eligible for other Education Benefits	Unemployed Cold War Era Veterans	1059	\$9,359,442
Reserve Education Assistance Program (REAP)	VBA	Tuition Benefits up to 36 Months for National Guard/ Reservist with Eligible Length of Service after Sept 10, 2001	Post 9/11 Reserve & National Guard	247	\$1,060,865
Survivor and Dependent Educational Assistance (DEA)	VBA	Also Called Chapter 35. Provide Education and Training Benefits to Eligible Veterans' Families.	Families	2618	\$19,629,764
Vocational Rehabilitation & Employment (VRE) / Vet Success	VBA	Job Training, Employment Coaching, Employer Incentives, Case management, and Housing Referrals for Honorably Discharged Vets with Service-Connected Disability	Service Connected Disabled Veterans	567	\$1,591,294
			<i>Sub-Total</i>	<i>36,365</i>	<i>\$349,172,018</i>

Project/ Service Title	Lead Agency	Service Description	Population Focus	Estimated Annual Clients	Estimated Annual King County Budget
<b>Long-Term Support/ Self-Sufficiency</b>					
<b>Information &amp; Referral</b>					
Veteran Owned Business Registry	WDVA	Promotes Veterans' Businesses by Listing Them on Website. 700 Businesses Registered in WA 2010.	Busines Owners	397	
Peer Support Through Veterans Service Organizations	VSO	Veteran Service Organizations Provide Peer Support, Information Resources, Advocacy, and Events. (8 Organizations in King County)	Veterans		
			<i>Sub-Total</i>	<i>397</i>	
<b>Housing</b>					
VA Home Loan Guaranty	VBA	VA Guarantees Home Loans for Honorably Discharged Veterans. Loans Are Issued from Approved Banks/ Lending Institutions	Home Purchasers	2,682	\$14,488,813
			<i>Sub-Total</i>	<i>2,682</i>	<i>\$14,488,813</i>
<b>Financial</b>					
VA Disability Compensation	VBA	Monthly Financial Benefit for Honorably Discharged Veterans with Service-Connected Disability	Disabled	13,967	\$12,064,781
VA Pension	VBA	Monthly Financial Benefit for Low-Income Veterans 65 Years and Older or Disabled, with Eligible Length of Service	Elderly & Disabled	1,274	\$1,111,281

Project/ Service Title	Lead Agency	Service Description	Population Focus	Estimated Annual Clients	Estimated Annual King County Budget
VA Life Insurance & Indemnities	VBA	Several Life Insurance Policies for Veterans & Families. Indemnity Benefits Provided to Eligible Survivors of Military Servicemembers who Died in Line of Duty or from Service-Connected Injury or Disease	Veterans	546	\$11,430,000
Discounted & Free Passes for Disabled Veterans	WDVA	Discounted & Free Passes to Washington State National Parks, Hunting & Fishing Licenses, Public Transportation, and Vehicle License Fees	Veterans		
Veterans Estate Management Program	WDVA	Fiduciary/ Payee Services to Disabled Veterans Needing Help in Managing their Financial Affairs and Meeting Basic Needs	Low Income, Disabled, Incarcerated	135	\$183,263
Property Tax Relief	KC Assessor	Exemptions on Property Tax for Disabled, Low Income Veterans or Surviving Spouses who are Disabled and Low Income.	Low Income, Elderly, Disabled		
			<i>Sub-Total</i>	<i>15,922</i>	<i>\$24,789,325</i>
<b>Health</b>					
VA Puget Sound Primary & Specialty Health Care	VHA	Provides Community-Based Outreach Clinics in 5 Locations, Immunizations, Physical Exams, Cancer Screening, Disease Prevention & Treatment, Surgery, Wellness Programs, Oncology, Spinal Cord Injury/ Traumatic Brain Injury Treatment, Physical Rehabilitation, Pharmacy, and Women's Health	VHA Eligible Veterans	18,802	\$207,821,000
			<i>Sub-Total</i>	<i>18,802</i>	<i>\$207,821,000</i>
<b>Long-Term Care</b>					
Community Nursing Homes	VHA	Providers Contracted with VHA to Provide Residential Setting for Vets to Live Full Time and Receive Skilled Nursing Care 24X7	Special Needs	133	\$3,666,667
Home Health Aide Care	VHA	Home-Based Service Providers Contracted with VHA to Provide Case Management, Medical Services, Counseling, and Daily Living Assistance	Special Needs	117	\$1,266,667

Project/ Service Title	Lead Agency	Service Description	Population Focus	Estimated Annual Clients	Estimated Annual King County Budget
Adult Day Care	VHA	Providers Contracted with VHA to Provide Activities, Lunch, Transportation, and Light Case Management to Elderly Vets	Special Needs	1,669	\$225,000
VA Nursing Homes	VHA	Also Called VHA Community Living Center. Provides 24x7 Skilled Nursing Care, Restorative Care, Case Management, and Geriatric Evaluation. Colocated in Seattle Division Medical Center	Special Needs	231	
State Veterans Homes	WDVA	Veterans in King County are Referred to State Veterans Homes, which are Located Outside King County. Locations: Orting, Retsil, Spokane, Walla Walla (new).	Special Needs		
			<i>Sub-Total</i>	<i>2,150</i>	<i>\$5,158,333</i>
<b>Burial: Family Support</b>					
Tahoma National Cemetary & Burial Services	NCA	Tahoma National Cemetary in Kent Provides Burial Site. Services Provided by National Cemetary Administration (NCA) Include Military Funeral Honors, Government Headstones, Burial Flags, and Burial Allowances for Eligible Families	Families		
Funeral Honors	WDVA	Honor Guard Deployed to Provide Honors to Veterans Who Otherwise Would Not Receive Them, Through Sale of Armed Forces License Plates (Veteran Stewardship Account)	Families	62	\$50,000
			<i>Sub-Total</i>	<i>62</i>	<i>\$50,000</i>

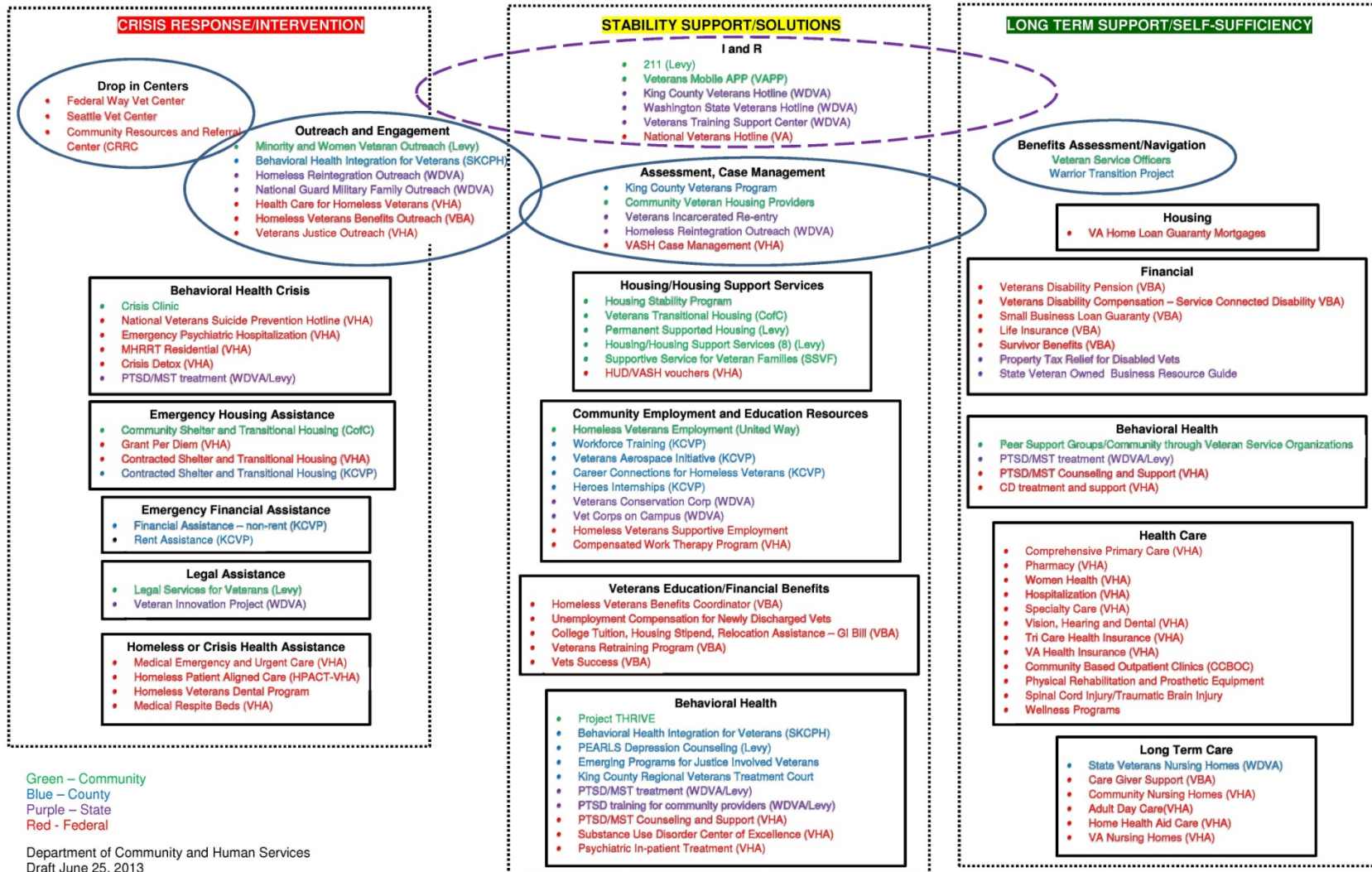
Legend: Acronyms for Lead Agency:

CBOs = Community-Based Organizations. CPC = Community Psychiatric Clinic. CCS = Catholic Community Services. CSD = Community Services Division - King County DCHS. DHR = King County Department of Human Resources. EER = Employment and Education Resources - King County DCHS. KCVP = King County Veterans Program. MHCADSD = Mental Health Chemical Abuse Dependency Services Division - King County DCHS. NCA = National Cemetery Administration - Federal VA. NWJP = Northwest Justice Project. OHF = Operation HomeFront. SKCADS = Seattle King County Aging & Disability Services. SKCPH = Seattle King County Public Health. VBA = Veteran Benefits Administration - Federal VA. VHA = Veteran Health Administration - Federal VA. VSO = Veteran Service Organization. WDVA = Washington Department of Veterans Affairs. WWP = Wounded Warrior Project.

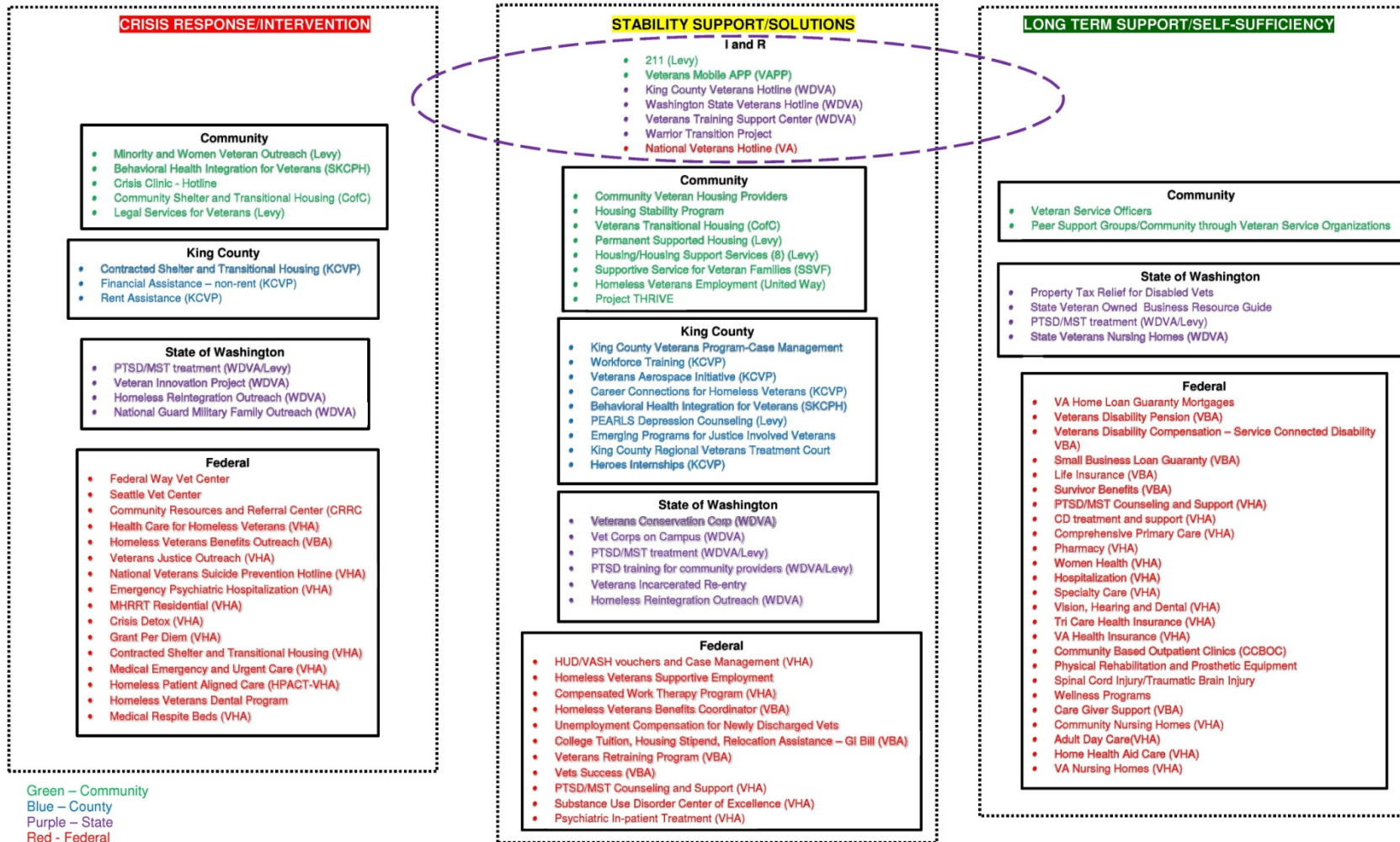
2. Note: Light green shaded entries also appear in "Status of Veterans and Veterans Services in King County - 2012" and "King County Veterans & Human Services Levy 2011 Annual Report"

Appendix 8: System Maps

KING COUNTY VETERANS SERVICE SYSTEM MAP - OVERVIEW

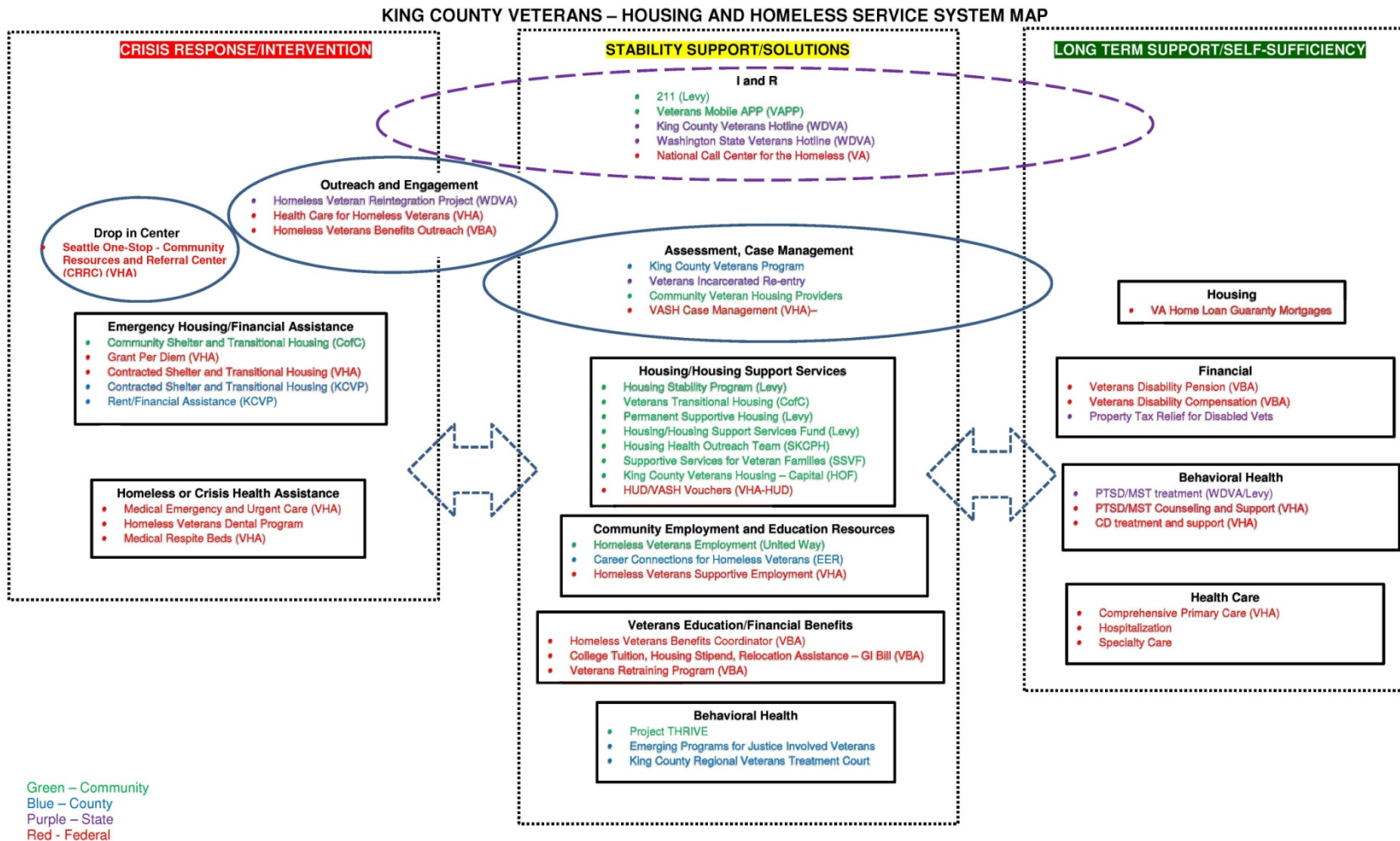


**KING COUNTY VETERANS SERVICE SYSTEM MAP - PARTNERSHIPS**

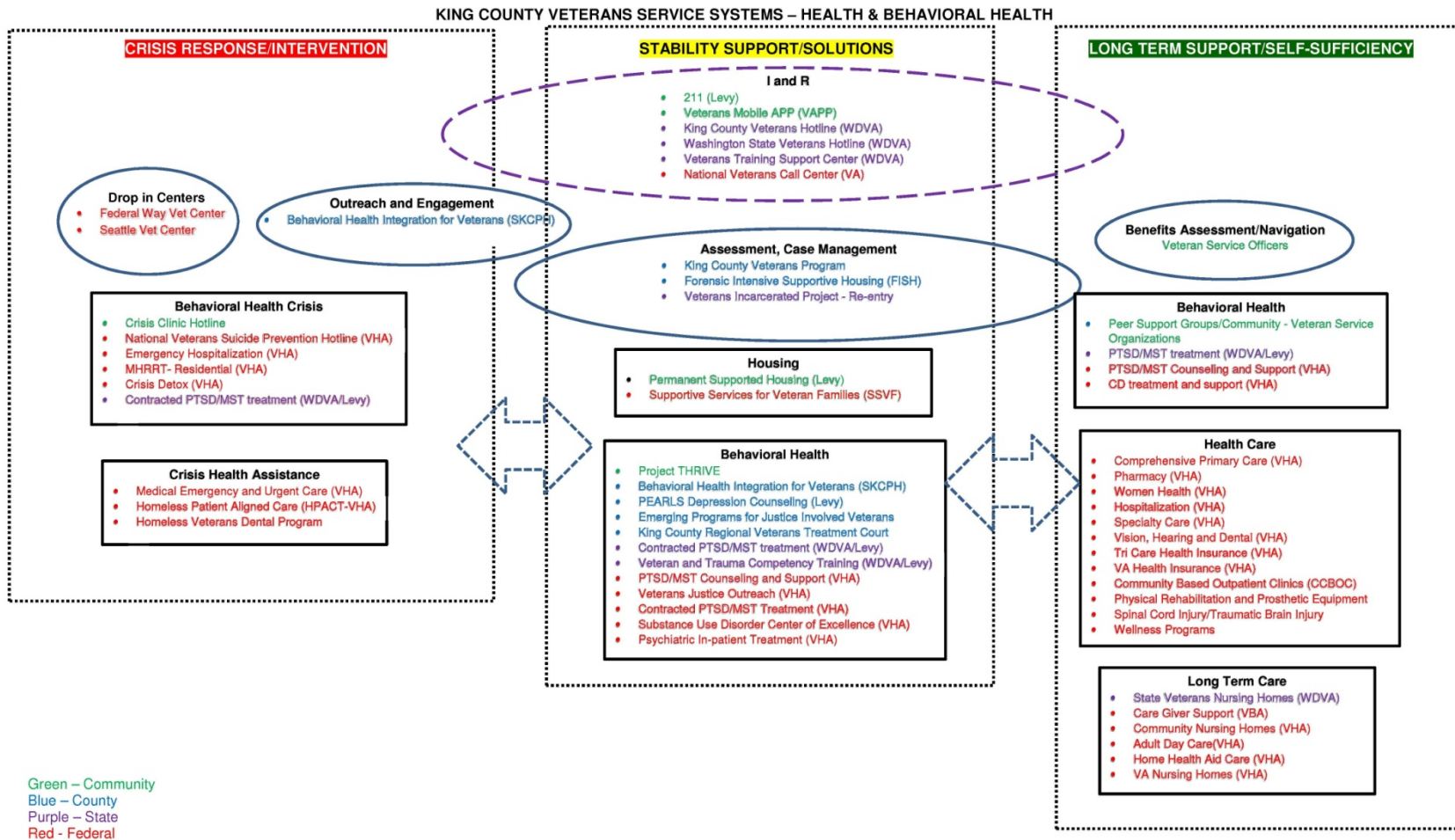


Veterans System Map # Two – Veteran Service Partnerships  
 Draft June 25, 2013

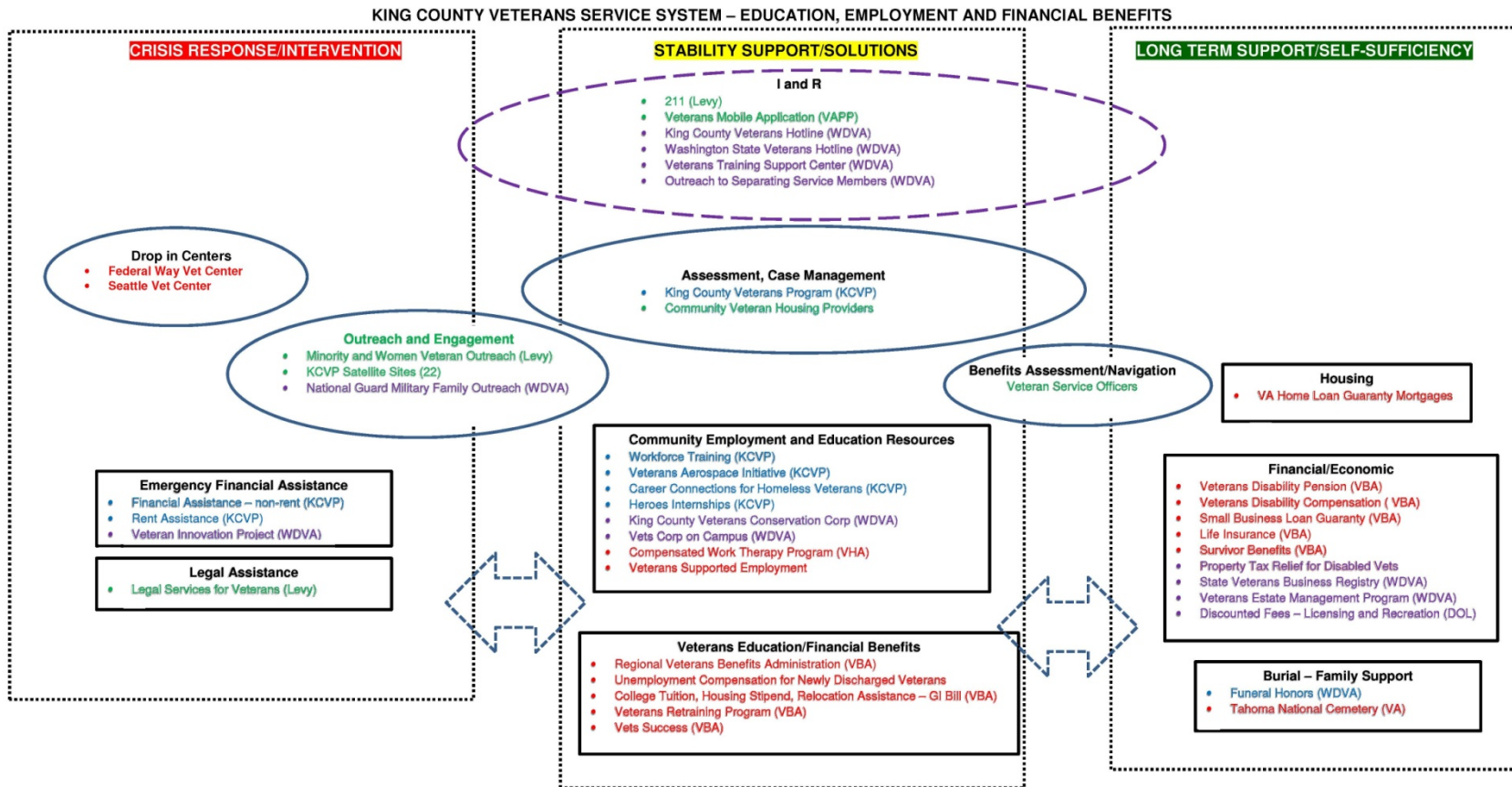




Veterans System Map # Three – Housing and Homelessness Services  
 DRAFT 6/25/2013



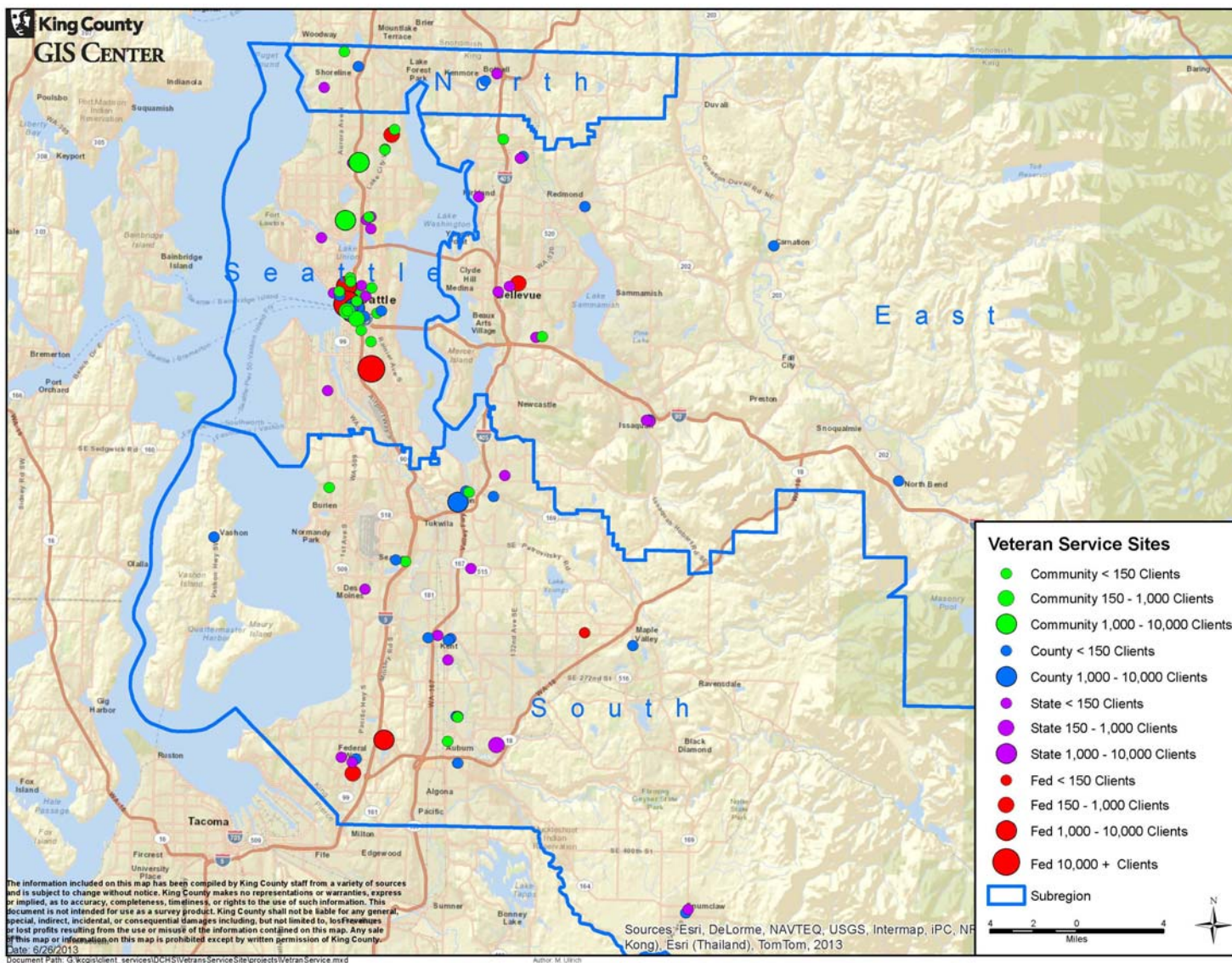
Veterans System Map # Four – Health/Behavioral Health Services  
 DRAFT 6/25/2013

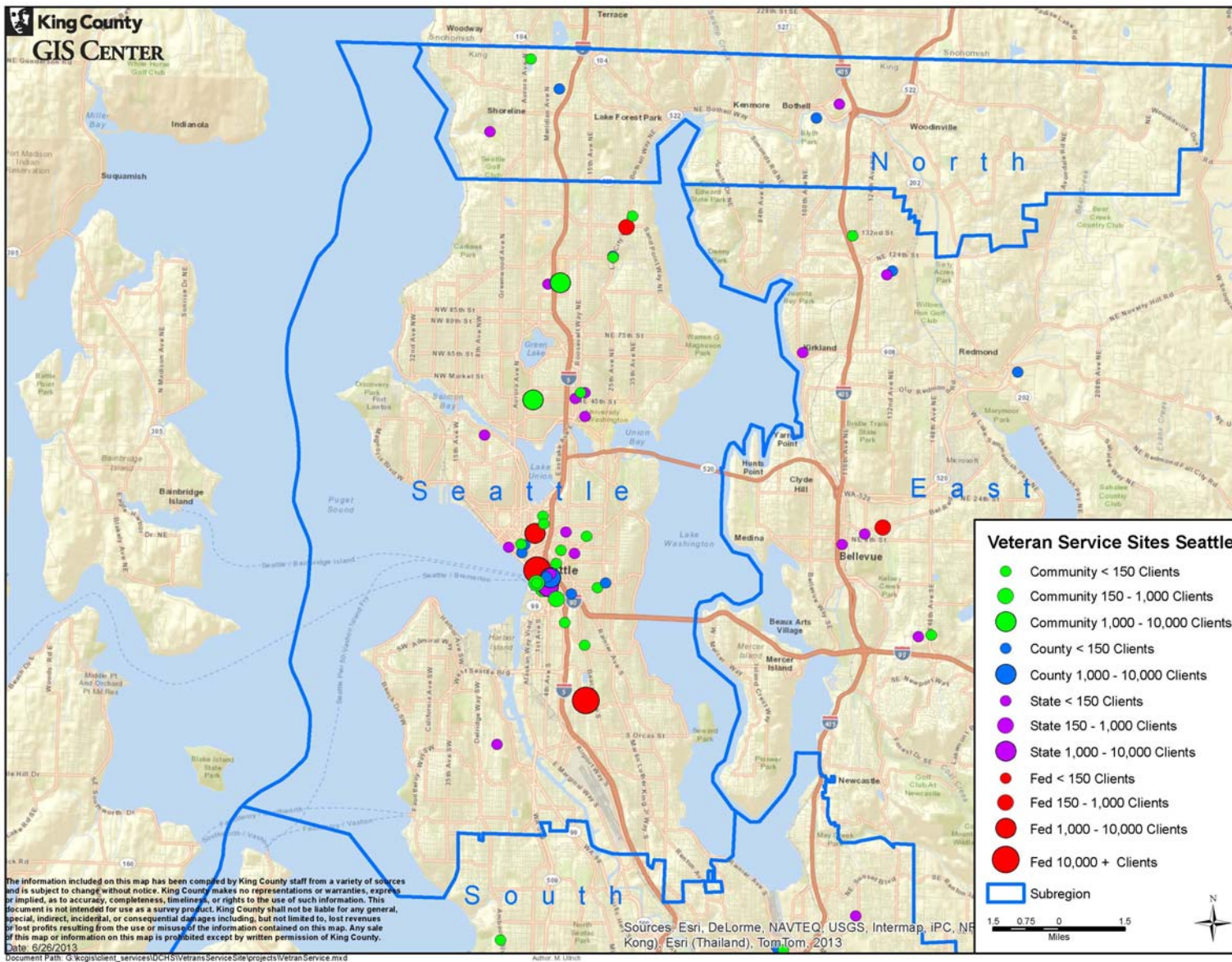


Veterans System Map # Five – Education, Employment, and Financial Benefits  
 DRAFT 6/25/2013

*(this page intentionally blank)*

Appendix 9: Map of Veteran Services Sites





Appendix 10: Graphic of Coordinated, Seamless Services System



*(this page intentionally blank)*



Appendix 11



## 2013-2015 Implementation Plan for the Regional Veterans Initiative

Project Profile	
<b>Scope</b>	<p>The Regional Veterans Initiative (RVI) Implementation Plan represents the actions to be taken in order to realize the vision and goals of the King County Veterans Initiative Report and Recommendations.</p> <p>The long term overall objective is to improve access to services for all King County veterans and their families by reducing fragmentation, and improving coordination between existing King County community-based veteran services providers and essential county, state and federal partners. Additionally, the RVI will provide assistance that helps veterans navigate the myriad of eligibility requirements and benefits available to them from these systems.</p> <p>The RVI will implement action steps that will result in standardized tools, standardized resources, service agreements, increased community awareness and aligned policies that will improve access to, and coordination of services for veterans and their families in King County.</p> <p>King County will provide leadership and resources to implement the RVI in a two-year period through December 2015. The implementation will focus on two stages of effort (1) identify what exists, and (2) coordinate what exists.</p> <p>King County will provide temporary staffing and resources to expand and enhance veterans’ system inventories, mapping, and information tools that improve understanding of the current systems; and improve the ability of providers and clients to navigate them.</p> <p>King County will also provide resources to convene funders, stakeholders, providers, veterans and family members in workshops that will increase provider and consumer awareness, improve coordination between services, and broaden the reach of services to underserved sectors of the regional veteran populations.</p> <p>King County will use its regional leadership to improve alignment of services and policy with major funders, service providers, and veteran advocates at the state and federal levels.</p>

<b>Project Profile</b>				
<b>Project Sponsor, Project Owner</b>	Carrie Cihak (Sponsor), Jackie MacLean (Owner)			
<b>Duration</b>	24 months			
<b>Project Manager</b>	Pat Lemus ( interim)/Regional Veterans Coordinator 24 month Term Limited Temporary (TLT)			
<b>Staff Work Team</b>	Program Project Manager II (TLT), Representatives of King County Veterans Program (KCVP), King County Public Health, Community Services Division –Performance Management and Evaluation (CSD-PME).			
<b>RVI Technical Work Group</b>	Representatives from KCVP, Washington State Department of Veterans (WDVA), Veterans Health Administration (VHA), VBA, Compass Housing Alliance, CSD-PME			
<b>Policy Team</b>	Representatives: King County Executive’s Office; King County Council; VHA; Department of Community and Human Services’ Directors Office			
<b>Criticality</b>	Critical to improving service coordination between public, community based and private veteran service systems and increasing access to housing, health care, behavioral health, and employment for King County veterans and their families.			
<b>Complexity</b>	Medium			
<b>Span of Impact</b>	Primary impact will be increased coordination between state, county and King County community based veteran services to mainstream and U.S. Department of Veterans Affairs resources.			
<b>Current Stage</b>	Initiation	Planning x	Execution	Closeout
<b>Priority</b>	Scope <b>High</b>	Budget <b>Low</b>	Schedule <b>High</b>	

### Project Goal

The Regional Veterans Initiative supports King County’s commitment to improve residents’ health and human potential as stated in the King County Strategic Plan: “promote opportunities for all communities and individuals to realize their full potential”. To this end, the goals of the Regional Veterans Initiative are to:

1. Ensure that veterans and their families know about and are able to access a continuum of benefits, services, supports and opportunities to realize their full potential.
2. Develop a coordinated services system that provides seamless access for veterans and their families, and maximizes the use of regional resources.
3. Ensure that veterans have a voice in making improvements to the service system.

### Project Outcomes/Indicators

If successful, the Regional Veterans Initiative will accomplish the following overall outcomes for improving the lives of veterans and their families and transform the King County veteran services system:

1. ***Veterans and their families in King County will get the information and assistance they need in order to navigate the system, and secure the benefits and services they have earned and deserve. (Ties to Goals 1 and 2)***

Indicators include the number and percentage of veterans and family members who receive information and/or assistance and are then successfully connected with benefits or services, and the length of time between contact and successfully accessing benefits.

2. ***Major stakeholders and service systems will work together to overcome fragmentation and increase efficient access to resources by King County veterans and their families. (Ties to Goal 2)***

Indicators include the implementation of new service and communication initiatives, and memoranda of agreement that consolidate, increase coordination, or reduce redundancies among existing services and resources.

3. ***Veterans are active, valued contributors to the improvements made to veteran services system. (Ties to Goal 3)***

Indicators include the number and percent of veterans serving on RVI work groups, the number and percent of veterans employed as service providers, and the number and percent of veterans leading service improvement projects.

### Project Objectives/Action Steps

**Objective 1: Create the King County Veteran Services Network to improve the coordination of services and resources (September 2013 – December 2015)**

Create a coordinated network that provides timely information, assessment, referral and veteran system navigation to veterans and their families.

Action Steps:

- a. The Community Services Division – Performance Measurement and Evaluation unit (CSD – PME) will work with subject matter experts to refine systems mapping capabilities and create visual tools that assist multiple audiences (including veterans and their families) with understanding veteran services system. (December 2013)
- b. The RVI Veteran Services Network Coordinator will convene a taskforce of information and referral, outreach and case management providers, and veterans, to produce the tools necessary to ensure veterans and their families get consistent and effective information, services and access to resources. (December 2013) Additional taskforces (such as employment, behavioral health, and homelessness) may be convened depending on opportunity. (December 2015)
- c. The RVI, along with the King County Veterans Program, will work with veteran service providers to create and implement consistent screening, assessment and information tools to help service providers, veterans and their family members identify appropriate needs, opportunities and eligibility for services. (June 2015)
- d. The RVI will create a regional network of at least 10 “Veteran System Navigators” (VSN) who have been trained in consistent skills and tools to provide screening, assessment guidance, linkages and advocacy for veterans and families to get the services they have earned and deserve. (June 2014)

**Objective 2: Educate the community and providers about the countywide veteran services system to improve connections between and among service providers (September 2013 – June 2014)**

Educate the community and veteran service providers on the veteran services system, service inventories, and how to use service information tools to provide informed and effective services to their clients.

Action Steps:

- a. CSD – PME will create, maintain, and improve veteran services system maps and interactive service inventories to increase ease of use for service providers, veterans and community advocates in planning for and providing services. (December 2013)
- b. The RVI Veteran Services Network Coordinator will disseminate relevant service information tools, such as the veteran services system maps and inventory, to all veteran service stakeholders, as well as conducting trainings on their use. (December 2013)
- c. The RVI will conduct a minimum of five “Be the Connect” workshops to increase the capability of stakeholders, service providers and community members to work

### Project Objectives/Action Steps

together and better serve veterans and their families. (September 2014)

**Objective 3: Improve customer service and access to services for veterans and their families (September 2013 – December 2015)**

Improve customer service for veterans and their families by promoting a countywide ethos of honoring and supporting veterans wherever they may seek services or community support in the county and improving regional coordination of information and access to services.

Action Steps:

- a. Develop strategies to increase veteran participation and peer support opportunities. (December 2013)
- b. RVI Veteran Services Network Coordinator will work with contractors to provide a minimum of six trainings for King County staff and outreach and engagement contractors to provide “warm hand-offs” and ensure complete follow-through when making referrals. (March 2014)
- c. King County RVI will facilitate conversations to identify opportunities to integrate existing services with other community, state and federal service providers, where possible, offering essential services (access to benefits, emergency crisis services, behavioral health, etc.) with strong connections to geographically dispersed resources. Specifically they will:
- d. Identify priority services that would result in greater efficiency and improved client satisfaction if better integrated (June 2014)
- e. Look for opportunities to collaborate with other efforts, such as the health, human services and prevention transformation work, VA Community Resources and Referral Center, Auburn Veterans Center, and similar efforts. (Ongoing through December 2015)
- f. King County Veteran Service Network Coordinator and King County Veterans Program staff will work with all service providers to develop strong pathways and linkages to services for individuals who are geographically distant from service locations. Linkage strategies to be considered will include transportation, use of technology (such as tele-health), portable documentation, warm hand-offs, and prescreened eligibility and referral. (Ongoing through December 2015)

**Objective 4: Create a regional veterans information, public awareness and communication strategy (September 2013 – March 2014)**

Create and maintain an ongoing regional veterans information, outreach and communication strategy.

Action steps:

- a. Create “Veterans Count” as a one-stop interactive website and information portal containing:
  - (i) Interactive service system mapping,
  - (ii) Resource information, and

Project Objectives/Action Steps	
<p>(iii) Briefing papers on veteran status issues. (March 2014)</p> <p>b. Maintain current interactive data sets and links to assist stakeholders, policymakers, advocates, providers and veterans to become informed about veterans’ issues. (ongoing)</p> <p>c. The RVI Veteran Services Network Coordinator will work with King County staff to create and launch social media strategies to engage veterans, families and advocates in ongoing discussion and awareness efforts. (March 2014)</p>	
<p><b>Objective 5: Establish and conduct continuous improvement evaluation to measure performance, promote ongoing service improvement and support the long-term sustainability of the initiative.</b></p> <p>a. Develop performance tools, metrics and benchmarks and tracking process for each initiative action step. (December 2013)</p> <p>b. Implement continuous ongoing performance measurement, including regular reporting to stakeholders on challenges, opportunities and system improvements realized through the RVI. (June 2014 through December 2015)</p> <p>c. Identify strategies that will ensure the long term sustainability of RVI action steps that are proven effective at meeting the service needs of veterans and their families. (January 2015 through December 2015)</p> <p>d. Present sustainability initiatives to King County Executive, King County Council and veteran services system stakeholders. (December 2015)</p>	

Target Date	Deliverables
<b>December 2013</b>	<ul style="list-style-type: none"> <li>• Regional Veteran Services Network Coordinator and Project assistant positions advertised</li> <li>• Revised RVI implementation work plan</li> <li>• Convene task force of information and referral, outreach and case management providers and veterans</li> <li>• Visual tools for understanding the veterans services system</li> <li>• Improved veteran services system maps and service inventories and trainings for all veteran services stakeholders</li> <li>• RVI performance tools, metrics and benchmarks</li> </ul>
<b>March 2014</b>	<ul style="list-style-type: none"> <li>• Six trainings for King County staff and outreach/engagement contractors on referrals and guided transitions to services</li> <li>• “Veterans Count” interactive website and information portal for veterans, families and service providers</li> <li>• Social media strategic plan and implementation report</li> </ul>
<b>June 2014</b>	<ul style="list-style-type: none"> <li>• Ten Veteran System Navigators trained in consistent methods for screening, assessment guidance, linkages and advocacy for veterans and families</li> </ul>
<b>September 2014</b>	<ul style="list-style-type: none"> <li>• Five “Be the Connect” workshops for stakeholders, service providers and community members to identify opportunities, redundancies and efficiencies</li> </ul>

Target Date	Deliverables
June 2015	<ul style="list-style-type: none"> <li>King County veteran service screening tool and standardized assessment process implemented among veteran service system partners</li> </ul>
December 2015	<ul style="list-style-type: none"> <li>RVI Implementation Progress report and Sustainability Plan</li> </ul>
Ongoing	<ul style="list-style-type: none"> <li>Four Semiannual project reports to stakeholders</li> </ul>

### Project Organization

Stakeholder/Group	Stakeholder Interest
King County Executive	<ul style="list-style-type: none"> <li>Providing leadership to ensure King County veterans and their families get the support, resources and recognition they have earned and deserve.</li> </ul>
King County Council	<ul style="list-style-type: none"> <li>Promoting community awareness, public advocacy for their constituents who are veterans or their family members.</li> </ul>
King County Veterans Levy Oversight Board	<ul style="list-style-type: none"> <li>Ensuring accountable stewardship of Levy funded King County veteran resources.</li> <li>Promoting effective and responsive community based delivery system.</li> </ul>
King County Veterans Program (KCVP) Advisory Board	<ul style="list-style-type: none"> <li>Ensuring accountable stewardship of King County RCW-funded veteran resources.</li> <li>Promoting effective and responsive community based delivery system.</li> </ul>
Department of Veterans Affairs (VA) – Veterans Health Administration	<ul style="list-style-type: none"> <li>Coordination of VA health and service resources with King County and Washington State-funded resources.</li> </ul>
Department of Veterans Affairs (VA) – Veterans Benefits Administration	<ul style="list-style-type: none"> <li>Coordination of VA benefits application processes and resources with King County and Washington State-funded resources.</li> </ul>
Washington State Department of Veterans Affairs (WDVA)	<ul style="list-style-type: none"> <li>Direct service provider and manager of state revised code of Washington (RCW) funding for services.</li> <li>Contracting for King County funds and coordinating services with King County community-based providers and Veterans Service Organizations (VSOs).</li> </ul>
King County Veterans Program (KCVP)	<ul style="list-style-type: none"> <li>Direct service provider and manager of county veteran services.</li> <li>Coordination of KCVP service resources with those of King County community-based providers, WDVA and VA.</li> </ul>
King County Veterans Consortium	<ul style="list-style-type: none"> <li>Direct service providers consortium.</li> <li>Already engaging in improving coordination at the services levels – includes KCVP, WDVA, VA, VSOs and community-based providers.</li> </ul>
Veterans Service	<ul style="list-style-type: none"> <li>Volunteer, fraternal and advocacy organizations (Veterans of Foreign Wars, American Legion, Vietnam Veterans of</li> </ul>

Stakeholder/Group	Stakeholder Interest
<b>Organizations (VSO)</b>	America, Disabled American Veterans, etc.) working with a range of veterans of all ages and assisting them to access well-deserved benefits and resources.
<b>Supportive Housing Alliance for Veterans (SHAVETS)</b>	<ul style="list-style-type: none"> <li>• Direct housing and homeless support services providers meeting to improve coordination of a services system for homeless veterans.</li> </ul>
<b>Committee to End Homelessness/Regional Housing Providers</b>	<ul style="list-style-type: none"> <li>• Coordinate implementation of the Five Year Plan to End Veterans Homelessness.</li> <li>• Manage United States Housing and Urban Development (HUD) housing resources targeting veterans and their families, including Veterans Affairs Supportive Housing (VASH) vouchers.</li> </ul>
<b>Community veteran service providers</b>	<ul style="list-style-type: none"> <li>• Identify service needs.</li> <li>• Create and maintain direct community services to veterans in need.</li> <li>• Contract to provide services on behalf of regional service funders.</li> </ul>
<b>Community businesses, veteran employers</b>	<ul style="list-style-type: none"> <li>• Provide employment and career opportunities for veterans.</li> </ul>

### Staffing

Role	Project Responsibilities
<b>King County – Project Sponsor (Carrie Cihak), Project Owner (Jackie MacLean)</b>	<ul style="list-style-type: none"> <li>• Provide policy direction and guidance.</li> <li>• Remain knowledgeable on issues as member of Executive Leadership Team (ELT).</li> <li>• Set priorities and resolve escalated issues.</li> </ul>
<b>King County RVI – Project Manager – (Pat Lemus)</b>	<ul style="list-style-type: none"> <li>• Sets project scope and approach, resources and budget.</li> <li>• Approves project plans, business policies and schedule deliverables.</li> </ul>
<b>King County Regional Veterans Services Network Coordinator</b>  <b>Assisted by RVI project Assistant</b>	<ul style="list-style-type: none"> <li>• Manages project scope, resources and schedule.</li> <li>• Communicates with project sponsors and stakeholders.</li> <li>• Identifies and facilitates risk management, issues resolution, and quality assurance.</li> <li>• Refines and implements RVI Project Implementation Plan.</li> <li>• Creates and maintains project work plan, project analysis and planning documents.</li> <li>• Designs and implements workshops, task forces and other RVI work products.</li> <li>• Convenes technical subject matter experts and work groups, secures technical resources as necessary to meet RVI Implementation Plan objectives.</li> <li>• Drafts and refines project deliverable summaries and progress</li> </ul>



Role	Project Responsibilities
	reports. <ul style="list-style-type: none"> <li>• Participate in other regional human service coordination efforts.</li> <li>• Convenes and negotiate work plan tasks with RVI staff work group.</li> <li>• Organize meetings and trainings.</li> <li>• Negotiate contracts and MOA under the guidance of King County RVI Project Manager.</li> </ul>
<b>King County RVI internal work group</b>	<ul style="list-style-type: none"> <li>• Provide internal staff resources to support the RVI and meet work plan objectives.</li> <li>• Provide operations support to RVI events.</li> <li>• Provide internal policy and procedure review of documents, tools and deliverables.</li> </ul>

### High Level Workplan

Action Step	2013		2014				2015
	Q3	Q4	Q1	Q2	Q3	Q4	All
<b>1 Create Regional Veteran Services Network</b>							
1a. Refine systems mapping							
1bi. Convene info & referral task force							
1bii. Continue outreach to regional military installations							
1biii. Convene other task forces, as possible							
1c. Create screening & assessment tools							
1d. Train and create network of 10 Veteran System Navigators							
<b>2 Educate community and providers</b>							
2a. Improve system maps and inventories							
2b. Disseminate information tools							
2c. Hold five “Be the Connect” workshops							
<b>3 Improve customer service</b>							
3a. Develop strategies to increase vet peer support opportunities							
3b. Train King County staff and contractors							
3c. Identify opportunities to integrate services							
3d. Develop linkages to bridge geographical distance to services							
<b>4 Create ongoing communication strategy</b>							
4a. Create Veterans Count interactive website							
4b. Maintain interactive data sets and links							
4c. Create and launch social media strategies							
<b>5 Establish and conduct continuous improvement evaluation</b>							


<b>Action Step</b>	<b>2013</b>		<b>2014</b>				<b>2015</b>
5a. Design/implement veterans customer input surveys and other mechanisms							
5b. Develop performance tools and metrics							
5c. Identify ways to reduce redundancy							
5d. Implement ongoing evaluation and reporting							
5e. Identify long term sustainability strategies							
5f. Present sustainability strategies to stakeholders							

Appendix 12: Sample “Be the Connect” Workshop Invitation and Agenda

## King County Veterans in Higher Education Conference 2013

# Be the Connect

**May 10, 2013 | 8:15 AM to 4:45 PM | Check In: 7:45 to 8:10 AM**



### By Invitation Only

Conference Registration Free!

Funded in part by WDVA & the King County Veterans and Human Services Levy.

A conference for select teams from public & private colleges in King County, Veteran Centers and Veteran Administration Medical Center, and King County agencies and service providers that serve veterans.

#### Venue

**Green River Community College**  
Lindbloom Student Center  
12401 SE 320th Street  
Auburn, WA 98092

#### Agenda

**Welcome & Introduction**

**Panel: Trends among State Veterans**

**Veteran Experience: The Telling Project**

- Sketches: Student Veterans in Higher Education
- Building Empathy: The Art of Listening
- What's Working?

**Lunch**

**Breakout Sessions**  
(Each topic offered twice!)

- Battle-Mind to Home Mind
- Invisible Wounds: TBI & PTSD
- Military Sexual Trauma
- Women Veterans
- Promising Best Practices
- VA 101
- Classroom Cultural Competency
- Second Mission

**How to Build Capacity & Team**

**Your Organization's Action Plan**

**Closing Comments**


**Conference Evaluation**

### Be the Connect!

- ✓ Identify how higher education institutions can enhance veteran access, retention, and success
- ✓ Increase access to resources and services available to veterans and their families
- ✓ Increase collaboration and outreach to agencies including VAMC, WDVA, Vet Centers and King County Veteran Services


For more information, contact:  
Peter Schmidt, Director  
Veterans Training Support Center  
peter.schmidt@edcc.edu; 425-640-1463


When you register, please indicate any special accommodations you require to participate in this conference, including any dietary restrictions.



**Veterans Training Support Center**  
www.veteranstrainingsupportcenter.org

VTSC is funded in part by the King County Veterans & Human Services Levy through a contract with the Washington State Department of Veterans Affairs





*(this page intentionally blank)*

**Appendix 13: Regional Veterans Initiative Draft Report: Public Comments and Responses**

**Note:** In the Response column, text *in italic* is wording to be used in the report; text in regular font is explanatory.

Topic	Page # (if any)	Comments	Response
<b>General comments</b>		<ul style="list-style-type: none"> <li>• Veterans don't necessarily self-identify as such. Treating all as veterans is categorizing them—they may not respond to “veterans’ services.” Need to be more client-driven. (#13)</li> <li>• Don't create a new set of “silos” by labeling community members. (#15, same commenter as #13)</li> </ul>	<p>Under “Veterans’ Needs” (p. 3), add: <i>A challenge In reaching veterans is that they do not always see themselves as veterans.</i></p>
		<ul style="list-style-type: none"> <li>• Agree that coordination is badly needed, and to county's role as convener. (#16, 17))</li> </ul>	<p>No change</p>
<b>Project's Research</b>		<ul style="list-style-type: none"> <li>• Did you look at other counties to see if anything like this has been done elsewhere? (#1)</li> <li>• Gather more input from vets and families who have actually tried to find/use services. (#11)</li> </ul>	<p>Add a new subhead <i>Other Research</i> after “Outreach” on p. 11, and describe the research on other WA counties and models across the nation.</p> <p>The stakeholder interviews involved front-line service providers, as well as veterans, and the project reviewed client stories.</p>
		<ul style="list-style-type: none"> <li>• There is discussion already at state and federal level with WA as a pilot for better transitioning. Are we coordinating w/ that effort? (contacts included) (#10)</li> </ul>	<p>Objective 1b. (p. 21) includes: <i>Continue outreach to regional military installations regarding transition to civilian life.</i> Also, the mapping and inventory work includes VAPP.</p> <p>Add to the statement about outreach conducted under “Outreach to Government” (p. 11): <i>DCHS staff conducted outreach with local offices, and staff who are exploring a transitioning initiative, of the Department of Veteran Affairs, military bases . . . .</i> (the rest of the sentence details all the contacts the staff made.)</p>
	13	<ul style="list-style-type: none"> <li>• Mention housing need (#3)</li> <li>• There are few services for TBI</li> <li>• Assess needs of veterans of color (#11)</li> </ul>	<p>Housing is on p. 3 as a need, p. 12 as a category in system maps, and p. 14 in services chart.</p> <p>Levy activities are working to address needs of veterans of color.</p>

Topic	Page # (if any)	Comments	Response
		<ul style="list-style-type: none"> <li>RVI should focus on improving access to transportation, dental care, and affordable housing for veterans. (#17)</li> <li>Little effective and focused outreach to community experiencing homelessness. (#13)</li> </ul>	<p>Add to “Values and Principles” (p. 18) under “Inclusiveness/Accessibility”: <i>Apply the County’s fair and just principles in ensuring that King County is a place of opportunity, fairness, equity and social justice where all veterans thrive.</i></p> <p>On p. 3 the list of needs already includes housing. Add: <i>dental care, transportation.</i></p> <p>No change to list under “Lack of Coordination” on p. 13. Mapping will continue to identify gaps.</p>
	13	<ul style="list-style-type: none"> <li>High percentage of vets fail to re-integrate – need to build resources around this issue (#3)</li> </ul>	No change
		<ul style="list-style-type: none"> <li>Social workers know what the gaps are. (#3)</li> <li>Do care planning on an individual basis (#3)</li> </ul>	No change. RVI is about coordination of services.
<b>Partnerships and Participation</b>	15	<ul style="list-style-type: none"> <li>Key stakeholder groups – add Veterans of Foreign Wars and American Legion and their auxiliaries (#4)</li> </ul>	In the sidebar “Key Stakeholder Groups” (p. 16) after “Veterans Service Organizations,” add: <i>such as Veterans of Foreign Wars, American Legion, and others</i>
	14-15	<ul style="list-style-type: none"> <li>Washington Diversity and Veterans Foundation in Federal Way would like to participate. (#5)</li> </ul>	Staff will get in touch with them.
	14	<ul style="list-style-type: none"> <li>Add Entrepreneurship education to table of Veteran Services – WA Diversity &amp; Vets Foundation offers this (#5)</li> </ul>	In the table “Veteran Services in King County by Type of Provider and Service Category,” for the row titled “Education and Employment” add at the end: <i>(small business)</i>
		<ul style="list-style-type: none"> <li>Concern the project didn’t reach out to state VA, federal VA, or local DoD Transition Services. “Total Veteran Care” can be accessed by all service providers. (#10)</li> </ul>	<p>Page 11 under “Outreach” includes VA, WDVA and military facilities. Same page under “Veteran Services System Mapping Project” says that WDVA, VA were involved in the mapping.</p> <p>Add under “Outreach”: <i>The VA, VA Puget Sound Health Care System, and staff at the military installations were very interested in</i></p>

Topic	Page # (if any)	Comments	Response
			<p><i>the RVI's plans and are committed to participating.</i></p> <p>Add at the end of “King County Veterans Programs and Coordination Efforts” (p.15): <i>The RVI has already begun this effort in the planning process through its outreach and system mapping work.</i></p>
		<ul style="list-style-type: none"> <li>Suggestion to find out about transitioning personnel before they leave JBLM, etc. (#10)</li> </ul>	<p>P. 11 add under “Outreach”: <i>DCHS staff conducted outreach with local offices, and staff who are exploring a transitioning initiative, of the Department of Veteran Affairs, military bases...</i> (The rest of the sentence details all the contacts the staff made.)</p>
<b>Values and Principles</b>	17	<ul style="list-style-type: none"> <li>Add an “ESJ lens,” acknowledge inequity, connect to county ESJ effort (#2)</li> </ul>	<p>Add a new bullet under “Inclusiveness/ Accessibility”: <i>Apply the County’s fair and just principles in ensuring that King County is a place of opportunity, fairness, equity and social justice where all veterans thrive.</i></p>
	17	<ul style="list-style-type: none"> <li>“Capitalize on existing services and programs” For the general population? (#12)</li> </ul>	<p>Clarify the statement (in “Values and Principles” under “Good Stewardship”) by referring to “existing veterans’ programs”: <i>Capitalize on exiting veteran services and programs . . .</i></p>
<b>Project Purpose, Goals</b>	7, 17	<p>Concerns re definition of veteran the RVI will serve:</p> <ul style="list-style-type: none"> <li>Text mentions dishonorable discharge. Any thoughts on OTH and Bad Conduct? (#1)</li> <li>Too long and complicated. Don’t need to highlight Nat’l Guard or Reserves since they are recognized subset of services. Suggests “those persons who have been honorably discharged from the Army, Navy, Marine Corps, Air Force and Coast Guard.” (#12)</li> <li>Suggests a broad definition for RVI: “those persons who have served active duty in the U.S. military</li> </ul>	<p>Revise the definition.*</p>

Topic	Page # (if any)	Comments	Response
		(including the Army, Navy, Marine Corps, Air Force, Coast Guard, National Guard and/or Reserves, who have fulfilled their initial service obligations or been called into federal service by a presidential select reserve call-up for at least 180 cumulative days, and who have not been discharged from their service under ‘dishonorable’ conditions.” (#13)	
		<ul style="list-style-type: none"> <li>Focus on enlisted personnel E6 and below (#10)</li> </ul>	RVI’s purpose is to address all veterans.
		<ul style="list-style-type: none"> <li>Make clear that resources will be dedicated to vets, beyond what is offered to general population (#12)</li> </ul>	No change. RVI is for veterans and their families, so it is a dedicated resource.
	18	<ul style="list-style-type: none"> <li>Outcomes not set to measurable goals (#12)</li> </ul>	No change. Measures are included for the outcomes; the goals are broader.
<b>Strategies and Action Steps</b>		<ul style="list-style-type: none"> <li>Question whether the approach will be effective. It’s similar to other human services initiatives that want better coordination, and end up just adding more staff and databases, and re direct services. (#13)</li> <li>Even though advisors said don’t create a structure, that’s what the work plan does. (#13)</li> <li>Absence of a budget is a problem. Can’t tell the effects of the proposed actions without this. (#13)</li> </ul>	No change.
		<ul style="list-style-type: none"> <li>King County 2-1-1 is the best access point for all information and referrals. Already has a database, taxonomy coding and</li> </ul>	<p>Obj. 1 (p. 20) says that information and referral providers will be invited to participate in mapping work.</p> <p>P. 17 “Values and Principles” under “Good Stewardship,” add</p>



Topic	Page # (if any)	Comments	Response
		search features for eligibility and location. RVI should use this rather than create a duplicative database and website. Would like to collaborate. (#14)	<i>“reduce redundancy”</i> : Capitalize on existing veteran services and programs, eliminate duplication, fix system inefficiencies, reduce redundancy and improve alignment.
		<ul style="list-style-type: none"> <li>WDVA receives funds from VHSL to provide information, referral and follow-up for veterans. Why not use this existing resource? (#14)</li> </ul>	See previous line re adding “reduce redundancy” to Values and Principles
	2, 21	<ul style="list-style-type: none"> <li>Obj. 1a. Add new IT, new media (#2)</li> </ul>	Obj. 1 is about creating the mapping.  Add a paragraph to Obj. 4 from prior draft about a marketing and media campaign: <i>Conduct a media/public awareness campaign to keep King County residents and policy makers aware of issues affecting King County veterans and their families, as well as to explain how veterans and their families can get connected to services they need, and how they are bringing their skills and experience as a resource to the community.</i>
	21	<ul style="list-style-type: none"> <li>Obj. 1d. How do Navigators relate to ESJ and Affordable Care Act – opportunity to coordinate? (#2)</li> </ul>	Add that the Navigators program will coordinate with public health and other county initiatives: <i>In coordination with Public Health – Seattle &amp; King County and county initiatives, the RVI will create a regional network . . . .</i>
	20-21	<ul style="list-style-type: none"> <li>Obj. 1. County should encourage groups of services to co-locate (#6)</li> </ul>	Consideration of Co-location and one-stop ideas has been pushed to a later planning phase since it was observed as premature at this time, per Special Advisor Panel advice. The concepts will be considered during the “Be the Connect” workshops.
	21	<ul style="list-style-type: none"> <li>Obj. 2. Add educating providers “on identifying veterans” not just on the veterans services system (#1)</li> </ul>	For 2c. “Be the Connect” workshops, add to the description: <i>including teaching the community to recognize who may be a veteran</i>
	21	<ul style="list-style-type: none"> <li>Obj. 2. Include coordinating with and educating other community services, such as meals program for homeless (#9)</li> <li>Improve communication across the services system (#11)</li> </ul>	Part of the “Be the Connect” concept Obj. 2c.

Topic	Page # (if any)	Comments	Response
	21	<ul style="list-style-type: none"> <li>Obj. 2. Create an intake line that community providers can call to find out about services to recommend to veteran clients (#9)</li> </ul>	Not feasible at this time, but inventory, mapping and training can help to fill this need.
	22	<ul style="list-style-type: none"> <li>Obj. 3c. Be more explicit on coordination w/ federal VA (#2)</li> </ul>	Add under “Outreach”: <i>The VA, VA Puget Sound Health Care System, and staff at the military installations were very interested in the RVI’s plans and are committed to participating.</i>
	22	<ul style="list-style-type: none"> <li>Obj. 3d. Explore ways to expand services outside Seattle, besides transportation and technology. (#18)</li> </ul>	No change. The service map in Appendix 9 shows locations. Also, Obj. 3d says that the RVI staff will work with all service providers to develop strong pathways and linkages to services for individuals who are geographically distant from service locations.
	22	<ul style="list-style-type: none"> <li>Obj. 4a. Leverage existing referral services (211, etc.) rather than a new web portal. (#14, 18)</li> </ul>	See earlier response re adding “reduce redundancy” to Values and Principles
	22	<ul style="list-style-type: none"> <li>Obj. 4c. Add media strategies besides social media (#2)</li> </ul>	Add an action step about a public awareness and media campaign – now 4d. (see response to p. 2 & 21, above)
<b>Deliverables</b>	20	<ul style="list-style-type: none"> <li>Mapping needs to be online and searchable (#2)</li> </ul>	Add in Objective 1a (p. 20): <i>The team will put the tools online, and will explore search capability and mobile access.</i>
	20	<ul style="list-style-type: none"> <li>Mapping should show what is available geographically – on web and as a handout (#6)</li> </ul>	On p. 12 in mapping project description, refer to the Appendix for the geographic map: <i>See Appendix 9 for a geographic map of veteran services sites.</i>
		<ul style="list-style-type: none"> <li>Younger vets don’t want/need a phone line – they want self-service capabilities on their mobile device (#10)</li> </ul>	Add to Obj. 1a. about developing tools from mapping project : <i>The team will put the tools online, and will explore search capability and mobile access.</i>
<b>Project Timeline</b>	24	<ul style="list-style-type: none"> <li>Staffing for only two years is not enough. Suggestions include 5 years (#1, 2)</li> </ul>	Add that staffing and strategies of the project will be evaluated at end of 2015 and are part of the recommendations on long-term sustainability in Obj. 5 (p. 23)
<b>Revisions to Report Text</b>	1	<ul style="list-style-type: none"> <li>Don’t need to call out enlisted personnel as such. Suggestion: “advisory board made up of officers and enlisted veterans” (#1)</li> </ul>	Revise language as suggested
	3	<ul style="list-style-type: none"> <li>Don’t combine low-income and disabled (“More than 20,00 are either low-income</li> </ul>	Clarify by revising to read: <i>More than 20,000 are enrolled with Veterans Health Administration for health care, so, by definition, are</i>

Topic	Page # (if any)	Comments	Response
		or disabled”) (#12)	<i>either low-income or disabled . . . .</i>
	11	<ul style="list-style-type: none"> <li>• Naval Station Bremerton is now part of Naval Base Kitsap. But include also Naval Base Whidbey. (#8)</li> </ul>	Verified that Naval Station Bremerton and Naval Submarine Base Bangor were merged to form Naval Base Kitsap in 2004. Corrected the text to: <i>Naval Base Kitsap, Naval Air Station Whidbey Island.</i>

**\* Proposed Revised Definition for “Veteran”:**

Many different federal and community veteran programs have emerged over the years. These initiatives often defined “veteran” differently for the purpose of eligibility. Veteran eligibility is typically based upon length of service, when served and other factors.

The RVI is committed to planning for and implementing strategies that improve access to services for King County veterans defined as: those persons who have served active duty in the U. S. military (including the Army, Navy, Marine Corps, Air Force, and Coast Guard), those who have served in the National Guard, and those who have served in the Reserves. Veterans with any characterization of service are welcome; although eligibility for specific services may vary according to characterization of service.

The concept of “welcome” was an important part of the development of the vision, values and principles for the RVI. The RVI is dedicated to inclusiveness and adopting as broad a definition of veteran as possible for planning purposes.