



King County

1200 King County
Courthouse
516 Third Avenue
Seattle, WA 98104

Meeting Agenda Budget and Fiscal Management Committee

Councilmembers:
Rod Dembowski, Chair;
Jorge L. Barón, Vice Chair;
Claudia Balducci, Teresa Mosqueda, Sarah Perry, De'Sean Quinn, Girmay Zahilay

Lead Staff: April Sanders (206-263-3412)
Committee Clerk: Gabbi Williams (206-477-7470)

9:30 AM

Thursday, August 21, 2025

Hybrid Meeting

SPECIAL MEETING

Hybrid Meetings: Attend King County Council committee meetings in person in Council Chambers (Room 1001), 516 3rd Avenue in Seattle, or through remote access. Details on how to attend and/or provide comment remotely are listed below.



Pursuant to K.C.C. 1.24.035 A. and F., this meeting is also noticed as a meeting of the Metropolitan King County Council, whose agenda is limited to the committee business. In this meeting only the rules and procedures applicable to committees apply and not those applicable to full council meetings.

HOW TO PROVIDE PUBLIC COMMENT: The Budget and Fiscal Management Committee values community input and looks forward to hearing from you on agenda items.

There are three ways to provide public comment:

1. In person: You may attend the meeting and provide comment in the Council Chambers.
2. By email: You may comment in writing on current agenda items by submitting your email comments to kcccomitt@kingcounty.gov. If your email is received by 8:00 a.m. on the day of the meeting, your email comments will be distributed to the committee members and appropriate staff prior to the meeting.
3. Remote attendance at the meeting by phone or computer (see "Connecting to the Webinar" below).

You may provide oral comment on current agenda items during the meeting's public comment period.

	<p>Sign language and interpreter services can be arranged given sufficient notice (206-848-0355). TTY Number - TTY 711.</p> <p>Council Chambers is equipped with a hearing loop, which provides a wireless signal that is picked up by a hearing aid when it is set to 'T' (Telecoil) setting.</p>	
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You are not required to sign up in advance. Comments are limited to current agenda items.

You have the right to language access services at no cost to you. To request these services, please contact Language Access Coordinator, Tera Chea at 206 477 9259 or email tera.chea2@kingcounty.gov by 8:00 a.m. three business days prior to the meeting.

CONNECTING TO THE WEBINAR:

Webinar ID: 867 1228 9077

By computer using the Zoom application at <https://zoom.us/join> and the webinar ID above.

Via phone by calling 1 253 215 8782 and using the webinar ID above.

HOW TO WATCH/LISTEN TO THE MEETING REMOTELY: There are several ways to watch or listen in to the meeting:

- 1) Stream online via this link: <http://www.kingcounty.gov/kctv>, or input the link web address into your web browser.
- 2) Watch King County TV on Comcast Channel 22 and 322(HD) and Astound Broadband Channels 22 and 711(HD)
- 3) Listen to the meeting by telephone – See “Connecting to the Webinar” above.

To help us manage the meeting, if you do not wish to be called upon for public comment please use the Livestream or King County TV options listed above, if possible, to watch or listen to the meeting.

1. **Call to Order**

2. **Roll Call**

To show a PDF of the written materials for an agenda item, click on the agenda item below.

3. **Approval of Minutes** p. 4

July 23, 2025 meeting minutes

4. **Public Comment**



Sign language and interpreter services can be arranged given sufficient notice (206-848-0355).
TTY Number - TTY 711.
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Discussion Only

5. [Proposed Ordinance No. 2025-0212](#) p. 7

AN ORDINANCE relating to the levy collection of the sales and use tax of one-tenth of one percent for the delivery of behavioral health services and therapeutic courts authorized by RCW 82.14.460; continuing the sales and use tax; adding a new section to K.C.C. chapter 4A.500, establishing an effective date, and establishing an expiration date.

Sponsors: Dembowski

Sam Porter, Council staff

Adjournment



Sign language and interpreter services can be arranged given sufficient notice (206-848-0355).
TTY Number - TTY 711.
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Meeting Minutes Budget and Fiscal Management Committee

Councilmembers:

*Rod Dembowski, Chair;
Jorge L. Barón, Vice Chair;
Claudia Balducci, Teresa Mosqueda, Sarah Perry, De'Sean
Quinn, Girmay Zahilay*

*Lead Staff: April Sanders (206-263-3412)
Committee Clerk: Gabbi Williams (206-477-7470)*

9:30 AM

Wednesday, July 23, 2025

Hybrid Meeting

DRAFT MINUTES

1. **Call to Order**

Chair Dembowski called the meeting to order at 9:31 a.m.

2. **Roll Call**

Present: 7 - Balducci, Barón, Dembowski, Mosqueda, Perry, Quinn and Zahilay

3. **Approval of Minutes**

Councilmember Barón moved approval of the July 9, 2025 meeting minutes. There being no objections, the minutes were approved.

4. **Public Comment**

There were no individuals present to provide public comment:

Consent

5. [Proposed Ordinance No. 2025-0163](#)

AN ORDINANCE that adopts the Harborview Medical Center 2026 Capital Improvement Program Annual Budget for the year ending June 30, 2026, and makes appropriations for the capital improvements for the Harborview Medical Center.

This matter was expedited to the August 19, 2025 Council agenda.

A motion was made by Councilmember Barón that this Ordinance be Recommended Do Pass Consent. The motion carried by the following vote:

Yes: 7 - Balducci, Barón, Dembowski, Mosqueda, Perry, Quinn and Zahilay

Discussion and Possible Action

6. [Proposed Ordinance No. 2025-0165](#)

AN ORDINANCE relating to a capital improvement project; making a supplemental appropriation of \$51,819,000 to the county hospital capital fund; and amending the 2025 Annual Budget Ordinance, Ordinance 19861, Section 130, as amended, and Attachment A, as amended.

Sam Porter, Council staff, briefed the committee. Tony Wright, Director of Harborview Construction and Infrastructure, Office of the Executive, also addressed the committee and answered questions from the members.

Councilmember Barón moved Amendment 1. The Amendment was adopted.

This matter was expedited to the August 19, 2025 Council agenda.

A motion was made by Councilmember Barón that this Ordinance be Recommended Do Pass Substitute Consent. The motion carried by the following vote:

Yes: 7 - Balducci, Barón, Dembowski, Mosqueda, Perry, Quinn and Zahilay

7. [Proposed Ordinance No. 2025-0124](#)

AN ORDINANCE authorizing the execution of a new lease to support the operation of the department of public health.

Olivia Brey, Council staff, briefed the committee and answered questions from the members. Andrea Coulson, Chief Paramedic Service Administrator, King County Medic One, also addressed the committee and answered questions from the members.

Councilmember Barón moved Amendment 1. The Amendment was adopted.

A motion was made by Councilmember Barón that this Ordinance be Recommended Do Pass Substitute Consent. The motion carried by the following vote:

Yes: 7 - Balducci, Barón, Dembowski, Mosqueda, Perry, Quinn and Zahilay

Other Business

There was no other business to come before the committee.

Adjournment

The meeting was adjourned at 10:02 a.m.

Approved this _____ day of _____

Clerk's Signature



King County

Metropolitan King County Council Budget and Fiscal Management Committee

STAFF REPORT

Agenda Item:	5	Name:	Sam Porter
Proposed No.:	2025-0212	Date:	August 21, 2025

SUBJECT

Proposed Ordinance 2025-0212, which, if enacted, would continue the collection of the Mental Illness and Drug Dependency (MIDD) sales and use tax for a term of nine years.

SUMMARY

The MIDD sales and use tax has been imposed in King County since 2008, and the current MIDD II tax is set to expire January 1, 2026. If adopted by Council, Proposed Ordinance 2025-0212 would continue the one-tenth of one percent MIDD tax for an additional term of nine years to expire January 1, 2035. The tax is authorized by RCW 82.14.460 for the purpose of paying for the operation or delivery of behavioral health¹ programs and services, and therapeutic court programs and services. If renewed, the tax is projected as of July 2025 to generate approximately \$203 million in the 2026-2027 biennium, and more than \$1 billion over the nine-year term.²

For collections to continue without interruption, the state Department of Revenue would need to be notified of the effective legislation by October 18.³

Proposed Ordinance 2025-0212 is a nonmandatory dual referral to the Regional Policy Committee under K.C.C. 1.24.065.I as an issue that would benefit from interjurisdictional discussion. The Legislative Schedule for the Proposed Ordinance appears at the end of this staff report.

¹ The term “behavioral health” encompasses both mental health and substance use disorders. Substance use is referred to as “chemical dependency” in RCW 82.14.460.

² Office of Economic and Financial Analysis (OEFA) July 2025 Forecast, https://cdn.kingcounty.gov/-/media/king-county/independent/governance-and-leadership/government-oversight/forecasting/documents/july2025_pdf.pdf?rev=6abcfdb918314a40a3c82d9f0de6ea14&hash=7B796FB39494EB5CEA00BBB043DB3F8D

³ The Department of Revenue requires notification 75 days before January 1, 2026, if the MIDD is renewed to ensure uninterrupted collections.

BACKGROUND

MIDD Established in State Law. In 2005, the Washington State Legislature provided a funding option enabling county legislative authorities to raise the local sales tax by one tenth of one percent to fund behavioral health and therapeutic court programs. By law, funds raised by this tax are to be dedicated to new or expanded behavioral health services and new or expanded therapeutic court programs.⁴ Furthermore, RCW 82.14.460(3) requires that every county that authorizes this tax must operate a therapeutic court for dependency proceedings.

MIDD I (2008-2016). In 2007, the King County Council adopted Ordinance 15949 authorizing the original MIDD levy (MIDD I) and collection of an additional sales and use tax of one-tenth of one percent for the delivery of behavioral health services and therapeutic courts over a period of nine years which expired January 1, 2017. Ordinance 15949 also established a policy framework for measuring the effectiveness of the public's investment in MIDD I programs, requiring the King County Executive to submit oversight, implementation and evaluation plans for the programs funded with the tax revenue. Subsequent ordinances established the MIDD Oversight Committee (established 2008⁵, amended in 2017 to be the "Advisory Committee"⁶) and the MIDD Implementation Plan and MIDD Evaluation Plan (October 2008).⁷

MIDD II (2017-2025). In 2015, the King County Council passed Ordinance 17998 requiring a comprehensive review of MIDD I strategies, an analysis of investments, and set forth a process and criteria for recommending new strategies to be considered for MIDD II. In June 2016, the Executive transmitted the comprehensive historical review, assessment of MIDD I⁸, and a proposal to continue collections for another nine-year term starting in 2017.⁹ In August 2016, Council adopted Ordinance 18333 which continued the collection of the sales tax uninterrupted for another nine years and is set to expire January 1, 2026. In August 2016, the Executive transmitted the MIDD II service improvement plan (SIP) to guide MIDD II investments.¹⁰ The SIP was approved through Ordinance 18406 in November 2016 and will expire with MIDD II on January 1, 2026.

Ordinance 18407 (passed in conjunction with the SIP) revised the MIDD policy goals in King County Code. Chapter 4A.500.309 sets forth the MIDD II policy goals in King County Code that will expire January 1, 2026. These goals are to:

1. Divert individuals with behavioral health needs from costly interventions such as jail, emergency rooms and hospitals;

⁴ RCW 82.14.460

⁵ Ordinance 16077 established the MIDD Oversight Committee as an advisory body to the King County Executive and the Council.

⁶ Ordinance 18452

⁷ In October 2008, the Council adopted the MIDD Implementation Plan and the MIDD Evaluation Plan via Ordinance 16261 and Ordinance 16262.

⁸ Motion 14712 was adopted September 2016

⁹ Ordinance 18333

¹⁰ Ordinance 17998 also required a progress report in the interim on the status of the SIP and historical review and assessment.

2. Reduce the number, length and frequency of behavioral health crisis events;
3. Increase culturally-appropriate, trauma-informed behavioral health services;
4. Improve the health and wellness of individuals living with behavioral health conditions; and
5. Explicit linkage with, and furthering the work of, King County and community initiatives.

King County MIDD Revenue History. From 2008 through 2025, MIDD is currently projected to generate more than \$1.15 billion as summarized in Table 1.

Table 1.
MIDD Annual Revenue 2008-2025 with Percentage Change
Data from the Office of Economic and Financial Analysis (OEFA)

	Year	MIDD Revenue	Percentage Change
MIDD I	2008	\$35,564,904	-
	2009	\$41,773,812	17.46%
	2010	\$40,717,980	-2.53%
	2011	\$43,099,478	5.85%
	2012	\$45,000,360	4.41%
	2013	\$48,298,263	7.33%
	2014	\$52,286,424	8.26%
	2015	\$57,487,559	9.95%
	2016	\$61,399,254	6.80%
MIDD II ¹¹	2017	\$64,979,114	5.83%
	2018	\$71,198,452	9.57%
	2019	\$74,773,247	5.02%
	2020	\$70,393,210	-5.86%
	2021	\$82,602,624	17.34%
	2022	\$90,416,789	9.46%
	2023	\$91,971,205	1.72%
	2024	\$91,887,621	-0.09%
	2025	\$92,579,683	0.75%
		\$1,156,429,979	Total Projected Collections

Since its inception, MIDD has supported new and expanded behavioral health programs as allowed under state law including King County Adult and Juvenile Drug Courts, Family Treatment Court, Regional Mental Health Court, Community Court, and Seattle

¹¹ Includes data from the July 2025 OEFA Forecast.

Municipal Treatment Courts, as well as Law Enforcement Assisted Diversion (LEAD), Geriatric Regional Assessment Team, Mental Health First Aid, Next-Day Crisis Appointments, Children's Crisis Outreach Response System, the Recovery Café, Behavioral Health Services in Rural King County, and Community-Driven Behavioral Health Grants for Cultural and Ethnic Communities. A complete list of MIDD II Strategies and Initiatives can be found at this webpage: <https://kingcounty.gov/en/dept/dchs/human-social-services/community-funded-initiatives/midd-behavioral-health-tax/initiatives>

MIDD II Impacts. According to a memo attached to the transmittal letter for Proposed Ordinance 2025-0212, more than 100,000 King County residents have received MIDD-funded services during MIDD II, with more than 20 new initiatives implemented during this timeframe, including, “next-day appointments for substance use disorder assessment, creating additional mobile crisis teams in south King County, and expanding School-Based Screening, Brief Intervention, and Referral to Treatment/Services.” According to the memo, MIDD data “suggests that through MIDD programs, participants are receiving the support they need to achieve or maintain their recovery in their communities.” Furthermore, MIDD participants three years after their enrollment had 67 percent fewer engagements with publicly funded crisis services, 36 percent episodes of hospitalization and involuntary treatment, 62 percent bookings into King County and municipal jails, and 33 percent emergency department visits.

ANALYSIS

Proposed Ordinance 2025-0212 would extend the MIDD sales tax for another nine-year period (2026-2034). If passed, MIDD III revenue collections are currently expected to generate more than \$1 billion according to the July 2025 OEFA Forecast.¹² The increase in projected revenue is due to factors including inflation and the 2025 state legislative sales tax expansion.

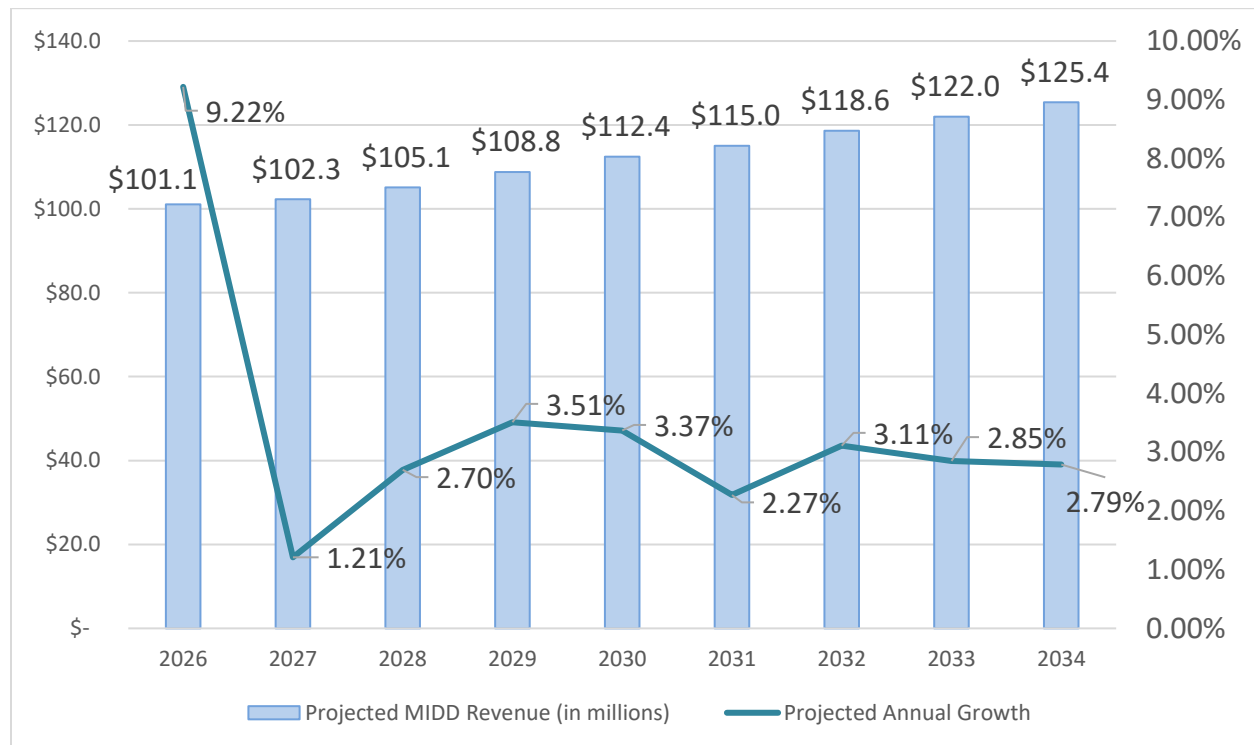
2025 State Legislative Sales Tax Expansion. In 2025, the Washington State Legislature adopted ESSB 5814, which broadens the sales tax base to include some services not previously included such as information technology support, temporary staffing, and digital advertising services.¹³ Many of these services are concentrated within King County and are therefore expected to result in increased sales tax collections as is demonstrated in the July 2025 OEFA forecast.

¹² July 2025 OEFA Forecast https://cdn.kingcounty.gov/-/media/king-county/independent/governance-and-leadership/government-oversight/forecasting/documents/july2025_pdf.pdf?rev=6abcfdb918314a40a3c82d9f0de6ea14&hash=7B796FB39494EB5CEA00BBB043DB3F8D

¹³ SB 5814 - 2025-26, *Modifying the application and administration of certain excise taxes.* <https://app.leg.wa.gov/billsummary/?BillNumber=5814&Year=2025&Initiative=false>

Currently projected revenue and annual growth for MIDD III are summarized in Table 2.

Table 2.
Projected MIDD III Annual Revenue 2026-2035 with Annual Growth Rate
Data from the Office of Economic and Financial Analysis (OEFA)



Growth Rate. Tables 3 and 4 provide a comparison of the average annual growth rate between MIDDs I and II, and projections for MIDD III. This comparison demonstrates that while the sum of more than \$1 billion projected to be generated in 2026-2034 is almost the same amount of revenue generated from the last 18 years, the growth rate itself is slowing from almost 8.9 percent per year between MIDD I and II, to only a 2.7 percent per year future growth rate for MIDD III. OEFA's Chief Economist, Lizbeth Martin-Mahar, has stated that without the expanded sales tax base provided by the State Legislature in 2025, the July 2025 forecast would have been lower for MIDD by approximately \$6.9 million in 2026 alone, resulting in only a 1.8 percent annual growth from 2025 to 2026 instead of the 9 percent currently projected for 2026. Furthermore, she indicates that the future projections of MIDD on an annualized basis are sizably less than the long-term historical growth of \$3.2 million or 8.9 percent per year.

Table 3. OEFA Comparison of MIDD Entire History with Projections for MIDD III

Time Period	MIDD Revenue (in millions)
MIDD I & II (2008-2025)	
2008	\$35.56 million
2025	\$92.89 million
Historical Growth (\$) for 18 years	\$57.33 million / \$3.2 million per year
Historical Growth (%) for 18 years	161.2% / 8.9% per year
MIDD III Projections (2026-2034)	
2026	\$101.11 million
2034	\$125.36 million
Future Growth (\$) for 9 years	\$24.25 million / \$2.7 million per year
Future Growth (%) for 9 years	24.0% / 2.7% per year

Table 4. OEFA Comparison of MIDD II with Projections for MIDD III

Time Period	MIDD Revenue (in millions)
MIDD II (2017-2025)	
2017	\$64.98 million
2025	\$92.89 million
Historical Growth Rate (%) for 9 Years	42.9% / 4.8% per year
MIDD III Projections (2026-2034)	
2026	\$101.11 million
2034	\$125.36 million
Future Growth Rate (%) for 9 years	24.0% / 2.7% per year

Notable Expiring Components of MIDD II. The following components of MIDD II described in KCC 4A.500 are set to expire with the current tax on January 1, 2026:

1. Policy Goals;
2. Service Improvement Plan governing expenditures;
3. Evaluation Plan, including annual reporting requirements; and
4. Binding partnership agreement and requirements¹⁴.

¹⁴ KCC 4A.500.330 requires that no contractor providing \$3 million or more of services annually to the County can receive MIDD revenue unless it has a partnership agreement with a labor organization.

These components were not included in the transmitted legislation for MIDD III and are not required to extend the tax. The Statement of Facts of Proposed Ordinance 2025-0212 indicates that the Executive is preparing to transmit an updated implementation plan in 2026 to guide future investments for the MIDD III period. Previously, Executive staff indicated that the estimated transmittal date would be June 30, 2026. Executive staff now state that the incoming County Executive may wish to issue a new timeline for the transmittal and that, “it is the intention that the existing implementation plan would govern spending until a new implementation plan is adopted by the Council.” Councilmembers may wish to consider adopting separate legislation to extend and/or update any of the four components listed above rather than wait for transmittal of a new implementation plan.

Timeline. If the Council chooses to extend the MIDD expiration date, the Department of Revenue requires notification by October 18, 2025, to allow for uninterrupted collections. This would require action on the proposed ordinance by the Full Council no later than its October 7 regular meeting, or as an emergency at the October 14 meeting. Table 5 outlines the current legislative schedule for the Proposed Ordinance. Note that the Executive has requested that Proposed Ordinance 2025-0212 be taken up in September so the tax revenue can be assumed in the Executive’s proposed 2026-2027 biennial budget.

Table 5. Legislative Schedule for Proposed Ordinance 2025-0212

Action	Committee/ Council	Date	Amendment Deadline
Submitted to Clerk	-	July 10	-
Introduction and Referral	Full Council	July 22	-
Briefing <i>(BFM in control)</i>	Special RPC	August 20	-
Discussion Only	Special BFM	August 21	-
Action	BFM	August 27	Striker direction: August 20 Striker distribution: August 22 Line AMD direction: August 25
Action	RPC	September 10	Striker direction: September 3 Striker distribution: September 5 Line AMD direction: September 8
Final Action – If expedited	Full Council	September 16	Striker direction: September 9 Striker distribution: September 11 Line AMD direction: September 14
Final Action Regular Course	Full Council	September 23	Striker direction: September 16 Striker distribution: September 18 Line AMD direction: September 21
DOR Notification Deadline	-	October 18	-

Council's legal counsel has reviewed the legislation and raised no legal issues.

INVITED

- Susan McLaughlin, Director, Behavioral Health and Recovery Division,
Department of Community and Human Services (DCHS)

ATTACHMENTS

1. Proposed Ordinance 2025-0212
2. Transmittal Letter (and its attachment, Memo: King County MIDD Impacts)
3. Fiscal Note



KING COUNTY
Signature Report

ATTACHMENT 1
1200 King County Courthouse
516 Third Avenue
Seattle, WA 98104

Ordinance

Proposed No. 2025-0212.1

Sponsors Dembowski

1 AN ORDINANCE relating to the levy collection of the
2 sales and use tax of one-tenth of one percent for the
3 delivery of behavioral health services and therapeutic
4 courts authorized by RCW 82.14.460; continuing the sales
5 and use tax; adding a new section to K.C.C. chapter
6 4A.500, establishing an effective date, and establishing an
7 expiration date.

8 STATEMENT OF FACTS: The executive is preparing for transmittal in
9 2026 of an updated implementation plan to guide future investments for
10 the continuing behavioral health sales and use tax authorized by RCW
11 82.14.460, which is expected to be a countywide plan.

12 BE IT ORDAINED BY THE COUNCIL OF KING COUNTY:

13 SECTION 1. Findings: This ordinance provides for the continued collection,
14 without interruption and at the same rate, of the sales and use tax that is authorized by
15 RCW 82.14.460, which has been imposed in King County since 2008.

16 NEW SECTION. SECTION 2. There is hereby added to K.C.C. chapter 4A.500
17 a new section to read as follows:

18 A. For the purpose of providing funding for the operation or delivery of
19 behavioral health programs and services, and therapeutic courts programs and services as
20 authorized by RCW 82.14.460, as now existing or as hereafter amended, a sales and use

21 tax of one-tenth of one percent is hereby levied, fixed and imposed on all taxable events
22 within King County as defined in chapters 82.08, 82.12, and 82.14 RCW, except as
23 provided in subsection B. of this section. The tax shall be imposed upon and collected
24 from those persons from whom sales tax or use tax is collected in accordance with
25 chapter 82.08 or 82.12 RCW, and shall be so collected at the rate of one-tenth of one
26 percent of the selling price, in the case of a sales tax, or value of the article used, in the
27 case of a use tax. The sales and use tax shall be in addition to all other existing sales and
28 use taxes currently imposed by the county.

29 B. If, as a result of the imposition of the sales and use tax authorized in
30 subsection A. of this section, the county imposes an additional sales and use tax upon
31 sales of lodging in excess of the limits in RCW 82.14.410, the sales shall be exempt from
32 the imposition of that additional sales and use tax.

33 SECTION 3. Section 2 of this ordinance takes effect January 1, 2026.

34 SECTION 4. Section 2 of this ordinance expires January 1, 2035.

35 SECTION 5. Severability. If any provision of this ordinance or its application to

- 36 any person or circumstance is held invalid, the remainder of the ordinance or the
- 37 application of the provision to other persons or circumstances is not affected.

KING COUNTY COUNCIL
KING COUNTY, WASHINGTON

Girmay Zahilay, Chair

ATTEST:

Melani Pedroza, Clerk of the Council

APPROVED this ____ day of _____, ____.

Shannon Braddock, County Executive

Attachments: None



King County

Shannon Braddock

King County Executive

401 Fifth Avenue, Suite 800
Seattle, WA 98104

206-296-9600 Fax 206-296-0194

TTY Relay: 711

www.kingcounty.gov

July 10, 2025

The Honorable Girmay Zahilay
Chair, King County Council
Room 1200
C O U R T H O U S E

Dear Councilmember Zahilay:

This letter transmits a proposed Ordinance that, if adopted, will enable King County to continue to collect the 0.1 percent behavioral health sales and use tax authorized by RCW 82.14.460, known in King County as the MIDD (Mental Illness and Drug Dependency tax), through January 1, 2035.

Adoption of this proposed legislation would continue a vital, consistent source of ongoing local funding for essential behavioral health treatment and services for King County residents, especially those with the greatest needs and the least access, amidst significant uncertainty at the federal level regarding restricting access to Medicaid. An accompanying memo prepared by the Department of Community and Human Services provides information about the impacts of MIDD investments since 2017.

In 2025, the Office of Economic and Financial Analysis estimates that the MIDD behavioral health sales tax will infuse \$97 million into the King County community behavioral health system. From 2017 through 2024, MIDD served more than 100,000 King County residents. MIDD funds supported programs that improved health and wellness, recovery, and connection to community, especially for people most affected by inequities related to race, income, housing status, and access to health care.

As the enclosed memo notes, MIDD investments helped people achieve recovery and stability. Three years after enrollment in relevant MIDD initiatives, participants experienced:

- 67 percent fewer engagements with adult crisis programs;
- 36 percent fewer involuntary psychiatric hospitalizations;
- 62 percent fewer King County jail bookings, and
- 33 percent fewer emergency department visits.

The Honorable Girmay Zahilay

July 10, 2025

Page 2

Continuing the MIDD behavioral health sales tax enables King County to build on our successes as well as to continue to collaborate with community members and community behavioral health providers to further strengthen our behavioral health system.

I anticipate that the next King County Executive will transmit to the Council an updated MIDD implementation plan in 2026. My 2026-2027 proposed budget that I will transmit in the fall will continue MIDD investments using the same strategy areas and implementation plan that have been in effect since 2017. The Department of Community and Human Services will continue annual reporting on MIDD behavioral health sales tax programs and expenditures as it has in past years.

If your staff have any questions, please contact Kelly Rider, director of the Department of Community and Human Services, at 206-263-5780.

Sincerely,



for

Shannon Braddock
King County Executive

Enclosure

cc: King County Councilmembers
 ATTN: Stephanie Cirkovich, Chief of Staff, King County Council
 Melani Hay, Clerk of the Council
Karan Gill, Deputy Executive, Chief of Staff, Office of the Executive
Stephanie Pure, Council Relations Director, Office of the Executive
Kelly Rider, Director, Department of Community and Human Services



Department of Community and Human Services
 Kelly Rider, Director
 401 Fifth Avenue, Suite 500
 Seattle, WA 98104
 (206) 263-9100
 Fax (206) 205-6565
 TTY Relay 711

July 10, 2025

TO: King County Councilmembers

FROM: Kelly Rider, Director, Department of Community and Human Services

RE: King County MIDD Impacts

This memo outlines the impact of King County's MIDD (Mental Illness and Drug Dependency) funded programs and services.

Overview: The MIDD is a councilmanic, countywide 0.1 percent sales tax authorized under Revised Code of Washington (RCW) 82.14.460 and King County Code (KCC) 400.5A.300.¹ Funds help the County address substance use disorder and mental health conditions, including crisis diversion, rapid rehousing, screening and referral services, and treatment. The King County Department of Community and Human Services' (DCHS) Behavioral Health and Recovery Division (BHRD) manages and operates MIDD. The MIDD Advisory Committee advises the Executive and Council on MIDD, helping to ensure that the implementation and evaluation of the strategies and programs funded by the MIDD sales tax revenue are transparent, accountable, collaborative and effective. The MIDD's investments are guided by the adopted Implementation plan.²

In 2025, the MIDD is projected to infuse approximately \$97 million into the King County community behavioral health system.³ It augments chronically insufficient federal and state investments to make behavioral health treatment more available, accessible, and effective for King County residents. MIDD funds reinforce and amplify King County's other principal behavioral health funding sources: the King

¹ RCW 82.14.460. [\[LINK https://app.leg.wa.gov/rcw/default.aspx?cite=82.14.460\]](https://app.leg.wa.gov/rcw/default.aspx?cite=82.14.460) and KCC 4A.500.300. [\[LINK https://aqua.kingcounty.gov/council/clerk/code/07_Title_4A.htm#_Toc54697846\]](https://aqua.kingcounty.gov/council/clerk/code/07_Title_4A.htm#_Toc54697846)

² [LINK](#)

³ March 2025 King County Economic and Revenue Forecast. Office of Economic and Financial Analysis (OEFA). [\[LINK https://cdn.kingcounty.gov/-/media/king-county/independent/governance-and-leadership/government-oversight/forecasting/documents/march2025_pdf.pdf?rev=c2456dedf4674d678472b2fafbfd30cd&hash=0B50AB7757108890A56AC1708ECD57DB\]](https://cdn.kingcounty.gov/-/media/king-county/independent/governance-and-leadership/government-oversight/forecasting/documents/march2025_pdf.pdf?rev=c2456dedf4674d678472b2fafbfd30cd&hash=0B50AB7757108890A56AC1708ECD57DB)

County Integrated Care Network (KCICN), the King County Behavioral Health Administrative Services Organization (BH-ASO), and the Crisis Care Centers Levy.^{4,5}

MIDD funds behavioral health services that cannot be billed to Medicaid and services for people who are ineligible for Medicaid. Unlike Medicaid and many other funding sources, MIDD is not limited by restrictions on the specific populations it can serve or the types of behavioral health services it can provide.⁶ State law grants counties broad discretion to direct funding to many different kinds of behavioral health services, enabling MIDD to fund services that are needed most to support people's behavioral health.⁷

MIDD Summary Data: Data from DCHS on MIDD shows that from 2017 through 2024, MIDD investments:

- Served over 100,000 King County residents, many of whom have experienced measurable improvements in indicators of health and wellbeing,
- Infused over \$380 million into King County's community-based behavioral health providers,⁸ and
- Implemented more than 20 new initiatives, including introducing next-day appointments for substance use disorder assessment, creating additional mobile crisis teams in south King County, and expanding School-Based Screening, Brief Intervention, and Referral to Treatment/Services, in addition to continuing support of programs funded under MIDD's initial 2008-2016 plan.^{9,10}

Behavioral health sales tax investments help people achieve recovery and stability. Three years after enrollment in relevant MIDD initiatives, participants experienced:

- 67 percent fewer engagements with adult crisis programs;
- 33 percent fewer emergency department visits;
- 62 percent fewer bookings into King County jails; and

⁴ "King County Behavioral Health Funding Structure," King County. [\[LINK https://cdn.kingcounty.gov/-/media/king-county/depts/dchs/behavioral-health-recovery/provider-manual/Provider%20Manual%20Attachments/01_A_King_County_Behavioral_Health_Structure.ashx?la=en\]](https://cdn.kingcounty.gov/-/media/king-county/depts/dchs/behavioral-health-recovery/provider-manual/Provider%20Manual%20Attachments/01_A_King_County_Behavioral_Health_Structure.ashx?la=en).

⁵ King County Ordinance No. 19572 [LINK https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=5859151&GUID=853F9D4E-37DC-4642-80B5-AE3C3D23ECEC&Options=Advanced&Search=](https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=5859151&GUID=853F9D4E-37DC-4642-80B5-AE3C3D23ECEC&Options=Advanced&Search=)

⁶ Washington State Medicaid (Apple Health) is regulated by the federal Centers for Medicare and Medicaid Services (CMS) and by the Washington State Health Care Authority (HCA). For an example of the complex interplay of restrictions on Medicaid funds, see the Washington Apple Health (Medicaid) Mental Health Services Billing Guide from the Health Care Authority (April 1, 2025). [\[LINK https://www.hca.wa.gov/assets/billers-and-providers/mental-health-svcs-bg-20250401.pdf\]](https://www.hca.wa.gov/assets/billers-and-providers/mental-health-svcs-bg-20250401.pdf)

⁷ RCW 82.14.460. [\[LINK https://app.leg.wa.gov/rcw/default.aspx?cite=82.14.460\]](https://app.leg.wa.gov/rcw/default.aspx?cite=82.14.460)

⁸ MIDD Behavioral Health Sales Tax dashboard, King County BHRD. [\[LINK https://kingcounty.gov/en/dept/dchs/human-social-services/community-funded-initiatives/midd-behavioral-health-tax/midd-behavioral-health-sales-tax-dashboard\]](https://kingcounty.gov/en/dept/dchs/human-social-services/community-funded-initiatives/midd-behavioral-health-tax/midd-behavioral-health-sales-tax-dashboard)

⁹ MIDD 1 Implementation Plan, June 2008. [\[LINK https://mkcclegisearch.kingcounty.gov/View.ashx?M=F&ID=774665&GUID=5274B8C0-7483-4BB1-B7E6-99A8FA0F9337\]](https://mkcclegisearch.kingcounty.gov/View.ashx?M=F&ID=774665&GUID=5274B8C0-7483-4BB1-B7E6-99A8FA0F9337)

¹⁰ MIDD 2 Implementation Plan, June 2017. [\[LINK https://cdn.kingcounty.gov/-/media/king-county/depts/dchs/behavioral-health-recovery/midd/midd/documents/170804_midd_implementation_plan.pdf?la=en&rev=620583891f9244ddb76dfb7e5c4b1f6f&hash=BFE0B56EA0AFE73E42032C2876738B72\]](https://cdn.kingcounty.gov/-/media/king-county/depts/dchs/behavioral-health-recovery/midd/midd/documents/170804_midd_implementation_plan.pdf?la=en&rev=620583891f9244ddb76dfb7e5c4b1f6f&hash=BFE0B56EA0AFE73E42032C2876738B72)

- 36 percent fewer involuntary psychiatric hospitalizations.¹¹

MIDD investments improve health and wellness, recovery, and connection to community, especially for people most affected by inequities related to race, income, and access to health care: 27 percent of people who connected with relevant MIDD initiatives between 2017 and 2024 increased their engagement with publicly funded behavioral health treatment over the next 12 months.¹²

Programs funded by the second MIDD during 2017-2024 reached people each year through more than 50 initiatives.¹³ MIDD's programs and initiatives are organized under the following strategy areas:

- Recovery and Reentry (16 initiatives)
- Crisis Diversion (17 initiatives)
- Prevention and Early Intervention (11 initiatives)
- Therapeutic Courts (six initiatives)
- System Improvement (four initiatives)

In 2024, MIDD's 54 initiatives involved 317 contracts with 120 behavioral health providers.

MIDD Outcomes

1. Engagement with behavioral health treatment

For many individuals, contact with MIDD programming during a crisis can be the first step to accessing needed treatment and supports to move toward wellbeing and recovery. Among people served by relevant initiatives between 2017 and 2024, 27 percent newly engaged in behavioral health treatment after enrolling in a MIDD strategy, and 33 percent sustained their existing engagement in treatment (Figure 1).¹⁴ Thirty percent had no engagement before or after MIDD program participation, and 10 percent were engaged in treatment before MIDD but not afterward.

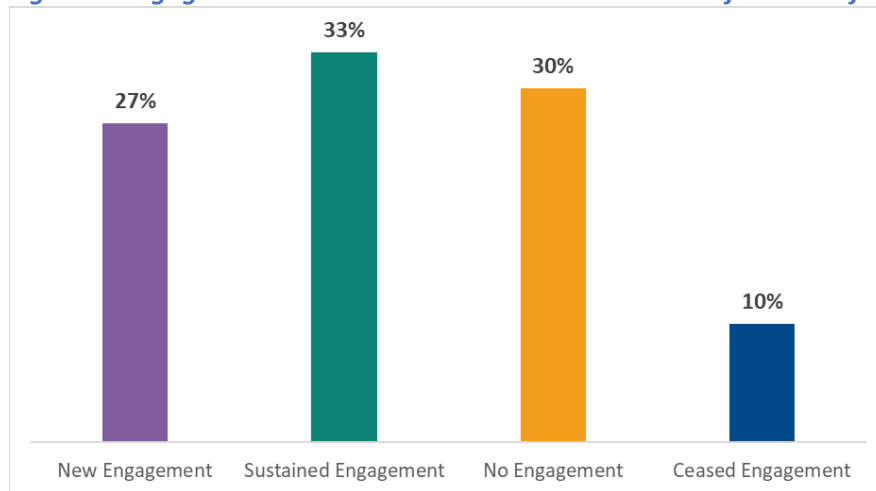
¹¹ These outcomes describe people who enrolled in relevant MIDD initiatives between 2017 and 2020, the most recent enrollment years for which three-year outcomes can be measured.

¹² MIDD 2 Implementation Plan. June 2017. [[LINK](https://cdn.kingcounty.gov/-/media/king-county/depts/dchs/behavioral-health-recovery/midd/midd/documents/170804_midd_implementation_plan.pdf?la=en&rev=620583891f9244ddb76dfb7e5c4b1f6f&hash=BFE0B56EA0AFE73E42032C2876738B72) https://cdn.kingcounty.gov/-/media/king-county/depts/dchs/behavioral-health-recovery/midd/midd/documents/170804_midd_implementation_plan.pdf?la=en&rev=620583891f9244ddb76dfb7e5c4b1f6f&hash=BFE0B56EA0AFE73E42032C2876738B72]

¹³ MIDD Initiative Descriptions. [[LINK](https://kingcounty.gov/en/dept/dchs/human-social-services/community-funded-initiatives/midd-behavioral-health-tax/initiatives) https://kingcounty.gov/en/dept/dchs/human-social-services/community-funded-initiatives/midd-behavioral-health-tax/initiatives]

¹⁴ Engagement refers to participation in other DCHS-administered outpatient or residential treatment programming in the 12 months after enrollment in a MIDD program.

Figure 1: Engagement with behavioral health treatment before and after enrollment in MIDD



2. Long-term use of costly systems

Evaluation of long-term outcomes among MIDD participants focuses on use of costly systems such as emergency departments (EDs), jails, psychiatric hospitalizations, and crisis services. Across all four of these systems, MIDD participants showed significant long-term improvements. These reductions suggest that through MIDD programs, participants are receiving the support they need to achieve or maintain their recovery in their communities.

Figure 2 displays the decline in the number of engagements with these systems for MIDD participants three years after their enrollment.¹⁵

Figure 2: Reduction in use of costly systems in the three years following MIDD enrollment



Crisis services: Participants' frequency of engagement with publicly funded crisis services declined by 67 percent three years after MIDD program enrollment. Publicly funded crisis services include mobile crisis outreach, next-day appointments, crisis beds and facilities, and involuntary treatment and triage.

¹⁵ Year-specific measurements are available in the most recent MIDD Annual Report, which shows that the trends highlighted in the following sections are consistent for each annual cohort of MIDD participants: 2023 MIDD Behavioral Health Sales Tax dashboard, King County BHRD. [\[LINK https://kingcounty.gov/en/dept/dchs/human-social-services/community-funded-initiatives/midd-behavioral-health-tax/midd-behavioral-health-sales-tax-dashboard\]](https://kingcounty.gov/en/dept/dchs/human-social-services/community-funded-initiatives/midd-behavioral-health-tax/midd-behavioral-health-sales-tax-dashboard)

Psychiatric hospitalizations: Participants' episodes of hospitalization at Western State Hospital and involuntary detentions at King County hospitals or other local psychiatric facilities increased in the first year following enrollment as individuals engaged with services in periods of acute need, but reductions were evident as soon as the second year, and hospitalizations declined by 36 percent by the third year after enrollment.

Jail bookings: Participants' bookings into County-run and municipal jails declined by 62 percent by the third year after MIDD program enrollment as shown in Figure 3.

Figure 3: King County Jail Bookings, Long-Term Trends among Cohorts of MIDD Participants



Emergency department visits: Participants' emergency department visits declined by 33 percent by the third year after MIDD program enrollment, after a modest increase in the first year associated with their increased service engagement.

3. People served

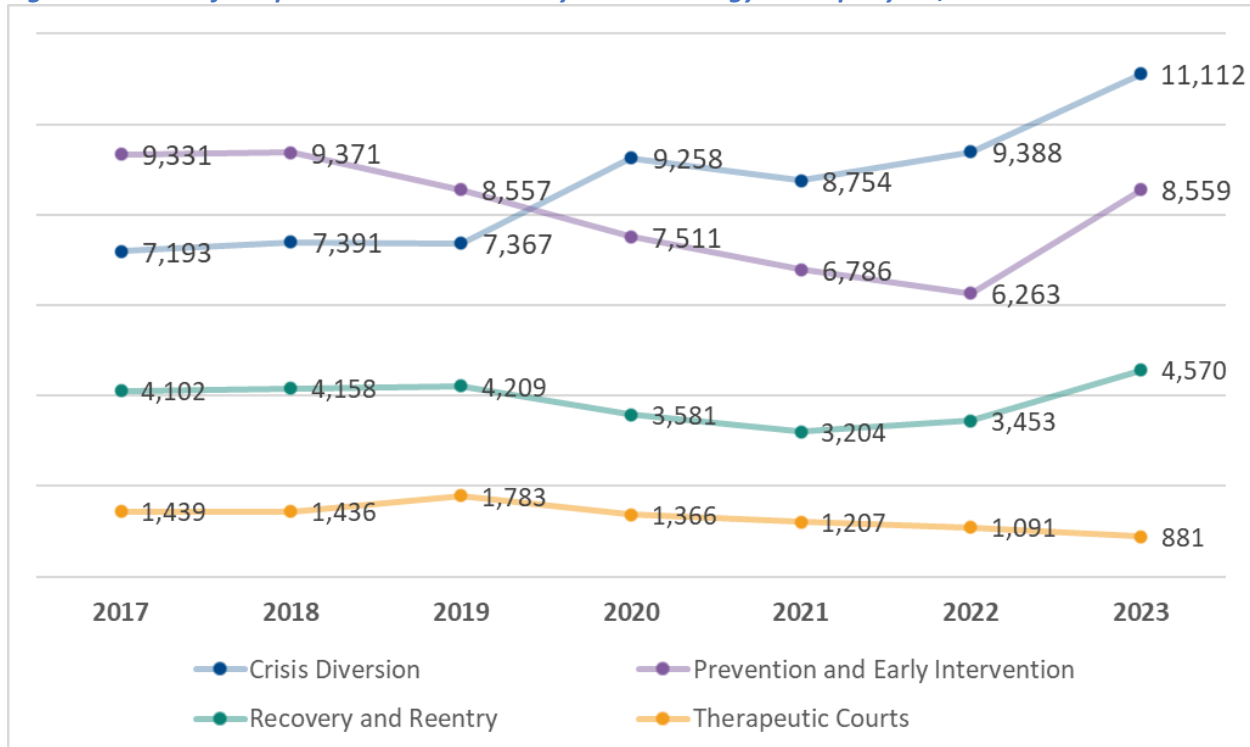
Since 2017, MIDD programs have served more than 100,000 people by funding direct behavioral health services. MIDD has also reached thousands more through community events, trainings, and other system-focused programming. Generally, MIDD programs serve more than 20,000 unique individuals each year, some of whom participate in services for multiple years. The number of active MIDD initiatives has fluctuated from year to year, but the number of participants remained relatively consistent until a decrease concurrent with the COVID-19 pandemic, when overall behavioral health service participation also dipped temporarily. Since then, annual participant numbers have rebounded and exceeded previous totals.

Each MIDD initiative serves varying numbers of people each year, from fewer than 100 to more than 4,000. Some initiatives offer intensive, ongoing services to individuals with complex social and behavioral health needs, while others offer less intensive services such as time-limited outreach or assessment and referrals to other services in the community. Figure 3 shows the number of unique people served between 2017 and 2024 in four of MIDD's five strategy areas.¹⁶

¹⁶ The System Improvements strategy area is excluded because most initiatives in that area support system-focused programming rather than direct services.

All strategy areas except for Therapeutic Courts have seen increases in numbers served since 2020.¹⁷ Crisis Diversion initiatives served more individuals than other strategy areas, proportional to greater investment. Although the growth of that strategy area was a response to greater need, the recent implementation of the Crisis Care Centers Levy has added more resources dedicated to crisis services in King County.

Figure 3: Count of unique individuals served by MIDD strategy areas per year, 2017-2023



The larger initiatives demonstrate MIDD’s key role in providing needed treatment and services for thousands of people who could not otherwise access it. For example, in 2024 , MIDD’s Community Behavioral Health Treatment initiative provided outpatient mental health and substance use treatment services to 3,500 people who had low incomes but were not eligible for Medicaid. This initiative has served 11,875 people since 2017.

4. Participant demographics

Systemic racism greatly influences access to behavioral health care.¹⁸ MIDD aims to increase equitable access to services and to enhance availability of culturally and linguistically relevant services.

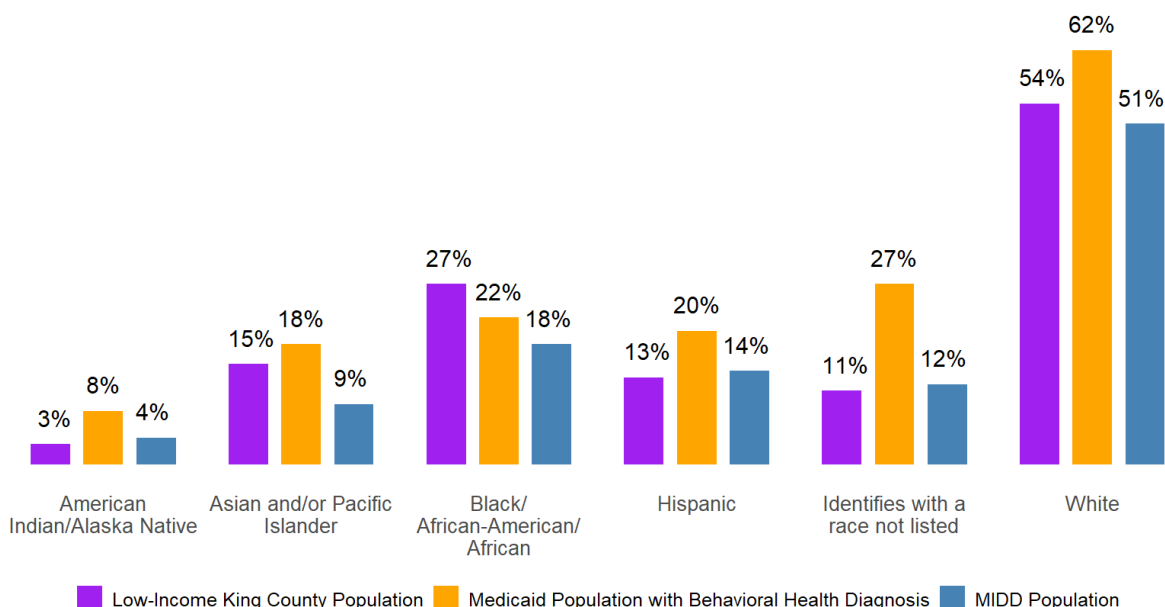
Participant data suggest opportunities for MIDD to do more to serve Asian and/or Pacific Islander and Black/African-American/African people who are underrepresented in MIDD’s service population compared to low-income King County residents and Medicaid beneficiaries with a behavioral health

¹⁷ The decrease in Therapeutic Court utilization since 2020 may have resulted from the society-wide disruptions of the COVID-19 pandemic, changes to Washington State Drug Laws, and changes to Court booking policies.

¹⁸ “Racial and Ethnic Disparities in Mental Health Care: Findings from the KFF Survey of Racism, Discrimination and Health,” KFF. May 23, 2024. [LINK https://www.kff.org/racial-equity-and-health-policy/issue-brief/racial-and-ethnic-disparities-in-mental-health-care-findings-from-the-kff-survey-of-racism-discrimination-and-health/](https://www.kff.org/racial-equity-and-health-policy/issue-brief/racial-and-ethnic-disparities-in-mental-health-care-findings-from-the-kff-survey-of-racism-discrimination-and-health/)

diagnosis (Figure 4). Although these are not perfectly comparable groups, they provide benchmarks for understanding the reach of MIDD compared to similar populations.

Figure 4: Race and ethnicity of MIDD participants (2017-2023) compared to low-income King County residents (2023) and Medicaid enrollees with behavioral health diagnoses (2023)^{19, 20}



MIDD has made targeted investments to increase service access and availability. MIDD’s Community Driven Behavioral Health Grants initiative supports culturally specific and responsive models that provide behavioral health programming to individuals and communities that are not typically well-served by the mainstream system.

5. Geographic distribution of participants

MIDD invests in programs and strategies serving people across the entire County. Figure 5 shows the number of MIDD participants residing in various King County ZIP codes alongside the percentage of families in each ZIP code living in poverty.²¹ MIDD service participation aligns broadly with concentrations of lower-income residents throughout King County. Because MIDD programs primarily serve lower-income people, alignment between the two maps shows that MIDD is reaching its main target population. The maps portray some of the densest areas of their applicable populations in downtown Seattle, southeast Seattle, and parts of south King County. These areas also have a relatively high density of residents who are Black, Indigenous, or people of color (BIPOC) or speak languages other than English, reinforcing the impact of funding culturally and linguistically responsive care within

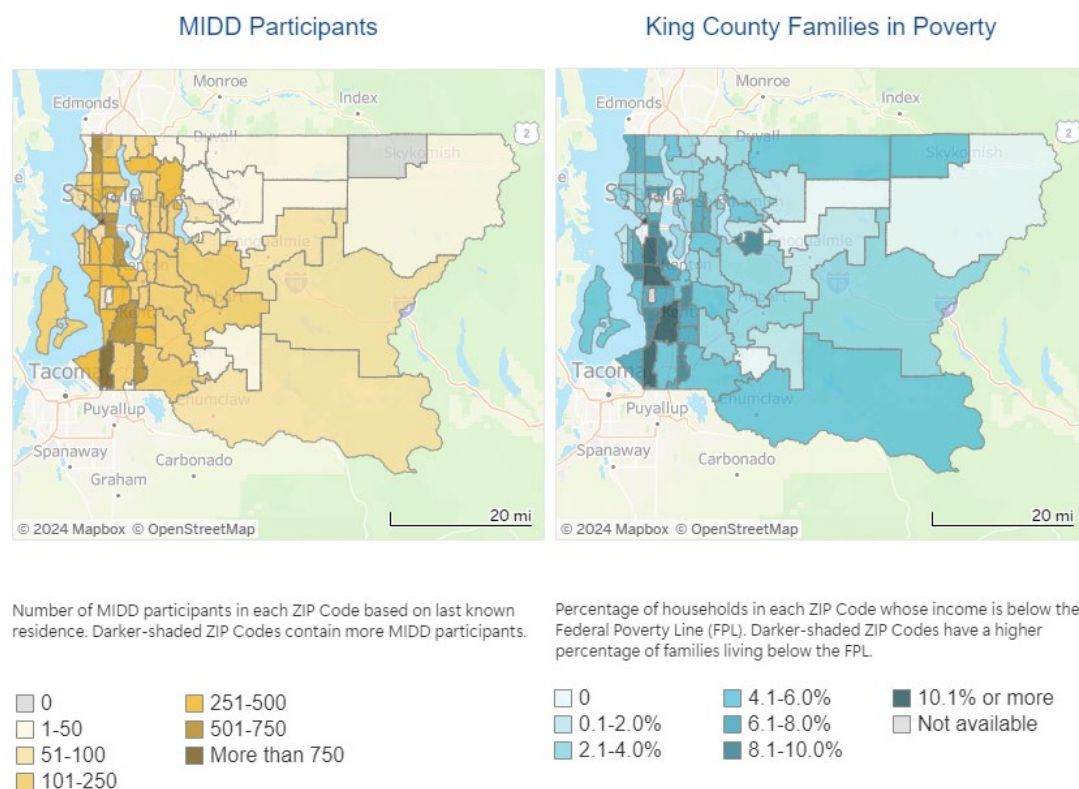
¹⁹ In alignment with federal reporting standards as well as best practice, individuals identifying with multiple races are represented multiple times. Numbers across categories may sum to more than 100 percent.

²⁰ American Community Survey, 2023. Retrieved from IPUMS USA: Version 15.0 [dataset]. Minneapolis, MN: IPUMS, 2024. [\[LINK https://doi.org/10.18128/D010.V15.0\]](https://doi.org/10.18128/D010.V15.0)

²¹ Map includes households with an income under 100% of the federal poverty level (FPL).

MIDD.²² Multiple years of data cannot be represented on a single map, but the patterns of service participation are consistent across years.²³

Figure 5: 2023 MIDD participants and King County families in poverty by residence zip code



Additional detail on outcomes from each MIDD Annual Report is available on the DCHS website, including interactive data dashboards for each report since 2020.²⁴

²² “Census Data and King County Demographic Trends: Presentation for the King County Redistricting Committee,” King County Office of Performance, Strategy, and Budget. May 13, 2021. [LINK https://kingcounty.gov/~media/independent/districting/2021/meeting-materials/Redistricting_Cmte_CensusData_and_KCtrends.ashx?la=en](https://kingcounty.gov/~media/independent/districting/2021/meeting-materials/Redistricting_Cmte_CensusData_and_KCtrends.ashx?la=en)

²³ Maps for additional years are available in MIDD’s Annual Report archive: MIDD Plans, Reports, and Briefing Papers. [LINK https://kingcounty.gov/en/dept/dchs/human-social-services/community-funded-initiatives/midd-behavioral-health-tax/midd-behavioral-health-sales-tax-dashboard/past-reports](https://kingcounty.gov/en/dept/dchs/human-social-services/community-funded-initiatives/midd-behavioral-health-tax/midd-behavioral-health-sales-tax-dashboard/past-reports)

²⁴ MIDD Behavioral Health Sales Tax dashboard, King County BHRD. Click on “Plans, Reports, and Briefing Papers” on the right sidebar to see reports prior to 2023. [LINK https://kingcounty.gov/en/dept/dchs/human-social-services/community-funded-initiatives/midd-behavioral-health-tax/midd-behavioral-health-sales-tax-dashboard](https://kingcounty.gov/en/dept/dchs/human-social-services/community-funded-initiatives/midd-behavioral-health-tax/midd-behavioral-health-sales-tax-dashboard)

2025 FISCAL NOTE

Ordinance/Motion: 15949
 Title: MIDD Renewal
 Affected Agency and/or Agencies: DCHS, DPH, DAJD, PAO, DPD, DJA, KCSC, KCDC, KCSO
 Note Prepared By: Scott Miller and Ryan Black, DCHS
 Date Prepared: 6/12/2025
 Note Reviewed By: Nicholas Makhani and Elly Slakie
 Date Reviewed: 6/16/2025 and 7/2/2025

Description of request:

This proposed Ordinance would continue collections of the behavioral health sales tax authorized by RCW 82.14.460, known as MIDD, by extending its expiration until January 1, 2035.

Revenue to:

Agency	Fund Code	Revenue Source	2025	2026-2027	2028-2029
DCHS	1135	Sales Tax		192,600,000	202,940,000
DCHS	1135	Interest Earnings		1,760,000	860,000
DCHS	1135	Sales Tax Expansion		29,790,000	32,240,000
TOTAL			0	224,150,000	236,040,000

Expenditures from:

Agency	Fund Code	Department	2025	2026-2027	2028-2029
TOTAL			0	0	0

Expenditures by Categories

	2025	2026-2027	2028-2029
TOTAL	0	0	0

Does this legislation require a budget supplemental? No. The funding reflected here will be included in future biennial budgets.

Notes and Assumptions:

Revenues are based on March 2025 OEFA forecast for .1% of countywide taxable sales and March 2025 MIDD 1135 financial plan Expansion to MIDD revenue per SB 5814 is estimated at \$29.7 million and included for contemplative purposes.
 Revenue and expense in 2025 is assumed under current law, therefore not included in this fiscal note.