

King County

1200 King County Courthouse 516 Third Avenue Seattle, WA 98104

Meeting Agenda Health and Human Services Committee

Councilmembers: Teresa Mosqueda, Chair; Sarah Perry, Vice-Chair; Jorge Barón, Girmay Zahilay

Lead Staff: Sam Porter (206-263-2708)

Committee Clerk: Angelica Calderon (206-477-0874)

9:30 AM Tuesday, May 7, 2024 Room 1001

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 public 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 Health and Human Services 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 before 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: You may provide oral comment on current agenda items during the meeting's public comment period by connecting to the meeting via phone or computer using the ZOOM application https://zoom.us/join, and entering the Webinar ID number below.



Sign language and interpreter services can be arranged given sufficient notice (206-848-0355).

TTY Number - TTY 711.

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.



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. at least three business days prior to the meeting.

CONNECTING TO THE WEBINAR:

Webinar ID: 861 4624 1810

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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 Channel 22 (Comcast Channel 22 and 322(HD), Wave Broadband Channel 22)
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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
- 3. Approval of Minutes p. 5

Minutes of April 2, 2024 meeting

4. Public Comment

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



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Briefing

5. <u>Briefing No. 2024-B0060</u> **p. 10**

State of the Workforce in Health & Human Services

Consent

6. Proposed Motion No. 2024-0098 p. 11

A MOTION confirming the executive's appointment of Amanda Knott, who resides in council district seven, to the King County board for developmental disabilities.

Sponsors: von Reichbauer

Sam Porter, Council staff

7. Proposed Motion No. 2024-0100 **p. 11**

A MOTION confirming the executive's appointment of Devony Boyle, who resides in council district two, to the King County board for developmental disabilities.

Sponsors: Zahilay

Sam Porter, Council staff

Briefing

8. Briefing No. 2024-B0026 p. 21

Best Starts for Kids Report on the True Cost of Child Care

Jessica Tollenaar Cafferty, Best Starts for Kids Co Lead, Department of Community and Human Services

Discussion and Possible Action

9. Proposed Motion No. 2023-0276 **p. 62**

A MOTION approving the 2022 annual mental illness and drug dependency evaluation summary report, in compliance with K.C.C. 4A.500.309.

Sponsors: von Reichbauer



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Sam Porter, Council staff
Susan McLaughlin, Division Director, Behavioral Health & Recovery Division, Department of Community
and Human Services
Robin Pfohman, MIDD Coordinator, BHRD, DCHS

Other Business

Adjournment



Sign language and interpreter services can be arranged given sufficient notice (206-848-0355).

TTY Number - TTY 711.

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King County

1200 King County Courthouse 516 Third Avenue Seattle, WA 98104

Meeting Minutes Health and Human Services Committee

Councilmembers: Teresa Mosqueda, Chair; Sarah Perry, Vice-Chair; Jorge Barón, Girmay Zahilay

Lead Staff: Sam Porter (206-263-2708)
Committee Clerk: Angelica Calderon (206-477-0874)

9:30 AM Tuesday, April 2, 2024 Room 1001

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1. Call to Order

Chair Mosqueda called the meeting to order at 9:30 a.m.

2. Roll Call

Present: 4 - Barón, Mosqueda, Perry and Zahilay

3. Approval of Minutes

Councilmember Barón moved approval of the minutes of the March 5 and 6, 2024 meetings. Seeing no objections, the minutes were approved.

4. Public Comment

The following individual was present to provide public comment.

Laura Van Tosh

Consent

5. Proposed Motion No. 2024-0046

A MOTION confirming the executive's appointment of Michael Byun, who works in council district two, to the King County mental illness and drug dependency advisory committee, as a provider of culturally specific mental health services in King County.

Sponsors: Zahilay

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

Yes: 4 - Barón, Mosqueda, Perry and Zahilay

6. Proposed Motion No. 2024-0057

A MOTION confirming the executive's appointment of Charmaigne Jones, who resides in council district five, to the King County children and youth advisory board.

Sponsors: Upthegrove

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

Yes: 4 - Barón, Mosqueda, Perry and Zahilay

7. Proposed Motion No. 2024-0058

A MOTION confirming the executive's appointment of Ethiopia Alemneh, who resides in council district five, to the King County children and youth advisory board.

Sponsors: Upthegrove

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

Yes: 4 - Barón, Mosqueda, Perry and Zahilay

8. Proposed Motion No. 2024-0059

A MOTION confirming the executive's appointment of Lisa Stirgus, who resides in council district seven, to the King County children and youth advisory board.

Sponsors: von Reichbauer

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

Yes: 4 - Barón, Mosqueda, Perry and Zahilay

9. Proposed Motion No. 2024-0060

A MOTION confirming the executive's appointment of Eden Gebre, who resides in council district five, to the King County children and youth advisory board.

Sponsors: Upthegrove

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

Yes: 4 - Barón, Mosqueda, Perry and Zahilay

10. Proposed Motion No. 2024-0061

A MOTION confirming the executive's appointment of Jerry Blackburn, who resides in council district three, to the King County children and youth advisory board.

Sponsors: Perry

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

Yes: 4 - Barón, Mosqueda, Perry and Zahilay

11. Proposed Motion No. 2024-0062

A MOTION confirming the executive's appointment of Yedidia Alebachew, who resides in council district four, to the King County children and youth advisory board.

Sponsors: Barón

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

Yes: 4 - Barón, Mosqueda, Perry and Zahilay

12. Proposed Motion No. 2024-0072

A MOTION confirming the executive's appointment of Hafsa Azaz, who resides in council district three, to the King County women's advisory board, as a council at-large representative.

Sponsors: Perry

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

Yes: 4 - Barón, Mosqueda, Perry and Zahilay

13. Proposed Motion No. 2024-0073

A MOTION confirming the executive's appointment of Hend Alhinnawi, who resides in council district six, to the King County women's advisory board, as a council at-large representative.

Sponsors: Balducci

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

Yes: 4 - Barón, Mosqueda, Perry and Zahilay

Briefing

14. Briefing No. 2024-B0033

Briefing on Proposed Ordinance 2024-0011 Crisis Care Centers Levy Implementation Plan

Sam Porter, Sherrie Hsu and Melissa Bailey, briefed the Committee and answered

questions from the members. Matt Goldman, M.D., M.S., Medical Director, Crisis Care Centers Initiative, DCHS and Kelly Rider, Director, Community & Human Services, DCHS, commented and answered questions from the members.

This matter was Presented

Other Business

Health and Human Services

Committee

There was no other business to come before the committee.

Adjournment

The	meeting was	adjourned	at	10.52	a m
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Approved this	day of	
		Clerk's Signature



Health and Human Services Committee

May 7, 2024

Agenda Item No. 5 Briefing No. 2024-B0060

State of the Workforce in Health & Human Services

No Materials for this item will be available before the meeting.



Metropolitan King County Council Health and Human Services Committee

STAFF REPORT

Agenda Items:	6 - 7	Name:	Sam Porter
Proposed No.:	2024-0098 2024-0100	Date:	May 7, 2024

<u>SUBJECT</u>

Proposed motions to confirm the appointments of the following individuals to the Board for Developmental Disabilities:

- Amanda Knott, who resides in Council District 7, for a partial term to expire on September 30, 2025¹
- Devony Boyle, who resides in Council District 2, for a partial term to expire on September 30, 2025²

BACKGROUND

The 15-member Board for Developmental Disabilities is a citizen advisory board that provides oversight of community services for children with developmental delays, adults with developmental disabilities and the families of these individuals. The board is established under state law (RCW 71.A.14.020)³ and King County Code 2.32.020. The board develops plans for developmental disability services, advises on funding priorities, and advocates for increases in funding and improvement in services. Board members include family advocates, self-advocates, professionals, and interested citizens.

APPOINTEE INFORMATION

Amanda Knott According to her application materials, Amanda Knott is a child, family and community advocate, and student at Green River College. Ms. Knott is a substitute paraeducator in the Auburn School District and states that she has, "the insight, experience and compassion to do work to help the families of King County from multiple perspectives," including as a mother to a student with a disability.

¹ Proposed Motion 2024-0098

² Proposed Motion 2024-0100

³ RCW 71A.14.020 allows that "The county governing authority of any county may appoint a developmental disability board to plan services for persons with developmental disabilities, to provide directly or indirectly a continuum of care and services to persons with developmental disabilities within the county or counties served by the community board." Boards established pursuant to this RCW can have no fewer than nine and up to 15 members.

Devony Boyle According to her application materials, Devony Boyle is the Human Resources Administrator for the Pike Market Senior Center and Downtown Food Bank and owner of Devony Boyle Coaching which specializes in working with adults with ADHD traits. Ms. Boyle holds multiple certifications including ADHD Clinical Services Provider, Mental Health First Aid, and Integrative Somatic Trauma Therapy.

ANALYSIS

Staff has not identified any issues with the proposed appointment that appears to be consistent with state law and King County Code requirements.

According to the board profile transmitted with the proposed motion, there are five vacancies on the 15-member board, and five members awaiting confirmation including the two described in this staff report. According to RCW 71A.14.020(3), "The board shall consist of not less than nine nor more than fifteen members."

ATTACHMENTS

- 1. Proposed Motion 2024-0098
- 2. Transmittal Letter
- 3. Proposed Motion 2024-0100
- 4. Transmittal Letter
- 5. Board Profile, March 2024

ATTACHMENT 1



KING COUNTY

1200 King County Courthouse 516 Third Avenue Seattle, WA 98104

Signature Report

Motion

	Proposed No. 2024-0098.1	Sponsors von Reichbauer
1	A MOTION confirming	the executive's appointment of
2	Amanda Knott, who resid	des in council district seven, to the
3	King County board for de	evelopmental disabilities.
4	BE IT MOVED by the Council of	of King County:
5	The county executive's appointment	nent of Amanda Knott, who resides in council
6	district seven, to the King County board	for developmental disabilities, for a partial term

	KING COUNTY COUNCIL KING COUNTY, WASHINGTON
ATTEST:	Rod Dembowski, Chair
Melani Pedroza, Clerk of the Council	
APPROVED this day of	·
	Dow Constantine, County Executive
Attachments: None	



Dow Constantine

King County Executive

401 Fifth Avenue, Suite 800 Seattle, WA 98104

206-296-9600 Fax 206-296-0194

TTY Relay: 711 www.kingcounty.gov

March 19, 2024

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

Dear Councilmember Upthegrove:

This letter transmits a proposed Motion confirming the appointment of Amanda Knott, who resides in council district seven, to the King County Board for Developmental Disabilities, for a partial term expiring September 30, 2025.

Ms. Knott's application, financial disclosure, board profile, and appointment letter, are enclosed to serve as supporting and background information to assist the Council in considering confirmation.

Thank you for your consideration of the proposed legislation. If you have any questions about this appointment, please have your staff call Rick Ybarra, Boards and Commissions Liaison, at 206-263-9651.

Sincerely,

Dow Constantine

King County Executive

Enclosures

cc: King County Councilmembers

Dow Constanti

ATTN: Stephanie Cirkovich, Chief of Staff

Melani Hay, Clerk of the Council

Karan Gill, Chief of Staff, Office of the Executive

Penny Lipsou, Council Relations Director, Office of the Executive Rick Ybarra, Boards and Commissions Liaison, Office of the Executive

Michaelle Monday, Staff Liaison

Amanda Knott

ATTACHMENT 3



KING COUNTY

1200 King County Courthouse 516 Third Avenue Seattle, WA 98104

Signature Report

Motion

	Proposed No. 2024-0100.1 Sponsors Zahilay
1	A MOTION confirming the executive's appointment of
2	Devony Boyle, who resides in council district two, to the
3	King County board for developmental disabilities.
4	BE IT MOVED by the Council of King County:
5	The county executive's appointment of Devony Boyle, who resides in council
6	district two, to the King County board for developmental disabilities, for a partial term to

	KING COUNTY COUNCIL
	KING COUNTY, WASHINGTON
ATTEST:	Rod Dembowski, Chair
Melani Pedroza, Clerk of the Council	
APPROVED this day of	·
	Dow Constantine, County Executive
Attachments: None	



Dow Constantine

King County Executive

401 Fifth Avenue, Suite 800 Seattle, WA 98104

206-296-9600 Fax 206-296-0194

TTY Relay: 711 www.kingcounty.gov

March 19, 2024

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

Dear Councilmember Upthegrove:

This letter transmits a proposed Motion confirming the appointment of Devony Boyle, who resides in council district two, to the King County Board for Developmental Disabilities, for a partial term expiring September 30, 2025.

Ms. Boyle's application, financial disclosure, board profile, and appointment letter, are enclosed to serve as supporting and background information to assist the Council in considering confirmation.

Thank you for your consideration of the proposed legislation. If you have any questions about this appointment, please have your staff call Rick Ybarra, Boards and Commissions Liaison, at 206-263-9651.

Sincerely,

Dow Constantine

King County Executive

Enclosures

cc: King County Councilmembers

Dow Constanti

ATTN: Stephanie Cirkovich, Chief of Staff

Melani Hay, Clerk of the Council

Karan Gill, Chief of Staff, Office of the Executive

Penny Lipsou, Council Relations Director, Office of the Executive

Rick Ybarra, Boards and Commissions Liaison, Office of the Executive

Michaelle Monday, Staff Liaison

Devony Boyle

BOARD FOR DEVELOPMENTAL DISABILITIES

DATE: March 2024

TOTAL NUMBER OF MEMBERS: 15 members

LENGTH OF TERM: 3-year terms

MEMBERS APPOINTED

Pos. No.	Name	KC District	Profession/Represents	Initial Appointment	Term Expires	Number of Appointed Terms
1	VACANT				9/30/24	
2	VACANT				9/30/24	
3	Brandon Graham	6	Ally who self-identifies as a person with a disability who is advocating for disability issues.	8/18/23	9/30/25	1 Partial
4	Maria Laura Musso Escude	1	Business professional advocating for disability issues and she has a family member with a developmental disability	10/6/21	9/30/27	2 Full
5	VACANT				9/30/24	
6	Tiffany Lee	3	Business professional who self-identifies as a person with a developmental disability and advocates for disability issues.	10/6/21	9/30/26	1 Partial / 1 Full
7	Elizabeth "Beth" Bardeen	4	Business professional who self-identifies as a person with a disability and advocates for disability issues.	10/24/23	9/30/26	1 Full
8	Amanda Knott	7	Business professional advocating for disability issues and she has a family member with a developmental disability	3/19/24	9/30/25	1 Partial
9	Molly McCoy	8	Business professional advocating for disability issues and she has a family member with a disability.	3/19/24	9/30/25	1 Partial
10	Joe Cunningham	1	Business professional and parent of an individual with a developmental disability.	12/18/19	9/30026	1 Partial / 2 Full
11	Devony Boyle	2	Business professional advocating for disability issues.	3/19/24	9/30/25	1 Partial
12	VACANT				9/30/24	
13	Seapa "CeCe" Stovall	9	Business professional and parent of an individual with a disability.	10/24/23	9/30/26	1 Full
14	VACANT				9/30/25	
15	Radhe Morgan	4	Business professional who self-identifies as a person with a developmental disability and advocates for disability issues.	3/19/24	9/30/26	1 Partial

MEMBERS APPOINTED - SUBJECT TO COUNCIL CONFIRMATION

Pos.	Name	KC District	Profession/Represents	Initial Appointment	Term Expires	Number of Appointed Terms
4	Maria Laura Musso Escude		Business professional advocating for disability issues and she has a family member with a developmental disability	10/6/21	9/30/27	2 Full
8	Amanda Knott	7	Business professional advocating for disability issues and she has a family member with a developmental disability	3/19/24	9/30/25	1 Partial
9	Molly McCoy	8	Business professional advocating for disability issues and she has a family member with a disability.	3/19/24	9/30/25	1 Partial

^{*} King County seeks to create an inclusive and accessible process for individuals who wish to serve on a King County board or commission. We strive to ensure that King County boards and commissions are representative of the communities we serve.

Pos.		KC	Profession/Represents	Initial	Term	Number of
No.	Name	District		Appointment	Expires	Appointed Terms
11	Devony Boyle	2	Business professional advocating for disability issues.	3/19/24	9/30/25	1 Partial
15	Radhe Morgan	4	Business professional who self-identifies as a person with a developmental disability and advocates for disability issues.	3/19/24	9/30/26	1 Partial



BRIEFING ON THE COST OF CARE REPORT JOINTLY COMMISSIONED BY SEATTLE AND KING COUNTY

HHS Meeting Materials Page 21 of 113 May 7, 2024

Background

Child Care is vital infrastructure for our communities.

King County residents face unique challenges due to our high cost of living.



WELCOME



Babies and kids are exposed to protective factors that promote healthy brain development.



Parents and caretakers get the support they need to work and make a positive economic impact in their communities.



Child care workers keep the economy running; the sector represents 13,300 jobs in King County.



Best Starts for Kids

Best Starts for Kids is a communitydriven initiative to support every baby born and child raised in King County so they reach adulthood happy, healthy, safe, and thriving.

Serving families through partnership

Seattle and King County have stepped up to invest in essential supports for the child care sector to better meet the needs for families and providers in our region.

Areas of investment



FY 24 subsidy commitments

King County: \$24M City of Seattle: \$4.3M

Expanded eligibility and increased demand for subsidy assistance has led to waitlists for families.











Best Starts for Kids Child Care Subsidy

- Build on and fills gaps in statewide system
- Sliding scale with deep subsidization for lowest income families
- Aligns with state subsidy rates



Best Starts for Kids Wage Boost Pilot Project

- Provides a wage enhancement to select child care workers across King County
- Studies relationship between increased wages and retention, quality of care, and worker well-being.



Finding the true cost of care

To better understand the dynamic of child care costs in our region, Seattle and King County commissioned an oversampling of our region to find the true cost of care.

Understanding the true cost of child care in the City of Seattle and King County

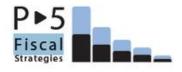
July 2023







Simon Workman & Jeanna Capito, Prenatal to Five Fiscal Strategies





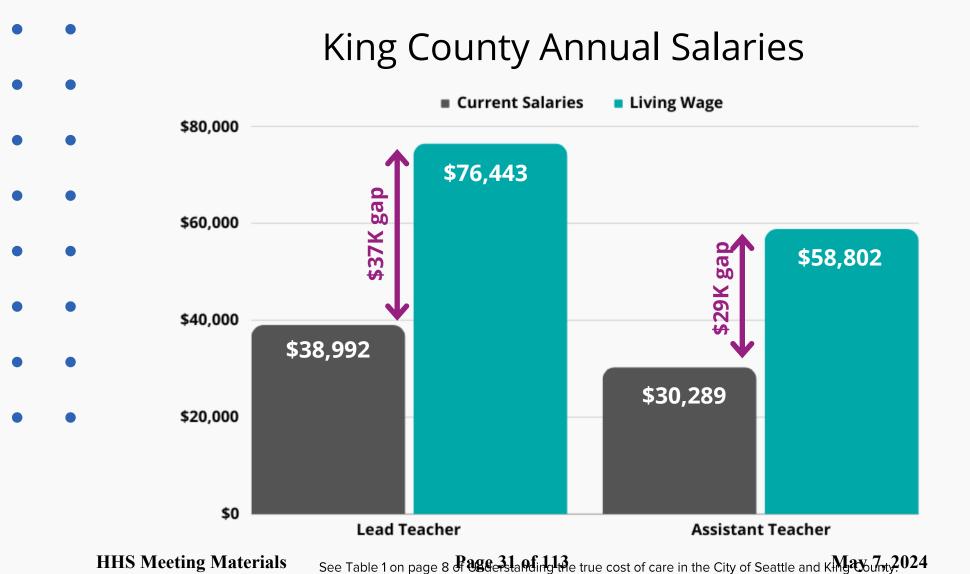
True Cost of Price of Care Cost of Care Care The cost of What families The actual cost providing quality spend on child services by of providing care at the adequately services. market rate. compensated staff.

What the report affirms

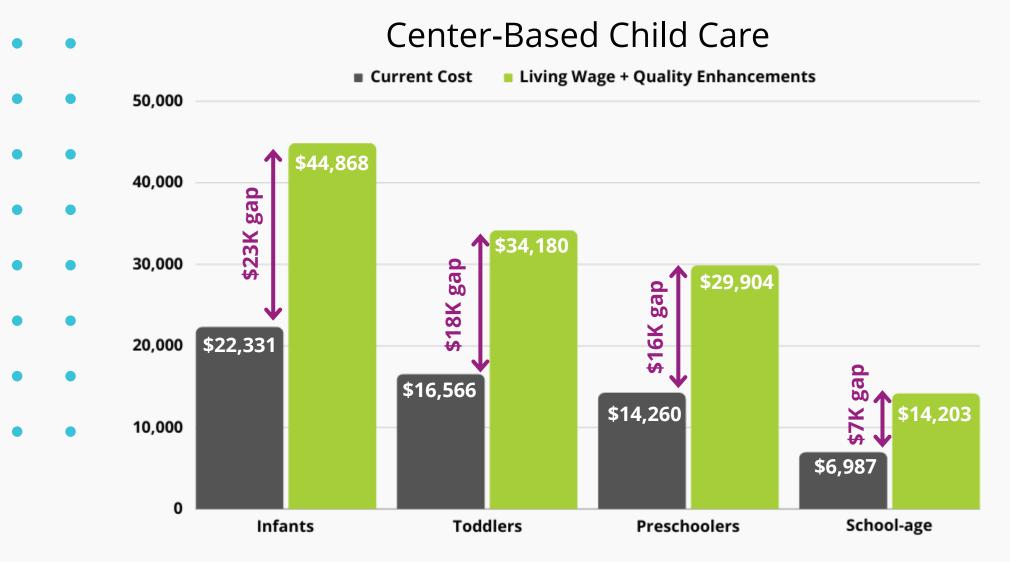
- Child care workers are underpaid
- Families navigate an expensive market
- Existing subsidy programs
 reimburse less than true cost of care
- Providers operate on razor thin margins



Setting a Living Wage Floor



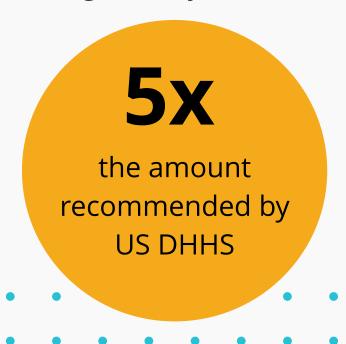
Annual cost per child, King County



HHS Meeting Materials. See Table 4 on page 10 of Understanding the true cost of care in the City of Seattle and King County. 7, 2024

Families navigate an expensive market

The **true cost** of child care for an infant in a child care center is equivalent to around **35% of the median household income** for a family in King County.





Existing subsidy programs reimburse providers less than true cost of care

- Best Starts and CCAP reimburse closest to true costs for school-age care
- For all other age groups, providers
 must fill a gap of up to \$10K annually
 per child in centers and \$32K in
 family child care programs





Providers operate on razor thin margins

- 70 percent of a child care program budget is personnel expenses
- Unlike the K-12 school system, families primarily bear the cost of child care
- Federal and state funding account for less than 40 percent of industry revenue



Child care is essential

A survey of families receiving the Best Starts subsidy showed:

- Increased ability to pay for basic needs, including food, healthcare, child care, formula and diapers, and transportation
- An 18% reduction in employment disruption
- Reduced stress and improved quality of life
- More freedom to pursue career goals or advancement for 95% of families!



Our Recommendations

- Increase collaboration between agencies, providers, and families
- Continue to deepen investments
- Focus investments on innovation

Policies we back

Federal:

- Child Care for Working Families Act
- Executive order to lower child care costs and support providers

State:

Child Care Access and Living Wage
 Proviso for the 2023–2025 state budget

Call to Action

To ensure sustainable care, support families, and child care workers, we need deep investments from the federal and state governments.





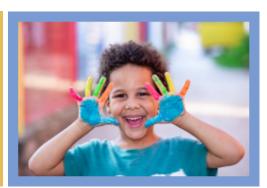
Jessica Tollenaar Cafferty, she/her
Best Starts for Kids Co-Lead
206-263-6905 – direct
206-290-6646 – cell
jtcafferty@kingcounty.gov

Understanding the true cost of child care in the City of Seattle and King County

July 2023







Simon Workman & Jeanna Capito, Prenatal to Five Fiscal Strategies

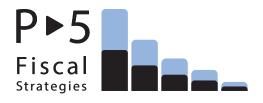


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Acknowledgments

This issue brief was developed for King County Best Starts for Kids and the City of Seattle Department of Education and Early Learning. It relies on the cost estimation model developed as part of a collaborative study in 2022 in partnership with the Child Care Collaborative Task Force, the Washington State Department of Commerce and the Washington State Department of Children, Youth and Families. Data specific to providers in Seattle and King County were analyzed to inform this regional issue brief.

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For more information about P5 Fiscal Strategies, please visit: www.prenatal5fiscal.org

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Executive Summary

This issue brief presents the results of a child care cost of care study conducted on behalf of King County Best Starts for Kids, and the City of Seattle Department of Early Education and Learning in 2022. The study was conducted by Prenatal to Five Fiscal Strategies and built on work completed for a statewide study commissioned by the Washington Child Care Collaborative Task Force.

The study is informed by data collected from child care providers across the city of Seattle and King County. Providers completed an online survey and participated in focus groups and interviews to share data on the cost of operating their business and provide input as to what it truly costs to provide high-quality child care in this region. A cost estimation model was developed, informed by these data and a Child Care Provider Advisory Work Group, to calculate the true cost of child care with adequate compensation for the child care workforce. This model is a dynamic tool that allows policymakers to understand the impact of program characteristics and policy decisions on the cost of care and assess the sufficiency of current funding streams.

The cost of care study finds that the true cost of child care in Seattle and King County is significantly higher than families can afford, or than current subsidy rates will reimburse, leaving a funding gap that threatens the stability and sustainability of the child care sector. Key findings from the study include:

• The true cost of child care when caregivers receive a living wage and benefits is around \$40,000 a year for an infant, \$30,000 for a toddler, \$25,000 for a preschooler, and \$13,000 for a school-age child.

- The true cost of care is higher in Seattle and King County than in any other area of the state, while at the same time, this population faces the highest cost of living.
- Personnel expenses account for around 70% of the cost of operating a child care program, creating a direct link between the cost of care and workforce compensation.
- While many families are struggling to afford the current price of child care, paying 20% or more of their income on child care, these private tuition rates are still below the true cost of care, leaving programs struggling to balance their budgets and often unable to pay sufficient wages and benefits to recruit and retain staff.
- The true cost of child care for an infant in a child care center is equivalent to around 35% of the median household income for a family in King County and Seattle, far beyond the 7% of household income threshold recommended by the federal Administration for Children and Families.
- Many families who do not qualify for any public subsidy still struggle to afford the current price of child care, let alone the true cost of care detailed in this study.
- Even with the recent increases in Working Connections Child Care subsidy rates, at the licensing level this subsidy covers only 75% of the true cost of care for an infant in a child care center in King County.
- While Seattle's Child Care Assistance Program (CCAP) provides support to families at higher incomes than the state subsidy program, for a family of three at 61% of state median income, CCAP only covers around 50% of the true cost of care for an infant in Seattle.

 Both the Best Starts for Kids subsidy and Seattle's CCAP allow providers to charge families the difference between the subsidy rate and their private tuition rates, potentially providing a revenue source to fill the gap, but at the expense of families.

The authors make several recommendations for how the data presented in this study and the cost estimation model can be used, including:

- 1. To understand the gaps in the current system, the disproportionate burden the broken child care market puts on certain populations, such as infants and toddler or those providing home-based family child care, and to support decisions related to prioritizing investments to remediate these inequities.
- 2. To inform policy and funding decisions that help achieve short- and long-term goals for the child care system in Seattle and King County, including funding models that support increased compensation for the early childhood workforce.
- 3. To begin a comprehensive fiscal analysis of the multi-faceted solutions needed to address the broken child care market, including the need for increased workforce compensation, decreased family spending on child care, increased access to subsidized care, and additional revenue streams to support the early childhood system.

Introduction

In 2022, the Washington Child Care Collaborative Task Force engaged Prenatal to Five Fiscal Strategies (P5FS) to conduct a study and develop a cost model to estimate the true cost of providing high-quality child care in Washington state. Child care providers from across the state were engaged in this process to ensure the study reflected the variations in cost across different types of providers. The Task Force published a report in December 2022 that recommends the state use the cost model to set child care subsidy rates under the Working Connections Child Care subsidy program.

While the P5FS report for the Task Force includes regional cost estimates, they are based on the Child Care Aware of Washington regional groupings. The City of Seattle and King County fall into a regional grouping that covers King and Pierce counties. P5FS also partnered with King County Best Starts

for Kids and the Seattle Department of Education and Early Learning to collect data from child care providers across Seattle and King County to develop estimates specific to these two localities. Both localities make local investments in child care, recognizing that child care providers and families need support beyond what is offered by the state. Given this local commitment and investment, it is important to understand the specific costs incurred by providers in these localities and ensure policymakers have tools and resources to inform their local efforts.

This issue brief provides background on the child care system, presents results from the cost estimation model specific to King County and the City of Seattle, and offers recommendations for how this analysis can be used to inform policy.

The Multiple Impacts of the Broken Child Care Market

High-quality child care is <u>arquably</u> a public good, allowing families to work or attend school, and providing children with developmentally appropriate learning opportunities. The benefits of access to affordable child care are multi-faceted. Research shows short- and long-term benefits for children, who engage in a responsive caregiving relationship that supports their development and who are better ready for kindergarten; for families, who currently struggle to weave together a patchwork of care, spend a significant share of their income on child care, and often face career sacrifices which hurt their long-term economic security; and for the broader economy, which benefits through increased labor force participation and tax revenue. Despite this, unlike in the K–12 school system, the responsibility for paying for child care falls primarily on families, with total federal and state funding accounting for less than 40% of the total industry revenue.

The federal Child Care Development Fund, or CCDF, is the main public funding source that supports access to child care. However, this subsidy serves only 1 in 7 eligible children nationally, and eligibility levels are low enough that in 13 states a family of three making more than \$33,000 a year does not qualify. Despite Washington's Fair Start for Kids Act that expanded family income eligibility, as of 2021 a family of three in Washington state qualifies for child care assistance only if they earn less than \$52,000, which is less than half of the median household income in King County. This leaves thousands of families struggling to cover child care tuition, which currently can easily

reach \$30,000 a year for an infant in King County. As a result, thousands of families earn too much to qualify for child care subsidy, but still struggle to afford child care tuition. In addition, even for families who do qualify by income, they must still meet activity requirements related to work or school attendance, which can prove burdensome to document and maintain at each eligibility recheck.

At the same time, child care providers struggle to balance their budgets, often operating on razorthin margins, and unable to pay competitive salaries and benefits. Child care programs must set tuition rates at what families in their community are able to afford, rather than what the service costs, but what families can afford does not necessarily align with what it costs to provide child care. And because the reimbursement rates providers can receive through the CCDF child care subsidy, known as the Working Connections Child Care subsidy program in Washington state, are currently based on tuition prices, neither the prices families can afford to pay, nor the subsidy reimbursement level, cover the true cost of care.

This creates a system that perpetuates and exacerbates inequality between higher-income and lower-income communities. Providers in communities where families cannot afford high tuition prices receive lower subsidy reimbursement rates than providers in higher-income neighborhoods. This often results in lower educator compensation and higher staff turnover in lower-income communities. Setting rates based on the current market also serves to maintain the low wages that early

childhood educators receive, particularly in low-in-come communities. Given that personnel makes up 70% of the <u>operating expenses</u> of a child care program, the staff in the program typically suffer the most from tuition and subsidy payment rates far below the cost of care.

This market failure impacts quality and compensation across the child care sector, but has a particularly negative effect in low-income communities, among disproportionately impacted groups, and <u>communities of color</u>. The inequitable history of a market-driven system for setting publicly funded child care assistance rates impacts both families and child care programs in lower-income communities. Families in these communities have access to a child care subsidy that is lower in value than that of other regions in their state; the purchase power of this voucher is lower; and the providers in the community where the family is seeking care have had their capacity diminished by years of historic underfunding. This underfunding has been more severe than the underfunding in places where child care subsidy comes closer to the actual cost of care, thus resulting in a longer negative impact on their capacity and ability to maintain experienced, quality staff.

Both the City of Seattle and King County have invested local funds in their child care system. Seattle's Child Care Assistance Program (CCAP) primarily helps parents who work, attend school or are in a job training program, to afford access to child care. Funded by the city's tax revenue from the General Fund, the Families, Education, Preschool, and Promise (FEPP) Levy, and the Sweetened Beverage Tax, CCAP, since the 1970s, has supported families who are ineligible for other child care subsidy programs, filling a gap between those who do not qualify for the state subsidy, Working Connections Child Care, and those who still strug-

Defining terms

PRICE OF CARE means the tuition prices that programs set, which are usually based on local market conditions and what families can afford, ensuring that programs are competitive within their local market and can operate at as close to full enrollment as possible.

COST OF CARE means the actual expenses providers incur to operate their program, including any in-kind contributions, such as reduced rent. It includes allocating expenses across classrooms and enrolled children based on the cost of providing service and not on what parents can afford.

TRUE COST OF CARE refers to the cost of operating a high-quality program with the staff and materials needed to meet quality standards and provide a developmentally appropriate learning environment for all children. Cost of quality is another term often used to refer to the true cost of care. The true cost includes adequate compensation, wages, and benefits to recruit and retain a professional and stable workforce.

gle to afford private tuition. In King County, voters approved a Best Starts for Kids Child Care Subsidy in 2021, which helps families in King County who do not qualify for Working Connections. Income limits for the Best Starts for Kids program are set above the state subsidy eligibility requirements, at 85% of State Median Income versus 60% for Working Connections. Best Starts for Kids also does not require families to meet work and activity requirements imposed by the state subsidy program, removing a barrier faced by many families. In addition, both CCAP and Best Starts for Kids allow providers to charge families the difference between the subsidy rate and their posted tuition rates.

Impact on Child Care Providers

Child care is a labor-intensive industry, with personnel expenses accounting for around 70% of a child care program budget. As a result, when resources are constrained, the child care workforce suffers most. Unfortunately, this workforce has long been undervalued, with child care often perceived as part of the service industry, more akin to babysitting than teaching. With women making up over 95% of the child care workforce nationally, and 50% of providers in Washington being people of color, this workforce has long suffered from a gendered and racialized <u>degradation</u> of their work. Well-intended efforts to support the early childhood workforce have too often worked against women of color. For example, tying increased compensation to higher credentials, such as a bachelor's degree, fails to reflect the deep experience many caregivers have in providing developmentally responsive care to children in programs adhering to quality standards for caregiving, teaching and learning. In addition, it fails to acknowledge the racist and sexist barriers to accessing higher education, which in turn affects access to the increased compensation tied to higher credentials. Research also finds that even when child care workers have higher education credentials, such as a college degree, any increased compensation is below the salaries of those with the same degrees in comparable fields.

Tuition prices are kept artificially low, to enable families to access care, but at the price of economic stability for the workers who are asked to care for and educate our youngest children. Based on data collected for the 2022 Washington State Child Care Cost of Quality study, child care lead teachers currently make just over \$17 an hour on average in Washington. In King County overall, lead teachers make \$20.41 an hour on average while in the City of Seattle the average pay for a lead teacher

is \$22.33 an hour. In the rest of King County, excluding Seattle, the average is \$18.92 an hour. This compares to average pay across all occupations in Washington state of \$33.05 an hour, and in the Seattle metro area of \$36.62 an hour.

A <u>recent study</u> on pay equity in the human service field in Seattle and King County found that human service workers are paid 30% less than in comparable positions in the non-care industry, and up to 37% less when these positions are in non-profit organizations. Further, the study found that when human service workers leave their position for work in a different industry, they see a net pay increase of 7%. This pay inequity undermines the value of child care workers and drives professionals who are experienced and dedicated to this work to take positions outside their field for purely personal economic reasons.

These low wages have a particularly disproportionate impact on women of color. Researchers from the Center for the Study of Child Care Employment have found that even after controlling for educational attainment, African American educators working with infants and toddlers earn on average \$0.77 less per hour than their white counterparts. For those working with preschool age children the gap is \$1.73 per hour. Given the low pay across the field, these gaps are significant and point to further evidence of the long-standing undervaluing of care work, especially when it is provided by women of color.

The result is a workforce that faces significant economic hardships, unable to support their own families, which in turn leads to instability, with a <u>turnover rate</u> in the Washington child care field of 43%. During the birth to five period, when children's brains are going through the most rapid development, and at a time when consistent, stable caregiving is important, <u>research shows</u>, this turnover rate risks undermining the benefits of access to quality child care settings. Similarly, teachers living with economic anxiety are often subject to what has been termed "<u>toxic stress</u>," which can significantly strain their physical and mental health.

Impact on Families

Despite the low educator wages and their relationship to the price of care, families still struggle to afford child care tuition. The 2021 Washington state child care market rate survey found the price of center-based child care ranges from \$1,300 to \$2,500 a month for an infant, and \$985 to \$1,885 for preschoolers, based on the 85th percentile of the market rate. In licensed family homes, care ranges from \$880 to \$1,800 a month for an infant and \$880 to \$1,500 for a preschooler. Data from the Child Care Collaborative Task Force Child Care Access Strategy report found that families are spending significantly more than 7% of their income, which is the limit the federal Department of Health and Human Services recommends, on child care. Across the state, moderate- and middle-income families are spending over 20% of their income on care. The task force report also found that Hispanic/Latino families are spending more of their income on child care than white families, at around 40% of their household income.

When families are confronted with high child care prices, they face an unenviable choice, especially when they live in an area such as King County with a relatively high cost of living. Families must make sacrifices in their household budget to cover the cost of care, forgoing other basic needs or going into debt, or deciding that one parent should drop out of the workforce—harming current and future earnings potential. Alternativity, they have to weave together a <u>patchwork</u> of care between family members, formal and informal child care, and flexible work schedules. None of these choices is ideal and each affects either the continuity of care for children, family well-being, or long-term family economic security, and in many instances, all of these factors together, in some measure.

The issues discussed in this section are not unique to Seattle and King County. Across the United States, the child care workforce is underpaid and undervalued, and families are struggling to afford the price of child care. To begin addressing these issues, policymakers need to have access to data that illustrate the broken system and that can shine a light on potential high-impact solutions.

The True Cost of Care in the City of Seattle and King County

Understanding the true cost of providing high-quality child care, regardless of parents' ability to pay, is a key first step in addressing the broken market. These data can be used to inform child care subsidy rates, rather than relying on child care tuition prices, as well as inform the policy changes needed to promote equitable access to high-quality child care for all children. The City of Seattle and King County now have access to a child care cost estimation model that can help answer this question. Cost estimation models are dynamic tools that allow users to estimate the impact of variables on the cost of care, such as ages of child served, program type, location, size and more. Full details of the assumptions in the Washington state model can be found in the statewide report. This issue brief follows the same assumptions as the statewide model with respect to program size and ages of children served, with local adjustments made for

Seattle and King County. As part of the data collection for the statewide study, outreach to providers in Seattle and King County was emphasized to ensure sufficient responses from these localities to produce local estimates.¹

Adjustments to the statewide model to account for the Seattle and King County context are primarily related to salary data. The cost model includes data on current salaries, based on the survey of child care providers, and living wage salary data, from the MIT Living Wage Calculator. Current salary data are specific to Seattle and King County. The living wage data is available only for King County as a whole, including Seattle, and then the Seattle-Tacoma-Bellevue metropolitan area. Salary data used in the model for lead and assistant teachers are presented in Table 1.

Table 1: Annual salaries used in model for lead teachers and assistant teachers

		Current Salaries	Living Wage Floor
Seattle	Lead Teacher	\$42,328	\$72,427
Seattle	Assistant Teacher	\$33,509	\$55,713
King County	Lead Teacher	\$38,992	\$76,443
	Assistant Teacher	\$30,289	\$58,802
<u> </u>	Lead Teacher	\$35,556	\$68,819
Statewide average	Assistant Teacher	\$28,148	\$55,713

¹A total of 831 survey responses were received from providers in Seattle and King County. Of those, 39% were from Seattle and the rest were from other parts of King County.

Estimating the living wage for child care educators

The MIT Living Wage Calculator provides estimates of the cost of meeting basic needs in a state or locality. Developed by Dr. Amy K. Glasmeier at the Massachusetts Institute of Technology (MIT), the calculator draws on expenditure data related to family expenses, including food, child care, health insurance, housing, transportation, and other basic necessities. After taking into account the effects of income and payroll taxes, the calculator determines the minimum employment earnings necessary to meet family basic needs and maintain self-sufficiency. Estimates vary based on family composition, including the number of children and the number of working and non-working adults.

To estimate the living wage in Seattle and King County, P5FS created a composite living wage, based on data provided in the MIT Living Wage Calculator as of September 2022. King County specific estimates are available, but Seattle is included only as part of a larger metropolitan region that includes the cities of Seattle, Tacoma, and Bellevue. Washington state does not gather data on the family composition of early childhood educators, but P5FS was able to draw on data from another state that had conducted a workforce survey which included this data point. In the absence of Washington-specific data, these data were used as a proxy. The percentage of assistant teachers with different family composition was used to create a weighted average living wage for both Seattle and King County. This living wage was applied to the lowest paid position in the child care model, the assistant teacher. Other salaries were adjusted up by a percentage from this position, based on salary data collected from multiple states in recent years, including Washington. In this way, the living wage option represents a floor, where no one in the child care program makes less than a living wage.

Cost Model Scenarios

The child care cost model can be used to estimate the cost of care under many scenarios, with variations for program type and characteristics. For illustrative purposes, this issue brief presents the results of scenarios using the child care cost model. The scenarios include a program meeting minimum state licensing standards and a program meeting higher quality standards, including additional resources for teacher planning and professional development, family engagement activities, and additional education materials. The scenarios are further refined using current salary data and the living wage floor as the salary selections. This results in four scenarios, run for both child care centers and family child care homes, with results for both Seattle and King County. All scenarios

include a \$6,000-per-employee annual contribution to health insurance, a 6% contribution to a retirement account, and 20 days paid time off.

- Scenario 1: Current salaries, meets all licensing requirements
- Scenario 2: MIT living wage salaries, meets all licensing requirements
- Scenario 3: Current salaries, includes cost to meet quality enhancements
- Scenario 4: MIT living wage salaries, includes cost to meet quality enhancements

Tables 2–5 present the results of these scenarios for center-based child care and family child care homes in Seattle and King County. Note, for family child care homes only one cost per child is presented for infants, toddlers, and preschoolers. While

many programs do charge a different tuition rate for different ages, unlike in child care centers where different age classrooms have different ratio and group size requirements which impact cost, in family child care the program operates as one group of children, therefore the cost model does not estimate different costs based on child age. School-age cost is different to account for the fact that these children do not receive full-day, full-year child care services, but before- and after-school care and full-day care during school breaks.

Table 2: Annual cost per child, Seattle, center-based child care

	Licensing Standards		Quality Enhancements	
	Scenario 1: Current Salaries	Scenario 2: Living Wage	Scenario 3: Current Salaries	Scenario 4: Living Wage
Infants	\$23,553	\$37,058	\$26,528	\$42,491
Toddlers	\$17,327	\$26,877	\$20,302	\$32,740
Preschoolers	\$14,837	\$22,805	\$17,812	\$28,668
School-age	\$ 7,263	\$10,888	\$8,651	\$13,623

Table 3: Annual cost per child, Seattle, family child care

	Licensing Standards		Quality Enhancements	
	Scenario 1: Current Salaries	Scenario 2: Living Wage	Scenario 3: Current Salaries	Scenario 4: Living Wage
Infants, Toddlers, Preschoolers	\$12,907	\$24,277	\$27,557	\$48,378
School-age	\$ 6,245	\$11,747	\$13,334	\$23,409

Table 4: Annual cost per child, King County, center-based child care

	Licensing S	Licensing Standards		Quality Enhancements	
	Scenario 1: Current Salaries	Scenario 2: Living Wage	Scenario 3: Current Salaries	Scenario 4: Living Wage	
Infants	\$22,331	\$38,708	\$25,173	\$44,868	
Toddlers	\$16,566	\$28,020	\$19,408	\$34,180	
Preschoolers	\$14,260	\$23,744	\$17,102	\$29,904	
School-age	\$ 6,987	\$11,329	\$ 8,313	\$14,203	

Table 5: Annual cost per child, King County, family child care

	Licensing Standards		Quality Enhancements	
	Scenario 1: Current Salaries	Scenario 2: Living Wage	Scenario 3: Current Salaries	Scenario 4: Living Wage
Infants, Toddlers, Preschoolers	\$13,735	\$25,365	\$27,338	\$50,717
School-age	\$ 6,646	\$12,274	\$13,228	\$24,541

As shown, the estimated cost of care in Seattle and King County is similar, with only small differences between the two localities. As personnel expenses account for around 70% of the cost of care, the similarity between salary data in Seattle and King County is a key driver in this result. Note, in Scenarios 1 and 3 that use current salary data, the cost is higher in Seattle than King County, with the reverse true for Scenarios 2 and 4. This is reflective of current salaries reported by child care providers being higher in Seattle than King County as a whole, whereas the MIT Living Wage Calculator estimates a higher living wage in King County as a whole, than Seattle only.

The (In)Sufficiency of Current Revenue Streams

To understand whether current revenue streams can cover the true cost of care, the results of these scenarios can be compared to the main funding sources available to providers. Providers in this region may be able to access the state subsidy program, Working Connections Child Care, the King County Best Starts for Kids subsidy, and the Seattle Child Care Assistance Program. Each of these funding streams sets a maximum reimbursement that varies based on family, child, and program characteristics. Under Working Connections, a family co-payment may be required, which reduces the amount providers receive directly from the public funding stream. Working Connections does not allow providers to charge the difference between their public tuition rate and the maximum subsidy reimbursement, meaning the revenue available to providers is the sum of the state subsidy and the family co-payment. Neither CCAP nor Best Starts for Kids require a co-payment, but providers can charge families the difference between the subsidy payment and their private pay tuition rates. Thus, under CCAP or Best Starts for Kids, the revenue available to providers

is dependent on how much they are able to charge families, above the local subsidy reimbursement.

To illustrate how far public funding goes toward covering the cost of care, analysis was completed to compare true cost of care from the cost estimation model to public funding available through Working Connections, Best Starts for Kids, and CCAP. Because BSK and CCAP rates vary based on family income, this analysis uses the rate for a family of three at 61% of the state median income as an illustrative example.² The true cost of care data in these scenarios assume a living wage floor and scenarios are presented at both the minimum licensing level and with additional quality enhancements included, as discussed in the prior section. The

Table 6: Comparison of reimbursement rates for Working Connections,
King County Best Starts for Kids,
and Seattle CCAP for a family of 3
at 61% of state median income*

	Working Connections & King County Best Starts for Kids	Seattle CCAP	
Child Care Center	r		
Infant	\$31,182	\$18,528	
Toddler	\$25,912	\$16,464	
Preschooler	\$23,392	\$13,848	
School-age	\$14,659	\$12,864	
Family Child Care	Home		
Infant	\$19,854	\$18,528	
Toddler	\$18,533	\$16,464	
Preschooler	\$17,207	\$13,848	
School-age	\$11,648	\$12,864	

^{*}Note: Data are based on maximum rates as of March 2023, not accounting for family co-pays or additional payments providers are able to charge families beyond the subsidy rate. The Working Connections and BSK rate is based on EA level 3 for Region 4 (King County). Annual values are calculated based on 5 days per week, 52 weeks per year.

²At this income level, a family would qualify for all three public funding streams (under income criteria) and thus this provides a consistent point of comparison across the funding streams.

reimbursement rates used for comparison in this section are detailed in Table 6. Figure 1 estimates the gap between the true cost of center-based care in King County and the Department of Children, Youth and Families (DCYF) Working Connections subsidy rate, which is also the rate used by the King County

Best Starts for Kids subsidy program.³ Following, Figure 2 estimates the gap between the true cost of center-based care in Seattle and the CCAP reimbursement rate for a family of three at 60% of state median income. Figures 3 and 4 replicate this analysis but for family child care home-based providers.

Figure 1: Annual gap per child between King County true cost of care and Best Starts for Kids subsidy rates, Child Care Center

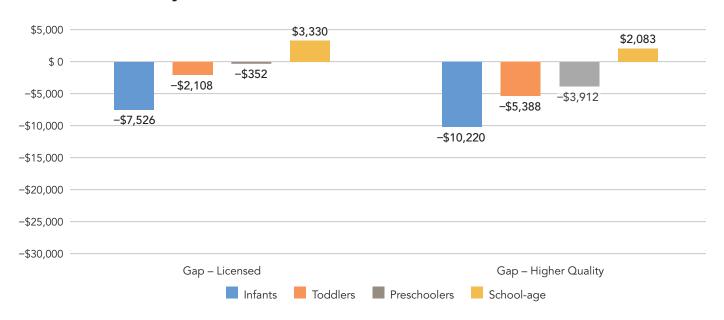
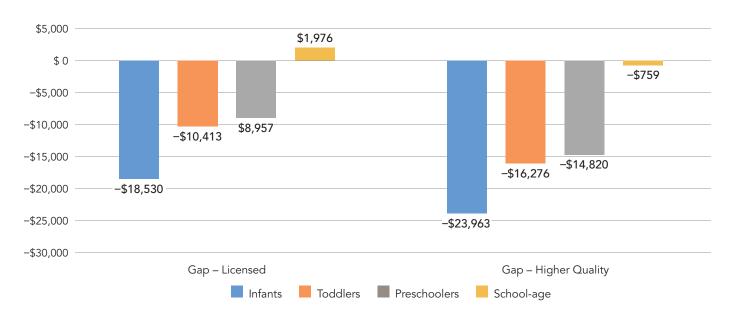


Figure 2: Annual gap per child between Seattle true cost of care and Seattle CCAP rate,
Child Care Center



³Note: Best Starts for Kids and Seattle CCAP allow providers to charge families the difference between the subsidy rate and the providers' tuition rate, which could potentially reduce the gap shown in these charts, assuming families are able to cover any difference between the Best Starts for Kids or CCAP rate and the providers' tuition rate.

Figure 3: Annual gap per child between King County true cost of care and Best Starts for Kids subsidy rates, Family Child Care Home

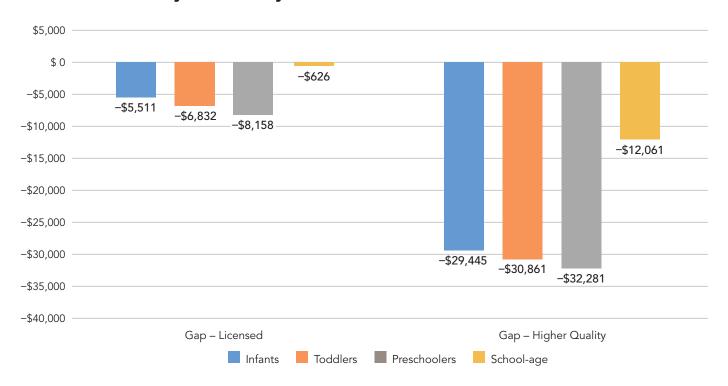
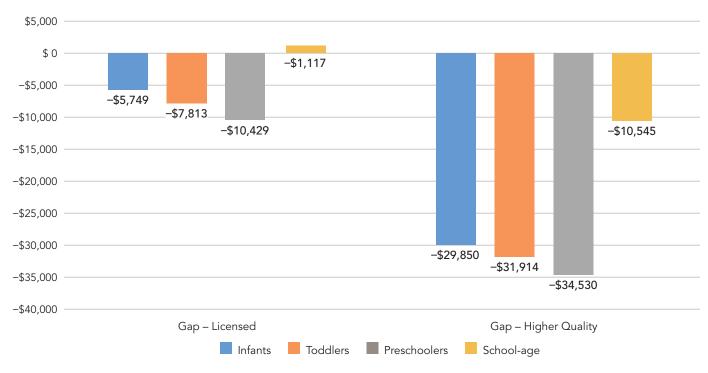


Figure 4: Annual gap per child between Seattle true cost of care and Seattle CCAP rates, Family Child Care Home



As shown, there are significant gaps between what public funding might cover and the true cost of care in most of these scenarios. In King County, the Best Starts for Kids subsidy rate covers only the true cost

of center-based care for school-age children. For each other age category the program must fill a gap of up to \$10,000 per child annually in centers, and a gap of up to \$32,000 in family child care homes.

In Seattle, the CCAP rate can cover the true cost of care for a school-age child served in a center-based program meeting minimum licensing standards but for every other age group in centers and family child care homes, the program loses between \$800 and \$34,000 annually. The largest gaps are seen with infants and toddlers in family child care homes that meet higher quality levels.

As a result, family child care programs, and programs that serve the youngest children, or that implement additional quality-related enhancement, are the least likely to have access to sufficient revenue from public subsidies to cover the true cost of operating their program. Instead, these programs must raise additional revenue either directly from enrolled families, by charging them tuition on top of the subsidy payment, or through a third funding stream such as fundraising or grants. Too often, this is not possible, as families who qualify for subsidized child care are not at an income level where they personally can make up the gap between cost and public funding rates through tuition payments. Programs are left unable to fully staff their programs, pay sufficient compensation, or serve infants and toddlers.

In reviewing these results, it is important to note that providers receive either the CCAP or Best

Starts for Kids reimbursement rate or their private tuition rate, whichever is lower. This means providers are able to access the reimbursement rate in this analysis only if their private tuition rates are at or above that level. However, because families are constrained in how much they can afford to pay for child care, these market rates also do not cover the true cost of care, and providers are limited in how much they can charge families above the reimbursement rate. Thus, it is unlikely that the gaps shown in Figures 1–4 can be filled by family co-payments. Figures 5 and 6 illustrate the gaps between the true cost of care, public funding streams, and private tuition. This analysis uses the true cost of care for a program in Seattle meeting minimum licensing standards and a program implementing quality enhancements, with three revenue streams potentially available to provider:

- 1. Seattle CCAP rate
- 2. King County Best Starts for Kids rate
- 3. The 85th percentile of the current market rate, based on the most recent statewide market rate study.⁴

Figure 5 provides results for center-based care and Figure 6 provides the results of the same analysis for family child care.

⁴The 85th percentile is used in this analysis as this is the level that DCYF uses to assess equal access to the child care market for subsidy-eligible families. This rate should be sufficient to allow subsidy-eligible families to access child care at 85% of providers in the locality.

Figure 5: Comparison between true cost of care, Seattle CCAP subsidy rate,
Working Connections/Best Starts for Kids subsidy rate, and 85th percentile of
King County market rate, Child Care Center

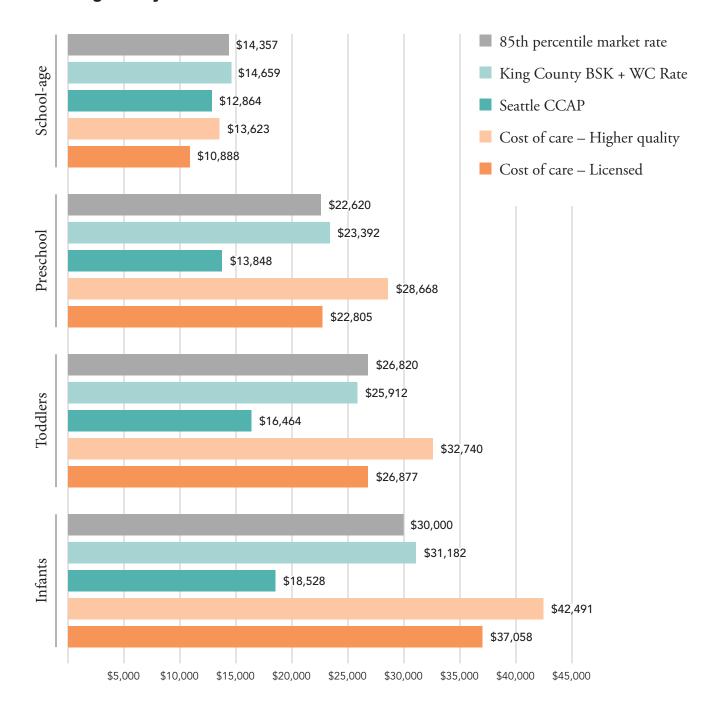
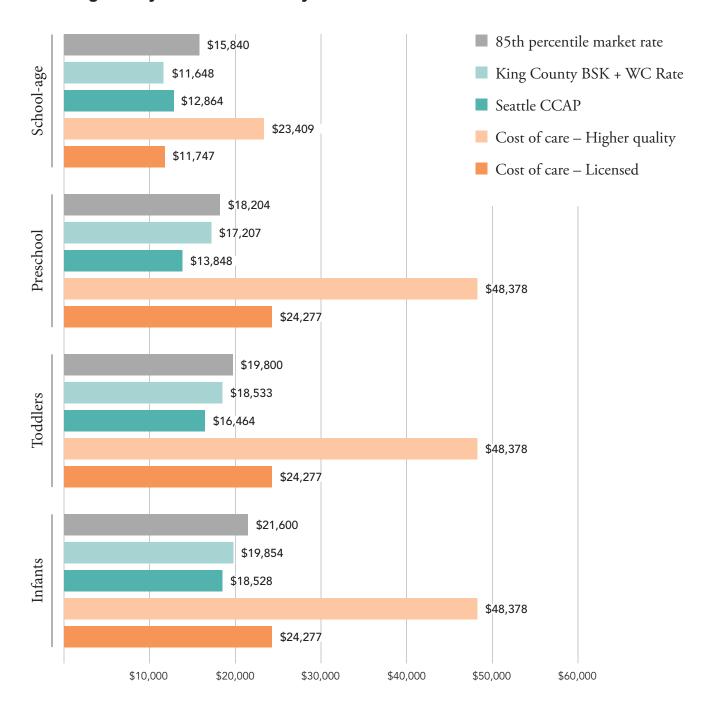


Figure 6: Comparison between true cost of care, Seattle CCAP subsidy rate, Working Connections/Best Starts for Kids subsidy rate, and 85th percentile of King County market rate, Family Child Care Home



Using Cost Data to Inform Policy Change

The data presented in this issue brief provide insight into the true cost of child care in Seattle and King County. As shown, the true cost of child care is significantly higher than families can afford to pay, or than current subsidy rates will reimburse. Key findings from this study include:

- The true cost of child care when caregivers receive a living wage and benefits is around \$40,000 a year for an infant, \$30,000 for a toddler, \$25,000 for a preschooler, and \$13,000 for a school-age child.
- Personnel expenses account for around 70% of the cost of operating a child care program, creating a direct link between the cost of care and workforce compensation.
- While many families are struggling to afford the current price of child care, paying 20% or more of their income to access child care, private tuition rates are below the true cost of care, leaving programs struggling to balance their budgets and often unable to pay sufficient wages and benefits to recruit and retain staff.
- The true cost of child care for an infant in a child care center is equivalent to around 35% of the median household income for a family in King County and Seattle, far beyond the 7% of household income threshold recommended by the federal Administration for Children and Families.
- Many families who do not qualify for any public subsidy still struggle to afford the current price of child care, let alone the true cost of care detailed in this study.
- Even with the recent increases in Working Connections Child Care subsidy rates, at the licensing level this subsidy only covers 75% of

- the true cost of care for an infant in a child care center in King County.
- While Seattle's Child Care Assistance Program (CCAP) provides support to families at higher incomes than the state subsidy program, for a family of three at 61% of state median income, CCAP covers only around 50% of the true cost of care for an infant in Seattle.
- Both the Best Starts for Kids subsidy and Seattle's CCAP allow providers to charge families the difference between the subsidy rate and their private tuition rates, potentially providing a revenue source to fill the gap.

Ultimately, building a robust and sustainable child care system in Seattle and King County will require significant additional investment, including public and private dollars. Recent efforts at the federal level have quantified the scale of the investment needed and pointed to the role of the federal government in filling the large gap between current investments and what is needed to cover the true cost of care. At the state level, the Fair Start for Kids Act demonstrated the state's commitment to early childhood, and the efforts of the Child Care Collaborative Task Force and the Department of Children, Youth, and Families related to subsidy rates increases the likelihood that Working Connections rates will soon be based on cost, rather than price.

Local subsidy programs provide an opportunity to develop policies that are responsive to local needs and help address the gaps created by state or federal funding streams. However, it is important that these local efforts are designed as part of a comprehensive approach, complementing, and not competing with, other funding streams. Access to local data and customized tools can help identify where the current system is working and where it is falling short and ensure that solutions are tailored to meet the needs of the local community without undercutting the positive impact of state and federally funded programs. Data from the cost of quality study can be used to inform local efforts in Seattle and King County to support the child care system, as detailed below.

Recommendation 1:

Use the cost study data and cost estimation model to better understand the populations most impacted by the current system and design targeted solutions.

While all parts of the system are struggling, data show that some are struggling more than others. The gap between what families can afford, or public resources can support, and the true cost of care is larger for infants and toddlers than for preschoolers and school-age children. Similarly, areas of the region where families rely on subsidy to access child care are most vulnerable to the disparity between what subsidy rates will cover and the true cost of care. Further, families of color are spending a larger share of their income on child care than white families. As policymakers consider how to prioritize limited resources in the short term while making progress on the long-term vision for the system, these data can be used to better understand the populations most impacted by the current inequitable system and ensure solutions are targeted toward them.

Recommendation 2:

Use the cost estimation model to inform public subsidy rates, family eligibility and co-payment policies, and to develop alternative funding models.

Both the City of Seattle and King County have made local investments in their child care system. Data from this study can help inform the policy and funding decisions related to those local investments. For example, both localities have their own subsidy program, and the cost model can be used to inform rate setting, and understand the fiscal impact of family eligibility and co-payment policies. A thorough understanding of the true cost of care can better illustrate which families need access to public subsidies to cover that cost. In addition, understanding how different policies affect the cost of care can ensure that providers are not required to meet standards that have a fiscal impact without sufficient resources to cover that cost.

The model can also be used to inform the development of alternative funding mechanisms such as operational grants which can provide stability to providers, ensuring a base level of funding regardless of fluctuations in enrollment. Similarly, with compensation driving the cost of care, policymakers can use these data to understand the cost of mechanisms to increase salaries and benefits for the workforce without burdening families, such as a pay equity fund.

Recommendation 3:

Conduct a comprehensive fiscal analysis of the early childhood system and develop a roadmap for implementing a collective vision for the system.

For too long the early childhood system in states and communities has operated in silos, with different agencies or departments managing different programs, potentially with different goals, eligibility criteria, and requirements. The result can often be a confusing system that fails to work properly for children and families or child care providers. Policymakers should conduct a <u>comprehensive</u> fiscal analysis of their early childhood system to identify the inequities and inefficiencies in the system and build a roadmap for change.

This analysis should be paired with a process to develop a shared vision and goals for the early childhood system at the state and local level. At a minimum, these goals should address eligibility criteria to receive child care subsidy assistance as well as how child care providers are reimbursed for the care they provide. The process should include developing an action plan that identifies the steps necessary to make progress on the recommendations of the fiscal analysis, as well as the identification of revenue options to cover the increased investment needed to fully compensate child care providers while also decreasing families' burden of paying for child care.

Conclusion

Child care plays a critical role in the lives of families across King County and Seattle. Thousands of children and families rely on access to affordable child care every day and the impact is felt far beyond the child care classroom as workers throughout the economy depend on the service. Seattle and King County residents and policymakers have recognized the importance of child care and invested in local initiatives to support this vital sector of the economy. As a sector long hampered by a racist and misogynistic view of the work of caring for young children and the caregivers, these local investments have the potential to remediate inequities and help build a system that works for all.

This cost of care study and the associated cost estimation model provide valuable tools to policymakers to inform continued efforts to build this better system. While state and federal investments will likely be necessary to achieve the long-term vision for the system, local initiatives can fill significant gaps that currently exist and work to remediate the greatest inequalities within the current system. Having access to research and customized tools for King County and Seattle ensures that leaders have data that reflect the unique characteristics of the region and that any solutions can be tailored for this context and designed to complement, rather than compete with, state and federal programs.



Metropolitan King County Council Health and Human Services Committee

STAFF REPORT

Agenda Item:	9	Name:	Sam Porter
Proposed No.:	2023-0276	Date:	May 7, 2024

SUBJECT

A motion accepting the 2022 Mental Illness and Drug Dependency annual report.

SUMMARY

The 2022 Mental Illness and Drug Dependency (MIDD) Annual Report is Attachment A to Proposed Motion 2023-0276 and covers MIDD activity during calendar year 2022. The requirements for the MIDD annual report are outlined in King County Code 4A.500.309 and include performance measurement statistics, utilization statistics, expenditure status updates, and progress reports on evaluation and implementation. The 2022 MIDD annual report appears to meet the requirements of K.C.C. 4A.500.309.

BACKGROUND

State Authorizes Sales Tax. In 2005, the Washington State Legislature authorized counties to implement a one-tenth of one percent sales and use tax to support new and expanded chemical dependency and mental health treatment programs and services, and for the operation of new or expanded therapeutic court programs and services.

King County Authorizes Sales Tax. In 2007, the King County Council adopted Ordinance 15949 authorizing the first MIDD sales tax. Ordinance 15949 established the expiration date of MIDD 1 as January 1, 2017. Subsequent ordinances established the MIDD Oversight Committee (April 2008) and the MIDD implementation Plan and MIDD Evaluation Plan (October 2008). Ordinance 18333 established MIDD 2 as a continuation of the MIDD sales tax established in Ordinance 15949, with an expiration date of January 1, 2026.

¹ In 2005, the Washington state legislature authorized counties to implement a one-tenth of one percent sales and use tax to support new or expanded chemical dependency or mental health treatment programs and services and for the operation of new or expanded therapeutic court programs and services.

² The MIDD Oversight Committee was established in Ordinance 16077 and is an advisory body to the King County Executive and the Council. The purpose of the Oversight Committee is to ensure that the implementation and evaluation of the strategies and programs funded by the tax revenue are transparent, accountable, and collaborative.

³ In October 2008, the Council adopted the MIDD 1mplementation Plan and the MIDD Evaluation Plan via Ordinance 16261 and Ordinance 16262.

King County Council Approved Extension of the MIDD Sales Tax in August 2016. On August 22, 2016, the King County Council passed Ordinance 18333, extending collections of the MIDD sales tax through 2025. MIDD 2 became effective on January 1, 2017. According to the December 2023 MIDD financial plan, the sales tax generated approximately \$172.2 million in the 2021-2022 biennium and is expected to generate approximately \$192.1 million during the 2023-2024 biennium. Ordinance 18333 set forth the following five policy goals for the MIDD:

- 1. Divert individuals with behavioral health needs from costly interventions such as jail, emergency rooms and hospitals.
- 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.
- 5. Explicit linkage with, and furthering the work of, King County and community initiatives.

ANALYSIS

The 2022 MIDD annual report appears to meet the requirements of K.C.C. 4A.500.309. The services and programs funded by the MIDD are evaluated by staff in King County's Department of Community and Human Services (DCHS) based on data submitted by providers. King County Code 4A.500.309.D.1 requires that the annual summary evaluation report shall include at a minimum the following:

- A. Performance measurement statistics;
- B. Program utilization statistics;
- C. Request for proposal and expenditure status updates;
- D. Progress reports on evaluation implementation;
- E. Geographic distribution of the sales tax expenditures across the county, including collection of residential ZIP Code data for individuals served by the programs and strategies;
- F. Updated performance measure targets for the following year of MIDD initiatives, programs and services;
- G. Recommendations on either program changes or process changes, or both, to the funded programs based on the measurement and evaluation data; and
- H. Summary of cumulative calendar year data.

The information listed above can be found throughout the report and linked to the webbased MIDD Data Dashboard at the following address: https://kingcounty.gov/en/legacy/depts/community-human-services/mental-health-substance-abuse/midd/reports.aspx

Figure 1 below provides the page numbers for specific sections of the report.

Figure 1. 2022 MIDD Annual Report Sections

Section	Page
2022 Highlights	7
Strategy Areas	9
Who MIDD Serves	14

Geographic Distribution of Participants	15
Results	16-20
Evaluation and Performance	21-26
Measurement Results	21-20
Financial Report	28

Items of note in the 2022 MIDD annual report:

- In 2022, total MIDD expenditures were approximately \$76.16 million, roughly \$22.9 million less than anticipated for the year.
- 19,281 people were served by MIDD programs in 2022; 374 more than the previous year. Of those, 64 percent were adults ages 18-54, nine percent were youth ages 0 to 17, and 22 percent were age 55 and over, virtually static distribution to the prior year.

Figure 2 provides information about the geographic distribution of people served in 2022, and Figure 3 provides information about additional demographics of those served.

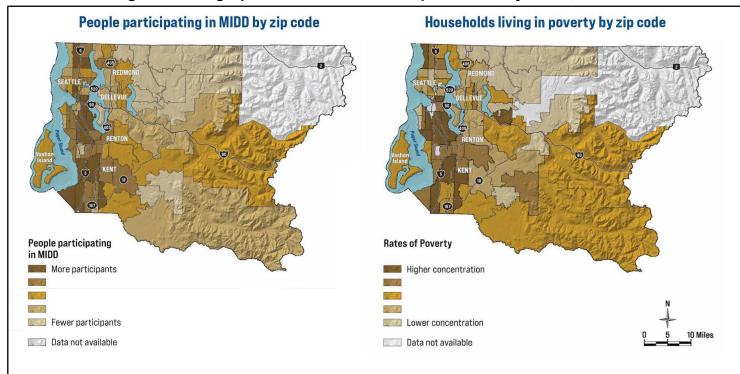


Figure 2. Geographic Distribution of People Served by MIDD, 2022⁴

⁴ 2022 MIDD Annual Report, page 15

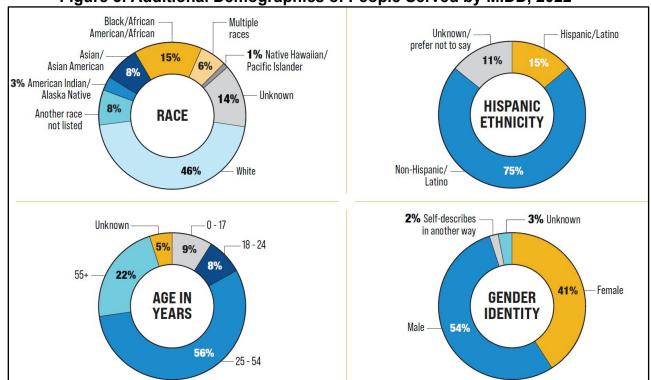


Figure 3. Additional Demographics of People Served by MIDD, 2022⁵

Details about the 2022 outcomes from the MIDD Policy Goal areas appear on pages 16 through 20 of the report and on the web-based data dashboard.

The MIDD Advisory Committee reviewed the 2022 MIDD annual report at their June 2023 meeting. The 2022 Annual Report was transmitted to Council in Fall 2023 with Proposed Motion 2023-0276 as a nonmandatory dual referral to both the Regional Policy and the Law, Justice, Health and Human Services (LJHHS) Committees, or its successor. Proposed Motion 2023-0276 was passed by the Regional Policy Committee on March 13, 2024, with a Do Pass recommendation. It was then referred to the Health and Human Services Committee as the relevant successor of the LJHHS Committee.

<u>INVITED</u>

- Susan McLaughlin, Director, Behavioral Health and Recovery Division (BHRD),
 Department of Community and Human Services (DCHS)
- Robin Pfohman, MIDD Coordinator, BHRD, DCHS

ATTACHMENTS:

- 1. Proposed Motion 2023-0276 (and its attachments)
- 2. Transmittal Letter
- 3. 2022 MIDD Annual Report Presentation, HHS, May 7, 2024

⁵ 2022 MIDD Annual Report, page 14

⁶ MIDD Advisory Committee, https://kingcounty.gov/depts/community-human-services/mental-health-substance-abuse/midd/midd-committees.aspx

ATTACHMENT 1



KING COUNTY

1200 King County Courthouse 516 Third Avenue Seattle, WA 98104

Signature Report

Motion

	Proposed No. 2023-0276.1 Sponsors von Reichbauer	
1	A MOTION approving the 2022 annual mental illness and	
2	drug dependency evaluation summary report, in	
3	compliance with K.C.C. 4A.500.309.	
4	WHEREAS, in 2005, the state Legislature authorized counties to implement a on	e-
5	tenth of one percent sales and use tax to support new or expanded chemical dependency	or
6	mental health treatment programs and services and for the operation of new or expanded	
7	therapeutic court programs and services, and	
8	WHEREAS, in 2007, Ordinance 15949 authorized the levy collection of and	
9	legislative policies for the expenditure of revenues from an additional sales and use tax o	f
10	one-tenth of one percent for the delivery of mental health and chemical dependency	
11	services and therapeutic courts, and	
12	WHEREAS, in 2016, Ordinance 18333 extended the expiration date of this sales	
13	and use tax to January 1, 2026, and	
14	WHEREAS, the council called for and approved a service improvement plan, an	
15	implementation plan, and an evaluation plan to guide the investment of renewed mental	
16	illness and drug dependency sales tax revenue, and the council established five revised	
17	policy goals for the programs supported by sales tax proceeds, and	
18	WHEREAS, Ordinance 18407 amended Ordinance 15949, Section 3, to require the	he
19	executive to develop annual mental illness and drug dependency evaluation summary	

reports addressing the initiatives, programs and services supported with the sales tax
revenue, and required such reports to be submitted to the council by August 1 of each year
beginning in 2018, for council review and approval by motion. Ordinance 18407 also
codified Ordinance 15949, Section 3, as amended, as K.C.C. 4A.500.309, and
WHEREAS, the 2022 annual mental illness and drug dependency evaluation
summary report, which is Attachment A to this motion, has been developed in coordination
with the mental illness and drug dependency advisory committee and is supported by the
committee;
NOW, THEREFORE, BE IT MOVED by the Council of King County:

The 2022 annual mental illness	and drug dependency evaluation summary re
hereby approved.	
	KING COUNTY COUNCIL KING COUNTY, WASHINGTON
	111.0000111, 11122111.0101
	Rod Dembowski, Chair
ATTEST:	
Melani Pedroza, Clerk of the Council	
APPROVED this day of	
	Dow Constantine, County Executive
Attachments: A. King County MIDD 2022	Community Domina



2022 Summary Report



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WELCOME

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Letter from the Director	
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EVALUATION Data Adjustments	
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This Summary Report provides an overview of the MIDD Behavioral Health Sales Tax Fund's performance during 2022 and meets annual reporting requirements for the MIDD fund. The complementary online MIDD Data Dashboard provides more comprehensive results and initiative-level details for 2022 and previous years. Most notably, the dashboard provides greater detail on geography, demographics, performance measures, and expenditures.

To fully explore MIDD's overall results, visit the interactive MIDD Data Dashboard.

MIDD Data Dashboard

For best viewing experience

This report is intended to be read on a screen and includes navigational links at the top of each page. For the best experience, using a PDF viewer rather than a web browser to navigate the report is recommended.

Alternate Formats: Call 206-263-9100 or TTY Relay 711

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

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FROM THE EXECUTIVE

To the King County community,

For too long, doors to behavioral health care have been closing, leaving emergency rooms and jail beds to fill the gap. We must find innovative solutions to expand mental health supports and substance use resources to turn the tide, and the MIDD behavioral health sales tax fund is a key part of this region's solution to behavioral health needs. MIDD funded programs extend access to care across the spectrum from prevention to treatment to crisis response to recovery supports. Without sufficient access to state and federal funding, the MIDD is leading on significant strategies that center community behavioral health collaboration and leadership and create efficient and equitable services around the region.

Whether it is a neighbor or a loved one experiencing a mental health crisis, or a challenging substance use disorder, the MIDD fund plays a key role in reducing behavioral health crisis episodes and limiting the use of costly and traumatic interventions like psychiatric hospitals, emergency room stays, and jail bookings. In 2022, MIDD funded 153 community partners who served 19,281 people across King County through 52 initiatives. This is a real benefit that puts community behavioral health and overall wellness within reach for our residents.

Last year was another challenging year for behavioral health, especially as demand grew and systems were pushed to a tipping point. As a result, we are losing beds, treatment options, qualified workers, and for many, hope. This has had ripple effects across multiple systems, impacting the homelessness crisis, the criminal legal system, the human services workforce, first responders, and hospitals. Right now, we need more behavioral health resources, not less.

This intersectional crisis in our most critical systems is at the root of our Crisis Care Centers levy, which voters approved earlier this year. By investing in what we know is most urgently needed right now, we have an opportunity to transform an aging system and restore a path to recovery. MIDD programs will complement the Crisis Care Centers Levy's investments once fully operational in the coming years, creating a stronger interconnected system that helps people get behavioral health care when they need it, especially in a moment of crisis.



I want to thank the incredible network of behavioral health care providers, including those who inspired and informed the Crisis Care Centers initiative, and the people who show up day in and day out to respond to the needs of the clients in the community. The King County Integrated Care Network, and the many behavioral health partners across the region, are doing important work, including essential programs made possible by MIDD funds. I commend their efforts to support people facing behavioral health challenges and to make recovery possible. Thank you.

Sincerely,

Dow Constanti

Dow Constantine, King County Executive

WELCOME ABOUT MIDD RESULTS EVALUATION INVESTMENTS PARTNERS

Table of Contents | Letter from the Executive | Letter from the Director

FROM THE KING COUNTY BEHAVIORAL HEALTH AND RECOVERY DIVISION DIRECTOR

To the King County community,

Welcome to the 2022 MIDD Summary Report and Data Dashboard!

In 2022, MIDD continued its two-decade record of supporting people to recover in the community, improve wellness, and avoid institutions like jail and hospitals. In this report, we are pleased to highlight how MIDD continues to be integral to the behavioral health system and moves the system closer to meeting residents' needs.

As behavioral health needs grow, it is imperative that we stabilize and strengthen the capacity of the community-based care system. Currently, the effects of behavioral health workforce and funding shortages are being felt acutely in our communities. Often, people can't be treated quickly. Wait times are long, and care is delayed or sometimes nonexistent. Demand for MIDD services remained high in 2022, and the impacts of staffing vacancies, pressures on system infrastructure, and growing need all converged this past year to challenge the system and the people it seeks to serve.

Given this, King County pursued additional approaches in 2022 to address systemic challenges that extend beyond what MIDD can address, and that have grown more pressing since the inception of MIDD programs in 2008.

In 2022, Executive Constantine introduced the Crisis Care Centers levy. The levy, passed by the County Council and then by voters in 2023, will create a countywide network of five crisis care centers, restore 111 residential treatment beds in the region, and invest in the recruitment and retention of the community behavioral health workforce. In 2022 and again in 2023, the state made significant investments in behavioral health, including Medicaid rate increases and a \$100 million investment in the provider workforce. With support from King County, many MIDD funded programs used these state funds to support hiring and retention bonuses and expand recruitment efforts.



Table of Contents | Letter from the Executive | Letter from the Director

As it is increasingly clear that more support and resources are needed to create a connected behavioral health crisis system, we revised our approach to sharing information about MIDD. The Summary Report showcases key outcomes and themes in MIDD's implementation in 2022. The report links throughout to the online MIDD Data Dashboard, an interactive tool that gives users the ability to dive deep into MIDD data and outcomes with powerful flexibility. The dashboard has details for each of MIDD's 52 initiatives, and demographics and outcome data for the fund overall and by initiative. It also contains fiscal and evaluation information. Provider and client stories will be shared on the DCHS blog and social media. Follow DCHS on Instagram at @kingcountydchs and on the department's blog, Cultivating Connections, at dchsblog.com, to find stories, blog posts, and videos that tell MIDD's story throughout the year.

I'm proud to offer this report with gratitude to MIDD's many partners. Thank you for your collaboration and your dedication to improving the resilience of our whole community.

Asabel Jones

Isabel Jones, Interim Director, King County Behavioral Health and Recovery Division



Policy Goals | MIDD in 2022 | Strategy Areas | Who MIDD Serves | MIDD Across King County

MIDD plays a critical role in King County's strategy to increase access to mental health and substance use disorder services. MIDD makes possible many of King County's most nimble responses to urgent community needs.

ABOUT MIDD

Since 2008, MIDD has funded high-quality programs and services that, collectively, reduce reliance on jails, emergency rooms, and hospitals, and create connections to community for King County residents most in need. MIDD is a local fund source created to address behavioral health needs in King County that otherwise go unmet by funding from state and federal sources.

MIDD POLICY GOALS

- **Divert** individuals with behavioral health needs from costly interventions, such as jail, emergency rooms and hospitals.
- Reduce the number, length, and frequency of behavioral health crisis events.
- Increase culturally appropriate, trauma-informed behavioral health services.
- Improve health and wellness of individuals living with behavioral health conditions.
- Explicit **linkage** with, and **furthering** the work of, King County and community initiatives.²

² King County Code 4A.500.309. https://kingcounty.gov/council/legislation/kc_code/07_Title_4A.aspx



Policy Goals | MIDD in 2022 | Strategy Areas | Who MIDD Serves | MIDD Across King County

MIDD IN 2022

In 2022, MIDD funded 157 community partners who served 19,281 people across King County through 52 initiatives.

MIDD's investments across King County in 2022 resulted in reductions in behavioral health crisis episodes and reduced the use of costly and often traumatic interventions like psychiatric hospitals, emergency department admissions, and jail bookings for participants in MIDD programs. At the same time, MIDD helped people access a wide range of care in their community. See highlighted outcomes in blue.

The pandemic has had and continues to have a profound effect on mental health and substance use, with increasing numbers of people experiencing anxiety, depression, and loneliness. These challenges were compounded by the impacts of opioid and stimulant use, especially fentanyl, spread across the country and in our region in the past year, with overdoses growing to a record level in 2022.³ Layered on top is a behavioral health workforce shortage, where available staff and resources are often overwhelmed by the need for services, with workers underpaid, overworked, and stretched too thin.

MIDD participants experience fewer crisis episodes, emergency department admissions, jail bookings, and hospitalizations over time.

KEY ACCOMPLISHMENTS IN 2022



crisis service episodes among adults, over the long term. ⁴



36%

emergency department admissions, over the long term.



71%

jail bookings among adults, over the long term.



34%

psychiatric inpatient admissions by program participants, over the long term.



91%

percent of youth with no new additional crisis service episodes.



³ King County Fatal Overdose Dashboard. <u>Kingcounty.gov/depts/health/overdose-prevention/fatal-overdose</u>

⁴ Long-term results are based on participants enrolled in 2019, comparing participant use of costly systems the year before MIDD enrollment to their third year of services. Long-term results for crisis service episodes instead compare the first year of services to the third year.

Policy Goals | MIDD in 2022 | Strategy Areas | Who MIDD Serves | MIDD Across King County

In the face of these challenges, MIDD's investments across the behavioral health spectrum serve as a foundational role within the system that yield short- and long-term benefits in participants' lives, while reducing pressure on a severely overextended and understaffed system. Many of King County's most nimble responses to behavioral health needs in communities across the county were made possible by MIDD funds, including expanded access to next day appointments for substance use disorder, peer strategies to help people navigate their return to community after a psychiatric hospitalization, increased distribution of life-saving naloxone, and direct outreach to youth and adults experiencing homelessness in an effort to bring low-barrier treatment directly to people in need.

MIDD also funded upstream interventions to prevent or intervene early when behavioral health needs arise, keeping common and treatable challenges from growing into crises. MIDD initiatives help fill a need in the overall system that bolsters community-based response and helps the community heal from trauma, build coping skills, and utilize resources to stay well.

This report provides the MIDD fund's overarching 2022 results and describes outcomes from each of MIDD's strategy areas. It also includes discussion and data about key themes from the implementation of MIDD in 2022, such as the importance of meeting people where they are in the community, systemic challenges directly impacting the workforce, the importance of peers with lived experience, and the large returns on upstream investments in youth mental health.

Visit the interactive MIDD Data Dashboard to see initiative level outcomes, under *Measuring MIDD performance*.



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Policy Goals | MIDD in 2022 | Strategy Areas | Who MIDD Serves | MIDD Across King County

MIDD STRATEGY AREAS

MIDD delivered programs and services across five strategy areas in 2022. MIDD supports services to enhance a countywide continuum of care that supports recovery and care in community, is focused on prevention, and reduces disparities.

Prevention and Early Intervention (PRI) initiatives ensure that people get the support they need to stay healthy and keep concerns from escalating. These initiatives help people stay healthy and keep behavioral health concerns from escalating. Programs include early assessment and brief therapies, as well as expanded access to outpatient care for those without Medicaid coverage. Programs equip clinicians, first responders, and community members with tools and resources to identify people who are at risk of behavioral health conditions and to respond in a culturally responsive way to those who need support for substance use or mental health concerns.

Initiatives under this strategy area include:

- PRI-01 Screening, Brief Intervention and Referral to Treatment
- PRI-02 Juvenile Justice Youth Behavioral Health Assessments
- PRI-03 Prevention and Early Intervention Behavioral Health for Adults Over 50
- PRI-04 Older Adult Crisis Intervention/Geriatric Regional Assessment Team
- PRI-05 School-Based Screening, Brief Intervention and Referral to Treatment
- PRI-06 Zero Suicide Initiative Pilot
- PRI-07 Mental Health First Aid
- PRI-08 Crisis Intervention Training First Responders
- PRI-09 Sexual Assault Behavioral Health Services
- PRI-10 Domestic Violence and Behavioral Health Services and System Coordination
- PRI-11 Community Behavioral Health Treatment

Collectively, PRI initiatives reduce potential for harm and connect individuals with resources and services. In 2022, these initiatives served over 6,200 individuals. Outcomes across this strategy area include:

- Anxiety symptom scores improved for 76%-81% of participants (depending on the program).
- Depression symptom scores improved for 72%-80% of participants (depending on the program) for programs in the PRI strategy area.
- Adult jail bookings decreased between 66% and 82% (depending on the program) over the long-term.
- Emergency department visits decreased between 20% and 40% (depending on the program) over the long-term.



Policy Goals | MIDD in 2022 | Strategy Areas | Who MIDD Serves | MIDD Across King County

Crisis Diversion (CD) initiatives work to ensure that people in crisis get the help they need to avoid hospitalization or incarceration. Programs help people stabilize and get connected with community-based services through multiple channels, including expedited access to outpatient care, multidisciplinary outreach teams, crisis facilities, and alternatives to incarceration.

Initiatives under this strategy area include:

- CD-01 Law Enforcement Assisted Diversion
- CD-02 Youth Detention Prevention Behavioral Health Engagement
- CD-03 Outreach & In-Reach System of Care
- CD-04 South County Crisis Diversion Services
- CD-05 High Utilizer Care Teams
- CD-06 Adult Crisis Diversion Center, Respite Beds and Mobile Behavioral Health Crisis Team
- CD-07 Multipronged Opioid Strategies
- CD-08 Children's Domestic Violence Response Team
- CD-09 Behavioral Health Urgent Care Walk-In Clinic Pilot⁵
- CD-10 Next Day Crisis Appointments
- CD-11 Children's Crisis Outreach and Response System
- CD-12 Parent Partners Family Assistance
- CD-13 Family Intervention Restorative Services
- CD-14 Involuntary Treatment Triage
- CD-15 Wraparound Services for Youth
- CD-16 Youth Respite Alternatives⁶
- CD-17 Young Adult Crisis Stabilization
- CD-18 Response Awareness, De-escalation and Referral

In 2022, Crisis Diversion initiatives served over 9,300 individuals. Outcomes across this strategy area include:

- Adult crisis service episodes decreased between 57% and 90% (depending on the program) over the long-term.
- Psychiatric inpatient hospitalizations decreased between 15% and 48% (depending on the program) over the long-term.
- Adult jail bookings decreased between 60% and 84% (depending on the program) over the long-term.
- Emergency department visits decreased between 4% and 79% (depending on the program) over the long-term.

^{5, 6} Initiative not funded in the King County 2021-22 Adopted Budget

Policy Goals | MIDD in 2022 | Strategy Areas | Who MIDD Serves | MIDD Across King County

Recovery and Reentry (RR) initiatives help people become healthy and reintegrate into the community safely after a crisis. Services focus on the needs of the whole person to support recovery and sustain positive change. Programming includes providing stable housing, services for people experiencing homelessness, employment support services, peer-based recovery supports, and community reentry services after incarceration.

Initiatives under this strategy area include:

- RR-01 Housing Supportive Services
- RR-02 Behavioral Health Services at Community Center for Alternative Programs
- RR-03 Housing Capital and Rental
- RR-04 Rapid Rehousing-Oxford House Model
- RR-05 Housing Vouchers for Adult Drug Court
- RR-06 Jail Reentry System of Care
- RR-07 Behavioral Health Risk Assessment Tool for Adult Detention
- RR-08 Hospital Re-entry Respite Beds
- RR-09 Recovery Café
- RR-10 Behavioral Health Employment Services & Supported Employment
- RR-11a Peer Bridger Programs
- RR-11b Substance Use Disorder Peer Support
- RR-11c Peer Respite⁷
- RR-12 Jail-based Substance Use Disorder Treatment
- RR-13 Deputy Prosecuting Attorney for Familiar Faces
- RR-14 Shelter Navigation Services⁸
- RR-15 Pretrial Assessment and Linkage Services

MIDD initiatives in the Recovery and Reentry Strategy Area served over 3,400 individuals in 2022. Outcomes across this strategy area include:

- Adult jail bookings decreased between 47& and 96% (depending on the program) over the long-term.
- Emergency department visits decreased between 21% and 65% (depending on the program) over the long-term.
- Between 72% and 75%
 of program participants
 (depending on the program)
 reported reduced substance
 use among programs.

^{7, 8} Initiative not funded in the King County 2021-22 Adopted Budget

Policy Goals | MIDD in 2022 | Strategy Areas | Who MIDD Serves | MIDD Across King County

System Improvement (SI) initiatives strengthen access to the behavioral health system and equip providers to be more effective. Programs support the behavioral health workforce, improve the quality and availability of core services, and support community-initiated behavioral health projects.

Initiatives under this strategy area include:

- SI-01 Community-Driven Behavioral Health Grants
- SI-02 Behavioral Health Services in Rural King County
- SI-03 Quality Coordinated Outpatient Care
- SI-04 Workforce Development

Systems Improvement initiatives support King County's behavioral health system through several channels: community-designed, culturally and linguistically appropriate services; greater reach into rural unincorporated communities; implementation of quality improvement programming; and workforce development to support behavioral health countywide. Together, these initiatives improve the quality, reach, and availability of behavioral health services for all King County residents.

Together, Community Driven Behavioral Health Grant and Behavioral Health Services in Rural King County funded over 29 small agencies across King County to address the unique needs within their diverse communities.



Policy Goals | MIDD in 2022 | Strategy Areas | Who MIDD Serves | MIDD Across King County

Therapeutic Courts (TX) offer people experiencing behavioral health conditions an alternative to traditional criminal legal system proceedings and support them in achieving stability and avoiding further legal system involvement.

Initiatives under this strategy area include:

- TX-ADC Adult Drug Court
- TX-CC Community Court
- TX-FTC Family Treatment Court
- TX-JTRAC-BHR Juvenile Therapeutic Response and Accountability Court-Behavioral Health Response
- TX-RMHC Regional Mental Health Court and Regional Veterans Court
- TX-SMC Seattle Mental Health Municipal Court

MIDD invests in a system that supports recovery and care in community, is focused on prevention, and reduces disparities.

Therapeutic Court initiatives served over 1,000 individuals in 2022. Outcomes across this strategy area include:

- Adult jail bookings decreased between 74% and 83% (depending on the program) over the long-term.
- 72% of participants in Juvenile Therapeutic Response and Accountability Court had no new juvenile charges in the 12 months following enrollment in the program.

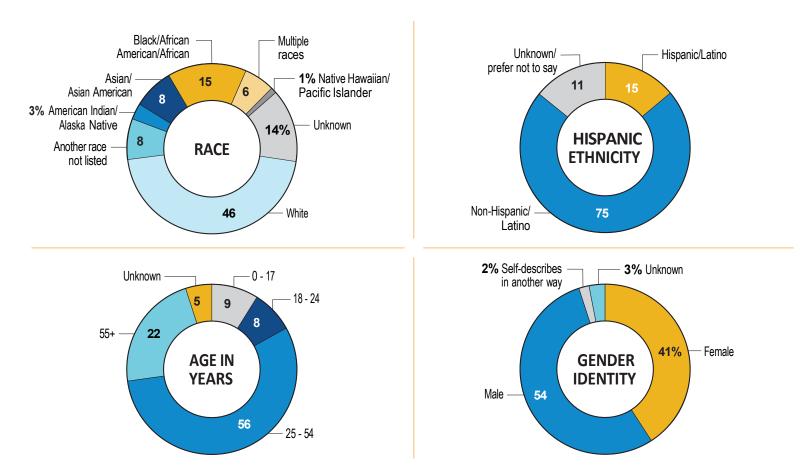
Visit the interactive MIDD Data Dashboard to see initiative level program descriptions and outcomes.

Policy Goals | MIDD in 2022 | Strategy Areas | Who MIDD Serves | MIDD Across King County

WHO MIDD SERVES

MIDD supports the health and well-being of residents throughout King County by funding programs that deliver services across the behavioral health continuum, including prevention and early intervention, crisis diversion, treatment, community reentry, and recovery services.

Total number served: 19,281



Visit the interactive MIDD Data Dashboard to see detailed demographic information, under Who MIDD serves.

Policy Goals | MIDD in 2022 | Strategy Areas | Who MIDD Serves | MIDD Across King County

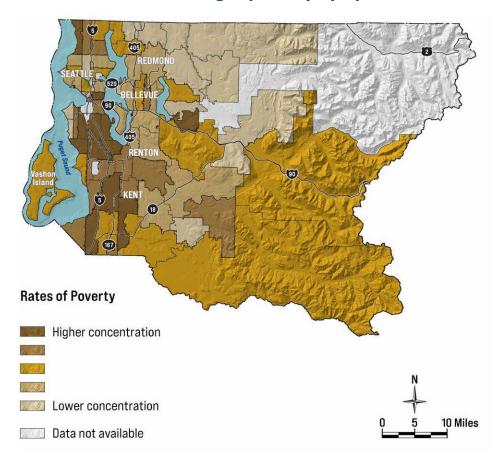
WHERE MIDD PARTICIPANTS LIVE

MIDD served people most in need across King County

People participating in MIDD by zip code

SEATTLE People participating in MIDD More participants Fewer participants Data not available

Households living in poverty by zip code



Visit the interactive MIDD Data Dashboard to see detailed geographic information, under Where MIDD participants live.

Care in Community | Workforce Challenges | Peer Impact | Youth Investments | Housing & Stability

MEETING PEOPLE WHERE THEY ARE

Over 4,800 people were engaged by MIDD-funded outreach programs, including Law Enforcement Assisted Diversion (LEAD), mobile crisis teams, or Medication for Opioid Used Disorder (MOUD) in shelters and encampments. These programs are central to King County's response to the fentanyl and overdose crisis.

Meeting people where they are located in the community increased participants' engagement with programs and services and greatly reduced interactions with costly systems. Collectively, MIDD-funded outreach programs contributed to the following outcomes:



Adult crisis service episodes decreased between

and (depending on the program) over the long-term. Adult jail bookings decreased between (depending on

the program) over the long-term.

Emergency department visits decreased between and (depending on the program) over the long-term.

hospitalizations decreased over over the long-term among participants engaged by MIDD-funded mobile crisis teams.

Psychiatric inpatient

Visit the interactive MIDD Data Dashboard to see initiative level outcomes, under Measuring MIDD performance.

Care in Community | Workforce Challenges | Peer Impact | Youth Investments | Housing & Stability

BEHAVIORAL HEALTH WORKERS AND PROVIDERS FACED SYSTEMIC CHALLENGES

Across the spectrum from prevention to crisis intervention, the **two most widespread challenges** MIDD providers faced in 2022 were:



A workforce strained under the magnitude of the need without the wages or supports to help sustain and retain workers.

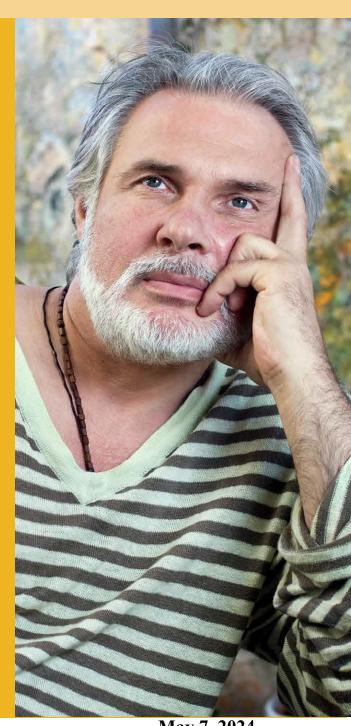


2 Growing demand for services and higher acuity of need.

Community-based providers facilitate and support recovery and stability for King County residents, yet chronic underinvestment in the behavioral health system creates and perpetuates structural challenges. MIDD supported providers with a seven percent economic adjustment in 2022, and MIDD System Improvement strategies provided additional funding to enable providers to outreach and engage vulnerable and hard-to-reach clients.

70% of MIDD initiatives reported staffing challenges in 2022, impacting service availability and delivery.

Visit the interactive MIDD Data Dashboard to see initiative level outcomes, under *Measuring MIDD performance*.



Care in Community | Workforce Challenges | Peer Impact | Youth Investments | Housing & Stability

PEERS MAKE A DIFFERENCE

MIDD peer strategies served over 1,100 people in 2022. Peers are people who have lived experience in the recovery journey who can support others navigating similar situations. Peers can be an essential part of a multidisciplinary team in combination with clinicians. By bringing their shared understanding, respect, insight into navigating systems, and other challenges, peers can foster relationships that change lives.



Participants in Peer Bridgers, which helps people navigate their return to the community after being discharged from King County psychiatric hospitals, had a 73% reduction in psychiatric inpatient hospitalizations and a 41% reduction in emergency department visits.



Participants who engaged with SUD Peer Support had a 78% reduction in jail bookings and 51% reduction in emergency department visits.





Care in Community | Workforce Challenges | Peer Impact | Youth Investments | Housing & Stability

INVESTING IN YOUTH MENTAL HEALTH AND PREVENTING CRISES

Over 1,000 youth were engaged in MIDD-funded services ranging from crisis outreach to wraparound supports. The importance of MIDD's investments upstream to intervene early on with youth facing behavioral health challenges in King County is underscored by the U.S. Surgeon General's rare public health advisory issued in late 2021 about the growing mental health crisis, with feelings of sadness, hopelessness, and suicidal thoughts and behaviors increasing by about 40 percent among young people in the ten years leading up to the pandemic.⁹



10,000 youth were screened in schools using the School-Based Screening, Brief Intervention, and Referral to Treatment (School-Based SBIRT) tool. When the screening identified an immediate safety concern, 81% of high school youth and 91% of middle school youth received a brief intervention.



Over 90% of the youth served by both the Children's Crisis Outreach and Response System and Wraparound Services for Youth had no new crisis events in the 12 months following their engagement in either program.



88% of youth involved in the criminal-legal system and served by Family Intervention and Restorative Services had no new juvenile criminal charges filed in the 12 months following their engagement in the program. Youth engaged with Juvenile Justice Youth Behavioral Health Assessments had similar success, with 73% having no new juvenile criminal charges.

9 American Psychological Association. (2023). https://www.apa.org/monitor/2023/01/trends-improving-youth-mental-health

Visit the interactive MIDD Data Dashboard to see initiative level outcomes, under Measuring MIDD performance.

Care in Community | Workforce Challenges | Peer Impact | Youth Investments | Housing & Stability

HOUSING LEADS TO INCREASED STABILITY

More than 1,000 people received housing support through MIDD-funded activities, including housing vouchers, rapid rehousing for people in early recovery, investments in construction, and preservation of housing for individuals with behavioral health conditions and very low incomes.



Over 55% of adults experiencing chronic homelessness who were connected to permanent supportive housing through the Housing Supportive Services initiative engaged with behavioral health services and supports.



Jail bookings decreased over 70% over the long-term among participants in MIDD programs providing housing support.



Emergency department visits decreased over 60% over the long-term among participants in MIDD programs providing housing support.



Over 70% of participants who received MIDD-funded housing vouchers and rapid rehousing reported reduced substance use.

Visit the interactive MIDD Data Dashboard to see initiative level outcomes, under *Measuring MIDD performance*.



Data Adjustments | Targets

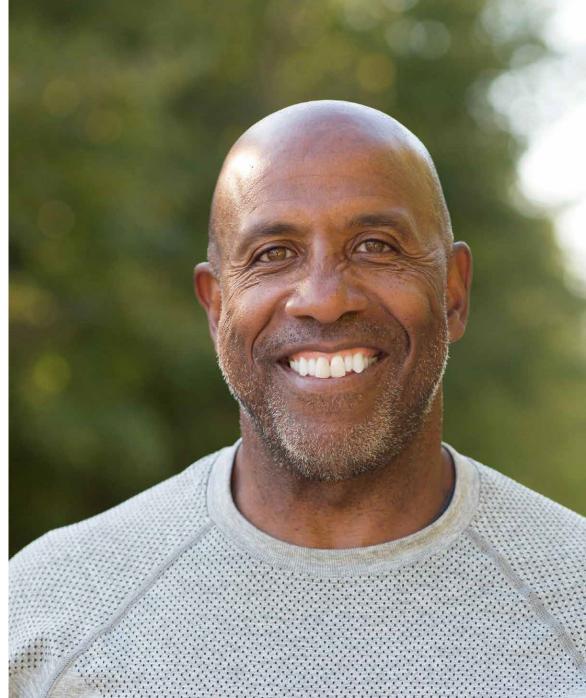
MIDD EVALUATION

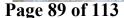
The MIDD evaluation aligns with the five policy goals adopted by the King County Council. MIDD initiatives link to one or more of these goals for the purposes of performance measurement and evaluation. The County evaluates progress toward each of the five MIDD goals to identify systems-level improvement and impact.

The MIDD evaluation uses a Results-Based Accountability (RBA) framework. The RBA framework asks questions about the quantity, quality, and impact of services:

- How much did we do?
- How well did we do it?
- Is anyone better off?

Visit the interactive MIDD Data Dashboard to see evaluation related information, under *How MIDD is evaluated*.







Data Adjustments | Targets

PROGRAM HIGHLIGHT

- Demand for naloxone, the medication that can reverse opioid overdose, grew significantly in 2022.
- MIDD supported the distribution of 10,088 naloxone kits through the Laced and Lethal mail order program, a 414% increase from 2021.
- The program distributed an additional 2,997 kits to community stakeholders, a 69% increase from 2021.

Read more about CD-07 Multipronged Opioid Strategies on the



Data Adjustments | Targets



CONTINUOUS IMPROVEMENT AND DATA INFORMED **IMPLEMENTATION ADJUSTMENTS**

MIDD applies a continuous improvement approach to its services to ensure that data and other information are used to inform program and process adjustments. In 2022, MIDD made several improvements to program implementation and administration based on opportunities identified by MIDD's partners or informed by data.

Continuous improvement efforts included incorporating equity and social justice more fully into program administration, addressing disproportional access to services and increasing inclusivity within MIDD-funded services, expanding models of service provision, incorporating new treatment approaches, and building a workforce that reflects the diversity of MIDD participants.

Seven MIDD initiatives used data to refine programming. These changes included implementing a Behavioral Health Interpreter Training Learning Collaborative to improve service delivery to people with limited English proficiency, developing innovative programming to keep youth engaged while awaiting services, and expanding the availability of next day appointments to include substance use disorder in addition to mental health.

Visit the interactive MIDD Data Dashboard to see a full list of changes to targets, under How MIDD is improving.





Data Adjustments | Targets



PROGRAM HIGHLIGHT

- Participants in MIDD's Next Day Crisis Appointments for mental health experienced a 90% reduction in crisis episodes and a 52% reduction in emergency department visits over the long-term.
- Given this success, this initiative expanded beyond mental health in 2022 to fund five agencies to provide next day crisis appointments for substance use disorders.

Read more about CD-10 Next Day Crisis Appointments on the

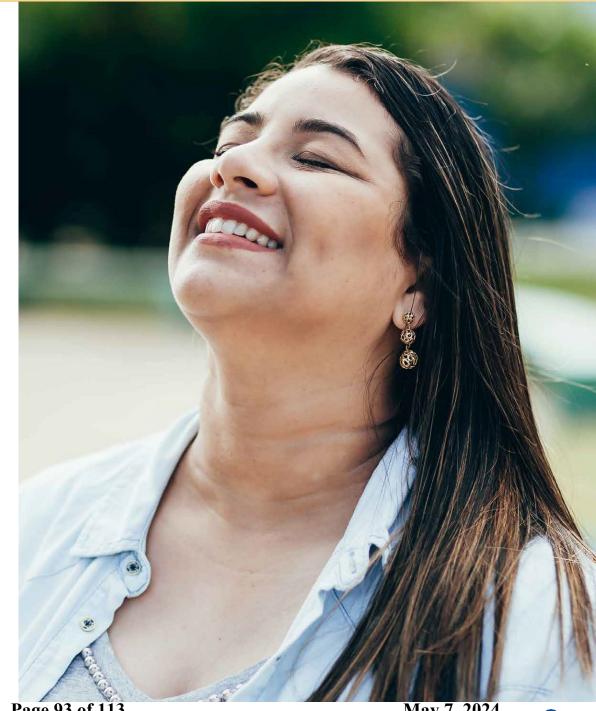
Data Adjustments | Targets

UPDATES TO PERFORMANCE MEASURE TARGETS

The implementation and evaluation of MIDD-funded programs requires occasional modifications as new information becomes available. Performance measure targets, which typically describe the anticipated number of people to be served by a MIDD initiative, should be considered in the context of system challenges, including workforce shortages. Targets are not typically adjusted from year to year to account for external system challenges but are maintained as a measure of initiative performance. However, MIDD may adjust performance targets when clear evidence exists that the original target was an over- or under-estimation of feasible service delivery.

In 2022, 21 of the 45 MIDD initiatives with established targets exceeded target numbers, and an additional 12 were within 20 percent of reaching the set target. Initiatives that did not meet their target number served for the year cited several difficulties with program implementation, including staffing challenges, changes to referral pathways, changes to eligibility criteria, and limited access to the jails. Jail access is starting to improve post COVID-19.

Visit the interactive MIDD Data Dashboard to see a full list of changes to targets, under How MIDD is improving.



WELCOME **ABOUT MIDD RESULTS EVALUATION** INVFSTMFNTS

Data Adjustments | Targets

PROGRAM HIGHLIGHT

The Sexual Assault Behavioral Health Services initiative continued its focus on providing culturally appropriate and linguistically accessible services to Spanish speaking survivors in South King County.

In 2022, 88% of survivors of sexual assault who received a repeat assessment showed improvement in symptoms.

Read more about PRI-09 Sexual Assault Behavioral Health Services on the

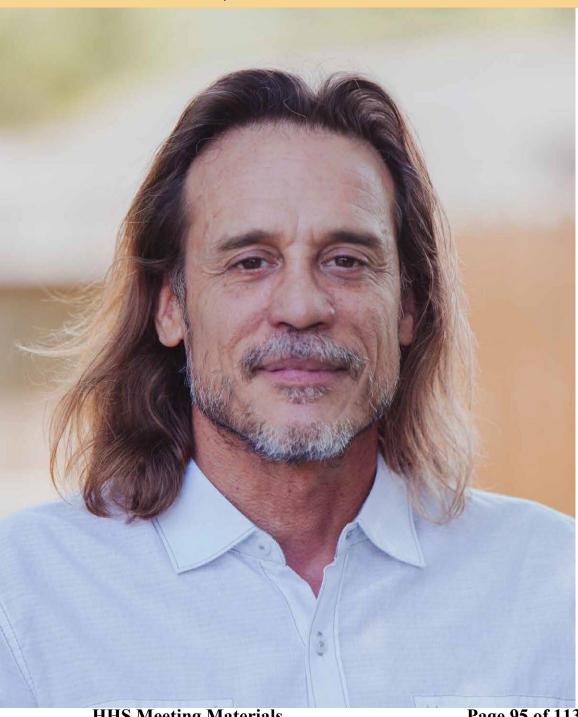
MIDD Data Dashboard



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Procurements | Financial Report



MIDD INVESTMENTS

2022 Procurement Update

MIDD partners with community-based organizations through contracts to deliver most MIDD-funded services. Competitive procurement processes are in place to support and promote coordination across funding sources as well as to expand access. MIDD-funded initiatives released eight procurements in 2022. Focus areas included expanding school-based screening in high schools, launching the Zero Suicide initiative, and implementing a pilot project in Contingency Management, an evidence-based behavioral therapy that provides motivational incentives to treat individuals living with substance use disorders.

Visit the interactive MIDD Data Dashboard to see all 2022 procurements, under What MIDD invests in.







Procurements | Financial Report

2022 Financial Report

In 2022, MIDD sales tax revenues recovered to pre-pandemic levels. With an improved budget forecast in July 2021, most MIDD initiatives started 2022 with economic adjustments added to their restored baseline budgets. In addition, King County also reprogrammed \$1.8 million of underspent funds. These budget modifications reallocated funds appropriated in the adopted budget based on MIDD Advisory Committee guiding principles and with the formal support of the MIDD Advisory Committee.

While some initiatives struggled to spend their whole budget amount, largely due to workforce challenges, 71 percent of MIDD initiatives spent at least 90 percent of their allocation. 29 percent of MIDD initiatives exceeded their 2022 budget allocations, as their budgets were increased with 2021 unspent.

Please note this table below shows year two spending against the 2021-22 biennial budget and reflects the financial status of the fund as of December 31, 2022.

STRATEGY AREA	2022 Budget	2022 Actuals	Percent Spent
Prevention and Early Intervention	21,111,634	16,815,785	80%
Crisis Diversion	27,234,186	22,690,048	83%10
Recovery and Reentry	9,500,339	9,873,378	104%11
System Improvement	7,968,892	2,109,644	26%12
Therapeutic Courts	12,944,554	11,571,518	89%
Special Projects	10,200,000	9,797,544	96%
Administration and Evaluation	4,705,523	3,298,811	70%
Total	99,065,128	76,156,728	77%

¹⁰ Two initiatives within this Strategy Area are supported by braided funds from other local funds. Term-limited funds were drawn down in 2022 prior to using MIDD funds.

Visit the interactive MIDD Data Dashboard to see all 2022 budgeted amounts and actual expenditures for individual initiatives, under What MIDD invests in.



¹¹ Two initiatives within this Strategy Area received an allocation of unspent 2021 MIDD funds in 2022.

¹² Initiative SI-03: Quality Coordinated Outpatient Care had lower actual expenditures than originally budgeted due to timing of startup, staffing challenges, and rollout and refinement of programming components.

Advisory Committee | Partners

ADVISORY COMMITTEE

The MIDD Advisory Committee is an advisory body to the King County Executive and King County Council that seeks to ensure that the implementation and evaluation of MIDD initiatives is transparent, accountable, collaborative, equity-focused, and effective.

The Advisory Committee is a unique partnership of leaders from the health and human services and criminal legal communities, bringing together a broad range of viewpoints, including people in recovery, community behavioral health providers, and policymakers.

Visit the MIDD website to see a roster of 2022 MIDD Advisory Committee members. www.kingcounty.gov/MIDDAC

PARTNERS

MIDD services are carried out in partnership with more than 150 behavioral health provider agencies, community organizations, non-profits, schools, and public or governmental agencies to improve behavioral health outcomes in King County.

Visit the MIDD website to see a list of MIDD partners. www.kingcounty.gov/MIDDPartners

"We believe that all community members should have equitable access to affordable behavioral health services that respect and value their unique beliefs, cultures, identities, languages, lived experiences, and notions of health and well-being as strengths to promote recovery and resilience."

Excerpt from MIDD Equity Definition, which guides the MIDD Advisory Committee's recommendations to the King County Executive and the King County Council. Read the full definition here: www.kingcounty.gov/MIDDAC









Dow Constantine

King County Executive 401 Fifth Avenue, Suite 800 Seattle, WA 98104-1818 206-263-9600 Fax 206-296-0194 TTY Relay: 711 www.kingcounty.gov

August 1, 2023

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

Dear Councilmember Upthegrove:

This letter transmits the annual 2022 MIDD Summary Report, as called for by King County Code 4A.500.309, and a proposed Motion that would, if enacted, approve the report. This report describes evaluation results for the programs and services supported by King County's dedicated 0.1 percent MIDD behavioral health sales tax, specifically addressing MIDD's five adopted policy goals. In addition, the report provides information about implementation of the programs and services supported by MIDD during 2022.

I encourage you to visit the MIDD Data Dashboard, an interactive tool that accompanies the report and gives users the ability to explore MIDD services, data, and outcomes with powerful customization and flexibility. The dashboard details each of MIDD's 52 initiatives and presents demographics and outcome data for the fund overall and by initiative. It also contains additional fiscal and evaluation information.

MIDD supports equitable opportunities for health, wellness, connection to community, and recovery for King County residents living with or at risk of behavioral health conditions. Its programs are designed to improve access to behavioral health treatment and therapeutic court services through a continuum of care that includes prevention, early intervention, crisis diversion, recovery and reentry, and system improvement.

The 2022 report illustrates MIDD's critical role in reinforcing King County's behavioral health system and highlights MIDD's effectiveness amid ongoing challenges. In 2022, the scale and intensity of behavioral health needs and challenges in the region continued to grow. A critical workforce shortage also meant there were not always enough people to carry out the work to meet this growing need.

The report shows how MIDD programming rose up when the community needed it most. The 2022 report highlights key outcomes across MIDD's strategy areas, including sustaining results in reduced jail bookings, emergency department admissions, and psychiatric hospital

The Honorable Dave Upthegrove August 1, 2023 Page 2

admissions for King County residents who receive MIDD services. The report includes a variety of other measures showing how MIDD programs are connecting people to treatment and impacting health and wellness in our region. Additionally, the report identifies themes in MIDD's implementation in 2022, including MIDD's responses to needs for outreach programs, peer services, youth behavioral health care, and housing stability.

The MIDD Advisory Committee reviewed and supported the enclosed report at its June 8, 2023 meeting. A draft copy of the report was distributed to committee members in advance and comments from members were incorporated into the final report.

Thank you for your consideration of this report and proposed Motion, and for the King County Council's partnership in delivering innovative, effective services that help make King County a community where every person can thrive.

If your staff have questions, please contact Leo Flor, Director, Department of Community and Human Services, at 206-477-4384.

Sincerely,

Green Foods (2)

Dow Constantine King County Executive

Enclosure

cc: King County Councilmembers

ATTN: Stephanie Cirkovich, Chief of Staff
Melani Pedroza, Clerk of the Council
Karan Gill, Chief of Staff, Office of the Executive
Mina Hashemi, Council Relations Director, Office of the Executive
Leo Flor, Director, Department of Community and Human Services (DCHS)

MIDD 2022 Summary Report

Health and Human Services Committee May 7, 2024







MIDD 2 Policy Goals

- **Divert** individuals with behavioral health needs from costly interventions, such as jail, emergency rooms and hospitals.
- Reduce the number, length, and frequency of behavioral health crisis events.
- Increase culturally appropriate, trauma-informed behavioral health services.
- Improve health and wellness of individuals living with behavioral health conditions.
- Explicit **linkage** with, and **furthering** the work of, King County and community initiatives.

HHS Meeting Materials

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May 7, 2024



52 Initiatives Across Five Strategy Areas

- Prevention and Early Intervention
- Crisis Diversion
- Recovery and Reentry
- Systems Improvement
- Therapeutic Courts

Page 103 of 113 May 7, 2024



crisis service episodes among adults, over the long term.





emergency department admissions, over the long term.



71%

jail bookings among adults, over the long term.



34%

psychiatric inpatient admissions by program participants, over the long term.



91%

percent of youth with no new additional crisis service episodes.

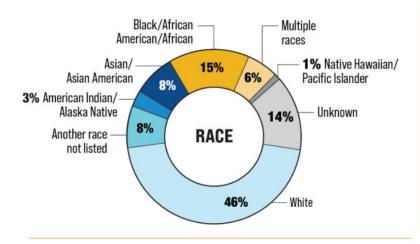


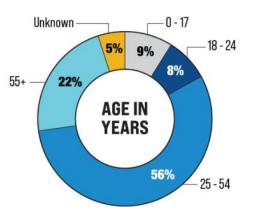
2022 Key Accomplishments

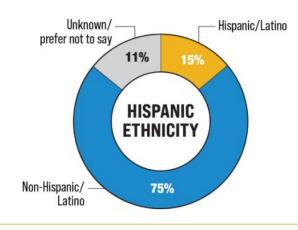
May 7, 2024

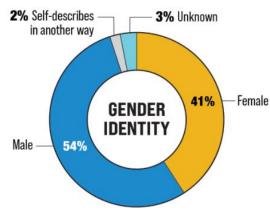
Who MIDD served in 2022

Total Served: 19,281

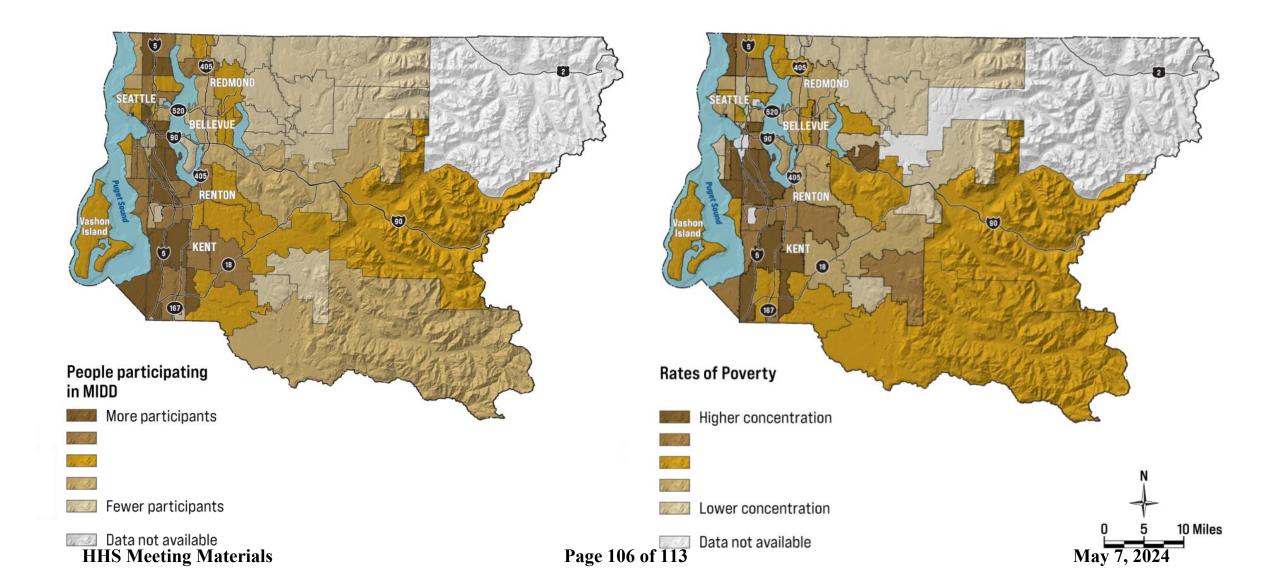








Where MIDD Participants Live



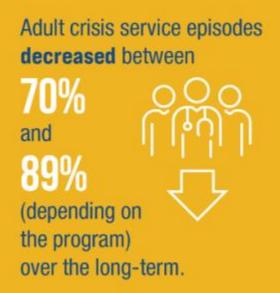
2022 Themes

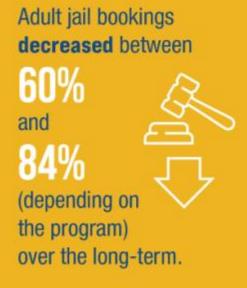
- Meeting People Where They Are
- Behavioral Health Workers and Providers Faced Systemic Challenges
- Investing in Youth Mental Health and Preventing Crisis
- Peers make a difference
- Housing leads to increased stability

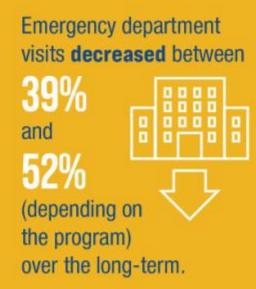


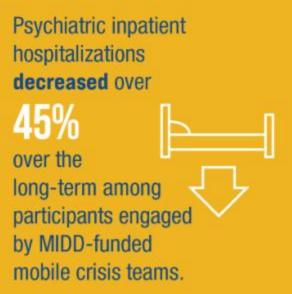
Meeting People Where They Are

Over 4,800 people were engaged by MIDD-funded outreach programs, including Law Enforcement Assisted Diversion (LEAD), mobile crisis teams, or Medication for Opioid Used Disorder (MOUD) in shelters and encampments.









Behavioral Health
Workforce and
Providers Faced
Systemic
Challenges

Across the spectrum from prevention to crisis intervention, the **two most widespread challenges** MIDD providers faced in 2022 were:



 A workforce strained under the magnitude of the need without the wages or supports to help sustain and retain workers.



Growing demand for services and higher acuity of need.

Community-based providers facilitate and support recovery and stability for King County residents, yet chronic underinvestment in the behavioral health system creates and perpetuates structural challenges.

MIDD supported providers with a seven percent economic adjustment in 2022, and MIDD System Improvement strategies provided additional funding to enable providers to outreach and engage vulnerable and hard-to-reach clients.

Investing in Youth Mental Health and Preventing Crises



10,000 youth were screened in schools using the School-Based Screening, Brief Intervention, and Referral to Treatment (School-Based SBIRT) tool. When the screening identified an immediate safety concern, 81% of high school youth and 91% of middle school youth received a brief intervention.



Over 90% of the youth served by both the Children's Crisis Outreach and Response System and Wraparound Services for Youth had no new crisis events in the 12 months following their engagement in either program.



88% of youth involved in the criminal-legal system and served by Family Intervention and Restorative Services had no new juvenile criminal charges filed in the 12 months following their engagement in the program. Youth engaged with Juvenile Justice Youth Behavioral Health Assessments had similar success, with 73% having no new juvenile criminal charges.

May 7, 2024

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2022 Financial Report

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Administration and Evaluation	4,705,523	3,298,811	70%
Total	99,065,128	76,156,728	77 %

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2022 Data Dashboard

To fully explore MIDD's overall results, visit the interactive MIDD Data Dashboard.

MIDD Data Dashboard

2022 MIDD Data Dashboard

2022 MIDD Data Dashboard

Who MIDD serves

Where MIDD participants live

Measuring MIDD performance MIDD longterm outcomes How MIDD is improving

What MIDD invests in

MIDD DEMOGRAPHICS

MIDD serves a diverse group of people.

MIDD strives to collect complete and accurate information on all participants, using self-reported data. MIDD serves a diverse group of people across King County, aiming to provide visibility to every person it serves. Demographic data alone provide an incomplete story of people served by MIDD. Please take care when interpreting these data as some people or communities may be reluctant to share personal information with providers and/or public entities as a result of systemic and structural racism.

NAVIGATION: Use the Strategy dropdown menu to view results for specific MIDD strategies, and hover over the strategy name for a description. Use the tabs below to filter by MIDD strategy area. To reset a filter, double click on the Strategy Area tab. Filter by demographic category with the dropdown menus below. Multiple categories can be chosen at the same time. To reset a filter, click the filter icon with a red 'x' above the dropdown menu. Hover over results and labels for more details.

Crisis Diversion	Prevention and Early Intervention	Recovery and Reentry	System Improvement	Therapeutic Courts
Strategy (AII)				•
Gender Identity (AII)		Race (AII)		*
Age Group		Ethnicit (AII)	у	▼]

Questions?

Susan McLaughlin

Division Director smclaugh@kingcounty.gov

Robin Pfohman

MIDD Coordinator

Robin.Pfohman@kingcounty.gov