King County

1200 King County Courthouse
516 Third Avenue
Seattle, WA 98104

Meeting Agenda

Health, Housing, and Human Services Committee

Councilmembers:
Teresa Mosqueda, Chair;
Reagan Dunn, Vice-Chair;
Jorge L. Barón, De'Sean Quinn

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

9:30 AM | **Tuesday, December 2, 2025** | **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, Housing, and Human Services Committee values community input and looks forward to hearing from you on agenda items.

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

You are not required to sign up in advance. Comments are limited to current agenda items.

Sign language and interpreter services can be arranged given sufficient notice (206-848-0355).
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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 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: 842 7675 9952

By computer using the Zoom application at https://zoom.us/join and the webinar ID above.
Via phone by calling 1 253 215 8782 and using the webinar ID above.

HOW TO WATCH/LISTEN TO THE MEETING REMOTELY: There are several ways to watch or listen in to the meeting:
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To show a PDF of the written materials for an agenda item, click on the agenda item below.

1. **Call to Order**

2. **Roll Call**

3. **Approval of Minutes** p. 6

   Minutes of September 9, 2025 meeting.

4. **Public Comment**

Consent

5. Proposed Motion No. 2025-0230 p. 12

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

   Sponsors: Zahilay

   Miranda Leskinen, Council staff

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6. Proposed Motion No. 2025-0231 **p. 12**

A MOTION confirming the executive's appointment of Ellie Wang, who resides in council district nine, to the King County children and youth advisory board, as a youth representative.

Sponsors: Dunn

Miranda Leskinen, Council staff

7. Proposed Motion No. 2025-0232 **p. 12**

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

Sponsors: Mosqueda

Miranda Leskinen, Council staff

8. Proposed Motion No. 2025-0233 **p. 12**

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

Sponsors: Barón

Miranda Leskinen, Council staff

9. Proposed Motion No. 2025-0239 **p. 12**

A MOTION confirming the executive's appointment of Yessica Osorio Duran, who resides in council district five, to the King County children and youth advisory board, as a youth representative.

Sponsors: Quinn

Miranda Leskinen, Council staff

10. Proposed Motion No. 2025-0240 **p. 12**

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

Sponsors: Perry

Miranda Leskinen, Council staff

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11. Proposed Motion No. 2025-0242 **p. 12**

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

Sponsors: Balducci

Miranda Leskinen, Council staff

12. Proposed Motion No. 2025-0215 **p. 48**

A MOTION confirming the executive's appointment of Kathryn Hill, who resides in council district one, to the King County women's advisory board, as the district one representative.

Sponsors: Dembowski

Sam Porter, Council staff

13. Proposed Motion No. 2025-0234 **p. 48**

A MOTION confirming the executive's appointment of Negin Khanloo, who resides in council district six, to the King County women's advisory board, as the district six representative.

Sponsors: Balducci

Sam Porter, Council staff

14. Proposed Motion No. 2025-0254 **p. 61**

A MOTION confirming the executive's appointment of Jeni Johnson, who resides in council district eight, to the King County mental illness and drug dependency advisory committee, as a representative of unincorporated King County.

Sponsors: Mosqueda

Sam Porter, Council staff

15. Proposed Motion No. 2025-0175 **p. 69**

A MOTION acknowledging receipt of the 2024 health through housing annual report, in accordance with K.C.C. chapter 24.30.

Sponsors: Mosqueda and Balducci

Olivia Brey, Council staff

Sign language and interpreter services can be arranged given sufficient notice (206-848-0355).
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16. Proposed Motion No. 2025-0217 **p. 156**

A MOTION acknowledging receipt of the third annual report on the second Best Starts for Kids initiative, in accordance with Ordinance 19354.

Sponsors: Mosqueda

Miranda Leskinen, Council staff

17. Proposed Motion No. 2025-0237 **p. 252**

A MOTION approving the 2024 annual mental illness and drug dependency evaluation summary report, in compliance with K.C.C. 4A.500.309.

Sponsors: Mosqueda

Sam Porter, Council staff

Briefing

18. Briefing No. 2025-B0161 **p. 311**

Continuum of Care: Distilling the Federal Contract and Local Consequences

Representative Nicole Macri
Kelly Rider, Director, Department of Community and Human Services (DCHS)
Dan Wise, Agency Director at Catholic Community Services

Other Business

Adjournment

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King County

1200 King County
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Meeting Minutes

Health, Housing, and Human Services Committee

Councilmembers:
Teresa Mosqueda, Chair;
Reagan Dunn, Vice-Chair;
Jorge L. Barón, De'Sean Quinn

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

9:30 AM | **Thursday, September 11, 2025** | **Room 1001**

SPECIAL MEETING

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Webinar ID: 842 7675 9952

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1. Call to Order

Chair Mosqueda called the meeting to order at 9:33 a.m.

2. Roll Call

Present: 4 - Dunn, Barón, Mosqueda and Quinn

3. Approval of Minutes

Councilmember Barón approval of the minutes of the July 1, 2025 meeting. Seeing no objections, the minutes were approved.

4. Public Comment

The following individuals were present to provide public comments:

1. Rachael Snell
2. Alex Tzimerman
3. Jose Ortuzar
4. Hali Willis

5. Kate Rubin
6. Kasey Rubin
7. Kasey Burton
8. Sean Flynn

Discussion and Possible Action

5. Proposed Motion No. 2025-0145

A MOTION confirming the executive's appointment of Peter Lewis, who resides in council district seven, to the King County veterans advisory board.

Sponsors: von Reichbauer

Miranda Leskinen, Council staff, briefed the Committee on the legislation.

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

Yes: 3 - Barón, Mosqueda and Quinn

Excused: 1 - Dunn

6. Proposed Motion No. 2025-0156

A MOTION confirming the executive's appointment of Brian Berry, who resides in council district one, to the King County veterans advisory board.

Sponsors: Dembowski

Miranda Leskinen, Council staff, briefed the Committee on the legislation.

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

Yes: 3 - Barón, Mosqueda and Quinn

Excused: 1 - Dunn

7. Proposed Motion No. 2025-0184

A MOTION confirming the executive's appointment of Preston Anderson, who resides in council district eight, to the King County veterans, seniors and human services levy advisory board's veterans committee, as the district eight representative.

Sponsors: Mosqueda

Miranda Leskinen, Council staff, briefed the Committee on the legislation.

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

Yes: 3 - Barón, Mosqueda and Quinn

Excused: 1 - Dunn

8. Proposed Motion No. 2025-0198

A MOTION confirming the executive's appointment of Juanita Pettersen, who resides in council district three, to the King County veterans advisory board.

Sponsors: Perry

Miranda Leskinen, Council staff, briefed the Committee on the legislation.

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

Yes: 3 - Barón, Mosqueda and Quinn

Excused: 1 - Dunn

9. Proposed Motion No. 2025-0200

A MOTION confirming the executive's appointment of Douglas Hollingsworth, who resides in council district eight, to the King County veterans advisory board.

Sponsors: Mosqueda

Miranda Leskinen, Council staff, briefed the Committee on the legislation.

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

Yes: 3 - Barón, Mosqueda and Quinn

Excused: 1 - Dunn

10. Proposed Ordinance No. 2025-0267

AN ORDINANCE relating to prohibiting algorithmic rent fixing; and adding a new chapter to K.C.C. Title 12.

Sponsors: Mosqueda

Melissa Bailey, Council staff, briefed the committee on the legislation and answered questions from the members. Angelo Pis-Dudot, Policy Counsel at Local Progress and Lee Hepner, Senior Legal Counsel, American Economic Liberties Project, briefed the Committee and answered questions from the members.

There was an amendment 1 moved by Councilmember Barón. The amendment was adopted.

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

Yes: 3 - Barón, Mosqueda and Quinn

No: 1 - Dunn

11. Proposed Motion No. 2025-0209

A MOTION acknowledging receipt of a report on streamlining food business permitting process, in accordance with the 2025 Annual Budget Ordinance, Ordinance 19861, Section 104, Proviso P1.

Sponsors: Mosqueda

Olivia Brey, Council staff, briefed the committee on the legislation and answered questions from the members. Dr. Eyob Mazengia, Food & Facilities - Assistant Division Director, Environmental Health Services Division, Public Health – Seattle & King County (PHSKC), Dr. Atar Baer, Food & Facilities - Section Deputy, Environmental Health Services Division, PHSKC, and Ian Miller, Food & Facilities - Technical Senior, Environmental Health Services Division, PHSKC, briefed the Committee via PowerPoint presentation and answered questions from the members.

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

Yes: 3 - Barón, Mosqueda and Quinn

Excused: 1 - Dunn

Briefing

12. Briefing No. 2025-B0116

Five Year Outlook on DCHS Housing Funding Streams

Kelly Rider, Director, Department of Community and Human Services (DCHS) , Kristin Pula, Interim Deputy Director, Housing and Community Development Division, DCHS, and Sunaree Marshall, Housing and Community Development Division Director, briefed the Committee via PowerPoint presentation and answered questions from members.

This matter was Presented

13. Briefing No. 2025-B0117

Panel briefing from North Forty on youth homelessness

Casey Trupin, Advisor, North Forty LLC and Mark Putnam, Vice President, Y Social Impact Center (YMCA of Greater Seattle), briefed the committee via a PowerPoint presentation and answered questions from the members.

This matter was Presented

Adjournment

The meeting was adjourned at 12:06 p.m.

Approved this _____ day of _____

Clerk's Signature

King County

Metropolitan King County Council
Health, Housing, and Human Services Committee

STAFF REPORT

Agenda Items:	5 through 11	**Name:**	Miranda Leskinen
Proposed No.:	2025-0230; 2025-0231; 2025-0232; 2025-0233; 2025-0239; 2025-0240; and 2025-0242	**Date:**	December 2, 2025

SUBJECT

Proposed Motions to confirm the appointment of the following individuals to the King County Children and Youth Advisory Board (CYAB):

- **Eric Buley**, who resides in Council District 2, for the remainder of a three-year term to expire on January 31, 2028.
- **Ellie Wang**, who resides in Council District 9, as a youth representative to the Board, for the remainder of a three-year term to expire on January 31, 2028.
- **Briyanna Stewart**, who resides in Council District 8, for the remainder of a three-year term to expire on January 31, 2028.
- **Asma Ahmed**, who resides in Council District 4, for the remainder of a three-year term to expire on January 31, 2028.
- **Yessica Osorio Duran**, who resides in Council District 5, as a youth representative to the Board, for the remainder of a three-year term to expire on January 31, 2028.
- **Megan Walsh**, who resides in Council District 3, for the remainder of a three-year term to expire on January 31, 2028.
- **Eric Dodd**, who resides in Council District 6, for a partial term to expire on January 31, 2026.

BACKGROUND

History. The Children and Youth Advisory Board (CYAB) was established by Ordinance 18217 at the recommendation of the King County Youth Action Plan (YAP) adopted by Motion 14378. The goal of the CYAB is to improve the health and well-being of children

and youth by utilizing a collective impact model[1] to implement strategies that focus on prevention and early intervention. The CYAB consists of researchers and community leaders who serve in an advisory capacity to the Executive and Council to:

- Assist King County policymakers as they consider outcomes, policies, and investments for children, families, youth, and young adults; and
- Serve as the Best Starts for Kids (BSK) children and youth strategies oversight and advisory body, including making recommendations on and monitoring the distributions of levy proceeds described in the levy ordinance (Ordinance 19267).[2]

Membership. King County Code 2A.300.510 directs that the Board's composition must meet the following criteria:

- Consist of no more than forty members, at least five of whom must be no more than 24 years of age;[3]
- Be comprised of a "wide array of King County residents and stakeholders with geographically and culturally diverse perspectives"; and
- Be appointed by the Executive and confirmed by the Council.

In accordance with K.C.C. 2.28.006, youth members of the board (ages 24 or younger) who are neither County employees nor employees of other municipal government receive compensation (monthly stipend), and the Board is required to provide support to enable youth members to earn service-learning hours and community service hours for their participation on the Board, where participation so qualifies.

General Responsibilities. Duties and responsibilities of the Board include the following:

- Make recommendations to the Executive and Council regarding children and youth services, consistent with the recommendations in the Youth Action Plan;
- Review King County outcomes and data, recommend improvements and modifications to achieve outcomes and support strong data collection and indicator protocols;
- Assist the Executive and Council with the comprehensive review and analysis of King County government's programs, services and outcomes for children, families, youth, and young adults for alignment with other initiatives and coalitions that have outcomes identified for children, families,

[1] "Collective impact" is defined in County Code to mean "a process for achieving meaningful and sustainable progress on complex social issues that involves convening stakeholders across sectors and communities, who share a common vision and a shared agenda for assuring accountability and measuring results".
[2] The Communities of Opportunity-BSK Advisory Board serves as the oversight body for the COO portion of the BSK levy.
[3] Per Ordinance 19397, required youth representation on the Board has increased from at least three to at least five youth members. The board profile transmitted with the proposed motions notes the youth representatives to the Board.

youth, and young adults;
- Recommend policy, budget, and other findings to the Executive and the Council, ensuring alignment with other initiatives and coalitions that have outcomes identified for children, families, youth, and young adults;
- Participate with, track and report on efforts of partnerships, coalitions, and networks throughout the region to inform the development of an aligned, region wide response that leads to improved outcomes;
- Adopt rules governing its operations; and
- Be a forum for discussion and exchange of ideas in response to emergent needs, promising practices, and continuous improvement.

Additionally, consistent with a collective impact model, the Board is required to:

- Review and advise the Executive and the Council on emerging and evolving best and promising practices to improve the health and well-being of children and youth;
- Coordinate with other county boards and groups including, but not limited to, the steering committee to address juvenile justice disproportionality, the Mental Illness and Drug Dependency Advisory Committee, the VSHSL Advisory Board;[4]
- Serve as a forum to promote coordination and collaboration between entities involved in improving the health and well-being of children and youth; and
- Coordinate and share information with other related external efforts and groups.

BSK-Specific Responsibilities. The Board's responsibilities for the Best Starts for Kids children and youth strategies outlined in the BSK implementation plan include the following duties:

- Advise on development of indicators and targets for BSK children and youth strategies;
- Monitor the distribution of levy proceeds;
- Work in collaboration with Executive staff on any recommended changes to the children and youth strategies in the BSK implementation plan; and
- Consult on and review annual reports to the Council and community that demonstrate transparency regarding the expenditure of levy proceeds and the effectiveness of BSK children and youth strategies in meeting the goals and outcomes established in the Ordinance 19267.

The Board is authorized to establish standing and ad hoc work groups focusing on specific components of children and youth services and BSK strategies.

APPOINTEE INFORMATION

Eric Buley works as Vice President of Program Services at Mary's Place and has previously worked for Public Health – Seattle & King County. As indicated in his application materials, he has professional experience regarding youth development and

[4] The Code inadvertently references the initial VHSL oversight bodies, which were subsequently consolidated as a single advisory board (the Veterans, Seniors, and Human Services Levy Advisory Board) for the current VSHSL.

housing instability issues. Additionally, he has served on the boards for multiple community nonprofits, including Team Read, Roots Young Adult Shelter, and the Alliance of Eastside Agencies.

Ellie Wang is a student who would serve as a youth representative to the CYAB. Ellie also works as a swim instructor, engages with local and state lawmakers regarding water safety awareness advocacy, and volunteers with a local nonprofit (SPLASHForward) that promotes access to aquatics.

Briyanna Stewart works as an Executive Assistant for Treehouse, a local nonprofit organization that serves young people in foster care and, has both professional and local community experience regarding youth issues.

Asma Ahmed works as Human Services Planner for the City of Bellevue. As indicated in her application materials, Asma is currently completing a Master of Public Administration degree and has both professional and lived experience regarding youth issues.

Yessica Osorio Duran is a student who would serve as a youth representative to the CYAB. As indicated in her application materials, Yessica has a STEM fields interest and works as a Student Stage Manager for Youth Theatre Northwest.

Megan Walsh works as the Mental Health Director for Encompass NW and has over twenty-five years of professional experience in the mental health field. As indicated in her application materials, Megan is a Licensed Independent Clinical Social Worker (LICSW) and has both professional and lived experience regarding youth issues.

Eric Dodd is a student and, as indicated in his application materials, has community and lived experience regarding youth issues, including service on the Kirkland Youth Council and the Kirkland Human Services Commission as a Youth Representative.

ANALYSIS

Staff has not identified any issues with the proposed appointments which appear to be consistent with King County Code requirements.

ATTACHMENTS

1. Proposed Motion 2025-023
2. Transmittal Letter
3. Proposed Motion 2025-0231
4. Transmittal Letter
5. Proposed Motion 2025-0232
6. Transmittal Letter
7. Proposed Motion 2025-0233
8. Transmittal Letter
9. Proposed Motion 2025-0239
10. Transmittal Letter
11. Proposed Motion 2025-0240

12. Transmittal Letter
13. Proposed Motion 2025-0242
14. Transmittal Letter
15. Board Profile, dated July 2025

1200 King County Courthouse
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Seattle, WA 98104

KING COUNTY

Signature Report

Motion

Proposed No. 2025-0230.1 **Sponsors** Zahilay

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

BE IT MOVED by the Council of King County:

The county executive's appointment of Eric Buley, who resides in council district two, to the King County children and youth advisory board, for the remainder of a three-

7 year term to expire on January 31, 2028, is hereby confirmed.

KING COUNTY COUNCIL
KING COUNTY, WASHINGTON

_____

Girmay Zahilay, Chair

ATTEST:

_____

Melani Pedroza, Clerk of the Council

APPROVED this _____ day of _____, _____.

_____

Shannon Braddock, County Executive

Attachments: None

King County

Shannon Braddock

King County Executive

401 Fifth Avenue, Suite 800
Seattle, WA 98104
206-477-3306 Fax 206-296-0194
TTY Relay: 711
www.kingcounty.gov

July 24, 2025

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

Dear Councilmember Zahilay:

This letter transmits a proposed Motion confirming the appointment of Eric Buley, who resides in council district two, to the King County Children and Youth Advisory Board, for the remainder of a three-year term expiring January 31, 2028.

Mr. Buley'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 Tala Mahmoud, External Affairs Coordinator, at (206) 477-3306.

Sincerely,

Shannon Braddock
King County Executive

Enclosures

cc: King County Councilmembers
ATTN: Stephanie Cirkovich, Chief of Staff, King County Council
Melani Hay, Clerk of the Council
Karan Gill, Deputy Executive, Chief of Staff, Office of the Executive
Stephanie Pure, Council Relations Director, Office of the Executive

Tala Mahmoud, External Affairs Coordinator, Office of the Executive
Kerry Wade, Staff Liaison
Eric Buley

1200 King County Courthouse
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KING COUNTY

Signature Report

Motion

Proposed No. 2025-0231.1 **Sponsors** Dunn

A MOTION confirming the executive's appointment of Ellie Wang, who resides in council district nine, to the King County children and youth advisory board, as a youth representative.

BE IT MOVED by the Council of King County:

The county executive's appointment of Ellie Wang, who resides in council district nine, to the King County children and youth advisory board, as a youth representative, for

8 the remainder of a three-year term to expire on January 31, 2028, is hereby confirmed.

KING COUNTY COUNCIL
KING COUNTY, WASHINGTON

_____

Girmay Zahilay, Chair

ATTEST:

_____

Melani Pedroza, Clerk of the Council

APPROVED this _____ day of _____, _____.

_____

Shannon Braddock, County Executive

Attachments: None

King County

Shannon Braddock

King County Executive

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206-477-3306 Fax 206-296-0194
TTY Relay: 711
www.kingcounty.gov

July 24, 2025

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

Dear Councilmember Zahilay:

This letter transmits a proposed Motion confirming the appointment of Ellie Wang, who resides in council district nine, to the King County Children and Youth Advisory Board, as a youth representative, for the remainder of a three-year term expiring January 31, 2028.

Ms. Wang'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 Tala Mahmoud, External Affairs Coordinator, at (206) 477-3306.

Sincerely,

Shannon Braddock
King County Executive

Enclosures

cc: King County Councilmembers
ATTN: Stephanie Cirkovich, Chief of Staff, King County Council
Melani Hay, Clerk of the Council
Karan Gill, Deputy Executive, Chief of Staff, Office of the Executive
Stephanie Pure, Council Relations Director, Office of the Executive

Tala Mahmoud, External Affairs Coordinator, Office of the Executive
Kerry Wade, Staff Liaison
Ellie Wang

1200 King County Courthouse
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KING COUNTY

Signature Report

Motion

Proposed No. 2025-0232.1 **Sponsors** Mosqueda

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

BE IT MOVED by the Council of King County:

The county executive's appointment of Briyanna Stewart, who resides in council district eight, to the King County children and youth advisory board, for the remainder of

a three-year term to expire on January 31, 2028, is hereby confirmed.

KING COUNTY COUNCIL
KING COUNTY, WASHINGTON

_____

Girmay Zahilay, Chair

ATTEST:

_____

Melani Pedroza, Clerk of the Council

APPROVED this _____ day of _____, _____.

_____

Shannon Braddock, County Executive

Attachments: None

King County

Shannon Braddock

King County Executive

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July 24, 2025

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

Dear Councilmember Zahilay:

This letter transmits a proposed Motion confirming the appointment of Briyanna Stewart, who resides in council district eight, to the King County Children and Youth Advisory Board, for a three-year term expiring January 31, 2028.

Ms. Stewart'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 Tala Mahmoud, External Affairs Coordinator, at (206) 477-3306.

Sincerely,

Shannon Braddock
King County Executive

Enclosures

cc: King County Councilmembers
ATTN: Stephanie Cirkovich, Chief of Staff, King County Council
Melani Hay, Clerk of the Council
Karan Gill, Deputy Executive, Chief of Staff, Office of the Executive
Stephanie Pure, Council Relations Director, Office of the Executive

Tala Mahmoud, External Affairs Coordinator, Office of the Executive
Kerry Wade, Staff Liaison
Briyanna Stewart

1200 King County Courthouse
516 Third Avenue
Seattle, WA 98104

KING COUNTY

Signature Report

Motion

Proposed No. 2025-0233.1 **Sponsors** Barón

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

BE IT MOVED by the Council of King County:

The county executive's appointment of Asma Ahmed, who resides in council district four, to the King County children and youth advisory board, for the remainder of

a three-year term to expire on January 31, 2028, is hereby confirmed.

KING COUNTY COUNCIL
KING COUNTY, WASHINGTON

_____

Girmay Zahilay, Chair

ATTEST:

_____

Melani Pedroza, Clerk of the Council

APPROVED this _____ day of _____, _____.

_____

Shannon Braddock, County Executive

Attachments: None

King County

Shannon Braddock

King County Executive

401 Fifth Avenue, Suite 800
Seattle, WA 98104
206-477-3306 Fax 206-296-0194
TTY Relay: 711
www.kingcounty.gov

July 24, 2025

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

Dear Councilmember Zahilay:

This letter transmits a proposed Motion confirming the appointment of Asma Ahmed, who resides in council district four, to the King County Children and Youth Advisory Board, for the remainder of a three-year term expiring January 31, 2028.

Ms. Ahmed'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 Tala Mahmoud, External Affairs Coordinator, at (206) 477-3306.

Sincerely,

Shannon Braddock
King County Executive

Enclosures

cc: King County Councilmembers
ATTN: Stephanie Cirkovich, Chief of Staff, King County Council
Melani Hay, Clerk of the Council
Karan Gill, Deputy Executive, Chief of Staff, Office of the Executive
Stephanie Pure, Council Relations Director, Office of the Executive

Tala Mahmoud, External Affairs Coordinator, Office of the Executive
Kerry Wade, Staff Liaison
Asma Ahmed

1200 King County Courthouse
516 Third Avenue
Seattle, WA 98104

KING COUNTY

Signature Report

Motion

Proposed No. 2025-0239.1 **Sponsors** Quinn

A MOTION confirming the executive's appointment of Yessica Osorio Duran, who resides in council district five, to the King County children and youth advisory board, as a youth representative.

BE IT MOVED by the Council of King County:

The county executive's appointment of Yessica Osorio Duran, who resides in council district five, to the King County children and youth advisory board, as a youth

representative, for the remainder of a three-year term to expire on January 31, 2028, is hereby confirmed.

KING COUNTY COUNCIL
KING COUNTY, WASHINGTON

_____

Girmay Zahilay, Chair

ATTEST:

_____

Melani Pedroza, Clerk of the Council

APPROVED this _____ day of _____, _____.

_____

Shannon Braddock, County Executive

Attachments: None

King County

Shannon Braddock

King County Executive

401 Fifth Avenue, Suite 800
Seattle, WA 98104
206-477-3306 Fax 206-296-0194
TTY Relay: 711
www.kingcounty.gov

August 04, 2025

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

Dear Councilmember Zahilay:

This letter transmits a proposed Motion confirming the appointment of Yessica Osorio Duran, who resides in council district five, to the King County Children and Youth Advisory Board, as a youth representative, for the remainder of a three-year term expiring January 31, 2028.

Ms. Osorio Duran'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 Tala Mahmoud, External Affairs Coordinator, at (206) 477-3306.

Sincerely,

Shannon Braddock
King County Executive

Enclosures

cc: King County Councilmembers
ATTN: Stephanie Cirkovich, Chief of Staff, King County Council
Melani Hay, Clerk of the Council
Karan Gill, Deputy Executive, Chief of Staff, Office of the Executive
Stephanie Pure, Council Relations Director, Office of the Executive

Tala Mahmoud, External Affairs Coordinator, Office of the Executive
Kerry Wade, Staff Liaison
Yessica Osorio Duran

1200 King County Courthouse
516 Third Avenue
Seattle, WA 98104

KING COUNTY

Signature Report

Motion

Proposed No. 2025-0240.1 **Sponsors** Perry

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

BE IT MOVED by the Council of King County:

The county executive's appointment of Megan Walsh, who resides in council district three, to the King County children and youth advisory board, for the remainder of

a three-year term to expire on January 31, 2028, is hereby confirmed.

KING COUNTY COUNCIL
KING COUNTY, WASHINGTON

_____

Girmay Zahilay, Chair

ATTEST:

_____

Melani Pedroza, Clerk of the Council

APPROVED this _____ day of _____, _____.

_____

Shannon Braddock, County Executive

Attachments: None

King County

Shannon Braddock

King County Executive

401 Fifth Avenue, Suite 800
Seattle, WA 98104
206-477-3306 Fax 206-296-0194
TTY Relay: 711
www.kingcounty.gov

August 04, 2025

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

Dear Councilmember Zahilay:

This letter transmits a proposed Motion confirming the appointment of Megan Walsh, who resides in council district three, to the King County Children and Youth Advisory Board, for the remainder of a three-year term expiring January 31, 2028.

Ms. Walsh'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 Tala Mahmoud, External Affairs Coordinator, at (206) 477-3306.

Sincerely,

Shannon Braddock
King County Executive

Enclosures

cc: King County Councilmembers
ATTN: Stephanie Cirkovich, Chief of Staff, King County Council
Melani Hay, Clerk of the Council
Karan Gill, Deputy Executive, Chief of Staff, Office of the Executive
Stephanie Pure, Council Relations Director, Office of the Executive

Tala Mahmoud, External Affairs Coordinator, Office of the Executive
Kerry Wade, Staff Liaison
Megan Walsh

1200 King County Courthouse
516 Third Avenue
Seattle, WA 98104

KING COUNTY

Signature Report

Motion

Proposed No. 2025-0242.1 **Sponsors** Balducci

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

BE IT MOVED by the Council of King County:

The county executive's appointment of Eric Dodd, who resides in council district six, to the King County children and youth advisory board, for a partial term to expire

7 on January 31, 2026, is hereby confirmed.

KING COUNTY COUNCIL
KING COUNTY, WASHINGTON

_____

Girmay Zahilay, Chair

ATTEST:

_____

Melani Pedroza, Clerk of the Council

APPROVED this _____ day of _____, _____.

_____

Shannon Braddock, County Executive

Attachments: None

King County

Shannon Braddock

King County Executive

401 Fifth Avenue, Suite 800
Seattle, WA 98104
206-477-3306 Fax 206-296-0194
TTY Relay: 711
www.kingcounty.gov

August 04, 2025

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

Dear Councilmember Zahilay:

This letter transmits a proposed Motion confirming the appointment of Eric Dodd, who resides in council district six, to the King County Children and Youth Advisory Board, for a partial term expiring January 31, 2026.

Mr. Dodd'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 Tala Mahmoud, External Affairs Coordinator, at (206) 477-3306.

Sincerely,

Shannon Braddock
King County Executive

Enclosures

cc: King County Councilmembers
ATTN: Stephanie Cirkovich, Chief of Staff, King County Council
Melani Hay, Clerk of the Council
Karan Gill, Deputy Executive, Chief of Staff, Office of the Executive
Stephanie Pure, Council Relations Director, Office of the Executive

Tala Mahmoud, External Affairs Coordinator, Office of the Executive
Kerry Wade, Staff Liaison
Eric Dodd

KING COUNTY CHILDREN AND YOUTH ADVISORY BOARD

DATE: July 2025
TOTAL NUMBER OF MEMBERS: 33 (Up to 40 members)
LENGTH OF TERM: 3-year terms; **YEARS;** Limited to two full terms

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. No.	Name	KCC District	Background / Representing	Date Appointed	Term Expires	Number of Appointed Terms
1	Rita Alcantara	2	Kindering, Equity and Inclusion Director	2/11/20	1/31/28	1 Partial / 1 Full
2	Gracie McDanold	9	Student at Pacific Lutheran University, Youth Representative	2/7/24	1/31/26	1 Partial
3	Ariana Sherlock	9	Newcastle City Council, Sound Cities Association Appointee	4/1/21	1/31/28	1 Partial; 1 Full
4	Charmaigne Jones	5	Urban Family, Director of Operations	2/7/24	1/31/26	1 Partial
5	Annu Luthra	9	Director, Youth Leadership Program at India Association of Western Washington	2/15/22	1/31/25	1 Full
6	Carol Goertzel	8	Retired; Former Executive Director of Vashon Youth and Family Services; Current Board member	2/15/22	1/31/25	1 Full
7	Cindy Elizalde	4	Early Learning Director and Secretary/ Treasurer, SEIU 925	2/15/22	1/31/28	1 Full
8	Eden Gebre	5	Student at Lindbergh Senior High School, Youth Representative	2/7/24	1/31/26	1 partial
9	Aaron Johnson	2	BIPOC Apostrophe, Executive Director	4/23/24	1/31/28	1 partial
10	Donald Felder	2	Retired Educator, Principal, and current School Consultant	2/15/22	1/31/25	1 Full
11	VACANT		Early learning and community advocate; Because It Takes A Village, Federal Way Community Connections		1/31/28	
12	Dwane Chappelle	2	City of Seattle Designated position	2/15/22	1/31/25	1 Full
13	Asma Ahmed (pending)	4			1/31/28	
14	Hattie Steward	5	Independent Contractor, The Gathering Collective	10/4/24	1/31/28	1 Partial
15	Jerry Blackburn	3	Program Director, Empower Youth Network; Adjunct Faculty, Seattle University	2/7/24	1/31/26	1 Partial

Pos. No.	Name	KCC District	Background / Representing	Date Appointed	Term Expires	Number of Appointed Terms
16	Briyanna Stewart (pending)	8			1/31/28	
17	VACANT				1/31/26	
18	Angela Phan	6	Community and Equity Director, Eastside Pathways		1/31/26	1 Partial
19	Merob Kebede	9	Student, Lake Washington High School, Youth Representative	10/4/24	1/31/28	1 Full
20	Ellie Wang (pending)	9	Youth representative		1/31/28	
21	Eric Buley (pending)	2			1/31/28	
22	VACANT				1/31/26	
20	VACANT				1/31/25	
24	Jack Edgerton	4	Executive Director, KidVantage	2/15/22	1//31/25	1 Full
25	Lisa Stirgus	9	Chief Development Officer, Junior Achievement	2/7/24	1/31/26	1 Partial
26	Angela Griffin	7	Byrd Barr Place, CEO	2/11/20	1/31/26	2 Full
27	Yolanda Trout	7	Sound Cities Association Appointee position, Auburn City Council	2/11/22	1/31/26	1 Partial / 1 Full
28	VACANT				1/31/25	
29	Meenakshi Natarajan	1	Wellness Educator, Indian American Community Services	3/4/22	1/31/28	1 Full
30	Jasmine Fry	3	Owner, Rainy Day Marketing	2/15/22	1/31/28	1 Full
31	VACANT				1/31/28	
32	Jackie Jainga Hyllseth	2	Executive Director, Associated Recreational Council	2/15/22	1/31/25	1 Full
33	VACANT				1/31/25	1 Full
34	VACANT				1/31/28	
35	Kristina Mendieta	3	Director of Public Affairs, Kindering	10/4/24	1/31/26	1 Partial
36	Yedidia Alebachew	4	Student at Seattle Prep; Youth Representative	2/7/24	1/31/26	1 Partial
37	Shawn Armour	9	Marketing & Outreach Lead, North Seattle College	10/4/24	1/31/26	1 Partial
38	VACANT				1/31/28	

Pos. No.	Name	KCC District	Background / Representing	Date Appointed	Term Expires	Number of Appointed Terms
39	Lidiya Gebre	5	Cities Rise, Youth & Community Engagement Coordinator	2/15/22	1/31/25	1 Full
40	VACANT				1/31/25	

King County

Metropolitan King County Council
Health, Housing, and Human Services Committee

STAFF REPORT

Agenda Item:	12-13	**Name:**	Sam Porter
Proposed No.:	2025-0215 2025-0234	**Date:**	December 2, 2025

SUBJECT

Proposed Motion to confirm the appointment of the following individuals to the King County Women's Advisory Board:

- Kathryn Hill, who lives in Council District 1, as the District 1 representative, for a partial term to expire on July 1, 2026, and

- Negin Khanloo, who lives in Council District 6, as the District 6 representative, for a three-year term to expire on July 1, 2028.

BACKGROUND

Described in King County Code 2.30, the Women's Advisory Board (WAB) was created to act in an advisory capacity to the King County Executive, the County Council, and make recommendations to ensure the needs, rights, and well-being of women in King County are taken into account in the development and implementation of legislation, policies, programs, and funding. The duties of the WAB are described in K.C.C. 2.30.010 as:

> A. To assess the needs of women in King County and make recommendations regarding how best to meet their unmet needs;
>
> B. To review county programs serving women, including their budgets, and recommend ways that these programs can be more responsive to the needs of women and more effective in meeting women's needs;
>
> C. To work with community members and service agencies, to identify, develop, and promote programs that will improve the status and well-being of women;
>
> D. To act as a proponent within county government to improve the status of women;

E. To make recommendations to the county council and to the county executive on legislation, policies, programs and funding necessary to carry out the purposes of this chapter;

F. To inform and educate the public regarding the status of women and policies and programs that may affect the status and well-being of women.

G. To work with other county boards and commissions, including the children and family commission, to further the purposes of the women's advisory board.

H. To submit an annual report during the first quarter of each year to the executive and council which summarizes the board's accomplishments, identifies recommendations from the past year's work and includes the board's work program for the coming year.

The King County WAB has 15 members, one nominated from each Council District and six at-large members, of whom four shall be nominated by the Council and two shall be nominated by the Executive. All nominations shall represent a diversity of age, area of residence, profession, and race and ethnicity. Membership cannot include employees or board members of agencies receiving funding through the women's program. Nominees shall be appointed by the County Executive and confirmed by the County Council by motion.

APPOINTEE INFORMATION

Kathryn Hill is a Washington State 2024-2025 MomsRising MomsForce[1] Fellow and teaches yoga in Lake Forest Park. According to her application materials, Ms. Hill indicates that she has worked to create policy and cultural change through personal storytelling, community mobilization, and local lobbying, and she is eager to continue advocacy work with a particular focus on empowering women in her community.

Negin Khanloo is a senior program manager at Google and serves on the Planning Commission for the City of Bellevue. According to her application materials, Ms. Khanloo holds a Ph.D. in Public Administration and Sustainable Development from Allamah Tabataba'i University in Tehran. Ms. Khanloo's application materials state that she is a women's activist in the Women, Life, Freedom movement in Iran, and has been an asylee and refugee for the last eight years.

ANALYSIS

Staff has not identified any issues with the proposed appointments which appear to be consistent with King County Code requirements. According to the October 24, 2025, board profile provided by Executive staff, there are three vacant positions on the WAB.

[1] MomsRising Washington State MomsForce, https://www.momsrising.org/campaigns/washington

ATTACHMENTS

1. Proposed Motion 2025-0215
2. Transmittal Letter
3. Proposed Motion 2025-0234
4. Transmittal Letter
5. WAB Board Profile dated October 24, 2025

1200 King County Courthouse
516 Third Avenue
Seattle, WA 98104

KING COUNTY

Signature Report

Motion

Proposed No. 2025-0215.1 **Sponsors** Dembowski

A MOTION confirming the executive's appointment of Kathryn Hill, who resides in council district one, to the King County women's advisory board, as the district one representative.

BE IT MOVED by the Council of King County:

The county executive's appointment of Kathryn Hill, who resides in council district one, to the King County women's advisory board, as the district one

representative, for a partial term to expire on July 01, 2026, is hereby confirmed.

KING COUNTY COUNCIL
KING COUNTY, WASHINGTON

_____

Girmay Zahilay, Chair

ATTEST:

_____

Melani Pedroza, Clerk of the Council

APPROVED this _____ day of _____, _____.

_____

Shannon Braddock, County Executive

Attachments: None

King County

Shannon Braddock
King County Executive
401 Fifth Avenue, Suite 800
Seattle, WA 98104
206-477-3306 Fax 206-296-0194
TTY Relay: 711
www.kingcounty.gov

July 11, 2025

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

Dear Councilmember Zahilay:

This letter transmits a proposed Motion confirming the appointment of Kathryn Hill, who resides in council district one, to the King County Women's Advisory Board, as the district one representative, for a partial term expiring July 01, 2026.

Kathryn Hill'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 Tala Mahmoud, External Relations Director, at (206) 477-3306.

Sincerely,

Shannon Braddock
King County Executive

Enclosures

cc: King County Councilmembers
ATTN: Stephanie Cirkovich, Chief of Staff, King County Council
Melani Hay, Clerk of the Council
Karan Gill, Deputy Executive, Chief of Staff, Office of the Executive
Stephanie Pure, Council Relations Director, Office of the Executive

Tala Mahmoud, External Relations Director, Office of the Executive
Taylor Gaston, Staff Liaison
Kathryn Hill

1200 King County Courthouse
516 Third Avenue
Seattle, WA 98104

KING COUNTY

Signature Report

Motion

Proposed No. 2025-0234.1 **Sponsors** Balducci

A MOTION confirming the executive's appointment of Negin Khanloo, who resides in council district six, to the King County women's advisory board, as the district six representative.

BE IT MOVED by the Council of King County:

The county executive's appointment of Negin Khanloo, who resides in council district six, to the King County women's advisory board, as the district six representative,

for a three-year term to expire on July 01, 2028, is hereby confirmed.

KING COUNTY COUNCIL
KING COUNTY, WASHINGTON

_____

Girmay Zahilay, Chair

ATTEST:

_____

Melani Pedroza, Clerk of the Council

APPROVED this _____ day of _____, _____.

_____

Shannon Braddock, County Executive

Attachments: None

King County

Shannon Braddock

King County Executive

401 Fifth Avenue, Suite 800
Seattle, WA 98104
206-477-3306 Fax 206-296-0194
TTY Relay: 711
www.kingcounty.gov

July 24, 2025

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

Dear Councilmember Zahilay:

This letter transmits a proposed Motion confirming the appointment of Negin Khanloo, who resides in council district six, to the King County Women's Advisory Board, as the district six representative, for a three-year term expiring July 01, 2028.

Ms. Negin'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 Tala Mahmoud, External Affairs Coordinator, at (206) 477-3306.

Sincerely,

Shannon Braddock
King County Executive

Enclosures

cc: King County Councilmembers
ATTN: Stephanie Cirkovich, Chief of Staff, King County Council
Melani Hay, Clerk of the Council
Karan Gill, Deputy Executive, Chief of Staff, Office of the Executive
Stephanie Pure, Council Relations Director, Office of the Executive

Tala Mahmoud, External Affairs Coordinator, Office of the Executive
Taylor Gaston, Staff Liaison
Negin Khanloo

WOMEN'S ADVISORY BOARD

Enabling Legislation: King County Code, Chapter 2.30

Staff Liaison: Marjan Didra, DCHS Phone: 206-263-4131 Email: mdidra@kingcounty.gov

Purpose/Mandate: The Women's Advisory Board (WAB) meets to discuss and gather information on the needs of all women in King County and their families. As needs become known, the WAB members develop and provide recommendations to the Executive and the King County Council. Board members serve 3-year terms.

Term Length: 3-years

Total Number of Members – 15 members (9 Council district representatives; 4 Council nominated at-large representatives; and 2 Executive nominated at-large positions)

***(Expired terms are in BOLD print. Terms expired in 2024 are shown in BOLD print and shaded)*:**

Pos. No.	Name	KCC District	Background / Representing	Date Appointed	Term Expires	Number of Appointed Terms
1	Kat Hill	1	District 1 Representative	07/11/25	07/01/26	
2	Tanya Matthews	2	District 2 Representative	08/17/21	07/01/24	1 Full
3	Yasmin Ali	3	District 3 Representative	05/12/24	07/01/25	1 Full
4	Sarah Reyneveld	4	District 4 Representative	05/06/16	07/01/27	1 Partial / 2 Full
5	Sarah Brusig	5	District 5 Representative	04/03/24	07/01/26	1 Partial
6	Negin Khanloo	6	District 6 Representative	07/24/25	07/01/25	
7	VACANT	7	District 7 Representative		07/01/27	
8	Maria Langbauer	8	District 8 Representative	10/01/24	07/01/26	1 Partial
9	VACANT	9	District 9 Representative		07/01/27	

Pos. No.	Name	KCC District	Background / Representing	Date Appointed	Term Expires	Number of Appointed Terms
10	Hend Alhinnawi		Council at-large Representative	02/16/24	07/01/25	1 Partial / 1 Full
11	Leslie Kay Hamada		Council at-large Representative	05/12/24	07/01/26	1 Full

WOMEN'S ADVISORY BOARD (CONTINUED)

Pos. No.	Name	KCC District	Background / Representing	Date Appointed	Term Expires	Number of Appointed Terms
12	Ramsey O'Donnell		Council at-large Representative	05/12/24	07/01/27	1 Full
13	Hafsa Azaz		Council at-large Representative	02/16/24	07/01/26	1 Partial 1 full
14	Nandita Sharma		Exec at-large Representative	01/10/25	07/01/25	1 Partial Term
15	VACANT		Exec at-large Representative		07/01/25	

King County

Metropolitan King County Council
Health, Housing, and Human Services Committee

STAFF REPORT

Agenda Item:	14	**Name:**	Sam Porter
Proposed No.:	2025-0254	**Date:**	December 2, 2025

SUBJECT

Proposed Motion 2025-0254 would confirm the appointment of Jeni Johnson, who lives in Council District 8, to the King County Mental Illness and Drug Dependency (MIDD) Advisory Committee as the District 8 representative, for a partial term to expire on June 30, 2027.

BACKGROUND

The 37-member King County MIDD Advisory Committee (K.C.C. 2.130.010) is composed of separately elected officials, King County agency directors, representatives of behavioral health service providers, managed care organizations operating in King County, and individuals with lived experience. The committee acts as an advisory body to the Council and the Executive.

In accordance with King County Code, the advisory committee is tasked with:

- Reviewing and providing written recommendations to the Executive and Council on the implementation and effectiveness of the county's MIDD sales tax-funded programs in meeting the goals;
- Reviewing and reporting to the Executive and the Council on annual evaluation reports for MIDD;
- Reviewing and commenting on emerging and evolving priorities for the use of MIDD sales tax revenue;
- Serving as a forum to promote coordination and collaboration between entities involved with MIDD sales tax programs;
- Educating the public, policymakers and stakeholders on MIDD sales tax-funded programs; and
- Coordinating and sharing information with other related efforts and groups.

APPOINTEE INFORMATION

Jeni Johnson currently serves as the Executive Director of Vashon Youth and Family Services, and according to her application, has "hands-on knowledge of the unique challenges and opportunities facing mental health and social service providers in unincorporated rural King County."

ANALYSIS

Staff have not identified any issues with the proposed appointment, which appears to be consistent with the requirements of K.C.C. 2.130.010.

According to the board profile dated May 2024, there are nine vacancies on the Board in the following seats:

1. Representative from King County Regional Homelessness Authority
2. Representative from the Puget Sound Educational Services District
3. Representative from labor representing a Bonafide labor organization
4. Representative from City of Seattle
5. Representative from the National Alliance on Mental Illness
6. Representative from the Sound Cities Association
7. Representative from a philanthropic organization
8. Two individuals representing behavioral health consumer interests from the mental illness and drug dependency communities ad hoc work group.

ATTACHMENTS

1. Proposed Motion 2025-0254
2. Transmittal Letter
3. Board Profile, dated August 2025

1200 King County Courthouse
516 Third Avenue
Seattle, WA 98104

KING COUNTY

Signature Report

Motion

Proposed No. 2025-0254.1 **Sponsors** Mosqueda

A MOTION confirming the executive's appointment of Jeni Johnson, who resides in council district eight, to the King County mental illness and drug dependency advisory committee, as a representative of unincorporated King County.

BE IT MOVED by the Council of King County:

The county executive's appointment of Jeni Johnson, who resides in council district eight, to the King County mental illness and drug dependency advisory

committee, as a representative of unincorporated King County, for a partial term to expire on June 30, 2027, is hereby confirmed.

KING COUNTY COUNCIL
KING COUNTY, WASHINGTON

_____

Girmay Zahilay, Chair

ATTEST:

_____

Melani Pedroza, Clerk of the Council

APPROVED this _____ day of _____, _____.

_____

Shannon Braddock, County Executive

Attachments: None

King County

Shannon Braddock
King County Executive
401 Fifth Avenue, Suite 800
Seattle, WA 98104
206-477-3306 Fax 206-296-0194
TTY Relay: 711
www.kingcounty.gov

August 18, 2025

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

Dear Councilmember Zahilay:

This letter transmits a proposed Motion confirming the appointment of Jeni Johnson, who resides in council district eight, to the King County Mental Illness and Drug Dependency (MIDD) Advisory Committee, as a representative of unincorporated King County, for a partial term expiring June 30, 2027.

Ms. Johnson'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 Tala Mahmoud, External Relations Director, at (206) 477-3306.

Sincerely,

Shannon Braddock
King County Executive

Enclosures

cc: King County Councilmembers
ATTN: Stephanie Cirkovich, Chief of Staff, King County Council
Melani Hay, Clerk of the Council
Karan Gill, Deputy Executive, Chief of Staff, Office of the Executive

Stephanie Pure, Council Relations Director, Office of the Executive
Tala Mahmoud, External Relations Director, Office of the Executive
Robin Pfohman / Gretchen Bruce, Staff Liaison
Jeni Johnson

Mental Illness and Drug Dependency (MIDD) Advisory committee
Date: End of Year Report for 2024
Total number of members: 37
Length of Term: 4-year terms

A MIDD MEMBERS NOT REQUIRING EXECUTIVE APPOINTMENT AND COUNCIL CONFIRMATION
B MIDD MEMBERS APPOINTED AND CONFIRMED TO SERVE ON ANOTHER BOARD (Terms Expiration Assigned by BHAB)
C MIDD ADVISORY COMMITTEE MEMBERS REQUIRING EXECUTIVE APPOINTMENT AND COUNCIL CONFIRMATION

28 Current Members

Member Type	Pos	Name	KCC District	Representing / Background	Appointed	Term Expires	Number of Appointed Terms	Designees
A	1	Rebecca Robertson Rebecca Robertson	8	**Representative from the District Court** Judge, King County District Court		Ongoing	N/A	Corinna Harn
A	2	Catherine Cornwall Catherine Cornwall	4	**Representative from the Department of Judicial Administratio** Department Director, King County Judicial Administration	6/30/2008	Ongoing	N/A	Christina Mason
A	3	VACANT VACANT		**Representative from King County Regional Homelessness Authority** vacant		Ongoing	N/A	
A	4	Jorene Reiber Jorene Reiber	5	**Representative from King County integration initiative, juveni** Director, King County Juvenile Court	3/1/2021	Ongoing	N/A	Paul Daniels
A	5	Leesa Manion Leesa Manion	8	**Representative from the Prosecuting Attorney's Office** Prosecutor, King County Prosecuting Attorney's Office		Ongoing	N/A	Carla Lee
A	6	Dr Faisal Khan Dr Faisal Khan	4	**Representative from the Department of Public Health-Seattle King County** Director and Health Officer, Public Health-Seattle and King County		Ongoing	N/A	Brad Finegood
A	7	Kate Benward Kate Benward		**Representative from the Department of Public Defense** Assistant Special Counsel, Department of Public Defense	7/1/2025	Ongoing	N/A	
A	8	Ketu Shah Ketu Shah	8	**Representative from the Superior Court** Presiding Judge, King County Superior Court	9/26/2019	Ongoing	N/A	
A	9	Kelly Rider Kelly Rider	4	**Representative from the Department of Community and Huma** Director, King County Department of Community and Human Services	4/1/2024	Ongoing	N/A	
A	10	Teresa Mosqueda Teresa Mosqueda	3	**Representative from King County Council** Councilmember from District 8	4/23/2020	Ongoing	N/A	melanie kray
A	11	Steve Larsen Steve Larsen	3	**Representative from the Department of Adult and Juvenile Det** King County Department of Adult and Juvenile Detention	1/1/2022	Ongoing	N/A	
A	12	Kelli Carroll Kelli Carroll	4	**Representative from the Executive** Director of Special Projects, KC Executive Office	1/1/2018	Ongoing	N/A	
A	13	Patti Cole-Tindall Patti Cole-Tindall	4	**Representative from the Sheriff's Office** Sheriff, King County Sheriff's Office	1/1/2022	Ongoing	N/A	
B	14	Jasmeet Singh Jasmeet Singh	6	**Representative from King County Behavioral Health Advisory** Member, King County Behavioral Health Advisory Board	3/14/2022	At discretion of KC BHAB		Carolyn Graye
C	15	Vacant Vacant		**Representative from the Puget Sound Educational Services District**				
C	16	Claudia D'Allegri Claudia D'Allegri	8	**Representative from the Community Health Council** VP, Behavioral Health, SeaMar Community Health Centers	10/17/2016 Reappointment requested	6/30/2024	3 Full	
C	17	Stacey Devenney Stacey Devenney	8	**Representative from Harborview Medical Center** Interim Director of Outpatient Services, HMC	3/15/2024	6/30/2028	1 Partial / 1 Full	
C	18	VACANT VACANT		**Representative from labor representing a bona fide labor organization**				
C	19	VACANT VACANT	2	**Representative from City of Seattle** Jeff Sakuma retired 7/1/25				
C	20	NOMINEE-Someireh Amirfaiz	9	**Representative from a provider of culturally specific mental health services in King County**			6/30/2028	
C	21	Minu Ranna-Stewert Minu Ranna-Stewert	2	**Representative from a provider of sexual assault victim service** Director of Harborview Center for Sexual Assault and Traumatic S	7/1/2025 Nominated			George Gonzalez
C	22	Trenecsia Wilson Trenecsia Wilson	7	**Representative from the domestic violence prevention services** Clinical Director, New Beginnings	1/14/2021	6/30/2027	2 Full	Carlin Yoophum Alicia Glenwell
C	23	Anthony Austin Anthony Austin	2	**Representative from an agency providing mental health and ch** Executive Director of Southeast Youth and Family Services	6/30/2023	6/30/2027	2 Full	
C	24	VACANT VACANT		**Representative from the national alliance on mental illness** Executive Director, National Alliance on Mental Illness - Seattle				
C	25	Mario Paredes	3 (West	**Representative from a provider of culturally specific chemical d**	9/29/2017	6/30/2025	2 Full	

		Mario Paredes		Consejo Counseling and Referral Service	Reappointment requested			
C	26	Kailey Fiedler-Gohlke Kailey Fiedler-Gohlke	4	**Representative of an organization with expertise in helping ind** CEO of HERO House NW	10/2/2018	6/30/2027	1 Partial / 2 Full	Danielle Burt
C	27	Vacant Vacant	5	**Representative from the Sound Cities Association**	waiting for nomination from SCA			
C	28	Lynne Robinson Lynne Robinson	6	**Representative from the City of Bellevue** Mayor, City of Bellevue	5/8/2014	6/30/2026	3 Full	Mo Malakoutian
C	29	Beratta Gomillion Beratta Gomillion	1	**Representative from the provider of both mental health and ch** Center for Human Services	6/15/2024	6/15/2028	1 Full	Don Clayton
C	30	Darcy Jaffe Darcy Jaffe	4	**Representative from the WA State Hospital Association, repres** Senior Vice-President of Safety and Quality for Washington State Hospital Association	5/31/2019	6/30/2027	2 Full	Ryan Robertson
C	31	Vacant Vacant		**Representative of a philanthropic organization**				
C	32	Joshua Wallace Joshua Wallace	2	**Representative of an organization with expertise in recovery** Executive Director of Peer Washington	8/4/2017	6/30/2027	1 Partial / 2 Full	Cody West
C	33	Jessica Molberg Jessica Molberg	8	**Representative of the five managed care organizations operatin** Director of Behavioral Health, Coordinated Care of WA	7/27/2018	6/30/2026	2 Full	
C	34	Fartun Mohamed Fartun Mohamed	7	**Representative of a grassroots organization serving a cultural p**	8/16/2019	6/30/2024	1 Partial / 2 Full	Rowaida Mohammed
					Reappointment requested			
C	35	NOMINATED-Jeni Johnson	8	**Representative of unincorporated King County**			6/30/2027	
C	36	VACANT VACANT		**An individual representing behavioral health consumer interests from the mental illness and drug dependency communities ad hoc work group**				
C	37	VACANT VACANT		**An individual representing behavioral health consumer interests from the mental illness and drug dependency communities ad hoc work group**				

King County

Metropolitan King County Council
Health, Housing, and Human Services Committee

STAFF REPORT

Agenda Item:	15	**Name:**	Olivia Brey
Proposed No.:	2025-0175	**Date:**	December 2, 2025

SUBJECT

Proposed Motion 2025-0175 would acknowledge receipt of the 2024 Health Through Housing Annual Report, the third annual report for this initiative.

SUMMARY

The Health Through Housing (HtH) Implementation Plan, adopted via Ordinance 19366 in 2021, requires the HtH Advisory Committee to report annually to the Council on expenditures, accomplishments, and effectiveness of the HtH initiative through an online HtH dashboard. County Code requires the annual report to be transmitted to the Council, with a motion acknowledging receipt of the report.

The transmitted 2024 HtH Annual Report includes a summary of activities, progress on HtH goals, financial information, information on the HtH Advisory Committee, a conclusion, and anticipated next actions. At the end of 2024, HtH's portfolio included a total of 1,434 housing units, which is roughly 90 percent of the paramount goal of creating and operating 1,600 units of affordable housing with housing-related services.

Proposed Motion 2025-0175 and its attached report appear to comply with the requirements of Ordinance 19366.

BACKGROUND

Health Through Housing Sales Tax

House Bill 1590 and RCW 82.14.530. During the 2020 legislative session, the legislature passed House Bill 1590,[1] which amended RCW 82.14.530 to provide an option for a housing sales tax to be councilmanic. Previously, this housing sales tax was required to go to the ballot for authorization from voters before enactment. In 2021, the legislature amended the law again through Engrossed Substitute House Bill (ESHB) 1070, clarifying that acquiring units of new affordable housing is an eligible use of proceeds.[2]

Counties were given until September 30, 2020, to impose the tax countywide. After that date, cities could impose the tax (either by ballot or councilmanic). According to the statute, if a county imposes the tax after one or more cities have already done so, the county must provide a credit to those cities for the full amount collected within each jurisdiction.

State statute specifies the activities and services for which the tax may be used. Table 1 below provides an overview of the statute's spending requirements.

Table 1. Overview of Spending Allocation Requirements

Allocation	Requirements
At least 60 percent of proceeds	1) Constructing or acquiring affordable housing – including new units within an existing structure and facilities providing housing-related services; 2) Constructing or acquiring mental and behavioral health-related facilities; 3) Funding operations and maintenance of new affordable housing and facilities where housing-related programs are provided, or newly constructed evaluation and treatment centers
Remaining funds	Used for the operation, delivery, or evaluation of mental and behavioral health treatment programs and services or housing-related services

Only the following population groups at or below 60 percent median income for King County may be provided affordable housing and facilities providing housing-related programs using housing sales tax revenue:

1) Persons with behavioral health disabilities;
2) Veterans;
3) Senior citizens;

[1] 1590 HBR APH 20.pdf (wa.gov)
[2] 1070-S.E.pdf (wa.gov)

4) Persons who are homeless or at-risk of being homeless, including families with children;
5) Unaccompanied homeless youth or young adults;
6) Persons with disabilities; or
7) Domestic violence survivors.

Counties that impose the tax must consult with cities when siting facilities within their jurisdictional boundaries. Additionally, the county must spend at least 30 percent of revenue collected within any city with a population over 60,000 within that jurisdiction. At the time the ordinance was passed, the following cities had populations over 60,000: Seattle, Bellevue, Kent, Renton, Federal Way, Kirkland, Auburn, Redmond, and Sammamish.

State statute allows the county to issue general obligation or revenue bonds and pledge up to 50 percent of the monies collected for bond repayment. Bonded revenue may finance provision or construction of affordable housing, facilities where housing-related programs are provided, or evaluation and treatment centers.

The county is directed to provide an opportunity for at least 15 percent of units in each facility to be occupied by individuals who live in or near the city where the facility is located, or have other ties to the community, as long as there are enough individuals within the city that need services and meet the rest of the criteria.

Ordinance 19179 and Ordinance 19180. On October 13th, 2020, the King County Council passed Ordinance 19179[3] imposing a sales and use tax of 1/10th of 1 percent for housing and related services, as authorized in RCW 82.14.530. Proceeds from the tax are deposited into the HtH fund, which was established through Ordinance 19180.[4]

Ordinance 19179 directs that fund proceeds are required to be spent on the uses outlined in state statute, as described above, prioritizing those within the population groups in RCW 82.14.520(2)(b) and whose income does not exceed 30 percent of the King County area median income. Additionally, proceeds are required to be allocated with the objective of reducing racial and ethnic disproportionality among those experiencing chronic homelessness.

The ordinance also provides the County with the authority to issue bonds and use up to 50 percent of the monies collected for repayment of those bonds.

Ordinance 19236. Adopted in February 2021, Ordinance 19236[5] outlined the content and development approach for the HtH Implementation Plan and defines how revenues are to be spent. Per Ordinance 19236, the Executive is required to develop the implementation plan in consultation with the Affordable Housing Committee and the Chief Executive Officer of the King County Regional Homelessness Authority and

[3] King County - File #: 2020-0337
[4] King County - File #: 2020-0319
[5] King County - File #: 2020-0338

transmit the Plan to the King County Council, along with legislation to establish the HtH Advisory Committee, no later than June 30, 2021.

Ordinance 19236 required that the implementation plan include goals, strategies, performance measures, reporting requirements, a process for siting HtH-funded affordable housing and behavioral health facilities, and a detailed annual spending plan for the first eight years of the tax. The paramount goal required to be included in the implementation plan was the creation and ongoing operation of 1,600 units of affordable housing with housing-related services. Additional required goals to be included in the implementation plan were:

- An annual reduction of racial and ethnic demographic disproportionality among persons experiencing chronic homelessness in King County; and
- The creation and operation of a mobile behavioral health intervention program with access for its clients to be created, operated, or otherwise funded by proceeds.

Ordinance 19236 required that legislation establishing the HtH Advisory Committee be transmitted with the implementation plan. The Committee would be tasked with providing advice to the Executive and Council and producing an annual report on the accomplishments and effectiveness of HtH sales tax expenditures. The Committee's responsibilities were to be described in the implementation plan and the membership would be required to include representatives of the following demographics:

- Individuals who have experienced homelessness;
- Racial and ethnic communities that are demographically disproportionately represented among people experiencing chronic homelessness in King County;
- Residents of cities with populations greater than sixty thousand;
- Residents of the unincorporated areas of King County; and
- Representatives from other county, city, and subregional boards, commissions, or committees pertaining to King County human services investments.

2021 HtH Activities. In 2021, the County undertook HtH activities to design key aspects of the initiative and acquired HtH sites. King County acquired a total of 9 buildings in 2021 across Seattle, Renton, Redmond, Auburn, and Federal Way. Additionally, the County established a memorandum of agreement with the City of Seattle to permanently add 350 operations-only units[6] to the HtH portfolio. Lastly, the County opened and moved residents into the Mary Pilgrim Inn, a 100-unit building in North Seattle.

Initial Health Through Housing Implementation Plan. On December 7, 2021, the King County Council adopted Ordinance 19366[7], adopting the Initial Health Through Housing Implementation Plan (Plan), which governs the expenditure of HtH sales and

[6] Operations-only units were created or acquired through capital funds other than HtH, but these have been permanently added to the HtH portfolio via service contracts. Nonprofit organizations retain the ownership of the units while HtH funds the operations and service costs.
[7] King County - File #: 2021-0330

use tax proceeds from 2022 through 2028. The ordinance also created the HtH Advisory Committee.

The Plan established supporting goals to the paramount goal to be delivered by the end of the initial Implementation Plan's term in 2028, which are:

- Supporting Goal 1: Annually reduce racial and ethnic disproportionality among persons experiencing chronic homelessness in King County (required by K.C.C. 24.30.030.A.1[8]).
- Supporting Goal 2: Create and operate a mobile behavioral health intervention program with access for its clients to housing created, operated, or otherwise funded by HtH proceeds (required by K.C.C. 24.30.030.A.5[9]).
- Supporting Goal 3: Increase HtH resident health by providing health care system enrollment and access on-demand to integrated healthcare for all HtH property residents while they reside in a HtH housing unit.
- Supporting Goal 4: Convert (through rehabilitation or "rehab") into permanent supportive housing by December 31, 2028, at least 50 percent of HtH units that enter the portfolio as emergency housing.
- Supporting Goal 5: Increase the number of organizations who can operate emergency, supportive, or other affordable housing who also specialize in serving a demographically overrepresented population or community among King County's chronically homeless population.
- Supporting Goal 6: Establish and maintain an online, publicly reviewable "dashboard" depicting current and historical performance data and information about the HtH initiative.
- Supporting Goal 7: Publish by December 31, 2026, an in-depth evaluation of the HtH initiative's effectiveness.

The Plan identified the following implementation strategies intended to accomplish the paramount and supporting goals, including:

- Strategy 1: Capital Financing and Improvements for HtH Sites
- Strategy 2: Emergency and Permanent Supportive Housing Operations
- Strategy 3: Behavioral Health Services Outside of HtH Sites
- Strategy 4: Capacity Building Collaborative
- Strategy 5: Evaluation and Performance Measurement
- Strategy 6: Future Acquisition of Additional Properties

Further, the Plan defined an Annual Expenditure Plan, including revenues and expenditures allocated to each strategy.

[8] K.C.C. 24.30.030.A.1
[9] K.C.C. 24.30.030.A.5

Annual Reporting Requirements. The Plan required the Advisory Committee to report annually no later than June 15th to the Council on expenditures, accomplishments, and effectiveness of the HtH initiative through an online HtH dashboard.[10]

The dashboard is required to be updated by June 15 each year starting in 2023 and would include, at a minimum:

- A list of HtH Advisory Committee members;
- A map of locations of sites constructed or acquired, and locations and numbers of housing units;
- Demographic data of population residing in HtH-funded housing, including race and ethnicity;
- The number of households receiving service through the mobile behavioral health intervention program;
- The number of households who were living in or near the city in which the site is located;
- HtH initiative financial information, including annual revenue, allocation of proceeds for housing and operations to jurisdictions with HtH sites, and actual expenditures of previous year's proceeds among expenditure categories; and
- Data on how HtH performs on various population-level and program performance measures.

Further, code changes in Ordinance 19366 require the annual report to be transmitted to the Council, with a motion acknowledging receipt of the report. Ordinance 19366 also required reporting on the allocation of proceeds by jurisdiction. For additional information on the Plan, please reference the staff report for Ordinance 19366.[11]

2023 Annual Report. Motion 16748[12] was passed in February 2025 acknowledging the receipt of the second annual report. During the 2023 reporting period, HtH provided housing for 911 people; 138 new units opened to residents; and 127 operations-only units were secured. Additionally, 85 percent of residents reported existing ties to the communities where their HtH site is located.

Reallocation Letters. The Executive has transmitted three reallocation letters to increase funding for building acquisitions and capital improvements to continue to progress toward the HtH initiative's 1,600-unit goal.

In February 2022, the Executive reallocated $69.2 million from Strategy 1 Capital Financing and Improvements for HtH Sites to Strategy 6 Future Acquisition of Additional Properties. The stated rationale for this reallocation was to continue partnerships with cities to pursue site acquisitions.

[10] Health Through Housing (HtH) Dashboard - King County, Washington

[11] King County - File #: 2021-0330

[12] King County - File #: 2024-0225

The November 2022 reallocation letter accounted for several changes of HtH's annual expenditure plan for 2022 including:

- Reducing funding in the Plan's Strategy 6 Future Acquisition of Additional Facilities (-$10.3 million);
- Reducing funding in Strategy 2 Emergency and Permanent Supportive Housing Operations (-$3.7 million);
- Adding funding to Strategy 1 Capital Financing and Improvements for HtH Sites (+$11.9 million); and
- Adding funding to bond financing costs (+$2.1 million).

The Executive stated that the reasons for these reallocations were a decrease in the need for 2022 acquisition funding and operational funding and an increase in renovation costs for the Bob G site and bond financing costs.

The letter from November 2023 reallocated $4.9 million from Strategy 2 Emergency and Permanent Supportive Housing Operations and Strategy 5 Evaluation and Performance measurement to be used for bond financing costs. The Executive noted that this reallocation is necessary due to higher interest rates for capital rehabilitation costs that were larger and sooner than initially anticipated. There were also adjustments to the HtH fund that were made in the 2023-2024 biennial budget, Ordinance 19546[13] including:

- Debt service reserve contributions were changed in alignment with County standard practices. The debt service reserve contributions were increased in 2023 by $10.2 million and decreased by $0.6 million in 2024.
- Three new County FTEs were added to DCHS staff, which increased the administration category by $0.3 million in both 2023 and 2024. The staff coordinate community outreach and program referrals, lead, and track compliance with Implementation Plan requirements, and support administrative and clerical duties.
- Funding for Strategy 3 Behavioral Health Services Outside of HtH Sites was reduced by $2.4 million in 2023 and $2.6 million in 2024 to be consistent with King County Code which allocates at least nine percent and no more than 13 percent of proceeds to behavior health treatment programs and services that are not at HtH sites.[14]

There were no reallocation letters transmitted in 2024.

ANALYSIS

Proposed Motion 2025-0175 was transmitted on June 12, 2025, and the attached 2024 Health Through Housing Annual Report appears to meet the requirements of Ordinance 19366 to report on the expenditures, accomplishments, and effectiveness of the HtH

[13] King County - File #: 2022-0374
[14] K.C.C. 24.30.030.A.9

initiative. More detailed information and infographics can be found on the online HtH Dashboard, maintained by DCHS.[15]

The content of the transmitted report includes the following sections:

1. Executive Summary
2. Background
3. Report Requirements
4. Conclusion/Next Actions
5. Appendix A: Reporting Elements Table and HtH Dashboard Guide
6. Appendix B: HtH Investments (Acquisitions and Operations-only Partnerships), Cumulative to Year End 2024

This staff report will focus on sections 3 and 4.

As a reminder, the paramount goal of the HtH initiative, as established by Ordinance 19236, is the creation and ongoing operation of 1,600 units of affordable housing with housing-related services for eligible households in King County that are experiencing chronic homelessness or that are at risk of experiencing chronic homelessness.

Annual Report Section 3 - Report Requirements. Ordinance 19366 requires the Executive to file the annual report and accompanying motion on behalf of the HtH Advisory Committee. The transmittal letter indicates that the transmitted report and the online dashboard have been certified by the HtH Advisory Committee.

Performance Overview: Accomplishments and Effectiveness in 2024. The transmitted report states that in 2025, HtH made progress in securing new sites, gathering permits, procuring contractors, and renovating and opening new emergency housing (EH) and permanent supportive housing (PSH) units.

At the end of 2024, HtH's portfolio included a total of 1,434 housing units, which is roughly 90 percent of the paramount goal of creating and operating 1,600 units of affordable housing with housing-related services. A total of 954 homes were open across 11 sites (compared to 724 homes across eight sites at the end of 2023). Additionally, HtH is poised to open another four sites by the end of 2025.

Table 2 summarizes the progress towards the HtH initiative's paramount goal. In 2024, HtH opened 230 units, which includes Sacred Medicine House (operations-only), Bloomside (operations-only), and 15 out of 100 units of Haven Heights (owned).

HtH invested in 84 operations-only units at the Sweetgrass Flats, which are planned to open in 2025. Eight units were reduced from the owned, in-progress unit count from last year due to compliance with design requirements or allocated for operator use. These changes resulted in a net addition of 76 units in 2024. Additionally, the Bob G. site, which includes 80 units (owned), has remained closed due to unsafe building conditions since June 2023 and the Executive is determining the best course of action.

[15] Health Through Housing (HtH) Dashboard - King County, Washington

Table 2. Progress Towards the Paramount Goal

Year End	*In Progress*			*Open & Operational*			TOTAL
	Owned	Operations – Only	Subtotal	Owned	Operations – Only	Subtotal	
2022*	413	150	563	603	200	803	**1,366**
2023	419	215	634	462	262	724	**1,358**
2024	396	84	480	477	477	954	**1,434**

**2022 reporting was based on total units obtained, irrespective of use (administrative space, community rooms, etc.)*

The following highlights were also featured:

- HtH expanded the scope of services provided and people served at its 11 open sites, serving a total of 1,281 people in 2024 (compared to 911 people served in 2023).
- HtH made progress addressing racial and ethnic disproportionality among the homeless population by increasing the American Indian, Alaska Native, and Indigenous proportion of HtH residents by 60 percent.
- HtH achieved positive health outcomes. For example, after one year, HtH residents' total number of days in inpatient hospital care decreased by 33 percent, and their total number of emergency department visits dropped by 17 percent.
- HtH achieved positive housing stability outcomes among its PSH residents, with 95 percent of PSH residents maintaining their housing or moving to another permanent housing destination.
- HtH achieved continued success housing individuals with ties to the city in which their HtH building is located, with 97 percent of residents reporting existing ties.
- HtH sites maintained high occupancy rates in 2024, with the majority of buildings ending the year with an occupancy rate above 90 percent.

In 2024, HtH expanded access to the Mobile Response Team (MRT) to provide services at all 11 open sites. During the reporting period, the MRT served 166 HtH clients, including resolving 149 crises and conducting 54 peer support groups at HtH sites. Case managers at HtH sites also connect residents to community-based behavioral health services to supplement services offered on-site including Program of Assertive Community Treatment, Evergreen Treatment Services, HealthPoint, and others. HtH operators help enroll residents in health insurance and in 2024 93 percent of residents have health insurance, mostly through Medicaid.

The transmitted report noted a new DCHS analysis of Medicaid claims data and emergency department admission data, which finds that one year after move-in, the number of emergency department visits by HtH residents decreased by 17 percent and inpatient hospital stays by HtH residents decreased by 22 percent. This data does not include health care access through US Department of Veterans Affairs, charity care, private insurance, or out-of-pocket payment. Analysis is ongoing and a final report is planned to be released in 2026.

The transmitted report states that progress was made on the primary supporting goal of annually reducing the racial-ethnic disproportionality among persons experiencing chronic homelessness. Table 3 provides an overview of the race/ethnicity of HtH residents, chronically homeless individuals in King County, and the overall King County population in 2023 and 2024. According to the transmitted report, the percentage of American Indian, Alaska Native, or Indigenous HtH residents has risen from three percent in 2022 to 16 percent in 2024. This increase is attributed to the partnership with Native-led housing and human services agency, Chief Seattle Club.

Table 3. Race/Ethnicity of HtH Residents, Chronically Homeless People, and the Overall Population in King County

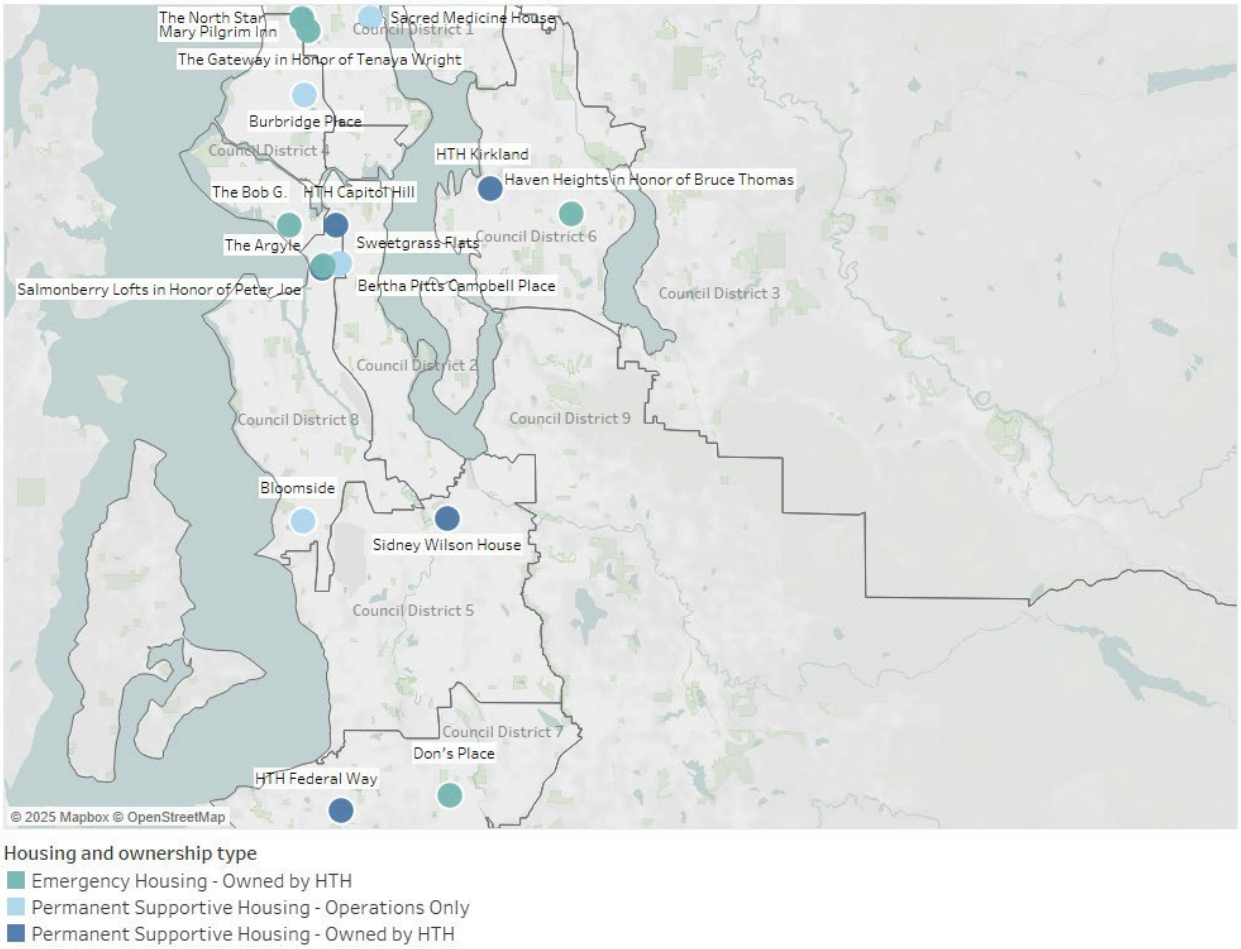
Race/Ethnicity	HtH Residents		People in King County experiencing chronic homelessness		King County population	
	2023	2024	2023	2024	2023	2024
American Indian, Alaska Native, or Indigenous	10%	16%	6%	5%	<1%	<1%
Asian or Asian America	3%	2%	2%	2%	19%	21%
Black, African American, or African	25%	21%	25%	24%	6%	7%
Hispanic/Latin(a)(o)(x)	4%	3%	3%	3%	7%	8%
Multiracial	11%	11%	16%	15%	9%	10%
Native Hawaiian or Pacific Islander	1%	2%	2%	2%	1%	1%
Unknown/unreported	5%	4%	1%	2%	N/A	N/A
White	42%	41%	45%	46%	56%	52%

Black, American Indian, Alaska Native, or Indigenous, multiracial, and Native Hawaiian or Pacific Islander individuals continue to be overrepresented among those experiencing homelessness compared to King County's overall demographics. The transmitted report notes that while the percentage of Black, African American, or African residents decreased slightly between 2023 and 2024, the total number of Black, African American, or African residents remained stable.

The HtH initiative notes the use of strategic partnerships and community engagement as a strategy to reduce racial and ethnic disparities in homelessness. The partnership with Chief Seattle Club ensured that American Indian, Alaska Native, or Indigenous HtH residents at Salmonberry Lofts in Honor of Peter Joe and Sacred Medicine House have access to culturally appropriate services.

Site Locations and Other Geographic Information. HtH includes 17 sites, including 11 acquired buildings and six operations-only buildings. Map 1 shows the location of each HtH building by housing type.

Map 1. HtH Site Locations



According to the transmitted report, HtH continues to be consistent with the requirement in RCW 82.14.530 that the county provide an opportunity for at least 15 percent of units in each facility to be occupied by individuals who live in or near the city where the facility is located or have other ties to the community. In 2024, 97 percent of residents reported existing ties to the communities where their HtH site is located. HtH has been able to collect data about residents' local ties and reduced the rate of unknown local connections from 44 percent in 2022 to one percent in 2024.

Financial Information. In 2024, HtH revenue totaled $79 million, including $70.8 million in tax revenue collections, which was $0.5 million higher than in 2023. The HtH Implementation Plan anticipated issuing a $60 million bond around 2024 to convert EH within HtH sites into PSH locations. Instead, a bond was issued in December 2023,

generating $85.6 million. The bond proceeds, plus unspent tax revenue, led to higher annual interest revenue than what was expected.

Table 4. 2024 HtH Revenue (in millions)

	Projected in IP	Actual 2024 Revenues (rounded)	Change between IP and Actual 2024
Tax Revenue	$69.4	$70.8	2.0%
Annual Interest	$0.4	$8.1	1940.5%
Annual Bond Proceeds	$60.0	$0.0	(100.0%)
Commercial Rent	$0.0	$0.1	N/A
Total Revenue	$129.7	$79.0	(39.1%)

HtH spent $69.2 million in 2024, which was approximately $7.3 million more than in the previous year. The transmitted report states that this is primarily due to opening and operating more buildings than in 2023, as well as higher interest rates that increased bond financing costs relative to prior years.

Table 5 identifies 2024 expenditures by strategy compared to the estimates identified in the Implementation Plan. The multi-year expenditure plan for HtH has been adjusted multiple times since the Implementation Plan was passed in 2021, as documented in Reallocation Letters from the Executive. Additionally, the Implementation Plan permits the Executive to keep under expended proceeds within the same strategy for use in a subsequent year.

According to the transmitted report, spending for capital expenditures (Strategies 1 and 6) are lower than anticipated by the Implementation Plan because the initiative stopped pursuing new acquisitions to focus on opening acquired buildings. According to Executive staff, DCHS is working to deliver on existing commitments with cities and contracted operators.

Strategy 2 expenditures were lower than initially projected due to delayed building openings that would requiring operations funding, for both acquired and operations only HtH sites. Prior annual reports have also noted lower than projected spending on Strategy 2 expenditures. According to Executive staff, this strategy has a balance of $64.5 million, which is anticipated to be used as planned on emergency and permanent supportive housing operations due to continually increasing operations costs.

Table 5. 2024 HtH Expenditures by Strategy (in millions)

Strategy	Projected Expenditure in IP	Actual 2024 Expenditures (rounded)	Change between IP and Actual 2024
Strategy 1 **Capital Financing and Improvements for HtH Sites**	$17.1	$6.2	(63.6%)
Strategy 2 **Emergency and Permanent Supportive Housing Operations**	$42.4	$30.4	(28.3%)
Strategy 3 **Behavioral Health Services Outside HtH Sites**	$9.0	$6.1	(31.8%)
Strategy 4 **Capacity Building Collaborative**	$0.4	$0.7	72.2%
Strategy 5 **Evaluation and Performance Measurement**	$0.6	$0.2	(71.1%)
Strategy 6 **Future Acquisition of Additional Facilities**	$0.0	$0.0	0.0%
Initiative Administration	$2.0	$2.0	(1.4%)
Bond Financing Cost	$20.6	$23.6	14.6%
TOTAL EXPENDITURES	$92.2	$69.2	(25.0%)

Table 6 shows a summary of 2024 expenditures by jurisdiction. Additional details, including costs from acquisition, building rehabilitation, facility maintenance, program operations, and bond financing is shown in Figure 19 of the transmitted report's Attachment A. Of note, the following cities passed legislation in 2020 to keep the tax revenue generated under RCW 82.14.530: Bellevue, Covington, Issaquah, Kent, Maple Valley, North Bend, Renton, and Snoqualmie. Of further note, RCW 82.14.530 requires that King County spend at least 30 percent of revenue collected from cities with populations greater than 60,000 within that jurisdiction.

Table 6. Allocation of Expenditures by Jurisdiction (in millions)

HtH Host Jurisdiction	2024 Expenditures
Auburn	$4.21
Burien	$0.96
Federal Way	$3.09
Kirkland	$5.01
Redmond	$6.49
Renton	$6.18
Seattle	$34.26
Other expenditures that cannot be readily allocated to specific jurisdictions.	$8.98
Total	$69.19

The cost per-unit for each HtH site varies significantly due to the site development process and circumstances of each acquisition. The average per-unit costs for capital were $285,772, 4.7 percent higher than last year. The average per-unit costs for operations across all sites were $33,718, 52.6 percent higher than last year.[16]

HtH Advisory Committee Establishment, Membership, and Certification of Dashboard. The HtH Advisory Committee was established in 2022. As of December 2024, the HtH Advisory Committee includes 13 King County residents. Sean Healy is the Committee Chair, Avon Curtis is the Co-Chair, and other members include Elizabeth Archambault, Lena Bernal, Brook Buettner, Tulika Dugar, Isadora Eads, Febben Fekadu, Marissa Fitzgerald, Krystal Marx, Sarah Steward, Da'mont Vann, and Barbara Walker. The tranmsmitted report and the HtH Dashboard were certified by the HtH Advisory Committee on May 29, 2029.

Annual Report Section 4 - Conclusion/Next Actions. The Conclusion/Next Steps section of the transmitted report noted that navigating jurisdictional approval processes, construction timelines, and staffing limitations have impacted the pace of achieving the paramount goal. Despite these challenges, the HtH initiative made progress toward opening buildings, moving people inside, connecting residents with healthcare and other support, and building capacity of service providers. In the next year, HtH will continue to focus on opening buildings, streamlining service delivery, and enhancing community engagement to achieve the paramount goal of securing 1,600 units of supporting housing.

Legislative Schedule. In accordance with Section 2 of Ordinance 19366, the annual report and proposed motion is a dual referral to the Regional Policy Committee and the

[16] For operations-only sites, the average annual operating cost is $22,154 per unit

Committee of the Whole, or its successor.[17] Proposed Motion 2025-0175 passed in the Regional Policy Committee on August 20, 2025.

INVITED

- Sunaree Marshall, Acting Division Director, Housing and Community Development Division
- Jelani Jackson, Initiative Manager, Health Through Housing, Housing and Community Development Division

ATTACHMENTS

1. Proposed Motion 2025-0175
   a. 2024 Health Through Housing Annual Report
2. Transmittal Letter

[17] Given the Health, Housing, and Human Services Committee's (HHHS) jurisdiction over housing-related issues, Proposed Motion 2025-0175 was referred to HHHS as a successor to the Committee of the Whole.

1200 King County Courthouse
516 Third Avenue
Seattle, WA 98104

KING COUNTY

Signature Report

Motion

Proposed No. 2025-0175.1 **Sponsors** Mosqueda and Balducci

A MOTION acknowledging receipt of the 2024 health through housing annual report, in accordance with K.C.C. chapter 24.30.

WHEREAS, in 2020, consistent with the authority and eligible uses set out in Substitute House Bill 1590, which became Chapter 222, Laws of Washington 2020, K.C.C. 4A.503.020 authorized the collection and expenditure of an additional sales and use tax of one-tenth of one percent, and identified priorities for the use of these funds in King County, and

WHEREAS, K.C.C. chapter 24.30, providing for the creation of a health through housing implementation plan, was enacted in February 2021, and

WHEREAS, on August 30, 2021, in accordance with K.C.C. 24.30.020, the executive transmitted to the council for review and adoption an initial implementation plan that described the goals, strategies, performance measures, reporting requirements and annual expenditure plan to direct use of the proceeds from 2022 through 2028 as authorized by K.C.C 4A.503.040, and

WHEREAS, Ordinance 19366, Section 1, adopted the initial implementation plan in December 2021, and

WHEREAS, K.C.C. 2A.300.200 requires the executive to electronically file an annual report on the accomplishments and effectiveness of the expenditure of sales and

use tax proceeds as authorized by K.C.C. chapter 4A.503 and RCW 82.14.530, and including information on the allocation by jurisdiction of sales tax proceeds as authorized by K.C.C. chapter 4A.503 and RCW 82.14.530, by June 15 of each year, and

WHEREAS, the third annual report, entitled 2024 Health Through Housing Annual Report, which is Attachment A to this motion, is submitted by the executive;

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

The receipt of the third annual report on the Health Through Housing initiative,

entitled 2024 Health Through Housing Annual Report, Attachment A to this motion, in accordance with K.C.C. 24.30.020, is hereby acknowledged.

KING COUNTY COUNCIL
KING COUNTY, WASHINGTON

_____

Girmay Zahilay, Chair

ATTEST:

_____

Melani Pedroza, Clerk of the Council

APPROVED this _____ day of _____, _____.

_____

Shannon Braddock, County Executive

Attachments: A. 2024 Health Through Housing Annual Report, June 2025

2024 Health Through Housing Annual Report

June 2025

King County

Contents

Executive Summary

Introduction

King County's Health Through Housing (HTH) initiative is an innovative, regional approach that accelerates the County's ability to address chronic homelessness. HTH is focused on creating and operating affordable housing with services, referred to as supportive housing, for households in King County that are experiencing chronic homelessness or at risk of chronic homelessness.[1] The HTH initiative is also designed to annually reduce racial and ethnic disproportionality among persons experiencing chronic homelessness in King County.[2, 3, 4]

Background

HTH arose as a concept and initiative in 2020 as the COVID-19 pandemic posed a once-in-a-generation challenge to the King County region and the world. COVID-19 amplified pre-existing crises of homelessness, housing affordability, and racial inequity. In 2020, King County enacted Ordinance 19179, codified as King County Code (KCC) 4A.503, to impose the HTH sales tax.[5] In 2021, King County Council enacted three Ordinances to guide HTH planning, which established goals and strategies for HTH and formally adopted the Initial HTH Implementation Plan, which will be referred to as "the Plan," throughout the rest of the report.[6, 7, 8]

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[1] King County Code 24.30.030.A.3. [https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=4652907&GUID=5E5E8D61-6B3B-46EC-937C-6FD39E8CB6F0&Options=Advanced&Search=]
[2] King County Code 4A.503.040.B. [https://aqua.kingcounty.gov/council/clerk/code/07_Title_4A.htm#_Toc54697848]
[3] King County Code 24.30.030.A.1. [https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=4652907&GUID=5E5E8D61-6B3B-46EC-937C-6FD39E8CB6F0&Options=Advanced&Search=]
[4] Initial Health Through Housing Implementation Plan. [https://mkcclegisearch.kingcounty.gov/View.ashx?M=F&ID=9959294&GUID=718EA25C-9032-448C-8C98-060B2C97B5E8]
[5] King County Code 4A.503. [https://aqua.kingcounty.gov/council/clerk/code/07_Title_4A.htm#_Toc54697848]
[6] King County Code 24.30. [https://aqua.kingcounty.gov/council/clerk/code/33_Title_24.htm#_Toc65058358]
[7] Ordinance 19236. [https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=4652907&GUID=5E5E8D61-6B3B-46EC-937C-6FD39E8CB6F0&Options=Advanced&Search=]
[8] Initial Health Through Housing Implementation Plan. [https://mkcclegisearch.kingcounty.gov/View.ashx?M=F&ID=9959294&GUID=718EA25C-9032-448C-8C98-060B2C97B5E8]

In the first two years following adoption of the Plan, HTH made significant progress to open buildings and house individuals formerly experiencing homelessness. [9, 10] During this time, the County:

- Acquired a total of 11 buildings across Seattle, Renton, Redmond, Auburn, Kirkland, and Federal Way;
- Established service contracts to fund the operations of 477 additional operations-only units across five buildings in Seattle and Burien;[11]
- Implemented design, permitting, and rehabilitation processes to prepare five County-owned buildings for operations, and
- Moved residents into nine HTH sites while continuing to expand comprehensive supportive services at the sites.

Report Requirements

This annual report summarizes the activities of the HTH initiative through the end of 2024 and fulfills the reporting requirements in KCC 2A.300.200.A. Specifically, this document summarizes the accomplishments and effectiveness of the expenditure of HTH sales tax proceeds in 2024 as well as financial information including, but not limited to, the allocation of proceeds by jurisdiction.[12]

This report also summarizes the additional annual data reporting provided by HTH's new online dashboard, as called for by the Plan, and adopted by Ordinance 19366.[13, 14, 15] Finally, this report provides information about the HTH Advisory Committee, confirming the Committee's certification that

[9] 2022 Health Through Housing Annual Report. [https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=6262252&GUID=12B235F6-F229-411C-9293-B498A6821F87&Options=&Search=]

[10] 2023 Health Through Housing Annual Report. [https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=6781882&GUID=44C90B74-699D-4DEE-90FE-103B4F75DCE6&Options=Advanced&Search=]

[11] As described in the Plan, the term operations-only refers to buildings that have been permanently added to the HTH portfolio via service contracts. Nonprofit organizations retain ownership of operations-only buildings whereas HTH funds all operations and services costs associated with those buildings.

[12] KCC 2A.300.200.A. [https://aqua.kingcounty.gov/council/clerk/code/05_Title_2A.htm#_Toc473536140]

[13] Ordinance 19366. [https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=5121460&GUID=7DC46271-C6B3-4D90-B6DE-DEF37CD0A7D5&Options=Advanced&Search=]

[14] Initial Health Through Housing Implementation Plan. [https://mkcclegisearch.kingcounty.gov/View.ashx?M=F&ID=9959294&GUID=718EA25C-9032-448C-8C98-060B2C97B5E8]

[15] Health Through Housing Dashboard. [https://www.kingcounty.gov/hthdashboard]

the online dashboard is current and updated with 2024 data and ready for review, as directed by the Plan.[16, 17]

Performance Overview: Accomplishments and Effectiveness in 2024

In 2024, HTH continued expanding the availability of supportive housing across the region in collaboration with host jurisdictions, neighboring communities, and community-based supportive housing operators. HTH ended the year with a total of 1,434 housing units secured since inception, reflecting the initiative's continued progress towards reaching the paramount goal of securing 1,600 units. Additionally, HTH significantly expanded the scope of services provided at its open sites, including by expanding the Mobile Response Teams (MRT), King County Metro transportation services, and DCHS' Employment Resource Program (ERP) to all open HTH sites. Further, HTH operators continue to make enhancements to health care service and wellness supports offered on site. In the initiative's third full year of operation in 2024, HTH accomplished the following:

- HTH made significant progress securing new sites, gathering permits, procuring contractors, and renovating and opening new emergency housing (EH) and Permanent Supportive Housing units (PSH). At the end of 2024, 954 homes were open across 11 sites (compared to 724 homes across eight sites at the end of 2023). Additionally, HTH was poised to open another four sites by the end of 2025.
- HTH expanded the scope of services provided and people served at its 11 open sites, serving a total of 1,281 people in 2024 (compared to 911 people served in 2023).
- HTH made progress addressing racial and ethnic disproportionality among the homeless population by increasing the American Indian, Alaska Native, and Indigenous proportion of HTH residents by 60 percent.
- HTH achieved positive health outcomes. For example, after one year, HTH residents' total number of days in inpatient hospital care decreased by 33 percent, and their total number of emergency department visits dropped by 17 percent.
- HTH achieved positive housing stability outcomes among its PSH residents, with 95 percent of PSH residents maintaining their housing or moving to another permanent housing destination.
- HTH achieved continued success housing individuals with ties to the city in which their HTH building is located, with 97 percent of residents reporting existing ties.
- HTH sites maintained high occupancy rates in 2024, with the majority of buildings ending the year with an occupancy rate above 90 percent.

Financial Information

[16] Initial Health Through Housing Implementation Plan. [https://mkcclegisearch.kingcounty.gov/View.ashx?M=F&ID=9959294&GUID=718EA25C-9032-448C-8C98-060B2C97B5E8]

[17] Health Through Housing Dashboard. [https://www.kingcounty.gov/hthdashboard]

The HTH initiative's 2024 revenue was $79.0 million. HTH spent approximately $6.2 million on capital expenditures, $39.4 million on operating expenditures, and $23.6 million on bond financing costs in 2024. Financially, the HTH initiative remains consistent with projected goals in the Plan, with 2024's spending reflecting a continued focus on rehabilitating and opening buildings, bringing people inside, and delivering housing stability and health supports to HTH residents.

The cost per unit for each HTH site varies based on the circumstances of each acquisition, development processes, and timing. From 2021 to 2024, the average capital per-unit costs among HTH properties were $285,772. The average annual operating costs paid for by HTH for its properties in 2024 were $33,718 per unit.

HTH Advisory Committee Establishment, Membership, and Certification of Dashboard

In 2024, the Health Through Housing Advisory Committee continued to meet, consistent with King County Code 2A.300.200.[18] The Committee convened quarterly and received presentations from HTH staff on the HTH service model. On May 29, 2025, the HTH Advisory Committee reviewed and certified this report and the HTH Dashboard, including certifying that that the dashboard is updated with 2024 calendar year data.[19]

Conclusion/Next Actions

In 2024, the HTH initiative's third full year of operation, the initiative continued to focus on rehabilitating and opening buildings, moving people inside, connecting residents with health care and other supports, and building the capacity of service providers. HTH ended the year with 1,434 housing units secured, reflecting its commitment to expanding the availability of supportive housing across the region.

At the same time, HTH has faced significant challenges that have impacted the pace at which the initiative is achieving its paramount goal. In some cases, navigating jurisdictional approval processes, construction timelines, and County and provider staffing limitations extended the time necessary to open HTH buildings beyond initial forecasts. Inflation and historically low wages in the human services sector drive the need to increase expenditures for both King County and HTH operators.[20] Despite these obstacles, HTH has made substantial progress securing and opening supportive housing across King County.

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[18] KCC 2A.300.200. [https://aqua.kingcounty.gov/council/clerk/code/05_Title_2A.htm#_Toc473536140]
[19] Initial Health Through Housing Implementation Plan. [https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=5121460&GUID=7DC46271-C6B3-4D90-B6DE-DEF37CD0A7D5&Options=Advanced&Search=&FullText=1]
[20] Seattle Construction Cost Index Q4 2024. Mortenson. [https://www.mortenson.com/cost-index/seattle]

In response to these challenges, HTH intends, as funding allows, to continue expanding the HTH portfolio by funding operations-only units moving forward, rather than making future building acquisitions. Operations-only units enable HTH to continue growing the portfolio cost-effectively and expediently, while reducing King County's overall financial exposure as the acquisition and construction are not paid for with HTH funds. Pursuing this strategy will ensure that the HTH initiative is able to better provide long term, dependable financial support for the full operations of all HTH units, consistent with the HTH Implementation Plan. In 2025 and beyond, DCHS plans to use this strategy for continued expansion of HTH's portfolio as the HTH initiative closes in on its paramount goal of opening 1,600 homes.

In 2025, HTH will focus on opening additional buildings and refining its services to better meet the unique needs of each resident it serves. This will involve supporting operators in the continued expansion of supportive services and the refinement of operating procedures to improve resident outcomes and program performance. As HTH makes continued progress towards its paramount goal of securing 1,600 units of supportive housing, it will also continue to focus on reducing racial and ethnic disproportionality. By increasing access to dignified supportive housing, HTH is a powerful part of King County's regional strategy to address the intertwined crises of affordable housing and chronic homelessness and pursue the County's True North, to make King County a welcoming community for everyone to thrive.[21]

Background

Overview

King County's Health Through Housing initiative (HTH) is focused on creating and sustaining affordable, supportive housing for those in King County experiencing or at risk of chronic homelessness.[22] This initiative takes a regional approach to both accelerate King County's ability to reduce chronic homelessness countywide and dismantle the racial and ethnic disproportionality prevalent among the homeless population in King County.[23]

[21] True North and Values. [https://kingcounty.gov/en/dept/executive/governance-leadership/performance-strategy-budget/true-north-values]
[22] Ordinance 19236 [https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=4652907&GUID=5E5E8D61-6B3B-46EC-937C-6FD39E8CB6F0&Options=Advanced&Search=]
[23] Ordinance 19236 [https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=4652907&GUID=5E5E8D61-6B3B-46EC-937C-6FD39E8CB6F0&Options=Advanced&Search=]

HTH focuses on expanding the supply of emergency housing (EH) and permanent supportive housing (PSH) and operating the homes it creates consistent with the Housing First model.[24] A robust body of research has demonstrated that the Housing First approach effectively ends homelessness, especially for people experiencing chronic homelessness who have higher service needs.[25] The Housing First approach encompasses a broad range of strategies for supporting previously homeless individuals that are reflected in the Housing First fidelity model and PSH quality standards.[26, 27]

Since 2020, HTH has expanded access to affordable supportive housing countywide by partnering with cities on permitting, selecting service providers, and community engagement to open these sites. In some cases, navigating jurisdictional approval processes, construction timelines, and County and provider staff limitations extended the time necessary to open HTH buildings. Despite these delays, as of December 2024, HTH has secured a cumulative total of 1,434 units and served 1,858 residents previously at risk of or experiencing chronic homelessness.

From 2020 to 2024, HTH secured 17 sites across seven cities, achieving a pace faster than any previous related County effort.[28] In addition to 11 County-owned buildings, these HTH sites include six HTH "operations-only" buildings for which HTH funds the cost of operations and programming. As of December 2024, HTH had opened 11 of its 17 secured sites. The initiative is on track to open 15 of its sites by the end of 2025. HTH is partnering with eight service providers to operate HTH's sites, as shown in Figure 1, further expanding and diversifying the region's capacity to deliver this critical housing.

[24] Housing First in Permanent Supportive Housing. [https://files.hudexchange.info/resources/documents/Housing-First-Permanent-Supportive-Housing-Brief.pdf]
[25] Paula Goering, Scott Veldhuizen, Aimee Watson, Carol Adair, Brianna Kopp, Eric Latimer, Geoff Nelson, Eric MacNaughton, David Streiner & Tim Aubry. National At Home/Chez Soi Final Report. Mental Health Commission of Canada. (2014). [https://www.mentalhealthcommission.ca/resource/national-at-home-chez-soi-final-report/]
[26] Housing First in Permanent Supportive Housing. [https://files.hudexchange.info/resources/documents/Housing-First-Permanent-Supportive-Housing-Brief.pdf]
[27] Dimensions of Quality Supportive Housing. Corporation for Supporvie Housing. 2013. [https://coresonline.org/sites/default/files/documents/CSH_Dimensions_of_Quality_Supportive_Housing_guidebook.pdf]
[28] HTH has opened buildings nearly twice as fast than traditionally funded projects, highlighting the strengths of the HTH model of housing development.

Figure 1: HTH Service Providers at HTH Sites, 2024

Service Provider	HTH Site Name[29]	Jurisdiction
Catholic Community Services (CCS)	Sidney Wilson House	Renton
	The Bob G.[30]	Queen Anne, Seattle
Chief Seattle Club	Salmonberry Lofts in Honor of Peter Joe	Pioneer Square, Seattle
	Sacred Medicine House *(operations-only)*	Lake City, Seattle
	Sweetgrass Flats *(operations-only)*	Central District, Seattle
Compass Housing Alliance	Don's Place	Auburn
Downtown Emergency Service Center (DESC)	The Mary Pilgrim	Bitter Lake, Seattle
	The Gateway in Honor of Tenaya Wright	Haller Lake, Seattle
	Burbridge Place *(operations-only)*	Green Lake, Seattle
	The North Star *(operations-only)*	Bitter Lake, Seattle
	Bloomside *(operations-only)*	Burien
Lavender Rights Project (LRP)/Chief Seattle Club	Sharyn Grayson House	Capitol Hill, Seattle
Plymouth Housing	Bertha Pitts Campbell Place *(operations-only)*	Central District, Seattle
	TBD. Building Secured.	Kirkland
The Salvation Army	Haven Heights in Honor of Bruce Thomas	Redmond
The Urban League of Metropolitan Seattle	The Booker House	Federal Way

HTH selected these service providers with municipal support to best serve the building's residents and ensure that the services provided are responsive to the diverse needs of residents. Catholic Community Services, Compass Housing Alliance, DESC, Plymouth Housing, and The Salvation Army are longstanding

[29] HTH's 17th site, known as the Argyle, is not listed in this table because DCHS has not identified a service provider to operate the building.
[30] CCS operated The Bob G. between April 2020 and June 2023, at which point the building was closed due to unsafe building conditions.

regional providers of emergency shelter and PSH.[31, 32, 33, 34, 35] Chief Seattle Club, Lavender Rights Project, and the Urban League are deeply embedded in and have rich experience serving communities and populations most disproportionately experiencing homelessness. Chief Seattle Club is a Native-led housing and human services agency that serves American Indian and Alaska Native people.[36] Lavender Rights Project is a Black trans-led and founded organization centered in the values of social justice for trans and queer low-income people.[37] The Urban League of Metropolitan Seattle is an organization dedicated to improving the lives of communities of color. [38]

These partnerships at HTH sites are vital to providing residents high quality services and creating inclusive environments that respect and celebrate the cultural backgrounds and lived experience of all residents and staff, thereby promoting a sense of belonging and support for marginalized individuals. HTH uses this pro-equity approach in all aspects of design and implementation, leading to community partnerships and cross-sector solutions with service providers that further HTH's goal to reduce racial and ethnic disproportionality in homelessness throughout the region.

Department Overview

King County's Department of Community and Human Services (DCHS) provides equitable opportunities for people to be healthy, happy, and connected to community. The Department, along with a network of community providers and partners, plays a leading role in creating and coordinating the region's human services infrastructure. In addition to HTH, DCHS stewards the revenue from the Veterans, Seniors, and Human Services Levy (VSHSL), Best Starts for Kids (BSK) Levy, the MIDD behavioral health sales tax, the Crisis Care Centers (CCC) Levy, and the Puget Sound Taxpayer Accountability Account (PSTAA), along with other state and federally-directed revenues.

The mission of DCHS' Housing and Community Development Division (HCD) is to increase housing stability and develop strong communities. The division strives to be anti-racist and to collaborate with partners to center historically excluded and systemically marginalized people. HCD leads DCHS' implementation of the HTH initiative. Other related work led by the division includes the Housing Finance Program that provides capital funding for income-restricted affordable housing and the Housing and Supportive Services Program which facilitates human services to support housing stability and individual safety.

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[31] Catholic Community Services [https://ccsww.org/]
[32] Compass Housing Alliance [https://www.compasshousingalliance.org/]
[33] Downtown Emergency Services Center (DESC) [https://www.desc.org/]
[34] Plymouth Housing Group [https://plymouthhousing.org/]
[35] The Salvation Army [https://seattle.salvationarmy.org/]
[36] Chief Seattle Club [https://www.chiefseattleclub.org/]
[37] Lavender Rights Project [https://www.lavenderrightsproject.org/]
[38] The Urban League of Metropolitan Seattle [https://urbanleague.org/]

The Facilities Management Division (FMD) of the Department of Executive Services (DES) provides clean, environmentally sustainable, and cost-effective environments at about 45 King County facilities. These include office buildings, Superior and District courthouses, Sheriff precincts, correctional facilities, and shelter/housing complexes. Major sections of FMD include Building Operations, Capital Projects, Finance, Planning and Administrative Services, Real Estate Services, and Security Management. FMD works closely with DCHS to support the acquisition, maintenance, building security, and building operations of County-owned HTH properties.

Key Historical Context and Current Conditions

King County launched HTH in 2020 at the height of the COVID-19 pandemic. The pandemic amplified the region's pre-existing housing and homelessness crises, forcing tens of thousands of King County households to fall behind on rent in an expensive housing market.[39, 40] Social distancing requirements implemented during the pandemic further reduced overall shelter capacity while the rate of unsheltered homelessness climbed.[41]

The COVID-19 pandemic response demonstrated once again that single-room settings are more supportive of a person's stability, health, and ability to maintain housing compared to congregate shelters.[42] Learning from this lesson, King County acquired hotels and apartments with the revenue created by the one tenth of a cent sales tax which was authorized by the Washington State Legislature in 2020 exclusively for housing use.[43, 44]

The King County Executive proposed and developed the HTH initiative, with King County Council review and adoption by Ordinance. HTH is an innovative strategy that accelerates the region's response to chronic homelessness by establishing 1,600 new housing units in the face of compounding emergencies.

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[39] King 5. King County Accepting Applications for Rental Assistance before Eviction Moratorium Expires. [https://www.king5.com/article/news/health/coronavirus/king-county-accepting-applications-for-rental-assistance-before-eviction-moratorium-expires/281-0f3962e9-3abe-451d-8563-ebb4200e97d5]

[40] Zillow King County Market Overview, data through July 31, 2021. [https://www.zillow.com/king-county-wa/home-values/]

[41] King County Homelessness Response System Data Review: Q1 2021 Release. [https://kcrha.org/wp-content/uploads/2022/05/KC-Homeless-Response-System_Data-Review_Q12021.pdf].

[42] University of Washington and King County DCHS: Impact of Hotels as Non-Congregate Emergency Shelters. (2020). [https://kcrha.org/wp-content/uploads/2020/11/Impact-of-Hotels-as-ES-Study_Full-Report_Final-11302020.pdf.]

[43] RCW 82.14.530 as reflected in ESHB 1070 from 2021. [http://lawfilesext.leg.wa.gov/biennium/2021-22/Pdf/Bills/Session%20Laws/House/1070-S.SL.pdf?q=20210815073813]

[44] King County Department of Community and Human Services. Health Through Housing: A Regional Approach to Address Chronic Homelessness. (2024). [https://kingcounty.gov/en/legacy/depts/community-human-services/initiatives/health-through-housing]

The HTH model is based on the following foundational premises:

- Incorporate the lessons of COVID deintensification shelters, which reinforced research showing that single-room settings are more supportive of a person's stability, health, and ability to maintain housing.[45]
- Exercise the authority provided by the Washington State Legislature to create a funding source generating sufficient capital to rapidly acquire and operate for the long-term up to 1,600 new supportive housing units.[46]
- Take advantage of economic circumstances to buy relatively new or recently updated hotels and apartments, many of which include kitchen facilities, to substantially grow the region's stock of affordable homes quickly.
- Establish partnerships with cities across King County to site and operate EH and PSH at a speed and scale not previously possible. This coordinated strategy recognizes that to reduce chronic homelessness in King County, communities, cities, and the County must act boldly together to increase housing that is available to and supportive of residents who have been living outside.

The economic circumstances of the pandemic made hotels and apartments available for purchase at lower rates, allowing HTH to grow the region's stock of affordable homes quickly and at lower cost.[47] Three years into the Plan, HTH has continued to transform these hotels and apartments into EH and PSH with comprehensive wraparound services including case management, behavioral health support, health care, employment support, and crisis intervention for residents experiencing chronic homelessness.

As the world moves beyond the acute phase of the COVID-19 pandemic, the ongoing issues of homelessness, housing affordability, and racial inequity continue to be central concerns for King County. In 2024, the King County Regional Homelessness Authority found that 16,385 individuals were experiencing homelessness, a 39 percent increase from the 2020 Annual Point in Time (PIT) count of 11,751 individuals.[48]

Furthermore, communities do not experience homelessness at the same rate. Black, Hispanic/Latin(a)(o)(x), American Indian, Alaska Native, or Indigenous, and Native Hawaiian or Pacific Islander individuals are overrepresented among those experiencing homelessness compared to King

[45] University of Washington and King County DCHS: Impact of Hotels as Non-Congregate Emergency Shelters. (2020). [https://kcrha.org/wp-content/uploads/2020/11/Impact-of-Hotels-as-ES-Study_Full-Report_Final-11302020.pdf.]

[46] RCW 82.14.530 as reflected in ESHB 1070 from 2021. [http://lawfilesext.leg.wa.gov/biennium/2021-22/Pdf/Bills/Session%20Laws/House/1070-S.SL.pdf?q=20210815073813]

[47] Initial Health Through Housing Implementation Plan, page 11. [https://mkcclegisearch.kingcounty.gov/View.ashx?M=F&ID=9959294&GUID=718EA25C-9032-448C-8C98-060B2C97B5E8]

[48] King County Regional Homelessness Authority. 2024 Point in Time Count. [https://kcrha.org/community-data/king-county-point-in-time-count/]

County's overall demographics.[49] Veterans are also an overrepresented group among those who received homelessness services countywide.[50]

Multiple systemic and societal factors influence the racial-ethnic disproportionality among people experiencing chronic homelessness. Redlining, rental housing discrimination, and other racially exclusive land use and housing practices have limited affordable housing opportunities for communities of color and increased their risk of homelessness.[51] Exposure to systemic racism, such as through the criminal legal system, the child welfare system, and lack of access to quality schools and health care can increase one's risk of becoming homeless.[52, 53] Recent studies indicate that intergenerational poverty and engagement with multiple systems, which disproportionately affect communities of color, impede families' ability to remain united and to successfully avoid or escape homelessness.[54] Together, these factors shape the landscape of homelessness in King County.

This growing rate of homelessness has occurred concurrently with a drastic increase in housing costs. Between 2016 and 2023, the median gross rent in King County increased from $1,418 to $2,043,

[49] King County Department of Community and Human Services, Performance Measurement and Evaluation Division. Integrating Data to Better Measure Homelessness. (December 2021). [https://kingcounty.gov/~/media/depts/community-human-services/department/documents/KC_DCHS_Cross_Systems_Homelessness_Analysis_Brief_12_16_2021_FINAL.ashx?la=en]

[50] King County Department of Community and Human Services, Performance Measurement and Evaluation Division. Integrating Data to Better Measure Homelessness. (December 2021). [https://kingcounty.gov/~/media/depts/community-human-services/department/documents/KC_DCHS_Cross_Systems_Homelessness_Analysis_Brief_12_16_2021_FINAL.ashx?la=en]

[51] King County Affordable Housing Committee. King County Countywide Planning Policies Housing Chapter Resources for Documenting the Local History of Racially Exclusive and Discriminatory Land Use and Housing Practices. (January 2024). [https://cdn.kingcounty.gov/-/media/king-county/depts/dchs/housing/affordable-housing-committee/ahccompplanreview/rdeluhp_resourcelist.pdf?rev=d1e7c0735892439487532f7eb35c6e9d&hash=7C570BD93F46FD91DB399D3AAE11BBC9]

[52] National Alliance to End Homelessness. Homelessness and Racial Disparities. (December 2023). [https://endhomelessness.org/homelessness-in-america/what-causes-homelessness/inequality/]

[53] Zelaya, E. *Why School Segregation Matters.* Urban Institute. (April 27, 2022). [https://housingmatters.urban.org/articles/why-school-segregation-matters#:~:text=School%20segregation's%20effects%20on%20spending%20and%20funding&text=Between%2Ddistrict%20segregation%20is%20associated,turn%2C%20influence%20students'%20opportunities.]

[54] Olivet, J., Wilkey, C., Richard, M., Dones, M., Tripp, J., Beit-Arie, M., Yampolskaya, S., & Cannon, R. Racial Inequity and Homelessness: Findings from the SPARC Study. The ANNALS of the American Academy of Political and Social Science, 693(1), 82-100. (2021). [https://journals.sagepub.com/doi/10.1177/0002716221991040]

marking a 44 percent increase.[55] This significant growth in housing costs has been partially driven by rapid population growth in the region. Between 2010 and 2023, the King County population increased 17 percent, increasing demand for housing and putting upward pressure on housing costs.[56, 57] Nearly half of households (46 percent) in King County are cost-burdened, meaning they pay more than 30 percent of their income in rent.[58] Most extremely low-income households, or those earning less than or equal to 30 percent area median income (AMI), are severely cost burdened in King County, meaning they pay more than 50 percent of their income in rent.[59] These households are at high risk of homelessness and often do not have safe, affordable options in the private housing market. HTH plays a critical role in meeting the housing needs of residents who are at or below 30 percent AMI, especially those who have intersecting disabilities.

Legislative History, Initiative Goals, and Annual Reporting Requirements

In 2020, King County implemented the HTH sales tax through the adoption of Ordinance 19179, codified as King County Code (KCC) Chapter 4A.503.[60, 61]After establishing the revenue for the initiative, King County adopted Ordinance 19236 in 2021, which detailed the implementation planning for the HTH initiative.[62] This ordinance established the initiative's paramount goal through 2028 of creating and maintaining the ongoing operations of 1,600 units of affordable, supportive housing for individuals experiencing or at risk of chronic homelessness.[63] HTH is mandated to enhance access to health care,

[55] U.S. Census Bureau, "American Community Survey 1-Year Estimates: Selected Housing Characteristics," 2016 and 2023. [https://data.census.gov/table/ACSDP1Y2016.DP04] and [https://data.census.gov/table/ACSDP1Y2023.DP04]

[56] U.S. Census Bureau, "American Community Survey 1-Year Estimates: ACS Demographics and Housing Estimates," 2010 and 2023. [https://data.census.gov/table/ACSDP1Y2010.DP05] and [https://data.census.gov/table/ACSDP1Y2023.DP05]

[57] Alexandrov, A. Place the Blame Where It Belongs: Lack of Housing Supply is Largely Responsible for High Home Prices and Rents. The Urban Institute. (January 2024). [https://www.urban.org/sites/default/files/2024-01/Place%20the%20Blame%20Where%20it%20Belongs.pdf]

[58] U.S. Census Bureau, "American Community Survey 1-Year Estimates: Selected Housing Characteristics," 2023. [https://data.census.gov/table/ACSDP1Y2023.DP04]

[59] U.S. Census Bureau, "American Community Survey 5-Year Estimates: Public Use Microdata Sample," 2017-2022 [https://www.census.gov/programs-surveys/acs/microdata/access.2022.html#list-tab-735824205]

[60] Ordinance 19179 [https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=4652676&GUID=8A31F2EE-23AF-4BA3-9306-CD87CD8B40A0&Options=&Search=&FullText=1]

[61] King County Code 4A.503 [https://aqua.kingcounty.gov/council/clerk/code/07_Title_4A.htm#_Toc54697848]

[62] Ordinance 19236 [https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=4652907&GUID=5E5E8D61-6B3B-46EC-937C-6FD39E8CB6F0&Options=&Search=&FullText=1]

[63] Ordinance 19236 [https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=4652907&GUID=5E5E8D61-6B3B-46EC-937C-6FD39E8CB6F0&Options=&Search=&FullText=1]

develop a mobile behavioral health intervention program, and address demographic disproportionality in homelessness.[64]

In 2021, King County adopted Ordinance 19366, which adopted the Initial Health Through Housing Implementation Plan, outlined the process to establish an advisory committee for HTH, and set forth annual reporting requirements.[65, 66] The plan outlines the processes for acquiring and operating supportive housing, engaging community stakeholders, and measuring the initiative's impact on chronic homelessness.[67] It also delineates the roles and responsibilities of the advisory committee, setting forth comprehensive annual reporting requirements to maintain transparency and accountability.[68]

As of December 2024, the HTH Advisory Committee consisted of 13 people, including representatives from local communities, non-profit organizations, health care providers, and housing experts.[69] The Committee's purpose is to provide oversight, guidance, and expertise to ensure the initiative's objectives are met effectively and equitably.[70] The HTH Advisory Committee is intended to serve as a bridge between HTH and the communities it serves, ensuring that the voices and needs of those most affected by housing instability are heard and addressed.[71] Appendix A of this report shows legislative and Plan language that sets out reporting elements and provides both the location of summary information in this report and tabs of the HTH dashboard that contain further information and opportunities to explore data.

HTH Progress in 2024 Expands on 2021-2023 HTH Activities

This annual report describes the HTH initiative's activities in 2024. Progress in 2024 built on HTH activities that took place between 2021 and 2023, during which significant progress was made to open buildings and house individuals formerly experiencing homelessness:

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[64] Ordinance 19236 [https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=4652907&GUID=5E5E8D61-6B3B-46EC-937C-6FD39E8CB6F0&Options=&Search=&FullText=1]
[65] Ordinance 19366. [https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=5121460&GUID=7DC46271-C6B3-4D90-B6DE-DEF37CD0A7D5&Options=Advanced&Search=&FullText=1]
[66] King County Code 2A.300.200. [https://kingcounty.gov/council/legislation/kc_code/33_Title_24.aspx]
[67] Ordinance 19366. [https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=5121460&GUID=7DC46271-C6B3-4D90-B6DE-DEF37CD0A7D5&Options=Advanced&Search=&FullText=1]
[68] Ordinance 19366. [https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=5121460&GUID=7DC46271-C6B3-4D90-B6DE-DEF37CD0A7D5&Options=Advanced&Search=&FullText=1]
[69] King County Department of Community and Human Services. (n.d.) Health Through Housing Advisory Committee. [https://kingcounty.gov/en/legacy/depts/community-human-services/initiatives/health-through-housing/advisory-committee]
[70] Ordinance 19366. [https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=5121460&GUID=7DC46271-C6B3-4D90-B6DE-DEF37CD0A7D5&Options=Advanced&Search=&FullText=1]
[71] Ordinance 19366. [https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=5121460&GUID=7DC46271-C6B3-4D90-B6DE-DEF37CD0A7D5&Options=Advanced&Search=&FullText=1]

- Acquired a total of 11 buildings across Seattle, Renton, Redmond, Auburn, Kirkland, and Federal Way;
- Established service contracts to fund the operations of 477 additional operations-only units across five buildings in Seattle and Burien;[72]
- Navigated the design, permitting, and rehabilitation processes to prepare five County-owned buildings for operations, and
- Moved residents into nine HTH sites and continued to expand comprehensive services at the sites.[73]

Report Requirements

This annual report summarizes the activities of the HTH initiative through the end of 2024 and fulfills the reporting requirements in KCC 2A.300.200.A. Specifically, this document includes summaries of the accomplishments and effectiveness of the expenditure of HTH sales tax proceeds in 2024 as well as financial information including, but not limited to, the allocation of proceeds by jurisdiction.[74]
This report also summarizes the significant additional annual data reporting provided by HTH's 2024 online dashboard, as called for by the Health Through Housing Implementation Plan as adopted by Ordinance 19366.[75, 76, 77] Finally, this report provides information about the Health Through Housing Advisory Committee and confirms that the Committee has certified that the online dashboard is current and updated with 2024 data and ready for review, as directed by the Plan.[78, 79]

A. Performance Overview: Accomplishments and Effectiveness in 2024

The HTH initiative transformed an emergency response strategy to the COVID-19 pandemic into an innovative, long-term effort to significantly address the region's homelessness crisis. By acquiring and repurposing hotels and apartments throughout the County and providing vital operations funding to

[72] As described in the Plan, the term operations-only refers to buildings that have been permanently added to the HTH portfolio via service contracts. Nonprofit organizations retain ownership of operations-only buildings whereas HTH funds operations and services costs associated with those buildings.
[73] This includes the Bob G., which was closed in June 2023 due to unsafe building conditions .
[74] KCC 2A.300.200.A. [https://aqua.kingcounty.gov/council/clerk/code/05_Title_2A.htm#_Toc473536140]
[75] Ordinance 19366. [https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=5121460&GUID=7DC46271-C6B3-4D90-B6DE-DEF37CD0A7D5&Options=Advanced&Search=]
[76] Initial Health Through Housing Implementation Plan. [https://mkcclegisearch.kingcounty.gov/View.ashx?M=F&ID=9959294&GUID=718EA25C-9032-448C-8C98-060B2C97B5E8]
[77] Health Through Housing Dashboard. [https://www.kingcounty.gov/hthdashboard]
[78] Initial Health Through Housing Implementation Plan. [https://mkcclegisearch.kingcounty.gov/View.ashx?M=F&ID=9959294&GUID=718EA25C-9032-448C-8C98-060B2C97B5E8]
[79] Health Through Housing Dashboard. [https://www.kingcounty.gov/hthdashboard]

providers, HTH has increased housing capacity for residents who are experiencing or at risk of chronic homelessness. In 2024, HTH ended the year with 1,434 housing units secured, and a total of 954 units open across 11 sites, reflecting its commitment to expand the availability of supportive housing across the region in collaboration with host jurisdictions, neighboring communities, and community-based supportive housing operators.[80]

2024 Highlights

HTH's 2024 activities reflect a continued focus on rehabilitating and opening buildings, bringing people inside, and connecting residents with health care and other supports. HTH opened three sites to residents in 2024 (Sacred Medicine House, Bloomside, and Haven Heights in Honor of Bruce Thomas). It also worked through the pre-occupancy process to design, permit, and conduct major construction work at three additional properties in Federal Way, Capitol Hill, and Kirkland that are planned to open in 2025. In 2024, HTH also invested in an additional 84 operations-only units at Sweetgrass Flats in the Central District of Seattle, which are also planned to open in 2025. In addition to its progress rehabilitating buildings and opening buildings, the HTH initiative significantly expanded the scope of services provided at its open sites, including the expansion of Mobile Response Teams, King County Metro transportation services, and DCHS' Employment Resource Program (ERP) to all open sites.

2024 highlights include:

- HTH made significant progress securing new sites, gathering permits, procuring contractors, and renovating and opening new emergency housing (EH) and Permanent Supportive Housing units (PSH). At the end of 2024, 954 homes were open across 11 sites (compared to 724 homes across eight sites at the end of 2023). Addiitionally, HTH was poised to open another four sites by the end of 2025.
- HTH expanded the scope of services provided and people served at its 11 open sites, serving a total of 1,281 people in 2024 (compared to 911 people served in 2023).
- HTH made progress addressing racial and ethnic disproportionality among the homeless population, including by increasing the American Indian, Alaska Native, and Indigenous proportion of HTH residents by 60 percent.
- HTH provided increased capacity building and technical assistance to its housing operators by offering six in-depth trainings and individualized technical assistance, and launching a new Community of Practice.
- HTH achieved positive health outcomes. For example, after one year, HTH residents' total number of days in inpatient hospital care decreased by 33 percent, and their total number of emergency department visits dropped by 17 percent.

[80] HTH considers a unit opened when it becomes ready for resident occupancy. HTH opens a unit after completing renovations and contracting with a service provider who ensures the facility can function as intended, providing safe and supportive housing.

- HTH achieved positive housing stability outcomes among its PSH residents, with 95 percent of PSH residents maintaining their housing or moving to another permanent housing destination.
- HTH achieved continued success housing individuals with ties to the city in which their HTH building is located, with 97 percent of HTH residents reporting existing ties to the communities where they reside.
- HTH sites maintained high occupancy rates in 2024, with the majority of buildings ending the year with an occupancy rate above 90 percent.

The following subsections describe the initiative's 2024 activities in depth and provide performance data at the program and population level.

Number of Secured and Open Housing Units by Year-End 2024

HTH has made significant progress securing, developing, and opening new EH and PSH units. HTH ended 2024 with 1,434 secured housing units, reflecting the HTH initiative's continued progress towards reaching the goal of securing 1,600 units.

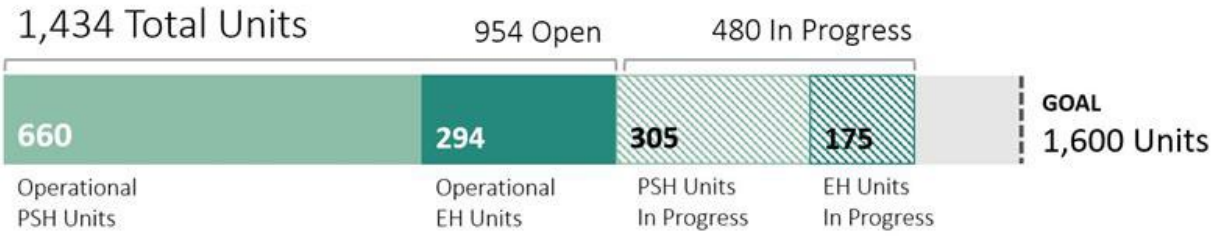
In 2024, HTH opened 230 units for occupancy across three buildings, including 120 at Sacred Medicine House, 95 at Bloomside, and 15 at Haven Heights in Honor of Bruce Thomas. These three building openings bring the total number of open units in the HTH portfolio to 954.

In 2024, HTH also invested in an additional 84 operations-only units at Sweetgrass Flats in the Central District of Seattle, which are planned to open in 2025. HTH contracted with Chief Seattle Club, a Native-led housing and human services agency, to operate this building. As shown in Figure 2, this site brings the total number of HTH housing units secured since inception to 1,434.[81]

In 2024, HTH also made significant progress navigating the design, permitting, and rehabilitation process at three acquired sites, which are planned to open in 2025. These three sites include 32 units in Seattle, 103 units in Kirkland, and 86 sites in Federal Way. Once these three buildings open in 2025, HTH will have opened 15 of its 17 secured sites.

[81] HTH added a net total of 76 units in 2024. This total net increase accounts for the following: the addition of 84 operations-only units at Sweetgrass Flats, six units being removed from HTH's housing unit count at Kirkland, and two units being removed from HTH's housing unit count at the Sharyn Grayson House. The Kirkland site underwent an architectural design update following consultation with Plymouth which reduced the units of housing from 109 to 103. Of the 34 residential units at the Sharyn Grayson House, two have been allocated for operator use, leaving 32 units available for housing residents.

Figure 2: Cumulative Number of HTH Housing Units, 2024[82]



Even as the HTH initiative proceeds far more quickly than other emergency and supportive housing development, it has faced challenges securing and opening 1,600 units. Work has progressed more slowly than initially projected due to extensive permitting, construction, and community engagement timelines, funding constraints, and building conditions. For example, across HTH sites, navigating jurisdictional approval has extended the time necessary to open HTH buildings. DCHS has found that, on average, HTH needs six months to compile all the documentation required for a permit application and typically receives notification of permit approval more than five months after that. Permitting timelines can also vary significantly, as one jurisdiction's building permit approval came 13 months after application. These local governmental processes significantly impact the speed with which HTH can open buildings.

Further, since 2021, the revenue generated by the one tenth of a cent of sales tax has not grown as quickly as the costs of operating and maintaining HTH buildings. For instance, the costs of maintenance work conducted by FMD staff has increased 5.5 percent each year. To help manage rising costs associated with inflation, HTH embedded an annual five percent increase into service and operation contracts. However, HTH tax revenue is not increasing at the same pace. Since 2021, tax revenue generated by the sales tax has grown by an average of only 4.5 percent each year.

King County has also faced challenges related to the condition of purchased buildings, including at the Bob G. building. This site, originally named the Inn at Queen Anne, was a critical component of King County's response to the COVID-19 pandemic, having been originally leased as part of shelter deintensification efforts. The HTH initiative purchased this 80-unit building in May 2021. After acquisition, building deficiencies were identified that had not been evident in the original property condition report.[83, 84] Given the condition of the building, the Executive has analyzed multiple options

[82] The measure for tracking progress towards HTH's 1,600 unit paramount goal is the cumulative number of *housing units*, which refers specifically to units that will be used for residential purposes. Thus, this figure shows only housing units. By contrast, the 2022 annual report showed the total universe of units obtained irrespective of use (e.g. administrative space, community rooms), and or municipal limits on occupancy.
[83] Falkin Associates. Property Condition Assessment. (May 13, 2021).
[84] Rolluda Architects. King County FMD, Inn at Queen Anne Building Assessment. (February 22, 2022).

for construction and building use to determine the most cost-effective path forward. As of the drafting of this report, the Executive is still determining the best course of action.

Additionally, King County has faced challenges opening the Argyle, a 10-unit building located in downtown Seattle. The building requires additional renovation before it can be operated as PSH.[85] Because of the building's small size, it has also been challenging to identify an operator who can cost effectively provide 24/7 services to such a small number of residents. In addition, Sound Transit is now considering building new light rail stations along 4th Avenue, where the Argyle is located.[86] Given this recent development, DCHS is weighing all options for the site and will closely monitor the community engagement on changes along this corridor.

In response to these challenges, the HTH initiative has been working to expand operations-only buildings and, as funding allows, intends to continue expanding the HTH portfolio by funding operations-only units moving forward, rather than making future building acquisitions. As described in the HTH Implementation Plan, the term operations-only refers to operator-owned buildings that have been permanently added to the HTH portfolio via service contracts, without HTH capital investment.[87] Nonprofit organizations retain ownership of these operations-only HTH buildings while HTH funds operations and services costs associated with those buildings. HTH has funded operations-only units as part of its portfolio since 2022. Operations-only units enable HTH to continue growing the portfolio cost-effectively and expediently, while reducing King County's overall financial exposure as the acquisition and construction are not paid for with HTH funds. Pursuing this strategy will ensure that the HTH initiative is able to better provide long term, dependable financial support for the full operations of all HTH units, consistent with the HTH Implementation Plan. In 2025 and beyond, DCHS plans to use this strategy for continued expansion of HTH's portfolio as the HTH initiative closes in on its paramount goal of opening 1,600 homes.

As HTH funds more funding operations-only units, it will help to meet the need for operations funding among PSH developers in King County. Currently, many of the PSH buildings in which King County is invested through the Housing Finance Program have capital source, but do not have sufficient or ongoing funding for operations. This is partly due to a decrease in operations funding generated through document recording fees, which have declined in recent years as real estate transactions have slowed, as providers' operations costs have continued to increase.[88]

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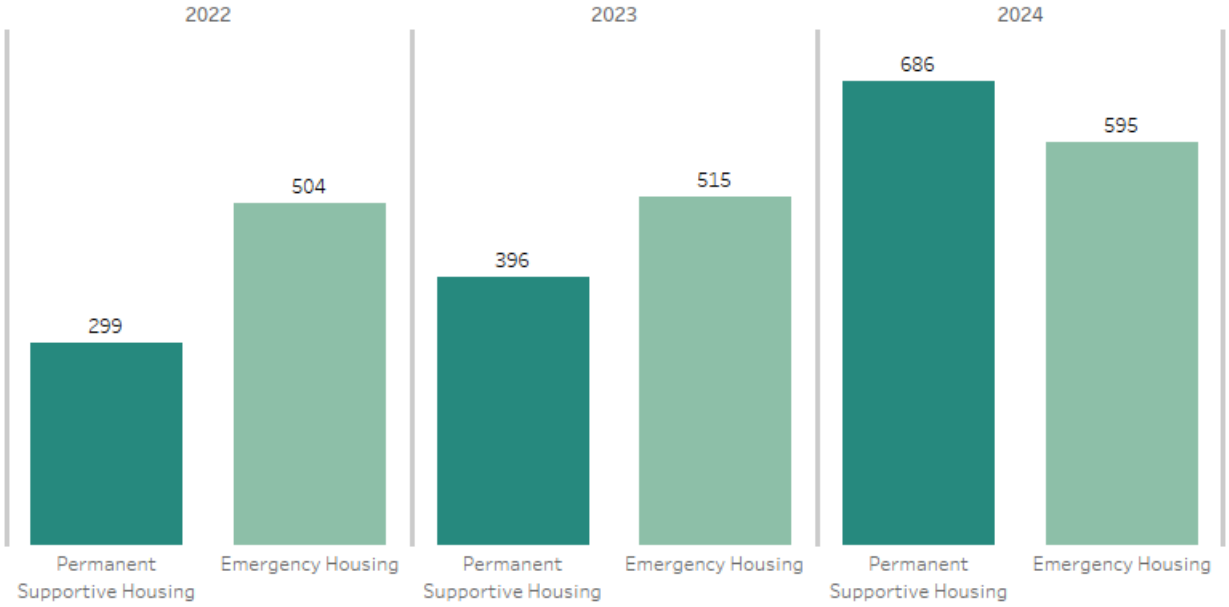
[85] For example, before opening for operations, a front lobby would need to be added for 24/7 staffing.
[86] Sound Transit. Ballard Link Extension Scoping Summary Report. (February 2025). [https://www.soundtransit.org/sites/default/files/documents/BLE-NEPA-Scoping-Summary-Report-02132025.pdf]
[87] Initial Health Through Housing Implementation Plan. [https://mkcclegisearch.kingcounty.gov/View.ashx?M=F&ID=9959294&GUID=718EA25C-9032-448C-8C98-060B2C97B5E8]
[88] Susan Shain. Washington Projects $250M Funding Shortall for Homeless Services. Northwest Public Broadcasting. (October 30, 2024). [https://www.nwpb.org/2024/10/30/washington-projects-250m-funding-shortfall-for-homeless-services/]

Number of People Housed in Health Through Housing Sites

In 2024, HTH permanently or temporarily housed a total of 1,281 people. As of December 31, 2024, HTH operated seven sites as PSH and four as Emergency Housing (EH). In 2024, HTH's PSH sites housed a total of 686 residents and HTH's EH sites housed a total of 595 individuals, as shown in Figure 3. This represents a net increase of 370 residents in 2024 as compared to 2023. This increase is due to residents continuing to move into Salmonberry Lofts in Honor of Peter Joe, Don's Place, and Burbridge Place, as well as the opening of Sacred Medicine House, Bloomside, and Haven Heights in Honor of Bruce Thomas. [89]

[89] Burbridge Place's residents moved in from December 2023 through April 2024. Salmonberry Lofts in Honor of Peter Joe opened in January of 2023, but major plumbing needs resulted in the temporary relocation of some residents in February 2023. Salmonberry Lofts in Honor of Peter Joe opened up again for full lease up in December 2023, and continued moving residents in during the first few months of 2024. Don's Place used a phased move in approach, where 11 residents moved into the building during December 2022 while building rehabilitation took place, and then the final 70 residents moved in during January and February 2024.

Figure 3: People Housed in HTH Emergency Housing or Permanent Supportive Housing, 2022-2024[90]



Source: Seattle-King County Homeless Management Information System (HMIS) Data as of 3/1/2025.

Because HTH residents sometimes move throughout the year, the number of people who are housed at any one point in time is lower than the total number of people housed in HTH buildings throughout the entire year. Accordingly, on December 31, 2024 the HTH initiative was housing 897 people, compared to 574 residents on December 31, 2023.

To open a site as PSH, a developer must obtain special use permits, ensure compliance with local zoning laws, and often undertake significant renovations to meet the long-term living standards required for PSH. This process can take two to five years. Generally, city building codes require EH sites to meet basic health and safety standards without the extensive renovations often required for PSH, allowing EH sites to open faster. In alignment with the Implementation Plan, HTH often opens newly acquired sites as EH in order to immediately provide housing to chronically homeless King County residents. The Implementation Plan aspires to have 50 percent of the units that enter the portfolio as EH be converted to PSH by 2028. HTH is currently on track to meet this goal through the conversion of EH units to PSH at Haven Heights in Honor of Bruce Thomas, The Gateway in Honor of Tenaya Wright, and its Kirkland site,

[90] In prior annual reports, the counts of People Housed in Health Through Housing (HTH) EH and PSH represented the total number of unique individuals served within each housing type, regardless of movement between them. This resulted in a small number of individuals being counted in both EH and PSH if they transitioned between programs. Beginning this year, individuals who moved from EH into PSH are counted only in PSH, so that the EH and PSH counts sum to the total number of distinct individuals housed by HTH. This change results in slightly lower counts for earlier housing types when compared across years.

as shown in Figure 4. In 2024, HTH worked to procure general contractors that will complete the renovations needed to open Haven Heights in Honor of Bruce Thomas and the Kirkland site as PSH. HTH also submitted permit applications to convert the Gateway into PSH. Coordination with the City of Seattle regarding the Gateway is in progress.

Figure 4: Progress Towards 50 Percent Conversion Goal

Total Units Secured as EH	572
Goal: 50% of units → PSH	286

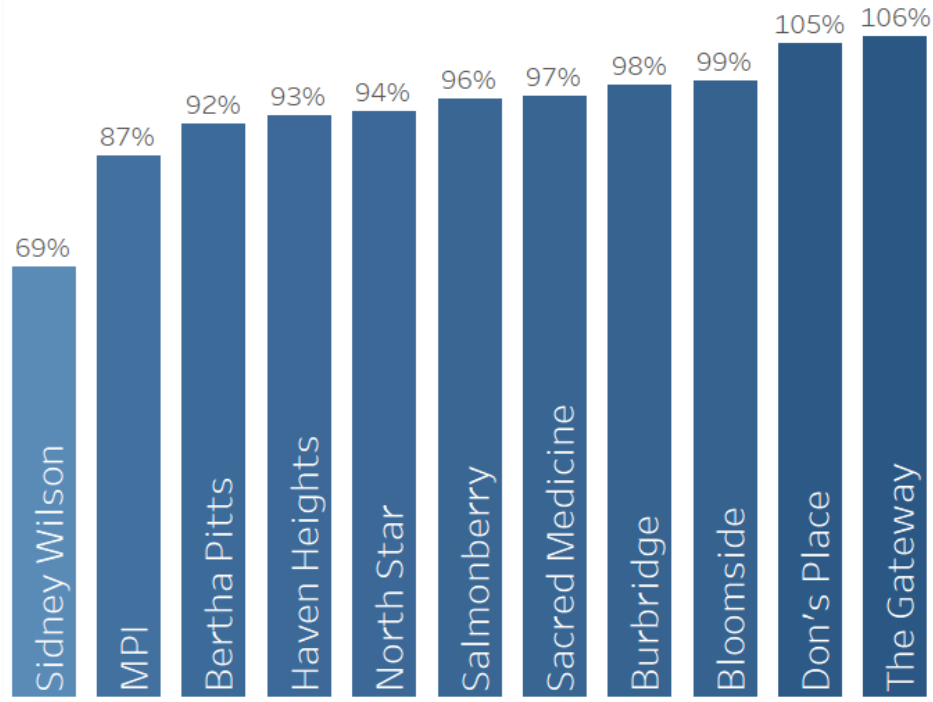
Buildings to be Converted	**Units**
The Gateway in Honor of Tenaya Wright	113
Haven Heights in Honor of Bruce Thomas	100
Kirkland site	103
Total	316

Percent of Housing Units that Are Occupied

Across the portfolio, HTH sites maintained high occupancy rates in 2024, with the majority of buildings ending the year with an occupancy rate above 90 percent. As of December 31, 2024, The Gateway in Honor of Tenaya Wright achieved the highest occupancy rate (106 percent), with 120 residents living in 113 housing units, as shown in Figure 5.[91] Don's Place had the second highest occupancy rate (105 percent), followed by Bloomside (99 percent), Burbridge Place (98 percent), Sacred Medicine House (97 percent), Salmonberry Lofts in Honor of Peter Joe (96 percent), The North Star (94 percent), Haven Heights in Honor of Bruce Thomas (93 percent), Bertha Pitts Campbell Place (92 percent), and Mary Pilgrim Inn (87 percent). Sidney Wilson House ended the year with the lowest occupancy rate (69 percent) as a result of a fire event that resulted in 13 units being taken offline for extensive repairs. King County procured a general contractor in early 2025 that is working to repair these units.

[91] There are several reasons why HTH buildings have occupancy rates above 100 percent. Occupancy is calculated by dividing the number of residents housed by the number of units available for occupancy, which means the occupancy rate will be above 100 percent if multiple residents are living in one room. HTH sites place multiple residents in a single room for a few reasons: HTH provides housing for couples who live together, and, in some sites, residents at high risk of overdosing are given roommates to reduce the risk of overdose.

Figure 5: Occupancy of HTH Buildings as of December 31, 2024



Source: Seattle-King County Homeless Management Information System (HMIS) Data as of 3/1/2025.
Notes: The occupancy rate for Haven Heights in Honor of Bruce Thomas is calculated based on the number of units that are currently available for occupancy (which is 15). Haven Heights in Honor of Bruce Thomas is using a phased move in approach, where 15 residents moved in during 2024 while building rehabilitation took place. Once this rehabilitation work is complete, the building will have 100 housing units.

Percent of HTH Residents who Maintain Housing in HTH or Exit to Permanent Housing

In 2024, the HTH initiative achieved positive housing stability outcomes among its PSH residents, with 95 percent of PSH residents maintaining permanent housing. This represents a slight increase from 2023, during which 91 percent of PSH residents maintained permanent housing.

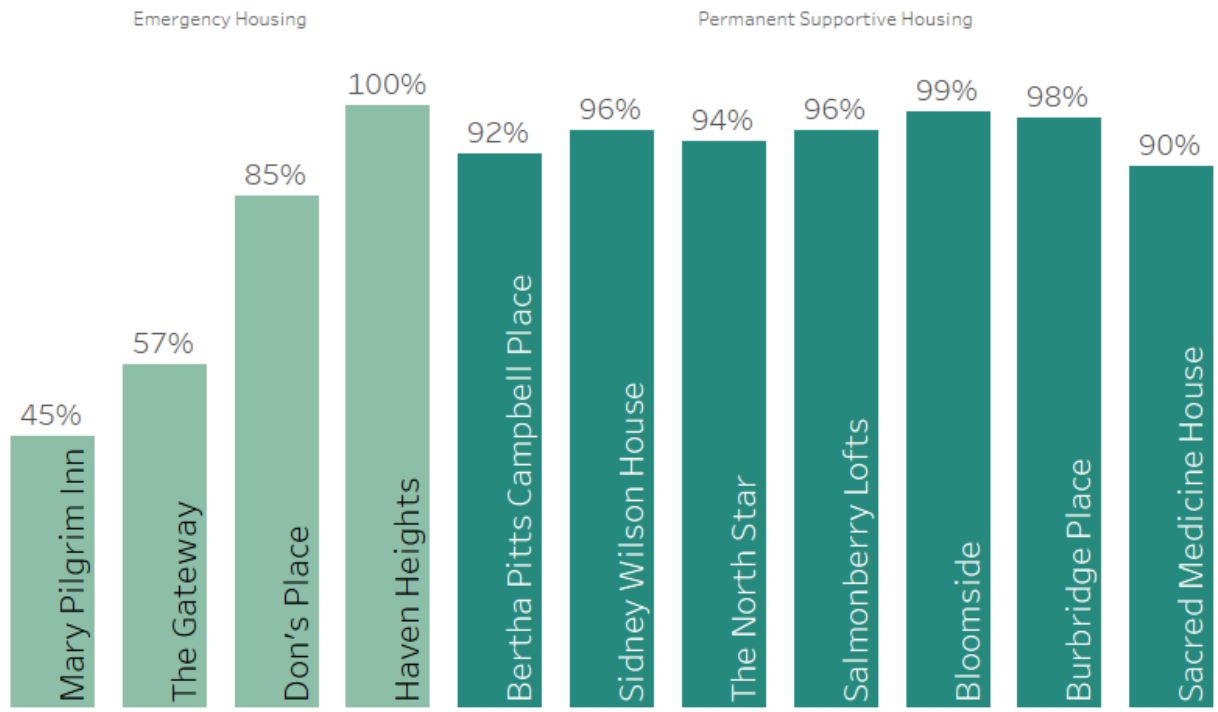
Over the last year, HTH's PSH sites continued to perform stronger than EH sites in helping people maintain their housing or move to stable housing elsewhere. While 95 percent of HTH residents in PSH buildings maintained permanent housing, 58 percent of HTH EH residents maintained their housing or moved to another permanent housing destination in 2024. The percent of residents in EH buildings who maintain their housing or moved to another permanent destination has stayed relatively stable since 2023 (57 percent).

Permanent Supportive Housing
In 2024, residents maintained their housing at similar rates across HTH's PSH buildings, as shown in Figure 6. Bloomside maintained the highest rate of housing stability in 2024 with 99 percent of their

residents maintaining housing, followed by Burbridge Place (98 percent), Salmonberry Lofts in Honor of Peter Joe (96 percent), Sidney Wilson House (96 percent), The North Star (94 percent), and Bertha Pitts Campbell Place (92 percent), and Sacred Medicine House (90 percent).

For all buildings that have operated for at least two years, the rate of residents who maintained their housing was lower in the second year the building was open as compared to the first year. (Because most buildings open midway through the year, the first calendar year's data reflects a much shorter period of time.) For PSH sites that have operated for three years, the rate of residents who maintained their housing increased slightly relative to 2023 (Bertha Pitts Campbell Place, Sidney Wilson House, and the North Star). HTH's 95 percent overall rate of maintaining PSH housing or moving on to other permanent destinations is slightly higher than the regional PSH housing stability average of 94 percent.[92]

Figure 6: Percent of Residents who Maintained HTH Housing or Exited to Other Permanent Housing, 2024



Emergency Housing

In 2024, HTH's four EH sites continued to serve as a critical bridge for individuals in transition from homelessness, with 58 percent of EH residents maintaining their housing or moving to other permanent

[92] King County Regional Homelessness Authority (KCRHA) System Performance Dashboard, Homeless Management Information System (HMIS) data as of 12/2/2024. [https://kcrha.org/community-data/system-performance/]

destinations. HTH operators work to engage residents in case management and other services to support their health and wellbeing, and promote housing stability. However, not all residents choose to stay in EH buildings. Among the remaining EH residents, 23 percent moved to shelters and other homeless situations. For another nine percent, HTH does not have data on where the resident went after exiting the site.[93] For the remaining residents, eight percent moved on to institutional situations, and three percent moved on to temporary housing. An additional 15 individuals passed away while enrolled with HTH. As shown in Figure 6, in its first year of operation, Haven Heights in Honor of Bruce Thomas had the highest rate of housing stability in 2024 among EH sites, with 100 percent of residents staying in their HTH unit or exiting to permanent housing.[94] At Don's Place, the rate of residents who maintained their housing or exited to permanent housing increased from 69 percent in 2023 to 85 percent in 2024, a level of stability similar to HTH's PSH buildings.

The rate of residents who maintained their housing or exited to permanent housing at The Gateway in Honor of Tenaya Wright and Mary Pilgrim Inn stayed relatively stable compared to 2023 and remained lower than rates at HTH PSH buildings. At The Gateway in Honor of Tenaya Wright, 57 percent of residents maintained their housing or moved to permanent destinations, compared to 59 percent in 2023. At Mary Pilgrim Inn, 45 percent of residents maintained their housing or moved to permanent housing, compared to 49 percent in 2024. The lower rates of housing stability at The Gateway in Honor of Tenaya Wright and Mary Pilgrim Inn, compared to other HTH EH sites, may be a product of the extreme vulnerability of those housed at these two sites. DESC uses a Vulnerability Assessment Tool to select residents that prioritizes housing for the most vulnerable residents of our community.[95]

While the HTH initiative seeks to help all residents maintain their housing long-term, the 58 percent overall rate of maintaining HTH EH housing or moving on to other permanent destinations is generally on par with regional EH housing stability averages.[96] Across King County in 2024, 67 percent of residents of other, non-HTH enhanced non-congregate and hotel shelters maintained their housing or exited to permanent destinations. While it is expected for HTH EH buildings to have lower housing stability outcomes than PSH buildings, DCHS will continue to work with DESC to assess these trends and to explore further adaptations to support residents effectively.

Number of People Moved from Chronic Homelessness to Permanent Housing

HTH PSH and EH residents sometimes move to other permanent housing destinations. In EH buildings, HTH operators regularly look for openings in PSH buildings (including HTH PSH buildings) that EH

[93] Seattle-King County Homeless Management Information System (HMIS) Data as of 3/1/2025. The absence of data for some residents may reflect the resident opting not to report or data not being collected at exit, among other reasons.
[94] The high housing stability rate at Haven Heights in Honor of Bruce Thomas is partly due to building's small cohort. Only 15 residents currently live in the building, which has been open since June 2024.
[95] DESC. Vulnerability Assessment Tool. [https://www.desc.org/what-we-do/vulnerability-assessment-tool/].
[96] Seattle-King County Homeless Management Information System (HMIS) Data as of 3/1/2025.

residents can move into permanently. In PSH buildings, residents may decide to move to other permanent destinations that better align with their personal preferences and needs, such as being closer to family. Accordingly, the total number of people that move from chronic homelessness to permanent housing with the help of the HTH initiative is higher than the total number of HTH PSH units open at any point in time. As shown in Figure 7, throughout 2024, 701 individuals were permanently housed in HTH PSH units or moved on to permanent housing elsewhere with the help of HTH resources. Of those 701 individuals, 658 were chronically homeless.[97]

Figure 7: Number of People Moved from Chronic Homelessness to Permanent Housing, 2024

Source: Seattle-King County Homeless Management Information System (HMIS) Data as of 3/1/2025.

[97] 43 residents were at risk of chronic homelessness prior to HTH's intervention, as defined by KCC 4A.503.

Notes on Figure 7: KCC 24.30.010.B defines "at risk of chronic homelessness" as a household that: (1) includes an adult with a developmental, physical or behavioral health disability; (2) is currently experiencing homelessness for only 10 to 12 months in the previous three years, or has experienced homelessness for a cumulative total of 12 months within the last five years; and (3) includes one adult that has been incarcerated within the previous five years in a jail or prison, includes one adult that has been detained or involuntarily committed under chapter 71.05 RCW, or identifies as a member of a population that is demographically overrepresented among persons experiencing homelessness in King County.[98]

Average Length of Stay

Overall, HTH residents sustained stable, long-term housing in 2024 as shown in Figure 8. Because the various HTH buildings that were operational in 2024 became available to residents at different times, length of stay statistics vary dramatically. Unsurprisingly, HTH sites that have opened recently have shorter lengths of stay on average than sites that have been established for longer periods of time.

Among all HTH sites, Sidney Wilson House in Renton averaged the longest length of stay, with residents staying in the building for an average of 941 days, followed by Bertha Pitts Campbell Place (709 days), The North Star (682 days). HTH EH sites experienced shorter lengths of stay, with residents staying at The Gateway in Honor of Tenaya Wright for an average of 310 days, followed by 165 days at Mary Pilgrim Inn. HTH sites that moved residents in during 2024 also experienced shorter lengths of stay, as would be expected. Residents stayed at Salmonberry Lofts in Honor of Peter Joe for an average of 491 days, followed by Burbridge Place (289 days), and Don's Place (249 days). [99] The HTH sites that opened in 2024 showed the shortest lengths of stay, with residents staying at Sacred Medicine House for 187 days, followed by Bloomside (159 days) and Haven Heights in Honor of Bruce Thomas (122 days).

Overall, the average length of stay at HTH's EH sites (The Gateway in Honor of Tenaya Wright, Mary Pilgrim Inn, Don's Place, and Haven Heights in Honor of Bruce Thomas) is 212 days of continuous residence. This is longer than the average amount of time single adults stay in emergency shelters in King County (147 days in 2024).[100] This demonstrates that HTH EH sites provide immediate relief from unsheltered homelessness in a manner that offers a greater level of resident stability and support services than can be found in the traditional congregate shelter model.[101]

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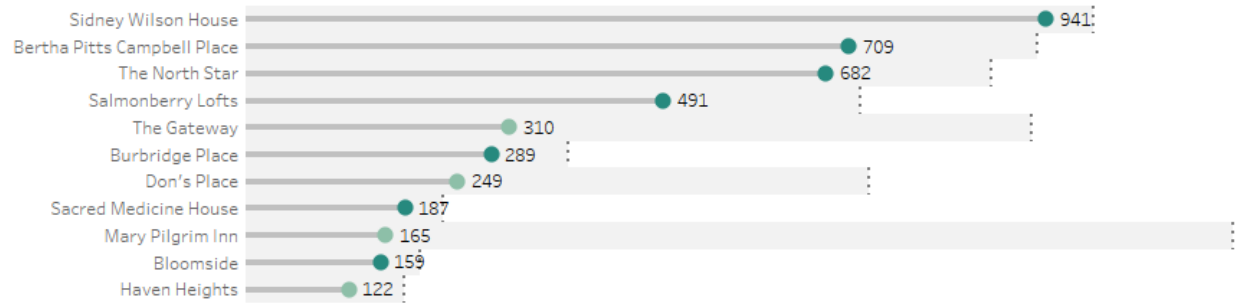
[98] Initial Health Through Housing Implementation Plan. [https://mkcclegisearch.kingcounty.gov/View.ashx?M=F&ID=9959294&GUID=718EA25C-9032-448C-8C98-060B2C97B5E8]

[99] Burbridge Place's first residents moved in in December 2023. Salmonberry Lofts in Honor of Peter Joe opened in January of 2023, but major plumbing needs resulted in the relocation of some residents to hotel rooms in February of 2023. Salmonberry Lofts in Honor of Peter Joe opened for full lease up in December of 2023. Don's Place used a phased move in approach, where 11 residents moved in to the building during December 2022 while building rehabilitation took place, and then the final 70 residents moved in during January and February of 2024.

[100] KCHRA System Performance Dashboard. [https://kcrha.org/community-data/system-performance/]

[101] Colburn, G., Fyall, R., McHugh, C., Moraras, P., Ewing, V., Thompson, S., Dean, T., & Argodale, S. Hotels as Noncongregate Emergency Shelters: An Analysis of Investments in Hotels as Emergency Shelter in King County, Washington During the COVID-19 Pandemic. Housing Policy Debate. 2022; 32(6): 853–875. [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10586465/]

Figure 8: Average Length of Stay for HTH Sites, 2024



Source: Seattle-King County Homeless Management Information System (HMIS) Data as of 3/1/2025.

HTH Residents' Health Challenges

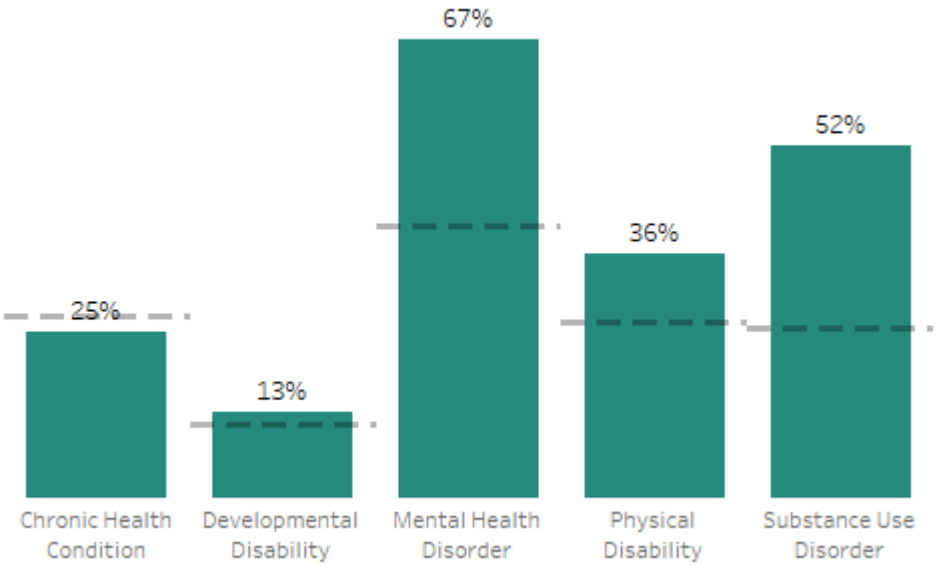
People experiencing homelessness die on average 12 years sooner than the general U.S. population.[102] Research shows that homelessness both causes and exacerbates illness and chronic mental and physical health conditions in people experiencing homelessness.[103] Their lack of housing creates barriers to accessing health care and following health care directives, such as adhering to mental health and prescription medication routines.[104] Because homelessness is linked to physical and mental health conditions, HTH services are designed to support residents with a wide range of health challenges. As one client stated, "Before getting to [the Gateway], I used to think that I'd die on the streets, but [the Gateway] gave me a second chance in life."

In 2024, HTH residents reported the following health challenges at move-in: mental health disorder (67 percent), substance use disorder (52 percent), physical disability (36 percent), chronic health condition (25 percent), and developmental disability (13 percent), as shown in Figure 9. Further, 60 percent of residents reported multiple health conditions. HTH residents generally report more health conditions at move-in than other chronically homeless adults tracked in Homeless Management Information System (HMIS). For instance, 27 percent more HTH residents report a mental health condition compared to the chronically homeless population; 10 percent more report physical disabilities, and 27 percent more report substance use disorders.[105]

[102] National Health Care for the Homeless Council. Homelessness and Health: What's the Connection? (February 2019). [https://nhchc.org/wp-content/uploads/2019/08/homelessness-and-health.pdf]
[103] National Health Care for The Homeless Council. Homelessness & Health: What's the Connection? (February 2019). [https://nhchc.org/wp-content/uploads/2019/08/homelessness-and-health.pdf]
[104] National Health Care for the Homeless Council. Homelessness and Health: What's the Connection? (February 2019). [https://nhchc.org/wp-content/uploads/2019/08/homelessness-and-health.pdf]
[105] Seattle-King County Homeless Management Information System (HMIS) Data as of 3/1/2025.

Since 2022, the health challenges residents reported at move-in have fluctuated slightly year by year. For instance, in 2024, four percent more residents reported that they had a mental health disorder, and eight percent more residents reported a development disability compared to 2022. On the other hand, one percent fewer residents reported a substance use disorder at move in; 13 percent fewer residents reported a physical disability, and seven percent fewer reported a chronic health condition compared to 2022. These changes may reflect normal year-to-year fluctuations in data based on which residents moved into HTH sites in each year.

Figure 9: Percent of HTH Residents Reporting Health Conditions at Move-in, 2024, dotted line represents conditions reported by all adults experiencing homelessness in HMIS



Source: Seattle-King County Homeless Management Information System (HMIS) Data as of 3/1/2025.

Health and Wellbeing Supports

HTH sites are operated by knowledgeable staff who are experts in evidence-based, Housing First practices and are equipped to offer high-quality, wraparound support to their residents.[106] Every HTH site is staffed 24/7 with individuals trained to respond to crises. All HTH residents are assigned a case manager at move-in who helps them develop individualized treatment plans based on their specific needs and preferences. HTH site staff meet regularly to plan and review services for program participants and develop strategies for supporting residents who are not meeting their goals.

[106] Housing First in Permanent Supportive Housing. [https://files.hudexchange.info/resources/documents/Housing-First-Permanent-Supportive-Housing-Brief.pdf]

In 2024, HTH expanded the scope of services provided at its 11 open sites, ensuring all residents had access to services targeting a broad range of life areas, including health and wellness, employment, food, transportation, and crisis services. Specifically, DCHS facilitated the expansion of HTH's Mobile Response Teams, King County Metro transportation services, and DCHS' Employment Resource Program (ERP) to all open HTH sites. HTH operators also continued to establish additional community partnerships to deliver targeted services to meet their residents' specific needs.

Behavioral Health Services

In 2024, HTH continued to expand the Mobile Response Team (MRT) managed by DESC to new sites. The MRT helps address the behavioral health needs of residents by delivering individual and group peer support services, crisis response and de-escalation, case management, and navigation to behavioral health services. Figure 10 shows the total number of clients served by location in 2024. In 2024, the MRT expanded to serve all 11 open sites, an increase from six sites at the end of 2023. The MRT served 166 HTH clients in total, including by resolving 149 crises and conducting 54 peer support groups at HTH sites. The MRT also connected 18 HTH residents to other services, including long term case management, mental health care, medical care, substance use treatment, and/or peer support services. The MRT is a critical service for residents requiring low barrier and immediate behavioral health support. Staff at Salmonberry Lofts in Honor of Peter Joe noted that the support MRT provides is "amazing" and is critical to helping residents that need enhanced support.[107] The MRT's multidisciplinary team is intended to provide 24/7 coverage, though workforce conditions did not allow the team to operate overnight in 2024.[108]

Figure 10: Number of Health Through Housing (HTH) Clients Receiving Mobile Response Team (MRT) Services by Geographic Area[109]

Jurisdiction	Zip Code	# Clients Served
Auburn	98001	3
Burien	98166	6
Renton	98057	12
Seattle	98103	23
	98104	8
	98122	16
	98125	22
	98133	79

[107] Interview with HTH site staff. December 20, 2024.

[108] DESC is currently evaluating its MRT staffing model to address recruitment needs for the night shift.

[109] All the indivdiuals served by MRT in 2024 were in single-person households, so the number of indivdiuals served is equal to the number of households served.

Notes on Figure 10: Due to some residents moving between sites, the total number of clients served by zip code adds up to more than the total distinct clients served across the entire HTH MRT portfolio.

HTH operators have continued to establish community partnerships with organizations that provide ongoing mental health services and substance use treatment on site. For instance, in 2024:

- Burbridge Place partnered with DESC's outpatient behavioral health service, SAGE (Support, Advocacy, Growth, and Employment), to bring a behavioral health case manager on site 30 hours a week to support residents' recovery. The North Star continued its partnership with SAGE to offer on-site behavioral health case management 40 hours a week.[110]
- Burbridge Place, The North Star, and Bloomside all have staff from DESC's Substance Use Disorder Program on site at least one day a week.[111]
- Sacred Medicine House hired a psychologist to provide on-site mental health services to residents, including one-on-one therapy and peer support groups. Sacred Medicine House and Salmonberry Lofts in Honor of Peter Joe both host a Traditional Health and Wellness Team that works individually and in group settings to engage residents in trauma-informed healing and wellness modalities that are centered in ancestral Indigenous knowledge.[112]
- Catholic Community Services' Counseling, Recovery and Wellness Program (CReW) offered mental health and SUD counseling on site at Sidney Wilson House and Bertha Pitts Campbell Place.[113]
- Mary Pilgrim Inn continued to partner with Harborview medical staff, who are on site at least 40 hours a week, to prescribe psychiatric medications to residents.[114]

Case managers at all HTH sites work diligently to connect residents to a wide range of low-barrier, community-based behavioral health services that supplement services offered on site. For instance, many HTH operators connect residents to Program of Assertive Community Treatment (PACT), a Medicaid-funded program run by DESC. DESC's PACT team consists of a psychiatrist, nurse, mental health counselors, substance use disorder professionals, case managers, vocational specialists, and peer specialists who work together to help PACT participants reach their goals. PACT services are mobile and frequently offered in the community where the help is needed. Many HTH operators also connect residents to Evergreen Treatment Services, which runs several clinics that offer medication-assisted treatment for adults with opioid disorders, and a mobile REACH team made up of case managers, social workers, chemical dependency specialists, and nurses. Several sites connect residents to We Care Daily Clinics, a mobile opioid treatment provider based in Auburn and Seattle. HTH residents in behavioral health crisis can also be connected to Connections Kirkland, a County-funded crisis care center that is

[110] SAGE is funded by Medicaid.
[111] DESC's Substance Use Program is paid for by a combination of Medicaid and Jumpstart.
[112] The health and wellness services provided by Chief Seattle Club is partially paid for by private donations.
[113] CReW services are paid for by Medicaid.
[114] The services provided by Harborview medical staff at Mary Pilgrim Inn are funded by the Harborview Medical Center.

open 24/7 to provide walk-in behavioral health urgent care as well as more intensive crisis services when needed.[115]

HTH residents continue to have access to behavioral health services provided by Public Health – Seattle & King County's Health Care for the Homeless Network, as well as the network of community behavioral health providers administered by the King County DCHS Behavioral Health and Recovery Division (BHRD) that are available through Medicaid, state funding, and MIDD behavioral health sales tax funds.

Overdose Prevention Services

In 2024, HTH providers continued to face challenges with the proliferation of fentanyl, which the human services sector is encountering broadly.[116] In response, all HTH sites have staff trained to administer opioid antagonists, such as naloxone, which can reverse an overdose from opioids. HTH also facilitated a partnership with Public Health – Seattle & King County to support HTH operators in overdose prevention and response. For example, HTH operators participated in a new Community of Practice focused on overdose prevention, launched by Seattle & King County Public Health. This Community of Practice met 10 times and discussed topics such as health centered substance use policies, staff and resident training, data and assessment, harm reduction supplies, access to medications for opioid use disorder, and overdose recovery. Four HTH operators, Lavender Rights Project, Catholic Community Services, Chief Seattle Club, and DESC received training and technical assistance from Public Health – Seattle & King County in 2024. Staff from Public Health – Seattle & King County's Overdose and Prevention Response team conducted a visit to the Sharyn Grayson House and offered guidance to Lavender Rights Project on practices, policies, and procedures that could be used to prevent overdoses when the building opens in 2025.

Physical Health Services

In addition to behavioral health care, HTH operators continue to connect residents to a range of low-barrier physical health services that are located both on site and in the community. The configuration of health services offered at HTH sites varies by location and is designed to the meet the specific needs of that building's residents as determined by its operator. This subsection describes the unique health care supports provided at various HTH sites:

- Sidney Wilson House: Sidney Wilson House has a nurse from HealthPoint on site on a weekly basis for 10 hours.[117] This nurse offers general primary care consultation, wound care, overdose prevention, and over the counter pain remedies. In addition, the nurse performs vital care coordination services such as making referrals to the appropriate level of care including

[115] Crisis Care Centers Initiative. King County. [https://kingcounty.gov/en/dept/dchs/human-social-services/community-funded-initiatives/crisis-care-centers-levy]

[116] King County Department of Community and Human Services. New Actions to Stop the Surge of Fentanyl Overdoses and Expand Behavioral Health Treatment in King County. (March 6, 2024). [https://dchsblog.com/2024/03/06/]

[117] The nursing services provided at Sidney Wilson House are funded by a HealthPoint grant.

hospitals, inpatient clinics, or specialized care, and connecting residents to other health supportive services that are tailored to the individual's needs.

- Don's Place: In 2024, Don's Place continued to partner with HealthPoint to offer both nursing and physician care through its new on-site medical exam room.[118] One day a week, medical staff provide a wide array of health services including wound care, foot care, primary care consults, and referrals to specialized medical services.

- Mary Pilgrim Inn and The Gateway in Honor of Tenaya Wright: Residents at the Mary Pilgrim Inn and The Gateway in Honor of Tenaya Wright benefit from an innovative on-site partnership with Harborview Medical Center's Adult Medicine Clinic. In 2024, Harborview continued medical clinic operations based at the Mary Pilgrim Inn and provided site visits and remote consults for residents at The Gateway in Honor of Tenaya Wright. Harborview medical staff based at Mary Pilgrim Inn include a physician, nurse, and nurse practitioner.[119] This partnership supports chronic disease management, particularly diabetes management, and supports monitoring of medically fragile residents. Further, DESC employs a nurse that is on site at both The Gateway in Honor of Tenaya Wright and Mary Pilgrim Inn approximately 15 hours a week.[120] Residents also receive on-site medication management services.

- Salmonberry Lofts in Honor of Peter Joe and Sacred Medicine House: In 2024, Seattle Indian Health Board and Chief Seattle Club continued offering on-site nursing services at Salmonberry Lofts in Honor of Peter Joe, and launched on-site services at Sacred Medicine House.[121] Nurse care includes medication management, wound care, wellness checkups, consultation and referrals to nearby Seattle Indian Health Board health centers. The Seattle Indian Health Board runs nearby community health centers that provide medical, dental, behavioral health, and substance use services to its patients, while specializing in the care of Native people. Residents at Sacred Medicine House also have access to the Care and Connect Mobile Health dental van, which is on site on a weekly basis.

- The North Star, Burbridge Place, and Bloomside: Residents at Burbridge Place, The North Star, and Bloomside all receive on-site medication management services. These sites also have a team of clinical support specialists who aid residents in accessing community-based health resources and coordinate with other members of the resident's care team. For instance, some residents are connected to HOST (Homeless Outreach Stabilization and Transition), a multi-

[118] The health services offered at Don's Place are funded by a HealthPoint grant.
[119] The services provided by Harborview medical staff at Mary Pilgrim Inn are funded by the Harborview Medical Center.
[120] The DESC nursing services are funded by HTH.
[121] The nursing services at Salmonberry Lofts in Honor of Peter Joe and Sacred Medicine House is funded through the Public Health – Seattle & King County Healthcare for the Homeless Network.

disciplinary team of health, substance use disorder, and medical professionals that offer coordinated case management on site. Bloomside specialists also connect residents to low-barrier, community-based health centers that are designed to serve low-income individuals, including Hobson Clinic (run by Harborview in partnership with DESC), Sea Mar, and Navos. Burbridge Place connects residents to the Aurora Commons Walk Up Clinic, which is run in partnership with Harborview and available to anyone living or working on Aurora Avenue.

Metrics for Physical and Behavioral Health Care Access

In 2024, HTH continued to actively connect residents to health care services across its sites. Many HTH buildings have on-site medical rooms that nurses and physicians use to deliver highly accessible care to HTH residents. HTH operators also help residents enroll in health insurance and get connected to low-barrier community-based organizations that deliver care in the community. In interviews, residents emphasize how critical these services are, with one resident stating, "It's great I can access medical care on site. It is immensely important and super beneficial. The clinic, the nurses, the doctors--they are super people."

Overall, these efforts may have contributed to an increase in the number of HTH residents accessing physical and behavioral health. In 2024:

- 46 percent of residents received physical health care from Health Care for the Homeless Network (HCHN), Public Health – Seattle & King County facilities, and other health care providers who bill to Medicaid.[122]
- 54 percent of residents accessed behavioral health care services provided through King County's publicly funded behavioral health service system, Health Care for the Homeless Network, Public Health – Seattle & King County facilities, and other health care providers who bill to Medicaid.[123,124]
- 93 percent of residents have health insurance, mostly through Medicaid.[125]

[122] Health Through Housing Dashboard, *Health Supports* tab. [https://www.kingcounty.gov/hthdashboard]
[123] Health Through Housing Dashboard, *Health Supports* tab. [https://www.kingcounty.gov/hthdashboard]
[124] In the 2022 report, interactions with the behavioral health system, such as authorizations for care during a resident's stay in HTH, were documented using the PHP96 behavioral health system database that DCHS administers. In 2023, the methodology was updated to include authorizations that began before a resident's stay and continued into it. Additionally, new programs introduced in 2023 were included. In this 2024 report, the methodology has again been updated to include both authorizations for care documented in the PHP96 behavioral health system database and authorizations for care documented in the Medicaid claims database. Accordingly, while more residents accessed health care in 2024 compared to 2023, much of this increase may be due to the additional health care data source added in 2024. This data improvement gives the HTH initiative to a more holistic view of residents' health care access.
[125] Some onsite physical health care services, such as those provided by HealthPoint, are paid for with grant funds secured by the health care provider. Accordingly, a resident may not need to have insurance to access health care services.

HTH operator staff report that the increased housing stability HTH provides to residents contributes to this increase in resident access to health care. The longer a resident lives in a building, the more likely they will have consistent engagement with providers of physical and behavioral health care.

New DCHS analysis of Medicaid claims data and emergency department admission data suggests that the increased access to physical and behavioral health care that HTH facilitates is leading to a decrease in the use of emergency health care services. Specifically, one year after move in, the total number emergency department visits by HTH residents decreased by 17 percent, and this improvement was sustained in residents' second year with HTH. After one year, the total number of inpatient hospital stays by HTH residents decreased by 22 percent, and the total number of days HTH residents spent in inpatient hospital care dropped by 33 percent. After two years, the total number of inpatient hospital stays by HTH residents was 37 percent lower in total, with a 22 percent reduction in the total number of days HTH residents spent in inpatient hospital care. [126] This is in line with research demonstrating that the housing first model helps shift care from institutions and crisis-related services to more appropriate planned visits and regular follow-up with community-based services.[127]

The data in this subsection only reflects the health care data available to the HTH initiative. As a result, it does not include health care that HTH residents access from the U.S. Department of Veterans Affairs, charity care, private insurance, or out-of-pocket payment, some of which is offered on site through HTH programs. HTH will continue to monitor health outcomes and access and will update its dashboard and other reporting to reflect additional data on care access as it becomes available. Additionally, DCHS will be working with an external evaluation partner in 2025 and 2026 to better understand residents' health and wellbeing, and is planning to release a final report by the end of 2026.

Other Supportive Services at HTH Sites in 2024

Mobility Supports: In 2024, DCHS facilitated the expansion of King County Metro transportation services to all 11 HTH sites, up from five sites at the end of 2023. King County Metro provides a suite of mobility and transportation programs that improve residents' access to essential services. Services available across the HTH initiative included:

- distributing fully subsidized, unlimited regional transit passes via the ORCA Passport program;
- providing on-site Community Transportation Navigators with lived experience of homelessness;
- access to the Essential Trip Assistance Program funded by King County Metro, which covers taxi rides to essential appointments, and
- providing a wheelchair accessible van to each HTH site.

[126] These outcomes are assessed for HTH residents who have consented to sharing their identifying information in HMIS. They are calculated for all such residents of HTH, including those who have exited, regardless of how long they remained enrolled in the program.

[127] Paula Goering, Scott Veldhuizen, Aimee Watson, Carol Adair, Brianna Kopp, Eric Latimer, Geoff Nelson, Eric MacNaughton, David Streiner and Tim Aubry. National At Home/Chez Soi Final Report. Mental Health Commission of Canada. (2014). [https://www.mentalhealthcommission.ca/resource/national-at-home-chez-soi-final-report/]

The transportation services provided by King County Metro greatly improved residents' access to essential services. In 2024, HTH residents took 144,538 transit trips across six transit agencies. Community Transportation Navigators were on site at all HTH locations for an average of four hours a week to help residents identify what transit routes they could use to reach their destinations. HTH operators were also able to use the Essential Trip Assistance Program and their on-site wheelchair accessible van to get residents to essential appointments when other transportation options were not viable. HTH operators reported using their vans to take residents to medical appointments, job interviews, government agencies, food banks, and grocery stores. Staff at Mary Pilgrim Inn emphasized how challenging it can be for HTH residents to get to appointments on time and explained that the Metro van was a "huge factor" in helping people successfully access medical services.[128]

In 2024, King County Metro also collaborated with the University of Washington's Taskar Center for Accessible Technology to assess the accessibility of HTH sites by mapping the walking and rolling routes (and barriers along those routes) between HTH sites, nearby transit stops, and other destinations. In addition to data collection, Taskar hosted a series of four workshops at four HTH sites to engage residents and gather qualitative feedback on existing barriers, perceptions, and challenges related to the built environment around their housing sites. In the near-term, this project will provide HTH residents and staff with individualized site maps that highlight public transportation and other essential resources within a half mile of the site. In the long-term, the project will help King County Metro identify accessibility-focused sidewalk upgrades and other investments that can improve residents' access to essential resources.

Culturally Responsive Food: DCHS has continued working with the Emergency Feeding Program to provide healthy and culturally responsive food distribution services at five HTH sites, primarily focusing on EH sites due to their lack of kitchenettes. The food boxes include dry and canned goods, fresh produce, and meats. Close coordination with staff at each site addresses dietary restrictions, culturally specific food preferences, and delivery timing to meet residents' needs. This initiative-wide service supplements the meal provision that each operator provides through their own partnerships with organizations like Fare Start, Piacardo Farms, and Northwest Harvest.

Employment Resource Program: In 2024, DCHS facilitated the expansion of DCHS' Employment Resource Program (ERP) to all 11 HTH sites, up from six sites in 2023. ERP offers weekly drop-in services on site to support HTH residents in their professional skill development. ERP services include support:

- Enrolling in educational programs, including trade schools and GED programs;
- Finding internships and opportunities for on-the-job training;
- Finding part-time, full-time, or seasonal employment, and
- Identifying volunteer opportunities at community-based organizations.

[128] Interview with HTH site staff. December 5, 2024.

In 2024, 71 participants enrolled in the ERP across 11 HTH sites. Upon entering the program, participants chose service areas to access: [129]

- 52 chose to pursue employment and entrepreneurship training,
- 10 chose to pursue educational development, and
- Two chose to pursue social and life skills development.

Additionally, DCHS will be working with an external evaluation partner in 2025 and 2026 to better understand overall changes in residents' income and employment.

Demographic Data and Progress toward Reducing Disproportionality

Consistent with Ordinance 19179, HTH is dedicated to enhancing equity in housing access, addressing the root causes of chronic homelessness, and housing historically marginalized communities that are more likely to experience chronic homelessness.[130] Accordingly, HTH's primary supporting goal is to annually reduce the racial-ethnic disproportionately among persons experiencing chronic homelessness.[131]

Compared to their share of the general King County population, American Indian/Alaska Native/Indigenous, Black/African American/African, Native Hawaiian/Pacific Islander, and people who report being of multiple races including Hispanic/Latina/e/o communities are each overrepresented among those experiencing chronic homelessness, as shown in Figure 11.[132]

HTH has made progress addressing racial and ethnic disproportionality among the homeless population, especially among the American Indian, Alaska Native, or Indigenous community (AIAN). Figure 11 shows that as of December 2024, 16 percent of HTH residents identified as AIAN, compared to five percent of the chronically homeless population. Since 2022, the percentage of HTH residents from AIAN communities has increased from three percent to 16 percent. This is largely due to the opening of two buildings run by Chief Seattle Club, a Native-led housing and human services agency specializing in the needs of American Indian and Alaska Native people.

[129] HTH residents can choose to pursue multiple service areas.
[130] Ordinance 19179. [https://mkcclegisearch.kingcounty.gov/Legislation.aspx]
[131] Initial Health Through Housing Implementation Plan. [https://mkcclegisearch.kingcounty.gov/View.ashx?M=F&ID=9959294&GUID=718EA25C-9032-448C-8C98-060B2C97B5E8]
[132] King County HMIS Data as of 3/1/2025. Washington State Office of Financial Management Population Interim Estimates (PIE), July 2024. For more discussion of disproportionality in chronic homelessness, including a disproportionality index that provides another way to understand the issue, see the *Understanding Disproportionality* tab of the HTH Dashboard. [https://www.kingcounty.gov/hthdashboard]

In 2024, the HTH initiative also continued serving a stable number of Black, African American, or African (BAAA) residents.[133, 134, 135] While the percentage of BAAA residents decreased slightly from 25 percent in 2023 to 21 percent in 2024, the total number of BAAA residents stayed stable.[136, 137, 138] The percentage decrease in BAAA residents housed is simply a result of the relative increase in the number of AIAN residents housed. Further, DCHS expects the number of BAAA residents HTH houses to increase in 2025 when buildings specialized in serving this population open: one operated by the Urban League of Metropolitan Seattle, which is the second-oldest civil rights organization in the state of Washington and is focused on empowering Black and other historically underserved people, and one operated by Lavender Rights Project, which is led by Black trans and non-binary individuals and is focused on supporting the Black intersex and gender diverse community.

In 2024, the HTH initiative also continued serving a stable number of Asian or Asian Americans. Again, while the percentage of Asian or Asian American residents decreased slightly from three percent in 2023 to two percent in 2024, the number of Asian or Asian American residents served remained relatively stable.[139, 140, 141] Further, the Asian or Asian American makeup of the HTH population remains proportionate to their makeup of King County's chronically homeless population (two percent).

[133] Seattle-King County HMIS Data as of 3/1/2025.
[134] Washington State Office of Financial Management Population Interim Estimates (PIE), July 2024.
[135] 2022 Health Through Housing Annual Report. [https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=6262252&GUID=12B235F6-F229-411C-9293-B498A6821F87&Options=&Search=]
[136] Seattle-King County HMIS Data as of 3/1/2025.
[137] Washington State Office of Financial Management Population Interim Estimates (PIE), July 2024.
[138] 2022 Health Through Housing Annual Report. [https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=6262252&GUID=12B235F6-F229-411C-9293-B498A6821F87&Options=&Search=]
[139] Seattle-King County HMIS Data as of 3/1/2025.
[140] Washington State Office of Financial Management Population Interim Estimates (PIE), July 2024.
[141] 2022 Health Through Housing Annual Report. [https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=6262252&GUID=12B235F6-F229-411C-9293-B498A6821F87&Options=&Search=]

Figure 11: Race/Ethnicity of HTH Residents Compared to Chronically Homeless Population and Overall Population in King County, 2024

Race/Ethnicity	Percent of Race/Ethnicity of HTH Residents	Percent of Race/ Ethnicity of People in King County Experiencing Chronic Homelessness	Percent of Race/Ethnicity of Total King County Population
American Indian, Alaska Native, or Indigenous	16%	5%	<1%
Asian or Asian American	2%	2%	21%
Black, African American, or African	21%	24%	7%
Hispanic/Latina/e/o	3%	3%	8%
Multiracial	11%	15%	10%
Native Hawaiian or Pacific Islander	2%	2%	1%
Unknown/Unreported	4%	2%	N/A
White	41%	46%	52%

Sources: Seattle-King County HMIS Data as of 3/1/2025. Washington State Office of Financial Management Population Interim Estimates (PIE), July 2024

In 2024, HTH also continued to work towards reducing the racial and ethnic disparities in homelessness through strategic partnerships and intentional community engagement. Over the last year, HTH partnered with Chief Seattle Club to provide services to AIAN individuals at Salmonberry Lofts in Honor of Peter Joe and Sacred Medicine House.

By collaborating with organizations like these, HTH ensures culturally appropriate services are accessible to historically marginalized communities. For instance, at both Salmonberry Lofts in Honor of Peter Joe and Sacred Medicine House, Chief Seattle Club offers residents a range of services rooted in Indigenous culture, which include:

- On-site traditional healing and medicine services;
- Wellbriety meetings, a culturally based program that supports recovery from alcohol, substance abuse, and intergenerational trauma;
- Weekly drum circles;
- Community events centered on creating tribal necklaces, beads, bracelets, and dreamcatchers, and
- Building art and design elements inspired by Native motifs.

Expanding Partnerships and Provider Supports

In 2024, HTH expanded its partnerships with experienced housing organizations who will operate new HTH buildings opening in 2025. The initiative also facilitated partnerships to respond to emerging challenges and offered new training opportunities to existing HTH housing operators.

Developing New Partnerships
In 2024, HTH announced its partnership with Plymouth Housing to open and operate the Kirkland site. Plymouth Housing was selected through a competitive procurement process that sought a provider capable of offering comprehensive property management and on-site support services for the Kirkland HTH site, which is owned by King County.

DCHS also allowed housing providers to apply for HTH operations funding through the King County Housing Finance Program (HFP) Request for Proposals (RFP). Through the 2024 RFP, DCHS awarded a new operations-only award to Chief Seattle Club for their Sweetgrass Flats project. Consistent with KCC 24.10.010.A, DCHS notified the Council in December 2024 that HTH funds were being allocated to Sweetgrass Flats.[142] The project is located in Seattle's Central District and will offer 84 units when it opens in 2025. As noted above, funding operations-only units enables HTH to continue expanding the portfolio in a cost effective and expedient manner. This strategy will ensure that HTH can continue supporting the full operations of all HTH units as required by the Plan. Additionally, dispensing HTH operations funding through the RFP allowed DCHS to provide operations funding to PSH projects receiving capital funds from the HFP.

In 2024, HTH partnered with DCHS' Behavioral Health and Recovery Division in a successful proposal for a Trueblood diversion grant (Phase V) to support enhanced services for Trueblood class members to retain them in supportive housing and prevent additional entanglement in the criminal legal system.[143, 144, 145] These funds are expected to provide for additional supports for HTH residents who are Trueblood class members, and will be integrated with HTH service contracts in 2025.

Training and Capacity Building for HTH Providers
In 2024, HTH significantly increased the capacity building and technical assistance provided to its housing operators, in partnership with the Corporation for Supportive Housing. Over the last year, HTH offered in-depth trainings to operators, provided individualized technical support, and launched a new community of practice to facilitate peer to peer learning between organizations.

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[142] KCC 24.10.010.A. [https://aqua.kingcounty.gov/council/clerk/code/33_Title_24.htm]
[143] *Trueblood vs. Department of Social and Health Services (DSHS*) was a class action lawsuit that challenged delays in competency evaluation and restoration services for people whose competency to stand trial was questioned by a criminal court. The lawsuit generated millions of dollars in contempt fines collected for failure to comply with the court's orders for timeliness. The United States District Court, Western District of Washington State, ordered that a portion of the fines be used to fund programs for class members, which resulted in multiple Trueblood Diversion Programs across the state. Washington State Health Care Authority. Trueblood Diversion Program. (2025).
[144] King County Department of Community and Human Services. New Funding Opportunity: $17.8M for Short-term Housing and Housing Resource Navigation for Trueblood Class Members. (March 21, 2025). [https://dchsblog.com/2025/03/21/]
[145] AB v DSHS (Trueblood): Reforming Washington's Foresnsic Mental Health System. [https://disabilityrightswa.org/cases/trueblood/#Diversion]

- HTH contracted with the Corporation for Supportive Housing to provide a six-part training series for HTH operators. The trainings covered topics such as Supportive Housing 101, Supportive Housing Quality Standards, Housing First & Harm Reduction, and Trauma-Informed Approaches. Overall, 95 percent of respondents agreed or strongly agreed that the trainings were useful and relevant to their job.
- HTH contracted with the Corporation for Supportive Housing to provide individual technical assistance (TA) to HTH operators. TA meetings addressed housing first principles, landlord/tenant law, policies and procedures, physical and behavioral health care services, and de-escalation techniques.
- With support from the Corporation for Supportive Housing, DCHS launched a community of practice that will offer peer to peer learning opportunities between organizations. A particular asset of the community of practice is the diversity of culturally specific and supportive housing expertise among operators. The community of practice is helping to build relationships between HTH organizations that enhance their ability to provide welcoming, affirming, and culturally responsive services.

Responding to Emerging Challenges

In 2024, HTH providers continued to faced challenges with inflation and the cost of sufficiently compensating staff to ensure retention, which is also impacting the human services sector more broadly.[146] Rising costs associated with inflation have continued to drive increased operational expenses, particularly for utility costs, property maintenance, and employee wages. To mitigate the impact of inflation for operators, consistent with the Implementation Plan, HTH embedded an annual five percent increase into service/operation contracts to help manage rising costs associated with inflation..

More broadly, DCHS has also taken steps to understand and address underinvestment in the nonprofit workforce impacts and its impact on programs, services, and the overall human services sector. DCHS conducted a Nonprofit Wage and Benefits Survey in 2023 that connected chronic underinvestment in the nonprofit workforce and turnover, showing that 71 percent of nonprofit workers are considering leaving their position because of pay.[147] King County's efforts in this area enable DCHS and HTH to be well-informed on the financial challenges faced by operators. The findings from this survey reinforce the importance of the HTH initiative's commitment to provide comprehensive and stable operations funding to HTH providers.

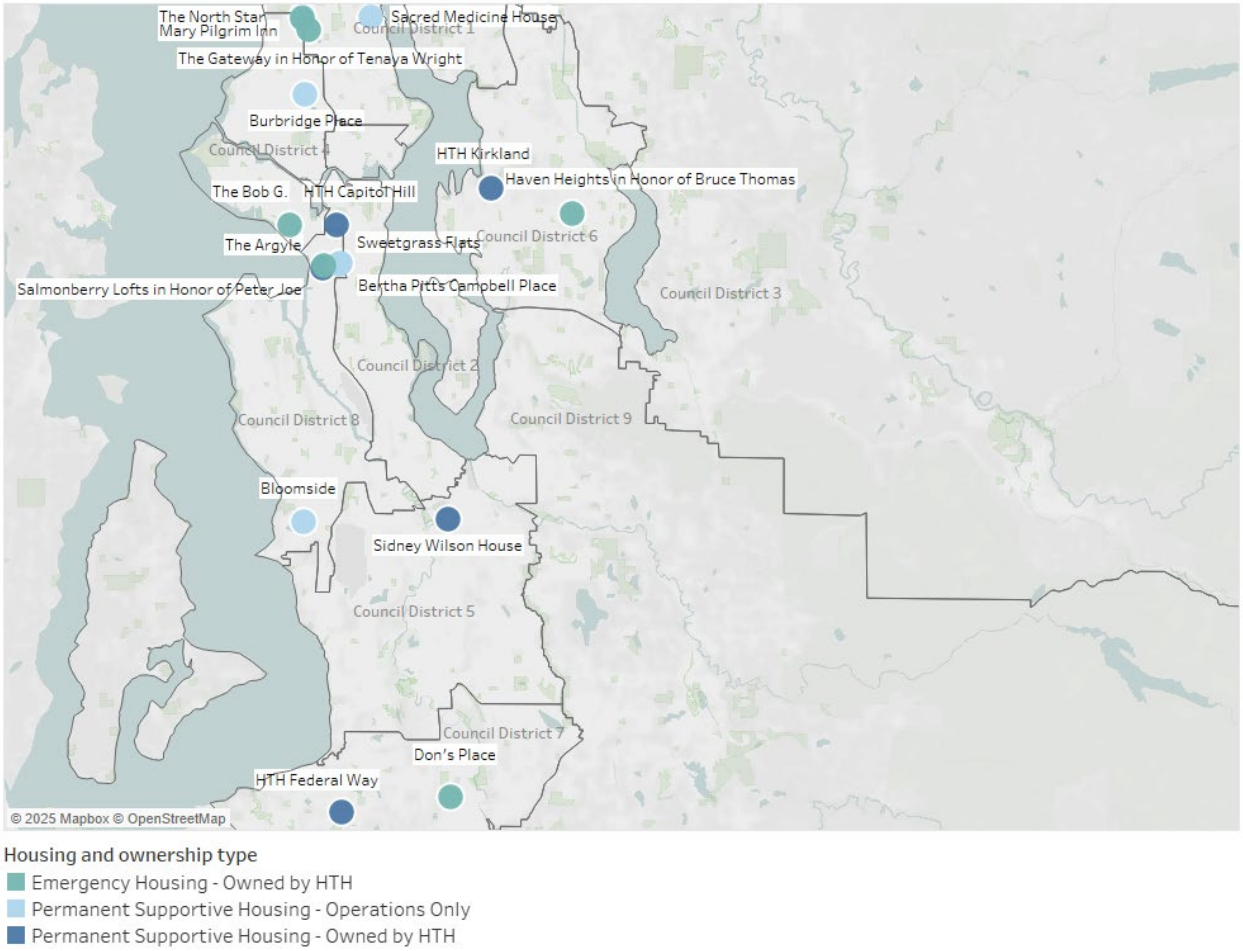
[146] Wage Equity Study Team. Wage Equity for Non-Profit Human Services Workers: A study of work and pay in Seattle and King County. University of Washington School of Social Work. (February 2023). [https://socialwork.uw.edu/wp-content/uploads/WageEquityStudy_Summary_0_0.pdf]

[147] King County Department of Community and Human Services. King County DCHS Addresses Inflation and Provider Wages. (September 2024). [https://dchsblog.com/2024/09/16/]

B. Site Locations and Other Geographic Information

HTH includes a total of 17 sites as of the end of 2024, including 11 acquired buildings and six operations-only buildings, in seven cities and in seven of the nine County Council districts, as shown in Figure 12. A detailed description of each site within the HTH portfolio can be found in *Appendix B: HTH Investments (Acquisitions and Operations-only Partnerships), Cumulative to Year End 2024* and the Location Map tab of the HTH dashboard.[148]

Figure 12: Map of HTH Site Locations, 2024



[148] HTH Dashboard, *Location Map* tab. [https://www.kingcounty.gov/hthdashboard]

Additional Information on Open HTH Buildings

As summarized in the Performance Overview subsection of this report, the HTH initiative opened 230 additional units in 2024. Figure 13 provides details on the buildings where these units opened, including address, initial housing type, and number of units, as well as photos of each property. HTH considers a unit opened when it becomes ready for resident occupancy. HTH opens a unit after completing renovations and contracting with a service provider who ensures the facility can function as intended, providing safe and supportive housing.

Figure 13: HTH Units Opened, 2024

1 | **Sacred Medicine House,** 14315 Lake City Way NE, Seattle WA 98125
Property Details
Service Provider: Chief Seattle Club Initial Housing Type: Permanent Supportive Housing Total HTH Units: 120
Building Photos


2 | Bloomside, 801 SW 150th St., Burien, 98166

Property Details

Service Provider: DESC
Initial Housing Type: Permanent Supportive Housing
Total HTH Units: 95

Building Photos

3 | **Haven Heights in Honor of Bruce Thomas,** 2122 152nd Ave. NE, Redmond, 98052
Property Details
Service Provider: The Salvation Army Initial Housing Type: Emergency Housing Total HTH Units: 100 (15 opened in 2024)
Building Photos


Additional Information on Operations-Only Units Added to the HTH Portfolio in 2024

As summarized in the Performance Overview subsection of this report, the HTH initiative added 84 units to its portfolio in 2024 by contracting for additional operations-only units at Sweetgrass Flats in Seattle, slated to open in 2025. Operations-only units are new units in non-County owned buildings for which HTH provides ongoing services and operations costs.

Figure 14 provides details on Sweetgrass Flats including address, initial housing type, number of units, as well as photos of the property.

Figure 14: HTH Units Secured, 2024

3 | **Sweetgrass Flats,** 157 12th Ave., Seattle, 98122
Property Details
Service Provider: Chief Seattle Club Initial Housing Type: Permanent Supportive Housing Total HTH Units: 84
Building Photos

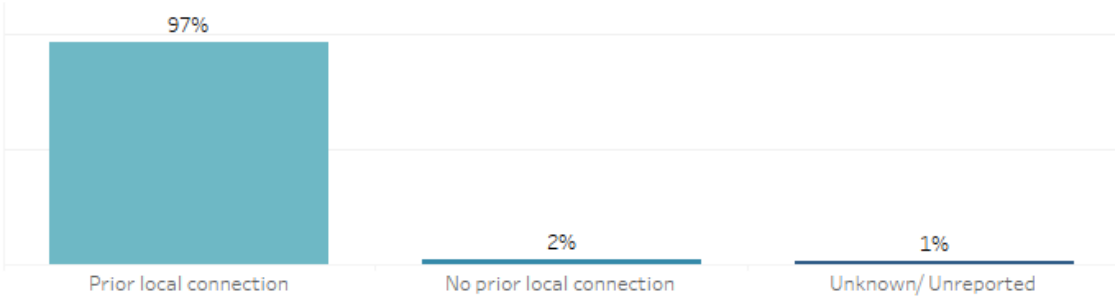

Individuals Served with Local Community Ties

In 2024, HTH achieved continued success housing individuals with ties to the city in which their HTH building is located. HTH continues to provide referral pathways for people who live in or near the city in which the site is located or have ties to that community, consistent with RCW 82.14.530 and the

Implementation Plan.[149, 150] As a result of these efforts, 97 percent of residents reported existing ties to the communities where their HTH site is located, as shown in Figure 15.

The rate of residents reporting a prior local connection to the HTH site jurisdiction has increased by 48 percent since 2022. Over time, HTH has successfully collected more data about local ties, with the rate of unknown local connections decreasing from 44 percent in 2022 to nine percent in 2023 to just one percent in 2024. While this improved data collection likely contributes to the significant increase in residents reporting a local connection to the HTH site's jurisdiction, this is not the only factor. Intensified outreach efforts by HTH local referral partners to identify and engage individuals within the local community around HTH sites increased the likelihood of connecting with those who already have ties to the area. The rate of HTH residents reporting no prior local connection to the HTH site's jurisdiction decreased from nine percent in 2022, to six percent in 2023, to only two percent in 2024.

Figure 15: HTH Residents with Local Connections to their Host Jurisdiction, 2024



Source: Seattle-King County Homeless Management Information System (HMIS) Data as of 3/1/2025.

C. Financial Information

The HTH initiative is funded by a 0.1 percent sales and use tax imposed by King County in 2020 through Ordinance 19179, codified as King County Code 4A.503.[151] The County leverages anticipated tax revenue to be collected in future years to issue bonds that finance the immediate costs of capital acquisition and rehabilitation. This section of the report summarizes total revenue, actual expenditures, and allocation of debt service in 2024 and provides information about the distribution of proceeds across HTH host jurisdictions.

[149] Initial Health Through Housing Implementation Plan. [https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=5121460&GUID=7DC46271-C6B3-4D90-B6DE-DEF37CD0A7D5&Options=Advanced&Search=&FullText=1]

[150] RCW 82.14.530(3)(b) requires counties to provide an opportunity for 15% of units at a facility to be provided to individuals who are living in or near the city in which the facility is located, or have ties to that community.

[151] King County Code 4A.503. [https://aqua.kingcounty.gov/council/clerk/code/07_Title_4A.htm#_Toc54697848]

Annual Revenue

As shown in Figure 16, Health Through Housing's total 2024 revenue totaled $79.0 million, including $70.8 million in tax revenue, $8.2 million in interest, and less than $100,000 in commercial rent. Tax revenue collections in 2024 were $400,000 higher than in 2023. Total 2024 revenue was lower than projected in the Plan because HTH's second round of bonds were issued in December 2023, rather than 2024, as projected in the Plan.

Figure 16: Annual Revenue, 2024

Health Through Housing Revenue in 2024	
Tax Revenue	$70,762,662
Bond Proceeds	$0
Interest	$8,162,019
Rent	$72,379
Total 2024 Revenue	***$78,997,061***

Actual Expenditures

Funding for HTH is distributed across the following strategies, each of which are described further in the Plan.

- *Strategy 1:* Capital Financing and Improvement for HTH Sites
- *Strategy 2:* Emergency and Permanent Supporting Housing Operations
- *Strategy 3:* Behavioral Health Services Outside of HTH Sites
- *Strategy 4:* Capacity Building Collaborative
- *Strategy 5:* Evaluation and Performance Measurement
- *Strategy 6:* Future Acquisition of Additional Properties *(Acquisitions after 2021)*

In 2024, as shown in Figure 17, HTH spent $69.2 million, which was approximately $7.2 million more than it spent in 2023. This included $6.2 million on capital expenditures (Strategies 1 and 6), $39.4 million on operating expenditures, and $23.6 million on bond financing costs. The increase in expenditure compared to 2023 is primarily due to HTH opening and operating more buildings than in 2023, as well as higher interest rates that increased bond financing costs relative to prior years.

In 2024, HTH spent less on *Strategy 2: Emergency and Permanent Supporting Housing Operations* than was originally projected. Due to delayed building openings, supportive housing operating funds have not been spent as quickly as expected, but the underspend from 2024 will be allocated to the same strategy in future years as costs increase in the future, consistent with provisions for such adjustments in the Implementation Plan. HTH also spent less than expected on capital expenditures in 2024, as the initiative stopped pursuing new acquisitions to focus on opening acquired buildings and sufficiently funding operations and services for all buildings across the portfolio.

Figure 17: Expenditures by HTH Strategy, 2024

Health Through Housing Expenditures in 2024	
Strategy 1 Capital Financing and Improvements for HTH Sites *(Rehabilitation)*	$6,217,212
Strategy 2 Emergency and Permanent Supportive Housing Operations	$30,394,755
Facility Maintenance	*$4,371,203*
Program Operations	*$26,023,552*
Strategy 3 Behavioral Health Services Outside HTH Sites	$6,142,127[152]
Strategy 4 Capacity Building Collaborative	$688,935
Strategy 5 Evaluation and Performance Measurement	$173,272
Strategy 6 Future Acquisition of Additional Properties *(Acquisitions after 2021)*	$0
Initiative Administration	$1,972,622
Bond Financing Cost (Debt Service)	$23,599,073
Total 2024 Expenditures	***$69,187,996***

Allocation of Expenditures by Jurisdiction

For HTH, King County receives 0.1 percent sales and use tax revenue from each jurisdiction within the region except Bellevue, Covington, Issaquah, Kent, Maple Valley, North Bend, Renton, and Snoqualmie. These jurisdictions passed municipal legislation in 2020 to keep the tax revenue generated through RCW 82.14.530 under city control.[153, 154, 155, 156, 157, 158, 159, 160] RCW 82.14.530 requires King County to plan to spend at least 30 percent of the revenue collected from cities with a population greater than 60,000 within that jurisdiction.

[152] HTH's allocation of Strategy 3 revenues in 2024 amounted to 8.87 percent of total HTH sales tax revenues on because HTH's final 2024 revenues came in slightly higher than forecasted. HTH transferred the difference in January 2025 to support behavioral health services, to ensure the total annual amount transferred is at least nine percent of total expenditures, in line with the Implementation Plan.
[153] City of Bellevue Resolution 9826. [https://bellevue.municipal.codes/enactments/Res9826]
[154] City of Covington Ordinance 14-20. [https://covington.municipal.codes/enactments/Ord14-20]
[155] City of Issaquah Ordinance 2922. [https://issaquah.civicweb.net/document/127758/]
[156] City of Kent City Code 3.16.035 Additional Sales or Use Tax for Housing. [https://www.codepublishing.com/WA/Kent/]
[157] City of Maple Valley Ordinance No. O-20-708. [https://cms3.revize.com/revize/maplevalleywa/Documents/Government/Ordinances/2020/Ord708%20Additional%20Sales%20and%20Use%20Tax%20for%20Housing%20and%20Related%20Services.pdf]
[158] City of North Bend Code 3.10.010. [https://www.codepublishing.com/WA/NorthBend/#!/html/NorthBend03/NorthBend0310.html]
[159] City of Renton Ordinance 5983. [https://edocs.rentonwa.gov/Documents/DocView.aspx?id=8226729&dbid=1&repo=CityofRenton&cr=1]
[160] City of Snoqualmie Resolution 1557. [https://portal.laserfiche.com/Portal/DocView.aspx?id=1946&repo=r-d06bc528]

The cities in King County that meet this population threshold but did not pass their own city-level sales tax are Federal Way, Kirkland, Redmond, Sammamish, and Seattle. Among these cities, King County has purchased HTH facilities in Federal Way, Kirkland, Redmond, and Seattle. Executive staff also meet regularly with the City of Sammamish as provided for in the HTH Implementation Plan.[161] At the end of 2024, King County and the City of Sammamish coordinated to convene a meeting, which occurred in early 2025, consistent with the Plan's commitment to continued collaboration. As shown in Figure 18, since 2021, HTH has spent more than 30 percent of the total revenue collected from Federal Way, Kirkland, Redmond, and Seattle within that jurisdiction.

Figure 18: Comparison of All Time HTH Revenue to Expenditures for Larger Jurisdictions, 2024

Jurisdiction	All Time HTH Revenue	All Time HTH Expenditures	Percent
Federal Way	$6,879,963	$30,670,563	446%
Kirkland	$11,302,319	$38,941,230	345%
Redmond	$17,696,085	$40,166,697	227%
Sammamish	$2,632,168	$0	0%
Seattle	$104,610,751	$190,947,185	183%

As shown in Figure 19, in 2024, HTH spent approximately $4.2 million in Auburn, $1.0 million in Burien, $3.1 million in Federal Way, $5.0 million in Kirkland, $6.5 million in Redmond, $6.2 million in Renton, and $34.3 million in Seattle. Higher spending occurred in cities containing multiple HTH sites, while lower spending occurred in jurisdictions where HTH sites were not yet operational in 2024 or where HTH only funded operations. HTH had the highest expenditures in Seattle because it has approved acquisition of six HTH sites, more than any other jurisdiction. Expenditures for HTH strategies 3, 4, 5, and initiative administration cannot be readily allocated to specific jurisdictions.[162]

[161] The plan notes that the County and the city of Sammamish agreed in 2021 that the County would not pursue HTH acquisition in Sammamish but would meet annually to discuss HTH and opportunities for partnership.
[162] In 2024, $8,976,956 in HTH revenue could not be allocated to a specific jurisdiction.

Figure 19: Allocation of Expenditures by Jurisdiction, 2024

HTH Partner Jurisdiction	Expenditure Category	2024 Amount
Auburn	Building Rehabilitation	$470,522
	Facility Maintenance	$182,672
	Program Operations	$2,172,859
	Bond Financing Cost	$1,384,928
	Total	***$4,210,980***
Burien	Program Operations	$959,346
	Total	***$959,346***
Federal Way	Building Rehabilitation	$304,859
	Facility Maintenance	$485,489
	Program Operations	$72,229
	Bond Financing Cost	$2,229,819
	Total	***$3,092,396***
Kirkland	Building Rehabilitation	$1,634,394
	Facility Maintenance	$428,798
	Program Operations	$69,936
	Bond Financing Cost	$2,880,947
	Total	***$5,014,074***
Redmond	Building Rehabilitation	$1,429,351
	Facility Maintenance	$574,573
	Program Operations	$1,666,125
	Bond Financing Cost	$2,823,862
	Total	***$6,493,910***
Renton	Building Rehabilitation	$682,937
	Facility Maintenance	$445,715
	Program Operations	$2,146,526
	Bond Financing Cost	$2,906,937
	Total	***$6,182,115***
Seattle	Building Rehabilitation	$1,695,150
	Facility Maintenance	$2,253,957
	Program Operations	$18,936,531
	Bond Financing Cost	$11,372,581
	Total	***$34,258,220***
Total Expenditures Allocated by Jurisdiction		*$69,187,996*

Average Per-Unit Costs by Site

The cost per-unit for each HTH site varies based on the circumstances of each acquisition, development process, and timing. Figure 20 identifies:

- Per-unit acquisition one-time costs;
- Facility maintenance, including site work outside of major rehabilitation or PSH conversion;
- Operational costs, including services provided by housing operators and contracted partners and administrative support from King County's Facilities Management Division, and
- Rehabilitation.

Among properties that HTH acquired, the average per-unit costs for capital were $285,772. In 2024, the average annual per-unit cost of operating HTH properties (which includes program operations and building maintenance) was $33,718.[163] Facility maintenance, rehabilitation, and operations costs vary between buildings based on each site's initial configuration, physical condition, and time for which a given site has been operational.

Figure 20: Cost Per Unit for Each HTH Site (Acquisition/Rehabilitation life-to-date, other costs from 2024)

HTH Facility	Expenditure	Cost Per Unit
Bertha Pitts Campbell Place	Acquisition *(one-time cost, Life to Date [LTD])*	N/A - operations-only property
	Maintenance	$0
	Operations	$31,055
	Rehabilitation *(LTD)*	$0
	Total Cost Per Unit	***$31,055***
Bloomside	Acquisition *(one-time cost, LTD)*	N/A - operations-only property
	Maintenance	$0
	Operations	***$10,098*
	Rehabilitation *(LTD)*	$0
	Total Cost Per Unit	***$10,098***
Burbridge Place	Acquisition *(one-time cost, LTD)*	N/A - operations-only property
	Maintenance	$0
	Operations	$32,070
	Rehabilitation *(LTD)*	$0
	Total Cost Per Unit	***$32,070***

[163] HTH sites that had opened earlier than 2023 received inflationary adjustments to their contracts during 2023 that contributed to increased costs that year and in subsequent years.

HTH Facility	Expenditure	Cost Per Unit
Don's Place	Acquisition *(one-time cost, LTD)*	*$148,498
	Maintenance	$2,255
	Operations	$26,825
	Rehabilitation *(LTD)*	$32,253
	Total Cost Per Unit	***$209,832***
Haven Heights	Acquisition *(one-time cost, LTD)*	*$280,763.
	Maintenance (2024)	$5,746
	Operations (2024)	**$16,661
	Rehabilitation *(LTD)*	$17,762
	Total Cost Per Unit	***$320,933***
Sharyn Grayson House	Acquisition *(one-time cost, LTD)*	*$363,611
	Maintenance	$7,919
	Operations	***$2,100
	Rehabilitation *(LTD)*	$7,854
	Total Cost Per Unit	***$381,485***
The Booker House	Acquisition *(one-time cost, LTD)*	*$270,381
	Maintenance (2024)	$5,645
	Operations (2024)	***$840
	Rehabilitation *(LTD)*	$3,719
	Total Cost Per Unit	***$280,585***
HTH Kirkland	Acquisition *(one-time cost, LTD)*	*$278,198
	Maintenance (2024)	$4,163
	Operations (2024)	***$679
	Rehabilitation *(LTD)*	$17,492
	Total Cost Per Unit	***$300,532***
Mary Pilgrim Inn	Acquisition *(one-time cost, LTD)*	*$206,913
	Maintenance (2024)	$7,886
	Operations (2024)	$42,505
	Rehabilitation *(LTD)*	$16,020
	Total Cost Per Unit	***$273,324***

HTH Facility	Expenditure	Cost Per Unit
Sacred Medicine House	Acquisition *(one-time cost, LTD)*	N/A - operations-only property
	Maintenance (2024)	$0
	Operations (2024)	**$16,869
	Rehabilitation *(LTD)*	$0
	Total Cost Per Unit	$16,869
Salmonberry Lofts in Honor of Peter Joe	Acquisition *(one-time cost, LTD)*	$314,809
	Maintenance (2024)	$4,411
	Operations (2024)	$32,589
	Rehabilitation *(LTD)*	$41,727
	Total Cost Per Unit	***$393,537***
Sidney Wilson House	Acquisition *(one-time cost, LTD)*	*$267,403
	Maintenance (2024)	$4,166
	Operations (2024)	$20,061
	Rehabilitation *(LTD)*	$19,801
	Total Cost Per Unit	***$311,430***
The Argyle	Acquisition *(one-time cost, LTD)*	$305,240
	Maintenance (2024)	$2,834
	Operations (2024)	***$0
	Rehabilitation *(LTD)*	$0
	Total Cost Per Unit	***$308,074***
The Bob G.	Acquisition *(one-time cost, LTD)*	*$206,408
	Maintenance (2024)	$6,662
	Operations (2024)	***$0
	Rehabilitation *(LTD)*	$0
	Total Cost Per Unit	**$213,070**
The Gateway in Honor of Tenaya Wright	Acquisition *(one-time cost, LTD)*	*$362,643
	Maintenance (2024)	$3,838
	Operations (2024)	$28,068
	Rehabilitation *(LTD)*	$15,479
	Total Cost Per Unit	***$410,027***

HTH Facility	Expenditure	Cost Per Unit
The North Star	Acquisition *(one-time cost, LTD)*	N/A - operations-only property
	Maintenance (2024)	$0
	Operations (2024)	$24,898
	Rehabilitation *(LTD)*	$0
	Total Cost Per Unit	***$24,898***

** All capital measures, including acquisition and rehabilitation activity, are depicted as Life-to-Date expenses rather than Year-to-Date expenses, so acquisition costs appear in this table regarding real estate transactions that took place in prior years.*
*** 2024 costs per unit are lower at this site because it opened mid-year.*
**** 2024 costs per unit are lower at this site because it was not open for occupancy in 2024.*

D. HTH Advisory Committee Establishment, Membership, and Certification of Dashboard

KCC 2A.300.200 and KCC 24.30.020 call for a HTH Advisory Committee.[164, 165] As shown in Figure 22, the HTH Advisory Committee is a 12- to 16-member group advising the King County Executive and King County Council on current and future implementation of the HTH initiative. In addition to providing guidance, the committee is responsible for:

- Reviewing the initiative's performance data;
- Providing annual certification of the HTH Dashboard, and
- Reporting annually to the King County Council and the community at large on the expenditures, accomplishments, and effectiveness of the HTH initiative.

As part of the initiative's commitment to equity and social justice and consistent with the Plan, the HTH Advisory Committee centers individuals with lived experience and communities that have been historically overrepresented in the region's homelessness crisis. As of December 2024, committee members include the following 13 King County residents. For more information about the members, visit the Advisory Committee tab of the HTH Dashboard.[166]

Figure 22: Health Through Housing Advisory Committee Members, 2024

Health Through Housing Advisory Committee Members		
Elizabeth Archambault	Lena Bernal	Brook Buettner
Avon Curtis, Co-Chair	Tulika Dugar	Isadora Eads
Febben Fekadu	Marissa Fitzgerald	Sean Healy, Chair
Krystal Marx	Sarah Stewart	Da'mont Vann
Barbara Walker		

[164] KCC 2A.300.200. [https://aqua.kingcounty.gov/council/clerk/code/05_Title_2A.htm#_Toc473536140]
[165] KCC 24.30.020. [https://aqua.kingcounty.gov/council/clerk/code/33_Title_24.htm#_Toc65058358]
[166] Health Through Housing Dashboard. [https://www.kingcounty.gov/hthdashboard]

In 2024, the Committee convened quarterly and received presentations from HTH staff regarding the HTH model. On May 29, 2025, the HTH Advisory Committee reviewed and unanimously certified this report and the HTH Dashboard, including certifying that that the dashboard is updated with 2024 calendar year data.[167]

E. Additional Information Available in the HTH Dashboard

Additional information about the HTH initiative is in the online HTH dashboard available here.[168] The dashboard includes:

- Additional data specific to each of HTH's sites;
- Additional context and discussion of initiative activities and performance in 2024;
- Customizable views of HTH data;
- Greater background on disproportionality;
- More information about how HTH and its partners are working to support the health of residents, and
- More information about Advisory Committee members.

Conclusion/Next Actions

In 2024, the HTH initiative's third full year of operation, the initiative continued to focus on rehabilitating and opening buildings, moving people inside, connecting residents with health care and other supports, and building the capacity of service providers. HTH ended the year with 1,434 housing units secured, reflecting its commitment to expanding the availability of supportive housing across the region.

At the same time, HTH has faced significant challenges that have impacted the pace at which the initiative is achieving its paramount goal. In some cases, navigating jurisdictional approval processes, construction timelines, and County and provider staffing limitations extended the time necessary to open HTH buildings beyond initial forecasts. Inflation and historically low wages in the human services sector drive the need to increase expenditures for both King County and HTH operators.[169] Despite these obstacles, HTH has made significant progress securing and opening supportive housing across King County.

HTH provided housing for 1,281 people, in 954 open units, across its 11 open sites. HTH opened three of these 11 sites in 2024, while also working through the pre-occupancy process to design, permit, and

[167] Initial Health Through Housing Implementation Plan. [https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=5121460&GUID=7DC46271-C6B3-4D90-B6DE-DEF37CD0A7D5&Options=Advanced&Search=&FullText=1]
[168] Health Through Housing Dashboard. [https://www.kingcounty.gov/hthdashboard]
[169] Seattle Construction Cost Index Q4 2024. Mortenson. [https://www.mortenson.com/cost-index/seattle]

conduct major construction work at three additional properties in Federal Way, Capitol Hill, and Kirkland that are planned to open in 2025. Despite the complexity of cross-jurisdictional building regulations and widely varying municipal processes, significant progress has been made toward opening all HTH acquisitions to residents.

In 2024, HTH significantly expanded the scope of services provided at its open sites, including by expanding the Mobile Response Teams (MRT), King County Metro transportation services, and DCHS' Employment Resource Program (ERP) to all open sites. Further, HTH operators continue to make enhancements to health care service and wellness supports offered on site. Connected to the housing and comprehensive services HTH offers, after one year, HTH residents' total number of days in inpatient hospital care decreased by 33 percent, and their total number of emergency department visits dropped by 17 percent. This outcome demonstrates how the HTH initiative is shifting care from institutions and crisis-related services to more appropriate planned visits and regular follow-up with community-based health services. As HTH continues to expand its reach and refine its services, it is exploring ways to better understand and meet the unique needs of each community it serves. This involves supporting operators in the continued expansion of supportive services and the refinement of operating procedures to improve resident outcomes and program performance.

As HTH moves into 2025, it will focus on opening additional buildings, streamlining service delivery, and enhancing community engagement to inform responsive and tailored services. As HTH makes continued progress towards its goal of securing 1,600 units of supportive housing, HTH will focus on reducing racial and ethnic disproportionality. HTH is a powerful part of King County's regional strategy to address the entwined crises of affordable housing and chronic homelessness by increasing access to dignified supportive housing where people with disabilities can improve their health and their lives, and to pursue the County's True North, to make King County a welcoming community for everyone to thrive.[170]

[170] True North and Values. [https://kingcounty.gov/en/dept/executive/governance-leadership/performance-strategy-budget/true-north-values]

Appendix A: Reporting Elements Table and HTH Dashboard Guide

Reporting Element Language	Source	See Section(s) of This Report	See Also HTH Dashboard Tab(s)[171]
King County Code 2A.300.200.A			
The health through housing advisory committee is created to provide advice to the executive and council and report annually to the council and community on the accomplishments and effectiveness of the expenditure of sales and tax proceeds as authorized by KCC chapter 4A.503 and RCW 82.14.530. Annual reporting to the council and the community shall include information on the allocation by jurisdiction of sales and use tax proceeds as authorized by KCC. chapter 4A.503 and RCW 82.14.530. …	KCC 2A.300.200.A	• Report Requirements Subsection A: Performance Overview: Accomplishments and Effectiveness in 2024 • Report Requirements Subsection C: Financial Information	• Initiative Roots • Number of People Served • Revenue and Expenditures • Program Performance
No later than June 15 of each year, beginning with the first report to be filed by June 15, 2023, on behalf of the advisory committee, the executive shall electronically file the annual report and a motion that should acknowledge receipt of the report with the clerk of the council, who shall retain an electronic copy to all councilmembers, the council chief and member and alternates of the regional policy committee, or its successor. The clerk of the council shall retain an electronic copy and provide an electronic copy to all councilmembers, the council chief of staff and the lead staff for the committee of the whole, or its successor.	KCC 2A.300.200.A	N/A	N/A
King County Code 24.30.030.A			

[171] HTH Dashboard. [https://www.kingcounty.gov/hthdashboard]

Reporting Element Language	Source	See Section(s) of This Report	See Also HTH Dashboard Tab(s)[171]
… The implementation plan shall also describe responsibilities of a health through housing advisory committee, which is to provide advice to the executive and council and to report annually to the council and the community on the accomplishments and effectiveness of the expenditure of proceeds and name the persons to the committee. Annual reporting provided to the council and the community shall include information on the allocation of the proceeds by jurisdiction.	KCC 24.30.030.A	• Report Requirements Subsection A: Performance Overview: Accomplishments and Effectiveness in 2024 • Report Requirements Subsection D: HTH Advisory Committee Establishment, Membership, and Certification of Dashboard • Report Requirements Subsection C: Financial Information	• Initiative Roots • Number of People Served • Advisory Committee • Revenue and Expenditures • Program Performance
HTH Implementation Plan			
The HTH Advisory Committee will annually report to the Council and public on the expenditures, accomplishments, and effectiveness of the HTH initiative through an online HTH dashboard. The purposes of reporting by online dashboard are to increase community access to reporting, to take advantage of an online platform's ability to present interactive data, to allow for faster data updates as data are available within the annual reporting period, and to reduce the environmental impact of printing paper reports.	HTH Implementation Plan, page 64	• Report Requirements Subsection A: Performance Overview: Accomplishments and Effectiveness in 2024 • Report Requirements Subsection B: Site Locations and Other Geographic Information • Report Requirements Subsection C: Financial Information • Report Requirements Subsection E: Performance Overview: Additional Information Available in the HTH Dashboard	• Full HTH Dashboard

Reporting Element Language	Source	See Section(s) of This Report	See Also HTH Dashboard Tab(s)[171]
DCHS will prepare and maintain the online dashboard. No later than June 15 of each year starting in 2023, the online dashboard will be updated with the prior calendar year's data reporting and an overview of the HTH initiative's performance during the year. The online dashboard will include performance measures that are consistent with this plan's section on Performance Measurement and Evaluation.	HTH Implementation Plan, page 64	• Report Requirements Subsection A: Performance Overview: Accomplishments and Effectiveness in 2024 • Report Requirements Subsection B: Site Locations and Other Geographic Information • Report Requirements Subsection E: Performance Overview: Additional Information Available in the HTH Dashboard	• Initiative Roots • Number of People Served • Project Phases • Location Map • Program Performance • Supportive Servives
A list of the members of the HTH Advisory Committee	HTH Implementation Plan, page 65	• Report Requirements Subsection D: HTH Advisory Committee Establishment, Membership, and Certification of Dashboard	• Advisory Committee
A map depicting the locations of sites constructed or acquired with Health through Housing proceeds and depicting the locations and numbers of operational-only housing units supported by HTH	HTH Implementation Plan, page 65	• Report Requirements Subsection B: Site Locations and Other Geographic Information	• Location Map
Demographic data describing the population residing in Health through Housing-funded housing, including race and ethnicity. The dashboard will track progress towards reducing racial-ethnic disproportionality by comparing HTH demographic data to the population experiencing chronic homelessness in King County and the general King County population	HTH Implementation Plan, page 65	• Report Requirements Subsection A: Performance Overview: Accomplishments and Effectiveness in 2024 – Demographic Data and Progress toward Reducing Disproportionality	• Who We Serve

Reporting Element Language	Source	See Section(s) of This Report	See Also HTH Dashboard Tab(s)[171]
Number of households receiving a service through the mobile behavioral health intervention program by geographic area	HTH Implementation Plan, page 65	• Report Requirements Subsection A: Performance Overview: Accomplishments and Effectiveness in 2024 – Health and Wellbeing Supports	• Mobile Response Team
Number of households, who, at the time of enrollment, were living in or near the city in which the site is located, or have ties to that community	HTH Implementation Plan, page 65	• Report Requirements Subsection B: Site Locations and Other Geographic Information – Individuals Served with Local Community Ties	• Who We Serve
Health Through Housing initiative financial information, including,			
• The program's annual revenue	HTH Implementation Plan, page 65	• Report Requirements Subsection C: Financial Information	• Revenue and Expenditures
• Allocation of proceeds for housing and operations to jurisdictions that host Health through Housing sites	HTH Implementation Plan, page 65	• Report Requirements Subsection C: Financial Information	• Revenue and Expenditures
• Actual expenditures of the previous year's proceeds amongst the categories of expenditure required or allowed by KCC chapter 24.30	HTH Implementation Plan, page 65	• Report Requirements Subsection C: Financial Information	• Revenue and Expenditures
• Including the average per-unit cost of acquisition, conversion and operation by site	HTH Implementation Plan, page 65	• Report Requirements Subsection C: Financial Information	• Revenue and Expenditures
Data that describe how the Health through Housing initiative performs on at least the following population-level and program performance measures:			

Reporting Element Language	Source	See Section(s) of This Report	See Also HTH Dashboard Tab(s)[171]
• Cumulative number of people who moved from chronic homelessness into permanent housing via HTH;	HTH Implementation Plan, page 65	• Report Requirements Subsection A: Performance Overview: Accomplishments and Effectiveness in 2024 - Number of People Moved from Chronic Homelessness to Permanent Housing	• Housing Performance
• Progress on reducing disproportionality in the experience of chronic homelessness;	HTH Implementation Plan, page 65	• Report Requirements Subsection A: Performance Overview: Accomplishments and Effectiveness in 2024 - Demographic Data and Progress toward Reducing Disproportionality	• Who We Serve
• Percentage of residents who maintain their housing in HTH or exit to permanent housing from HTH-funded emergency or PSH;	HTH Implementation Plan, page 65	• Report Requirements Subsection A: Performance Overview: Accomplishments and Effectiveness in 2024 – Percent of HTH Residents who Maintain Housing in HTH or Exit to Permanent Housing	• Housing Performance
• Average length of stay of residents in HTH-funded emergency or PSH;	HTH Implementation Plan, page 65	• Report Requirements Subsection A: Performance Overview: Accomplishments and Effectiveness in 2024 – Average Length of Stay	• Housing Performance
• Percentage of residents who receive physical or behavioral health care supports or care while residing in a HTH unit; and	HTH Implementation Plan, page 65	• Report Requirements Subsection A: Performance Overview: Accomplishments and Effectiveness in 2024 – Health and Wellbeing Supports	• Health and Supports

Reporting Element Language	Source	See Section(s) of This Report	See Also HTH Dashboard Tab(s)[171]
• Additional measures of improvements in health or well-being, as data are available	HTH Implementation Plan, page 65	• Report Requirements Subsection A: Performance Overview: Accomplishments and Effective in 2024 – Health and Wellbeing Supports	• Healthcare Outcomes • Mobile Response Team • Transportation and Mobility Supports • Employment Resource Program • Emergency Feeding Program
Beginning in 2023, the HTH Advisory Committee will annually certify by June 15 that the online dashboard is updated with the previous year's data and ready for review.	HTH Implementation Plan, page 65	• Report Requirements Subsection D: HTH Advisory Committee Establishment, Membership, and Certification of Dashboard	• Advisory Committee
On behalf of the Committee, the Executive will electronically file the annual report and a motion that should acknowledge receipt of the report with the clerk of the council, who will retain an electronic copy and provide an electronic copy to all councilmembers, the council chief and members and alternates of the regional policy committee, or its successor. Passage of the motion acknowledging receipt of the report will satisfy HTH's annual reporting requirement. DCHS will be prepared upon invitation to present an overview of the annual report to the Council or one of its committees and to the Regional Policy Committee.	HTH Implementation Plan, page 65	N/A	N/A

[1] HTH Dashboard. [https://www.kingcounty.gov/hthdashboard]

Appendix B: HTH Investments (Acquisitions and Operations-only Partnerships), Cumulative to Year End 2024

Investment Type	Service Provider	Building Name	Initial Housing Type	Total Units	Housing Units	City	Council District	Status as of December 2024
Acquisition	Compass Housing Alliance	Don's Place	EH	102	81	Auburn	7	Open and occupied
Acquisition	Lavender Rights Project	Sharyn Grayson House	PSH	37	32	Seattle	2	Pre-occupancy
Acquisition	The Urban League	The Booker House	PSH	101	86	Federal Way	7	Pre-occupancy
Acquisition	Plymouth Housing	HTH Kirkland	EH	124	103	Kirkland	6	Pre-occupancy
Acquisition	Salvation Army	Haven Heights in Honor of Bruce Thomas	EH	144	100	Redmond	6	Pre-occupancy
Acquisition	DESC	Mary Pilgrim Inn	EH	100	85	Seattle	4	Open and occupied
Acquisition	Chief Seattle Club	Salmonberry Lofts in Honor of Peter Joe	PSH	80	76	Seattle	8	Open and occupied
Acquisition	Catholic Community Services	Sidney Wilson House	PSH	110	107	Renton	5	Open and occupied
Acquisition	TBD	The Argyle	PSH	12	10	Seattle	8	Project scoping
Acquisition	Catholic Community Services	The Bob G.	EH	80	80	Seattle	4	Major Rehabilitation

Investment Type	Service Provider	Building Name	Initial Housing Type	Total Units	Housing Units	City	Council District	Status as of December 2024
Acquisition	DESC	The Gateway in Honor of Tenaya Wright	EH	131	113	Seattle	1	Open and occupied
Operations-only	Plymouth Housing	Bertha Pitts Campbell Place	PSH	100	100	Seattle	8	Open and occupied
Operations-only	DESC	Burbridge Place	PSH	62	62	Seattle	4	Open and occupied
Operations-only	DESC	Bloomside	PSH	95	95	Burien	8	Open and occupied
Operations-only	Chief Seattle Club	Sacred Medicine House	PSH	120	120	Seattle	1	Open and occupied
Operations-only	Chief Seattle Club	Sweetgrass Flats	PSH	84	84	Seattle	8	Pre-occupancy
Operations-only	DESC	The North Star	PSH	100	100	Seattle	4	Open and occupied
			Total	**1,582**	**1,434**			

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

June 12, 2025

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

Dear Councilmember Zahilay:

This letter transmits the 2024 Health Through Housing Annual Report, as required by King County Code 2A.300.200, and a proposed Motion that would, if enacted, acknowledge receipt of the report.

This annual report summarizes the activities of the Health Through Housing (HTH) initiative through the end of 2024 and fulfills the initiative's annual reporting requirements. Specifically, it includes summaries of the accomplishments and effectiveness of the expenditure of HTH sales tax proceeds in 2024, as well as financial information including, but not limited to, the allocation of proceeds by jurisdiction. On May 29, 2025, the HTH Advisory Committee reviewed and certified this report and the HTH Dashboard, including certifying that the dashboard is updated with 2024 calendar year data.

This report also summarizes the significant additional annual data reporting provided in HTH's online dashboard, as called for by the Initial Health Through Housing Implementation Plan 2022-2028 adopted by Ordinance 19366. This tool, which also adds context about HTH's process, outcomes, and community-wide impact, enables community members and policymakers alike to learn more about HTH locations that are open and the other properties that are at various stages of preparation for operations. I encourage County staff and residents to visit the online HTH dashboard at www.kingcounty.gov/hthdashboard for additional, in-depth, and updated information about the HTH initiative.

HTH increases housing capacity for residents with the highest needs, who are experiencing or at risk of chronic homelessness, by repurposing hotels and apartments and expediting financing

of other newly constructed buildings throughout the County. To date, 1,434 housing units have been secured, with 954 homes open across 11 sites, compared to 724 homes across eight sites at the end of 2023. In 2024, HTH worked through the pre-occupancy process to design, permit, and conduct major construction work at three additional properties in Federal Way, Seattle, and Kirkland that are planned to open in 2025. Further, HTH invested in an additional 84 operations-only units at Sweetgrass Flats in the Central District of Seattle, which are also planned to open in 2025. Further progress depends on collaboration with host jurisdictions, neighboring communities, and community-based supportive housing operators.

In 2024, HTH focused on rehabilitating and opening buildings, moving people inside, and providing housing for 1,281 people who would otherwise be at high risk of sleeping outside or in shelters, compared to 911 people served in 2023. HTH sites maintained high occupancy rates in 2024, with the majority of buildings ending the year with an occupancy rate above 90 percent. HTH also expanded the scope of services provided at its open sites, including by expanding the Mobile Response Teams (MRT), King County Metro Transit transportation services, and DCHS' Employment Resource Program (ERP) to all open HTH sites.

In its third year of operation, HTH is having positive impact on residents housed through the initiative. In 2024:

- HTH achieved positive health outcomes. For example, after one year, HTH residents' total number of days in inpatient hospital care decreased by 33 percent, and their total number of emergency department visits dropped by 17 percent.
- HTH achieved positive housing stability outcomes among its permanent supportive housing (PSH) residents, with 95 percent of PSH residents maintaining their housing or moving to another permanent housing destination.

At the same time, HTH has faced significant challenges that have impacted the pace at which the initiative is achieving its paramount goal. In some cases, navigating jurisdictional approval processes, construction timelines, and County and provider staffing limitations extended the time necessary to open HTH buildings beyond initial forecasts. Inflation and historically low wages in the human services sector drive the need to increase expenditures for both King County and HTH operators – which has meant that the revenue generated by the one tenth of one cent sales tax has not grown as quickly as the costs of operating and maintaining HTH buildings.

In response to these challenges, HTH intends, as funding allows, to continue expanding the HTH portfolio by funding operations-only units moving forward, rather than making future building acquisitions. Operations-only units enable HTH to continue growing the portfolio cost-effectively and expediently, while reducing King County's overall financial exposure as the acquisition and construction are not paid for with HTH funds. Pursuing this strategy will ensure that the HTH initiative is able to better provide long term, dependable financial support for the full operations of all HTH units, consistent with the HTH Implementation Plan. In 2025 and beyond, DCHS plans to use this strategy for continued expansion of HTH's portfolio as the HTH initiative closes in on its paramount goal of opening 1,600 homes.

The HTH initiative is the fastest and most regional expansion of supportive housing that King County has ever implemented, with hundreds of people already housed and enhanced health and wellness services launched. I remain confident that HTH is a powerful component of our regional strategy to address the crises of affordable housing and chronic homelessness. I look forward to continuing to report on the initiative's progress, and my staff will keep working to overcome these challenges as they bring more people inside.

I am grateful to the cities, providers, neighbors, and other community partners that have worked alongside King County and the HTH initiative to welcome these new homes for people experiencing chronic homelessness. We can turn the tide on this regional crisis by taking unified action across the county through smart, sustainable, evidence-based strategies that will serve thousands of people over decades.

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

Sincerely,

for

Shannon Braddock
King County Executive

Enclosure

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

King County

Metropolitan King County Council
Health, Housing, and Human Services Committee

STAFF REPORT

Agenda Item:	16	**Name:**	Miranda Leskinen
Proposed No.:	2025-0217	**Date:**	December 2, 2025

SUBJECT

Proposed Motion 2025-0217 would acknowledge receipt of the 2024 Best Starts for Kids (BSK) annual report.

SUMMARY

The BSK 2024 Annual Report, the third annual report for the 2022-2027 levy period, provides information on BSK financial investments made in 2024, as well as BSK performance measures and outcomes. In 2024, the report indicates that Best Starts for Kids invested over $137 million, partnering with 365 community-based organizations operating 609 programs to directly serve 169,340 individuals in King County.

The report also links to an updated data dashboard on the Best Starts for Kids website.[1] The dashboard provides additional measures for Best Starts for Kids programs, customizable data views, and greater geographic and financial detail.

BSK annual reports must be provided to the Council on levy implementation throughout the 2022-2027 levy period. These reports are due no later than July 15 each year from 2023 through 2028 and reflect levy implementation for the prior calendar year.

Proposed Motion 2025-0217, which would acknowledge receipt of the report, is dually referred to the Health, Housing, and Human Services Committee and then to the Regional Policy Committee (nonmandatorily). The Regional Policy Committee received a briefing on the report at its September 10, 2025, meeting.

Staff analysis has determined that the 2024 report meets the requirements for BSK annual reporting in Ordinances 19267 and 19354.

BACKGROUND

Best Starts for Kids. Best Starts for Kids (BSK) is a levy-funded initiative in King County that is aimed at supporting the healthy development of children and youth, families, and communities across the county through strategic investments in

[B]Best Starts for Kids dashboard - King County, Washington

promotion, prevention and early intervention programs and services. The inaugural six-year BSK Levy (approved by voters in November 2015) expired at the end of 2021.

2022-2027 BSK Levy. In April 2021, the King County Council approved Ordinance 19267, which placed a Best Starts for Kids (BSK) six-year renewal levy proposition on the ballot. King County voters approved the 2022-2027 BSK levy on August 3, 2021.

The 2022-2027 levy entails a first-year levy rate of $0.19 per $1,000 of assessed value in 2022 with a three percent annual limit (growth) factor. Based on the July 2025 revenue forecast, the renewal levy is expected to generate approximately $908.8 million over the six-year levy period.

Levy Investment Requirements. Ordinance 19267 directs that levy proceeds shall be used to:

- Promote improved health and well-being outcomes of children and youth, as well as the families and the communities in which they live;
- Prevent and intervene early on negative outcomes;
- Reduce inequities in outcomes for children and youth in the county; and
- Strengthen, improve, better coordinate, integrate, and encourage innovation in health and human services systems and the agencies, organizations, and groups addressing the needs of children and youth, their families, and their communities.

In the levy's first year (2022), after accounting for attributable election costs, 22.5 percent of first-year levy proceeds are to be allocated toward the Youth and Family Homelessness Prevention Initiative (YFHPI), a new affordable child care program, a new child care workforce demonstration project, and continuing technical assistance and capacity building programs. Allocated levy proceeds may be used to plan, provide, fund, administer, measure performance, and evaluate these programs.

In the subsequent levy years (2023-2027), it is broadly directed that the amount to be distributed to these programs be allocated so that the six-year levy investment for these purposes totals at least $240 million including $1 million annually for a grant program to support capacity building and developing infrastructure in areas lacking services/services infrastructure.[2]

Remaining levy proceeds are to be disbursed as follows to plan, provide, and administer the following:

- 50 percent for Investing Early strategies (ages 0-5)
- 37 percent for Sustain the Gain strategies (age 5 or older)
- 8 percent for Communities of Opportunity
- 5 percent for performance measurement, evaluation, and data collection; CYAB stipends; and pro-rationing mitigation (if authorized by ordinance) for applicable local metropolitan parks, fire, and public hospital districts.

[2] The capacity building support grant program, per Ordinance 19267, must include support for development of new organizations and expansion of existing organizations.

The renewal levy will also invest up to $50 million (subject to levy revenue projections[3]) to establish a new capital grants program for facility/building repairs and expansion and to support the construction of new buildings/facilities that will serve children and youth.

Implementation Plan. Ordinance 19267 required the Executive to transmit to the Council an implementation plan for the 2022-2027 BSK levy to govern the expenditure of levy proceeds. The plan, as required, details the strategies and programs to be funded and outcomes to be achieved with the use of the levy's proceeds and includes a framework to measure the performance of levy strategies in achieving their outcomes. Council adopted the implementation plan, as amended, in November 2021.

Results-Based Accountability. As with the initial BSK levy, the renewal levy will continue to evaluate its results beginning with Results Based Accountability (RBA) and supplement RBA with additional evaluation activities. Altogether, the implementation plan indicates the evaluation framework will utilize population indicators[4], performance measurement[5] and in-depth evaluation[6].

Levy Oversight. Levy oversight, like for the initial BSK levy, is provided by the Children and Youth Advisory Board (CYAB) and the Communities of Opportunity-Best Starts for Kids Levy Advisory Board.

Annual Reporting. Annual reports will be delivered digitally, with a notification letter transmitted to the King County Council when the report is ready for review. These reports, due no later than July 15 each year from 2023 through 2028, will cover levy expenditures, services, and outcomes for the levy for the prior calendar year and provide performance data for Investing Early, Sustain the Gain, COO, YFHPI, Child Care, Capital Grants, and Technical Assistance and Capacity Building investments. As indicated in the levy implementation plan, ZIP code-level geographic detail required by Ordinance 19267 will be phased into reports beginning with the 2022 BSK Annual Report.[7]

Annual reporting for the levy will also describe any changes made to strategy-level investments during the reporting period, as well as indicate whether strategy-level investments are expected to change for the subsequent reporting period or remain the same.

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[3] If total projected levy proceeds exceed $822 million, the excess (up to $50 million) would fund the capital grants program. Consequently, Ordinance 19267 directs that funding for this grant program would be subject to reduction prior to other levy program funding in the event total projected levy proceeds were to fall below $822 million.

[4] Population indicators use population-level measures to identify needs, understand baseline conditions, and track trends over time. BSK strategies intend to contribute to population-level results over the long term.

[5] Performance measures are regular measurement of program outcomes to assess how well a levy investment or strategy is working. BSK is accountable for performance of the levy's strategies.

[6] Additional, in-depth evaluation activities are expected to complement performance measurement to further learning during the renewal levy in some program areas.

[7] Including total expenditures of levy proceeds by program area by ZIP code in King County and the number of individuals receiving levy-funded services by program area by ZIP code in King County of where the individuals reside at the time of service.

The levy's advisory boards, in accordance with the implementation plan, will consult on, and review the annual reports.

Additionally, the levy's implementation plan indicates that BSK, no later than 2027, will report on the levy's performance and outcomes in conjunction with the performance and outcomes for the Mental Illness and Drug Dependency Behavioral Health Sales Tax Fund (MIDD) and the Veterans, Seniors and Human Services Levy (VSHSL), including monitoring whether the investments from these programs are achieving desired county population-level results or impacts as part of the consolidated reporting dashboard for DCHS-administered human services.

ANALYSIS

The 2022-2027 BSK Implementation Plan (Ordinance 19354), consistent with Ordinance 19267, outlines requirements related to the transmittal timelines, stakeholder involvement and contents of Best Starts for Kids (BSK) annual reports. The following subsections evaluate whether the 2024 BSK Annual Report is consistent with annual reporting requirements for the levy. In sum, staff analysis has determined that the 2024 report meets the requirements for BSK annual reporting.

Transmittal Timeline. BSK annual reports are due no later than July 15 each year. The Executive transmitted the 2024 BSK Annual Report notification letter on July 15, 2025, thereby meeting this requirement.

Content Requirements. BSK annual reports must describe the programs funded and outcomes for the children, youth, families, and young adults served. Specifically, annual reports are to include:

- Annual information on levy expenditures, services, and outcomes;
- Total expenditures of levy proceeds by program area by ZIP Code in King County, with partial data to be available in the report completed in 2024 and additional data available in each subsequent report;
- The number of individuals receiving levy-funded services by program area by ZIP Code of where the individuals reside at the time of service, with partial data to be available in the first annual report in 2023 and additional data available in each subsequent report; and
- Description of any changes made, and any anticipated changes, to strategy-level investments.

Description of any changes made to strategy-level investments. Best Starts for Kids made no changes to planned strategy-level investments for fiscal year 2024, but the 2025 annual budget adopted in late 2024 included increases in investments in future years.[8]

[8] During the 2025 budget process, the BSK fund's rainy-day reserve was adjusted to reflect a 60-day reserve level (rather than a 90-day level) beginning in 2025 to balance cash flow and revenue stability with meeting known service gaps. The 2024 BSK annual report notes this allowed BSK to increase investments in the Family Ways and Youth Development strategy and extend the COO: Community Partnership's storytelling cohort.

Review by Advisory Boards. According to the Executive, the CYAB and COO-AB members received a draft copy of the annual report in April 2025, and the final report reflects their input and feedback.

BSK 2024 Annual Report Highlights. In 2024, the report indicates that Best Starts for Kids invested over $137 million, partnering with 365 community-based organizations operating 609 programs to directly serve 169,340 individuals in King County. The formatting for summarizing levy strategy highlights for the 2024 annual report around the following five key themes that shaped BSK programming and results in 2024:

- Meeting families' needs
- Prioritizing well-being and mental health
- Cultivating opportunities for children and young people
- Strengthening the workforce
- Building community power and capacity

Table 1 provides a summary of 2024 levy expenditures organized by levy investment area. This information is excerpted from Figure 10 of the annual report. Of note, in response to community feedback, Best Starts for Kids adopted a provider inflation rate adjustment policy in late 2024 (in alignment with policy of the county's Department of Community and Human Services) for contracts in both DCHS and Public Health. As a result, BSK now addresses inflation adjustments at the time of contracting using universal rate increases and pursues mid-contract adjustments depending on fund availability.

It is important to note that BSK, as described in the annual report, has identified areas to strengthen fiscal infrastructure with the intention of delivering consistent and proactive communication regarding contract requirements, more frequent fiscal training, and clear expectations for fiscal site visits to both help BSK meet county standards for fiscal transparency and contract compliance and reduce payment challenges for funded partners.[9]

Table 1. BSK 2024 Expenditure by Investment Area

Investment Area	2024 Budgeted	2024 Expenditures
Child Care	$39,143,990	$31,180,820
Youth and Family Homelessness Prevention Initiative	$5,189,029	$5,181,065
Technical Assistance and Capacity Building	$2,250,669	$2,015,088
Subtotal *(per Ord 19267 subsection 4.D)*	$46,583,689	$38,376,973
Investing Early (Prenatal to 5)	$49,812,586	$48,726,719
Sustain the Gain (5 to 24)	$37,185,823	$33,900,660

[9] In August 2025, the King County Auditor's Office released an audit report available online titled "Department of Community and Human Services Needs to Strengthen Financial Stewardship" that includes ten recommendations to help DCHS strengthen financial stewardship and build a robust internal control framework. Of note, DCHS recently adopted policy (effective July 1, 2025) to establish uniform practices across the department for contract compliance monitoring, superseding other department compliance monitoring policies, with the aim of clarifying the department's approach to contract monitoring and ensuring compliance with contracts, to ensure they are achieving their intended purpose.

Communities of Opportunity	$8,841,454	$8,392,092
Data and Evaluation	$5,539,492	$5,028,066
Capital Projects	$17,032,640	$2,827,228
Total 2024 Expenditures	**$164,995,683**	**$137,251,737**

As indicated in the annual report, child care and capital projects (new investment areas for the 2022-2027 levy), are ramping up more slowly than expected, resulting in underspend in those areas for 2024. Additionally, the Sustain the Gain allocation underspent from its budget by almost $3.3 million in 2024 due to factors including staffing shifts and some funded partners spending funds at a slower rate than anticipated.

Geographic distribution of BSK participants and expenditures are summarized in Figures 8 and 9 of the annual report. Please note that data for individual ZIP Codes are also available in Appendix E to the annual report and on the BSK online dashboard.

Data and Evaluation. The annual report links to a data dashboard on the Best Starts for Kids website.[10] The dashboard provides measures for Best Starts for Kids programs, customizable data views, and geographic and financial details. Additionally, the Resources and Methods tab of the dashboard navigates users to in-depth evaluation reports, background references, and Best Starts' population indicators. The 2024 annual report also includes a link to published results of more in-depth evaluations completed by third-party, independent evaluators and community partners.[11] Key findings from evaluation reports completed in 2024, including learnings from the most recent BSK Health Survey, are also included in the transmitted annual report.

ATTACHMENTS

1. Proposed Motion 2025-0217. a. 2024 BSK Annual report
2. Transmittal Letter

[B] Best Starts for Kids dashboard - King County, Washington
[11] Best Starts for Kids Reports - King County.

1200 King County Courthouse
516 Third Avenue
Seattle, WA 98104

KING COUNTY

Signature Report

Motion

Proposed No. 2025-0217.1 **Sponsors** Mosqueda

A MOTION acknowledging receipt of the third annual report on the second Best Starts for Kids initiative, in accordance with Ordinance 19354.

WHEREAS, King County voters approved the best starts for kids levy in 2015 to fund prevention and early intervention strategies to improve the health and well-being of children, youth, families and communities, and

WHEREAS, Ordinance 19267, providing for the submission of a renewed best starts for kids levy to the qualified electors of King County, was adopted by the metropolitan King County council on April 20, 2021, and signed by the executive on April 30, 2021, and

WHEREAS, King County voters approved King County Proposition No. 1 on August 3, 2021, authorizing a six-year renewal of the Best Starts for Kids levy to plan, provide, administer, and evaluate promotion, prevention, and early interventions and capital investments for King County children, youth, families and communities, and

WHEREAS, in accordance with Ordinance 19267, the executive transmitted to the council for review and adoption an implementation plan that identified the strategies to be funded, outcomes to be achieved, and framework to measure the performance of levy strategies, and

WHEREAS, Ordinance 19354 adopted the Best Starts for Kids Implementation Plan, dated October 13, 2021, and

WHEREAS, Ordinance 19267 and Ordinance 19354 require an annual report on levy expenditures, services, and outcomes to be transmitted to the council, with the first report due by July 15, 2023, and additional yearly reports to be transmitted no later than July 15 of each year through 2027, and

WHEREAS, the third annual report on the second Best Starts for Kids initiative, entitled 2024 Best Starts for Kids Annual Report, is submitted by the executive;

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

The receipt of the third annual report on the second Best Starts for Kids initiative,

entitled 2024 Best Starts for Kids Annual Report, Attachment A to this motion, in accordance with Ordinance 19354, is hereby acknowledged.

KING COUNTY COUNCIL
KING COUNTY, WASHINGTON

_____

Girmay Zahilay, Chair

ATTEST:

_____

Melani Pedroza, Clerk of the Council

APPROVED this _____ day of _____, _____.

_____

Shannon Braddock, County Executive

Attachments: A. 2024 Best Starts for Kids Annual Report, July 15, 2025

2024 Best Starts for Kids Annual Report

July 15, 2025

King County

Contents

Executive Summary

Overview

The Best Starts for Kids 2024 Annual Report summarizes the activities of the Best Starts for Kids initiative in 2024 and fulfills the reporting requirements in Ordinance 19354 and the Best Starts for Kids Implementation Plan.[1, 2]

Background

Best Starts for Kids (Best Starts) is King County's community-driven initiative to support every baby born and child raised in King County to reach adulthood happy, healthy, safe, and thriving. This annual report celebrates the third year of the second levy, reflecting Best Starts' values of centering anti-racism, equity, and community strengths. The report offers quantitative and qualitative data from performance measures, narrative reports, and evaluation findings. Community partners' feedback is also included. Best Starts staff, the Department of Community and Human Services (DCHS), Public Health – Seattle & King County (PHSKC), the Children and Youth Advisory Board, Communities of Opportunity-Best Starts Advisory Board (COO Governance Group), and Initiative Sponsors, in partnership with Cardea Services, have all reviewed the report to ensure alignment, input, and accountability across Best Starts.

Report Requirements

A. Best Starts for Kids Key Focus Areas and Outcomes in 2024

In 2024, Best Starts and funded community partners expanded their reach across the county and achieved positive outcomes for King County families across age groups, races, ethnicities, cultures, and geography. Best Starts partnered with **365 community-based organizations** operating **609 programs** to **directly serve 169,340** individuals and **reached 525,954 children, young people, families, providers, and community members** across King County.

The outcomes from Best Starts strategies are organized into five focus areas: Meeting Families' Needs, Prioritizing Well-being and Mental Health, Cultivating Opportunities for Children and Young People, Strengthening the Workforce, and Building Community Power. For each focus area, this report includes supporting quantitative and qualitative findings from evaluation data and partner reporting. In 2024:

- 99 percent of parents and caregivers served through Community-Based Parenting Supports: Parent-Caregiver Information and Supports reported an increase in social connections.
- 90 percent of participating middle school students received at least one Brief Intervention meeting after identifying a potential concern through the School-Based Screening, Brief Intervention, and Referral to Treatment/Services.
- 80 percent of youth participating in Expanded Learning gained new skills, including in STEM and the arts.

[1] Ordinance 19354. https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=5071765&GUID=A6787DA0-A608-4C10-9D60-20B1232A1C3D&FullText=1

[2] 2022 – 2027 Best Starts for Kids Implementation Plan. https://kingcounty.gov/~/media/depts/community-human-services/best-starts-kids/documents/Best_Starts_for_Kids_Implementation_Plan_Approved_2021.ashx?la=en

- 89 percent of participants in Workforce Development workshops reported they could apply something they learned to their work.
- 91 percent of child care provider staff surveyed by Lead and Toxics partners reported increased knowledge of blood testing processes and resources available to families.

B. Geographic Distribution of Best Starts for Kids Services

Best Starts reaches children, young people, families, and caregivers across King County. ZIP Codes in which the highest number of Best Starts participants reside typically have more young people, lower opportunity, or both.[3] For more detailed information on Best Starts' reach, see Appendix E ZIP Code Data Book, starting on page 69.

C. Best Starts for Kids Fiscal Information

Best Starts invested more than $137 million in 2024, while navigating persistent inflation, increasing assistance for providers on fiscal reporting requirements, and enacting a change to the Rainy Day fund to allow more funding to be available in the second half of the levy.[4] Although inflation rates have eased since 2022, Best Starts adopted the DCHS provider inflation rate adjustment policy for contracts in both DCHS and Public Health in late 2024 in response to community feedback.[5] The goal of this policy is to address the true cost of provider services and advance payment of living wages. As a result, Best Starts now addresses inflation adjustments at time of contracting using universal rate increases and pursues mid-contract adjustments depending on fund availability.

Best Starts' commitment to funded partners extends beyond contract cost adjustments and offering free technical assistance and capacity building consultation. In 2024, Best Starts identified areas to strengthen fiscal infrastructure with the intention of delivering consistent and proactive communication regarding contract requirements, more frequent fiscal trainings, and clear expectations for fiscal site visits. This both helps Best Starts meet County standards for financial transparency and contract compliance and reduces payment challenges for funded partners. The diversity of partners' experience contracting with public entities necessitates ongoing assessment of available supports and continuous quality improvement of those opportunities by King County staff so that providers have the information and tools they need to succeed.

While Best Starts remains on track to spend in alignment with the Implementation Plan, expenses in Capital Projects and Child Care, two new investment areas launched in 2022, are ramping up more slowly than initially expected. For Capital Projects, the original expenditure plan did not account for typical community development construction timelines. Best Starts awarded both 2022 and 2023 funds through competitive procurement, and 2024 funds are scheduled to be fully contracted in 2025. Capital Projects is expected to award its $50 million allocation by the end of the levy in 2027. However, because

[3] Child Opportunity Index (COI) 2.0 Zip Code Data, February 2023. https://data.diversitydatakids.org/dataset/coi20_zipcodes-child-opportunity-index-2-0-zip-code-data

[4] Ordinance 19861. https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=6872221&GUID=984B4D1E-D397-4497-85A8-C886918ED955&Options=Advanced&Search=&FullText=1

[5] For more information: https://dchsblog.com/2024/09/16/king-county-dchs-addresses-inflation-and-provider-wages/

of the uniqueness of capital projects, some of the expenditures are expected to occur after the end of the second levy.

For Child Care, the switch to funding multiple partners delayed the Wage Boost Pilot's implementation. However, it also resulted in a stronger system that combines the unique skills required to build a sustainable technical infrastructure, respond to the nuances within the child care sector, and incorporate community input. Instead of relying on one partner organization to hold subject matter expertise within the child care sector, administer payments, engage community, and study the impacts of a wage boost, the multi-partner system brings together organizations with specific expertise in each area. This partnership resulted in the launch of a work group to gather on going community input and put the pilot on track to launch applications and distribute payments to workers in early 2025.

The Best Starts fiscal table detailing expenditures by investment area and strategy is available online on the Best Starts for Kids Data Dashboard.[6] A summary fiscal table at the investment area level is in section C of this report.

D. Investment Changes

Best Starts made no changes to planned strategy-level investments for the 2024 fiscal year, but the 2025 annual budget adopted in late 2024 included increases in investments in future years.

The Best Starts for Kids property tax levy has been a stable revenue source since its passage by the voters. The second levy Implementation Plan instituted a 90-day Rainy Day Reserve, requiring Best Starts to set aside three months' worth of annual spending to buffer against revenue disruptions. During the 2025 budget process, King County Council approved a shift to a 60-day reserve beginning January 1, 2025, to balance cash flow and revenue stability with meeting known service gaps. This allowed Best Starts to increase investments in Family Ways and Youth Development, for which services could be scaled rapidly to meet increased demand, shore up evaluation capacity needs, and extend COO: Community Partnerships' storytelling cohort.

E. Feedback from Grantees and Providers

In 2024, Best Starts' funded partners requested increased opportunities to gather in person and shared the need for greater language access. In response, Best Starts prioritized in-person events to facilitate relationship-building, resource sharing, and collaborative learning among partners and Best Starts staff. This resulted in increased collaboration across organizations, allowing them to better serve their communities. Best Starts also focused additional time and resources on improving language access across strategies to meet growing community needs.

F. Best Starts for Kids Data and Evaluation

To complement Best Starts' performance measurement, narrative reporting, and data capacity building across programs, Best Starts funds in-depth evaluation for select strategies and investment areas. Key

[6] Best Starts for Kids Data Dashboard. https://kingcounty.gov/en/dept/dchs/human-social-services/community-funded-initiatives/best-starts-for-kids/dashboard-data-reports

findings from 2024 evaluation reports are found in Section F. Readers can explore data further by visiting the Best Starts for Kids Data Dashboard.[7]

Additional Information Available on the Best Starts for Kids Dashboard

Best Starts evaluates all strategies and programs and maintains an interactive data dashboard. This report integrates data highlights. Readers can explore data further by going to the Best Starts for Kids Data Dashboard. The dashboard:

- Provides detailed information on Best Starts' geographic reach within King County
- Provides customizable views of data by individual strategies and their programs
- Shares more detailed fiscal data, including for individual strategies
- Has new updates for 2024, including:
  - Additional overview of levy-wide results
  - New analysis in "What we're learning" tab
  - Expanded "Changing systems" tab

G. Children and Youth Advisory Board Consultation and the Communities of Opportunity Governance Group Review

Members of the King County Children and Youth Advisory Board and the COO Governance Group reviewed a draft of this report in April 2025, in recognition of these bodies' advisory roles for Best Starts as described in KCC 2A.300.510 and KCC 2A.300.521.[8]

Conclusion/Next Actions

Best Starts' approach provides opportunities for healthy development that focus on promotion, systems change, and prevention and early intervention across a child's lifespan, from prenatal support to early adulthood. Families, children, and communities are inherently interconnected. Consequently, Best Starts seeks to create change through immediate individual impact as well as sustainable systemic impact.

In 2024, Best Starts invested in 609 programs across the county, including 178 new programs, expanding its reach to 525,954 children, young people, families, providers, and community members and creating positive impacts to provide King County's children with the best start in life. This report highlights concrete examples of how Best Starts strategies supported positive changes in the health, well-being, and relationships of young people and families. These successes occurred in part because of the way partners demonstrated cultural responsiveness by acknowledging and meeting participants' cultural and

[7] Best Starts for Kids Data Dashboard. https://kingcounty.gov/en/dept/dchs/human-social-services/community-funded-initiatives/best-starts-for-kids/dashboard-data-reports

[8] KCC 2A.300.510 and KCC 2A.300.521. https://aqua.kingcounty.gov/council/clerk/code/05_Title_2A.htm

language access needs. Funded partners also created opportunities for communities and young people to help shape and deliver programs, participate in civic engagement, and lead systems change efforts.[9]

In 2025, Best Starts will reprocure funds for several strategies, opening opportunities for new community partners while strengthening relationships with existing partners through re-investment. The average number of applications for each procurement nearly doubled between 2023 and 2024, rising from 35 to 63 applications per procurement. Best Starts anticipates that this trend will continue in 2025 as partners and communities experience growing systemic and structural barriers to funding and services. The high number of applicants for Best Starts funds also may reflect organizations' increasing capacity to apply for Best Starts funds because of the Best Starts technical assistance offered to all applicants, and growing interest among providers in being a Best Starts funded partner.

In the midst of the fear and uncertainty that many communities are experiencing in King County regarding actions at the federal level, Best Starts serves a vital local role, enabling the County to respond to consistent and evolving community needs while responsibly stewarding public dollars. In 2025, Best Starts will continue responsible management of investments, leading with integrity and an explicit commitment to anti-racism.

Background

Best Starts for Kids Overview

Best Starts for Kids is King County's community-driven initiative to support every baby born and child raised in King County to reach adulthood happy, healthy, safe, and thriving. Best Starts is committed to racial equity and justice and strives to ensure that neither ZIP Code, nor family income predicts whether people have lives of promise and possibility, while advancing anti-racist systems and policies to better serve families across King County. Many Best Starts' funded partners center the experiences and voices of Black, Indigenous, and People of Color (BIPOC) in their projects and programs, recognizing that one's sense of belonging is core to programmatic success.[10] Best Starts' holistic approach supports young people in achieving their full potential and growing successful relationships with self, family, caregivers, teachers, providers, and community.

Partners use Best Starts funding to create and strengthen programs to respond to community needs. When families and communities have what they need to give their kids the best possible start:

- **Babies** are born healthy with the foundation for a happy, healthy life.
- **Young people** have equitable opportunities to be safe, healthy, and thriving.
- **Communities** offer safe and welcoming environments for their young people.

[9] For more information, see the "What we're learning" tab of the Data Dashboard. https://kingcounty.gov/en/dept/dchs/human-social-services/community-funded-initiatives/best-starts-for-kids/dashboard-data-reports

[10] Best Starts and partners acknowledge that not all communities represented in this report identify with Black, Indigenous, and People of Color (BIPOC) as a meaningful identifier or lived experience. Where possible, Best Starts identifies people and communities how they identify themselves (such as Black and Brown children, students of color, communities of color and so on).

Best Starts works toward this vision with community partners in the following investment areas:[11]

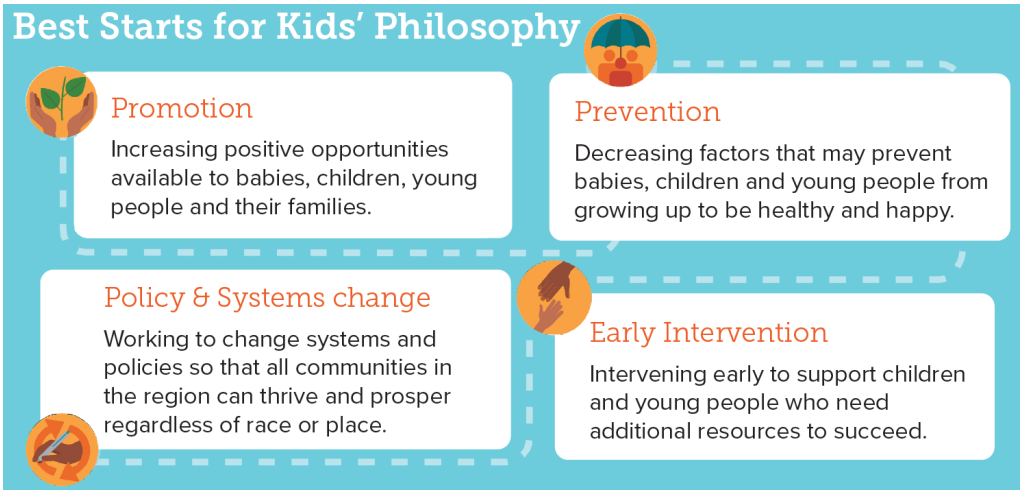
- **Child Care (CC):** Offers subsidies for families to make this service more affordable and invests in the child care workforce so that workers are well-compensated and supported.
- **Investing Early (IE):** Builds a robust system of programs for pregnant people, babies, young children, and their families and caregivers, meeting them where they are: at home, in the community, and wherever children receive care.
- **Sustain the Gain (SG):** Provides school- and community-based opportunities for children and young people to enhance their social-emotional development and mental well-being through connection with peers and supportive adults in and out of school.
- **Youth and Family Homelessness Prevention Initiative (YFHPI):** Provides concrete resources and case management to prevent families and young people from losing stable housing.
- **Communities of Opportunity (COO):** Invests in communities by strengthening partnerships, sharing knowledge, and building capacity in communities to change systems and policies to create fair and lasting conditions in housing, health, and economic opportunities for children and their families.
- **Capital Projects (CP):** Improves and creates physical community spaces to equitably expand access to high-quality programs and services for children, young people, and families.
- **Technical Assistance and Capacity Building (TACB):** Offers assistance to community organizations applying for Best Starts funding and strengthens funded partners' organizations and programs.

Best Starts for Kids' Approach

Best Starts contributes to positive outcomes for children through the principles of promotion, prevention, early intervention, and policy and systems change (Figure 1, next page). Promotion continues to be a cornerstone for Best Starts strategies, followed by prevention and early intervention. Best Starts also focuses on policy and systems change to ensure lasting and sustainable multigenerational progress. By providing comprehensive opportunities for children, young people, families, and caregivers, Best Starts catalyzes strong starts in early childhood and sustains those gains as children progress into adulthood and community life.

[11] 2022 – 2027 Best Starts for Kids Implementation Plan. https://kingcounty.gov/~/media/depts/community-human-services/best-starts-kids/documents/Best_Starts_for_Kids_Implementation_Plan_Approved_2021.ashx?la=en

Figure 1. Best Starts for Kids Principles



Founded in community, Best Starts commits to learning alongside partners, implementing new, innovative approaches, and growing with partners to expand reach and impact. This approach includes co-creating evaluation plans and ongoing monitoring of program implementation and contract deliverables.

Department Overview

DCHS and PHSKC share an important vision grounded in the King County Strategic Plan: All King County residents achieve optimal health and well-being and communities thrive.[12] Best Starts funds equitable and comprehensive programs that span infancy through young adulthood. DCHS and PHSKC jointly administer the Best Starts initiative to realize this vision.

DCHS provides equitable opportunities for King County residents to be healthy, happy and connected to community. The Department envisions a welcoming community that is racially just, where the field of human services exists to undo and mitigate systemically inequitable structures. DCHS plays a leading role, along with a network of community providers and partners, in creating and coordinating the region's human services infrastructure. DCHS stewards revenue from the Veterans, Seniors, and Human Services Levy (VSHSL), Best Starts for Kids (Best Starts) Levy, MIDD behavioral health sales tax fund (MIDD), Crisis Care Centers (CCC) levy, Health Through Housing sales tax, and Puget Sound

[12] The King County Council approved the King County Strategic Plan by Ordinance 16897 in 2010, and adopted the corresponding vision, mission, guiding principles, goals, and priorities by Motion 14317 in 2015. https://kingcounty.gov/en/dept/executive/governance-leadership/performance-strategy-budget/king-county-strategic-plan

Taxpayer Accountability Account (PSTAA), along with other state and federally directed revenues.[13, 14, 15, 16]

PHSKC envisions health, well-being, and racial equity, every day and for everyone in King County. The department works to promote and improve the health and well-being of all people in King County by leading with racial equity and changing systems and structures that impact health. PHSKC protects the public from threats to their health, promotes better health, and helps ensure people have accessible, quality health care.[17]

Legislative History, Policy Goals, and Annual Reporting Requirements

In 2015, King County voters approved the first Best Starts for Kids levy to fund strategies that improve the health and well-being of children, young people, families, and communities. Six years after Ordinance 19267 passed, King County voters approved King County Proposition No. 1 to renew the Best Starts for Kids levy through 2027.[18] In accordance with Ordinance 19267, the Executive transmitted to the Council for review and adoption, an implementation plan that identified the strategies for funding, outcomes for achieving, and frameworks to measure the performance of levy strategies. Ordinance 19354 adopted the Best Starts for Kids Implementation Plan.[19] Ordinance 19267 and Ordinance 19354 require an annual report on levy expenditures, services, and outcomes to the Council by July 15 of each year.

Key Historical Context and Current Conditions

With the second Best Starts levy's launch in 2022, Best Starts committed to shoring up its foundational strategies and expanding into new investment areas. Now at the midpoint of the second levy, these goals are coming to fruition as community partners continue to solidify their organizational infrastructure to more effectively deliver services and contribute to systems and policy change.[20]

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[13] Best Starts for Kids Levy. https://kingcounty.gov/en/dept/dchs/human-social-services/community-funded-initiatives/best-starts-for-kids

[14] The MIDD behavioral health sales tax fund is also referred to as the Mental Illness and Drug Dependency fund. https://kingcounty.gov/en/dept/dchs/human-social-services/community-funded-initiatives/midd-behavioral-health-tax

[15] Health Through Housing sales tax. https://kingcounty.gov/en/dept/dchs/human-social-services/community-funded-initiatives/health-through-housing

[16] Puget Sound Taxpayer Accountability Account. https://kingcounty.gov/en/dept/dchs/human-social-services/community-funded-initiatives/pstaa

[17] Public Health Seattle King County Strategic Plan. https://kingcounty.gov/en/dept/dph/about-king-county/about-public-health/strategic-planning

[18] Ordinance 19267. https://aqua.kingcounty.gov/Council/Clerk/OldOrdsMotions/Ordinance%2019267.pdf

[19] Ordinance 19354. https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=5071765&GUID=A6787DA0-A608-4C10-9D60-20B1232A1C3D&FullText=1

[20] In 2024, 123 Best Starts funded partners received nearly 9,000 hours of Capacity Building support from 15 Best Starts consultants. https://kingcounty.gov/en/dept/dchs/human-social-services/community-funded-initiatives/best-starts-for-kids/dashboard-data-reports

Responding to Community Needs

Best Starts works to provide opportunities and connections to community members and partners beyond funding. For example, many funded partners described a need to identify additional funding sources to ensure diverse and sustainable finances. In response, Best Starts began identifying and sharing a monthly list of non-Best Starts funding opportunities in 2024 and it is one of the most popular blog series.[21] The initiative also invested in strengthening King County's nonprofit sector through in-person co-learning and capacity building, resulting in more robust relationships among partners, which is essential for sharing information and resources.

In 2024, Best Starts explicitly focused its equity work on anti-racism. The initiative's unwavering commitment to anti-racism has been critical in ensuring that Best Starts is working toward a more just King County for all residents, especially communities that have been, and continue to be, harmed by systemic racism. Beginning in 2023, Best Starts worked with an external expert to incorporate anti-racism into all aspects of Best Starts. This included building a shared knowledge base, establishing a leadership cohort, and providing opportunities for all staff learning. This work has continued to grow and influence the way Best Starts as an initiative develops processes and systems, and Best Starts team interactions.

Racism, the lingering effects of the COVID-19 pandemic, and other stressors identified by community-led data projects like social isolation and barriers to healthcare and transportation, are weighing heavily on King County youth and their families.[22] Best Starts has several strategies to support young people's mental health and well-being through both direct services and systems change that increase access to protective factors.[23]

Best Starts Collaborations

In 2024, the Youth Bill of Rights Taskforce created the King County Youth Bill of Rights (YBOR) with the support of Best Starts, collecting 4,000 comments from young people across the county. The YBOR seeks to elevate youth voice in the County's policymaking and bring awareness to issues affecting young people in the region. The YBOR outlines the following areas as top priorities: 1) Basic Needs & Wellbeing; 2) Community & Belonging; 3) Education & Learning; 4) Equity & Social Justice; 5) Health; 6) Recreation & Sports; 7) Safety & Security; 8) the Environment; 9) Transportation; and 10) Youth Voice.[24] In January 2025, the King County Council voted to adopt the Youth Bill of Rights by Motion 16722.[25]

In the spirit of collaboration and innovation, Best Starts also partnered with the MIDD Behavioral Health Sales Tax Fund and released a funding opportunity in 2024 to support diverse healers in behavioral health. This cross-initiative, cross-departmental effort to center diverse communities in entering and increasing representation within the broader youth mental health and healing fields. It seeks to fund

[21] Non-Best Starts funding blog posts see an average of 830 views per post, compared to roughly 340 views for other blog posts.
[22] For more details, see *Community-Led Data in King County —December 2024* in Section F, p. 37-39.
[23] Families Thrive. https://beststartsblog.com/wp-content/uploads/2024/08/Families-Thrive_FINAL.pdf
[24] King County Youth Bill of Rights. https://dchsblog.com/wp-content/uploads/2024/08/King-County-Youth-Bill-of-Rights-Formatted-11x17-07102024.pdf
[25] Motion 16722. https://aqua.kingcounty.gov/council/clerk/OldOrdsMotions/Motion%2016722.pdf

creative ideas and approaches that support diverse youth mental health providers, healers, and wellness supporters connected to LGBTQIA and BIPOC communities and support retention of diverse providers, healers, and general supporters of youth mental health within the field.[26]

Across the country, the need to support the youngest residents continues to be a priority. Several important children's fund initiatives passed in 2024, including in Whatcom (Washington) and Travis (Texas) Counties, with Best Starts providing thought partnership and learnings from the past 10 years through participation in the Children's Funding Project and additional conversations with interested jurisdictions.[27, 28] These conversations expand the influence of Best Starts beyond King County, and outside Washington State, as local governments recognize Best Starts as a model for leveraging local impact to effect broader systems change.[29, 30]

Federal Context and Need for Best Starts Funding

The end of 2024 brought the results of the national election and a new administration's promises to dismantle long-standing institutions and agencies that the people of King County rely upon for their health and well-being. This shift, coupled with vitriolic anti-immigrant, anti-equity, and racist rhetoric, has contributed to a rise in anxiety among Best Starts' focus communities.

With the threat of federal funding cuts, the ending of COVID-19 related funding, and increasing community need amid rising costs of living, Best Starts observed a large increase in responses to funding proposal requests in 2024 compared to previous years, with 13 procurement processes resulting in a total of 816 applicants compared to eight funding opportunities in 2023 receiving 282 applications. Best Starts expects that these numbers will continue to increase in 2025 as many strategies reprocure and the reality of the funding landscape becomes clearer. Best Starts is in the process of reviewing its proposal process to ensure that funding opportunities are clear and specific. Best Starts works to build long-term sustainable supports for the community and recognizes that this initiative is part of a broader, cross-sector effort.

Report Methodology

Best Starts and community partners work together to gather data and feedback regularly. Best Starts evaluators analyzed quantitative and qualitative data from performance measures and narrative reports from funded partners to capture Best Starts' work in 2024. Best Starts staff also gathered feedback

[26] King County's investments in the mental health and well-being workforce. https://beststartsblog.com/2024/09/03/king-countys-investments-in-the-mental-health-and-well-being-workforce/

[27] Whatcom Healthy Children's Fund. https://www.whatcomcounty.us/4069/Healthy-Childrens-Fund

[28] Travis County Voter Approved Child Care and Out of School Time Fund. https://services.austintexas.gov/edims/document.cfm?id=444874#:~:text=On%20November%205%2C%202024%2C%20Travis,and%20develop%20and%20administer%20related

[29] Investing Early in Child Well-Being Gives King County Kids the "Best Start." https://childrensfundingproject.org/update/investing-early-in-child-well-being-gives-king-county-kids-the-best-start/

[30] 2025 Children's Funding Institute. https://childrensfundingproject.org/wp-content/uploads/2025-Childrens-Funding-Institute.pdf

continuously throughout the year, focusing on where partners needed support and how Best Starts is already addressing identified needs. Findings inform how Best Starts invests in partners moving forward.

In 2024, Best Starts staff contracted Cardea Services to conduct discussion groups with program managers across investment areas. The discussion groups centered on key focus areas: 1) Meeting Families' Needs; 2) Prioritizing Well-being and Mental Health; 3) Cultivating Opportunities for Children and Young People; 4) Strengthening the Workforce, and 5) Building Community Power. Best Starts staff and Cardea Services designed the discussion groups to encourage sharing across investment areas and to understand greater details about the synergistic strengths and accomplishments of each strategy toward Best Starts' common goals.

Best Starts staff and Cardea Services created this report in collaboration, using performance measures, narrative reports, and these discussion group findings. This report summarizes the results. A comprehensive look at the data is available at the Best Starts for Kids Data Dashboard, with detailed geographic data also provided in Appendix E.[31] For detailed partner feedback by strategy, please see Appendix D.

[31] Best Starts for Kids Data Dashboard. https://kingcounty.gov/en/dept/dchs/human-social-services/community-funded-initiatives/best-starts-for-kids/dashboard-data-reports

Report Requirements

This annual report summarizes the activities of the Best Starts for Kids initiative through the end of 2024 and fulfills the reporting requirements in Ordinance 19267, Ordinance 19354, and the Best Starts for Kids Implementation Plan 2022 – 2027.[32, 33, 34] Specifically, this document includes summaries of the accomplishments and effectiveness of the Best Starts for Kids levy in 2024 as well as the financial information, including the distribution of participants and expenditures by ZIP Code and investment area. In addition, the Best Starts for Kids Data Dashboard contains customizable data views and greater geographic and financial detail, organized by section and investment area.[35]

A. Best Starts for Kids Key Focus Areas and Outcomes in 2024

Best Starts for Kids Key Focus Areas

Best Starts invests in eight areas, including Child Care, Investing Early, Sustain the Gain, Youth and Family Homelessness Prevention Initiative, Communities of Opportunity, Capital Projects, Technical Assistance and Capacity Building, and Data and Evaluation. Across these investment areas, five key focus areas can summarize Best Starts programming and results in 2024:

- **Meeting Families' Needs** to support families' safety and stability.
- **Prioritizing Well-being and Mental Health** to support the family unit and the whole community.
- **Cultivating Opportunities for Children and Young People** to support their goals in education and employment.
- **Strengthening the Workforce** to support a sustainable, robust, skilled, and well-compensated workforce to meet the needs of babies, children, and families.
- **Building Community Power** to support long-term equitable systems change and organizational infrastructure.

Best Starts Outcomes

In 2024, Best Starts partnered with 365 community-based organizations operating 609 programs to directly serve 169,340 individuals, and reach 525,954 children, young people, families, providers, and community members across King County. Best Starts ran 10 Request for Proposal (RFP) processes in 2024, which resulted in 178 new contracts for funded programs.

This report contains examples of Best Starts' impact on King County's young people, families, and communities in concrete and systemic ways. As Best Starts comes to the midpoint of the second Best Starts levy, it continues to improve systems inside and outside the county. Best Starts continues to streamline existing funding processes to ensure equitable access and responsible stewardship of public dollars.

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[32] Ordinance 19267. https://aqua.kingcounty.gov/Council/Clerk/OldOrdsMotions/Ordinance%2019267.pdf
[33] Ordinance 19354. https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=5071765&GUID=A6787DA0-A608-4C10-9D60-20B1232A1C3D&FullText=1
[34] Best Starts for Kids Implementation Plan, p. 58. https://kingcounty.gov/~/media/depts/community-human-services/best-starts-kids/documents/Best_Starts_for_Kids_Implementation_Plan_Approved_2021.ashx?la=en
[35] Best Starts for Kids Data Dashboard. https://kingcounty.gov/en/dept/dchs/human-social-services/community-funded-initiatives/best-starts-for-kids/dashboard-data-reports

Meeting Families' Needs

Figure 2. Family at Mother Africa's community event

Best Starts Strategies for Meeting Families' Needs

- Child Care Subsidy (CC)
- Community-Based Parenting Supports (IE)
- Help Me Grow (IE)
- Home-Based Services (IE)
- Parent Child Health Services (IE)
- Positive Family Connections (SG)
- Youth Family Homelessness Prevention Initiative (YFHPI)

Knowing where to turn to for resources can help alleviate day-to-day stressors exacerbated by rising living costs and unmet needs. The wide variety of services provided by the strategies listed above are essential to building a stable foundation that benefits the entire community. These Best Starts programs are connecting families to tangible supports and culturally rooted services, boosting families' knowledge of parenting and child development, and increasing social connection.[36] For example, in 2024:

- 76 percent of primary caregivers who received a Child Care Subsidy reported improved well-being after receiving the subsidy.
- 99 percent of parents and caregivers served through Community-Based Parenting Supports: Parent-Caregiver Information and Supports reported an increase in social connections.
- 100 percent of families in Help Me Grow reported an improvement in protective factors.[37]
- Home-Based Services and Community-Based Parenting Supports launched a joint RFP to address community concerns about domestic violence, highlighting the value of cross-strategy collaboration.

[36] Culturally rooted services refers to services connected to a specific culture's traditions, values, and beliefs.
[37] Protective factors refer to an interwoven set of supports that address basic and social needs. Best Starts measures the following protective factors: Family resilience, social supports, knowledge of parenting and child development, concrete supports, and caregiver/practitioner relationship. See more at: https://beststartsblog.com/wp-content/uploads/2024/04/CRMT-PF_Handout_PFOverview-QuestionAlignment_Mar2024.pdf

Connecting Families to Tangible Supports and Culturally Rooted Services

Help Me Grow partners with local community organizations to connect families and caregivers of young children to the resources they need, when and how they need it. In 2024, this strategy assisted 1,284 parents and caregivers through making **5,874 connections to opportunities for building social relationships**, making **educational referrals** for both adults and children, **and sharing information** on pertinent topics such as toxic stress in families.[38]

Child Care Subsidy partners with community-based organizations to administer subsidies that support the cost of child care at licensed centers and family child care sites for families of children aged birth to 12 years. In 2024, Child Care Subsidy helped **974 families** afford child care for **1,618 children**, resulting in **87 percent** of primary caregivers **reporting a positive change in their career or education.** [39,40]

> *"Voices of Tomorrow has played a crucial role in helping numerous families secure child care subsidies and connect with licensed providers. Many of these families faced significant barriers, including limited access to technology, language challenges, and an overwhelming application process. Through dedicated outreach and personalized, one-on-one support, we ensured that families — especially those needing bilingual assistance — could successfully navigate the system... Once their subsidies were approved, families expressed deep gratitude, sharing how this support lifted a major burden and allowed them to focus on their employment and overall well-being."*
>
> – Nora Al Gwahery, Provider Support & Education Manager, Voices of Tomorrow (Child Care Subsidy Partner)

The Youth and Family Homelessness Prevention Initiative engages with and connects families and young people to flexible financial assistance to reduce imminent risk of housing loss and case management.[41] In 2024, **934 households enrolled** in the program; **94 percent stayed housed six months after exiting the program.** Rother Rashid, a Program Manager at Partner in Employment, explained how the program keeps clients stably housed by connecting them to one-time rental assistance programs, stating that the *"rental assistance program has been dedicated to advocating for and supporting refugees and immigrants to prevent homelessness. This effort includes enhancing housing stability, improving access to essential services, and facilitating workforce entry and job training in high-wage industries."*

[38] Best Starts Strategy One-Pagers. https://drive.google.com/file/d/1_VKHUK5ucRIZOffjL9eCdlgjXoa_-XUM/view
[39] Best Starts Strategy One-Pagers. https://drive.google.com/file/d/1lGFAdDmm8vKB8Zatc9ifHlD0cwgJkhf1/view
[40] The number of children receiving the child care subsidy is lower than initially anticipated because Best Starts adjusted the subsidy amount to account for the rising cost of child care.
[41] Best Starts Strategy One-Pagers. https://drive.google.com/file/d/1sBG10s5iV_NcY4diqGkhGpcpuQ9hK1Mq/view

Boosting Families' Knowledge of Parenting and Child Development

Home-Based Services offer relationship-based support by trained Home Visitors for expecting families and families of children birth to age five years.[42] In 2024, **1,813 caregivers participated in 48,513 visits** using nationally implemented or community-designed models, building their knowledge of parenting and child development**, and 99 percent of parents and caregivers in the community-designed models reported increased knowledge of parenting and child development.**

> *"Many [parents] have shared that they feel empowered to be more present in their children's lives, equipped with the skills to support their emotional, social, and physical growth. Parents often recommend our program to friends and family, knowing how positively it has impacted their lives. Through our work, we have seen the ripple effect of positive change: not only are children thriving, but families are growing stronger, more connected, and better equipped to navigate the challenges of life. The feedback we receive consistently confirms that our program is making a meaningful difference, one family at a time."*
>
> – Mohamed Ugas, Programs Director, East African Community Services (Home-Based Services Partner)

Through an array of programs, Community-Based Parenting Supports provides community-centered, peer-based services to strengthen protective factors, mitigate risk, and increase health, safety, and social-emotional well-being of pregnant people, parents, and caregivers of children birth to age five.[43, 44] In the Kaleidoscope Play and Learn groups, **1,830 parents attended, and 86 percent reported an increase in knowledge or skills to prepare their children for kindergarten.** Kaleidoscope Play and Learn Program Manager Nichole Flores shared that caregivers have "*observed significant growth in both children and caregivers through participation in the program. Children have become more confident, engaging with other kids, trying new activities, and staying focused on tasks for longer periods. Caregivers have also gained more confidence in their roles, underscoring the program's positive influence on families*."

[42] Best Starts Strategy One-Pagers. https://drive.google.com/file/d/16uSf8pCunwQEHqajsdMRtuoqB5zrjdyy/view
[43] Best Starts Strategy One-Pagers. https://drive.google.com/file/d/1zcEAPD-Et8MujUG_548zQPHtVaH4djtF/view
[44] Youth Thrive: A Framework to Help Adolescents Overcome Trauma and Thrive. https://acycpjournal.pitt.edu/ojs/jcycw/article/view/70/54

Increasing Social Connection

Positive Family Connections focuses on strengthening and building positive relationships between children and young people ages five to 24, their families, and their caregivers through services including intergenerational healing circles, kinship care support groups, and educational workshops for families about child and youth development.[45] In 2024, the strategy enrolled **1,930 parents and caregivers and 1,076 young people. Ninety-nine percent of parents and caregivers and 98 percent of young people reported increased connection** to peers, family, culture, or community. In addition, Positive Family Connection mini-grant recipients served 2,144 community members through services such as family wellness and self-care workshops, intergenerational cultural events, and mental health supports, further solidifying social connections within King County communities.

> *"[The back-to-school event] created a supportive environment for families to come together, share their thoughts, and provide mutual support. Parents reported that the experience fostered a sense of community. One parent said 'We were able to share our fears and concerns about our children's education, which helped us support each other outside the program.'"*
>
> – Sahar Alarasi, Program Supervisor, Mother Africa (Positive Family Connections Partner)

Parent Child Health Services: Family Ways supports pregnant people, parenting families, and children up to age five to promote family health and wellness.[46] Family Ways works one-on-one with clients on family-identified priorities to achieve participant-identified goals such as finding employment, childcare, mental health resources, and addressing nutritional concerns. Focus populations include American Indian/Alaska Native, Native Hawaiian/Pacific Islander, and U.S. born Black/African American. All services are culturally rooted, participant-centered, and strengths-based. The team includes peer community specialists, a public health nurse, a social worker, and a registered dietician. In 2024, **Best Starts enrolled 198 participants** in the Family Ways program and **provided parenting or pregnancy education and support to 115 participants**. **Ninety-eight percent** of participants indicated they would **recommend the program to a friend or family member.**

[45] Best Starts Strategy One-Pagers. https://drive.google.com/file/d/1HwtiO6tCNB308MpDRfcNT0wpberMOhR1/view

[46] https://kingcounty.gov/en/dept/dph/health-safety/health-centers-programs-services/maternity-support-wic/family-ways

Prioritizing Well-being and Mental Health

Figure 3. Participants at the Infant and Early Childhood Mental Health Community of Practice – Transformation, Healing, and Liberation in Reflective Practice

Best Starts Strategies for Prioritizing Well-being and Mental Health

- Community Well-being Initiative (SG)
- Child and Adolescent Immunizations (SG)
- Early Support for Infants and Toddlers (IE)
- Systems Building for Infant and Early Childhood Mental Health (IE)
- Liberation and Healing (SG)
- Parent Child Health Services (IE)
- School-Based Screening, Brief Intervention and Referral to Treatment/Services (SG)
- School-Based Health Centers (SG)
- Universal Developmental Screening (IE)

The commitment to child and family well-being is foundational to Best Starts, and this includes physical and mental health at all stages of life. The nine Best Starts strategies listed above prioritize well-being and mental health while celebrating cultural roots. These strategies highlighted language access as an urgent need. For example, Early Support for Infants and Toddlers interpreters supported 48 spoken languages and one sign language. In 2024:

- 73 percent of families who received a referral to developmental services through the Universal Developmental Screening Family-Centered Developmental Programs went on to establish a service connection with a provider.
- 90 percent of middle school students received at least one Brief Intervention meeting after identifying a potential concern through the School-Based Screening, Brief Intervention, and Referral to Treatment/Services.
- 94 percent of youth leaders who participated in the Community Well-being Initiative reported knowing how to access culturally relevant mental health supports when they need them.

Working to Counter the Tangible Impacts of Racism

Parent Child Health Services: Infant Mortality Prevention Network funds community collaborations to eliminate racial disparities in infant deaths and improve birth outcomes in the communities experiencing the highest rates of infant mortality, specifically the American Indian and Alaska Native (AI/AN) and Black communities.[47, 48] In 2024, the Network **provided 6,558 services**, including nutritional supports, healthcare, and family planning, within communities experiencing the highest rates of infant mortality. **Among 177 pregnant patients served, 161 reported healthy birth outcomes**, meaning babies were neither miscarried, premature, nor had low birth weight.

> *"The Infant Mortality Prevention Network moms' mini retreats are often a great opportunity for the caregivers to … [connect] and share real life examples and experiences amongst themselves. For the 2024 moms' mini retreats, our theme was on family bonding, specifically for caregivers post-partum or the newborn babies with other older babies in the family ... They talked about incorporating different (cultural) nutrition, exercise and healing practices post-partum and how families had to bond by intentionally creating communities for themselves and their babies in the US."*
>
> – Carol Gicheru, Program Manager, Mother Africa (Infant Mortality Prevention Network Partner)

Through community-based partnerships, Liberation and Healing: TRACE strives to create humane systems that support healing and improve the overall social and emotional well-being of young people and families in a way that mitigates inequities. The program works towards this goal by providing enhanced trauma response services for children, young people, and family members who have experienced an adverse community event and/or are experiencing systems of trauma as a result of childhood experiences. **Eighty-two percent of families who received a basic needs referral were able to meet a basic need** such as housing or food access.

[47] Best Starts for Kids Blog. https://beststartsblog.com/2022/03/28/now-accepting-applications-for-the-infant-mortality-prevention-network-rfa-apply-by-april-19/

[48] Public Health – Seattle & King County, 2024/2025 Community Health Needs Assessment. https://kingcounty.gov/en/dept/dph/about-king-county/about-public-health/chna

Meeting Physical Health, Mental Health, and Developmental Needs

> *"One notable achievement was helping a family with a 4-year-old child who had been on a waitlist for speech therapy for over a year. Through VFAAB's expanded partnerships, we connected the family to a bilingual therapist [and within six months] the child demonstrated significant improvements in communication skills including transitioning from nonverbal communication to speaking simple phrases … the support not only benefited their child's development, but also eased their stress and empowered them with tools to advocate for their child's needs."*
>
> – Ben Nguyen, Program Manager, Vietnamese Family Autism Advisory Board (Universal Developmental Screening Partner)

Universal Developmental Screening provides information, training, tools, and connections among providers to ensure all King County children receive or have access to culturally appropriate, high quality developmental screening.[49] In 2024, Best Starts partners **directly screened 1,455 children for developmental progress**, **making 1,576 connections to needed services**.

One such service is Early Support for Infants and Toddlers (ESIT), which promotes equitable outcomes for families with children birth to age three who have developmental delays or disabilities.[50] In 2024, ESIT **served 6,974 children, 79 percent of whom made progress in their social-emotional development**.

School-Based Health Centers (SBHC) ensure students can access high quality, culturally relevant medical care, mental health care, and in some cases, dental care in school.[51] This increased access supports their overall well-being and educational success. In 2024, BSK funds contributed to SBHC programs that **served 3,587 students, a 42 percent increase from the prior school year**. This increase is primarily due to the opening of an SBHC in the Auburn school district. Katherine Gudgel, Director of Community Programs at HealthPoint, illustrated the positive impacts of SBHCs on students, their families, and the broader school community: *"The athletic director … explicitly thanked us for changing the face of their sports programs. By providing access to sports physicals … at the SBHC, more children from families with barriers to accessing sports physicals were able to compete on their high school teams."*

School-Based Screening, Brief Intervention, and Referral to Treatment/Services (SB-SBIRT) provides a structured approach to promoting social and emotional health and preventing substance use for middle and high school students. In 2024, SB-SBIRT partners **screened 11,834 middle and 2,610 high school students for behavioral health needs** as a result of Best Starts' investments.[52, 53] SB-SBIRT partners also prioritized cultural and linguistic access by making the screening tool available to students in **22 languages**, with audio options coming in 2025.

[49] Best Starts Strategy One-Pagers. https://drive.google.com/file/d/1SZCmNNjJHQfn3Wr87uSTS4Cymvkza5U1/view
[50] Best Starts Strategy One-Pagers. https://drive.google.com/file/d/14u-odx2I5U2C9qtuIDID03dgUe93fjty/view
[51] Best Starts Strategy One-Pagers. https://drive.google.com/file/d/1DMJxsGzLz8UM0W7YrfFinbOohT6w1Yv8/view
[52] Best Starts Strategy One-Pagers. https://drive.google.com/file/d/1WKJca2kGrNlojMLRcOjFHCd76h7ukRGA/view
[53] These numbers represent students served through braided Best Starts and MIDD funds. SB-SBIRT providers served an additional 3100 students solely through MIDD investments.

Increasing Understanding and Awareness of Physical and Mental Health

Child and Adolescent Immunizations activities increase vaccine awareness and knowledge, vaccine demand and referral to care, and engagement with health topics through the work of youth advocates.[54] In 2024, Child and Adolescent Immunizations' Youth-Led Health Education program **increased the number of student-led events to 29, almost five times as many as the previous year.**

The Community Well-Being Initiative builds community capacity to share resources and deliver culturally relevant programming on emotional health and well-being to reduce stigma associated with mental health topics and to reinforce compassion, connection, and care in communities.[55] In 2024, this initiative **held 121 community outreach activities and program events** and **95 trainings** with young leaders, community members, and providers. **Forty three percent of young people reported increased comfort discussing mental health topics** with friends and family after participating in the program.

> *"Our yoga, art, and community cafeteria events were aimed to help youth in the … community better connect to themselves and their mental health post [COVID-19]. Many of the youth we talked to found themselves struggling to talk about mental health with their peers or family in an authentic manner. During our events we encouraged conversations about where people were mentally and how the pandemic affected/continued to affect them. The activities we hosted helped folks find ways to better tend to their mental, physical, and spiritual health."*
>
> – Cameryn Tam, Environmental Stewardship Specialist, Resiliency Series (Community Well-Being Initiative Partner)

Promoting Positive Relationships Between Families and Service Providers

Systems Building for Infant and Early Childhood Mental Health focuses on improving social and emotional outcomes of young children birth to age five through training and reflective practice approaches for providers. [56, 57] These offerings strengthen the ability of caregivers and providers to support children to build close relationships with adults and peers. In 2024**, 184 providers participated in 18 workshops** in which **98 percent of participants** reported they **could apply something they learned to their work.** In addition, **65 providers participated in 55 reflective practice sessions** in which **88 percent of participants reported increased capacity to reflect on their work**.

[54] Best Starts Strategy One-Pagers. https://drive.google.com/file/d/1PW5VpZktTLT_1rbsoEoTriikBqZxb0kD/view
[55] Best Starts Strategy One-Pagers. https://drive.google.com/file/d/1QedKL82jKlEXdaHkYm7QGFUq1sRNJC-l/view
[56] The term "reflective practice" is an approach that centers connecting the head, heart, and the hands in all aspects of caregiving, giving providers the ability the stop and reflect about how work is being done, how policies are created, and families are being served.
[57] Best Starts Strategy One-Pagers. https://drive.google.com/file/d/1YB4XH5Rc7M_42jlbfHw81_zn5-wvhl5X/view

Cultivating Opportunities for Children and Young People

Figure 4. Young people at Neighborhood House's Firewood Circle Expanded Learning After-School Program.

Best Starts Strategies for Cultivating Opportunities for Children and Young People

- Expanded Learning (SG)
- School-to-Work (SG)
- Stopping the School-to-Prison Pipeline (SG)
- Transitions to Adulthood (SG)
- Youth Development (SG)

These five Best Starts strategies promote positive activities for children and young people outside of school and work. The programs funded through these strategies focus on offering youth new opportunities to learn about themselves in a positive way, build resilient relationships with peers, and develop a strong sense of self to take into adulthood. The strategies reflected that nimbleness and responsiveness were critical to meet changing community needs. For example, a partner quickly pivoted to support refugee youth when a significant need emerged. In 2024:

- 75 percent of young people participating in the Stopping the School-to-Prison Pipeline made progress toward their educational goals.
- 80 percent of youth participating in Expanded Learning gained new skills, including in STEM and the arts.
- 86 percent of assessed participants in Youth Development programs increased connections to peers and adults or built healthy relationships.

Building Young People's Strength and Resilience to Address Stigma and Racism

Transitions to Adulthood helps young people ages 16 to 24 who are not connected to school or work to meet their education and employment goals.[58] Reengaging in secondary education and helping them navigate post-secondary systems such as applying for financial aid, paying for college books, and training in trades are some of the ways young people get the necessary tools to establish stability and security in their lives. In 2024, **602 young people participated in employment, education, or behavioral health programming on an ongoing basis**. According to assessments of individualized goal plans, **81 percent of young people** enrolled in programming **improved their behavioral health.**

Stopping the School-to-Prison Pipeline invests in direct service programs to support young people ages 12 to 24 who, due to systemic and institutional racism, are more likely to be excluded from higher education and employment and pushed into the legal system.[59] Program staff build relationships with young people, provide guidance, and connect them to internships and employment with the guide of a navigator who advances economic and educational success. In 2024, **916 young people enrolled in programming,** and **93 percent learned self-advocacy or civic advocacy skills** such as public speaking.

> *"We continue to see the positive impact of having access to mental health support. Many students enrolled in services successfully work through and achieve their treatment goals. One student who has been engaging in treatment regularly, has gone on to be awarded student of the quarter. This student has had to work through a lot of difficult life experiences to make it to where they are today. They wrote a speech and presented it during a Kent School District event. They attend therapy regularly, are on track to graduate and have made great progress in building healthy social circles."*
>
> – Tsegaba Woldehaimanot, Children, Youth and Families Mental Health Program Specialist, Asian Counseling and Referral Service (Transitions to Adulthood Partner)

Transitions to Adulthood: School-to-Work provides critical supportive employment services for young people with intellectual and developmental disabilities (I/DD). Participants practice job tasks, receive talent assessments prior to employment, and partner with an employment coach to obtain and maintain employment prior to exiting high school.[60] Nationally, individuals with I/DD face significant barriers participating in the workforce, on top of barriers like stigma and racism, experiencing employment rates of only 19 to 21 percent over the past decade.[61] In 2024, the School-to-Work Program **served 301 students and assisted 28 percent of participating students exiting school to reach employment within six months after their exit from high school**. Joey Kagan, a recent graduate of the Northwest Center School-to-Work Program, shared that "*the program was really helpful with getting ready for my first job. I had good communication with my job coach. I would tell anyone who is thinking about doing School-to-Work that at first, it's a little scary, but after the first two weeks you will love it*."

[58] Best Starts Strategy One-Pagers. https://drive.google.com/file/d/1F_xUUPVcTG_3gVGzN2G8XTXjUz_Kik-U/view
[59] Best Starts Strategy One-Pagers. https://drive.google.com/file/d/1Q-f49CEY0CqFNmfQ4cCf1fctfSqarbOq/view
[60] Best Starts Blog. https://beststartsblog.com/2023/12/18/new-report-understanding-the-reach-of-king-county-school-to-work/
[61] State Data: The National Report on Employment Services and Outcomes through 2019. https://www.thinkwork.org/sites/default/files/files/bluebook_2022_complete_F.pdf

Promoting Social-Emotional Well-Being, Interpersonal Connections, and Positive Identity Development

> *"After months of practicing "A Bug & A Wish," [a conflict resolution framework] students began mediating conflicts themselves. In one instance, a third student, instead of seeking adult intervention, encouraged two peers to use the strategy by pointing to the classroom's "Bug & Wish" poster. The students expressed their concerns, listened to each other, checked for understanding, and collaboratively resolved their issue. This demonstrated the students' ability to apply the skills independently; a major milestone in building healthy relationships and fostering a collaborative community."*
>
> – Yasmin Habib, Executive Director, Celebrating Roots (Youth Development Partner)

Youth Development partners with community-based organizations to provide mentoring, leadership, positive identity development, mental health and well-being, and healthy relationships. Young people ages five to 24 with a wide array of interests can participate in programs that focus on subjects such as youth sports, public speaking, and even exploring maritime career paths.[62] In 2024, Best Starts' partners **enrolled 5,335 young people, and 70 percent improved their health and well-being.**

Expanded Learning provides high-quality after-school and summer programming for young people ages five to 13 through academic enrichment, cultural and social development activities, physical activity and health promotion, arts education, and leadership development.[63] In 2024, Best Starts' **partners served 12,382 young people, and 87 percent of young people built social emotional learning skills**. This year over year increase in young people served was driven by improved client level data reporting by community programs, as well as more internal staffing capacity to support that data collection. Abdullahi Ahmed, H.E.L.L.O. Program Manager at Our Hope, shared that families *"have praised the safe, welcoming 'third space' our program provides — a place where students feel supported and valued beyond their home and school. These achievements demonstrate our ongoing commitment to creating meaningful opportunities for the youth and families we serve."*

[62] Best Starts Strategy One-Pagers. https://drive.google.com/file/d/1ihP4GuOEpo9MtmG9G4VHd77m10UOMiZk/view
[63] Best Starts Strategy One-Pagers. https://drive.google.com/file/d/1A2WtzRTYYEQL132kZ0NdvYvpZzkY93MZ/view

Strengthening the Workforce

Figure 5. Partners at the Workforce Development Prenatal-to-Five Community-Based Facilitators Celebration

Best Starts Strategies for Strengthening the Workforce

- Child Care Health Consultation (IE)
- Child Care Wage Boost Pilot (CC)
- Innovation Supports (IE)
- Technical Assistance and Capacity Building (TACB)
- Workforce Development (IE)

To develop and maintain a strong workforce, Best Starts strives to fund organizations at levels that support livable wages, offers opportunities for workforce training, and pays for essential business tools. Best Starts further facilitates relationship strengthening across the workforce via capacity building consultants and in-person events that enable partners to be nimble and respond to evolving community priorities. The outcomes reported in this section represent the accomplishments of a strong network of community-based organizations and the dedicated people who work for them. By investing in organizations' infrastructure and workforce, community-based organizations build the foundation they need to be strong and sustainable. For example, in 2024:

- 90 percent of Technical Assistance recipients reported that their technical assistance provider helped them create a high-quality grant proposal.
- 89 percent of participants in Workforce Development workshops reported they could apply something they learned to their work.
- 98 percent of providers who received Child Care Health Consultation support reported increased knowledge of community resources or other consultation topics.
- Program Managers in this group of strategies emphasized the ripple effects of capacity building within communities, with workshop participants through Innovation Supports cultivating skills that enabled them to join a subsequent workshop series as co-facilitators.

Strengthening Provider, Program, and Organizational Capacity

Workforce Development provides workshops, peer learning, and other professional development opportunities to build the knowledge and skills of early childhood practitioners in healthy child development, racial equity, and infant and early childhood mental health.[64] In addition, Communities of Practice provide resources for providers seeking deeper learning, mutual support, and sharing of practical knowledge as a cohort. In 2024, **170 providers in King County's early childhood workforce attended a Community of Practice learning opportunity** funded by the Workforce Development strategy and **90 percent of participants reported confidence in their abilities** to apply what they learned to their work.

> *"If there is one central theme for us in 2024, it would be a focus on diving deeper into truly community-centered and relationship-based approaches at all levels … from supporting the dreaming process to implementation to continuous quality improvement. … [This] includes the logistical but also moves beyond to manifest what we call 'radical dreaming'. Partners/participants sometimes express that they are more used to a top-down process, and so part of our job is to move beyond the administrative, listening deeply and partner[ing] with folks to support them in dreaming and visioning boldly.*
>
> – The WestEd Team (Workforce Development Partner)

Innovation Supports amplifies the creativity and expertise of community to design, develop, and lead innovative programs and interventions that serve children birth to age five and their families.[65] In 2024, Innovation Supports **built program capacity** through workshops, partner convenings, and individualized program assistance to **149 participants.** This strategy directly impacts programming, as **88 percent of participants reported the materials and skills they developed through Innovation Supports are supporting their ongoing program implementation.** The availability of support over time is also important to partners' success. Pollock and Partners' Principle Consultant and Innovation Supports facilitator Alessandra Pollock shared about an *"engagement with a partner from one of our original 2023 cohorts, where [Innovation Supports Team has] been able to help them with design and development of program expansion. This partner has continued to use and expand on [Innovation Supports] tools and templates over the years and … has helped them be successful in their programming, as well as grow and scale in a sustainable way."*

Technical Assistance and Capacity Building offers applicants for Best Starts funding free, culturally responsive services to assist with proposal development through a diverse cohort of consultants with proficiency in multiple languages.[66] In 2024, **81 organizations received technical assistance** with grant applications and **77 percent** of funded partners who completed a follow-up survey **reported their staff learned new skills through the process**. The strategy also assists funded Best Starts partners in building and strengthening their organizational infrastructure for long-term stability and sustainability**.** In 2024, Best Starts **connected 123 community organizations to capacity building services, providing more than**

[64] Best Starts Strategy One-Pagers. https://drive.google.com/file/d/1HbsAkAVi6GCHFbaSS4w5o0yTRM5YP_CL/view
[65] Best Starts Strategy One-Pagers. https://drive.google.com/file/d/1jsP-TUBOIsDpEiJwSFoaYBsrFRXsMSL7/view
[66] Best Starts Strategy One-Pagers. https://drive.google.com/file/d/1yGm7OoxR-O9UOON9qxPWWsIGeN3l0wRt/view

8,700 hours of support. **Eighty-nine percent of capacity building recipients' staff, board, or volunteers were more effective in their work** after receiving capacity building.[67] For example, organizations that received support with strategic planning improved the efficiency and quality of their services for youth and families. Divine Mutesi, Founder and Executive Director of Ubumwe Women Association Services, shared that *"[w]orking with the capacity builder has been a transformative experience for our organization. The guidance and support have significantly enhanced our capabilities and strengthened our board's effectiveness."*

Providing Practical Support in Early Care and Education

> *"One of the most rewarding achievements from our program over the past year has been witnessing the profound relief and confidence expressed by providers after receiving our support. Through our consultations, we have focused on equipping providers with the tools, knowledge, and reassurance they need to excel in their work. Our primary goal has always been to empower providers to feel confident and capable in the vital roles they play. Hearing providers share how our guidance has strengthened their abilities and reaffirmed their commitment to their work fills us with pride and reinforces our mission."*
>
> – Abdullahi Ali, Program Director, Supportive Childcare Provider Alliance (Child Care Health Consultation Partner)

Child Care Health Consultation is a collaborative partnership between trusted child care health consultants and families, caregivers, and child care providers to promote optimal physical and emotional health, safety, and development of children in their care.[68] In 2024, Child Care Health Consultation teams served **572 child care providers**. **Ninety-seven percent of providers reported increased ability to support children's growth and development.**

Child Care Wage Boost Pilot invests in the child care workforce by providing a wage increase to child care workers.[69, 70] This pilot aims to counteract the industry-wide low wages for child care workers, study the benefit of government investment in the child care work force, and evaluate the wage boost's impact on child care workers' well-being and retention. In 2024, Wage Boost partners continued the process of intentional community involvement to ensure the system's design reflected Best Starts' values and aligned with community priorities. Wage Boost partners also launched a workgroup of child care workers and prepared for the opening of applications, with plans to start disbursing funds to selected providers in the spring of 2025.

Amelia Vassar, Senior Director of Equity and Evaluation at The Imagine Institute, shared that the Institute helped *"manage relationships with center leaders who had expressed concerns about the existence of such a pilot. Navigating these relationships together built trust and facilitated many center leaders' participation in design work for the Pilot, leading to excitement about the Wage Boost."*

[67] Capacity Building Services. https://beststartsblog.com/2024/03/25/how-best-starts-capacity-building-helped-a-new-organization-build-its-infrastructure/
[68] Best Starts Strategy One-Pagers. https://drive.google.com/file/d/1MY8b2C9IaKsKzMfbJL6KvgrGRAqQPk6K/view
[69] The Child Care Wage Boost Pilot was formerly known as the Child Care Workforce Demonstration Project.
[70] Best Starts Strategy One-Pagers. https://drive.google.com/file/d/1lGFAdDmm8vKB8Zatc9ifHlD0cwgJkhf1/view

Building Community Power[71]

Figure 6. Young people performing a cultural dance at the Communities of Opportunity Ten Year Celebration

Best Starts Strategies for Building Community Power

- Capital Projects (CP)
- Communities of Opportunity (COO)
- Healthy and Safe Environments (SG)
- Lead and Toxics (IE)

Vibrant, resourced, organized, and powerful communities are essential for the growth and success of young people and their families. Leaning into the expertise of communities most affected by inequities informs and drives King County on how to build healthier, more sustainable, and more equitable communities for the long term.[72] Consistent collaboration, strengthening community bonds, and designing innovative programs are vital to creating better community conditions and advancing structural changes. These Best Starts strategies increase community power by investing in community-led solutions, leadership capacity, and actions to address risks, maximize opportunities, and support safer and healthier environments for all children and their families. Strategies in this focus area reflected the importance of coalition-building among partners, noting increased effectiveness and innovation in multi-partner programming. In 2024:

- Healthy and Safe Environments built the partners' ability to center youth voice. Organizations then went on to establish three policies related to Narcan use, discipline, and lead toxicity in cosmetics.
- 91 percent of child care provider staff surveyed by Lead and Toxics partners reported increased knowledge of blood testing processes and resources available to families.
- Communities of Opportunity Systems and Policy Change partners developed 1,126 resident leaders.

[71] Community power is the ability of communities most impacted by inequities to work together to set agendas, shift public discourse, increase opportunities for community ownership, and advance meaningful change.
[72] COO Evaluation. https://coopartnerships.org/evaluation

Building and Strengthening Community Power for Decision Making and Policy and Systems Change

Communities of Opportunity works through three strategies: Systems and Policy Change, Learning Community, and Community Partnerships (also referred to as Place-Based and Cultural Community Partnerships). The goal of these strategies is to increase and sustain long-term equitable conditions in housing, health, and economic opportunities through partner-led efforts.[73]

- In 2024, Systems and Policy Change partners **engaged more than 4,700 people** in capacity building events that **contributed to 26 successful policy, systems, and environmental changes** at the state, county, and local level. Some of these changes include hosting forums to engage the community on affordable housing zoning and comprehensive plans and expanding primary care services through a community-designed health care model.
- Through the Learning Community, **334 people participated in convenings, and 96 percent of surveyed partners reported new or strengthened skills** such as community organizing, power of healing and storytelling, and transitioning from traditional businesses to cooperative business structures.
- **Over 11,000 people participated in community engagement events** through Community Partnerships. These included educating and organizing about the impact of environmental air pollution, creating pathway programs to boost representation of Black and Brown people in healthcare careers, and promoting intergenerational physical activities among immigrant communities.

[73] Communities of Opportunity Website. https://www.coopartnerships.org/

Creating Safer and More Equitable Environments

Capital Projects provides the funds to create safe, equitable physical spaces through contracts for building repairs, renovations, and new construction or expansion. These projects improve access to high-quality programs and services for low-income children, young people, and families, prioritizing BIPOC and rural communities, as well as communities lacking access to similar facilities.[74] In 2024, Capital Projects launched a funding opportunity and focused time on raising community awareness. The strategy also supported partners as they navigated challenges specific to construction projects. Demand for funds skyrocketed, with the strategy receiving $80 million in requests for an allocated $5 million. At the close of 2024, Best Starts **completed three projects**, with another **23 projects in progress**.

> *"Hiring new staff who have professional mental wellness experience and expertise has had a tremendous impact on our focus communities. Youth are learning critical life skills and behavior management techniques that will serve them through adulthood. Without this education being available at the Clubs, most youth would not have access to such services. Social-emotional difficulties would likely continue and could potentially lead to more dire problems. Giving youth the tools they need to ensure good mental and emotional well-being is critical for those who face inequities daily."*
>
> – Deborah Baker, Senior Grants Manager, Boys & Girls Clubs of King County (Healthy and Safe Environments Partner)

Healthy and Safe Environments helps partners and organizations address community inequities by transforming systems, environments, and policies.[75] In 2024, Healthy and Safe Environments **partners engaged 2,194 young people in activities** and **reached or potentially impacted more than 56,200 people through successful policy, systems, and environmental changes.** Through trainings and workshops, Healthy and Safe Environments' partners fostered youth leadership in food justice, peer mentoring, and civic action. These trainings fostered the ability of youth to lead, collaborate, and drive positive change in their schools and beyond.

[74] Best Starts Strategy One-Pagers. https://drive.google.com/file/d/1TFCq2-P8sU_LwB59YHTl3U-J40sdYhZM/view
[75] Best Starts Strategy One-Pagers. https://drive.google.com/file/d/1bvqG_fbU_gkcw-PgaRGWNar5x2Y_9nmO/view

"Another positive impact of this initiative … is our agency's heightened focus and understanding of blood lead levels as a qualifying diagnosis within Washington State's Early Support system. Through this campaign, we have expanded training for staff to identify children with blood lead levels equal to or greater than 5 mcg/dL as meeting eligibility criteria for Early Support. This improvement ensures that children and families affected by lead exposure are promptly identified and connected with the right support and resources."

– Alison Morton, Chief Advancement Officer, Kindering (Lead and Toxics Program Partner)

Lead and Toxics works to create healthier communities by collaborating with leaders within communities of color working toward environmental justice. The Lead and Toxics program engages community partners in increasing blood lead testing, implementing community-based interventions to prevent childhood lead poisoning, identifying current and emerging sources of lead and toxics in King County communities, reducing exposure sources within child care centers, schools, and homes, and improving access to developmental services for children exposed to lead. In 2024, **972 community members attended 63 community events that focused on lead exposure education**.

B. The Geographic Distribution of Best Starts for Kids Services

Best Starts works toward eliminating regional, racial, and economic disparities in King County by addressing the systems that create these disparities.[76] Best Starts works upstream to promote positive, healthy outcomes for young people and their families. In centering racial equity and justice, Best Starts' distribution of investments aligns with areas where the youth population is greatest and opportunities are lowest.[77]

Youth Population Density and Young People's Needs in King County

The maps in Figure 7 (next page) demonstrate the different levels of youth population density and opportunities within King County. The Population Density map demonstrates which areas of King County have higher concentrations of young people (ages zero to 24 years). The Child Opportunity Levels map shows which areas of King County have low opportunity, defined by the Child Opportunity Index (COI).[78] High-opportunity ZIP Codes (lighter color) have more quality schools, parks and playgrounds, clean air, access to healthy food, health care, and safe housing. Low opportunity ZIP Codes (darker color) have fewer of these resources. These maps each provide an important lens on community need for investment within King County. Best Starts recognizes that need also exists in pockets of higher opportunity, and is committed to working with all communities in King County to understand and address the needs of their young people and families.

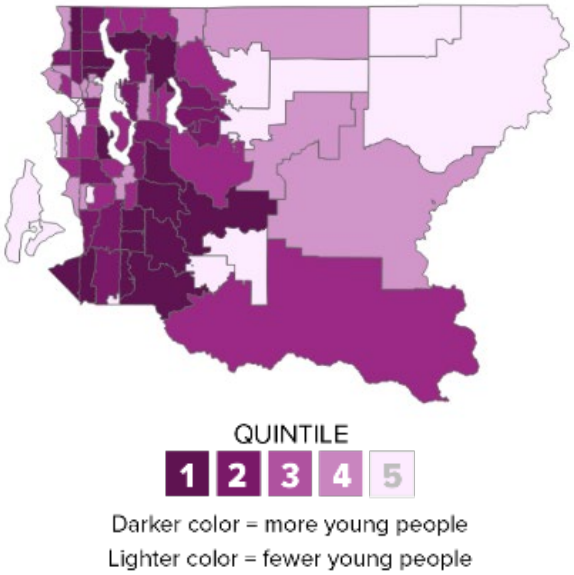
[76] Best Starts for Kids Implementation Plan. https://kingcounty.gov/~/media/depts/community-human-services/best-starts-kids/documents/Best_Starts_for_Kids_Implementation_Plan_Approved_2021.ashx?la=en

[77] Child Opportunity Index (COI) 3.0 Zip Code Data. https://www.diversitydatakids.org/child-opportunity-index

Figure 7. Population Density and Child Opportunity Levels in King County

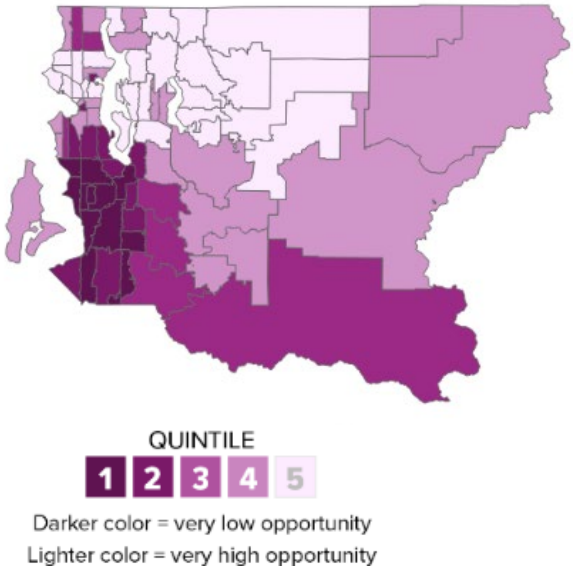
Population Density (ages 24 and under)[79]

ZIP Codes with high number of young people include central, west, east, and north King County, though the highest numbers are in south King County.



Child Opportunity Levels[80]

ZIP Codes with lowest opportunity according to the COI are mostly located in South Seattle and Southwest King County, with additional reduced opportunities in Southeast King County and parts of Shoreline.



[79] Washington State Office of Financial Management, Small area estimates program, December 2024. https://ofm.wa.gov/washington-data-research/population-demographics/population-estimates/small-area-estimates-program

[80] Child Opportunity Index (COI) 3.0 Zip Code Data. https://www.diversitydatakids.org/child-opportunity-index

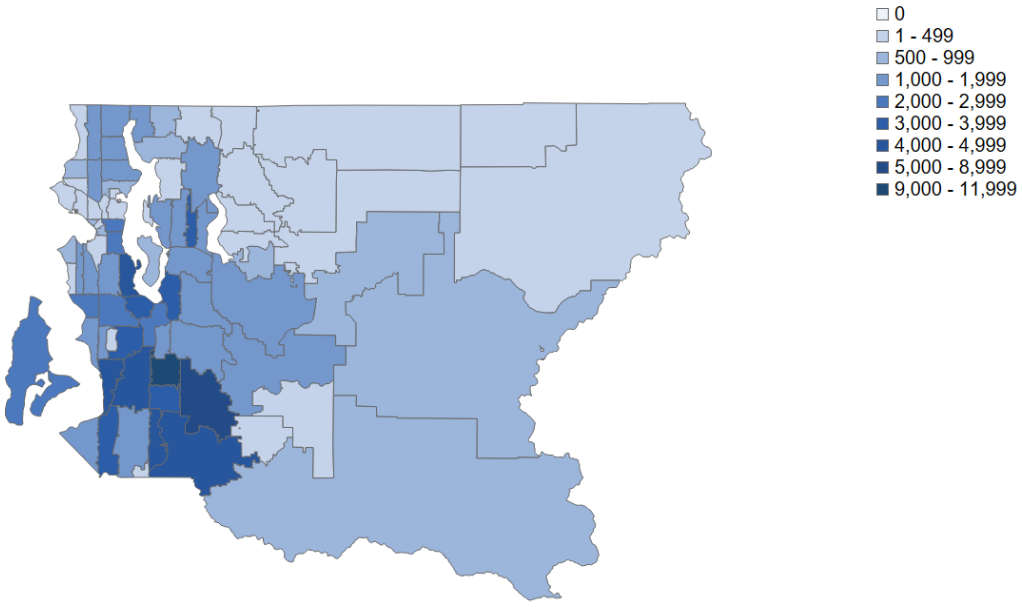
Geographic Distribution of Best Starts Participants and Expenditures in King County

The geographic distributions of Best Starts participants and expenditures, with two different methods of calculating Best Starts' expenditures by ZIP Code, are shown in Figure 8 (below) and Figure 9 (next page). Participant numbers and expenditures for individual ZIP Codes are available in Appendix E and the Best Starts for Kids Data Dashboard.[81]

Figure 8. Best Starts Participants in 2024

Best Starts Participants

Best Starts reaches across King County. ZIP Codes with the most participants typically have more young people, lower opportunity, or both.

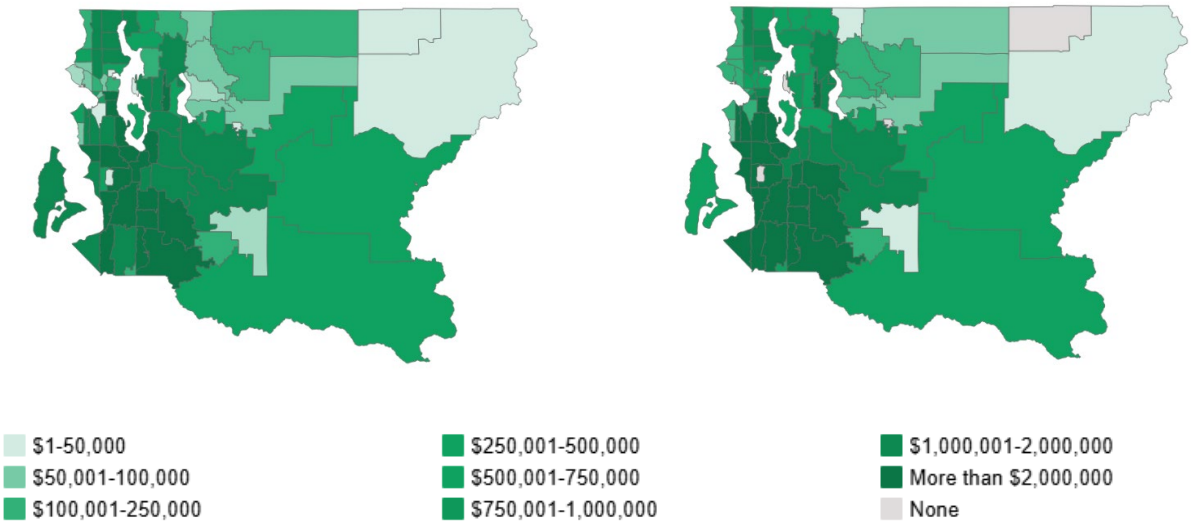


[81] Best Starts for Kids Data Dashboard. https://kingcounty.gov/en/dept/dchs/human-social-services/community-funded-initiatives/best-starts-for-kids/dashboard-data-reports

Figure 9. Best Starts Expenditures by ZIP Code in 2024

Best Starts Expenditures by Zip Code in 2024
Expenditures by Where Participants Live
Best Starts spends more in ZIP Codes with more young people and lower access to opportunity.

Expenditures by Where Office-based Services are Located
Not all services take place at a physical office location, and expenditures for services that are office-based reach most of King County. The ZIP Codes with a higher density of young people and lower Child Opportunity Levels generally have higher expenditures by where office-based services are located.



C. Best Starts for Kids Fiscal Information

The renewal of the Best Starts for Kids Levy in 2021 means that Best Starts will invest more than $880 million throughout 2022–2027 to support children, young people, families, and communities across King County. Best Starts invested more than $137 million in 2024 while navigating persistent inflation, increasing assistance for providers on fiscal reporting requirements, and enacting a change to the Rainy Day fund to make more funding available in the second half of the levy.[82]

Although inflation rates have eased since 2022, Best Starts adopted the DCHS provider inflation rate adjustment policy for contracts in both DCHS and Public Health in late 2024 in response to community feedback.[83] Prior to this policy, Best Starts offered inflation increases as an option during contract negotiations within the 2.2 percent annual inflation rate in alignment with the Implementation Plan, which led to variation in the application of inflation adjustments across Best Starts contracts. The goal of this new policy is to address the true cost of provider services and sustain service delivery levels as costs increase over time. As a result, Best Starts now addresses inflation adjustments at time of contracting using universal rate increases and pursues mid-contract adjustments when needed to address inflation depending on fund availability.

Best Starts' commitment to funded partners extends beyond contract cost adjustments and offering free technical assistance and capacity building consultation. In 2024, Best Starts identified areas to strengthen fiscal infrastructure with the intention of delivering consistent and proactive communication regarding contract requirements, more frequent fiscal trainings, and clear expectations for fiscal site visits. This both helps Best Starts meet County standards for financial transparency and contract compliance and reduces payment challenges for funded partners. The diversity of partners' experience contracting with public entities necessitates ongoing assessment of the offerings and continuous quality improvement of those opportunities by King County staff so that providers have the information and tools they need to succeed. Examples of some of these supports are fiscal best practice trainings, contract language clarity, and training for King County staff.

While Best Starts expenditures remain in alignment with the Implementation Plan overall, expenses in Capital Projects and Child Care, two new investment areas launched in 2022, are ramping up more slowly than initially expected. The original expenditure plan did not anticipate typical community development construction timelines for Capital Projects. Capital Projects can span approximately 17 to 65 months once contracted. Variables such as contractor availability, seasonal weather delays, and cost fluctuations impact these timelines. Best Starts awarded both 2022 and 2023 funds through competitive procurement, and the 2024 funds are scheduled to be fully contracted in 2025. Capital Projects is expected to award its $50 million allocation by the end of the levy in 2027, but because of the uniqueness of capital projects, some of the expenditures are expected to occur after the end of the second levy.

[82] Ordinance 19861. https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=6872221&GUID=984B4D1E-D397-4497-85A8-C886918ED955&Options=Advanced&Search=&FullText=1

[83] For more information: https://dchsblog.com/2024/09/16/king-county-dchs-addresses-inflation-and-provider-wages/

For Child Care, the switch to a multi-partner approach delayed the Wage Boost Pilot's implementation, but it resulted in a stronger structure that leverages the unique skills required to build a technical infrastructure, respond to the nuances within the child care sector, and incorporate community input. Instead of relying on one partner organization to hold subject matter expertise within the child care sector, administer payments, engage community, and study the impacts of a wage boost, the multi-partner approach brings together organizations with specific expertise in each area. This partnership resulted in the launch of a work group and put the pilot on track to launch applications and distribute payments to workers in early 2025.

The Sustain the Gain investment area spent about $3.3 million less than budgeted. This underspend occurred across the investment area's ten strategies. It was driven by some funded partners spending funds at a slower rate than expected, staffing shifts, contracts for one strategy ending earlier than initially anticipated, and carry-forward from 2023. Best Starts allocated these unspent funds according to County budgeting processes and in alignment with Best Starts financial policies.[84]

The Best Starts fiscal table detailing expenditures by investment area and strategy, as well as maps detailing expenditures by ZIP Code, can be viewed online in the Best Starts for Kids Data Dashboard.[85] A summary fiscal table at the investment area level is provided below in Figure 10.

Figure 10. 2024 Best Starts for Kids Expenditures by Investment Area

2024 Best Starts for Kids Expenditures by Investment Area		
Investment Area	**2024 Budgeted[86]**	**2024 Expenditures**
Child Care	$39,143,990	$31,180,820
Youth and Family Homelessness Prevention Initiative	$5,189,029	$5,181,065
Technical Assistance and Capacity Building	$2,250,669	$2,015,088
Subtotal *(per Ord 19267 subsection 4.D)*	$46,583,689	$38,376,973
Investing Early (Prenatal to 5)	$49,812,586	$48,726,719
Sustain the Gain (5 to 24)	$37,185,823	$33,900,660
Communities of Opportunity	$8,841,454	$8,392,092
Data and Evaluation	$5,539,492	$5,028,066
Capital Projects	$17,032,640	$2,827,228
Total 2024 Expenditures	**$164,995,683**	**$137,251,737[87]**

[84] Best Starts for Kids Implementation Plan, pg. 119 https://kingcounty.gov/en/dept/dchs/human-social-services/community-funded-initiatives/best-starts-for-kids/-/media/king-county/depts/dchs/best-starts/documents/Best_Starts_for_Kids_Implementation_Plan_Approved_2021.ashx?la=en&hash=72D1641D8C28C5BC664474AB214B9118

[85] Best Starts for Kids Data Dashboard. https://kingcounty.gov/en/dept/dchs/human-social-services/community-funded-initiatives/best-starts-for-kids/dashboard-data-reports

[86] Budgeted amounts shown for 2024 include prior-year underspend approved for carry forward to spend in 2024.

[87] Remaining 2024 funds are reserved to meet contracted commitments and ordinance requirements within the investment area strategies.

D. Investment Changes

Best Starts made no changes to planned strategy-level investments for the 2024 fiscal year, but the 2025 annual budget adopted in late 2024 included increases in investments in future years.[88]

The Best Starts for Kids property tax levy has been a stable revenue source since its passage by the voters. The second levy Implementation Plan instituted a 90-day Rainy Day Reserve, requiring Best Starts to set aside three months' worth of annual spending to buffer against revenue disruptions. During the 2025 budget process, King County Council approved a shift to a 60-day reserve beginning January 1, 2025 to balance cash flow and revenue stability with meeting known service gaps.[89] This allowed Best Starts to increase investments in Family Ways and Youth Development for which services could be scaled rapidly to meet increased demand, shore up evaluation capacity needs, and extend COO: Community Partnerships' storytelling cohort. Through the budget, the County Council also approved strategic investments to advance equity, inclusion, belonging, and anti-racism infrastructure, fund the Infant Mortality Prevention Network, enhance contracting capacity, and mitigate some funding loss from other sources.[90]

E. Feedback from Partners

Best Starts is grateful for lessons learned from funded partners in 2024 and ongoing learning in partnership with communities. As outlined in the Best Starts Implementation plan, Best Starts seeks feedback from partners proactively through surveys or semi-annual reports, and partners also give feedback informally during regular check-in calls and partner convenings.[91] Specific partner feedback and Best Starts' response by strategy is shared in Appendix C.

In 2024, Best Starts' partners continued to request more opportunities to connect in person, and specifically space to be in community and collaborate with other community-based organizations. They shared a desire for more timely and increased resource-sharing, in part due to increased demand within the communities they serve. Partners expressed a need for greater language access, flexible methods, and frequency of communication. They also requested support with contract fiscal and reporting requirements, proposal processes, and other internal systems.

In response to this feedback, Best Starts planned and held additional in-person events, from family fun days for program participants to workshops, trainings, and communities of practice, which bolstered relationships between community members, partners, community, and Best Starts staff. In several

[88] Ordinance 19861. https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=6872221&GUID=984B4D1E-D397-4497-85A8-C886918ED955&Options=Advanced&Search=&FullText=1
[89] Ordinance 19861. https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=6872221&GUID=984B4D1E-D397-4497-85A8-C886918ED955&Options=Advanced&Search=&FullText=1
[90] Ordinance 19861. https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=6872221&GUID=984B4D1E-D397-4497-85A8-C886918ED955&Options=Advanced&Search=&FullText=1
[91] Best Starts for Kid Implementation Plan, pg. 88. https://kingcounty.gov/~/media/depts/community-human-services/best-starts-kids/documents/Best_Starts_for_Kids_Implementation_Plan_Approved_2021.ashx?la=en

instances, Best Starts programs have collaborated on these events, and partners have reflected that these efforts have similarly led to cross-pollination across organizations. To further facilitate resource and knowledge sharing, Best Starts has established online resource sharing, including compiling non-Best Starts funding resources in a monthly blog post series.

Best Starts has also made great strides in language access, investing in translation and interpretation services, in addition to making reports and other resources available in languages other than English. Best Starts continued to provide support to partners on application processes and fiscal and other reporting requirements, while updating systems and processes where possible. This included holding one-on-one meetings with partners to address questions on proposals through Technical Assistance consultants, providing trainings on finances and organizational infrastructure, and clarifying reporting templates by partner request. Through Capacity Building supports, Best Starts also enabled organizations to develop internal systems to promote compliance with contract expectations and monitoring, paving the way for future success and sustainability.

F. Best Starts for Kids Data and Evaluation

Data Dashboard

Best Starts' Data and Evaluation Team collaborates with partners to gather and analyze useful performance data for learning and reflection. Newly available 2024 performance measure data for all Best Starts strategies and programs are presented in detail on the **Best Starts for Kids Data Dashboard**.[92] The Data Dashboard provides key information on each tab including Best Starts' service recipients, work outcomes, qualitative learnings, geographic reach, systems change, and investments. Additionally, the Resources and Methods tab navigates users to in-depth evaluation reports, background references, and Best Starts' population indicators. Best Starts' population indicators are presented through interactive visualizations and reflect the most current data about community strengths and needs. Indicators are presented along with the Communities Count Health Equity Timeline to document local historical and structural context that contributes to the conditions measured.[93] Best Starts' strategies focus on contributing to long-term, county-wide positive changes, understanding that systemic factors within and beyond King County influence population data.

In-Depth Evaluation and Continuous Improvement

To complement Best Starts' performance measurement and data capacity building across programs, Best Starts funds in-depth evaluation for select strategies and investment areas to answer specific questions. Best Starts maintains a full library of evaluation and technical reports on the King County website.[94] Below are highlights from the in-depth evaluation reports Best Starts completed in 2024.

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[92] Best Starts for Kids Data Dashboard. https://kingcounty.gov/en/dept/dchs/human-social-services/community-funded-initiatives/best-starts-for-kids/dashboard-data-reports

[93] Communities Count Health Equity Timeline. https://www.communitiescount.org/health-equity-timeline#:~:text=1452-,Communities%20Count%20Health%20Equity%20Timeline,the%20history%20of%20King%20County

[94] Evaluation and Technical Reports. https://kingcounty.gov/en/dept/dchs/human-social-services/community-funded-initiatives/best-starts-for-kids/dashboard-data-reports/reports

Learnings from the Best Starts for Kids Health Survey – August 2024

To understand if families in King County are thriving, Best Starts measures an interwoven set of supports that address basic and social needs through the Best Starts for Kids Health Survey (BSKHS), conducted in 2017, 2019, 2021, and 2023.[95] These supports are called protective factors and are directly linked to better well-being for children, their families, and their communities.[96] Protective factors are a useful strengths-based tool to understand where Best Starts can provide more supports for families.

The BSKHS is a random, representative, population-based survey of King County families with children in elementary school or younger to learn about their health, well-being, strengths, and needs. The survey is an important tool that helps guide the Best Starts initiative and captures the changing needs and strengths of King County families. In 2023, 5,865 parents and caregivers participated in the survey, bringing the overall number of parent and caregiver respondents across the four survey rounds to 24,738. The 2023 sample was diverse in terms of race/ethnicity, sexual orientation, geography, and languages spoken other than English.

Best Starts conducted an in-depth analysis of the BSKHS in 2024. Key findings published in a brief titled "Families Thrive: How Best Starts Measures Joy" demonstrate:[97]

- The more protective factors families have, the higher the likelihood they report better health for their children.
- The presence of each protective factor across King County families varies widely. On average, 36 percent report having social support from family, friends, and neighbors, while 86 percent report family resilience.
- Families experience varying access to protective factors by race/ethnicity, family income, region, child's age, parent/caregiver age, sexual orientation, and education level.

Additional data and survey results are available on the Best Starts for Kids Health Survey Dashboard and Demographics Dashboard.[98, 99] The Families Thrive one-pager is available in Amharic, Arabic, English, Korean, Russian, Somali, Spanish, Tagalog, Traditional Chinese, Ukrainian, and Vietnamese.[100]

Culturally Responsive Measurement Tool – Protective Factors (CRMT-PF) — December 2024

The Culturally Responsive Measurement Tool – Protective Factors (CRMT-PF) is a multilingual survey designed for local programs with 22 questions measuring five protective factors: family resilience, knowledge of parenting and child development, social supports, concrete support, and caregiver/practitioner relationships. In 2024, King County partnered with The Capacity Collective to offer

[95] Best Starts for Kids Health Survey. https://kingcounty.gov/en/dept/dchs/human-social-services/community-funded-initiatives/best-starts-for-kids/survey
[96] Families Thrive. https://beststartsblog.com/wp-content/uploads/2024/08/Families-Thrive_FINAL.pdf
[97] Families Thrive. https://beststartsblog.com/wp-content/uploads/2024/08/Families-Thrive_FINAL.pdf
[98] Best Starts for Kids Health Survey Dashboard. https://kingcounty.gov/en/dept/dchs/human-social-services/community-funded-initiatives/best-starts-for-kids/dashboard-data-reports/survey-data
[99] Best Starts for Kids Health Survey Demographics Dashboard. https://kingcounty.gov/en/dept/dchs/human-social-services/community-funded-initiatives/best-starts-for-kids/dashboard-data-reports/survey-data
[100] https://beststartsblog.com/2024/08/06/are-families-thriving-learnings-from-the-2023-best-starts-for-kids-health-survey/

five trainings on the tool to 75 community members in English, Spanish, and Arabic. In addition, the Capacity Collective and Best Starts published four training videos, offering an introduction to the tool, along with guidance on scoring and practical implementation. These additional resources are expected to increase the accessibility of the tool.[101]

Community-Led Data in King County —December 2024

The Best Starts data team collaborated with three community-based organizations (Community Café Collaborative, Indian American Community Services, and United Communities of Laos) on a new strategy in which organizations led the process of gathering, analyzing, and sharing data about their own communities. In late 2024, the organizations presented their data stories. The data Best Starts' partners gather through the Community-Led Data funding strategy strengthens community-led efforts, provides insight into communities' experiences, and offers an opportunity to reflect on the collective progress among partners and next steps.

Community Café Collaborative (CCC) spotlights multigenerational wisdom and transforms it into community action through community cafés. The events are planned, led, and monitored by family members of participants who want to build on the assets of their community to strengthen families. CCC partnered with members from seven specific communities in King County to design and host community cafés to gather data, both in person and virtually. The seven communities identified as Native, Young Fathers, Somali, Latinx, African American, Uniquely Designed, and Kinship.[102] In total, 109 adults and 23 young people participated in café discussions focused on the healthcare resources on which families rely, wish were in place, and/or present barriers.

CCC learned that communities value:

- Being seen as a whole person and not judged based on race, language, land of origin, or gender.
- Being understood in healthcare settings; including language access, culturally competent providers, and adequate time in appointments.
- Removing time, money, and transportation-related barriers to care.
- Increasing mental health supports, including for young people both in and outside of schools.
- Building trust, due to an historic and current lack of trust between communities and the healthcare system.

Learn more by reviewing the presentation slide deck and listening to the Community Café podcast, featuring stories from participating communities.[103, 104]

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[101] Culturally Responsive Measurement Tool. https://beststartsblog.com/2024/04/02/culturally-responsive-measurement-tool-protective-factors-updated-report-and-in-language-tools/

[102] Uniquely Designed participants were families with experience navigating disability services and systems. Kinship participants included families who have welcomed kinship adoption or have a similar caregiving situation.

[103] Community Café Collaborative slide deck. https://docs.google.com/viewerng/viewer?url=https://beststartsblog.com/wp-content/uploads/2024/12/CCC-Round-One-Community-Led-Data-1.pdf&hl=en

[104] Community Café Collaborative podcast. https://soundcloud.com/community-cafe-collaborative/round-one-audio-story-community-led-data-project?utm_source=beststartsblog.com&utm_campaign=wtshare&utm_medium=widget&utm_content=https%2

Indian American Community Services (IACS) serves the Indian American community through programs, services, and advocacy for people of all ages and life stages. They help seniors, young people, women, and families facing difficult and complex circumstances that affect their daily lives. IACS further supports participants to build connections in a safe and welcoming environment and cultivates a sense of belonging. For the community-led data project, IACS held "parent teas," (community gatherings for families and caregivers), with focused discussion on three community priorities (accessibility, safety, and emergency preparedness) in Bothell, Bellevue, and Maple Valley. IACS' decades-long work meeting the community's basic and urgent needs, along with the culturally nuanced and co-created models of community conversations, led to a trusting and safe space where community members could express their feelings and perspectives as parents and caregivers.

IACS learned that families want:

- To increase access to services including child care, healthcare, and transportation.
- To address safety concerns including gun violence, bullying, and hate crimes.
- To increase access to items such as safety kits, in effort to strengthen emergency preparedness.
- To improve public transportation to access basic resources including libraries and medical care, especially in Maple Valley. Maple Valley participants also wanted to feel safer, both in neighborhoods and schools.
- To increase the amount of child care options which are affordable in Bothell. Families felt somewhat safe, but attendees reported child care was scarce and expensive. Additionally, they often had to travel to Everett for healthcare.
- To increase youth access to, and opportunities for, early learning and after-school care in Bellevue.[105] Additionally, Bellevue participants did report experiencing somewhat better access to transportation and health care in this region.

United Communities of Laos (UCL) is a community coalition that serves the Lao, Khmu, and Hmong communities in King County by providing social, cultural, and educational programs that enrich and empower families. Together, the partners in the UCL coalition have a combined 40+ years of experience serving their communities. For the community-led data project, UCL partnered with a team of Community Language Advocates to co-design and administer a survey about community needs and strengths. The team leveraged connections with multiple generations of community members including young people, families, and elders, and ensured the survey was accessible to all community members by providing support in multiple languages.

UCL learned that Lao, Khmu, and Hmong communities:

- View cultural gatherings and connecting with others as an important way to support emotional well-being.
- Want to see more programming to support health and mental wellness for adults in their communities.

53A%252F%252Fsoundcloud.com%252Fcommunity-cafe-collaborative%252Fround-one-audio-story-community-led-data-project

[105] IACS Community Café Feedback. https://docs.google.com/viewerng/viewer?url=https://beststartsblog.com/wp-content/uploads/2024/12/IACS-Community-Cafe-Feedback-Sept-2024-Final.pdf&hl=en

- Value outdoor community activities and would like more outdoor recreation programs and social groups.
- Need more support with accessing housing, healthcare, and culturally relevant foods.
- Want to have a shared Cultural Center for Lao, Khmu, and Hmong communities and are interested in supporting planning and fundraising efforts.[106]

G. Children and Youth Advisory Board Consultation and the Communities of Opportunity Governance Group Review

Members of the King County Children and Youth Advisory Board and the Communities of Opportunity Governance Group reviewed a draft of the 2024 annual report in April 2025, in recognition of these bodies' advisory roles for Best Starts as described in KCC 2A.300.510 and KCC 2A.300.521.[107]

Conclusion and Next Actions

In 2024, Best Starts invested in 609 programs across the county including 178 new programs, expanding its reach to 525,954 children, young people, families, providers, and community members, expanding reach and creating positive impacts to provide King County's children with the best start in life. Best Starts built on accomplishments across eight investment areas. The five focus areas in this report summarize the holistic nature of the Best Starts strategies. As discussed, in 2024, Best Starts made impacts in these areas:

1. Meeting Families' Needs
2. Prioritizing Well-being and Mental Health
3. Cultivating Opportunities for Children and Young People
4. Strengthening the Workforce
5. Building Community Power

Best Starts' approach provides opportunities for healthy development that proactively focus on promotion, systems-change, prevention and early intervention across ages and lifespans. With the interconnected nature of community, children, and families, Best Starts continues to create change through immediate individual impact as well as sustainable systemic impact.

In 2025, Best Starts will launch re-procurement for several strategies, opening opportunities for new partners while strengthening existing relationships with current partners through re-investment. Best Starts saw record demand for funds in 2024 as partner organizations sought to address growing community need amidst funding cuts. The high number of applicants for Best Starts funds also may reflect organizations' increasing capacity to apply for Best Starts funds because of the Best Starts technical assistance offered to all applicants, and growing interest among providers in being a Best Starts funded partner. Best Starts anticipates these trends will continue in 2025. The initiative remains committed to fully and creatively supporting organizations through capacity building, cross-strategy collaboration, and non-Best Starts resource sharing.

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[106] United Communities of Laos Community-Led Data Project. https://docs.google.com/viewerng/viewer?url=https://beststartsblog.com/wp-content/uploads/2024/12/CLD_UnitedCommunitiesofLaos-1.pdf&hl=en

[107] KCC 2A.300.510 and KCC 2A.300.521. https://aqua.kingcounty.gov/council/clerk/code/05_Title_2A.htm

Best Starts will also continue expanding and enhancing data and evaluation to effectively and accurately understand and communicate its impacts. This will include the launch of the Second Levy Evaluation with an external evaluator, to be completed by the end of 2027, as well as additional Community-Led Data projects. Best Starts is also beginning planning for the fifth BSKHS in 2026, in partnership with University of Washington. The resulting reports and data will help inform strategies and investments moving forward.

Beyond the realities of a changing funding and political landscape, Best Starts must navigate and respond to the growing uncertainty and fear facing young people, families, and community partners, and King County staff due to federal policy shifts. Despite these challenges, Best Starts continues to ground its work in both being responsive to community and responsible stewards of public dollars — leading with integrity, transparency, and an explicit commitment to anti-racism.

Best Starts' success relies on two key principles: trusting the expertise of partners by elevating community knowledge and lived experiences and transparent, responsible stewarding of public funds. In 2025, Best Starts will continue to lead with racial equity and center community wisdom, staying true to the pillars of promotion, prevention, early intervention, and systems and policy change. Now more than ever, Best Starts remains firmly rooted in its values as a community-driven, transparent, and anti-racist initiative. It will continue striving to create opportunities for communities and young people to help shape and deliver programs, participate in civic engagement, and lead systems change efforts.

Appendix A: Reporting Elements Table and Best Starts for Kids Online Reporting Guide

Figure 11. Reporting Elements Table and Best Starts for Kids Online Reporting Guide

Reporting Element Language	Source	See Section(s) of This Report	See Also Best Starts Online Dashboard Tab(s)[108]
The annual report on levy expenditures, services, and outcomes shall include the total expenditures of levy proceeds by program area by ZIP Code in King County	Ordinance 19267 Ordinance 19354	• Report Requirements Subsection A: Best Starts for Kids Key Focus Areas and Outcomes in 2024 • Report Requirements Subsection B: Geographic Distribution of Best Starts for Kids Services • Report Requirements Subsection C: Best Starts for Kids Fiscal Information • Appendix E: Best Starts for Kids ZIP Code Reporting Data Book	• Our Investments
The annual report on levy expenditures, services, and outcomes shall include the number of individuals receiving levy-funded services by program area by ZIP Code in King County of where the individuals reside at the time of service	Ordinance 19267 Ordinance 19354	• Report Requirements Subsection B: Geographic Distribution of Best Starts for Kids Services • Report Requirements Subsection C: Best Starts for Kids Fiscal Information • Appendix E: Best Starts for Kids ZIP Code Reporting Data Book	• Who We Serve • Mapping Our Reach • Our Investments

[108] Best Starts for Kids Data Dashboard. https://kingcounty.gov/en/dept/dchs/human-social-services/community-funded-initiatives/best-starts-for-kids/dashboard-data-reports

Reporting Element Language	Source	See Section(s) of This Report	See Also Best Starts Online Dashboard Tab(s)[108]
King County shall require collection of this ZIP Code information from all service contractors who receive moneys from the Best Starts for Kids levy for contracts executed after December 31, 2021. King County shall work with contractors providing services to individuals and families to develop the capacity to collect and report the information to the county. The annual report shall include this ZIP Code information in addition to any other ways the report may visually provide the information.	Ordinance 19354	• Report Requirements Subsection B: Geographic Distribution of Best Starts for Kids Services • Appendix E: Best Starts for Kids ZIP Code Reporting Data Book	• Mapping Our Reach
These Best Starts Annual Reports will provide data for Investing Early, Sustain the Gain, COO, YFHPI, child care, and technical assistance strategies, and the capital grants program.	Best Starts for Kids Implementation Plan 2022-2027, p. 85	• Report Requirements Subsection A: Best Starts for Kids Key Focus Areas and Outcomes in 2024 • Report Requirements Subsection B: Geographic Distribution of Best Starts for Kids Services • Report Requirements Subsection C: Best Starts for Kids Fiscal Information • Appendix E: Best Starts for Kids ZIP Code Reporting Data Book	• Who We Serve • Our Results • What We're Learning • Mapping Our Reach • Our Investments

Reporting Element Language	Source	See Section(s) of This Report	See Also Best Starts Online Dashboard Tab(s)[108]
Best Starts will also develop and pilot a methodology beginning in 2022 for reporting program expenditures by ZIP Code based on available data or modeling. This methodology will need to account for expenditures for programs that are provided virtually, programs that do not operate from a single service location like home-based services, and systems-change work that has impacts in communities larger than a single ZIP Code.	Best Starts for Kids Implementation Plan 2022-2027, p. 87	• Report Requirements Subsection B: Geographic Distribution of Best Starts for Kids Services • Report Requirements Subsection C: Best Starts for Kids Fiscal Information • Appendix E: Best Starts for Kids ZIP Code Reporting Data Book	• Mapping Our Reach • Resources & Methods
ZIP Code data will be reported using maps or other visualizations to aid interpretation of the data.	Best Starts for Kids Implementation Plan 2022-2027, p. 86	• Report Requirements Subsection B: Geographic Distribution of Best Starts for Kids Services	• Mapping Our Reach
Detailed performance measures are anticipated to be available online through interactive dashboards that provide transparency by making timely data available and easier to explore.	Best Starts for Kids Implementation Plan 2022-2027, p. 85	N/A	• Our Results
Annual reporting for the levy will also describe any changes made to strategy-level investments during the reporting period in order to best utilize levy resources, as well as indicate whether strategy-level investments are expected to change for the subsequent reporting period or remain the same.	Best Starts for Kids Implementation Plan 2022-2027, p. 86	• Report Requirements Subsection D: Investment Changes	N/A

Reporting Element Language	Source	See Section(s) of This Report	See Also Best Starts Online Dashboard Tab(s)[108]
Best Starts' performance measurement analyses will also solicit feedback from grantees and levy-funded service providers regarding recommendations for achieving improvements in services delivery and strategy-level outcomes. Feedback received will be included in the annual reporting for the levy, beginning with the annual report for calendar year 2022.	Best Starts for Kids Implementation Plan 2022-2027, p. 86	• Report Requirements Subsection E: Feedback from Partners • Appendix C: Partner Feedback by Strategy	N/A
Annual reporting for the levy will include the evaluation findings, including when appropriate an assessment of the program's effectiveness in achieving stated goals and intended outcomes.	Best Starts for Kids Implementation Plan 2022-2027, p. 87	• Report Requirements Subsection A: Best Starts for Kids Key Focus Areas and Outcomes in 2024 • Report Requirements Subsection F: Best Starts for Kids Data and Evaluation	• Our Results
This section shall prevail in the event of a conflict between the language in this section and language contained in Attachment A to this ordinance.	Ordinance 19354	N/A	N/A
The [Children and Youth Advisory] board shall… Consult on and review annual reports to the council and community that demonstrate transparency regarding the expenditure of levy proceeds and the effectiveness of the Best Starts for Kids children and youth strategies in meeting the goals and outcomes established in Ordinance 19267.	K.C.C. 2A.300.510.E.4	• Report Requirement Subsection G: Children and Youth Advisory Board Consultation and the Communities of Opportunity Governance Group Review	N/A

Reporting Element Language	Source	See Section(s) of This Report	See Also Best Starts Online Dashboard Tab(s)[108]
The Children and Youth Advisory Board and the COO Governance Group will consult on, and review, the respective portion of annual reports on Best Starts programming for which they have been charged with oversight.	Best Starts for Kids Implementation Plan 2022-2027, p. 86	• Report Requirement Subsection G: Children and Youth Advisory Board Consultation and the Communities of Opportunity Governance Group Review	N/A
By late 2020, DCHS anticipates being able to make available maps and/or data summaries showing the distribution of Best Starts, MIDD, and VSHSL human services by service participant ZIP Code, with high-level summaries included in the initiatives' annual reports.	Human Services Geographic Equity Plan December 2019, p. 57	• Report Requirements Subsection B: Geographic Distribution of Best Starts for Kids Services • Appendix E: Best Starts for Kids ZIP Code Reporting Data Book	• Mapping Our Reach

Appendix B: Best Starts for Kids Strategies Funded in 2024

Figure 12. Best Starts for Kids Strategies Funded in 2024

Investment Area	Strategy Name
Child Care	Child Care Subsidy Program Child Care Wage Boost Pilot[109]
Investing Early	Child Care Health Consultation (CCHC) Community-Based Parenting Supports (CBPS) Early Support for Infants and Toddlers (ESIT) Environmental Supports: Lead and Toxics Help Me Grow Home-Based Services Innovation Supports Parent and Child Health Services[110] Systems Building for Infant and Early Childhood Mental Health Universal Developmental Screening Workforce Development
Sustain the Gain	Child and Adolescent Immunizations Expanded Learning Healthy and Safe Environments Liberation and Healing Positive Family Connections SB-SBIRT School-Based Screening, Brief Intervention and Referral to Treatment/Services School-Based Health Centers Stopping the School-to-Prison Pipeline (SSPP)

[109] Formerly known as Child Care Workforce Demonstration Project
[110] Formerly known as Maternal and Child Health Services

Investment Area	Strategy Name
	Transitions to Adulthood Youth Development
Youth and Family Homelessness Prevention Initiative (YFHPI)	Youth and Family Homelessness Prevention
Communities of Opportunity (COO)	Learning Community Community Partnerships (Place-Based and Cultural Communities) Systems and Policy Change
Capital Projects	Capital Projects
Technical Assistance and Capacity Building	Technical Assistance and Capacity Building
Data and Evaluation	Data and Evaluation

Appendix C: Partner Feedback by Strategy

Best Starts recognizes that investing in community organizations goes beyond the initial award. It requires ongoing partnership, shared and continuous learning, mutual accountability, and supporting the organization with capacity building to ensure organizational stability and sustainability. Best Starts values receiving feedback from partners to continue centering community needs in realizing *their* vision for *their* communities, in order to build a thriving King County. Figure 13 outlines examples of feedback received in 2024 and Best Starts' actions to respond by strategy. Best Starts Program Managers collect feedback continually through the year and shared themes focusing on where partners needed support and how Best Starts is already addressing and plans to continue building on that feedback to meet partner and community needs. These findings inform how Best Starts is investing and will continue to invest in partners in 2025 and beyond.

Note: Some Best Starts strategies fund programs directly executed by internal King County staff. They do not have external partners and are not represented on this table.

Figure 13. Partner Feedback by Strategy

Strategy	Partner Feedback Received in 2024	Best Starts' Response to Partner Feedback
Investment Area: Child Care		
Child Care Subsidy	Subsidy partners requested improvements in program infrastructure and delivery, including better language access, and shared that community experienced difficulty finding information about the subsidy online.	Best Starts continues to integrate partner feedback and work with them to improve infrastructure, program delivery, and language access; the team is working to ensure that the community has a strong understanding of the subsidy before the next levy, prioritizing increased visibility through branding, storytelling, and sharing impacts.
Child Care Wage Boost Pilot	Partners shared that a wage boost is needed and the increased compensation will improve quality of life, but there is no flexibility for providers to sustain pay increases without additional funding.	Best Starts integrated this feedback to help inform the Pilot, including the goals and framing, the focus of evaluation, and the framing of future recommendations.
Investment Area: Investing Early		

Strategy	Partner Feedback Received in 2024	Best Starts' Response to Partner Feedback
Child Care Health Consultation	Partners shared that the reflective case consultation space was not meeting all providers' needs.	Best Starts is working to create a new reflective space for partners serving Family, Friends, and Neighbor (FFN) providers in 2025.
Community-Based Parenting Supports	Partners requested more in-person events and expressed a desire for expanded resources on legal and immigration support, domestic violence, homelessness, and wellness and healing.	Best Starts held a family fun day and worked with Innovation Supports to plan a workshop on wellness and healing. Community-Based Parenting Supports worked with Home-Based Services to release a Request for Applications that launched a domestic violence emergency response pilot. The team continues to share resources as available and is considering how best to provide legal and immigration support.
Early Support for Infants and Toddlers (ESIT)	Partners expressed a need for increased language access throughout the ESIT system.	Best Starts increased funding for language access and provided specific training to interpreters on working with families with delays and disabilities.
Environmental Supports: Lead and Toxics	Partners experienced challenges meeting fiscal requirements and expressed interest in learning more from one another.	Best Starts is providing fiscal capacity building expertise through a Capacity Building consultant. Best Starts is also facilitating connections between newer partners and those with more experience.
Help Me Grow	Partners asked for support in finding resources, especially for housing, rent, and utility costs.	Best Starts works to share available resources and supports and refers partners to non-Best Starts funding opportunities.
Home-Based Services	Partners requested support to address an increase in domestic violence. They also asked for resources on substance use, immigration and legal issues, and basic needs, as well as trainings on wellness, grief,	Best Starts worked to hold more cross-strategy events to provide spaces for community-building and connection. Home-Based Services worked with Community-Based Parenting Supports to release a Request for Applications launching a domestic violence emergency response pilot.

Strategy	Partner Feedback Received in 2024	Best Starts' Response to Partner Feedback
	attachment, financial resources, and grant writing.	
Innovation Supports	Partners recommended specific topics they would like to discuss with peers.	Best Starts is planning shared learning convenings on these topics in 2025.
Systems Building for Infant and Early Childhood Mental Health	Partners expressed a need for training opportunities on weekends, as well as more in-person opportunities and specific training topics.	Best Starts is moving to more in-person trainings and offering requested topics like burnout, supporting children with different abilities, and grief and loss. Best Starts is working to offer weekend trainings.
Universal Developmental Screening	Partners requested additional resources to help toddlers begin learning to self-regulate and information about the types of supports ESIT offers.	Best Starts is offering online platforms that connect partners across other Best Starts' prenatal-to-five strategies so they can share such resources and information with one another.
Workforce Development	Partners expressed a desire for more collaborative events and improved community outreach.	Best Starts moved from a training model to workshop style events, increased the number of in-person workshops, encouraged collaborative events involving multiple agencies, and participated in relevant local conferences. Best Starts also developed the Workforce Development Mini-Grants program to support small agencies with funding their own workforce development efforts.
Investment Area: Sustain the Gain		
Child and Adolescent Immunizations	Partners expressed confusion about program reporting requirements.	Best Starts met with each partner to outline future reporting requirements and answer any questions.
Community Well-being Initiative	Partners requested the option to submit audio or video responses for fulfilling their program evaluation requirements.	Best Starts worked with their evaluator to implement a more equitable evaluation process

Strategy	Partner Feedback Received in 2024	Best Starts' Response to Partner Feedback
		by accepting audio and video responses as part of regular reporting.
Expanded Learning	Some grantees expressed a perceived cultural misalignment between the Youth Program Quality assessment tool, program cultures, and external assessors, which they felt may have influenced scoring and reduced the tool's cultural relevance.	In response, Best Starts' intermediary, Schools Out Washington (SOWA), held listening sessions to better understand these concerns and is currently exploring options to strengthen the assessment process.
Healthy and Safe Environments	Partners shared that while access to capacity building is very helpful, sometimes there is limited organizational capacity to take advantage of this support. Partners expressed a desire for increased collaboration.	Best Starts continues to facilitate capacity building for partners recognizing potential need to focus on smaller CB projects. Best Starts instituted quarterly meetings for partners to come together and brought a cohort to the Othering and Belonging Conference to increase communication and collaboration.
Liberation and Healing	Partners expressed the importance of better communication between organization staff, scholars, and parents, and the need to include more youth voices and leadership involvement in program services.	Best Starts established the Parent and Scholar Leadership Team, a decision-making body that influences programming by providing youth and parents with opportunities to have their voices heard at bi-monthly educational gatherings with parents, scholars, and organization leaders.
Positive Family Connections	Partners expressed appreciation for the ability to fund family fun events and requested a way to share resources and connect with one another.	Best Starts established a communication channel where all partners can share resources, ask questions of one another, and post non-Best Starts funding opportunities.
School-Based Screening, Brief Intervention and Referral to Treatment/Services	Partners expressed a need for there to be audio options for the screening tool to be read aloud to students to ensure accessibility.	Best Starts is working on making sure the screening tool is accessible for screen readers and will be rolling out audio options in 22 languages.

Strategy	Partner Feedback Received in 2024	Best Starts' Response to Partner Feedback
School-Based Health Centers	Partners requested that reporting templates be simplified and expressed a desire to focus on quality improvement.	Best Starts shifted reporting templates from Excel to a more user-friendly form in Word, and implemented a learning network to focus on quality improvement.
Stopping the School-to-Prison Pipeline	Organizations reported struggling with youth retention in their programs.	Best Starts provided a training for partners on strategies to increase youth participation and retention.
Transitions to Adulthood	Partners requested support in preparing for 2025 proposal processes in areas including human resources, legal guidance, and fiscal software.	Best Starts connected partners to Capacity Building consultants to help address their organizational needs.
Transitions to Adulthood: School to Work	Partners requested that Best Starts help lead an effort promoting the value of supported employment. Partners expressed a need for additional support in adjusting to the current job market and accessing and using technology.	Best Starts is exploring how best to do this, including an updated media presence and supporting contractors in regional job development.
Youth Development	Partners expressed concerns about transportation access for young people as a barrier for participation in programs.	Best Starts is exploring connecting partners with a Metro Youth Mobility representative to spread the word about free Orca cards for youth 18 and under among other resources.
Investment Area: Youth and Family Homelessness Prevention Initiative		
Youth and Family Homelessness Prevention Initiative	Partners expressed that caseloads could be expanded due to case managers' increased experience in serving clients.	Best Starts has updated caseloads from 15 households to 20 per case manager for 2025-27 contracts.
Investment Area: Communities of Opportunity		

Strategy	Partner Feedback Received in 2024	Best Starts' Response to Partner Feedback
Communities of Opportunity	Partners requested that COO share its unique model of multiyear private and public funding for long-term impact results.	Best Starts presented this model at regional and national conferences and co-hosted a regional forum about community-local government-philanthropic partnerships that aims to be an ongoing collaborating space.
Learning Community	Partners expressed interest in capacity building for innovative programs and projects with fewer systems supports, such as community cooperative ownership of property. They also requested more support in bringing groups together to develop shared strategies, analysis, and tactics.	Best Starts continues to provide community capacity building and learning opportunities that strengthen community-held knowledge, skills and structures, including a series on community cooperative ownership of property. Best Starts created new cohorts to build and strengthen deep cross-organizational partnership and collaboration.
Place-Based and Cultural Community Partnerships	Partners shared the importance of multi-year funding and the need for increased funds. Partners requested additional opportunities to connect on a variety of topics, particularly healing and wellness.	Best Starts guaranteed three years of funding with the potential for two additional years, and program managers have identified and shared resources to support partners beyond Best Starts funding. Best Starts created a community of practice as a space to connect and collaborate.
Systems and Policy Change	Partners requested more opportunities to come together as well as increased access to data and greater support for language access.	Best Starts introduced Policy Learning Circles for partners and subsequently increased frequency in response to partner requests; and continued to provide other resources as available.
Investment Area: Capital Projects		
Capital Projects	Partners requested more clarity on the documents they need to provide when applying for funding and asked for help navigating aspects of development.	Best Starts provided clearer guidance on RFP documents and is providing one-on-one navigation to partners as well as sharing additional, non-Best Starts funding sources.
Investment Area: Technical Assistance and Capacity Building		

Strategy	Partner Feedback Received in 2024	Best Starts' Response to Partner Feedback
Technical Assistance and Capacity Building	Funded partners requested trainings on AI and cyber security, as well as more support and resources on fiscal best practices.	Best Starts offered trainings to funded partners on AI and cyber security and held a training on nonprofit financial best practices in partnership with Veterans, Seniors, and Human Services Levy's Technical Assistance and Capacity Building program in March 2025.

Appendix D: Funded Community Partner List

Best Starts is grateful to all community partners for the compassion, wisdom, and expertise they share with King County communities. Best Starts encourages collaboration and partnership between organizations. While this list reflects the primary agencies that held contracts with Best Starts in 2024, many additional partners collaborate with these organizations and are critical to Best Starts' success.

A 4 Apple Learning Center
A Supportive Community for All (SCFA)
Abubakr Islamic Center of WA
Adaptive and Inclusive Movement Initiative
Afghan Health Initiative
African American Leadership Forum
African Community Housing & Development
Africatown Community Land Trust
After-School All-Stars
After-School All-Stars
    -Federal Way Public Schools
    -Geeking Out Kids of Color
AidKit, Inc.
Alex Reulbach
Alimentando al Pueblo
alterNative Consulting
Amara
AMT Up 3D
ANEW - Apprenticeship & Nontraditional Employment for Women
API Chaya
Art Vault
Arts Corps
ArtsEd Washington
Asian Counseling and Referral Service
Atlantic Street Center
Attemla Consulting, LLC
AtWork! Washington
Auburn School District
Babies of Homelessness
BELONG Partners
Bike Works
BIPOC Apostrophe Foundation
Birth to Three Developmental Center
Black Coffee NW Grounded
Black Star Line African Centered Family Educational Collective
BLKBRY, LLC
Boyer Children's Clinic
Boys & Girls Club of Bellevue
Boys & Girls Club of Bellevue
    -KidsQuest Children's Museum
    -Wheellab
Boys & Girls Club of King County
Bridges - Seattle Alternative Peer Group
Bridging Cultural Gaps (BCG)
BrightSpark Early Learning Services/Child Care Resources

Build 2 Lead
Build 2 Lead P.O.W.E.R. Council
- -Momentum Belonging Group
- -Livia Behavioral Health Services
- -UW Medicine Physicians Clinics
- -Morehouse School of Medicine
- -Leadership Tomorrow
- -Federal Way Public Schools

Bulle Consulting
Burien Collaborative
- -Alimentando Al Pueblo
- -BLKBRY, LLC
- -Lake Burien Presbyterian Church
- -Southwest Youth and Family Services
- -YES! Foundation of White Center

Cardea Services
Casa Latina
Cascadia Consulting Group
Cascade Middle School
- -Neighborhood House
- -Dick Scobee Elementary

Catholic Community Services
Celebrating Roots
Center for Human Services
Center for Indigenous Midwifery
Central Washington University- Special Education Technology
Center for Inclusion and Equity
Chief Seattle Club
Cham Refugees Community
Childhaven
Children's Therapy Center
ChildStrive
Chinatown-International District Worker and Organizing Center
- -Massage Parlor Outreach Project
- -Chinatown International District Coalition
- -Puget Sound Sage

Chinese Information and Service Center
CHOOSE 180
City of Mercer Island Youth and Family Services
City of Shoreline
- -Center for Human Services

City of Tukwila
Cloudbreak Collective
Collaborative Partners Initiative
Communities In Schools of Greater King County
Communities of Rooted Brilliance
Communities of Rooted Brilliance
- -Kent Youth and Family Services
- -YMCA of Greater Seattle

Communities Rise
Community Cafe Collaborative
Community for Youth (CfY)
Community Network Council
Comunidad Latina de Vashon
Congolese Integration Network
Construyendo Juntos Consulting
Creative Justice
Crescent Collaborative
- -Africatown Community Land Trust

-Byrd Barr Place
-Community Roots Housing
-First Hill Improvement Association
-Friends of Little Saigon
-Seattle Chinatown International District Public Development Association

Crux Consulting Consortium
Cultivate South Park
DANCE This Productions
Deconstructing the Mental Health System, Inc
Des Moines Pool Metropolitan Park District
Diaspora Family Healing Network
Dicentra Consulting
Dick Scobee Elementary
Disability Rights Washington
Dispute Resolution Center of King County
Divine Alternatives for Dads Services (DADS)
Dynamic & Innovative Research Solutions
East African Community Services
Educate to Liberate Consulting
El Centro de la Raza
Ella Baker Elementary
Empower Youth Network
Encompass Northwest
ENSO Employment Services
Entre Hermanos
Enumclaw School District
Eritrean Association in Greater Seattle
Fair Work Center
Faith Finance Center
Families of Color Seattle (FOCS)
FamilyWorks
FEEST
Filipino Community of Seattle
Finote Wongel – Path of the Gospel
First Five Years & Beyond
Freedom Project
-Collective Justice
FW Black Collective
Geeking Out Kids of Color
Generosity on the Go
George Zhang
Girl Scouts of Western Washington
Global Perinatal Services
Global to Local
Glover Empower Mentoring
Glover Empower Mentoring
-South Center Mall
-SafeFutures Youth Center
Gwen's Guidance
Hayaan, LLC
HealthPoint
Hearing Speech & Deaf Center
Heart & Hustle Academy
Highline College
Highline Public Schools

Hip Hop Is Green
Hopestream Community
Horn of Africa Services
Horn of Africa Services
-Oromia Community Center in Washington
-Somali Community Services of Seattle (SCSS)
Hummingbird Indigenous Family Services
Inclusion Island
Inclusive Data LLC
Indian American Community Services (IACS)
Indian American Community Services (IACS)
-Muslim Community Network Association
-Eastside for All
-Housing Development Consortium
Inspirational Workshops – BRAVE
Inspire Family Institute
Institute for Community Leadership
InterCultural Children & Family Services
International Rescue Committee Seattle
Iraqi Community Center of Washington
Ireta Purhepecha/New Hope Lutheran Church
JSOL STUDIOS LLC
Kandelia
KBTC Public Television at Bates Tech
Kennedy Catholic High School
Kent Community Development Collaborative
-Community Network Council
-Communities of Rooted Brilliance
-Mother Africa
-Communities in Schools of South King County
Kent School District
Kent Youth and Family Services
-Communities of Rooted Brilliance
-YMCA of Greater Seattle
Khalsa Gurmat Center
Khmer Community of Seattle-King County
Kids & Paper
KidVantage
Kindering
King County Play Equity Coalition - Seattle Parks Foundation
King County Sexual Assault Resource Center
KMIH 889 The Bridge
Korean Community Service Center
Kreative Collective, LLC
Lake Burien Presbyterian Church
Lambert House
Launch Learning/Community Day School Association
LGBTQIA+ South King County Collaborative
- Entre Hermanos
- People Of Color Against AIDS Network (POCAAN)

Listen and Talk
Living Well Kent
Look2Justice
Manos Unidas International
Martin Luther King Jr. (MLK) Family, Arts, Mentoring, and Enrichment (FAME) Community Center (CC)
Mary's Place

Mente Counseling & Consultation
Mercer Island School District
Metropolitan Seattle Sickle Cell Task Force
Mood In Order
Mother Africa
Multimedia Resources and Training Institute (MMRTI)
-Seattle University
-Team Read
-The Greater Seattle Bureau of Fearless Ideas Youth Tutoring Program
Muslim American Youth Foundation
Muslimahs Against Abuse Center
NAACP Alaska Oregon Washington State Area Conference
Navos
Neighborhood House
New Americans Alliance for Policy and Research
-Somali Community Services of Seattle
-Partners in Employment
-Iraqi Community Center of Washington
-Horn of Africa Services
New Horizons
NISO Programs
No Limits Therapeutics Services
Northshore School District
Northwest Center
Northwest Education Access
Northwest Film Forum
Northwest School for Deaf and Hard-of-Hearing Children
Omar Bin Al-Khattab Islamic Center
Open Arms Perinatal Services
Open Doors for Multicultural Families
Orion Industries
Our Hope (formerly Educational for All)
Pacific Islander Health Board of Washington
Pamela J. Oakes
Para Los Niños de Highline
Partner in Employment
Partners For Educational Reform and Student Success (PERSS)
People of Color Against AIDS Network
Perinatal Support Washington
Pollock+Partners
Potlatch Fund
Praisealujah Discipleship
Praxis Institute for Early Childhood Education
Primm ABC Child Care Center
Pro Se Potential
Provail
Puget Sound Educational Service District
Puget Sound Personnel
Puget Sound Sage
QueenCare Products LLC
Queer Power Alliance (formerly LGBTQ Allyship)
Rainier Athletes
Rainier Beach Action Coalition
Reclaiming Our Greatness
Refugee Immigrant Community Health Program (R.I.C.H.)
-Cham Refugees Community

- -Omar Bin Al-Khattab Islamic Center
- -Somali Cultural Center

Refugee Women's Alliance (ReWA)
reimagine collective
Renton School District
- -Construyendo Juntos
- -Supporting Parents in Education
- -Team Read
- -The Silent Task Force
- -The Urban Food Systems Urban Family

Resilient in Sustaining Empowerment (RISE)
Restore Assemble Produce
RHL Consulting
Riverton Park United Methodist Church
Rooted in Vibrant Communities (RVC) Seattle
Rooted in Vibrant Communities/First Five Years & Beyond
SafeFutures Youth Center
SAILS Washington, Inc.
SAMHA (Student Advocates for Mental Health and Addiction)
Scholar Fund
Sea Mar Community Health Center
Sea Potential
SeaTac Airport Community Coalition (STACC) for Justice
- -350 Aviation
- -Beacon Hill Council
- -El Centro de la Raza
- -King County International Airport Community Coalition
- -Quiet Skies Puget Sound

Seattle CARES Mentoring Movement
Seattle Housing Authority
- -Multimedia Resources and Training Institute (MMRTI)
- -Seattle University
- -Team Read
- -The Bureau of Fearless Ideas

Seattle Indian Health Board
Seattle Neighborhood Group
Seattle Parks and Recreation
- -STEMS Path Innovation Network
- -Tollo Social Purpose Corporation

Seattle Parks Foundation
Seattle Public Schools
SKCAC Industries & Employment Services
Skykomish School District
Snoqualmie Valley Human Services Coalition
- -A Supportive Community for All (SCFA)
- -Acres of Diamonds
- -Empower Youth Network
- -Encompass NW
- -Holy Innocents Food Pantry
- -Helping Hands
- -Hopelink
- -Huntington Learning Center
- -Mt Si Senior Center
- -Mamma's Hands
- -Snoqualmie Valley Food Bank
- -Snoqualmie Valley Shelter Services
- -SnoValley Pride
- -Sno-Valley Senior Center
- -Tolt Congregational

Snoqualmie Valley School District
UCC Community Connections Program
Society of St. Vincent de Paul
Solid Ground
Somali Childcare Providers Association
Somali Community Services of Seattle (SCSS)
Somali Cultural Center
Somali Health Board
South End Stories
South Seattle Women's Health Foundation
Southeast Youth & Family Services
Southwest Youth & Family Services
    -Arts Corps
    -Geeking Out Kids of Color
Speak With Purpose
Statewide Poverty Action Network
STEM Paths Innovation Network
    -Community Day School Association (dba LAUNCH)
    -AMT Up 3D
    -Coyote Central
Stemtac Foundation
Student & Family Support Program
Sunrise Services, Inc.
Super Familia
Supported Solution, LLC
Surge Reproductive Justice
Sustainable Seattle
Tahoma High School - SAMHA (Student Advocates for Mental Health and Addiction) Club
Tahoma School District
Talitha Consults LLC
Team Read
Technology Access Foundation (TAF)
Teen Link
The 4C Coalition
The Arc of King County
The Breakfast Group
The Capacity Collective
The Children's Center at Burke Gilman Gardens
The Garage, A Teen Cafe
The Good Foot Arts Collective
The Imagine Institute
The Mindful Connections
The Mockingbird Society
The People's Institute for Survival and Beyond
The Silent Task Force
The South End Ultimate Program
The Trail Youth
The Vera Project
Therapeutic Health Services
Tilth Alliance
Together We Heal
    -Freedom Project
    -Collective Justice

Total Accounting Tax & Payroll LLC
Trafton International Consulting Group, LLC
TransFamilies

Trillium Employment Services
Tubman Center for Health & Freedom
Tukwila School District
Ubumwe Women Association
Umoja P.E.A.C.E. Center
Uncommon Bridges (formerly BDS)
United Indians Of All Tribes Foundation
United Communities of Laos
University of Washington
University of Washington - Haring Center
Unleash the Brilliance
Urban ArtWorks
Urban Impact Community Health Center
Urban Native Education Alliance
UTOPIA Washington (United Territories of Pacific Islanders Alliance)
Vadis
Valley Cities Counseling
Vashon Island School District
Vashon Maury Community Food Bank
Vashon Youth & Family Services
Vietnamese Family Autism Advisory Board
Villa Comunitaria
Voices of Tomorrow
WA Therapy Fund Foundation
WA-BLOC
WAPI Community Services
Wasat
Washington Chapter of the American Academy of Pediatrics
Washington Immigrant Solidarity Network
Washington Marshallese Community Association
Washington West African Center
We are Comunidad
We are Victorious Youth
WestEd
WestSide Baby
Wheellab
White Center Community Development Association
White Center Food Bank
White Center Heights Elementary PTA
Whitewater Aquatics Management
Women United
Wonderland Child & Family Services
Woodland Park Zoo (WPZ)
Workathon LLC
Worth a Shot
YES! Foundation
YMCA of Greater Seattle
Young Women Empowered
Your Pretty Perfect LLC
Youth Development Executives of King County
YouthCare
YWCA Seattle King Snohomish

Appendix E: Best Starts for Kids ZIP Code Reporting Data Book

Best Starts' ZIP Code data on participants and expenditures is available in table format in Figures 14, 15, and 16 on pages 70-85. Fiscal data in Figures 15 and 16 do not fully capture how Best Starts for Kids investments benefit residents within each ZIP Code because not all strategies and programs enroll individual participants (such as Evaluation, Capital Projects, and Technical Assistance and Capacity Building), some participants choose not to provide their ZIP Codes, and not all Best Starts investments are attributable or divisible among individual participants or ZIP Codes (such as costs to manage and administer programs, and costs for programs to report performance). In addition, attribution of expenditures based on office location in Figure 16 does not capture mobile or virtual service delivery. For interactive views of Best Starts' ZIP Code data on people served and expenditures, please visit the "Mapping Our Reach" tab of the Best Starts for Kids Data Dashboard.[111] For data on the reach of Communities of Opportunities investments, please visit the "Changing Systems" tab on the dashboard.

Zip Code Data Table Notes:

- Investment areas that do not enroll individual participants, including Communities of Opportunity, Capital Projects, and Technical Assistance and Capacity Building, are not represented in the Zip Code data book.
- Participant data is expressed as "Fewer than 5" when there are fewer than five participants in a ZIP Code to protect privacy. In ZIP Codes where this suppression applies for one investment area, total numbers of participants across all investment areas are expressed as a narrow range so that the suppressed number cannot be recalculated from the other available data, also to protect privacy.
- Participant counts will not sum to the overall number of people reached by Best Starts because of missing and unknown data. Not all participants choose to provide their ZIP Codes.
- Rounding of expenditures data to the nearest $1,000 accounts for variations in program models, locations, and services provided over time within each strategy.
- Expenditures by where service participants live, shown in Figure 15, will not sum to the overall Best Starts expenditures because not all strategies enroll individual participants and not all expenditures are on services (such as Evaluation, Capital Projects, and Technical Assistance and Capacity Building), and because County costs to manage and administer programs are not readily attributable or divisible among individual participants or ZIP Codes.
- Expenditures by where office-based services are located, shown in Figure 16, will not sum to the overall Best Starts expenditures because not all strategies provide office-based services and not all expenditures are on services (such as Evaluation, Capital Projects, and Technical Assistance and Capacity Building), and because County costs to manage and administer programs are not readily attributable or divisible among individual participants or ZIP Codes.
- Expenditures by investment area may not add to total expenditures in the ZIP Code due to rounding.

[111] Best Starts for Kids Data Dashboard. https://kingcounty.gov/en/dept/dchs/human-social-services/community-funded-initiatives/best-starts-for-kids/dashboard-data-reports

Figure 14. 2024 Number of Best Starts Participants by Investment Area by ZIP Code

ZIP Code	Child Care	Investing Early	Sustain the Gain	Youth and Family Homelessness Prevention	Total
98001	59	774	394	83	1,307
98002	154	2,740	1,228	164	4,280
98003	245	3,086	407	259	3,991
98004	7	1,216	317	5	1,547
98005	15	964	89	Fewer than 5	1,069 - 1,072
98006	23	945	145	16	1,129
98007	31	2,362	670	19	3,083
98008	9	861	171	5	1,046
98009	0	5	0	0	5
98010	6	231	56	Fewer than 5	294 - 297
98011	12	228	398	11	649
98013	0	Fewer than 5	Fewer than 5	0	2 - 8
98014	0	208	158	0	366
98015	0	Fewer than 5	0	Fewer than 5	2 - 8
98019	Fewer than 5	212	169	0	382 - 385
98022	15	512	136	9	673
98023	90	937	504	134	1,662
98024	0	51	114	Fewer than 5	166 - 169
98025	0	0	Fewer than 5	0	1 - 4
98027	20	971	515	19	1,525
98028	9	821	353	6	1,188
98029	42	451	303	39	832
98030	146	2,554	758	221	3,676
98031	113	9,239	772	147	10,270
98032	146	3,811	653	216	4,822

ZIP Code	Child Care	Investing Early	Sustain the Gain	Youth and Family Homelessness Prevention	Total
98033	16	185	58	21	280
98034	19	620	111	18	768
98035	0	7	Fewer than 5	0	8 - 11
98038	36	330	1,441	29	1,835
98039	0	8	16	0	24
98040	Fewer than 5	250	375	0	626 - 629
98041	0	Fewer than 5	0	0	1 - 4
98042	66	4,344	499	115	5,025
98045	0	381	282	0	663
98047	42	191	164	Fewer than 5	398 - 401
98050	0	0	0	Fewer than 5	1 - 4
98051	Fewer than 5	13	74	0	88 - 91
98052	37	858	160	50	1,105
98053	10	109	63	15	197
98054	0	0	0	0	0
98055	59	471	559	56	1,144
98056	31	1,819	1,946	40	3,835
98057	28	1,004	1,193	45	2,270
98058	80	928	632	125	1,766
98059	35	1,014	168	33	1,249
98062	0	Fewer than 5	Fewer than 5	0	2 - 8
98063	0	12	Fewer than 5	0	13 - 16
98064	0	9	0	0	9
98065	7	267	423	10	707
98068	0	0	0	0	0
98070	13	1,202	887	0	2,102
98071	0	Fewer than 5	0	0	1 - 4

ZIP Code	Child Care	Investing Early	Sustain the Gain	Youth and Family Homelessness Prevention	Total
98072	7	61	233	0	301
98073	0	0	Fewer than 5	0	1 - 4
98074	0	51	37	14	101
98075	Fewer than 5	105	49	0	155 - 158
98077	0	17	175	0	192
98082	0	Fewer than 5	0	0	1 - 4
98083	0	Fewer than 5	0	0	1 - 4
98089	0	Fewer than 5	0	0	1 - 4
98092	45	3,094	1,123	165	4,425
98093	0	9	Fewer than 5	0	10 - 13
98101	6	85	59	7	158
98102	Fewer than 5	78	112	12	203 - 206
98103	19	853	523	6	1,401
98104	6	410	273	22	709
98105	31	260	394	7	691
98106	80	828	373	28	1,311
98107	0	59	193	Fewer than 5	253 - 256
98108	29	1,103	650	25	1,807
98109	13	254	170	14	451
98111	0	Fewer than 5	Fewer than 5	Fewer than 5	3 - 12
98112	0	45	238	5	288
98113	0	Fewer than 5	0	0	1 - 4
98114	0	11	Fewer than 5	0	12 - 15
98115	25	345	1,179	11	1,558
98116	8	91	554	Fewer than 5	654 - 657
98117	Fewer than 5	41	528	0	570 - 573
98118	101	2,844	1,748	129	4,821

ZIP Code	Child Care	Investing Early	Sustain the Gain	Youth and Family Homelessness Prevention	Total
98119	9	73	61	Fewer than 5	144 - 147
98121	0	241	718	Fewer than 5	960 - 963
98122	17	1,793	747	22	2,577
98124	0	0	0	0	0
98125	49	886	609	39	1,580
98126	62	399	854	14	1,330
98127	0	0	Fewer than 5	0	1 - 4
98129	0	0	0	0	0
98131	0	Fewer than 5	0	0	1 - 4
98132	0	0	0	0	0
98133	39	612	537	35	1,221
98134	0	Fewer than 5	6	0	7 - 10
98136	0	37	183	0	220
98138	0	Fewer than 5	Fewer than 5	0	2 - 8
98139	0	0	0	0	0
98141	0	0	0	0	0
98144	39	2,269	663	32	3,002
98145	0	0	0	0	0
98146	126	1,335	1,132	42	2,635
98148	33	376	591	33	1,032
98154	0	Fewer than 5	0	0	1 - 4
98155	41	1,343	123	15	1,524
98158	0	Fewer than 5	Fewer than 5	0	2 - 8
98160	0	0	Fewer than 5	0	1 - 4
98161	0	0	0	0	0
98164	0	Fewer than 5	Fewer than 5	0	2 - 8
98165	0	Fewer than 5	Fewer than 5	0	2 - 8

ZIP Code	Child Care	Investing Early	Sustain the Gain	Youth and Family Homelessness Prevention	Total
98166	68	753	582	11	1,405
98168	135	1,451	1,267	94	2,946
98170	0	0	0	0	0
98171	0	0	0	0	0
98174	0	0	0	0	0
98175	0	Fewer than 5	0	0	1 - 4
98177	Fewer than 5	36	233	Fewer than 5	271 - 277
98178	75	877	2,419	100	3,470
98181	0	0	0	0	0
98185	0	Fewer than 5	0	0	1 - 4
98188	149	2,667	1,025	150	3,987
98189	0	Fewer than 5	0	0	1 - 4
98190	0	0	0	0	0
98191	0	0	0	0	0
98194	0	0	Fewer than 5	0	1 - 4
98195	0	Fewer than 5	Fewer than 5	0	2 - 8
98198	102	3,593	684	160	4,535
98199	Fewer than 5	34	55	8	98 - 101
98224	0	0	Fewer than 5	0	1 - 4
98288	0	Fewer than 5	Fewer than 5	0	2 - 8
Unknown/missing	97	12,916	3,593	28	16,627

Fiscal data in this table do not fully capture how Best Starts investments benefit residents within each ZIP Code because not all strategies and programs enroll individual participants (such as Evaluation, Capital Projects, and Technical Assistance and Capacity Building), some participants choose not to provide their ZIP Codes, and not all Best Starts investments are attributable or divisible among individual participants or ZIP Codes (such as costs to manage and administer programs, and costs for programs to report performance).

Figure 15. 2024 Expenditures by Best Starts Investment Area by ZIP Code, based on Where Participants Live

ZIP Code	Child Care	Investing Early	Sustain the Gain	Youth and Family Homelessness Prevention	Total
98001	$602,000	$421,000	$317,000	$136,000	$1,227,000
98002	$1,572,000	$1,490,000	$989,000	$268,000	$4,018,000
98003	$2,501,000	$1,679,000	$328,000	$423,000	$3,747,000
98004	$71,000	$661,000	$255,000	$8,000	$1,452,000
98005	$153,000	$524,000	$72,000	$7,000	$1,005,000
98006	$235,000	$514,000	$117,000	$26,000	$1,060,000
98007	$316,000	$1,285,000	$540,000	$31,000	$2,894,000
98008	$92,000	$468,000	$138,000	$8,000	$982,000
98009	$0	$3,000	$0	$0	$5,000
98010	$61,000	$126,000	$45,000	$5,000	$278,000
98011	$122,000	$124,000	$321,000	$18,000	$609,000
98013	$0	$1,000	$3,000	$0	$6,000
98014	$0	$113,000	$127,000	$0	$344,000
98015	$0	Less than $1,000	$0	$2,000	$2,000
98019	$20,000	$115,000	$136,000	$0	$360,000
98022	$153,000	$278,000	$110,000	$15,000	$632,000
98023	$919,000	$510,000	$406,000	$219,000	$1,560,000
98024	$0	$28,000	$92,000	$2,000	$156,000

ZIP Code	Child Care	Investing Early	Sustain the Gain	Youth and Family Homelessness Prevention	Total
98025	$0	$0	Less than $1,000	$0	Less than $1,000
98027	$204,000	$528,000	$415,000	$31,000	$1,432,000
98028	$92,000	$447,000	$284,000	$10,000	$1,115,000
98029	$429,000	$245,000	$244,000	$64,000	$781,000
98030	$1,490,000	$1,389,000	$611,000	$361,000	$3,451,000
98031	$1,153,000	$5,025,000	$622,000	$240,000	$9,641,000
98032	$1,490,000	$2,073,000	$526,000	$353,000	$4,527,000
98033	$163,000	$101,000	$47,000	$34,000	$263,000
98034	$194,000	$337,000	$89,000	$29,000	$721,000
98035	$0	$4,000	$3,000	$0	$10,000
98038	$367,000	$179,000	$1,161,000	$47,000	$1,723,000
98039	$0	$4,000	$13,000	$0	$23,000
98040	$20,000	$136,000	$302,000	$0	$589,000
98041	$0	Less than $1,000	$0	$0	Less than $1,000
98042	$674,000	$2,363,000	$402,000	$188,000	$4,717,000
98045	$0	$207,000	$227,000	$0	$622,000
98047	$429,000	$104,000	$132,000	$5,000	$376,000
98050	$0	$0	$0	$5,000	$3,000
98051	$31,000	$7,000	$60,000	$0	$84,000
98052	$378,000	$467,000	$129,000	$82,000	$1,037,000
98053	$102,000	$59,000	$51,000	$25,000	$185,000
98054	$0	$0	$0	$0	$0
98055	$602,000	$256,000	$450,000	$92,000	$1,074,000
98056	$316,000	$989,000	$1,567,000	$65,000	$3,600,000
98057	$286,000	$546,000	$961,000	$74,000	$2,131,000
98058	$817,000	$505,000	$509,000	$204,000	$1,658,000
98059	$357,000	$552,000	$135,000	$54,000	$1,173,000

ZIP Code	Child Care	Investing Early	Sustain the Gain	Youth and Family Homelessness Prevention	Total
98062	$0	$1,000	$2,000	$0	$5,000
98063	$0	$7,000	$2,000	$0	$14,000
98064	$0	$5,000	$0	$0	$8,000
98065	$71,000	$145,000	$341,000	$16,000	$664,000
98068	$0	$0	$0	$0	$0
98070	$133,000	$654,000	$714,000	$0	$1,973,000
98071	$0	$2,000	$0	$0	$3,000
98072	$71,000	$33,000	$188,000	$0	$283,000
98073	$0	$0	Less than $1,000	$0	Less than $1,000
98074	$0	$28,000	$30,000	$23,000	$95,000
98075	$31,000	$57,000	$39,000	$0	$147,000
98077	$0	$9,000	$141,000	$0	$180,000
98082	$0	$1,000	$0	$0	$2,000
98083	$0	$1,000	$0	$0	$2,000
98089	$0	$2,000	$0	$0	$4,000
98092	$459,000	$1,683,000	$905,000	$270,000	$4,154,000
98093	$0	$5,000	$2,000	$0	$10,000
98101	$61,000	$46,000	$48,000	$11,000	$148,000
98102	$31,000	$42,000	$90,000	$20,000	$193,000
98103	$194,000	$464,000	$421,000	$10,000	$1,315,000
98104	$61,000	$223,000	$220,000	$36,000	$666,000
98105	$316,000	$141,000	$317,000	$11,000	$649,000
98106	$817,000	$450,000	$300,000	$46,000	$1,231,000
98107	$0	$32,000	$155,000	$5,000	$239,000
98108	$296,000	$600,000	$524,000	$41,000	$1,696,000
98109	$133,000	$138,000	$137,000	$23,000	$423,000
98111	$0	$2,000	Less than $1,000	$2,000	$5,000

ZIP Code	Child Care	Investing Early	Sustain the Gain	Youth and Family Homelessness Prevention	Total
98112	$0	$24,000	$192,000	$8,000	$270,000
98113	$0	$2,000	$0	$0	$3,000
98114	$0	$6,000	$2,000	$0	$12,000
98115	$255,000	$188,000	$950,000	$18,000	$1,463,000
98116	$82,000	$49,000	$446,000	$5,000	$616,000
98117	$41,000	$22,000	$425,000	$0	$538,000
98118	$1,031,000	$1,547,000	$1,408,000	$211,000	$4,526,000
98119	$92,000	$40,000	$49,000	$5,000	$137,000
98121	$0	$131,000	$578,000	$5,000	$902,000
98122	$174,000	$975,000	$602,000	$36,000	$2,419,000
98124	$0	$0	$0	$0	$0
98125	$500,000	$482,000	$491,000	$64,000	$1,483,000
98126	$633,000	$217,000	$688,000	$23,000	$1,249,000
98127	$0	$0	Less than $1,000	$0	Less than $1,000
98129	$0	$0	$0	$0	$0
98131	$0	Less than $1,000	$0	$0	Less than $1,000
98132	$0	$0	$0	$0	$0
98133	$398,000	$333,000	$433,000	$57,000	$1,146,000
98134	$0	$2,000	$5,000	$0	$8,000
98136	$0	$20,000	$147,000	$0	$207,000
98138	$0	$1,000	Less than $1,000	$0	$3,000
98139	$0	$0	$0	$0	$0
98141	$0	$0	$0	$0	$0
98144	$398,000	$1,234,000	$534,000	$52,000	$2,818,000
98145	$0	$0	$0	$0	$0
98146	$1,286,000	$726,000	$912,000	$69,000	$2,474,000
98148	$337,000	$205,000	$476,000	$54,000	$969,000

ZIP Code	Child Care	Investing Early	Sustain the Gain	Youth and Family Homelessness Prevention	Total
98154	$0	Less than $1,000	$0	$0	Less than $1,000
98155	$418,000	$730,000	$99,000	$25,000	$1,431,000
98158	$0	$2,000	Less than $1,000	$0	$5,000
98160	$0	$0	Less than $1,000	$0	Less than $1,000
98161	$0	$0	$0	$0	$0
98164	$0	Less than $1,000	Less than $1,000	$0	$2,000
98165	$0	$2,000	Less than $1,000	$0	$4,000
98166	$694,000	$410,000	$469,000	$18,000	$1,319,000
98168	$1,378,000	$789,000	$1,020,000	$154,000	$2,766,000
98170	$0	$0	$0	$0	$0
98171	$0	$0	$0	$0	$0
98174	$0	$0	$0	$0	$0
98175	$0	$2,000	$0	$0	$3,000
98177	$41,000	$20,000	$188,000	$7,000	$260,000
98178	$765,000	$477,000	$1,948,000	$163,000	$3,258,000
98181	$0	$0	$0	$0	$0
98185	$0	$1,000	$0	$0	$2,000
98188	$1,521,000	$1,451,000	$826,000	$245,000	$3,743,000
98189	$0	Less than $1,000	$0	$0	Less than $1,000
98190	$0	$0	$0	$0	$0
98191	$0	$0	$0	$0	$0
98194	$0	$0	Less than $1,000	$0	Less than $1,000
98195	$0	$2,000	Less than $1,000	$0	$5,000
98198	$1,041,000	$1,954,000	$551,000	$262,000	$4,257,000
98199	$20,000	$18,000	$44,000	$13,000	$93,000
98224	$0	$0	$2,000	$0	$3,000
98288	$0	Less than $1,000	$3,000	$0	$5,000

ZIP Code	Child Care	Investing Early	Sustain the Gain	Youth and Family Homelessness Prevention	Total
Unknown/missing	$990,000	$7,025,000	$2,894,000	$46,000	$15,609,000

Fiscal data in this table do not fully capture how Best Starts investments benefit residents within each ZIP Code because not all strategies and programs enroll individual participants (such as Evaluation, Capital Projects, and Technical Assistance and Capacity Building), some participants choose not to provide their ZIP Codes, and not all Best Starts investments are attributable or divisible among individual participants or ZIP Codes (such as costs to manage and administer programs, and costs for programs to report performance).

Figure 16. 2024 Expenditures by Best Starts Investment Area by ZIP Code, based on Where Office-based Services are Located

ZIP Code	Child Care	Investing Early	Sustain the Gain	Youth and Family Homelessness Prevention	Total
98001	$874,000	$226,000	$446,000	$0	$3,014,000
98002	$989,000	$902,000	$765,000	$136,000	$3,757,000
98003	$1,462,000	$1,579,000	$1,020,000	$409,000	$5,592,000
98004	$201,000	$0	$255,000	$0	$786,000
98005	$143,000	$226,000	$191,000	$0	$612,000
98006	$115,000	$226,000	$127,000	$0	$481,000
98007	$745,000	$677,000	$446,000	$136,000	$2,752,000
98008	$387,000	$677,000	$127,000	$0	$1,398,000
98009	$0	$0	$0	$0	$0
98010	$14,000	$451,000	$64,000	$0	$175,000
98011	$100,000	$677,000	$127,000	$0	$524,000
98013	$0	$0	$0	$0	$0
98014	$0	$226,000	$127,000	$0	$131,000
98015	$0	$0	$0	$0	$0
98019	$0	$0	$127,000	$0	$87,000
98022	$172,000	$451,000	$127,000	$0	$699,000
98023	$917,000	$677,000	$510,000	$0	$3,276,000
98024	$0	$0	$127,000	$0	$87,000
98025	$0	$0	$0	$0	$0
98027	$201,000	$1,128,000	$255,000	$0	$1,005,000

ZIP Code	Child Care	Investing Early	Sustain the Gain	Youth and Family Homelessness Prevention	Total
98028	$29,000	$226,000	$319,000	$0	$349,000
98029	$72,000	$226,000	$127,000	$136,000	$393,000
98030	$1,132,000	$2,481,000	$892,000	$136,000	$4,587,000
98031	$1,376,000	$677,000	$510,000	$136,000	$4,718,000
98032	$1,361,000	$2,707,000	$1,466,000	$545,000	$5,854,000
98033	$43,000	$0	$255,000	$0	$306,000
98034	$201,000	$226,000	$255,000	$0	$830,000
98035	$0	$0	$0	$0	$0
98038	$344,000	$0	$255,000	$0	$1,223,000
98039	$0	$0	$0	$0	$0
98040	$86,000	$902,000	$191,000	$0	$568,000
98041	$0	$0	$0	$0	$0
98042	$1,046,000	$902,000	$382,000	$0	$3,626,000
98045	$0	$451,000	$319,000	$0	$306,000
98047	$201,000	$0	$0	$0	$612,000
98050	$0	$0	$0	$0	$0
98051	$0	$0	$64,000	$0	$44,000
98052	$301,000	$902,000	$64,000	$136,000	$1,180,000
98053	$43,000	$0	$0	$0	$131,000
98054	$0	$0	$0	$0	$0
98055	$788,000	$451,000	$637,000	$0	$2,927,000
98056	$272,000	$1,579,000	$510,000	$273,000	$1,573,000
98057	$244,000	$2,933,000	$574,000	$136,000	$1,747,000
98058	$630,000	$226,000	$510,000	$136,000	$2,359,000
98059	$287,000	$226,000	$191,000	$136,000	$1,092,000
98062	$0	$0	$0	$0	$0
98063	$0	$0	$0	$0	$0

ZIP Code	Child Care	Investing Early	Sustain the Gain	Youth and Family Homelessness Prevention	Total
98064	$0	$0	$0	$0	$0
98065	$57,000	$677,000	$191,000	$0	$437,000
98068	$0	$0	$0	$0	$0
98070	$129,000	$677,000	$191,000	$0	$655,000
98071	$0	$0	$0	$0	$0
98072	$215,000	$0	$127,000	$0	$743,000
98073	$0	$0	$0	$0	$0
98074	$0	$0	$64,000	$0	$218,000
98075	$0	$0	$64,000	$0	$87,000
98077	$0	$0	$64,000	$0	$44,000
98082	$0	$0	$0	$0	$0
98083	$0	$0	$0	$0	$0
98089	$0	$0	$0	$0	$0
98092	$616,000	$677,000	$191,000	$136,000	$2,184,000
98093	$0	$0	$0	$0	$0
98101	$100,000	$0	$191,000	$0	$437,000
98102	$86,000	$0	$255,000	$0	$437,000
98103	$43,000	$1,354,000	$574,000	$136,000	$830,000
98104	$287,000	$677,000	$765,000	$136,000	$1,573,000
98105	$301,000	$0	$64,000	$0	$961,000
98106	$888,000	$902,000	$637,000	$136,000	$3,364,000
98107	$0	$0	$0	$0	$218,000
98108	$817,000	$1,354,000	$1,593,000	$136,000	$3,888,000
98109	$43,000	$0	$191,000	$0	$262,000
98111	$0	$0	$0	$0	$0
98112	$0	$0	$319,000	$0	$306,000
98113	$0	$0	$0	$0	$44,000

ZIP Code	Child Care	Investing Early	Sustain the Gain	Youth and Family Homelessness Prevention	Total
98114	$0	$0	$0	$0	$0
98115	$272,000	$226,000	$574,000	$0	$1,267,000
98116	$0	$0	$191,000	$0	$131,000
98117	$0	$0	$127,000	$0	$131,000
98118	$1,247,000	$3,384,000	$2,167,000	$136,000	$5,985,000
98119	$29,000	$0	$64,000	$0	$131,000
98121	$0	$451,000	$191,000	$0	$218,000
98122	$115,000	$2,933,000	$1,466,000	$0	$1,922,000
98124	$0	$0	$0	$0	$0
98125	$344,000	$0	$574,000	$0	$1,442,000
98126	$831,000	$0	$892,000	$0	$3,145,000
98127	$0	$0	$0	$0	$0
98129	$0	$0	$0	$0	$0
98131	$0	$0	$0	$0	$0
98132	$0	$0	$0	$0	$0
98133	$229,000	$451,000	$382,000	$0	$1,048,000
98134	$0	$0	$255,000	$0	$218,000
98136	$0	$0	$0	$0	$87,000
98138	$0	$0	$0	$0	$0
98139	$0	$0	$0	$0	$0
98141	$0	$0	$0	$0	$0
98144	$616,000	$3,158,000	$1,721,000	$409,000	$3,801,000
98145	$0	$0	$0	$0	$0
98146	$759,000	$677,000	$956,000	$136,000	$3,145,000
98148	$931,000	$902,000	$255,000	$0	$3,189,000
98154	$0	$0	$0	$0	$0
98155	$201,000	$0	$255,000	$0	$786,000

ZIP Code	Child Care	Investing Early	Sustain the Gain	Youth and Family Homelessness Prevention	Total
98158	$0	$0	$0	$0	$0
98160	$0	$0	$0	$0	$0
98161	$0	$0	$0	$0	$0
98164	$0	$0	$0	$0	$0
98165	$0	$0	$0	$0	$0
98166	$645,000	$1,128,000	$637,000	$0	$2,621,000
98168	$1,791,000	$1,354,000	$1,211,000	$136,000	$6,597,000
98170	$0	$0	$0	$0	$0
98171	$0	$0	$0	$0	$0
98174	$0	$0	$0	$0	$0
98175	$0	$0	$0	$0	$0
98177	$43,000	$0	$127,000	$0	$218,000
98178	$702,000	$451,000	$1,020,000	$0	$2,927,000
98181	$0	$0	$0	$0	$0
98185	$0	$0	$0	$0	$0
98188	$1,748,000	$1,128,000	$1,402,000	$545,000	$6,684,000
98189	$0	$0	$0	$0	$0
98190	$0	$0	$0	$0	$0
98191	$0	$0	$0	$0	$0
98194	$0	$0	$0	$0	$0
98195	$0	$451,000	$64,000	$0	$131,000
98198	$788,000	$1,354,000	$574,000	$273,000	$3,145,000
98199	$43,000	$0	$0	$136,000	$175,000
98224	$0	$0	$0	$0	$0
98288	$0	$0	$64,000	$0	$44,000
Unknown/missing	$1,490,000	$1,128,000	$892,000	$273,000	$4,718,000

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

July 15, 2025

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

Dear Council Chair Zahilay:

I am pleased to transmit the 2024 Best Starts for Kids Annual Report as required by Ordinance 19354, and an accompanying proposed Motion that would, if enacted, acknowledge receipt of the report. This is the third annual report for the second Best Starts for Kids Levy (2022-2027).

This report reflects the accomplishments of funded partners and shares data that highlights Best Starts' success in making positive changes for King County's children, young people, families, and communities. The report represents the overall impact, learnings, and integration of Best Starts' work across strategies through the following five focus areas:

- Meeting Families' Needs;
- Prioritizing Well-being and Mental Health;
- Cultivating Opportunities for Children and Young People;
- Strengthening the Workforce, and
- Building Community Power.

From its inception, Best Starts has drawn on community wisdom and research to learn what babies, young people and families need to have the best opportunity to be happy, healthy, safe, and thriving. Best Starts addresses its five focus areas holistically, across various ages and program delivery methods.

In 2024, Best Starts partnered with community-based organizations operating 609 programs to directly serve 169,340 individuals, and reach 525,954 children, young people, families, providers, and community members overall across King County. In 2024, the Best Starts team released 13 procurement processes which resulted in 178 new contracts for funded programs.

The 2024 Best Starts for Kids Annual Report links to an updated data dashboard on the Best Starts for Kids website. The Best Starts for Kids Data Dashboard provides additional measures for Best Starts for Kids programs, customizable data views, and greater geographic and financial detail.

As required by Ordinance 19267, the annual report provides information about expenditures, services delivered, and outcomes for Best Starts for Kids activities, including geographic data by ZIP code. In addition, the report includes information about the in-depth evaluation Best Starts for Kids completed in 2024, and other ongoing data analysis to track progress and inform continuous improvements. In addition, the report describes Best Starts' work to strengthen fiscal infrastructure and develop consistent and proactive communications regarding contracts and fiscal management.

The King County Council directed the Children and Youth Advisory Board (CYAB) members to provide input on the Best Starts for Kids annual report. CYAB members and Communities of Opportunity Advisory Board members received a draft copy of the 2024 Annual Report in April 2025. The final report reflects their input and feedback.

Thank you for your review of this report, your consideration of the proposed Motion, and your strong support for children, young people, and families across King County. If your staff have any questions, please contact Kelly Rider, Director, Department of Community and Human Services, at 206-263-5780.

Sincerely,

for

Shannon Braddock
King County Executive

Enclosure

cc: King County Councilmembers
ATTN: Stephanie Cirkovich, Chief of Staff, King County Council
Melani Pedroza, Clerk of the Council
Karan Gill, Deputy Executive, Chief of Staff, Office of the Executive
Stephanie Pure, Council Relations Director, Office of the Executive
Kelly Rider, Director, Department of Community and Human Services
Faisal Khan, Director, Public Health – Seattle & King County

King County

Metropolitan King County Council
Regional Policy Committee

STAFF REPORT

Agenda Item:	17	**Name:**	Sam Porter
Proposed No.:	2025-0237	**Date:**	December 2, 2025

SUBJECT

Proposed Motion 2025-0237 would accept the 2024 Mental Illness and Drug Dependency annual report.

SUMMARY

The 2024 Mental Illness and Drug Dependency (MIDD) Annual Report is Attachment A to Proposed Motion 2025-0237, which would accept the report. 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 MIDD Advisory Committee reviewed the 2024 MIDD annual report at their June 5, 2025, meeting.[1] Proposed Motion 2025-0237 is a nonmandatory dual referral to both the Health, Housing, and Human Services Committees and to the Regional Policy Committee.

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.[2] Ordinance 15949 established the expiration date of MIDD 1 as January 1, 2017. Subsequent ordinances established the MIDD Oversight Committee (April 2008)[3] and the MIDD implementation Plan and

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

[2] 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.

[3] 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.

MIDD Evaluation Plan (October 2008).[4] 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.

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. 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.

MIDD Renewal. MIDD 2 is set to expire on January 1, 2026. Proposed Ordinance 2025-0212 was transmitted to Council on July 10, 2025 to continue collections for another nine-year term.[5] The legislation is a nonmandatory dual referral to the Budget and Fiscal Management and to the Regional Policy Committees. The current schedule contemplates final action on the regular course on September 23, 2025, in time for the October 18, 2025 Department of Revenue notification deadline to continue collections without interruption. For more information about the renewal proposal please refer to the staff report for Proposed Ordinance 2025-0212.

ANALYSIS

The 2024 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;

[4] In October 2008, the Council adopted the MIDD 1mplementation Plan and the MIDD Evaluation Plan via Ordinance 16261 and Ordinance 16262.
[5] PO 2025-0212, https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=7477276&GUID=C9F88779-E410-4BF9-9D6C-1E5CF80E02DE&Options=Advanced&Search=

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.

Figure 1 below provides the page numbers for specific sections of the report. Additional information provided through the web-based 2024 MIDD Data Dashboard at this address: https://kingcounty.gov/en/dept/dchs/human-social-services/community-funded-initiatives/midd-behavioral-health-tax/midd-behavioral-health-sales-tax-dashboard

Figure 1. 2024 MIDD Annual Report Sections

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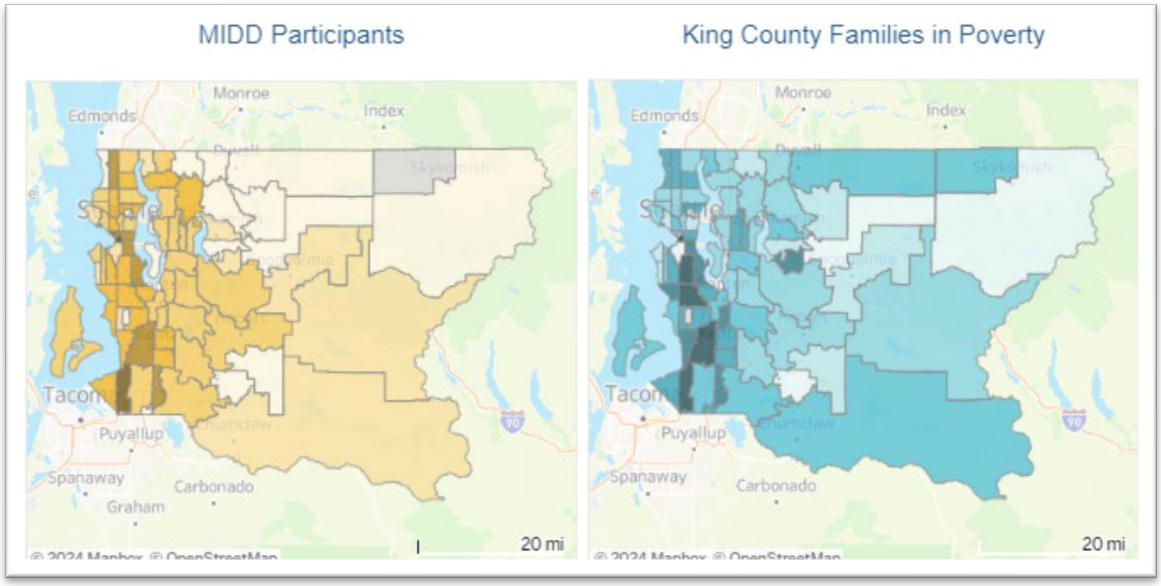
Items of note in the 2024 MIDD annual report:

- In 2024, total MIDD expenditures were approximately $113.6 million.[6]
- 28,113 people were served by MIDD programs in 2024; approximately 3,700 more than the previous year. Of those, according to the dashboard, 60 percent were adults ages 18-54, 11 percent were youth ages 0 to 17, and 29 percent were age 55 and over.[7]
- Figure 2 provides information about the geographic distribution of people served in 2024
- Figure 3 provides information about additional demographics of those served.

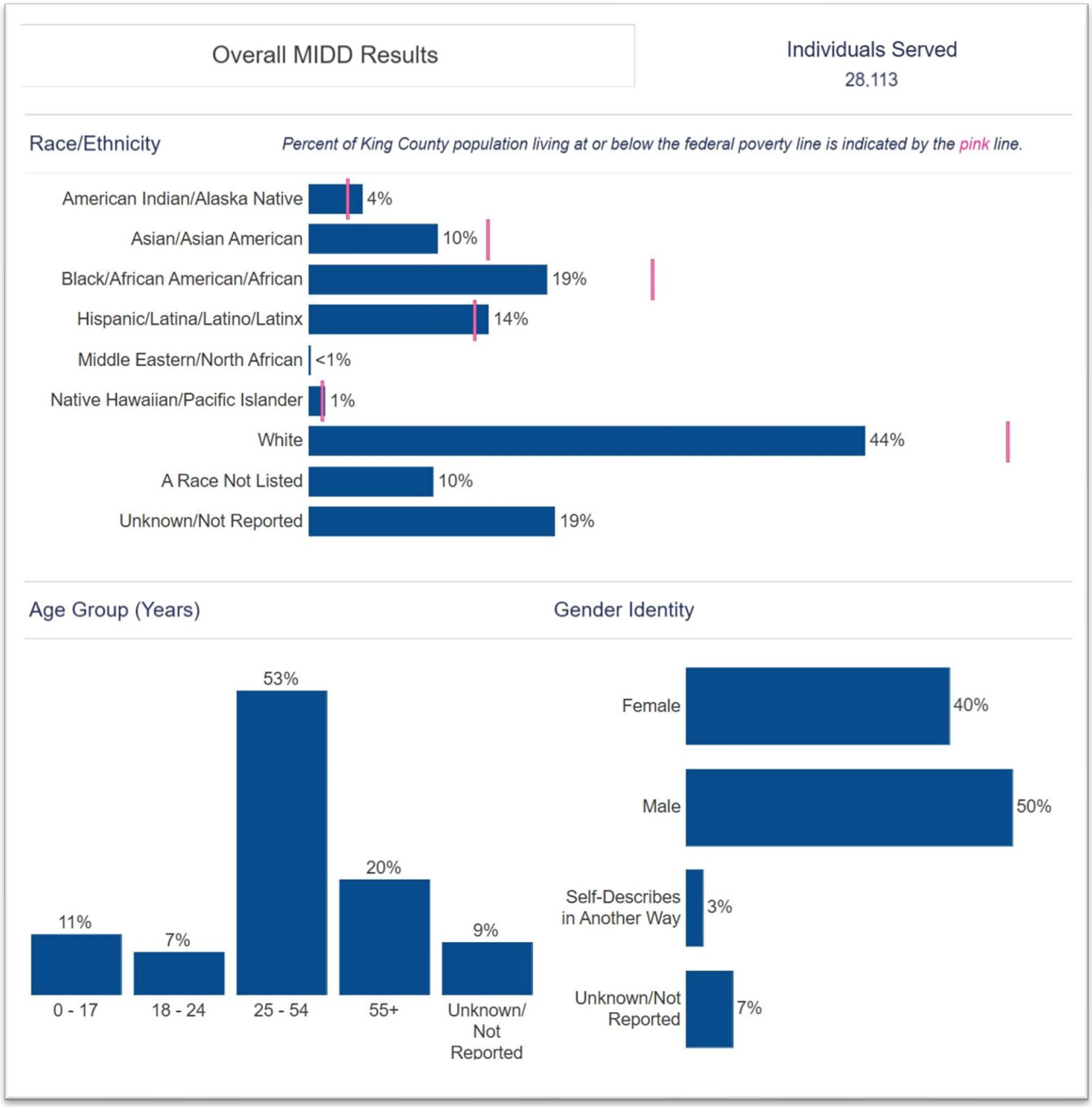
[6] 2024 MIDD Data Dashboard, accessed August 22, 2025. https://kingcounty.gov/en/dept/dchs/human-social-services/community-funded-initiatives/midd-behavioral-health-tax/midd-behavioral-health-sales-tax-dashboard
[7] 2024 MIDD Data Dashboard, "How much do we invest?" accessed August 22, 2025. https://kingcounty.gov/en/dept/dchs/human-social-services/community-funded-initiatives/midd-behavioral-health-tax/midd-behavioral-health-sales-tax-dashboard

Figure 2. Geographic Distribution of People Served by MIDD, 2024[8]



[8] 2024 MIDD Annual Report, page 19

Figure 3. Additional Demographics of People Served by MIDD, 2024[9]



ATTACHMENTS:

1. Proposed Motion 2025-0237 with attachments
2. Transmittal Letter
3. 2024 MIDD Annual Report DCHS RPC Presentation, September 10, 2025

[9] 2024 MIDD Data Dashboard, accessed August 22, 2025. https://kingcounty.gov/en/dept/dchs/human-social-services/community-funded-initiatives/midd-behavioral-health-tax/midd-behavioral-health-sales-tax-dashboard

1200 King County Courthouse
516 Third Avenue
Seattle, WA 98104

KING COUNTY

Signature Report

Motion

Proposed No. 2025-0237.1 **Sponsors** Mosqueda

A MOTION approving the 2024 annual mental illness and drug dependency evaluation summary report, in compliance with K.C.C. 4A.500.309.

WHEREAS, in 2005, the 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, and

WHEREAS, in 2007, Ordinance 15949 authorized the levy collection of and legislative policies for the expenditure of revenues from an additional sales and use tax of one-tenth of one percent for the delivery of mental health and chemical dependency services and therapeutic courts, and

WHEREAS, in 2016, Ordinance 18333 extended the expiration date of this sales and use tax to January 1, 2026, and

WHEREAS, the council called for and approved a service improvement plan, an implementation plan, and an evaluation plan to guide the investment of renewed mental illness and drug dependency sales tax revenue, and the council established five revised policy goals for the programs supported by sales tax proceeds, and

WHEREAS, Ordinance 18407 amended Ordinance 15949, Section 3, to require the 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 2024 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 2024 annual mental illness and drug dependency evaluation summary report is hereby approved.

KING COUNTY COUNCIL
KING COUNTY, WASHINGTON

_____

Girmay Zahilay, Chair

ATTEST:

_____

Melani Pedroza, Clerk of the Council

APPROVED this _____ day of _____, _____.

_____

Shannon Braddock, County Executive

Attachments: A. 2024 MIDD Behavioral Health Sales Tax Fund Annual Summary Report July 31, 2025

Attachment A

2024 MIDD Behavioral Health Sales Tax Fund
Annual Summary Report

July 31, 2025

King County

Table of Contents

Executive Summary

Background

The 0.1 percent behavioral health sales tax, known in King County as MIDD (also referred to as the Mental Illness and Drug Dependency fund), is a unique local funding source authorized under RCW 82.14.460 and KCC 400.5A.300 that improves access to mental health and substance use treatment, recovery and prevention services.[1, 2] The King County Department of Community and Human Services' (DCHS) Behavioral Health and Recovery Division (BHRD) manages King County's MIDD.[3]

King County's behavioral health sales tax investments have long served to augment years of underinvestment in behavioral health care and treatment at the state and federal level, and support community behavioral health providers. These local resources have allowed King County to respond to changing community needs across the behavioral health continuum.

In 2024, MIDD served 28,113 people, supported 181 community behavioral health providers, and increased access to health stability, recovery, and connection with community care. These are critical contributions to King County's efforts to address the region's behavioral health needs and challenges, demonstrating the importance of locally-driven investments at a time of uncertainty for state and federal funding.

MIDD invests in behavioral health services that cannot be billed to Medicaid and services for people who are ineligible for Medicaid. Unlike Medicaid and many other funding sources, MIDD is not limited by restrictions on the specific populations it can serve or the types of behavioral health services it can provide. In 2023 and 2024, more than 6,000 people who were ineligible for Medicaid received behavioral health care through MIDD. This makes it a powerful tool in service of DCHS' goal of providing equitable opportunities for people to be healthy, happy, and connected to community.

As the region's behavioral health needs evolve, MIDD remains an indispensable resource in creating a healthier and more equitable King County. MIDD focuses on prevention and early intervention, crisis diversion, recovery and reentry, system improvement, and therapeutic courts. Since MIDD was last renewed in 2016, the most pressing behavioral health needs have shifted, including the rise of synthetic opioids like fentanyl and associated overdoses, a youth mental health crisis exacerbated by the COVID-19 pandemic, and the continued erosion of the behavioral health workforce. In 2024, MIDD investments expanded services to address gaps in care and complement the rest of the community behavioral health treatment and crisis response system King County administers. As a result, MIDD participants in relevant initiatives experience fewer engagements with crisis programs, emergency department visits, bookings into jail and involuntary psychiatric hospitalizations, demonstrating the transformative power of sustained local investments.

Report Requirements

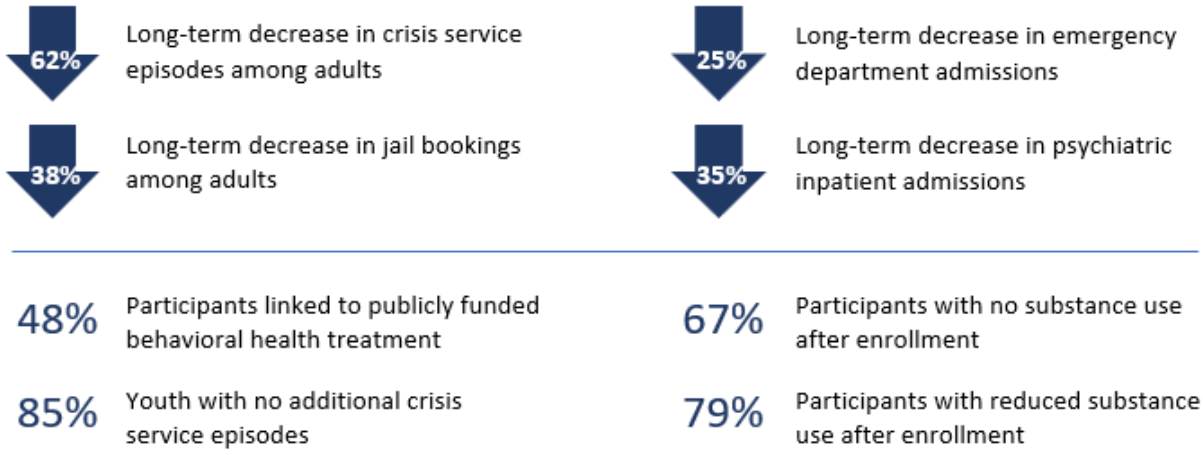
This annual summary report satisfies all reporting requirements called for by KCC 4A.500.309.D.[4] It also includes links to the online MIDD Dashboard (https://kingcounty.gov/MIDDdashboard) which provides an in-depth review of MIDD 2024 accomplishments.

[1] RCW 82.14.460, 2005. [LINK]
[2] King County Ordinance 18407, November 2016. [LINK]
[3] Behavioral health is a term that encompasses both mental health and substance use conditions.
[4] King County Code 4A.500.309.D. [LINK]

MIDD Implementation and Results in 2024

MIDD investments across a wide array of initiatives contribute toward King County's vision of ensuring effective, equitable, and accessible behavioral health care. These investments serve to augment years of underinvestment in behavioral health care and treatment at the state and federal level, bolstering community behavioral health providers. In 2024, MIDD served 28,113 people across 54 initiatives through 181 provider and community partners, an increase of 15 percent over the 24,342 reported in 2023.[5] The figure below displays key short- and long-term outcomes (measured in 2024) among MIDD participants. For many outcomes, measurement year 2024 represents the year following MIDD program enrollment; for long-term outcomes, however, measurement year 2024 represents the third year following MIDD program enrollment.[6] Of those served by MIDD programs, individuals showed increased access to mental health and substance use care, fewer trips to jail or hospitals, and more connections to treatment and services in their communities.

Key MIDD Outcomes in 2024



MIDD investments in 2024 were guided by the MIDD 2 Implementation Plan and responded to emerging community needs to the degree possible through currently funded initiatives. Key areas of focus featured in this report included:

- Reducing barriers and increasing equitable access to care;
- Improving transitions between care settings to keep people engaged in treatment and services;
- Addressing opioid use disorder and overdose, reducing barriers to lifesaving medications for opioid use, and increasing mobile care responses;
- Increasing youth access to behavioral health treatment, and
- Growing and sustaining a diverse behavioral health workforce.

As required by Ordinance 19546, Section 71, Proviso P1, this report also highlights and evaluates the grant-based art therapy pilot project funded by Ordinance 19546, Section 71, Expenditure Restriction ER1.[7]

[5] MIDD Dashboard. [LINK]

[6] Participant outcome measures summarized in this report apply to MIDD initiatives that identify the measure as an intended outcome. Here, and throughout this report, "long-term" changes refer to the third year following baseline measurement.

[7] King County Ordinance 19546, Section 71, Expenditure Restriction ER1 and Proviso P1. [LINK]

MIDD Participants

While MIDD served residents across all of King County in 2024, service recipients were more often concentrated in ZIP codes with a higher percentage of families living below the poverty line, aligning with MIDD's goal to serve those most in need. While certain populations of MIDD participants are overrepresented when compared to the general population of King County, these same populations are underrepresented as compared to King County's low-income population. Half of people served by MIDD initiatives identify as male, and more than half (53 percent) of people served by MIDD initiatives are between 25 and 54 years old.[8]

Evaluation and Continuous Improvement

The MIDD evaluation aligns with the five policy goals described in KCC 4A.500.309, and each MIDD initiative links to one or more of these goals for the purposes of performance measurement and evaluation. Beyond linkage to one or more policy goals, the County also evaluates each MIDD initiative using more proximal measures that reflect specific program activities and their impact. Thus, this evaluation framework recognizes the unique, direct impact each initiative has on participants receiving services, as well as the collective impact MIDD programming has across multiple initiatives and participants, for example the combined impact of more than 20 initiatives on overall jail bookings across thousands of MIDD participants.

In 2024, MIDD used program data to identify trends in participants' needs and barriers to services and, subsequently, made improvements to program implementation guided by this data. Continuous improvement efforts included strategies to better integrate equity and social justice more fully into contract management, address disproportional access to services, expand models of service provision, incorporate new treatment approaches, and build a workforce that reflects the diversity of MIDD participants.

In 2024, 25 of the 45 MIDD initiatives with established targets exceeded target numbers, and an additional seven were within 20 percent of reaching their set target.[9]

2024 Procurement Update

BHRD partners with community-based organizations to deliver services. BHRD released four MIDD-funded procurements in 2024. These procurements resulted in contracts for capital investments in permanent supportive housing buildings, capital improvements in behavioral health facilities, crisis services for people experiencing behavioral health crises, and health-related service provision for individuals experiencing homelessness.

[8] Demographic information is not available for MIDD initiatives that only collect aggregate data. Further, some race and ethnicity categories are underrepresented due to the availability of "multiracial" as a response option for some programs.

[9] Targets are established after an initiative has completed its baseline implementation through a collaborative process with provider agencies and King County staff. Some MIDD initiatives, for example Systems Improvement initiatives, vary in scope year-over-year and do not have target numbers of individuals served.

MIDD Fiscal Information

MIDD revenue projections were volatile during the 2023-2024 biennium, resulting in unique challenges in budgeting and financial management.

The response to the COVID-19 pandemic brought unanticipated funding to the region, available on a one-time basis. These new funds alongside volatile MIDD revenues and strained community-based capacity to accept these funds due to workforce shortages resulted in $25 million (or 12 percent) in revenues being transferred from the 2021-22 biennium to MIDD's expenditure authority for the 2023-24 biennium. This included more than $15 million to support one-time behavioral health facility capital investments.

For the 2023-2024 biennium, MIDD expended $198.6 million of its budgeted $234.3 million, or 85 percent of planned expenditures. This 2023-24 biennial spending total of $198.6 million is slightly higher than the amount of revenue collected under the MIDD tax during that same period.

While current MIDD funding obligations could outpace projected revenues in future years, the renewal of MIDD and development of a new Implementation Plan present an opportunity to realign programming and planned expenditures to anticipated revenue.

Conclusion and Next Actions

The behavioral health needs of King County's communities continue to evolve, and MIDD continues to adapt its response to the extent possible under the MIDD 2 Implementation Plan. To ensure equitable access to necessary health care and responsiveness to critical system priorities, MIDD investments should prioritize the region's biggest behavioral health challenges as they change over time. To address longstanding inequities in behavioral health risks and outcomes, local investments must be coordinated to complement and amplify federal and state funding, and work toward the accessible and effective care that King County residents need.

With the current implementation of MIDD scheduled to end in 2025, the Executive is preparing a proposal for the sales tax's renewal at the time of this report's drafting. In addition, DCHS is engaging with community experts to inform development of plans for the future of behavioral health sales tax-funded programming.

Background

The behavioral health sales tax (known as MIDD) is a unique local funding source that improves access to behavioral health care for individuals and communities in King County through a countywide 0.1 percent sales tax authorized under RCW 82.14.460 and KCC 400.5A.300.[10, 11] King County's MIDD supports work on crisis diversion, screening and referral services, and treatment for substance use and mental health conditions. MIDD is managed and operated by the King County Department of Community and Human Services (DCHS) Behavioral Health and Recovery Division (BHRD).

Since 2008, MIDD investments have supported initiatives to address mental health and substance use conditions for King County residents, especially for people most affected by inequities related to race,

[10] RCW 82.14.460, 2005. [LINK]

[11] King County Ordinance 18407, November 2016. [LINK]

income, and access to healthcare. Collectively, MIDD initiatives improve participants' quality of life and help them thrive in recovery by supporting programs and services that support MIDD's strategy areas and policy goals. As the needs of King County communities evolve, the behavioral health sales tax remains a critical resource to invest in sustainable and modern services to better support people in need of behavioral health care.

MIDD Policy Goals

MIDD-funded programs in 2024 were designed to achieve five policy goals, as directed by KCC 4A.500.309.A.[12]

- 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.

MIDD Strategy Areas

MIDD-funded programs and services in 2024 were delivered across five strategy areas to support a countywide continuum of care, with goals of supporting recovery and care in community, and a focus on prevention and reducing disparities.[13]

- **Prevention and Early Intervention** initiatives ensure that people get the support they need to stay healthy and prevent their behavioral health concerns from escalating.
- **Crisis Diversion** initiatives work to ensure that people in crisis get the help they need to avoid hospitalization or incarceration.
- **Recovery and Reentry** initiatives help people become healthy and reintegrate into the community safely after an episode of treatment or incarceration.
- **System Improvement** initiatives strengthen access to the behavioral health system and equip providers to deliver on outcomes more effectively.
- **Therapeutic Courts** offer people experiencing behavioral health conditions an alternative to traditional criminal legal system proceedings, support them in achieving stability, and avoid further legal system involvement.

Department Overview

King County's Department of Community and Human Services (DCHS) provides equitable opportunities for residents to be healthy, happy, and connected to community. DCHS envisions a welcoming community that is racially just, where the field of human services exists to undo and mitigate unjust structures that historically and currently allocate benefit and burden in ways that favor some people and disfavor others. The Department, along with a network of community providers and partners, plays a leading role in creating and coordinating the region's human services infrastructure. DCHS stewards the revenue from the Veterans, Seniors, and Human Services Levy (VSHSL), Best Starts for Kids (Best Starts) Levy, MIDD, the Crisis Care Centers (CCC) Levy, the Health Through Housing initiative, and the Puget

[12] King County Code 4A.500.309.A. [LINK]
[13] MIDD 2 Implementation Plan, 2017. [LINK]

Sound Taxpayer Accountability Account (PSTAA), along with other local, state and federally-directed revenues.[14, 15, 16, 17, 18]

The Behavioral Health and Recovery Division (BHRD), within DCHS, brings behavioral health services and treatment to people in crisis and low-income King County residents, including people enrolled in Medicaid. BHRD serves over 60,000 people annually, including those served by MIDD.[19] It invests in more than 100 community behavioral health agencies, with services ranging from outpatient mental health and substance use disorder (SUD) treatment, detoxification (withdrawal management) services, specialty team-based care, residential treatment, medication for opioid use disorders (MOUD), inpatient care, crisis services, mobile crisis response, and involuntary commitment-related services and supports. BHRD seeks to make health services available that meet people where they are and serve the whole person by integrating behavioral health, social services, and medical care to meet an individual's needs.

Key Current Conditions

Over the past 18 years, King County's behavioral health sales tax investments have helped fill critical gaps and expanded services. Where possible within the MIDD 2 Implementation Plan, the flexibility of these local resources has allowed the County to adapt to changing community needs and has been essential to strengthening the region's response to these needs. However, since MIDD was last renewed in 2016, the most pressing behavioral health needs have shifted, including the rise of synthetic opioids like fentanyl and associated overdoses, a youth mental health crisis exacerbated by the COVID-19 pandemic, and the continued erosion of the behavioral health workforce. Within available resources, in 2024, MIDD investments have expanded services to address gaps and complement the community behavioral health treatment and crisis response system King County administers.

The fentanyl crisis has exacerbated substance use disorders across the county, requiring an agile response. A recent analysis of service utilization among more than 1,000 people who died from overdose in King County found that a significant number of these individuals had engaged with a variety of public services in King County (jails, emergency departments, homeless services, and other behavioral health care) in the year before their death. However, fewer than half had been receiving publicly funded SUD services, which may have reduced their risk of overdose and death.[20] MIDD funding has been essential to expanding access to life-saving naloxone, distributing MOUD through low-barrier programs, and deploying mobile response teams to connect individuals to recovery services. These investments have saved lives and reduced overdoses, highlighting the necessity of local funding in addressing this urgent situation.[21]

There continues to be a need to increase investments in the behavioral health workforce in King County, as the mental health crisis leads to increased levels of unmet behavioral health need in this region and

[14] Veterans, Seniors, and Human Services Levy. [LINK]
[15] Best Starts for Kids Levy. [LINK]
[16] Health Through Housing sales tax. [LINK]
[17] Puget Sound Taxpayer Accountability Account. [LINK]
[18] Crisis Care Centers Levy. [LINK]
[19] DCHS Dashboard: Explore the Data. [LINK]
[20] DCHS Data Insights Series: Integrating Data to Better Understand Fatal Overdoses and Service System Engagement. King County Department of Community and Human Services, Performance Measurement and Evaluation Unit, 2022. [LINK]
[21] Public Health-Seattle & King County, King County Fatal Overdose Dashboard, May 2025. [LINK]

nationally.[22] To begin to address this need, MIDD allocated $2.4 million to strengthen the workforce and contribute to the professional development of members of the King County Integrated Care Network (KCICN). The complexity of this large-scale investment resulted in an underspent budget in 2024, with plans for full implementation in 2025.

Additionally, youth in King County are facing mounting behavioral health needs. Approximately one in three children, youth, and young adults enrolled in Washington State's Apple Health program who needed mental health services did not receive them, and approximately three in four who needed substance use disorder services did not receive them.[23] MIDD funds several youth-focused initiatives, including school-based interventions, peer supports, and youth-focused crisis stabilization services, which provide early intervention services and respond when mental health challenges escalate.

MIDD investments are vital for individuals not eligible for Medicaid, particularly in rural areas and for Black, Indigenous and people of color (BIPOC) communities. Unlike Medicaid and many other funding sources, MIDD is not limited by federal or state restrictions on the specific populations it can serve or the types of behavioral health services it can provide. In 2023 and 2024, more than 6,000 people who were ineligible for Medicaid received behavioral health care through MIDD. By expanding outreach, culturally tailored programming, and equitable access to care, MIDD programs aim to address inequities in behavioral health outcomes and decrease stigma across King County communities.

MIDD's Legislative Context

King County implements the MIDD sales tax consistent with state and local legislation.

- **2005**: Washington State Legislature approved RCW 82.14.460, authorizing local governments to collect a 0.1 percent sales tax to support chemical dependency, mental health treatment services, or therapeutic courts.
- **2006:** King County Council began exploring the possibility of utilizing a local sales tax option in response to shrinking County general fund collections due to the passage of Initiative 747 in 2001, lower state investments in community-based behavioral health services, and corresponding escalation in the use of jails and hospitals for people living with behavioral health conditions.[24]
- **2007:** After significant work in partnership with communities, the King County Council and Executive authorized a 0.1 percent sales tax, with collection to occur between 2008 and 2016.
- **2016:** King County Council voted unanimously to extend sales tax collection for behavioral health through 2025, and to update MIDD's policy goals.[25]
- **2017:** The King County Council approved the MIDD 2 Implementation Plan to guide MIDD programs and services through 2025.[26]
- **2025:** The current MIDD behavioral health sales tax is scheduled to expire at the end of 2025, unless extended before October 18, 2025.[27]

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[22] Centers for Disease Control, Protecting the Nation's Mental Health, August 2024. [LINK]
[23] Washington State Health Care Authority Report to the Legislature, Access to behavioral health services for children, youth, and young adults, December 2023. [LINK]
[24] RCW 82.14.460. [LINK]
[25] Ordinance 18333. [LINK] Ordinance 18407. [LINK]
[26] Motion 15093. [LINK]
[27] RCW 82.14.055. [LINK]

Report Methodology

DCHS staff assembled this report with input from MIDD-funded community-based partners, County program managers for MIDD-funded programs, and the MIDD Advisory Committee. Data for this report are sourced from publicly funded behavioral health databases, provider data submissions, and records obtained through data sharing agreements with local institutions including emergency departments, correctional facilities, and psychiatric inpatient hospitals. More information on the data sources used in this report is available in the MIDD Dashboard.

Report Requirements

This annual report summarizes the activities of the MIDD Behavioral Health Sales Tax Fund for 2024 and fulfills the reporting requirements of KCC 4A.500.309.D.[28] This annual summary report also includes links to the online MIDD Dashboard, which provides a more in-depth review of MIDD 2024 accomplishments and other outcomes.

Additional Information Available in the MIDD Dashboard

Significant additional information about MIDD initiatives is online in the MIDD Dashboard available at https://kingcounty.gov/MIDDdashboard. For example, the dashboard includes:

- additional data specific to each MIDD initiative,
- additional context and discussion of initiative activities and performance in 2024,
- customizable views of MIDD data,
- greater background on participant demographics,
- more information about how MIDD and its partners are working to support the behavioral health of residents.

A. MIDD Implementation and Results in 2024

MIDD-funded programs demonstrate the clear value and importance of local funds to address community behavioral health needs. In 2024, MIDD served 28,113 people across 54 initiatives through 181 provider and community partners, a 15 percent increase over 24,342 participants served in 2023.[29] The increase was driven by improved client level data reporting by community grant programs, as well as more staffing capacity and service utilization in several initiatives. Individuals served had increased access to mental health and substance use care, fewer jail or hospital stays, and reduced legal system contact for youth and adults.

[28] King County Code 4A.500.309.D. [LINK]
[29] MIDD Dashboard. [LINK]

Key MIDD Data Points 2024

Key MIDD Outcomes in 2024[30]

62% Long-term decrease in crisis service episodes among adults

25% Long-term decrease in emergency department admissions

38% Long-term decrease in jail bookings among adults

35% Long-term decrease in psychiatric inpatient admissions

48% Participants linked to publicly funded behavioral health treatment

67% Participants with no substance use after enrollment

85% Youth with no additional crisis service episodes

79% Participants with reduced substance use after enrollment

Visit MIDD's Interactive Data Dashboard to fully explore MIDD's results, including outcomes for individual MIDD programs.

Key Areas of Focus

MIDD investments in 2024 were guided by the MIDD 2 Implementation Plan and responded to emerging community needs to the degree possible within currently funded initiatives. Key areas of focus featured in this report included:[31]

- Reducing barriers and increasing equitable access to care;
- Improving transitions between care settings to keep people engaged in treatment and services;
- Addressing opioid use disorder and overdose, reducing barriers to lifesaving medications for opioid use, and increasing mobile care responses;
- Increasing youth access to behavioral health treatment, and
- Growing and sustaining a diverse behavioral health workforce.

[30] Participant outcome measures summarized in this report apply to MIDD initiatives that identify the measure as an intended outcome. Here, and throughout this report, "long-term" changes refer to the third year following baseline measurement.

[31] Evolving behavioral health needs in King County, especially since the COVID-19 pandemic, are discussed further in the Background section of this report.

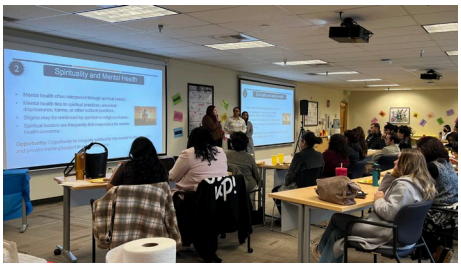
To effectively address the current conditions, and consistent with the County's enacted 2023-24 budget, BHRD adapted some MIDD initiatives, restored others, and launched new programming in 2024. This approach sought to focus MIDD funding to prioritize the highest needs within the constraints of the MIDD 2 Implementation Plan.

In 2024, MIDD was pivotal to King County's efforts to meet the region's growing and evolving behavioral health challenges, providing direct service to 28,113 residents. This highest-ever number of MIDD participants reflected increased staffing capacity in some initiatives and improved data collection practices of several community-based providers. As detailed below, MIDD's efforts to reduce barriers to care, improve transitions of care, respond to the opioid crisis, target interventions to address substance use disorder, expand youth services, and cultivate a sustainable workforce underscores the critical importance of continued local sales tax funding.

Reducing Barriers and Increasing Equitable Access to Care

Equitable access to behavioral health services is vital so that all residents can achieve wellness, regardless of barriers they may face. King County continued to take action through MIDD investments in 2024 to respond to community needs by improving care access:

- Under **PRI-11: Community-Based Behavioral Health Treatment,** more than 3,400 people received outpatient care, many of whom are immigrants or refugees who were not eligible for Medicaid. Increasing access to treatment through this initiative contributed to long-term reductions in emergency department visits (29 percent decrease) and psychiatric inpatient hospitalizations (61 percent decrease) among participants. Additionally, this initiative funded Community-Based Therapeutic Intervention & Capacity Building, which seeks to reach culturally focused and rural communities often underserved by Medicaid-funded programming and reached more than 1,700 individuals. This program was complemented by community events that collectively impacted thousands**.**
- Through **SI-03: Quality Coordinated Outpatient Care** 13,850 individuals received outreach and assistance to reconnect individuals to outpatient behavioral health services.
- **RR-01: Behavioral Health in Housing Supports** demonstrated the value of integrated care in supportive housing environments. This program served more than 1,400 individuals, with more than half connecting to behavioral health treatment. This contributed to long-term reductions in jail bookings (64 percent decrease), emergency department visits (57 percent decrease), and crisis service episodes (51 percent decrease).
- In 2024, MIDD programs sought out insights from community listening sessions to better understand gaps in service and inform improvements. These sessions revealed key lessons that can shape initiatives targeting historically underserved populations. **SI-01: Community Driven Behavioral Health Grants** completed the Be Heard Listening Session project in partnership with 14 culturally centered community organizations that held listening sessions and conducted interviews about mental health within their communities. Together, partners completed 106 listening sessions and interviewed 543 individuals. Ten key themes emerged, including the



Presentation of findings from the Be Heard Listening Sessions: Community Voices on Mental Health and Wellness, funded through SI-01: Community Driven Behavioral Health Grants. Photo source: King County

importance of understanding the cultural context when considering how best to deliver responsive services, a strong desire by community participants for inter-generational healing, and the need for more culturally responsive programming and education led by the communities themselves. This initiative also provided grants to nine organizations that enhanced engagement by providing culturally relevant services, including healing circles, talking circles, and yoga. Additionally, programs like the Korean Mental Health Support Line and the Eritrean Association of Greater Seattle's community outreach efforts expanded mental health resources and increased culturally responsive services throughout King County.

- **SI-02 Behavioral Health Services and Rural King County and PRI-11 Community Based Therapeutic Intervention and Capacity Building** funded behavioral health vans, multilingual telehealth platforms, and culturally tailored interventions to further break down barriers.

Improving Transitions Between Care Settings to Keep People Engaged in Treatment and Services

MIDD programming that focuses on improving transitions of care has been crucial in addressing the risk of individuals from losing contact with services and supports as they navigate complex systems. By fostering partnerships and implementing innovative programs, MIDD has improved continuity of care for vulnerable residents:

- **RR-11A: Peer Bridgers** had one of the highest rates of linkage to publicly funded behavioral health treatment among MIDD initiatives, connecting more than two-thirds of its participants to critical services. By facilitating these connections to care, this initiative contributed to long-term reductions in emergency department visits (48 percent decrease) and psychiatric inpatient hospitalizations (70 percent decrease) among participants.
- **RR-04: Oxford House** achieved substantial reductions in jail and emergency department utilization, with nearly three-quarters of participants reporting reduced substance use and two-thirds reporting abstinence.
- **CD-14: Involuntary Treatment Triage** reduced reliance on designated crisis responders for involuntary commitment assessments and reduced participants' emergency department visits by 52 percent over the long-term.
- **RR-08: Hospital Re-Entry Respite Beds** maintained a 96 percent occupancy rate, and successfully referred over 90 percent of its 370 participants to needed services.

Staff with RR-08 Hospital Re-Entry Respite Beds coordinate follow-up for patients exiting the hospital.

Photo source: Public Health - Seattle & King County

- **CD-06: Crisis Diversion Services** transitioned the Mobile Crisis Teams to a new and expanded model, called Mobile Rapid Response Crisis Teams (MRRCT), which launched in 2024.[32] By year's end, in partnership with state and local (CCC Levy) resources, 27 Mobile Crisis Teams were fully staffed by mental health professionals and individuals with lived experience. Teams conducted 2,576 outreaches to calm and stabilize people experiencing a behavioral health crisis and connect them with immediate and after-care supports. This initiative contributed to long-term reductions in jail bookings (30 percent decrease) and crisis service episodes (64 percent decrease) among participants. MIDD funding covers operational costs across this crisis diversion strategy to support the program operations.

Mobile Crisis Teams are trained mental health workers and peer specialists with lived experience of mental health or substance use and recovery. Teams travel to help people in a crisis where they are. Calls come in through 988, Crisis Connections, and referrals from local police departments, first responders and community behavioral health providers. Photo source: King County

Addressing Opioid Use Disorder and Overdose, Reducing Barriers to Lifesaving Medications for Opioids, and Increasing Mobile Care Responses

The opioid epidemic remains a pressing issue. MIDD funding was critical to King County's expanded efforts to combat overdose deaths and connect individuals to recovery. In partnership with the Executive's Office and Public Health – Seattle & King County, DCHS is leading the regional response to the opioid overdose crisis. In 2024, this partnership announced 13 Actions to Help Stop Opioid Overdoses, expanding access to live-saving medicine like Buprenorphine and Naloxone, adding more mobile crisis teams, residential treatment beds, new sobering and post-recovery centers, and 100 apprenticeships.[33] These initiatives collectively addressed urgent needs, saving lives and laying the foundation for long-term recovery:

- **RR-09: Recovery Café and RR-11B: SUD Peer Support** implemented multiple program improvements. Recovery Cafe partnered with a mobile clinic that provides medication assisted treatment, behavioral health counseling services, and transportation assistance, to help individuals get to and from treatment. An additional partnership brought a nurse onsite three days a week and linked participants to more intensive medical care. These partnerships led to higher levels of enrollment in Recovery Cafe, with over 65 percent of participants linked to publicly funded behavioral health treatment. Further, participants in SUD Peer Support experienced long-term reductions in jail bookings (46 percent decrease).
- **CD-07: Multipronged Opioid Strategies'** low-barrier Buprenorphine program expanded care coordination and outreach, providing more than 1,300 individuals with MOUD. Over half (58 percent) of people who received low-barrier buprenorphine were linked to publicly funded

[32] In 2024, MRRCT expansion was made possible by new funding from the Crisis Care Centers levy. MRRCT is also funded by MIDD, the Washington State Health Care Authority, City of Seattle, Federal block grants, Medicaid, and other funding sources.

[33] King County DCHS, Cultivating Connections, 13 Actions to Help Stop Opioid Overdoses, May 25, 2024. [LINK]

behavioral health treatment. The initiative also launched an intensive communications campaign to increase awareness of the dangers of fentanyl, reduce stigma, and connect people who use substances to harm reduction supports. Additionally, this initiative funded Public Health – Seattle & King County to distribute 119,960 naloxone kits and 123,858 fentanyl test strips in partnership with behavioral health clinics and community-based organizations who are members of their harm reduction clearinghouse. Combined, these multipronged opioid strategies contributed to long-term reductions in jail bookings (42 percent decrease), emergency department visits (27 percent decrease), psychiatric inpatient hospitalizations (53 percent decrease), and crisis service episodes (33 percent decrease) among service recipients.

- **RR-12: Jail-Based SUD Treatment** served a record number of participants, improving access to SUD care within correctional facilities.
- Through the five **CD-10: Next Day Crisis Appointments** (NDAs) providers, 477 people received on-demand SUD care in 2024. Over half (52 percent) of people who received NDAs for SUD care were linked to publicly funded behavioral health treatment.
- Over 1,700 people who called 911 in a crisis received a response by a mental health professional Crisis Responder through **CD-18A: Regional Crisis Response System**. Responders provided immediate de-escalation, assessment, and referral to care. These efforts contributed to long-term reductions in jail bookings (51 percent decrease) and crisis service episodes (67 percent decrease) among service recipients.

Increasing Youth Access to Behavioral Health Treatment

Youth access to behavioral health services is a cornerstone of healthy communities. Intervening early to respond to youth behavioral health needs is critical to keep issues from escalating into more serious conditions.[34]

In 2024, MIDD programs responded to this need through innovative partnerships and proven models of care. MIDD worked to increase access for youth to these critical resources in several ways:

- **CD-11: Children's Crisis Outreach Response System** (CCORS) provided crisis outreach and stabilization services to more than 800 youth, with 90 percent maintaining stable housing and 85 percent avoiding new crises in the year following participation. Youth receiving these services also experienced long-term reductions in emergency department visits (35 percent decrease). This initiative expanded in 2024 to allow access to crisis behavioral health services for all youth regardless of insurance status.[35]
- **SI-01: Community Driven Behavioral Health Grants** expanded outreach to youth through initiatives like Second Chance Outreach, supporting teens by providing alternatives to gang affiliation, and Friends of Youth, which provided youth therapy and parent-group sessions.

School-based counseling programs also continued to grow helping to connect more youth to supports, earlier:

- Through **SI-05: Emerging Issues in Behavioral Health** Seattle Public Schools created a substance use reduction workgroup, launched virtual parent education sessions, standardized training evaluations, and developed tools to support classroom education implementation.

[34] 2024/2025 Community Health Needs Assessment, Public Health – Seattle & King County. [LINK]
[35] In 2024, CCORS expansion was made possible by new funding from the Crisis Care Centers levy. CCORS is also funded by MIDD, the Washington State Health Care Authority, Federal block grants, Medicaid, and other funding sources.

- **PRI-05: School-Based Screening, Brief Intervention and Referral to Treatment/Service (SBIRT)** screened 14,400 youth in schools. MIDD partners continued to improve School-Based SBIRT onboarding practices across the 13 participating school districts. By year's end, 160 school staff attested to completing the training.

Growing and Sustaining a Diverse Behavioral Health Workforce

A sustainable, diverse behavioral health workforce is essential to meeting the needs of a large urban region, like King County. MIDD provided investments to build up the workforce in 2024 and identified opportunities for further investment.

- **SI-05: Emerging Issues** expanded workforce development through partnerships with the Tubman Center and YMCA programs, nurturing the next generation of behavioral health professionals.
    - The Y+ Master's in Mental Health Counseling Program, a partnership with Heritage University to increase recruitment and retention of qualified behavioral health staff, helps staff within behavioral health programs access higher education and become licensed mental health professionals without the barriers of student loan debt and unpaid internships. The program recruited a diverse cohort (approximately 80 percent BIPOC, LGBTQ+, and people with a disability) and integrated cultural competence into all curricula.
    - The Tubman Center for Health & Freedom engaged with a broad range of community members to design models of culturally congruent behavioral healthcare tailored to the experience of Black individuals. The project included a focus on aligning workforce development opportunities with the needs of King County's Black residents with the intention of "centering whole community and whole community health."[36]

- **SI-04: Workforce Development** expanded opportunities for professional development and continuing education units (CEUs) for behavioral health professionals within the KCICN to support workers to develop evidence-based competencies to integrate into their practice to improve client outcomes. Expansion efforts included:
    - Free professional development training and CEUs for all types of behavioral health professionals within the KCICN;
    - Free training and certification in two high-demand best practice therapies, Dialectical Behavior Therapy (DBT) and Cognitive Behavioral Therapy for Psychosis (CBTp);
    - Reimbursement for staff training time, typically a non-billable activity under Medicaid;
    - Social media marketing to promote community behavioral health as a career pathway, and information about university and community college programs, and
    - Identifying, developing, and promoting culturally responsive recruitment and retention strategies.[37]

Implementation of Grant-Based Art Therapy Program Pilot Project Highlight and Evaluation

Ordinance 19546, Section 71, Expenditure Restriction ER1, requires this MIDD annual report to highlight and evaluate the grant-based art therapy pilot project funded by the expenditure restriction, operated

[36] Tubman Center for Health & Freedom, Community Practitioners, Community Solutions: Community-Designed Models for Mental Wellness, Final Report to King County DCHS, January 2025.
[37] Psychology Today, Bridging Gaps through Culturally Congruent Care, August 2024. [LINK]

by Unified Outreach.[38] The standalone report on the program directed by Ordinance 19546, Section 71, Proviso P1, and submitted to the Council in 2024 provides more background.[39, 40]

Unified Outreach received Council-directed grant funding in 2023-2024 to pilot an art therapy program aimed at engaging at-risk youth through creative expression and behavioral health activities. Partnering with Southwest Youth and Family Services, Denny Middle School, and Southwest Boys and Girls Club, the program provided students with a safe space to build self-esteem, confidence, and positive social connections. Students participated in art-infused behavioral health exercises, healing circles, and mentorship from BIPOC instructors and therapists, addressing challenges such as peer pressure, youth violence, and racism.

In 2024, Unified Outreach served a total of 102 students through arts-based behavioral health activities. The program primarily served 12- and 13-year-old people of color, with two-thirds of participants identifying as Black/African American. Over 84 percent of youth who enrolled saw the program through to completion. Among those who completed the program, 97 percent reported improved skills in externalizing emotions and ideas constructively through artistic mediums, and 95 percent reported an increased sense of belonging in their community.

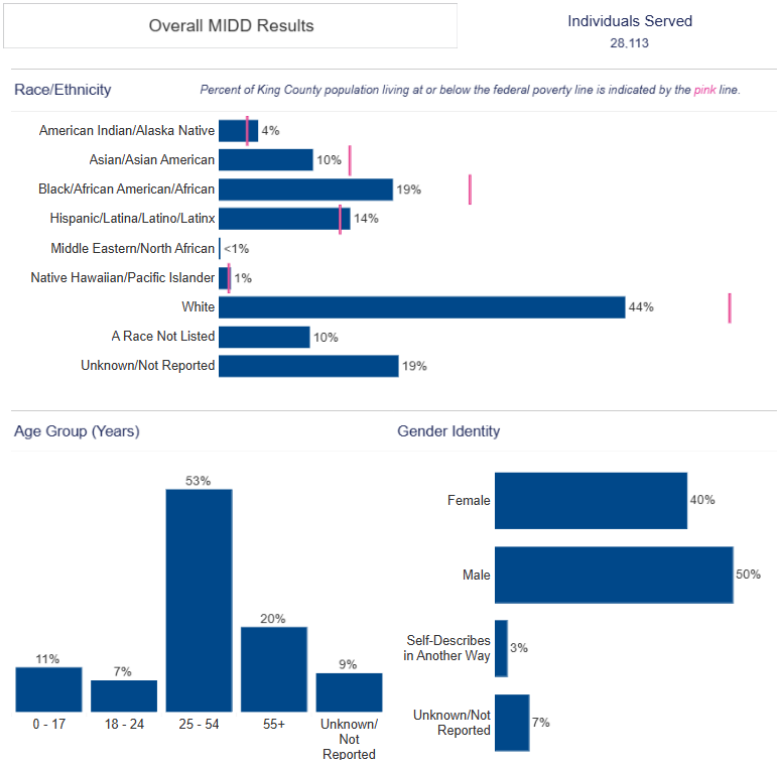
B. MIDD Participants

King County supports the health and well-being of residents throughout King County by investing MIDD resources in programs that deliver services across the behavioral health continuum, including prevention and early intervention, crisis diversion, treatment, community reentry, and recovery services. Services funded by MIDD reached a total of 28,113 people in 2024.

Figure 1 below displays the demographic information of people served by MIDD initiatives in 2024. While certain populations of MIDD participants, such as Black (or African-American or African) individuals, are overrepresented when compared to the general population of King County, this same population is underrepresented as compared to King County's low-income population.[41] Inequitable outcomes among King County residents, such as fatal overdose rates or rates of depression among youth, continue to demonstrate an urgent need for further investment in historically under-resourced populations.[42, 43] Half of people served by MIDD initiatives identify as male, and over half (53 percent) of people served by MIDD initiatives are between 25 and 54 years old.[44]

[38] Ordinance 19546, Section 71, Expenditure Restriction ER1. [LINK]
[39] Ordinance 19546, Section 71, Proviso P1. [LINK]
[40] Art Therapy Program Report. [LINK]
[41] IPUMS USA 2025: Version 16.0, 2023 American Community Survey. [LINK]
[42] King County Medical Examiner's Office. (2024). Overdose deaths in King County. [LINK]
[43] Public Health – Seattle & King County. (2024). Healthy Youth Survey. [LINK]
[44] Demographic information is not available for MIDD initiatives that only collect aggregate data. Further, some race and ethnicity categories are underrepresented due to the availability of "multiracial" as a response option for some programs.

Figure 1: Demographic Characteristics of People Served Through MIDD in 2024[45]

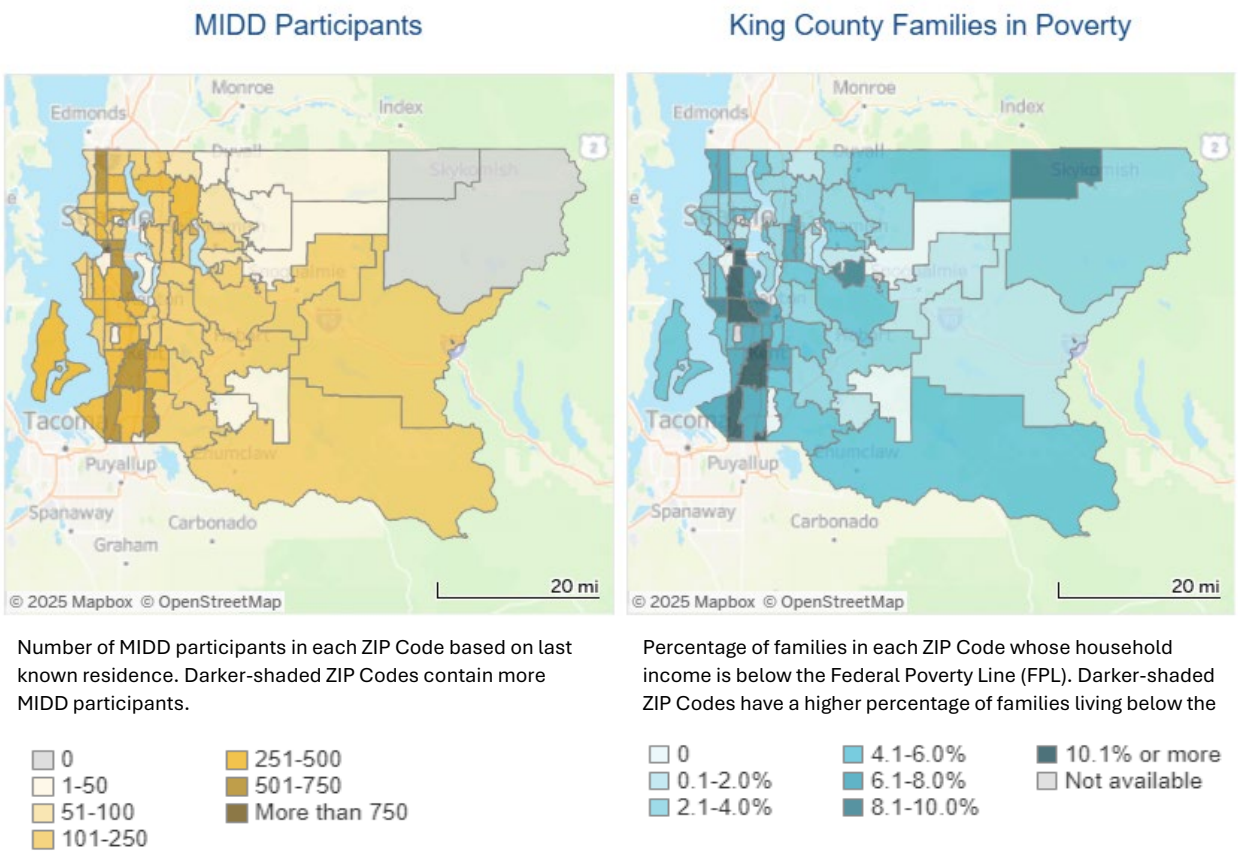


More detailed information on the people served by MIDD initiatives can be found on the MIDD data dashboard (https://kingcounty.gov/MIDDdashboard), including demographic information disaggregated by MIDD initiative.

The maps displayed in Figure 2 show the number of people served by MIDD initiatives in 2024 and the percent of families whose household income is below the federal poverty line (FPL) in each King County ZIP code. As demonstrated in Figure 2, in 2024, service recipients of MIDD initiatives more often resided in ZIP codes with a higher percentage of families living below the poverty line, consistent with MIDD's intention of reaching underserved populations throughout the county.

[45] Only a fraction of MIDD initiatives currently provide Middle Eastern/North African as a reporting option. MIDD is continually working to incorporate this response option into all demographic reporting. Further, some people or communities may be reluctant to share personal information with service providers or public entities due to systemic or structural racism.

Figure 2: Residential ZIP Code of People Served Through MIDD in 2024 Compared to the Percent of Families Whose Household Income is Below the Federal Poverty Line by ZIP Code[46]



More detailed information on where people served by MIDD initiatives live can be found on the MIDD data dashboard, including geographic information disaggregated by MIDD initiative.

C. Evaluation and Continuous Improvement

The evaluation of MIDD-funded programs in 2024 aligned with the five policy goals described in KCC 4A.500.309.[47] MIDD initiatives link to one or more of these goals for the purposes of performance measurement and evaluation. The County evaluated 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?

[46] Geographic information based on zip code of residence is not available for MIDD initiatives and programs that only collect aggregate data or initiatives that fund systemwide investments.
[47] KCC 4A.500.309. [LINK]

This section summarizes MIDD's data-informed implementation adjustments and updates to performance measure targets during 2024, consistent with KCC 4A.500.309.D requirements.[48]

2024 Continuous Improvement and Data Informed Implementation Adjustments

As in previous years, MIDD made several improvements to program implementation based on opportunities identified by MIDD's partners or informed by data. Continuous improvement efforts from 2024 include:

- Strategically leveraging partnerships to maximize program impact, such as **RR-09: Recovery Café,** which partnered with community health organizations to provide on-site MOUD and medical services;
- Better matching program participants to appropriate services, such as **RR-05: Housing Vouchers for Adult Drug Court,** which expanded housing screenings to include trauma history and prison history to better match participants with a housing provider that will best fit their needs;
- Meeting participants' needs through best practices and strategic development, such as **TX-CC: Community Court,** which implemented several recommendations from the national Trauma-Informed Treatment Court Learning Collaborative to help participants be more comfortable when engaging with Community Court, and
- Responding to program participants' feedback, such as **CD-03: Outreach and In-Reach System of Care,** which expanded their patient experience survey into clinics to regularly obtain and share patients' comments with internal teams.

BHRD uses data from MIDD initiatives to inform program implementation and process adjustments. Highlights from 2024 include:

- **CD-01: Law Enforcement Assisted Diversion** and **PRI-09: Sexual Assault Behavioral Health Services** focused staffing and outreach where they identified higher needs and service utilization with the goal of making the largest positive community impact with limited resources.
- **CD-15: Wraparound Services for Youth** and **CD-17: Young Adult Crisis Stabilization** used data to balance workloads and staff schedules, adjust hours of operation, and match program participants with staff that have relevant experience and skills.
- **CD-02A: Youth Detention Prevention Behavioral Health Engagement** and **SI-01: Community Driven Behavioral Health Grants** used participant feedback on emergent issues like housing, food insecurity, or social isolation to identify where additional support services were needed.
- **TX-ADC: Adult Drug Court** drew upon national research to implement procedures that reduce disparities in drug court graduation rates.

Additional detail on continuous improvement activities and data informed adjustments is available online on the MIDD Dashboard.

Updates to Performance Measure Targets

The implementation and evaluation of MIDD-funded programs requires occasional modifications as new information becomes available. Performance measure targets 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, BHRD may adjust performance targets when clear evidence exists that the original target was

[48] KCC 4A.500.309. [LINK]

an over- or under-estimation of feasible service delivery. In 2024, no MIDD initiatives adjusted their targets.

In 2024, 25 of the 45 MIDD initiatives with established targets (56 percent) exceeded target numbers, and an additional seven were within 20 percent of reaching the set target. Initiatives that did not meet their target number served for the year cited several difficulties, including staffing challenges, lack of housing and placement options, lack of available resources in the community, and increased availability of synthetic substances such as fentanyl. As described in the Continuous Improvement section above, MIDD initiatives are revisiting program operations and processes, and leveraging partnerships and external resources, to address these challenges. Additional detail on program performance relative to targets and updates to performance measurement targets in 2024 is available at the MIDD Dashboard.

D. 2024 Procurement Update

BHRD contracts with community-based organizations to deliver culturally responsive services, promote coordination across funding sources, and expand access to behavioral health services among under-served populations. BHRD released four MIDD-funded procurements in 2024 for the following investments:

- **CD-03: Outreach and In-Reach System of Care** to support medical, behavioral health, and supportive services for people experiencing homelessness;
- **CD-06**: **Crisis Diversion Services** to expand the number of partners providing crisis diversion services and incorporate emerging best practices;
- **RR-03: Housing Capital and Rental** to fund permanent supportive housing for individuals with behavioral health needs. Additionally, this initiative supported a procurement for behavioral health facility improvements.

Ryther was one of 14 agencies awarded capital funds for behavioral health facilities improvements in 2024. Photo source: Ryther.

Additional detail on procurements is available at the MIDD Dashboard.

E. MIDD Fiscal Information

MIDD revenue projections were volatile during the 2023-2024 biennium, resulting in unique challenges in budgeting and financial management.

During the COVID-19 years, revenue projections were initially reduced, resulting in corresponding programmatic budget reductions. However, sales tax was more resilient than anticipated, leading to a subsequent restoration of funds. King County was able to re-allocate those funds; however, spending remained a challenge primarily due to workforce shortages, resulting in increased underspend and fund balance.

Early in the COVID-19 pandemic, revenues were initially projected to decrease, and commensurate programmatic reductions were implemented to align the MIDD budget with revenue projections. However, COVID-related revenue reductions did not occur as initially projected, resulting in

unanticipated funding available on a one-time basis. Carrying forward previously budgeted funds through supplemental budget ordinances in 2023 added more than $25 million (or 12 percent) to MIDD's expenditure authority for the biennium. This included more than $15 million to support one-time behavioral health facility capital investments.

For the 2023-2024 biennium, MIDD expended $198.6 million of its budgeted $234.3 million, or 85 percent of planned expenditures. The 2023-24 biennial spending total of $198.6 million is slightly higher than the amount of revenue collected under the MIDD tax during that same period. Therefore, DCHS is not taking further action to encourage higher expenditure rates at this time.

While sales tax revenue was lower than forecasted in 2024, MIDD did receive interest earnings of approximately $4.6 million, which was above forecasted levels due to its remaining fund balance as well as increasing interest rates. These additional funds offset the negative impact from revenue collections in 2024 that were lower than previously forecasted.

Figure 3 below includes a breakdown of biennial actuals to budget for the biennium.

Figure 3: 2023-2024 MIDD Fiscal Information

STRATEGY AREA	2023-2024 Budget	2023-2024 Actuals	Percent Spent
Prevention & Early Intervention[49, 50]	$51,245,320	$43,787,640	85%
Crisis Diversion[50, 51]	$65,520,595	$59,308,695	91%
Recovery & Reentry[51]	$45,452,920	$31,839,255	70%
System Improvement[51]	$14,143,362	$12,052,970	85%
Therapeutic Courts	$27,393,829	$25,544,138	93%
Special Projects[51]	$20,779,000	$17,020,695	82%
Administration & Evaluation	$9,758,763	$9,004,322	92%
Total	**$234,293,789**	**$198,557,715**	**85%**

[49] This MIDD Strategy contains many initiatives that receive braided funds. "Braiding" funds involves the combination of MIDD with other fund sources, which can include local, state, or federal funding. For these strategies, charges to MIDD may be deferred in favor of other term limited funds.
[50] This MIDD Strategy had lower actual expenditures than originally budgeted due to timing of startup, staffing challenges, rollout of programming components, and/or procurement of services.
[51] Special Projects Strategy contains initiatives committing funds to long term projects. While MIDD appropriation authority is limited to the current biennium, we expect the appropriation of these funds to follow these projects until completion.

F. MIDD Dashboard

The MIDD Dashboard is the primary source of detailed data and information on MIDD initiative performance and outcomes. The dashboard contains nine tabs which, respectively, provide information on:

- 2024 highlights;
- Who MIDD serves;
- Where MIDD participants live;
- Measures of MIDD performance;
- MIDD long-term outcomes;
- How MIDD is improving;
- What MIDD invests in, and
- How MIDD is evaluated.

While this report contains summary information about the MIDD investments in 2024, the dashboard contains additional demographic information, geographic data, performance measures, long-term outcomes, data-informed implementation adjustments, 2024 procurements, changes to targets, performance relative to targets, and expenditures by initiative.

MIDD 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 is transparent, accountable, collaborative, equity-focused, and effective. The MIDD Advisory Committee reviewed and endorsed this Annual Report at its June 2025 meeting.

A list of MIDD Advisory Committee Members and the agencies and subject matter expertise they bring to the Advisory Committee is available on the MIDD webpage.[52]

G. Conclusion/Next Actions

MIDD funding is essential to the health of King County residents most in need of behavioral health supports.

In 2024, MIDD initiatives strengthened the community behavioral health system, expanding access to care for thousands of individuals. Programs prioritized culturally responsive and integrated support, including for immigrants, refugees, and those in underserved communities, ensuring more than 3,400 people from these communities received outpatient treatment and thousands more benefited from therapeutic interventions. Coordinated outreach efforts reconnected nearly 14,000 individuals to essential services, while behavioral health and housing programs improved long-term outcomes — reducing reliance on emergency departments, crisis services, and jail bookings.

MIDD supported the launch of Mobile Rapid Response Crisis Teams, with 27 fully staffed teams conducting over 2,500 outreaches. Additionally, 1,723 people in crisis received direct responses from mental health professionals through the Regional Crisis Response System, contributing to sustained

[52] MIDD Advisory Committee. [LINK]

improvements in stability and engagement in care. Through these collective efforts, MIDD funding helped drive new approaches, accessibility, and programming across King County's behavioral health landscape.

The behavioral health needs of King County's communities continue to evolve, and MIDD continues to adapt by tracking these changes and directing investments toward the greatest needs to the extent possible under the current MIDD 2 Implementation Plan. To ensure equitable access to necessary health care and responsiveness to critical system priorities, MIDD investments must prioritize the region's biggest behavioral health challenges. For example, increased MIDD investment in responsive, on-demand SUD services that align with where and how people want to receive these services is an opportunity that can benefit the health of King County residents. Further, local investments overall must be coordinated to complement and amplify federal and state funding to address longstanding inequities in behavioral health risks and outcomes, and work toward the accessible and effective system that King County is currently building.

With the current implementation of MIDD scheduled to end in 2025, the Executive was preparing a proposal for the sales tax's renewal at the time of this report's drafting. In addition, DCHS was engaging with community to inform development of plans for future behavioral health sales tax-funded programming.

Appendix A: Reporting Elements Table and MIDD Online Reporting Guide

Reporting Element Language	Source	See Section(s) of This Report	See Also MIDD Online Dashboard Tab(s)[53]
King County Code 4A.500.309.D.1			
Performance measurement statistics	KCC 4A.500.309.D.1.a	Report Requirements Subsection A: MIDD Implementation and Results in 2024, Key MIDD Outcomes, Page 10.	"Measuring MIDD Performance" tab
Program utilization statistics	KCC 4A.500.309.D.1.b	Report Requirements Subsection A: • MIDD Implementation and Results in 2024, Pages 10-17. • Report Requirements Subsection B: MIDD Participants, Pages 17-19.	• "Who MIDD serves" tab • "Where MIDD participants live" tab • "Measuring MIDD performance" tab
Request for proposal and expenditure status updates	KCC 4A.500.309.D.1.c	Report Requirements Subsection D: 2024 Procurement Update, Page 21.	"What MIDD invests in" tab
Progress reports on evaluation implementation	KCC 4A.500.309.D.1.d	Report Requirements Subsection C: Evaluation and Continuous Improvement, Page 19-21.	• "Measuring MIDD performance" tab • "How MIDD is evaluated" tab
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	KCC4A.500.309.D.1.e	Report Requirements Subsection B: Page 17-19.	• "Who MIDD Serves" tab • "Where MIDD participants live" tab
Updated performance measure targets for the following year of the mental illness and drug dependency initiatives, programs and services	KCC 4A.500.309.D.1.f	Report Requirements Subsection C: Updates to Performance Measurement Requirements, Page 20-21.	"How MIDD is improving" tab

[53] MIDD Dashboard. [LINK]

Reporting Element Language	Source	See Section(s) of This Report	See Also MIDD Online Dashboard Tab(s)[53]
Recommendations on either program changes or process changes, or both, to the funded programs based on the measurement and evaluation data	KCC4A.500.309.D.1.g	Report Requirements Subsection C: Continuous Improvement and Data Informed Adjustments, Page 20.	"How MIDD is improving" tab
Summary of cumulative calendar year data	KCC 4A.500.309.D.1.h	• Report Requirements Subsection A: Accomplishments and Effectiveness in 2024, Pages 10-17. • Report Requirements Subsection B: MIDD Participants, Pages 17-19.	"Measuring MIDD performance" tab
Ordinance 19546			
The [grant-based art therapy] pilot project funded through this appropriation must be highlighted and evaluated in the 2023 and 2024 annual mental illness and drug dependency evaluation summary report.	Ordinance 19546, Section 71, ER1	Report Requirements Subsection A: Grant-Based Art Therapy Program Pilot Project Highlight and Evaluation, Pages 16-17.	
Human Services and Geographic Equity Plan, 2019			
By late 2020, DCHS anticipates being able to make available maps and/or data summaries showing the distribution of Best Starts, MIDD, and VSHSL human services by service participant ZIP code, with high-level summaries included in the initiatives' annual reports.	Human Services Geographic Equity Plan December 2019, p. 57	• Report Requirements Subsection A: MIDD Implementation and Results in 2024, • Report Requirements Subsection B: Figure 2: Residential ZIP codes of People Served Through MIDD, Page 19.	"Where MIDD participants live" tab

Appendix B: MIDD Investments in 2024

Appendix B provides a table of MIDD initiatives sorted by result area, showing each initiative's code that maps to the 2017 MIDD Implementation or subsequent initiative numbering changes made when names were changed, or programs were added via budgets or Advisory Committee actions.

Prevention and Early Intervention (PRI)	
PRI 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. Collectively, these programs reduce potential for harm and connect individuals with resources and services.	
Initiative Code	**MIDD Initiatives in 2024**
PRI-01: **Screening, Brief Intervention and Referral to Treatment (SBIRT)**	SBIRT provides people with individualized feedback about their alcohol and drug use. Alongside doctors and nurses in two local emergency departments, SBIRT clinicians enhance a person's motivation to change their alcohol and drug use while respecting their individual goals, values, and culture. Clinicians work with people to reduce harm from substance use, consider options for alcohol and drug treatment and recovery, and connect people to other needed services such as mental health treatment, vocational services, and housing.
PRI-02: **Juvenile Justice Youth Behavioral Health Assessments (JJYBHA)**	JJYBHA addresses the behavioral health needs of individuals who are involved with the juvenile legal system. The initiative relies on a team approach to screening, assessment, and referral with the goal of diverting youth with behavioral health needs from initial or continued legal involvement. JJYBHA teams help families connect to behavioral health and other support services, resulting in a warm hand-off between the legal and behavioral health systems.
PRI-03: **Prevention and Early Intervention Behavioral Health for Adults Over 50**	Prevention and Early Intervention Behavioral Health for Adults Over 50 ensures that integrated behavioral health services are available in primary care settings for older adults. The goal is to enable providers to prevent acute illnesses, high-risk behaviors and substance use, and to address mental and emotional disorders. MIDD funding is blended with funding from the Veterans, Seniors, and Human Services Levy to expand the initiative's reach in specific target populations.
PRI-04: **Older Adult Crisis Intervention / Geriatric Regional Assessment Team (GRAT)**	Older Adult Crisis Intervention/GRAT Team supports a home visiting team of intervention experts to provide engagement, clinical assessment, and early intervention to isolated older adults who might be at risk for a crisis. With a focus on communities of color and communities who face barriers to accessing mainstream health care services, this program seeks to prevent inappropriate or avoidable institutionalization and/or harm to selves or others. MIDD funding is blended with funding from the Veterans, Seniors, and Human Services Levy.
PRI-05: **School-Based Screening,**	School-Based SBIRT provides a structured approach to promoting social and emotional health and strives to prevent substance use among middle and high

Brief Intervention and Referral to Service / Treatment (School-Based SBIRT)	school students. School staff and counselors offer screening, brief interventions, referrals, case management, and behavioral health support groups. These enhanced behavioral health prevention services reached a total of 60 middle and high schools across 13 different school districts and one private school in King County. School-Based SBIRT uses a secure and teen-friendly digital screener that is tailored to include cultural considerations and designed to provide instant, personalized feedback. The screener is translated into 21 different languages other than English. MIDD funding is blended with funding from the Best Starts for Kids Levy.
PRI-06: Zero Suicide Initiative Pilot	The Zero Suicide Initiative Pilot Program provides training and support services for youth-serving medical and behavioral healthcare provider organizations, with the goal to prevent all client and patient suicide through increased and supported organizational system implementation of the evidence-based, Zero Suicide (ZS) program model in the King County region. This initiative launched in 2022.
PRI-07: **Mental Health First Aid (MHFA)**	MHFA prepares people and communities to assist individuals experiencing mental health issues or crises and reduces the stigma associated with behavioral health issues by training community-based organizations, professionals, and the general public. MHFA addresses risk factors and warning signs for mental health and substance use issues and provides guidance on listening, offering support and identifying appropriate professional help.
PRI-08: **Crisis Intervention Training (CIT)- First Responders**	CIT for First Responders trains police, fire, and emergency medical services personnel and other first responders across King County to safely de-escalate difficult situations, improving responses to individuals experiencing behavioral health crises. CIT prepares first responders to intervene effectively in crisis situations and to coordinate with behavioral health providers, connecting affected individuals with the services they need.
PRI-09: **Sexual Assault Behavioral Health Services**	Sexual Assault Behavioral Health Services provides brief, early, evidence-based and trauma-specific interventions, and advocacy to survivors of sexual assault. By providing intensive treatment and supports, the initiative seeks to reduce the impact of trauma, assist survivors in building healthy coping skills, and decrease the need for longer-term behavioral health treatment.
PRI-10: **Domestic Violence and Behavioral Health Services and System Coordination**	Domestic Violence Behavioral Health Services and System Coordination supports co-location of mental health professionals within community-based domestic violence advocacy programs throughout King County. Mental health professionals provide treatment interventions and supports to assist survivors in addressing the impact of trauma and build healthy coping skills. The initiative also supports domestic violence, sexual assault, and behavioral health organizations in building and strengthening bridges between disciplines through training, relationship building, and consultation so that survivors experience more holistic and responsive services.
PRI-11 Community Based Behavioral Health Treatment	Community Behavioral Health Treatment Mental Health provides outpatient mental health and substance use treatment services for people who have low incomes but are not eligible for Medicaid. This includes immigrants and refugees, people on Medicare, and people who are pending Medicaid coverage, so that they can access a similar level of services available to Medicaid recipients. Additionally, this initiative supports culturally specific and responsive organizations to provide

	behavioral health programming with a therapeutic intent to individuals and/or communities that are not well served by the mainstream system.

Crisis Diversion (CD)	
CD initiatives help people in crisis avoid unnecessary hospitalization or incarceration. Programs help people stabilize and get connected with community services, including expedited access to outpatient care, multidisciplinary community-based outreach teams, crisis facilities, and alternatives to incarceration.	
Strategy Code	**MIDD Initiatives in 2024**
CD-01: **Law Enforcement Assisted Diversion (LEAD)**	Through LEAD, law enforcement officers divert adults engaged in low-level drug involvement or sex work away from the criminal legal system and toward intensive, flexible, community-based services. A collaborative community safety effort, the program includes intensive case management that promotes well-being and independence and helps connect participants to stabilizing services such as housing and employment through a low-barrier, harm reduction approach.
CD-02A: Youth Connection Services	The Youth Connection Services program is part of King County's coordinated and expanded approach to supporting young people who are experiencing behavioral health concerns and are involved with, or at risk of involvement with, the juvenile legal system. MIDD funding supports a program director, two parent partners, and two youth peers to provide short-term, community-based behavioral health support and system navigation to young people and their families.
CD-02B: Family Court Services (FCS) Behavioral Health Program	The FCS Behavioral Health program is part of King County's coordinated and expanding approach to preventing young people from becoming involved with, or becoming at risk of prolonged involvement with, the juvenile legal system as result of a BECCA petition filing. FCS partners with the Institute for Family Development (IFD) to provide short-term, community-based behavioral health supports and system navigation to young people and their families.
CD-03: **Outreach & In-Reach System of Care**	Outreach and In-Reach System of Care delivers community-based outreach and engagement services to individuals experiencing homelessness with behavioral health conditions in downtown Seattle and south and east King County. The initiative works with contracted agencies to remove barriers to care and provide integrated physical and behavioral health care to reduce participants' reliance on crisis services, emergency departments, crisis facilities, and psychiatric hospitals, as well as their engagement with the criminal legal system.
CD-04: **South County Crisis Diversion Services**	In March 2024 the MIDD Advisory Committee approved 1) merging CD-04: South County Crisis Diversion Services with CD-06, and 2) renaming CD-06 from **Adult Crisis Diversion Center, Respite Beds and Mobile Behavioral Health Crisis Team** to **Crisis Diversion Services** in anticipation of the release of a competitive Request for Proposals to expand the number of partners providing crisis diversion services and incorporate emerging best practices.
CD-05: **High Utilizer Care Teams**	High Utilizer Care Teams offer flexible and individualized services in emergency departments to individuals who have complex needs, including those who have physical disabilities, mental health conditions, and/or are experiencing homelessness. Teams provide intensive support in times of crisis and follow up to connect individuals to appropriate and supportive community resources. The

	program prioritizes people who have frequent emergency department or psychiatric emergency visits.
CD-06: **Crisis Diversion Services**	Crisis Diversion Services provide voluntary community-based interventions to adults who are experiencing an emotional or behavioral health crisis. This initiative includes three program components: the Crisis Diversion Facility, Crisis Diversion Interim Services (collectively called Crisis Diversion Beds), and the Mobile Rapid Response Crisis Teams (MRRCTs). The goal of MRRCTs is to reduce dependency on and involvement of emergency responders and to decrease the likelihood of involuntary processes, including detaining individuals under the Washington State Involuntary Treatment Act (ITA). *In March 2024 the MIDD Advisory Committee approved 1) merging CD-04: South County Crisis Diversion Services with CD-06, and 2) renaming CD-06 from **Adult Crisis Diversion Center, Respite Beds and Mobile Behavioral Health Crisis Team** to **Crisis Diversion Services** in anticipation of the release of a competitive Request for Proposal to expand the number of partners providing crisis diversion services and incorporate emerging best practices.
CD-07: **Multipronged Opioid Strategies**	Multipronged Opioid Strategies implements recommendations made by a regional task force on opioid use disorder, with a focus on user health. Services include primary prevention, treatment service expansion, outreach to unhoused individuals in shelters and encampments, and overdose prevention. This collaboration between King County, advocates, and community providers leverages MIDD funds to support treatment programs that provide low-barrier buprenorphine and MOUD.
CD-08: **Children's Domestic Violence Response Team (CDVRT)**	CDVRT provides behavioral health treatment, linkage to resources, and advocacy for children, families, and caregivers who have experienced domestic violence. Through intensive cross-system collaboration and supports, the program helps children and families navigate multiple complex systems, including the legal, housing, and school system.
CD-10: **Next Day Crisis Appointments (NDAs)**	NDAs divert people experiencing behavioral health crises from psychiatric hospitalization or jail by providing crisis response within 24 hours. Services include crisis intervention and stabilization, psychiatric evaluation and medication management, benefits counseling and enrollment, and linkages for ongoing behavioral health care.
CD-11: **Children's Crisis Outreach and Response System (CCORS)**	CCORS provides countywide crisis response to children, youth, and their families who are affected by interpersonal conflict or severe emotional or behavioral concerns, and whose living situations may be at imminent risk of disruption. CCORS teams respond in a time sensitive manner to homes, schools, and community settings, and can provide short-term intensive interventions to stabilize crises and coordinate services across systems.
CD-12: **Parent Partners Family Assistance**	Parent Partners Family Assistance helps youth who are experiencing behavioral health challenges — and their caregivers and community members — obtain services, navigate complex health and service systems, and meet basic needs required to maintain well-being and resilience. This initiative also supports social events, advocacy opportunities, skill building, and individualized support to youth and caregivers.

CD-13: **Family Intervention Restorative Services (FIRS)**	FIRS offers a community-based, non-secure alternative to court involvement and secure detention for youth who have been violent toward a family member. Specialized juvenile probation counselors and social workers guide youth through a risk and needs assessment and help them develop a family safety plan. FIRS staff offer de-escalation counseling to safely reunite youth with their families. Families are offered in-home family counseling, mental health services, drug and alcohol services, and the Step-Up Program, which specifically addresses adolescent family violence.
CD-14: **Involuntary Treatment Triage**	Involuntary Treatment Triage provides initial assessments for individuals with severe and persistent mental health conditions who have been incarcerated for serious misdemeanor offenses, who have been found not competent to assist in their own defense, and who cannot be restored to competency to stand trial. Behavioral health professionals evaluate participants to determine whether they meet the criteria for involuntary civil commitment and refer them to services to address their behavioral health needs. This approach decreases the need for emergency departments and crisis responders to carry out assessments and significantly expedites evaluations.
CD-15: **Wraparound Services for Youth**	Wraparound Services for Youth engages children, youth, and their families in a team process that builds on family, community strengths, and cultures to support youth to succeed in their homes, schools, and communities. MIDD funding provides wraparound services to children and families who are not eligible for Medicaid.
CD-17: **Young Adult Crisis Facility (CORS-YA)**	Young Adult Crisis Stabilization provides community-based behavioral health supports to housing providers for young adults (ages 18 to 24 years), including those experiencing their first psychotic break. Mobile response teams serve young adults in transitional housing, rapid rehousing, permanent housing, and shelters, working to meet the unique needs of young adults and supporting shelter staff in responding to crisis events.
CD-18A: **Regional Crisis Response System (RCR)**	RCR is a behavioral health first response model in which crisis responders, who are mental health professionals, deploy through the 911/public safety system to provide de-escalation and connect individuals experiencing behavioral health crises to appropriate services. RCR seeks to decrease police response to people in behavioral health crisis, reduce inappropriate use of emergency services, and improve outcomes for people in crisis.
CD-18B: Therapeutic Response Unit (TRU)	TRU, operated by the King County Sheriff's Office, partners sheriff deputies with mental health professionals (MHPs) to co-respond to calls for service involving mental health, substance use, social service deficits, behavioral health triage, de-escalation, and service referrals that intersect with public safety.

Recovery and Reentry (RR)	
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.	
Strategy Code	**MIDD Initiatives in 2024**

RR-01: **Housing Supportive Services**	Housing Supportive Services braids MIDD resources with other King County investments and funding from federal, state, and local sources, including housing authorities, to serve adults who are experiencing chronic homelessness and who have been unsuccessful in maintaining housing due to ongoing behavioral health challenges.
RR-02: **Behavioral Health Services at Community Center for Alternative Programs**	Community Center for Alternative Programs provides mental health services for non-Medicaid-enrolled participants with co-occurring mental health and substance use disorders and criminal legal system involvement.
RR-03: **Housing Capital and Rental**	Housing Capital and Rental invests in the construction and preservation of housing units for individuals with behavioral health conditions and very low incomes (at or below 30 percent of area median income). This initiative also invests in the improvement, repair, renovation, and expansion of behavioral health facilities.
RR-04: **Rapid Rehousing-Oxford House Model**	The Rapid Rehousing Oxford House Model voucher program offers affordable clean-and-sober housing for people in early recovery who are either experiencing homelessness or at risk of becoming homeless. By pairing a proven housing program with rapid access to housing, this initiative aims to prevent and decrease homelessness through improved self-reliance.
RR-05: **Housing Vouchers for Adult Drug Court (ADC)**	Housing Vouchers for ADC seeks to disrupt the cycle of homelessness and substance use by supporting recovery-oriented transitional housing units and case management services. On-site case management focuses on long-term stability and helps participants establish a positive rental history, engage in treatment, and obtain employment and next-step housing when they complete ADC.
RR-06A: **Jail Reentry System of Care**	Jail Reentry System of Care funds reentry case management services providing linkages to behavioral health treatment, public benefits, and access to basic needs for unstably housed adults not enrolled in other services. It provides these services to those who are transitioning out of municipal jails in south and east King County, the Maleng Regional Justice Center and other partner programs, and are reentering back into the community.
RR-06B: Jail Coordinated Discharge	Jail Coordinated Discharge provides timely, complex release planning and coordination of community services for people with moderate to high needs to ensure lifesaving continuity of care at release. The program serves those with any behavioral health condition, young adults (18-24), and people experiencing homelessness. Upon release, individuals receive a supply of medications, culturally appropriate linkages to care, next day appointments for substance use disorder (SUD) treatment, and re-entry items (identification, phone, clothing, hygiene kits, transportation, Medicaid enrollment, etc.). Participant follow-up, transportation, and incentives are provided for attending up to five SUD treatment visits post-release.
RR-07: **Behavioral Health Risk Assessment Tool for Adult Detention**	Behavioral Health Risk Assessment Tool for Adult Detention addresses the behavioral health needs of incarcerated individuals. Individuals help create a personalized treatment plan based on a comprehensive assessment of risks and needs. The tool is intended to decrease their likelihood of further criminal legal system involvement through an evidence-based approach to reentry.
RR-08: **Hospital Re-entry Respite Beds**	Hospital Re-entry Respite Beds, part of a hospital-based medical respite program, offers recuperative physical and behavioral healthcare to individuals currently

	experiencing homelessness who need additional healthcare services to support their stability when they are discharged from the hospital.
RR-09: **Recovery Café**	Recovery Café is a community space where people can access support, resources, and a community of care to help stabilize their physical and behavioral health; receive assistance with housing, relationship, and employment support; and participate in opportunities for volunteer service.
RR-10: **Behavioral Health Employment Services and Supported Employment**	Behavioral Health Employment Services and Supported Employment provides evidence-based and intensive supported employment services for people living with mental health conditions and those living with both mental health and substance use conditions. The program helps people find, obtain, and maintain competitive, integrated employment throughout King County.
RR-11A: **Peer Bridger Programs**	Peer Bridger Programs offer transition assistance to adults being discharged from King County psychiatric hospitals. Peer Bridgers use their lived experience and skills to collaborate with inpatient treatment teams, assist in discharge planning and transition, and partner with program participants post-discharge to ensure connections are made to outpatient behavioral health care, primary care, and other natural supports.
RR-11B: **Substance Use Disorder (SUD) Peer Support**	SUD Peer Support connects people with substance use disorders to peer specialists whose lived experiences and skills support participants' ability to maintain recovery. Peers are deployed to recovery organizations to help participants engage with ongoing treatment services and other supports, strengthening efforts to divert them from criminal legal entanglement and emergency medical settings.
RR-12: **Jail-based Substance Use Disorder Treatment**	Jail-Based Substance Use Disorder Treatment provides substance use disorder treatment services to adult men at the Maleng Regional Justice Center. The initiative also provides comprehensive release planning and connections to appropriate community-based services for participants re-entering the community.
RR-13: **Deputy Prosecuting Attorney for Familiar Faces**	Deputy Prosecuting Attorney for Familiar Faces funds prosecutorial resources to help track and, when possible, resolve outstanding warrants and criminal cases for individuals who have high utilization of the King County Correctional Facility. With this support, participants can remain in the community and connect with therapeutic interventions and other resources, such as permanent supportive housing. This integrated, community-based approach to serving people at the intersection of behavioral health and the criminal legal system promotes recovery, public safety, and reduces harm.
RR-15: **Pretrial Assessment and Linkage Services (PALS)**	The PALS program provides substance use disorder assessments and outpatient behavioral health services to non-Medicaid-enrolled pretrial individuals whose criminal cases are assigned to the Maleng Regional Justice Center and the Federal Way Municipal Court. Individualized, culturally responsive, trauma-informed services include substance use disorder assessments, outpatient treatment, and linkages to other community-based services.

System Improvements (SI)	
SI initiatives strengthen access to the behavioral health system and equip providers to be more effective. Programs build the behavioral health workforce, improve the quality and availability of core services, and support community-initiated behavioral health projects. SI initiatives strengthen 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 and availability of behavioral health services for all King County residents.	
Strategy Code	**MIDD Initiatives in 2024**
SI-01: Community-Driven Behavioral Health Grants	Community Driven Behavioral Health Grants increase access to culturally and linguistically appropriate behavioral health services. By directly funding community based organizations to design and implement service approaches that meet their needs, this initiative seeks to overcome barriers to behavioral health service participation and recovery programming experienced by Black, Indigenous, and people of color (BIPOC) in King County and other marginalized communities.
SI-02: **Behavioral Health Services in Rural King County**	Behavioral Health Services in Rural King County funds programming that improves the health and wellness of residents by promoting access to services and community self-determination in rural areas of King County that face barriers to accessing behavioral health care.
SI-03: **Quality Coordinated Outpatient Care**	Quality Coordinated Outpatient Care promotes integration of behavioral and physical health services across King County, with the goal of improving access to treatment and recovery support. This initiative funds strategic investments in King County's outpatient community behavioral health continuum to provide broader access to treatment, better treatment services, and recovery support services.
SI-04: Workforce Development	Workforce Development supports providers to receive specialized training in clinical skills, such as Dialectical Behavior Therapy. This initiative also funds the annual umbrella license for SUD youth treatment providers to implement the evidence-based program, Seven Challenges. It also supports Seven Challenges national trainers to work with the agencies by facilitating quarterly meetings and an annual fidelity meeting.
SI-05: Emerging Issues in Behavioral Health	This initiative supports new or evolving behavioral health needs in King County that are not addressed by other funding sources.

Therapeutic Courts (TX)	
TX initiatives serve people with behavioral health conditions involved with the legal system. Programs offer an alternative to traditional proceedings and support participants to achieve stability and avoid further legal system involvement.	
Strategy Code	**MIDD Initiatives in 2024**
TX-ADC: **Adult Drug Court**	ADC offers structured court supervision and access to services for eligible individuals charged with felony drug and property crimes. Services offered include comprehensive behavioral health treatment and housing services, employment and education support, and peer services. The program is designed to foster a stronger connection between drug court participants and the community, and to support participants' increased ownership of their recovery.

TX-CC: **Community Court**	Community Court offers an alternative approach for individuals who come into the criminal legal system with significant needs but are at low risk for violent offense. Community Resource Centers, a component of the program and open to the community at large, provide information and navigation assistance for housing, financial, education, employment, and behavioral health services.
TX-FTC: **Family Treatment Court (FTC)**	FTC is a recovery-based child welfare court intervention. FTC focuses on children's welfare and families' recovery from substance use through evidence-based practices to improve child well-being, family functioning, and parenting skills. Strong agency partnerships enable FTC to maintain maximum capacity to serve children in north and south King County.
TX-JTRAC-BHR: **Juvenile Therapeutic Response and Accountability Court-Behavioral Health Response**	Juvenile Therapeutic Response and Accountability Court-Behavioral Health Response provides an incentive-driven program to help youth involved in the criminal legal system who are struggling with substance use, and who have criminal offenses, reduce the likelihood of continued legal system involvement. The initiative's holistic continuum of care model takes a culturally responsive approach and supports completion.
TX-RMHC: **Regional Mental Health and Veterans Court**	The Regional Mental Health and Veterans Court serves people with behavioral health conditions during their involvement with the criminal legal system. This initiative provides a therapeutic response that helps defendants recover, while addressing the underlying issues that can contribute to criminal legal issues. The programs are based on a collaborative, team-based approach, supplemented by judicial monitoring.
TX-SMC: **Seattle Municipal Mental Health Court**	Seattle Municipal Mental Health Court provides referrals to services for individuals who are booked into jail on misdemeanor charges and at risk of, or have a history of, having their competency to stand trial questioned. By integrating court-based staff into a community-based diversion program, the initiative enables close coordination between behavioral health, housing, and other social services, increasing the number of people with behavioral health conditions who are routed to treatment and out of criminal legal entanglements.

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

July 31, 2025

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

Dear Councilmember Zahilay:

This letter transmits the 2024 MIDD Annual Report, as called for by KCC 4A.500.309.D, 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. In addition, the report provides information about implementation of the programs and services supported by MIDD during 2024.

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 2024 report provides key outcomes and themes in MIDD's implementation in 2024. The report links throughout to the online MIDD Data Dashboard, an interactive tool accompanying the report, offers users the ability to explore MIDD data and outcomes. The dashboard provides fiscal information on MIDD investments, plus demographic and outcomes data for the fund overall and by initiative.

The 2024 report illustrates MIDD's critical role in King County's behavioral health system and highlights MIDD's effectiveness amid ongoing challenges. MIDD investments in 2024 were guided by the MIDD 2 Implementation Plan and responded to emerging community needs to the degree possible through currently funded initiatives. Key areas of focus featured in the report include:

- Reducing barriers and increasing equitable access to care;
- Improving transitions between care settings to keep people engaged in treatment and services;

- Addressing opioid use disorder and overdose, reducing barriers to lifesaving medications for opioid use, and increasing mobile care responses;
- Increasing youth access to behavioral health treatment, and
- Growing and sustaining a diverse behavioral health workforce.

As required by Ordinance 19546, Section 71, Expenditure Restriction ER1, the report also provides information about the implementation of a MIDD-funded art therapy pilot project.

The MIDD Advisory Committee reviewed and supported the enclosed report at its June 5, 2025 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 for King County Council's partnership in investing in innovative, effective services that help to make King County a community where every person can thrive.

If your staff have any questions about this report, please contact Kelly Rider, Director, Department of Community and Human Services, at 206-263-5780.

Sincerely,

for

Shannon Braddock
King County Executive

Enclosure

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

MIDD 2024 Summary Report

Regional Policy Committee

September 10, 2025

MIDD 2 Policy Goals

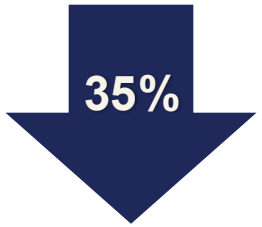
King County Code 4A.500.309

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** health and wellness of individuals living with behavioral health conditions.
5. Explicit **linkage** with, and **furthering** the work of King County and community initiatives.

54 Initiatives Spread Across Five Strategy Areas

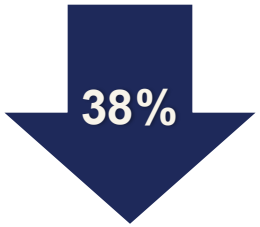
1. Prevention and Early Intervention
2. Crisis Diversion
3. Recovery and Reentry
4. Systems Improvement
5. Therapeutic Courts

2024 Key MIDD Accomplishments

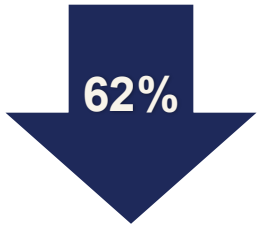


Long-term decrease in psychiatric inpatient admissions

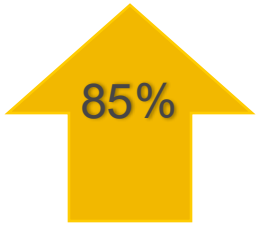
Long-term decrease in emergency department visits



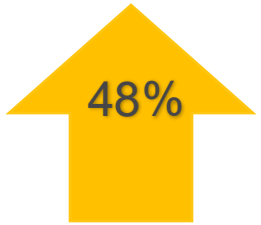
Long-term decrease in jail bookings among adults



Long-term decrease in crisis service episodes among adults



Percent of youth with no additional crisis service episodes

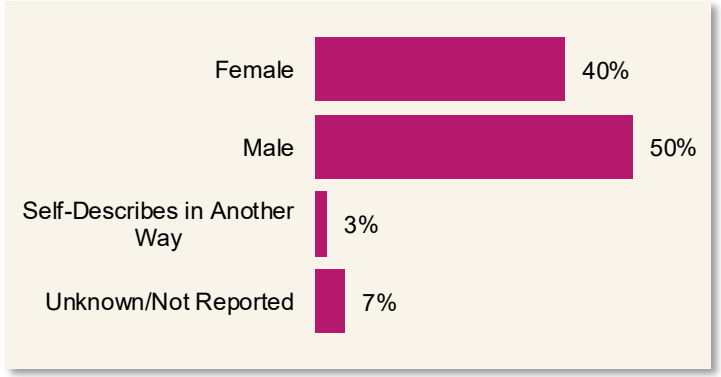


Participants linked to publicly funded behavioral health treatment

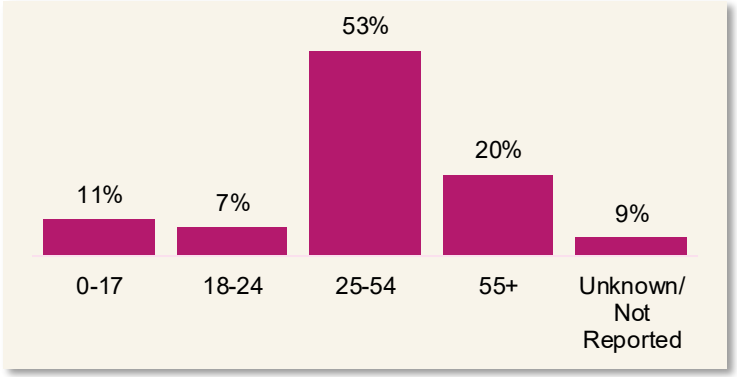
Who MIDD Served in 2024

TOTAL SERVED: 28,113

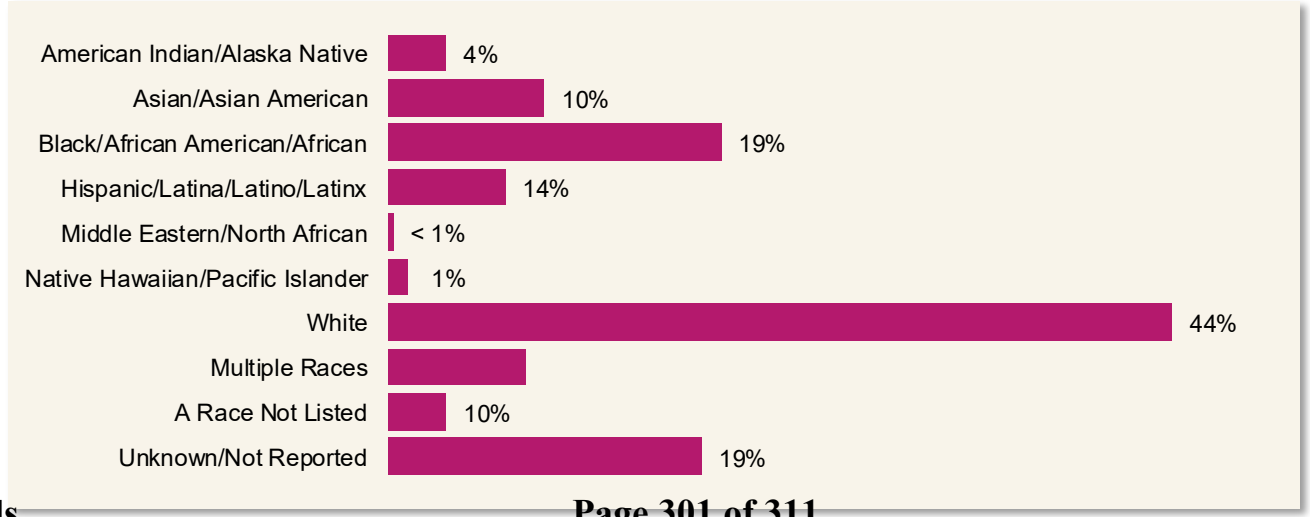
Gender Identity



Age Group (Years)

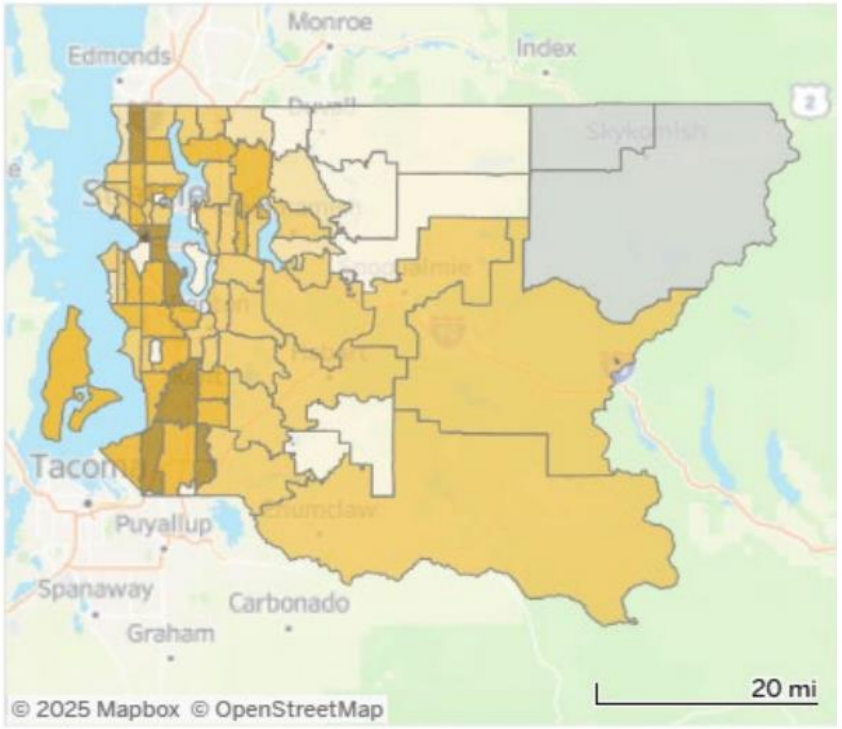


Race/Ethnicity



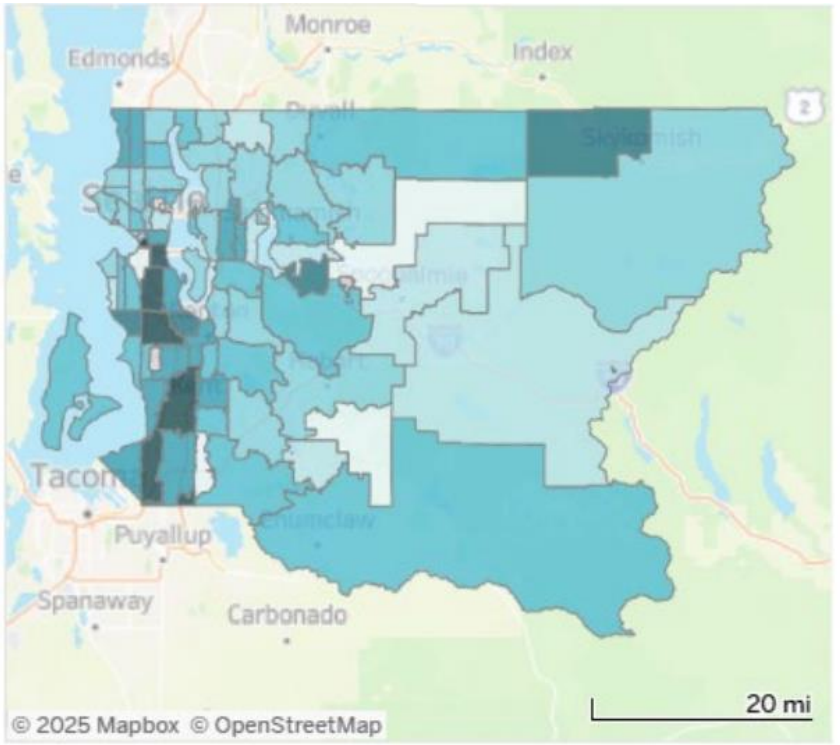
King County MIDD Supporting behavioral health and recovery

Where MIDD Participants Live



Number of MIDD participants in each ZIP Code based on last known residence. Darker-shaded ZIP Codes contain more MIDD participants.

- 0
- 1-50
- 51-100
- 101-250
- 251-500
- 501-750
- More than 750



Percentage of families in each ZIP Code whose household income is below the Federal Poverty Line (FPL). Darker-shaded ZIP Codes have a higher percentage of families living below the

- 0
- 0.1-2.0%
- 2.1-4.0%
- 4.1-6.0%
- 6.1-8.0%
- 8.1-10.0%
- 10.1% or more
- Not available

King County MIDD Supporting behavioral health and recovery

2024 Areas of Focus

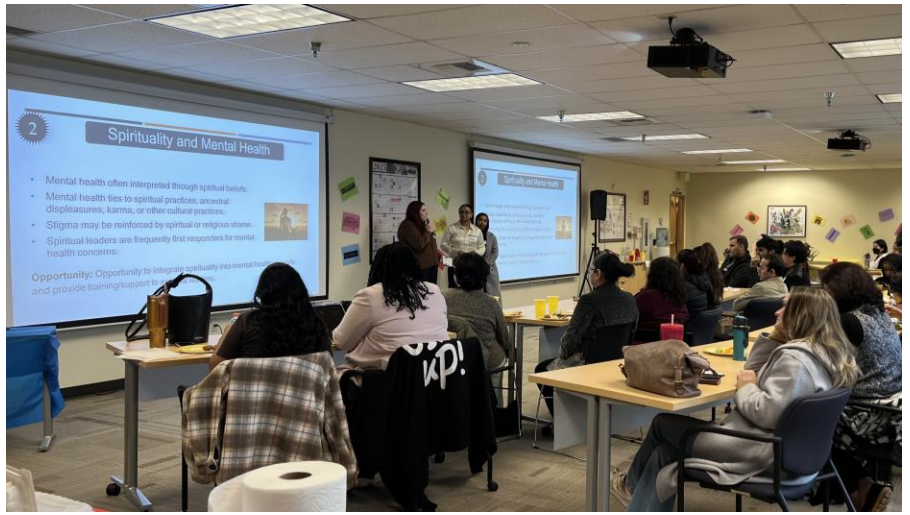
- **Workforce:** Growing and sustaining a diverse behavioral health workforce
- **Substance Use:** Addressing fentanyl surge and eliminating barriers to lifesaving medications for opioid use
- **Access:** Reducing barriers and increasing access to care
- **Youth Wellbeing:** Increasing youth access to behavioral health treatment
- **Transitions to Care:** Improving transitions between care settings to keep people engaged in treatment and services

Addressing opioid use disorder and overdose, reducing barriers to lifesaving medications for opioid use, and increasing mobile care responses

- Provided low barrier buprenorphine coordination and outreach to **1,300** individuals
- Distributed **199,960** naloxone kits and **123,858** fentanyl test strips
- **477** people received on-demand SUD care
- Over **1,700 people** who called 911 in a crisis received a response by a mental health professional

Reducing Barriers and Increasing Access to Care

- **Be Heard Community Listening Session Project** partnered with 14 culturally centered community organizations to improve programming
- **Community Driven and Rural Behavioral Health Grants** provided tailored interventions to break down barriers to care
- **Over 3,400 people** not eligible for Medicaid received outpatient care
- **13,850 individuals** received outreach and assistance to reconnect to outpatient behavioral health services



Presentation of findings from the Be Heard Listening Sessions: Community Voices on Mental Health and Wellness, funded through SI-01: Community Driven Behavioral Health Grants.

Increasing Youth Access to Behavioral Health Treatment

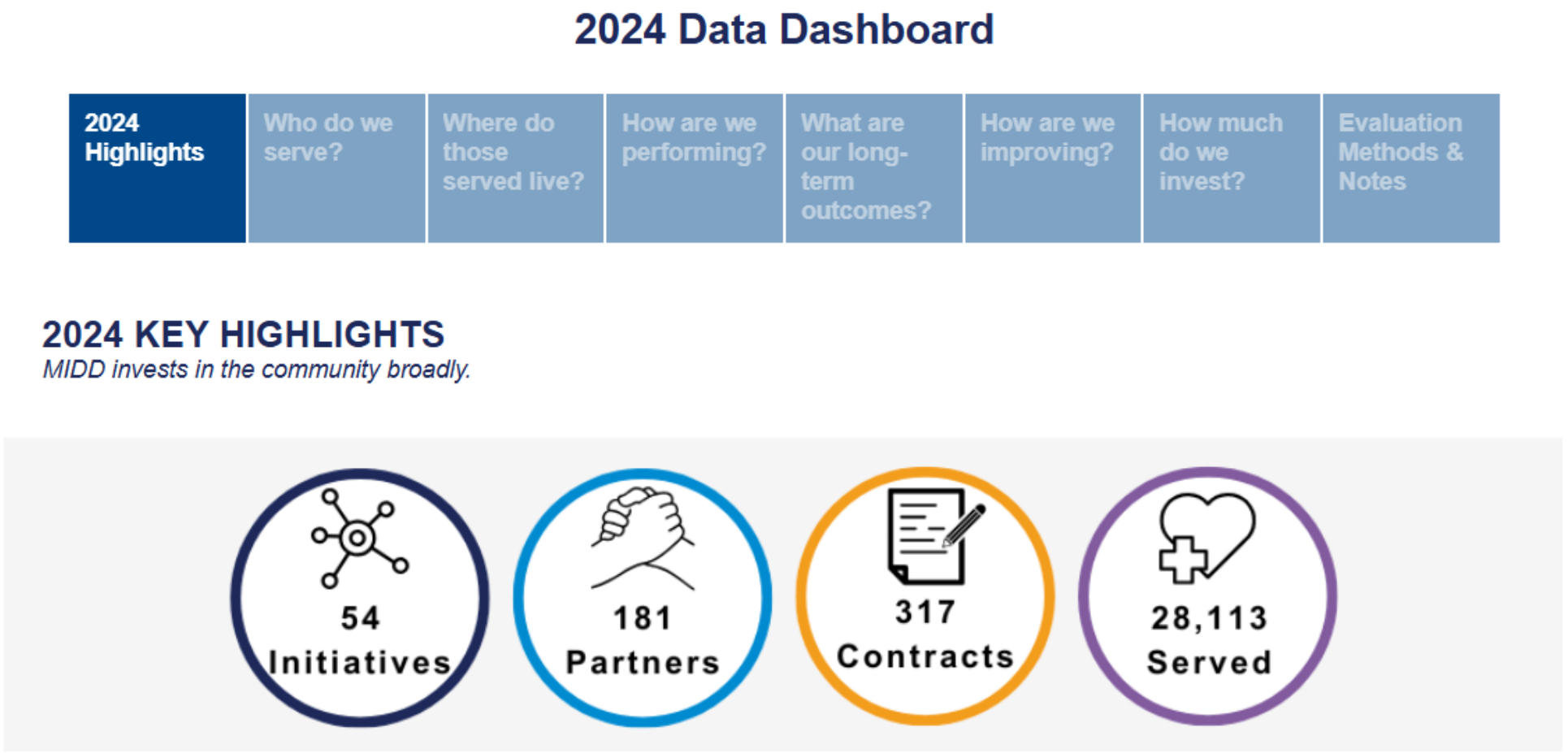
- **More than 800 youth** and their families received crisis stabilization service
  - 90% maintained stable housing
  - 85% avoided crises in the following year
- **14,400 youth** were screened through School-Based Screening, Brief Intervention, and Referral to Treatment (SBIRT).
  - Participation among 13 of 19 King County Public School Districts
  - 160 School staff attested to completing training
- Seattle Public Schools launched district-wide opioid prevention and overdose response effort focused on teachers, students, and caregivers

2023-2024 Biennium Financial Report

STRATEGY AREA	2023-2024 Budget	2023-2024 Actuals	Percent Spent
Prevention & Early Intervention	$51,245,320	$43,787,640	85%
Crisis Diversion	$65,520,595	$59,308,695	91%
Recovery & Reentry	$45,452,920	$31,839,255	70%
System Improvement	$14,143,362	$12,052,970	85%
Therapeutic Courts	$27,393,829	$25,544,138	93%
Special Projects	$20,779,000	$17,020,695	82%
Administration & Evaluation	$9,758,763	$9,004,322	92%
Total	**$234,293,789**	**$198,557,715**	**85%**

2024 Data Dashboard

To fully explore MIDD's overall results, visit: 2024 MIDD Data Dashboard



Questions?

- **Susan McLaughlin**
  Behavioral Health and Recovery Division Director
  smclaugh@kingcounty.gov

- **Isabel Jones**
  Behavioral Health and Recovery Deputy Division Director
  ijones@kingcounty.gov

- **Robin Pfohman**
  MIDD Coordinator
  Robin.Pfohman@kingcounty.gov

King County

DCHS

Department of Community and Human Services

Instagram

Blog

YouTube

Website

Data Dashboard

King County

Health, Housing and Human Services Committee

December 2, 2025 Meeting

Agenda Item No. 18

Briefing No. 2025-B0161

Continuum of Care: Distilling the Federal Contract and Local Consequences

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