



King County

1200 King County
Courthouse
516 Third Avenue
Seattle, WA 98104

Meeting Agenda Regional Policy Committee

*Councilmembers: Pete von Reichbauer, Chair;
Claudia Balducci, Girmay Zahilay
Alternate: Jorge Barón*

*Sound Cities Association: Angela Birney, Redmond, Vice Chair; Nancy Backus, Auburn;
Armando Pavone, Renton; Jay Arnold, Kirkland
Alternates: Dana Ralph, Kent; Debra Srebnik, Kenmore*

*City of Seattle: Cathy Moore, Alexis Mercedes Rinck
Alternates: Sara Nelson*

*Lead Staff: Miranda Leskinen (206-263-5783)
Committee Clerk: Angelica Calderon (206-477-0874)*

3:00 PM

Wednesday, January 8, 2025

Hybrid Meeting

Hybrid Meetings: Attend the 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 to provide comment remotely are listed below.

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

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

The Committee will accept public comment on items on today's agenda in writing. You may do so by submitting your written comments to kcccomitt@kingcounty.gov. If your comments are submitted before 1:00 p.m. on the day of the meeting, your comments will be distributed to the committee members and appropriate staff prior to the meeting.

	<p>Sign language and interpreter services can be arranged given sufficient notice (206-848-0355). TTY Number - TTY 711.</p> <p>Council Chambers is equipped with a hearing loop, which provides a wireless signal that is picked up by a hearing aid when it is set to 'T' (Telecoil) setting.</p>	
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HOW TO WATCH/LISTEN TO THE MEETING REMOTELY: There are three ways to watch or listen to the meeting:

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- 2) Watch King County TV on Comcast channel 22 and 322(HD) and Astound Broadband Channels 22 and 711(HD)
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Dial: 1 253 215 8782
 Webinar ID: 827 1647 4590

To help us manage the meeting, please use the Livestream or King County TV options listed above, if possible, to watch or listen to the meeting.



- 1. Call to Order
- 2. Roll Call
- 3. Approval of Minutes

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

Minutes of the November 20, 2024, Special Meeting. p. 4

Briefing

- 4. [Briefing No. 2024-B0132](#) **p. 8**
 Selection of the Vice Chair
Miranda Leskinen, Council staff
- 5. [Briefing No. 2024-B0133](#) **p. 9**
 RPC Work Plan for 2025
Miranda Leskinen, Council staff

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Discussion and Possible Action

6. [Proposed Motion No. 2024-0225](#) **p. 17**

A MOTION acknowledging receipt of the 2023 health through housing annual report, in accordance with K.C.C. chapter 24.30.

Sponsors: Balducci

Olivia Brey, Council staff

7. [Proposed Motion No. 2024-0243](#) **p. 90**

A MOTION approving the 2023 annual mental illness and drug dependency evaluation summary report, in compliance with K.C.C. 4A.500.309.

Sponsors: von Reichbauer

Sam Porter, Council staff

8. [Proposed Ordinance No. 2024-0402](#) **p. 134**

AN ORDINANCE providing for the submission to the qualified electors of King County at a special election to be held in King County on April 22, 2025, of a proposition to reauthorize an expired regular property tax levy in excess of the levy limitation contained in chapter 84.55 RCW, for a consecutive seven year period beginning in 2026 at the rate of not more than \$0.0275 per one thousand dollars of assessed valuation, with the 2026 levy amount being the base for computing maximum allowable levy amounts under chapter 84.55 RCW for years two through seven (2027-2032), for the purpose funding the continued operation of the regional automated fingerprint identification system, also known as AFIS, which maintains expanded crime scene and arrest identification technology and services for all local criminal justice agencies in King County.



Sponsors: Zahilay and von Reichbauer

Contingent upon referral to the Regional Policy Committee

Sam Porter, Council staff
Erica Newman, Council staff

Other Business

Adjournment

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Seattle, WA 98104

Meeting Minutes

Regional Policy Committee

*Councilmembers: Pete von Reichbauer, Chair;
Claudia Balducci, Girmay Zahilay
Alternate: Jorge Barón*

*Sound Cities Association: Jay Arnold, Kirkland; Nancy Backus,
Auburn;*

*Angela Birney, Redmond, Vice Chair; Armondo Pavone, Renton
Alternates: Dana Ralph, Kent; Debra Srebnik, Kenmore*

*City of Seattle: Cathy Moore, Tanya Woo
Alternates: Tammy Morales, Sara Nelson*

*Lead Staff: Miranda Leskinen (206)263-5783
Committee Clerk: Angelica Calderon (206-477-0874)*

1:00 PM

Wednesday, November 20, 2024

Hybrid Meeting

SPECIAL MEETING

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1. Call to Order

Chair von Reichbauer called the meeting to order at 1:02 p.m

2. Roll Call

Present: 10 - Arnold, Backus, Balducci, Birney, Moore, Pavone, von Reichbauer, Woo, Zahilay and Srebnik

3. Approval of Minutes

Mayor Birney moved approval of the September 30, 2024 Special meeting minutes. There being no objections, the minutes were approved.

Discussion and Possible Action

4. Proposed Ordinance No. 2024-0236

AN ORDINANCE approving the King County Doors Open Program implementation plan, required by Ordinance 19710, Section 9, to govern the expenditure of the cultural access sales and use tax from 2024 through 2031 to achieve outcomes related to public and educational benefits and economic support for arts, science, and heritage organizations; amending section 1 of this ordinance, repealing Attachment A to this ordinance, and establishing an effective date.

Sponsors: Balducci and Zahilay

Gene Paul, and Miranda Leskinen, Council staff, briefed the legislation to the Committee and answered questions from the members. There was an amendment A1 moved by Mayor Birney, the amendment was adopted.

This item was expedited to the November 26, 2024 Council Agenda.

Due to the design of the legislative tracking software used to produce the proceedings, the vote on this item is misreported. The correct vote is:

Votes: Yes: 12 von Reichbauer, Balducci, Zahilay, Moore, Woo, Arnold, Backus,
Birney,
Pavone.
No: 0
Excused: 0

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

Yes: 13 - Arnold, Backus, Birney, Balducci, Moore, Pavone, Woo, von Reichbauer, Zahilay and Srebnik

5. Proposed Ordinance No. 2024-0377

AN ORDINANCE relating to the King County Doors Open Program to support cultural organizations; and amending Ordinance 19710, Section 8.

Sponsors: Balducci

Andy Micklow, Council staff, briefed the Committee on the legislation and answered questions from the members.

This item was expedited to the November 26, 2024 Council Agenda.

Due to the design of the legislative tracking software used to produce the proceedings, the vote on this item is misreported. The correct vote is:

*Votes: Yes: 12 von Reichbauer, Balducci, Zahilay, Moore, Woo, Arnold, Backus, Birney,
Pavone.
No: 0
Excused: 0*

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

Yes: 13 - Arnold, Backus, Birney, Balducci, Moore, Pavone, Woo, von Reichbauer, Zahilay and Srebnik

Adjournment

The meeting was adjourned at 1:34 p.m

Approved this _____ day of _____

Clerk's Signature



King County

Regional Policy Committee

January 8, 2025

**Agenda Item No. 4
Briefing No. 2024-B0132**

Selection of the Vice Chair

NO Meeting materials for this item.



King County

**Metropolitan King County Council
Regional Policy Committee**

STAFF REPORT

Agenda Item:	5	Name:	Miranda Leskinen
Proposed No.:	2024-B0133	Date:	January 8, 2025

SUBJECT

A briefing on the Regional Policy Committee’s annual work program.

BACKGROUND

The Metropolitan King County Charter includes specific language regarding the responsibilities and operation of the Regional Policy Committee (RPC). The RPC is one of three committees formed when voters approved the merger of Metro (transit and wastewater treatment services) and King County. The charter, as amended in 2008 states the following regarding regional committees (emphasis added on the work program adoption and relation to the referral of legislation):

270.30 Powers and Duties.

*Each regional committee shall develop, propose, review, and recommend action on ordinances and motions adopting, repealing, or amending transit, water quality or other regional countywide policies and plans within the subject matter area of the committee. **The subject matter area of the regional policies committee shall consist of those countywide plans and policies included in the committee's work program by a majority of the members present and voting, with no fewer than three and one-half affirmative votes.***

ANALYSIS

At the next regular meeting of the Regional Policy Committee on February 12th, the committee is anticipated to take action on a resolution to adopt the RPC work program for 2025, which will be Attachment A to the resolution.

In terms of process, the 2024 work program will serve as the base for creation of the committee’s 2025 work program. Feedback, including suggested changes, from RPC members for the draft 2025 RPC work program will be due to the RPC Chair’s office and committee lead staff by COB on January 31st.

For context, the 2024 RPC work program includes language to indicate that, for the purpose of determining a subject matter for mandatory referral, listed in in Section I of the work program, pursuant to the King County Charter Section 270 and K.C.C. 1.24.065, the numbered topics, as well as the subsets of lettered topics, should be liberally construed.

Additionally, the 2024 work program indicates that legislation relative to the topics included in Section II are not subject to mandatory referral, but rather indicate potential briefings on matters that would benefit from interjurisdictional discussion.

Lastly, it is important to note that the resolution adopting the annual work program directs that the work program shall remain in effect until it is superseded by a work program that is adopted by a resolution of the Regional Policy Committee.

ATTACHMENTS

1. Resolution RPC2024-01
 - A. Regional Policy Committee 2024 Work Program, dated February 14, 2024



KING COUNTY

1200 King County Courthouse
516 Third Avenue
Seattle, WA 98104

Signature Report

RPC Resolution

Proposed No. RPC2024-01.1

Sponsors

1 A RESOLUTION concerning the regional policy
2 committee work program for 2024.

3 WHEREAS, the King County Charter establishes regional committees to develop,
4 recommend, and review regional policies and plans for consideration by the metropolitan
5 King County council, one of which is the regional policy committee, and

6 WHEREAS, the charter establishes the subject matter areas for the regional policy
7 committee to be those countywide plans and policies included in the committee's work
8 program, and

9 WHEREAS, the charter and K.C.C. 1.24.065 establish timeframes for the
10 legislative review process for these countywide plans and policies within the subject
11 matter adopted by the regional policy committee, and

12 WHEREAS, K.C.C. 1.24.065 and past practices have provided for the regional
13 policy committee to consider, examine, and comment on pending issues that are not
14 countywide policies or plans within its subject matter and therefore are not subject to the
15 mandatory review process, and

16 WHEREAS, the regional policy committee and King County council are
17 committed to effective and efficient legislative review processes that respect the charter-
18 mandated legislative process for the review of countywide plans and policies, and

19 WHEREAS, the regional policy committee has expressed interest in examining
20 emergent and enduring issues that are of countywide significance and may be a subject of
21 the committee's future policy development efforts;

22 NOW, THEREFORE, BE IT MOVED by the King County regional policy
23 committee:

24 The regional policy committee work program for 2024, Attachment A to this
25 resolution, is hereby approved. The work program shall remain in effect until it is

- 26 superseded by a work program that is adopted by a resolution of the regional policy
27 committee.

RPC Resolution was introduced on and passed by the Regional Policy Committee on 2/14/2024, by the following vote:

Yes: 11 - Arnold, Balducci, Birney, Pavone, von Reichbauer,
Zahilay, Ralph, and Woo
Excused: 1 - Backus

Attachments: A. Regional Policy Committee 2024 Work Program, dated February 14, 2024

Attachment A



King County

Metropolitan King County Council

Regional Policy Committee 2024 Work Program

I. Subject matters for mandatory referral of legislation¹:

- 1. Solid Waste ²**
- 2. Veterans, Seniors, and Human Services Renewal Levy (VSHSL)**
- 3. Crisis Care Centers Levy (CCC)**
- 4. Homelessness, including the King County Regional Homeless Authority and Health through Housing**
- 5. Mental Illness and Drug Dependency (MIDD)**
- 6. Regional Transportation (not including transit)**
- 7. Affordable Housing**
- 8. Best Starts for Kids (BSK) Levy**
- 9. Cultural/Sports/Tourism Resources and Access**
- 10. King County Doors Open Program and Implementation Plan**
- 11. Proposed new and renewal levies and bonds to be imposed countywide**
- 12. Implementation Plans for levies and bonds imposed countywide**

¹ For the purpose of determining a subject matter for mandatory referral pursuant to the King County Charter Section 270 and KCC 1.24.065, the numbered topics should be liberally construed.

² RPC acting in its capacity as the Solid Waste Interlocal Forum

II. Briefings on subject matters that would benefit from interjurisdictional discussion³

- **RPC Acting in its capacity as the Solid Waste Interlocal Forum**
 - a. Potential briefings - Planning, Recycling, Composting, Collection, Disposal, Transfer, Finance
 - b. Next disposal option
 - c. King County Solid Waste Comprehensive Plan
 - d. RePlus+ implementation and the economy
- **Veterans, Seniors, and Human Services Renewal Levy (VSHSL)**
 - a. VSHSL Annual Report
- **Land Conservation**
- **Parks, Recreation, and Sports**
- **Implementation of the Puget Sound Emergency Radio Network (PSERN)**
- **Homelessness**
- **Public Health**
 - a. Opioid and fentanyl crisis response
 - b. Winding down of federal ARPA funds
- **Regional Affordable Housing Strategies**
- **Mental Illness and Drug Dependency (MIDD)**
 - a. MIDD Annual Report
- **Best Starts for Kids (BSK)**
 - a. BSK Annual Report
- **Pre-Apprenticeship and Apprenticeship Programs**
- **Regional Transportation**
 - a. Briefings on county-wide road needs: conditions, bridges, funding and traffic
 - b. Traffic safety
- **Elections**
- **Natural Disasters**
 - a. Briefing from Office of Emergency Management on community outreach and preparedness for natural and human-caused disasters
 - b. Evacuation planning and shelter planning
- **Flood Control**
 - a. Briefing from the King County Flood Control District

³ Legislation relative to the lettered topics included in this Section II shall not be subject to mandatory referral.

- **King County International Airport Expansion and Regional Airport Needs**
 - a. Briefing on the impacts of siting a new airport in King County
 - b. Briefing on the regional importance of KCIA
- **State of Agriculture in King County**
- **Regional Approach to Public Safety**
 - a. Briefing on Restorative Community Pathways
 - b. Briefing from the King County Sheriff's Office
 - c. Briefing from the King County Prosecuting Attorney's Office
 - d. Briefing from the King County Regional Office of Gun Violence Prevention
- **King County's Regional Wastewater Services Plan**
- **Climate Change and Response to Motion 16463**
- **Cultural Access 2024 One-Time Operating and Capital Grant Programs**



King County

**Metropolitan King County Council
Regional Policy Committee**

STAFF REPORT

Agenda Item:	6	Name:	Olivia Brey
Proposed No.:	2024-0225	Date:	January 8, 2025

SUBJECT

Proposed Motion 2024-0225 would acknowledge receipt of the 2023 Health Through Housing Annual Report, the second annual report for this initiative.

SUMMARY

In October 2020, Council passed Ordinance 19179, imposing the Health Through Housing (HtH) sales tax. The Council passed Ordinance 19236 in February 2021, requiring the development of an implementation plan with the paramount goal of the creation and ongoing operation of 1,600 units of affordable housing with housing-related services. In December 2021, Council adopted the Initial Health Through Housing Implementation Plan (Plan) to govern the expenditure of HtH proceeds from 2022 through 2028 and requiring annual reporting to be transmitted on behalf of the HtH Advisory Committee.

The Plan required the Advisory Committee to report annually to the Council on expenditures, accomplishments, and effectiveness of the HtH initiative through an online HtH dashboard. Code changes in Ordinance 19366 require the annual report to be transmitted to the Council, with a motion acknowledging receipt of the report.

The Annual Report includes a summary of accomplishments, progress on HtH goals, financial information, information on the HtH Advisory Committee, and a conclusion and next actions. Highlighted metrics include serving 911 people; 138 new units opened to residents; 127 operations-only units were secured; and 85 percent of residents reported existing ties to the communities where their HtH site is located.

Motion 2024-0225 and the 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. Previously, this housing sales tax was required to go to the ballot for authorization from voters before enactment, but House Bill 1590 provided the option for the tax to be councilmanic. 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	<ol style="list-style-type: none">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;
- 4) Persons who are homeless or at-risk of being homeless, including families with children;

¹ [1590 HBR APH 20.pdf \(wa.gov\)](#)

² [1070-S.E.pdf \(wa.gov\)](#)

- 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 19179³ 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 19236⁵ 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 transmit the Plan to the King County Council, along with legislation to establish the HtH Advisory Committee, no later than June 30, 2021.

³ [King County - File #: 2020-0337](#)

⁴ [King County - File #: 2020-0319](#)

⁵ [King County - File #: 2020-0338](#)

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 to the HtH portfolio. These units were created by capital sources other than HtH. 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 19366⁶, adopting the Initial Health Through Housing Implementation Plan (Plan), which governs the expenditure of HtH sales and use tax proceeds from 2022 through 2028. The ordinance also created the HtH Advisory Committee.

The Plan established supporting goals to the paramount goal, which are:

⁶ [King County - File #: 2021-0330](#)

- 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.1⁷).
- 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.5⁸).
- 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.

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.⁹

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;

⁷ [K.C.C. 24.30.030.A.1](#)

⁸ [K.C.C. 24.30.030.A.5](#)

⁹ [Health Through Housing \(HtH\) Dashboard - King County, Washington](#)

- 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 19366.¹⁰

2022 Annual Report. Motion 16429¹¹ was passed in October 2023 acknowledging the receipt of the first annual report after the Plan. During the 2022 reporting period, 803 people experiencing homelessness were either temporarily or permanently housed in HtH units; 543 additional units opened; 158 additional units were purchased or were in escrow; and HtH's permanent supportive housing buildings showed housing stability rates of 96 to 98 percent as of December 2022.

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.

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).

¹⁰ [King County - File #: 2021-0330](#)

¹¹ [King County - File #: 2023-0217](#)

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 19546¹² 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 will 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.¹³

ANALYSIS

Proposed Motion 2024-0225 and the attached 2023 Health Through Housing Annual Report (Report) appears to meet the requirements of Ordinance 19366 to report on the expenditures, accomplishments, and effectiveness of the HtH initiative. Note that the report was transmitted on July 11, 2024, after the annual reporting deadline of June 15th. More detailed information and infographics can be found on the online HtH Dashboard, maintained by DCHS.¹⁴

The content of the 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

¹² [King County - File #: 2022-0374](#)

¹³ [K.C.C. 24.30.030.A.9](#)

¹⁴ [Health Through Housing \(HtH\) Dashboard - King County, Washington](#)

6. Appendix B: HtH Investments (Acquisitions and Operations-only Partnerships), Cumulative to Year End 2023

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.

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 Report and the online dashboard have been certified by the HtH Advisory Committee.

Performance Overview: Accomplishments and Effectiveness in 2023. The Report states that 2023 activities were focused on rehabilitating and opening buildings, bringing people inside, and connecting residents with support. The following highlights were featured:

- Served 911 people, a net increase of 108 residents compared to 2022;
- Contracted with Lavender Rights Project and Chief Seattle Club for operations of HtH Capitol Hill;
- 138 units opened including 62 at Burbridge Place and 76 at Salmonberry Lofts in Honor of Peter Joe;
- Secured 32 additional operations-only units at Sacred Medicine House in North Seattle (88 units were secured in 2022), resulting in all 120 units at this location being HtH-funded;
- Invested in 95 operations-only units at DESC's Bloomsides building in Burien, expected to open in 2024;
- Housed 396 residents in permanent supportive housing (PSH) sites and 519 individuals in emergency housing (EH) sites;
- Placed 480 individuals in HtH PSH or other permanent housing – prior to HtH's intervention, 466 of these individuals were chronically homeless;
- 91 percent of HtH residents in PSH maintained their housing or moved to another permanent destination;
- Enhanced health care services available at HtH sites, with an increase of eight percent more residents accessing physical health care and 19 percent more residents accessing behavioral health care services compared to 2022;
- Expanded DESC's 24/7 Mobile Response Teams across six HtH buildings; and
- Brought the total number of housing units secured since inception to 1,358.

At the end of 2023, HtH's portfolio included a total of 1,358 housing units, with 724 units currently open and 634 units in progress. This is a net increase of 55 units from 2022. Table 2 summarizes the progress towards the HtH initiative's paramount goal of creating and operating 1,600 units of affordable housing with housing-related services. All units added are operations-only housing units (Sacred Medicine House in North Seattle and Bloomsides in Burien). The units that were reduced or taken offline were due

to compliance with municipal code, ADA, or state requirements, or for creating clinical office space.

Table 2. Progress Towards the Paramount Goal

Status	Housing Units
Units at the beginning of 2023	1,303
Units added	127
Units reduced from plans or taken offline	(72)
Units at the end of 2023	1,358

In 2023, HtH expanded access to the Mobile Response Team (MRT) by adding four sites to the existing three sites. Subsequently, the Bob G. site closed in June and residents were moved into other facilities. As a result, by the end of 2023, the MRT operated at six sites. Two more sites were being added at the end of 2023 and it is expected that all sites and service providers within the HtH network will have access to the MRT program by the end of 2024. During the reporting period, 39 percent of residents received physical care (eight percent more than the previous year) and 51 percent of residents accessed behavioral health care serves (19 percent more than the previous year).

Additional support was made available to residents including streamlining health insurance enrollment through partner health providers and on-site case management services and establishing subregional and culturally specific partnerships for medical care. HtH programming also includes access to mobility supports through partnerships with King County Metro, culturally responsive food distribution, and employment resources.

Regarding HtH’s primary supporting goal of annually reducing the racial-ethnic disproportionality among persons experiencing chronic homelessness, the Report states that intentional community engagement and strategic partnerships with organizations focused on serving historically marginalized communities is a key strategy for addressing racial disparities in homelessness in King County. 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 2022 and 2023. 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. In 2023, there was a decrease in the percent of Hispanic/Latin(a)(o)(x) individuals that are HtH residents or in King County experiencing chronic homelessness, though it is unclear whether this change is due to a meaningful impact on this race/ethnicity or an increase in other race/ethnicities that changed the distribution.

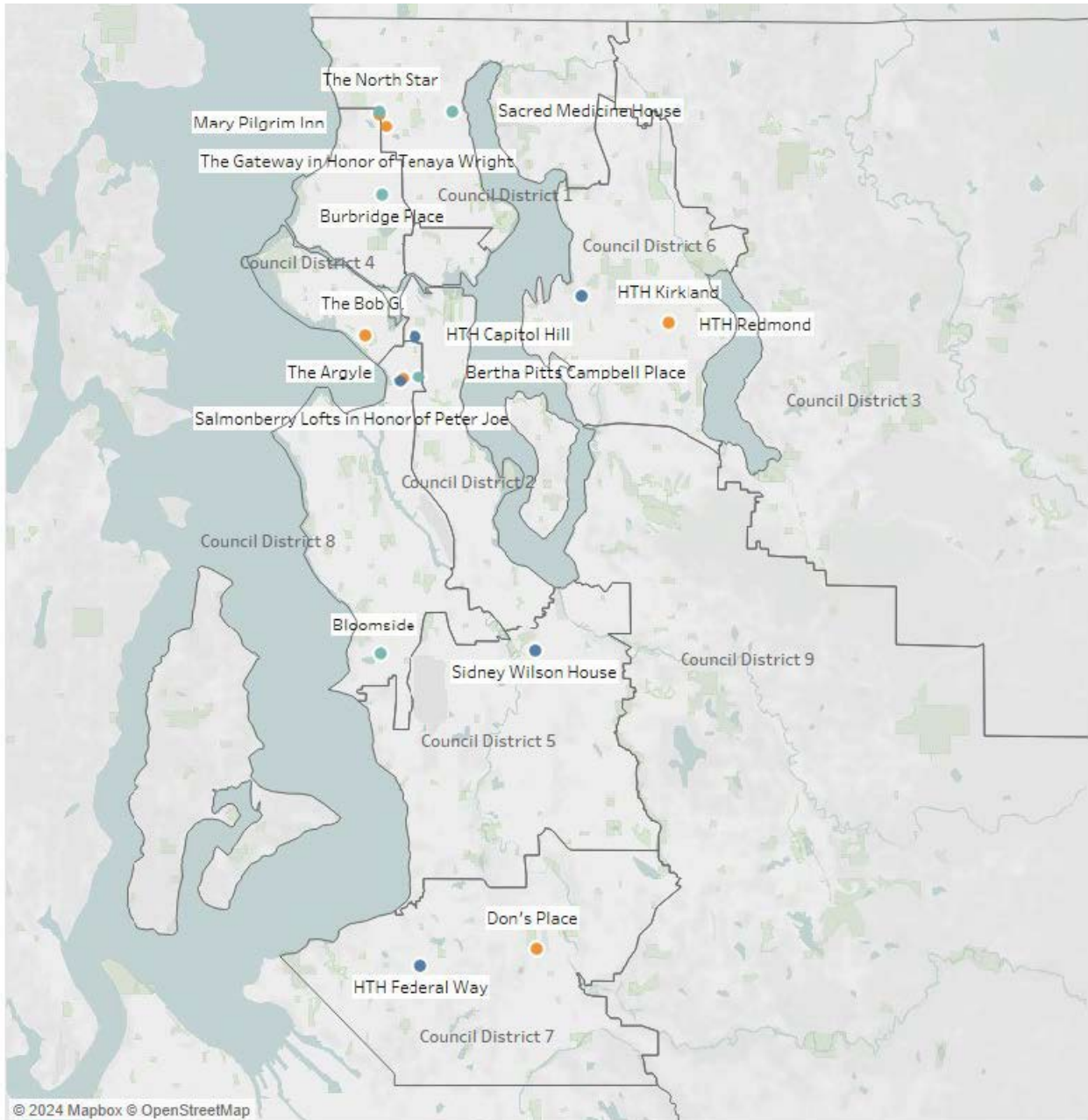
Table 3. Race/Ethnicity of HtH Residents, Chronically Homeless People, and the Overall Population in King County

Race/Ethnicity	HtH Residents		People in King County experiencing chronic homelessness		King County population	
	2022	2023	2022	2023	2022	2023
American Indian, Alaska Native, or Indigenous	3%	10%	5%	6%	1%	<1%
Asian or Asian America	3%	3%	2%	2%	18%	19%
Black, African American, or African	27%	25%	26%	25%	6%	6%
Hispanic/Latin(a)(o)(x)	9%	4%	10%	3%	8%	7%
Multiracial	5%	11%	7%	16%	7%	9%
Native Hawaiian or Pacific Islander	2%	1%	2%	2%	1%	1%
Unknown/unreported	6%	5%	3%	1%	N/A	N/A
White	45%	42%	45%	45%	58%	56%

HtH continues to partner with organizations like Chief Seattle Club, the Urban League, and Lavender Rights Project to enable culturally appropriate services. In 2023, HtH provided training opportunities and implemented new strategies for operational flexibility for HtH service providers. Additional trainings with individualized technical assistance, peer-to-peer learning between organizations, and a capacity development plan will be implemented throughout 2024.

Site Locations and Other Geographic Information. HtH includes 16 sites, including 11 acquired buildings and five operations-only buildings. Map 1 shows the location of each HtH building by housing type.

Map 1. HtH Site Locations



Housing Type

- Permanent Supportive Housing - Owned by HTH
- Permanent Supportive Housing - Operations Only
- Emergency Housing - Owned by HTH

According to the Report, HtH is 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 2023, 85 percent of residents reported existing ties to the communities where their HtH site is located, an increase from 48 percent last year.

Financial Information. In 2023, HtH revenue totaled \$160.3 million, including \$70.3 million in tax revenue collections, which was \$2.4 million higher than in 2022. The

Implementation Plan anticipated issuing a \$60 million bond around 2024 to convert EH within HtH sites into PSH locations. The bond was issued in December 2023, but proceeds aren't expected to be spent until 2024 and 2025. Table 4 shows the 2023 revenues compared to the estimates from the Implementation Plan.

Table 4. 2023 HtH Revenue (in millions)

	Projected in IP	Actual 2023 Revenues (rounded)	Change between IP and Actual 2023
Tax Revenue	\$65.8	\$70.3	6.8%
Annual Interest	\$0.1	\$4.3	4200.0%
Annual Bond Proceeds	\$0.0	\$85.6	N/A
Commercial Rent	\$0.0	\$0.1	N/A
Total Revenue	\$65.9	\$160.3	143.2%

HtH spent \$62.0 million in 2023, which was approximately \$8.1 million less than in the previous year. The Report states that this is primarily due to a strategic shift in 2023 from property acquisitions, which require one-time investments, to smaller, operational expenses.

Table 5 identifies 2023 expenditures by strategy compared to the estimates identified in the Implementation Plan. According to Executive staff, 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 underexpended proceeds within the same strategy for use in a subsequent year.

Spending on Strategies 1, 2, and 6 were due to evolving acquisition and rehabilitation needs and timelines, which impacts when buildings open to residents. Additionally, the acceleration of substantive rehabilitation work (originally planned to start in 2024) in order to reduce future disruption to residents' housing also impacted spending.

Strategy 2 expenditures were lower than initially projected due to later initiation of programs requiring operations funding, for both acquired and operations only HTH sites.

Spending on HtH's smaller and complementary strategies 3, 4, 5, and administration have been adjusted to match updated behavioral health fund conditions, capacity building program implementation timelines, and revised staffing needs based on the initiative's initial years of operations.

Table 5. 2023 HtH Expenditures by Strategy (in millions)

Strategy	Projected Expenditure in IP	Actual 2023 Expenditures (rounded)	Change between IP and Actual 2023
<i>Strategy 1</i> Capital Financing and Improvements for HtH Sites	\$1.0	\$6.5	550.0%
<i>Strategy 2</i> Emergency and Permanent Supportive Housing Operations	\$40.9	\$18.5	(54.8%)
<i>Strategy 3</i> Behavioral Health Services Outside HtH Sites	\$8.5	\$6.3	(25.9%)
<i>Strategy 4</i> Capacity Building Collaborative	\$0.4	\$0.3	(25.0%)
<i>Strategy 5</i> Evaluation and Performance Measurement	\$0.6	\$0.2	(66.7%)
<i>Strategy 6</i> Future Acquisition of Additional Facilities	\$0.0	\$11.0	N/A
<i>Initiative Administration</i>	\$2.0	\$1.9	(5.0%)
<i>Bond Financing Cost</i>	\$16.7	\$17.3	3.6%
TOTAL EXPENDITURES	\$70.3	\$62.0	(11.8%)

Table 6 shows a summary of 2023 expenditures by jurisdiction. Additional details, including costs from acquisition, building rehabilitation, facility maintenance, program operations, and bond financing is shown in Figure 15 of Attachment A. Note that 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. Further note that 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	2023 Expenditures
Auburn	\$5.64
Federal Way	\$1.98
Kirkland	\$2.69
Redmond	\$2.81
Renton	\$4.94

Seattle	\$35.32
Other expenditures that cannot be readily allocated to specific jurisdictions.	\$8.64
Total	\$62.01

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 \$273,021 and average per-unit costs for operations were \$20,759.

HtH Advisory Committee Establishment, Membership, and Certification of Dashboard. The HtH Advisory Committee was formed in 2023 and includes 14 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, Sara Lidstrom, Krystal Marx, Sarah Steward, Da'mont Vann, and Barbara Walker. The Report and the HtH Dashboard were certified by the HtH Advisory Committee on May 16, 2024.

Section 4 - Conclusion/Next Actions. The Report states that 2023 was focused on moving residents into units, integrating healthcare and other supportive services into the HtH sites, and building capacity of service providers. The enhancements to healthcare offerings and other wellness supports were highlighted as the reason that an increase in residents accessing physical and behavioral health care was observed. HtH will continue to work towards achieving the paramount goal of securing 1,600 units of supportive housing.

INVITED

- Kelly Rider, Director, Department of Community and Human Services
- Sunaree Marshall, Acting Division Director, Housing and Community Development Division
- Shanna Clinton, Health Through Housing Systems, Services, and Quality Manager

ATTACHMENTS

1. Proposed Motion 2024-0225
 - a. 2023 Health Through Housing Annual Report
2. Transmittal Letter



KING COUNTY
Signature Report

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

Motion

Proposed No. 2024-0225.1

Sponsors Balducci

1 A MOTION acknowledging receipt of the 2023 health
2 through housing annual report, in accordance with K.C.C.
3 chapter 24.30.

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

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

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

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

18 WHEREAS, K.C.C. 2A.300.200 requires the executive to electronically file an
19 annual report on the accomplishments and effectiveness of the expenditure of sales and
20 use tax proceeds as authorized by K.C.C. chapter 4A.503 and RCW 82.14.530, and

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

23 WHEREAS, the second annual report, entitled 2023 Health Through Housing
24 Annual Report, which is Attachment A to this motion, is submitted by the executive;

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

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

27 entitled 2023 Health Through Housing Annual Report, Attachment A to this motion, in
28 accordance with K.C.C. 24.30.020, is hereby acknowledged.

KING COUNTY COUNCIL
KING COUNTY, WASHINGTON

Dave Upthegrove, Chair

ATTEST:

Melani Pedroza, Clerk of the Council

APPROVED this ____ day of _____, ____.

Dow Constantine, County Executive

Attachments: A. 2023 Health Through Housing Annual Report July, 2024

2023 Health Through Housing Annual Report

July 2024



King County

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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's paramount goal is to create and operate up to 1,600 units of 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 Health Through Housing Implementation Plan (the Plan).^{6,7,8}

Following adoption of the Plan, significant HTH activity took place in 2021 and 2022. Key outcomes from this period included:

- Acquiring 10 buildings across Seattle, Renton, Redmond, Auburn, Federal Way, and Kirkland;
- Establishing a memorandum of agreement with the City of Seattle to permanently add 350 operations-only units to the HTH portfolio, and
- Opening six HTH buildings across King County and moving new residents inside at each of these locations.

Report Requirements

This annual report summarizes the HTH Initiative's progress and accomplishments in calendar year 2023. During the reporting period, HTH opened 138 new units to residents, contributing to a net increase of 108 residents successfully housed in these and other HTH units in 2023. HTH also expanded by 127 the number of units for which it funds services and enhanced the essential services provided to residents, including behavioral health care. As of December 2023, HTH has secured a cumulative total of 1,358 units and has served 1,169 residents at risk of or experiencing chronic homelessness.

¹ King County Code 24.30.030.A.3. [\[LINK\]](#)

² King County Code 4A.503.040.B. [\[LINK\]](#)

³ King County Code 24.30.030.A.1. [\[LINK\]](#)

⁴ *Initial Health Through Housing Implementation Plan*. [\[LINK\]](#)

⁵ King County Code 4A.503. [\[LINK\]](#)

⁶ King County Code 24.30. [\[LINK\]](#)

⁷ Ordinance 19236. [\[LINK\]](#)

⁸ *Initial Health Through Housing Implementation Plan*. [\[LINK\]](#)

2023 Health Through Housing Annual Report

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Performance Overview: Accomplishments and Effectiveness in 2023

In 2023, the initiative's second full year of operation, Health Through Housing accomplished the following:

People Served

- HTH served 911 people in 2023, an increase of 108 people from 2022.
- HTH placed 480 people in HTH permanent supportive housing (PSH) or other permanent housing, with 466 of them experiencing chronic homelessness.
- 85 percent of HTH residents reported existing ties to the communities where their HTH site is located.
- 91 percent of HTH residents in PSH maintained their housing or moved to another permanent housing destination.

Additional Units

- HTH opened 138 units, including 62 at Burbridge Place and 76 at Salmonberry Lofts in Honor of Peter Joe.
- HTH secured an additional 127 operations-only units in 2023. These are in buildings not owned by King County, in which HTH funds the cost of operations and programming. This includes 95 operations-only units in Burien, plus 32 additional units at Sacred Medicine House in Seattle for a total of 120 units at that site (88 secured in 2022).

Financial Information

The HTH initiative's 2023 revenue was \$85.6 million in capital funds and \$74.7 million in operating funds, reflecting the issuance of additional bond proceeds that are expected to be spent in 2024 through 2025. HTH spent approximately \$17.6 million on capital expenditures and \$44.4 million on operating expenditures in 2023. Financially, the HTH initiative remains consistent with projected goals in the Implementation Plan, with 2023's spending reflecting a planned strategic shift at this phase of the initiative from asset acquisition to rehabilitating and opening buildings, bringing people inside, and delivering health care and other supports to HTH residents.

The cost per unit for each HTH site varies based on the circumstances of each acquisition, as well as site development process and timing. From 2021 to 2023, the average capital per-unit costs among HTH properties were \$273,021. The annual, average operating costs for HTH properties in 2023 were \$20,759 per unit.

HTH Advisory Committee Establishment, Membership, and Certification of Dashboard

In 2023, the Health Through Housing Advisory Committee formed consistent with King County Code 2A.300.200.⁹ The Committee convened quarterly, appointed a chair and co-chair, and received

⁹ K.C.C. 2A.300.200. [[LINK](#)]

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See also [Health Through Housing Dashboard](#).

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presentations from HTH service providers on the HTH service model. On May 16, 2024, the HTH Advisory Committee reviewed and certified this report and the HTH Dashboard, including certifying that that the dashboard is updated with 2023 calendar year data.¹⁰

Conclusion/Next Actions

In 2023, the HTH initiative's second full year of operation, the initiative focused on moving residents into units, integrating significant enhancements in health care and other supportive services into the HTH sites, and building capacity of service providers as its intensive acquisition phase wound down. HTH is planning for even more tailored support, ensuring that future HTH interventions are as effective and impactful as possible. HTH also continued to license, permit, seek changes of use, and initiate major construction work at acquired properties.

As HTH moves into 2024, the initiative will focus on streamlining service delivery, enhancing community engagement to inform responsive services, and continuing toward its paramount goal of securing 1,600 units of supportive housing. HTH will continue to expand housing and services for people exiting homelessness while focusing 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 entwined crises of affordable housing and chronic homelessness.

¹⁰ Initial Health Through Housing Implementation Plan 2022-2028. [\[LINK\]](#)

2023 Health Through Housing Annual Report

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Background

Overview

King County’s Health Through Housing initiative’s (HTH) paramount goal is to create and sustain up to 1,600 units of affordable, supportive housing for those in King County experiencing or at risk of chronic homelessness.¹¹ This initiative takes a regional approach to both accelerate King County’s ability to address chronic homelessness countywide and dismantle the racial and ethnic disproportionality prevalent among the homeless population in King County.¹²

HTH expanded access to affordable supportive housing countywide by partnering with cities on permitting, selecting service providers, and similar city actions 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 2023, HTH secured a cumulative total of 1,358 units and has served 1,169 residents at risk of or experiencing chronic homelessness.

From 2020 to 2023, HTH acquired and began contracting for 16 sites across seven cities, achieving a pace faster than any previous related County effort. In addition to 11 County-owned buildings, these HTH sites include five HTH “operations-only” buildings in which HTH funds the cost of operations and programming. HTH partnered with eight service providers to operate HTH’s 16 sites, as shown in Figure 1.

¹¹ King County Ordinance 19236 [\[LINK\]](#)

¹² King County Ordinance 19236 [\[LINK\]](#)

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Figure 1: HTH Service Providers at HTH Sites, 2023

Service Provider	HTH Site Name	Jurisdiction
Catholic Community Services (CCS)	Sidney Wilson House	Renton
	The Bob G.	Queen Anne, Seattle
Chief Seattle Club	Salmonberry Lofts in Honor of Peter Joe	Pioneer Square, Seattle
	Sacred Medicine House <i>(operations-only)</i>	Lake City, 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 <i>(operations-only)</i>	Green Lake, Seattle
	The North Star <i>(operations-only)</i>	Bitter Lake, Seattle
	Bloomside <i>(operations-only)</i>	Burien
Lavender Rights Project (LRP)/Chief Seattle Club	TBD. Building Secured	Capitol Hill
Plymouth Housing	Bertha Pitts Campbell Place <i>(operations-only)</i>	Central District, Seattle
The Salvation Army	TBD. Building Secured	Redmond
The Urban League of Metropolitan Seattle	TBD. Building Secured	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 regional providers of emergency shelter and permanent supportive housing.^{13,14,15,16,17} Chief Seattle Club is a Native-led housing and human services agency that serves American Indian and Alaska Native people.¹⁸ Lavender Rights Project is a Black trans-led and founded organization centered in the values of

¹³ Catholic Community Services [[LINK](#)]

¹⁴ Compass Housing Alliance [[LINK](#)]

¹⁵ Downtown Emergency Services Center (DESC) [[LINK](#)]

¹⁶ Plymouth Housing Group [[LINK](#)]

¹⁷ The Salvation Army [[LINK](#)]

¹⁸ Chief Seattle Club [[LINK](#)]

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social justice for trans and queer low-income people.¹⁹ The Urban League of Metropolitan Seattle is an organization dedicated to improving the lives of communities of color.²⁰

These partnerships at all HTH sites are vital to create 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 mission of DCHS's 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's 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.

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, with the pandemic forcing tens of thousands of King County households to fall behind on rent in an expensive housing market.^{21,22} Social distancing requirements implemented due to the pandemic further reduced overall shelter capacity while the rate of unsheltered homelessness climbed.²³

¹⁹ Lavender Rights Project [\[LINK\]](#)

²⁰ The Urban League of Metropolitan Seattle [\[LINK\]](#)

²¹ King 5. King County Accepting Applications for Rental Assistance before Eviction Moratorium Expires. [\[LINK\]](#)

²² Zillow King County Market Overview, data through July 31, 2021. [\[LINK\]](#)

²³ King County Homelessness Response System Data Review: Q1 2021 Release. [\[LINK\]](#).

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The COVID-19 pandemic demonstrated that single-room settings are more supportive of a person’s stability, health, and ability to maintain housing compared to congregate shelters.²⁴ Learning from this lesson, King County acquired hotels and apartments with the revenue created by the one tenth of a cent of sales tax which was authorized by the Washington Legislature in 2020.^{25,26}

During this time, 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.

The HTH model is based on the following foundational premises:

- Incorporate the lessons of COVID deintensification shelters, which demonstrated that single-room settings are more supportive of a person’s stability, health, and ability to maintain housing.²⁷
- Exercise the authority provided by the Washington 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.²⁸
- Take advantage of economic circumstances to buy relatively new or recently updated hotels or apartments, many of which include kitchen facilities, to substantially grow the region’s stock of affordable homes in months, rather than years.
- Establish partnerships with cities across King County to site and operate emergency and permanent supportive housing 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 in months rather than years.²⁹ HTH transformed these hotels and apartments into emergency and permanent supportive housing with comprehensive wraparound services including case management, behavioral health support, healthcare, employment support, and crisis intervention for residents experiencing chronic homelessness.

²⁴ University of Washington and King County DCHS: Impact of Hotels as Non-Congregate Emergency Shelters. (2020). [\[LINK\]](#)

²⁵ RCW 82.14.530 as reflected in ESHB 1070 from 2021. [\[LINK\]](#)

²⁶ King County Department of Community and Human Services. (2024). *Health Through housing: A Regional Approach to Address Chronic Homelessness*. [\[LINK\]](#)

²⁷ University of Washington and King County DCHS: Impact of Hotels as Non-Congregate Emergency Shelters. (2020). [\[LINK\]](#)

²⁸ RCW 82.14.530 as reflected in ESHB 1070 from 2021. [\[LINK\]](#)

²⁹ Initial Health Through Housing Implementation Plan, page 11. [\[LINK\]](#)

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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 2022, the King County Regional Homelessness Authority found 13,368 individuals experiencing homelessness, a 13.8 percent increase from the 2020 Annual Point in Time (PIT) count (11,751 individuals).³⁰

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 County's overall demographics.³¹ Veterans are also overrepresented among the group who received homelessness services compared to the number of veterans countywide.³²

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.³³ Exposure to the criminal legal system, the child welfare system, and lack of access to quality schools and health care can drive up homelessness, and systemic racism is a feature of each of these systems.^{34, 35} 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.³⁶ Together, these factors, as well as how well other supportive housing programs in the region are working to advance equity in who they house, shape the landscape of homelessness in King County.

This growing rate of homelessness has occurred concurrently with a drastic increase in housing costs. Between 2015 and 2022, the median gross rent in King County increased from \$1,354 to \$1,917, marking a 42 percent increase.³⁷ Nearly one-third of households (31.5 percent) in King County are cost-

³⁰ King County Regional Homelessness Authority. (2022). 2022 Point in Time Count. [\[LINK\]](#)

³¹ King County Department of Community and Human Services, Performance Measurement and Evaluation Division. (December 2021). Integrating Data to Better Measure Homelessness. [\[LINK\]](#)

³² King County Department of Community and Human Services, Performance Measurement and Evaluation Division. (December 2021). Integrating Data to Better Measure Homelessness. [\[LINK\]](#)

³³ King County Affordable Housing Committee. (2024, January). *King County Countywide Planning Policies Housing Chapter Resources for Documenting the Local History of Racially Exclusive and Discriminatory Land Use and Housing Practices*. [\[LINK\]](#)

³⁴ National Alliance to End Homelessness. (2023, December). *Homelessness and Racial Disparities*. [\[LINK\]](#)

³⁵ Zelaya, E. (2022, April 27). *Why School Segregation Matters*. Urban Institute. [\[LINK\]](#)

³⁶ Olivet, J., Wilkey, C., Richard, M., Dones, M., Tripp, J., Beit-Arie, M., Yampolskaya, S., & Cannon, R. (2021). Racial Inequity and Homelessness: Findings from the SPARC Study. *The ANNALS of the American Academy of Political and Social Science*, 693(1), 82-100. [\[LINK\]](#)

³⁷ 1-year American Community Survey [\[LINK\]](#)

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burdened, meaning they pay more than 30 percent of their income in rent.³⁸ 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.³⁹ 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 HTH residents who are at or below 30 percent AMI.

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.^{40, 41} After establishing the revenue for the initiative, King County adopted Ordinance 19236 in 2021, which detailed the implementation planning for the HTH initiative.⁴² 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.⁴³ HTH is mandated to enhance access to healthcare, develop a mobile behavioral health intervention program, and address demographic disproportionality in homelessness.⁴⁴

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.^{45, 46} The plan outlines the processes for acquiring and operating supportive housing, engaging community stakeholders, and measuring the initiative's impact on chronic homelessness.⁴⁷ It also delineates the roles and responsibilities of the advisory committee, setting forth comprehensive annual reporting requirements to maintain transparency and accountability.⁴⁸

The HTH Advisory Committee consists of 14 people, including representatives from local communities, non-profit organizations, healthcare providers, and housing experts.⁴⁹ The Committee's purpose is to provide oversight, guidance, and expertise to ensure the initiative's objectives are met effectively and

³⁸ U.S. Department of Housing and Urban Development. (2021). Cost Burden, CHAS 2014-2018.

³⁹ U.S. Department of Housing and Urban Development. (2021). Cost Burden and Severe Cost Burden by Income, CHAS 2014-2018.

⁴⁰ King County Ordinance 19179 [\[LINK\]](#)

⁴¹ King County Code 4A.503 [\[LINK\]](#)

⁴² King County Ordinance 19236 [\[LINK\]](#)

⁴³ King County Ordinance 19236 [\[LINK\]](#)

⁴⁴ King County Ordinance 19236 [\[LINK\]](#)

⁴⁵ King County Ordinance 19366. [\[LINK\]](#)

⁴⁶ King County Code 2A.300.200. [\[LINK\]](#)

⁴⁷ King County Ordinance 19366. [\[LINK\]](#)

⁴⁸ King County Ordinance 19366. [\[LINK\]](#)

⁴⁹ King County Department of Community and Human Services. (n.d.) *Health Through Housing Advisory Committee*. [\[LINK\]](#)

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equitably.⁵⁰ 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.⁵¹ 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 2023 Expands on 2021-2022 HTH Activities

In 2021 and 2022, HTH successfully:

- acquired a total of ten buildings across Seattle, Renton, Redmond, Auburn, and Federal Way;
- established a memorandum of agreement with City of Seattle to permanently add 445 operations-only units to the HTH portfolio;⁵² and
- moved residents into six HTH sites.

This annual report describes the HTH initiative's activities in 2023.

Report Requirements

This annual report summarizes the activities of the HTH initiative through the end of 2023 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 2023 as well as financial information including, but not limited to, the allocation of proceeds by jurisdiction.⁵³

This report also summarizes the significant additional annual data reporting provided by HTH's new online dashboard, as called for by the Health Through Housing Implementation Plan as adopted by Ordinance 19366.^{54,55,56} 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 2023 data and ready for review, as directed by the Plan.^{57,58}

⁵⁰ King County Ordinance 19366. [[LINK](#)]

⁵¹ King County Ordinance 19366. [[LINK](#)]

⁵² As described in the Plan, the term operations-only refers to City-owned buildings that have been permanently added to the HTH portfolio via memoranda of agreement. Cities retain ownership of operations-only buildings whereas HTH funds all operations and services costs associated with those buildings.

⁵³ K.C.C. 2A.300.200.A. [[LINK](#)]

⁵⁴ Ordinance 19366. [[LINK](#)]

⁵⁵ Initial Health Through Housing Implementation Plan. [[LINK](#)]

⁵⁶ Health Through Housing Dashboard. [[LINK](#)]

⁵⁷ Initial Health Through Housing Implementation Plan. [[LINK](#)]

⁵⁸ Health Through Housing Dashboard. [[LINK](#)]

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A. Performance Overview: Accomplishments and Effectiveness in 2023

HTH transformed an emergency response strategy to the COVID-19 pandemic into an innovative response to the region's homelessness crisis by providing emergency housing and permanent supportive housing. By acquiring and repurposing hotels and apartments throughout the County, HTH has increased housing capacity for residents with the highest needs, who are experiencing or at risk of chronic homelessness. In 2023, HTH opened a total of 138 units, reflecting its commitment to expanding the availability of supportive housing across the region.

HTH is collaborating with host jurisdictions, neighboring communities, and community-based supportive housing operators to provide housing for people experiencing homelessness. In its second year of operation, HTH solidified its role in providing innovative permanent supportive housing and emergency housing for the region.

2023 Highlights

HTH's 2023 activities reflect a strategic shift from property acquisitions (the initiative's focal point in 2021 and 2022) to rehabilitating and opening buildings, bringing people inside, and connecting residents with health care and other supports. In 2023, HTH provided housing for 911 people and expanded mobile behavioral response teams to serve six HTH buildings. These teams provide crisis and other behavioral health services to HTH residents, increasing their ability to remain stably housed. In addition, HTH worked through pre-occupancy processes to license, permit, seek changes of use, and initiate major construction work at acquired properties in Federal Way, Capitol Hill, and Kirkland. HTH is making significant progress toward opening these sites to residents, which are expected to become available in 2025.

2023 Highlights include:

- Opened 138 units, including 62 at Burbridge Place and 76 at Salmonberry Lofts in Honor of Peter Joe;
- Served 911 people, a net increase of 108 residents as compared to 2022;
- Contracted with Lavender Rights Project and Chief Seattle Club for the operations of HTH Capitol Hill;
- Secured an additional 32 operations-only units at Sacred Medicine House in North Seattle, for a total of 120 units (88 units were secured in 2022);
- Invested in the 95 operations-only units at DESC's Bloomsdale building in Burien;
- Housed 396 residents in permanent supportive housing (PSH) sites and 519 individuals in emergency housing (EH) sites;⁵⁹

⁵⁹ A small number of residents have moved between different HTH sites and are represented in more than one count of residents served by housing type.

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- Placed 480 individuals in HTH PSH or other permanent housing, with 466 of these individuals being chronically homeless prior to HTH’s intervention;
- 91 percent of HTH residents in PSH maintained their housing or moved to another permanent housing destination;
- Enhanced health care services available at HTH sites, with an increase of eight percent more residents accessing physical health care and 19 percent more residents accessing behavioral health care services compared to 2022;⁶⁰
- Expanded DESC’s 24/7 Mobile Response Teams across six HTH buildings, and
- Brought the total number of housing units secured since inception to 1,358.

The following subsections describe the initiative’s 2023 activities in depth and provide performance data at the program and population level.

Number of Housing Units by Year-End 2023

At the end of 2022, HTH’s portfolio included 1,303 housing units.⁶¹ By the end of 2023, the HTH portfolio had grown to include 1,358 housing units, as shown in Figure 2. The net increase of 55 housing units in 2023 accounts for the following additions and other adjustments:

- 32 additional operations-only housing units obtained at Sacred Medicine House in North Seattle;
- 95 operations-only housing units obtained at Bloomsides in Burien;
- The Redmond HTH site reduced the number of units from 144 to 100 units to comply with municipal code for PSH buildings;⁶²
- 15 housing units taken offline at HTH Federal Way in order to establish clinical office space, a warming kitchen and life skills training space, consistent with municipal code requirements for multipurpose community space;⁶³
- 12 housing units taken offline from HTH Kirkland in order to create additional clinical office space, Americans with Disabilities Act (ADA) compliant units, and to comply with statewide

⁶⁰ 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. This year, the methodology has been updated to include authorizations that began before a resident’s stay and continued into it. Additionally, new programs introduced in 2023 have been included.

⁶¹ A HTH unit is a secured housing unit that can be used to eat, sleep and live. The unit does not have to be open and available for occupancy at the time it is secured.

⁶² In 2023, DCHS began coordinating with leadership and staff within City of Redmond to develop an Operational Agreement. This Agreement states King County must adhere to all applicable Redmond Zoning Code (RZC) including RZC Chapter 21.57, which limits PSH buildings to 100 residents. In order to comply with this, the housing unit count for HTH Redmond was reduced from 144 units to 100 units.

⁶³ The HTH Federal Way property is atypical in that it did not feature any onsite community space at the time of acquisition. Per Federal Way Revised Code sections 19.230.065 and 19.115.115, PSH buildings in the city must feature “common open space” at a ratio of 100 square feet per dwelling.

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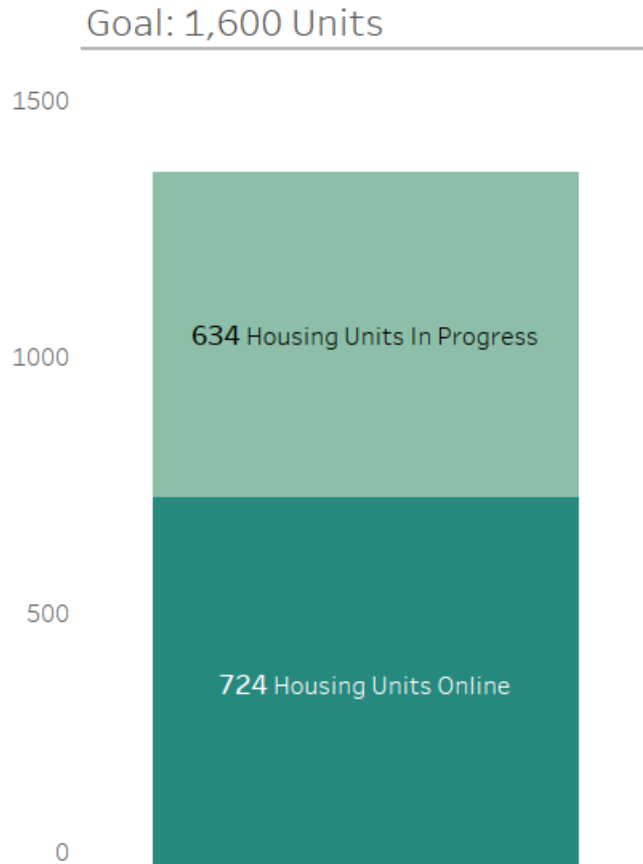
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minimum square footage requirements for permanent dwelling units, as part of the building’s planned conversion to PSH,⁶⁴ and

- One housing unit taken offline from HTH Capitol Hill after FMD issued a correction to the design. The Capitol Hill site will include 34 units.

Figure 2: Cumulative Number of HTH Housing Units, 2023⁶⁵



Source: Seattle-King County Homeless Management Information System (HMIS) Data as of 3/1/2024.

⁶⁴ Washington Administrative Code (WAC) 51-50-1208 dictates the interior space dimensions and characteristics of a permanent residence, referred to therein as a “dwelling unit.”

⁶⁵ 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.

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New Operations-Only Units

HTH contracted with Chief Seattle Club, a Native-led housing and human services agency, to secure an additional 32 units of Sacred Medicine House as HTH operations-only units. Combined with the 88 units for which HTH agreed in 2022 to fund services, all 120 units at Sacred Medicine House are now HTH-funded. HTH also confirmed funding for 95 operations-only units at DESC's Bloomsdale, a PSH development expected to open in Burien in 2024.

Number of People Housed in Health Through Housing Sites

In 2023, HTH permanently or temporarily housed 911 people, a net increase of 108 residents in 2023 compared to 2022.⁶⁶ This increase is due mainly to the additional HTH sites that opened to residents in 2023.⁶⁷

As of December 31, 2023, HTH operated five sites as PSH and three as EH. 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 permanent housing. 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 permanent supportive housing, which allows EH sites to open faster than PSH sites. In alignment with the HTH Implementation Plan, HTH generally opens newly acquired sites as EH in order to immediately provide shelter to chronically homeless King County residents. HTH is on track to convert at least 50 percent of HTH sites that enter the portfolio as EH to PSH by December 31, 2028, as required by the Plan.

As of December 31, 2023, HTH's PSH sites had housed 396 residents and HTH's EH sites had housed 519 individuals, as shown in Figure 3. This represents a net increase of 97 PSH residents in 2023 as compared to 2022, due to completion of building rehabilitation and opening of additional housing units at properties including Salmonberry Lofts in Honor of Peter Joe and Burbridge Place respectively.

The number of residents housed in HTH EH sites decreased slightly, by a net of 16 residents from 2022's total of 535 residents. The slight decrease in residents at HTH EH sites may be a result of HTH's improvements to the comprehensive support services offered in EH, allowing these individuals to transition more quickly into more permanent housing solutions within the HTH system or elsewhere. HTH staff will continue to monitor these trends.⁶⁸

⁶⁶ 241 residents who were served in 2022 left the program before 2023. In 2023, HTH served 349 new residents. This results in a net increase of 108 new residents served in 2023.

⁶⁷ Over time, the number of new HTH residents per year is expected to fluctuate based on how many HTH sites have opened to residents during the year. In years when more new sites open, the net increase is expected to be higher, while the net increase may be lower in years when HTH opens fewer new sites.

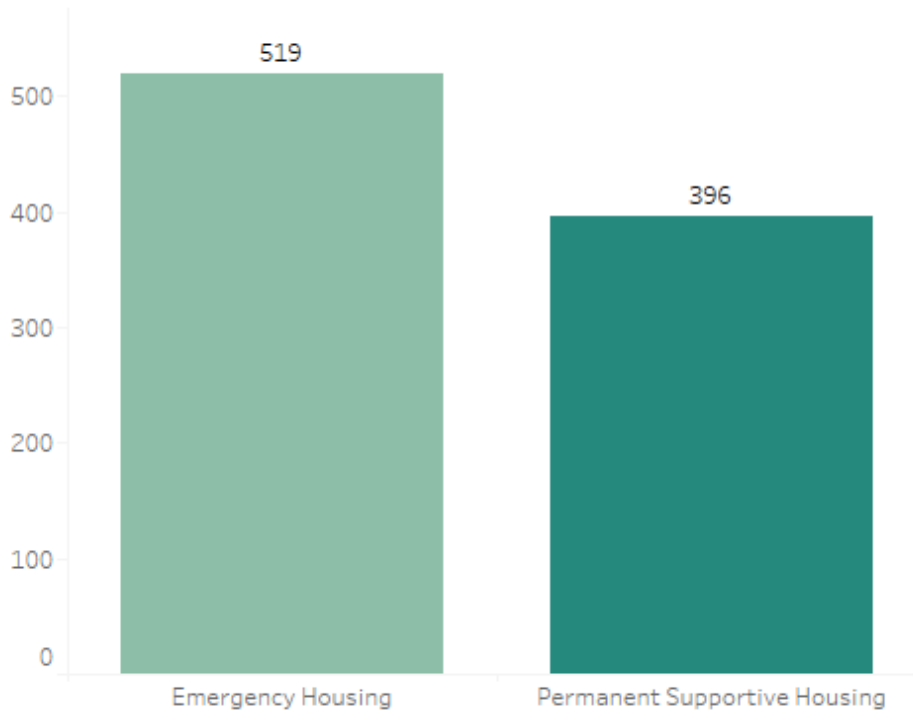
⁶⁸ The increase in the total count of unique residents from 2022 to 2023 reflects a combination of residents moving between different housing types, moving out of HTH altogether, and new residents entering HTH. This accounts for the reported counts in EH and PSH being higher than the net increase of 108 unique residents.

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Figure 3: People Housed in HTH Emergency Housing or Permanent Supportive Housing, 2023



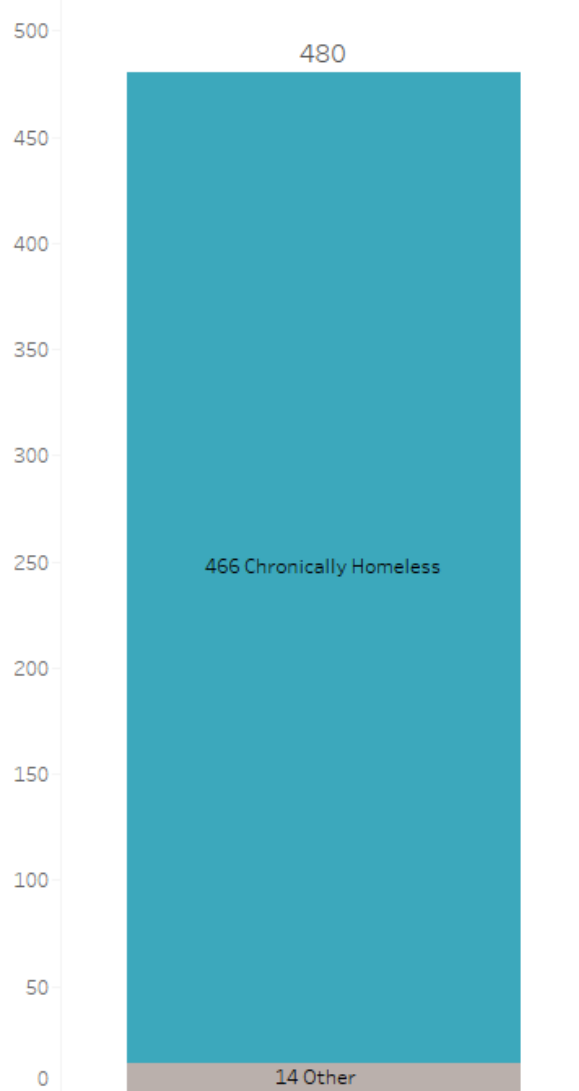
Source: Seattle-King County Homeless Management Information System (HMIS) Data as of 3/1/2024.

Number of People Moved from Chronic Homelessness to Permanent Housing

As shown in Figure 4, throughout 2023, 480 individuals were permanently housed in HTH permanent supportive housing units or moved on to permanent housing elsewhere with the help of HTH resources. Of those 480 individuals, 466 were chronically homeless.⁶⁹

⁶⁹ 11 residents were at risk of chronic homelessness prior to HTH’s intervention, as defined by King County Code (KCC) 4A.503. King County opened and operated a number of non-congregate shelters in response to the COVID-19 pandemic. Once those shelters closed, their residents were relocated to HTH Emergency Housing buildings. Because shelter eligibility criteria differs from HTH eligibility criteria, some current HTH residents do not meet the chronically homeless or at risk of chronic homelessness definitions. Of the remaining three individuals, one resident was relocated from King County’s non-congregate shelter programs upon their closure in 2022 and two residents have missing data. HTH staff are currently partnering with service providers to complete data entry for the two individuals.

Figure 4: Number of People Moved from Chronic Homelessness to Permanent Housing, 2023



Source: Seattle-King County Homeless Management Information System (HMIS) Data as of 3/1/2024.

Notes: "Other" includes 11 individuals who meet the HTH At Risk of Chronic Homelessness definition. It also includes two individuals whose status is "unknown" due to missing data. HTH staff are currently partnering with service providers to complete data entry for these residents. One individual's status as "other" is related to the relocation of some shelter residents to HTH Emergency Housing buildings upon the closure of non-congregate shelters that had opened as part of King County's COVID-19 response.

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

HTH's PSH sites continued to perform stronger than EH in helping people maintain their housing or moving to stable housing elsewhere. In 2023, 91 percent of HTH residents in PSH buildings maintained their housing or moved to another permanent housing destination, compared to 57 percent of HTH EH residents.

Permanent Supportive Housing

Across HTH's PSH buildings, residents maintained their housing at similar rates in 2023, as shown in Figure 5. In its first year of operation, Salmonberry Lofts in Honor of Peter Joe had the highest rate of housing stability in 2023 with 97 percent of their residents maintaining housing, followed by Bertha Pitts Campbell Place (91 percent), Sidney Wilson House (90 percent), and The North Star (88 percent).

For PSH sites that operated in both 2022 and 2023, the rate of residents who maintained their housing decreased slightly in 2023 from 2022, at rates ranging from six to eight percent.⁷⁰ HTH PSH's 91 percent overall rate of maintaining HTH housing or moving on to other permanent destinations in 2023 is on par with regional PSH housing stability averages.⁷¹ Because slight reductions in housing retention are apparent at every PSH site that operated through the 2022 and 2023 calendar years, it is possible that this reflects an overall shift toward a normal distribution of housing retention within HTH PSH as seen over a longer period of time. By contrast, the slightly higher percentages shown in the 2022 report were based on data collected over a more limited time frame.

Emergency Housing

In 2023, HTH's three EH sites continued to serve as a critical bridge for individuals in transition from homelessness, with 57 percent of EH residents maintaining their housing. As shown in Figure 5, in its first year of operation, Don's Place had the highest rate of housing stability in 2023 among EH sites, with 69 percent of residents maintaining HTH or exiting to permanent housing.

The rate of residents who maintained their housing or exited to permanent housing in The Gateway in Honor of Tenaya Wright decreased from 73 percent in 2022 to 59 percent in 2023. Over the same time period, the rate of residents who maintained their housing or exited to permanent housing increased from 38 percent to 49 percent in the Mary Pilgrim Inn. DESC operates both of these EH sites. Though year-to-year fluctuation on this metric is not unusual for EH sites broadly, DCHS continues to work with DESC to assess these trends and to explore adaptations to support residents effectively.⁷²

⁷⁰ These data may also reflect a slight undercount of HTH residents' ability to retain permanent housing as two percent of residents were reported to have an exit status of "unknown" and one percent of residents were reported as "data not collected." Longer term monitoring and thorough program evaluation are necessary to fully understand this trend and identify potential root causes.

⁷¹ King County Regional Homelessness Authority (KCRHA) System Performance Dashboard, Homeless Management Information System (HMIS) data as of 9/1/2023. [\[LINK\]](#)

⁷² Source: Seattle-King County Homeless Management Information System (HMIS) Data as of 3/1/2024.

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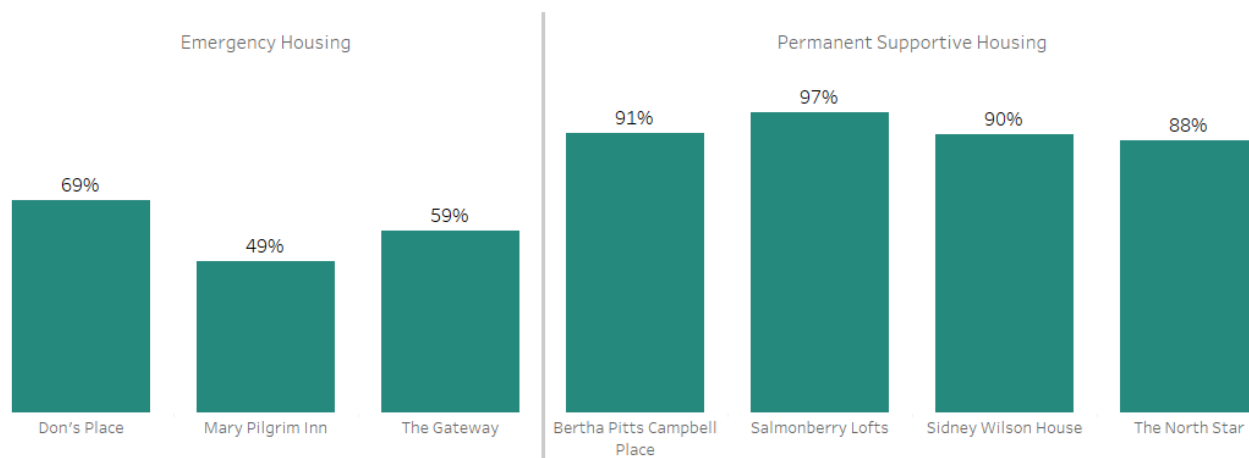
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The Bob G. was closed in June 2023 due to major renovations, so this site was not included in the overall calculation of the rate of EH residents who maintained their housing or exited into permanent housing. When The Bob G. closed, HTH facilitated the movement of residents into supportive housing elsewhere, with 15 percent of Bob G. residents moving on to permanent housing by the end of 2023.

HTH has not yet determined the factors that drive lower rates of residents maintaining housing or moving on to other permanent housing in HTH’s EH sites compared to the initiative’s PSH sites. Among HTH EH service providers, about one third of residents who exited the HTH EH site in 2023 moved to shelters and other homeless situations. For another third, HTH does not have data on where the resident went after exiting the site.⁷³

Figure 5: Percent of Residents who Maintained HTH Housing or Exited to Permanent Housing Elsewhere, 2023



Source: Seattle-King County Homeless Management Information System (HMIS) Data as of 3/1/2024.

Average Length of Stay

Overall, HTH residents sustained stable, long-term housing in 2023 as shown in Figure 6. Because the various HTH buildings that were operational in 2023 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 opened since 2021, the Bob G. averaged the longest length of stay up until its closure in June 2023 for major renovations (684 days). Sidney Wilson House in Renton averaged the second longest length of stay, with residents staying in the building for an average of 621 days, followed

⁷³ Source: Seattle-King County Homeless Management Information System (HMIS) Data as of 3/1/2024. The absence of data for some residents may reflect the resident opting not to report, data not being collected at exit, or the resident being deceased, among other reasons.

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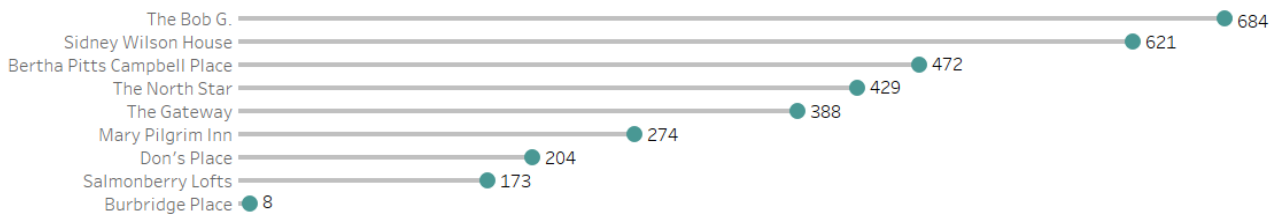
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by Bertha Pitts Campbell Place (472 days), The North Star (429 days), The Gateway in Honor of Tenaya Wright (388 days), Mary Pilgrim Inn (274 days), and Don’s Place (204 days).

Salmonberry Lofts in Honor of Peter Joe and Burbridge Place had the shortest stays among PSH sites (173 days and eight days, respectively) in 2023. However, these short length of stay averages reflect the fact that each of these sites fully opened in late 2023.⁷⁴ With the majority of HTH EH sites averaging one to two years of continuous residence, these figures reinforce the importance of EH providing 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.⁷⁵

Figure 6: Average Length of Stay for HTH Sites, 2023



Source: Seattle-King County Homeless Management Information System (HMIS) Data as of 3/1/2024.

HTH Residents’ Health Challenges

People experiencing homelessness die on average 12 years sooner than the general U.S. population.⁷⁶ Research shows that homelessness both causes and exacerbates illness and chronic mental and physical health conditions in people experiencing homelessness.⁷⁷ 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.⁷⁸ Because homelessness is linked to physical and mental health conditions, HTH services are designed to support residents with a wide range of health challenges.

In 2023, HTH residents reported the following health challenges at move-in: mental health disorder (69 percent), substance use disorder (57 percent), physical disability (41 percent), chronic health condition

⁷⁴ 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 opened for full lease up on site in December of 2023.

⁷⁵ Colburn, G., Fyall, R., McHugh, C., Moraras, P., Ewing, V., Thompson, S., Dean, T., & Argodale, S. (2022). Hotels as Noncongregate Emergency Shelters: An Analysis of Investments in Hotels as Emergency Shelter in King County, Washington During the COVID-19 Pandemic. *Hous Policy Debate*. 2022; 32(6): 853–875. [\[LINK\]](#)

⁷⁶ Homelessness and Health: What’s the Connection? National Health Care for the Homeless Council. [\[LINK\]](#)

⁷⁷ National Health Care for The Homeless Council. (2019, February). *Homelessness & Health: What’s the Connection?* [\[LINK\]](#)

⁷⁸ Homelessness and Health: What’s the Connection? National Health Care for the Homeless Council. [\[LINK\]](#)

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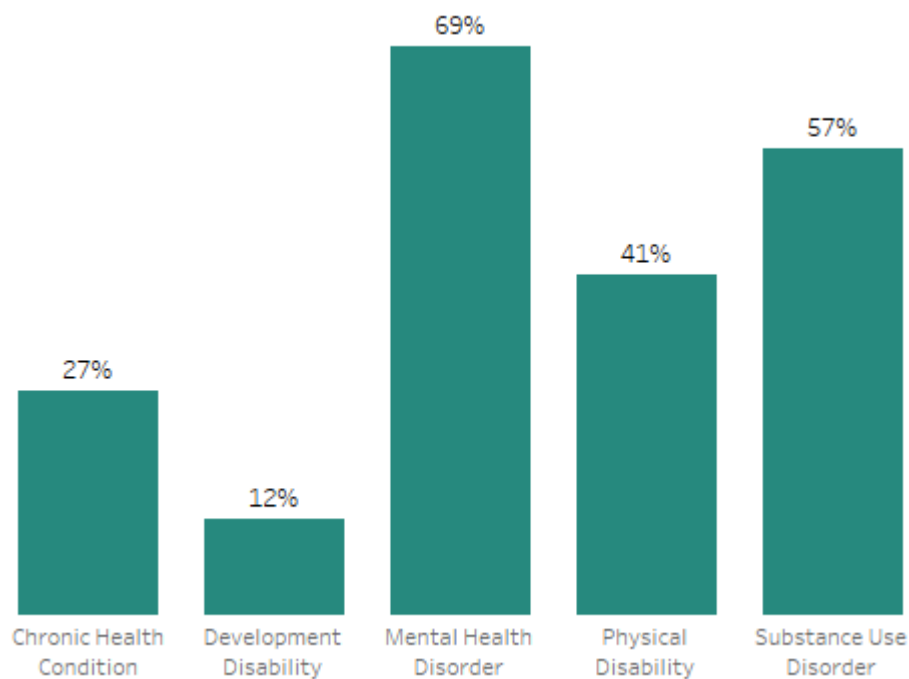
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(27 percent), and developmental disability (12 percent), as shown in Figure 7 of residents (64 percent) reported multiple health conditions.

Compared to 2022, in 2023 seven percent more residents reported at move-in that they had a developmental disability. Six percent more reported a mental health disorder, and four percent more reported a substance use disorder. On the other hand, in 2023 fewer residents reported at move-in having a physical disability (eight percent less) and a chronic health condition (five percent less) compared to 2022. These changes may reflect normal year-to-year fluctuations in data based on which residents moved into HTH sites during 2023. HTH intends to track these trends to monitor long-term shifts and use this data to develop targeted support for residents' evolving needs.

Figure 7: Percent of HTH Residents Reporting Health Conditions at Move-in, 2023



Source: Seattle-King County Homeless Management Information System (HMIS) Data as of 3/1/2024.

Health and Wellbeing Supports

In 2023, HTH widened the range of whole-person health supports available to residents by:

- expanding access to the Mobile Response Team (MRT) from three HTH sites in 2022 to six HTH sites in 2023, serving residents via 24/7 mobile behavioral health crisis response, case management, and certified peer support.

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- coordinating streamlined access to health insurance enrollment through partner health providers and on-site case management services.
- establishing subregional and culturally specific partnerships for resident medical care including:
 - HealthPoint at Sidney Wilson House in Renton and Don’s Place in Auburn;
 - Harborview Medical Center’s Adult Medicine Clinic and internal staff nurses at Mary Pilgrim Inn and The Gateway in Honor of Tenaya Wright in North Seattle;
 - Seattle Indian Health Board at Salmonberry Lofts in Honor of Peter Joe; and
 - Healthcare for the Homeless Network services across multiple HTH sites.

In addition to physical and behavioral health care, HTH continued to refine programs and partnerships that increase residents’ health and wellbeing by addressing the determinants of health such as:

- ensuring residents can access community resources and transportation services offered by King County Metro Transit;
- increasing residents’ food security by providing nutritional and culturally sensitive food box programs through a partnership with the Emergency Feeding Program for Mary Pilgrim Inn, Don’s Place in Auburn, and The Gateway in Honor of Tenaya Wright, and
- encouraging holistic health and lifelong learning through employment support services and personal enrichment programs that provide computer training, digital literacy, and wellness activities.

Enhanced Mobile Behavioral Health Service Delivery

Adhering to the HTH Implementation Plan and leveraging American Rescue Plan Act (ARPA) funding, HTH expanded the Mobile Response Team (MRT) managed by DESC to address behavioral health needs of residents and expand to new HTH sites. The MRT ramped up throughout 2023 from its initial service at Bertha Pitts Campbell Place, Mary Pilgrim Inn, and Sidney Wilson House to add four additional sites: The Bob G., Don’s Place, The Gateway in Honor of Tenaya Wright, and The North Star. At the close of 2023 the MRT was preparing to add service delivery to two more HTH sites: Salmonberry Lofts in Honor of Peter Joe and Burbridge Place. The MRT model is a multidisciplinary team intended for 24/7 coverage, though workforce conditions did not allow the team to operate overnight in 2023.⁷⁹ The MRT delivered individual and group peer support services, crisis response and de-escalation, case management, and navigation to behavioral health services to meet individuals’ needs.

A critical service for residents requiring low barrier and immediate behavioral health support, the MRT program is expected to be accessible to all locations and service providers within the HTH network by the end of 2024. As the program reaches full operation and begins to be funded by local HTH revenue, HTH will collect demographic data on MRT services, including information on people served by geographic area.

⁷⁹ DESC is currently evaluating its MRT staffing model to address recruitment needs for the night shift.

HTH residents also 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.

On-site Medical Care at HTH Sites in 2023

The configuration of health services offered at HTH sites varies and is designed to 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: Catholic Community Services’ in-house Counseling, Recovery and Wellness Program (CReW) offers mental health and SUD counseling on site at Sidney Wilson House, including expansion in 2023 to include onsite access to a psychiatric prescriber. In addition, Sidney Wilson House has a nurse from HealthPoint on site on a weekly basis. After expanding its nursing coverage in 2023, onsite nursing care was expanded from 2 hours twice a month to one full day each week. 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 such as hospitals, inpatient clinics, or specialized care, and connecting residents to other health supportive services that are tailored to the individual’s needs. The Health Care for the Homeless Mobile Medical Van is also on site at Sidney Wilson House twice a month and provides doctor and nurse visits for acute and chronic conditions; testing for sexually transmitted diseases, HIV, and Hepatitis C; family planning services; access to behavioral health specialists; overdose prevention kits; and emergency dental care. The on-site mobile medical team can also offer referral to outpatient care, mental health counseling, harm reduction services, health insurance enrollment, and referrals to shelter food, benefits, legal and domestic violence programs.
- Don’s Place: In 2023, HealthPoint established both nursing and physician care at Don’s Place in Auburn. 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. Construction work to add a purpose-built medical exam room began in 2023 and is anticipated to be completed in 2024. As Don’s Place moves to full occupancy in 2024, onsite medical services are expected to increase proportionally. Finally, in 2023, We Care Daily Clinics, a mobile opioid treatment provider based in Auburn, began offering daily services to Don’s Place residents who are already on or interested in beginning medication for opioid use disorder (MOUD) treatment regimens.
- 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 onsite partnership with Harborview Medical Center’s Adult Medicine Clinic. In 2023, Harborview continued medical

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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. Residents can access care from physicians, nurses, and nurse practitioners. This partnership supports chronic disease management, particularly diabetes management, and supports monitoring of medically fragile residents.

- Salmonberry Lofts: Seattle Indian Health Board and Chief Seattle Club began offering onsite nursing services at Salmonberry Lofts in the fall of 2023. Nurse care includes medication management, wound care, wellness checkups, consultation and referral for illness and physical injury. Salmonberry Lofts residents also benefit from Chief Seattle Club's in house traditional wellness team which works individually and in group settings to engage in trauma-informed healing and wellness modalities that are centered in ancestral Indigenous knowledge.
- Burbridge Place: Residents at Burbridge Place in Seattle receive on-site medication management services and a medication pick-up service for individuals already engaged in care with clinicians elsewhere. Burbridge Place also has a team of clinical support specialists who provide residents with behavioral health services, aid them in accessing community-based health resources, and coordinate with other members of that resident's care team. Burbridge residents who are connected to SAGE (Support Advocacy Growth and Employment), DESC's comprehensive outpatient mental health program, and HOST (Homeless Outreach Stabilization and Transition), a multi-disciplinary team of health, substance use disorder, and medical professionals, receive coordinated case management meetings at their place of residence.

In addition to these 2023 developments, DCHS is supporting HTH operators as they pursue opportunities to bring co-located health services to The North Star and Bertha Pitts Campbell Place. This exploration continues into 2024.

Other Supportive Health-Related Programming at HTH Sites in 2023

Mobility Supports: King County Metro has partnered with HTH to provide a suite of mobility and transportation programs to improve residents access to essential services and personal needs. Based on feedback from operators and residents, Metro has modified several existing programs to address needs and worked to implement these services at all open HTH buildings. Services available across the HTH initiative in 2023 included:

- distributing fully subsidized, unlimited regional transit passes via the ORCA Passport program;
- providing access to Community Transportation Navigators with lived experience of homelessness, some of whom are HTH residents, and
- Provided a wheelchair accessible van to each HTH site.

Culturally Responsive Food: DCHS began a partnership with the Emergency Feeding Program to provide healthy and culturally responsive food distribution services to individuals, primarily focusing on residents at EH sites due to the lack of kitchenettes at EH properties. This initiative-wide service supplements the meal provision that each EH operator provides its residents five days a week. Ongoing

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food box distribution began in 2023 at the Gateway in Honor of Tenaya Wright, Mary Pilgrim Inn, and Salmonberry Lofts. Food box distribution services are also available by request at HTH PSH sites. The food boxes include dry and canned goods, fresh produce, and meats and are scheduled for delivery during high impact time frames. Close coordination with staff at each site addresses dietary restrictions, culturally specific food preferences, and delivery timing to meet residents' needs.

Employment Resource Program: In 2023, DCHS' Employment Resource Program (ERP) offered weekly drop-in services on-site and virtually to support residents to:

- participate in professional development programs;
- enroll in job training and educational opportunities, including trade school and GED programs;
- find internships and opportunities for continued education, and
- volunteer their services to community-based organizations.

In 2023, the ERP continued to provide the above services via collaborations with community-based organizations such as Goodwill, Path with Art, Northwest Access Fund, Pioneer Human Services, Solid Ground; employers and employment program partners such as Uplift Northwest, Weld Works, Port Jobs, PCC Community Markets; and local institutions of higher learning. Employment resource specialists offer alternating virtual and onsite drop-in hours for residents on a weekly basis.

Metrics for Physical and Behavioral Health Care Access

In 2023, a sizeable portion of HTH residents accessed King County supported health care services:

- 39 percent of residents received physical health care from Health Care for the Homeless Network (HCHN) and Public Health – Seattle & King County facilities.⁸⁰
- 51 percent of residents accessed behavioral health care services through HCHN and King County BHRD's network of community behavioral health agencies.^{81 82}

This reflects greater access of health care in 2023, compared to 2022. At least eight percent more residents accessed physical health care services, and 19 percent more residents accessed behavioral health care services, compared to baseline metrics from 2022. HTH operator staff report that the increased housing stability HTH provides to residents contributed 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 service providers, such as case managers. This ongoing interaction and supportive environment likely encouraged more residents to utilize health care services.

⁸⁰ Health Through Housing Dashboard, *Health Supports* tab. [\[LINK\]](#)

⁸¹ Health Through Housing Dashboard, *Health Supports* tab. [\[LINK\]](#)

⁸² 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 database. This year, the methodology has been updated to include authorizations that began before a resident's stay and continued into it. Additionally, new programs introduced in 2023 have been incorporated into the authorization checklist.

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The data only reflect the health care data available to the HTH initiative and do not include health care that HTH residents access from Medicare, the U.S. Department of Veterans Affairs, charity care, private insurance, or out-of-pocket payment. 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.

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.⁸³ Accordingly, HTH’s primary supporting goal is to annually reduce the racial-ethnic disproportionality among persons experiencing chronic homelessness.⁸⁴

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 8.⁸⁵

Figure 8 also shows HTH’s progress on proportionally serving American Indian, Alaska Native, or Indigenous communities with the percentage of residents from these communities increasing from three percent in 2022 to 10 percent in 2023. The percentage of Black, African American, or African residents decreased slightly from 27 percent in 2022 to 25 percent in 2023.^{86,87,88} Asian or Asian Americans are represented at the same rate (three percent).^{89,90,91,92}

⁸³ King County Ordinance 19179. [\[LINK\]](#)

⁸⁴ *Initial Health Through Housing Implementation Plan*. [\[LINK\]](#)

⁸⁵ King County HMIS Data as of 3/1/2024. US Census Bureau American Community Survey 5-Year Estimates, 2017-2021. 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. [\[LINK\]](#)

⁸⁶ Seattle-King County HMIS Data as of 3/1/2024.

⁸⁷ US Census Bureau American Community Survey 5-Year Estimates, 2018-2022.

⁸⁸ *2022 Health Through Housing Annual Report*. [\[LINK\]](#)

⁸⁹ Seattle-King County HMIS Data as of 3/1/2024.

⁹⁰ US Census Bureau American Community Survey 5-Year Estimates, 2018-2022.

⁹¹ *2022 Health Through Housing Annual Report*. [\[LINK\]](#)

⁹² The proportion of individuals identifying as Multiracial among people experiencing chronic homelessness increased over the same time period from seven percent to 16 percent. The increase in the multiracial category is a result of HUD’s October 2023 update to the HMIS data standards, which merged race and Hispanic ethnicity fields, shifting individuals identifying as both Hispanic/Latina/e/o and another race into the Multiple Races category rather than solely the Hispanic/Latina/e/o category, thus leading to a decline in the latter category. From 2022 to 2023, the percentage of households that identify as Native Hawaiian or Pacific Islander and White decreased from two percent to one percent and 45 percent to 42 percent.

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In 2023, HTH's racial equity strategies focused on reducing the racial and ethnic disparities in homelessness through strategic partnerships and intentional community engagement. HTH partnered with organizations that focus on serving these communities, like Chief Seattle Club, the Urban League, and Lavender Rights Project, to address the racial disparities in homelessness in King County. By collaborating with organizations like these, HTH ensures culturally appropriate services are accessible to historically marginalized communities. This is a key strategy to secure housing stability for disproportionately impacted communities of color. These partnerships facilitate targeted outreach and engagement, enhancing the initiative's capacity to serve the specific needs of diverse populations and making meaningful progress toward equity in housing access.

Figure 8: Race/Ethnicity of HTH residents Compared to Chronically Homeless Population and Overall Population in King County, 2023

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	10%	6%	<1%
Asian or Asian American	3%	2%	19%
Black, African American, or African	25%	25%	6%
Hispanic/Latin(a)(o)(x)	4%	3%	7%
Multiracial	11%	16%	9%
Native Hawaiian or Pacific Islander	1%	2%	1%
Unknown/Unreported	5%	1%	N/A
White	42%	45%	56%

Sources: Seattle-King County HMIS Data as of 3/1/2024. US Census Bureau American Community Survey 5-Year Estimates, 2018-2022.

Expanding Partnerships and Provider Supports

In 2023, HTH executed three competitive procurement processes to select service providers capable of providing comprehensive property management and on-site support services for new HTH sites in Seattle’s Capitol Hill neighborhood, Kirkland, and Redmond. The initiative also offered new training opportunities to existing HTH housing operators and implemented new strategies to provide additional operational flexibility for HTH service providers.

Strengthening Existing Partnerships

HTH strengthened its existing partnerships with the Downtown Emergency Service Center (DESC) and Chief Seattle Club to enhance service provision and operational efficiency. DESC commenced operations for Burbridge Place in November 2023, its fourth HTH-funded building. Chief Seattle Club undertook

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new responsibilities, including comprehensive property management and on-site support services at Salmonberry Lofts in Honor of Peter Joe, opening it in January 2023. Chief Seattle Club also contracted with HTH to fund operations for all 120 units at Sacred Medicine House. These strengthened provider partnerships are integral to ensuring that residents receive consistent, quality care and support.

Developing New Partnerships

In 2023, HTH began identifying service providers for buildings in Seattle's Capitol Hill neighborhood, Kirkland, and Redmond via competitive procurement of applicants and selected from the initiative's pre-qualified pool.⁹³ In May 2023, HTH announced its partnership with Lavender Rights Project and Chief Seattle Club to jointly open and operate the Capitol Hill site, marking a pivotal step toward providing permanent supportive housing specifically for the Queer, Transgender, Two-spirit, Black, Indigenous, and People of Color (QT2BIPOC) community. Recognizing this population's disproportionate engagement with the criminal legal system, HTH fosters the community's resilience by providing community-based services and supports that address systemic inequities and promote well-being.⁹⁴ Chief Seattle Club will handle the site's property management, and Lavender Rights Project will deliver on-site programming and support services.

In September 2023, in partnership with the City of Redmond, HTH announced The Salvation Army as the selected provider for comprehensive property management and support services at the Redmond HTH site. A procurement for an operator for the Kirkland HTH site opened to applicants in December 2023 and continued into 2024.

Training and Capacity Building for HTH Providers

In 2023, HTH supported service providers and their staff in training and development as well as creating a capacity building plan to be implemented in 2024.

- HTH contracted with consultants to provide a local training series on resident behavioral management techniques to selected HTH providers. This three-part workshop series discussed strategies to manage safety and challenging behaviors within housing sites, such as de-escalation techniques, trauma-informed care approaches, and proactive resident engagement strategies. This series enhanced the operational capabilities of HTH service providers, fostering a consistent environment of safety and support across HTH facilities, as well as connecting themes of equity and social justice to their understanding of and response to resident behaviors.
- With HTH support, staff of multiple HTH operator organizations attended the national Supportive Housing Summit, convened by the Corporation for Supportive Housing. Operators learned about supportive housing best practices, advancing racial equity and housing justice,

⁹³ The HTH prequalified provider pool consists of pre-approved agencies and service providers that meet HTH requirements to operate an initiative site in specific subregions throughout the County. A list of pre-qualified applicants can be found in the Initial Health Through Housing Implementation Plan. [\[LINK\]](#)

⁹⁴ Unequal Treatment: Confronting Racial and Ethnic Disparities in the Criminal Justice System." The Sentencing Project, 2020. [\[LINK\]](#)

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partnering across systems, and other emerging topics for housing operators nationally. Participating HTH operators included the Urban League and Chief Seattle Club, so this summit built organizational capacity among HTH’s culturally focused partners.

- Additionally, HTH developed a contract with the Corporation for Supportive Housing to provide a longer series of trainings, provide individualized technical assistance to operators, and coordinate a community of practice for peer-to-peer learning between organizations. A particular asset from the community of practice is the diversity of culturally specific and supportive housing expertise that providers will share to elevate the quality of services across HTH sites. This provider support planned in 2023 will be implemented throughout 2024.

Temporary Staffing Assistance to Support Initial Operations

To support the successful operation and services at Don’s Place in Auburn, HTH contracted with Urban League of Metropolitan Seattle, to enhance service delivery and operational stability at this new HTH site through temporary program staffing. From December 2022 to April 2023, the Urban League supported Compass Housing Alliance during initial operations while Compass Housing Alliance built its staffing capabilities.

Responding to Emerging Challenges with Operational Flexibility and Support

In 2023, HTH providers faced challenges with high rates of inflation and increased risks to residents from the proliferation of fentanyl, both of which the human services sector is encountering broadly.^{95,96} Rising costs associated with inflation drove increased operational expenses, particularly for utility costs, property maintenance, and employee wages. To mitigate impacts 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.

In 2023, HTH sites also continue to have staff trained to administer opioid antagonists, such as Naloxone, which can reverse an overdose from opioids. HTH also plans to launch further collaboration to promote health-centered policies, assessment, and training regarding overdose prevention and response in 2024.

B. Site Locations and Other Geographic Information

HTH includes a total of 16 sites as of the end of 2023, including 11 acquired buildings and five operations-only buildings, in six cities and in seven of the nine County Council districts, as shown in Figure 9. A detailed description of each site within the HTH portfolio can be found in *Appendix B: HTH*

⁹⁵ Wage Equity Study Team. (2023, February) *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. [\[LINK\]](#)

⁹⁶ King County Department of Community and Human Services. (2024, March 6). *New Actions to Stop the Surge of Fentanyl Overdoses and Expand Behavioral Health Treatment in King County*. [\[LINK\]](#)

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*Investments (Acquisitions and Operations-only Partnerships), Cumulative to Year End 2023 and the Location Map tab of the HTH dashboard.*⁹⁷

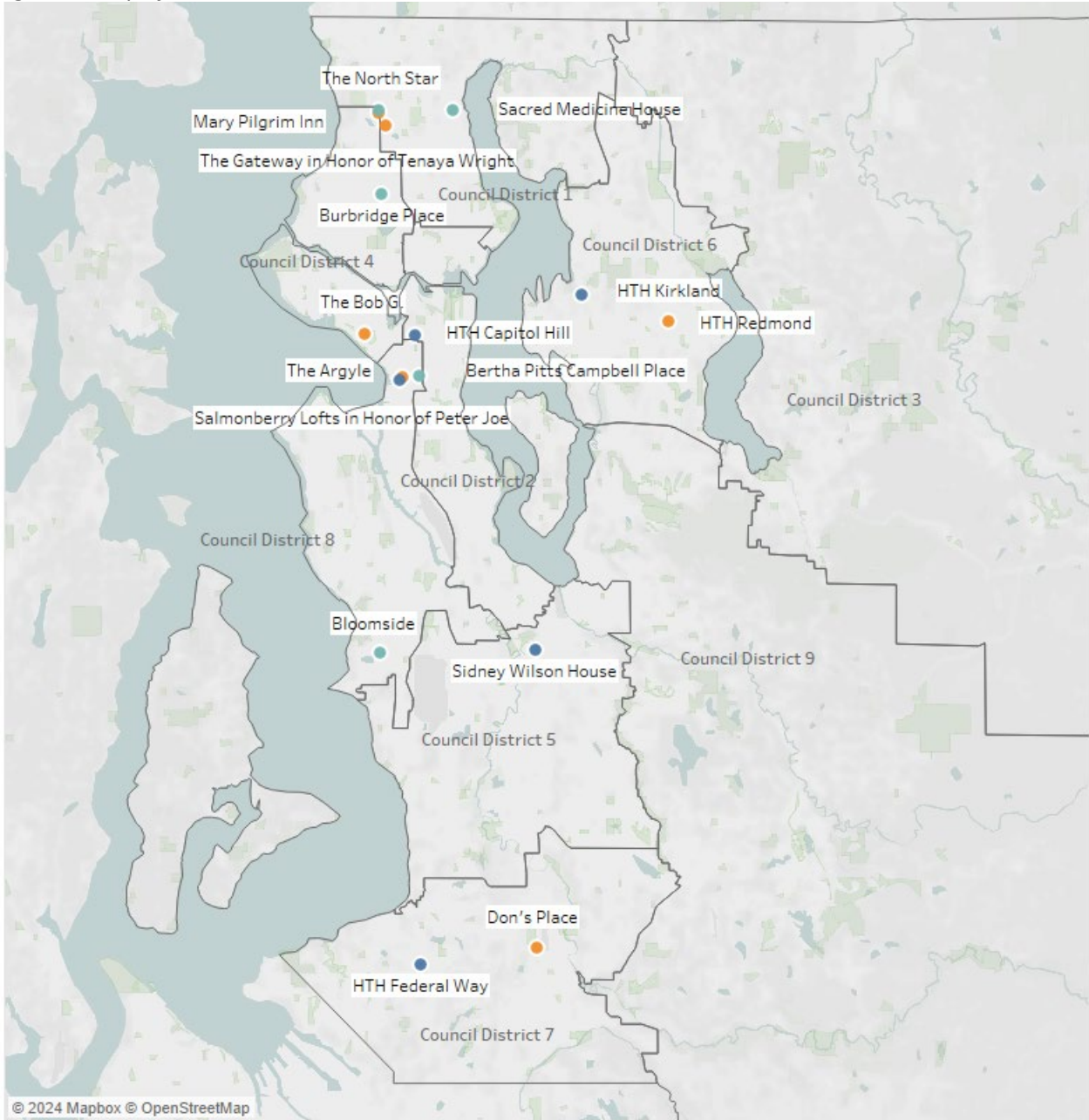
⁹⁷ HTH Dashboard, Location Map tab. [\[LINK\]](#)

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Figure 9: Map of HTH Site Locations, 2023



Housing Type

- Permanent Supportive Housing - Owned by HTH
- Permanent Supportive Housing - Operations Only
- Emergency Housing - Owned by HTH

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Additional Information on HTH Units Opened in 2023

As summarized in the Performance Overview subsection of this report, the HTH initiative opened 138 additional units in 2023. Figure 10 provides details on the two buildings where these units opened, including address, cost of acquisition, initial housing type, number of units, and acreage, 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 10: HTH Units Opened, 2023

1 Salmonberry Lofts in Honor of Peter Joe in honor of Peter Joe, 224 S Washington St, Seattle, WA 98104
Property Details
Service Provider: Chief Seattle Club Initial Housing Type: Permanent Supportive Housing Total Units: 76
Building Photos


2 | Burbridge Place, 8610 Aurora Ave N, Seattle, WA 98103

Property Details

Service Provider: DESC
Initial Housing Type: Permanent Supportive Housing
Total Units: 62

Building Photos



Additional Information on Operations-Only Units Added to the HTH Portfolio in 2023


As summarized in the Performance Overview subsection of this report, the HTH initiative added 127 units to its portfolio in 2023 by contracting for an additional 32 operations-only units at Sacred Medicine House and confirming funding for 95 units at Bloomsdale, a new DESC-operated PSH building in Burien slated to open in spring 2024.^{98,99} Operations-only units are new units in non-County owned buildings for which HTH provides all ongoing services and operations costs.

Figure 11 provides details on Sacred Medicine House and Bloomsdale including address, initial housing type, number of units, as well as photos of the property.

⁹⁸ This is in addition to the 88 units at Sacred Medicine House that DCHS obtained in 2022, for a grand total of 120 operations-only units at Sacred Medicine House

⁹⁹ While this section provides information about newly added units and buildings, the overall net unit increase for 2023, which also accounts for units taken offline at several buildings as detailed in subsection IV.A, is 55 units.

Figure 11: HTH Units Secured, 2023

1 Sacred Medicine House, 14315 Lake City Way N.E., Seattle WA 98125
Property Details
Service Provider: Chief Seattle Club Initial Housing Type: Permanent Supportive Housing Additional Units Secured in 2023: 32 Total HTH Units Obtained: 120
Building Photos


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

Property Details

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

Building Photos



Individuals Served with Local Community Ties

In 2023, HTH continued 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 HTH Implementation Plan.^{100,101} In 2023, 85 percent of residents reported existing ties to the communities where their HTH site is located, as shown in Figure 12.

The rate of residents reporting a prior local connection to the HTH site jurisdiction increased by 37 percent since 2022. HTH successfully collected more data about local ties during 2023, with the rate of unknown local connections decreasing from 44 percent in 2022 to 9 percent in 2023. 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

¹⁰⁰ The Initial Health Through Housing Implementation Plan 2022-2028 [\[LINK\]](#)

¹⁰¹ RCW 82.14.530(3)(b) requires counties to provide an opportunity for 15 percent 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.

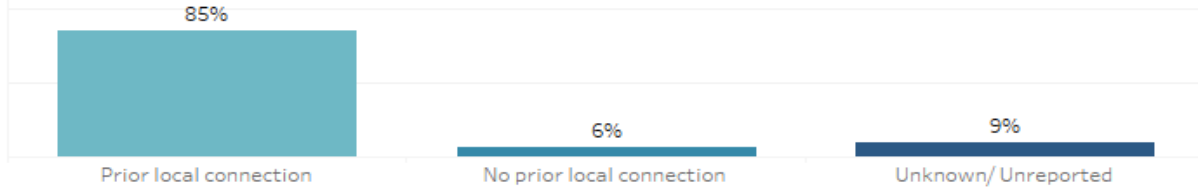
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increased the likelihood of connecting with those who already have ties to the area. The rate of HTH residents reporting no prior local connection to the HTH site’s jurisdiction decreased from nine percent in 2022 to six percent in 2023.

Figure 12: HTH Residents with Local Connections to their Host Jurisdiction, 2023



Source: Seattle-King County Homeless Management Information System (HMIS) Data as of 3/1/2024.

C. Financial Information

The HTH initiative is funded by a 0.1 percent sales and use tax imposed by King County in 2020 through King County Ordinance 19179, codified as King County Code 4A.503.¹⁰² 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 2023 and provides information about the distribution of proceeds across HTH host jurisdictions.

Annual Revenue

As shown in Figure 13, Health Through Housing's total 2023 revenue totaled \$160.3 million, including \$70.3 million in tax revenue, \$85 million from bond proceeds, \$4.3 million in interest, and less than \$0.1 million from commercial rent. Tax revenue collections in 2023 were approximately \$2.4 million higher than in 2022.

Figure 13: Annual Revenue, 2023

Health Through Housing Revenue in 2023	
Tax Revenue	\$70,333,285
Bond Proceeds	\$85,595,000
Interest	\$4,281,853
Rent	\$70,502
Total 2023 Revenue	\$160,280,640

¹⁰² King County Code 4A.503. [\[LINK\]](#)

Actual Expenditures

Funding for HTH is distributed across the following strategies, each of which are described further in the HTH Implementation 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 2023, HTH spent \$62.0 million, which was approximately \$8.1 million less than the \$70.1 million spent in 2022, as depicted in Figure 14. This included \$17.6 million on capital expenditures and \$44.4 million on operating expenditures. This reduction in expenditure is primarily due to a strategic shift in 2023 from property acquisitions, which constituted a significant portion of the 2022 budget, to rehabilitating and operating buildings, bringing people inside, and delivering health care and other supports to HTH residents. Property acquisitions typically require larger one-time investments compared to operational expenses, which are generally lower but ongoing and crucial for long-term sustainability. This transition is aligned with HTH’s strategic planning to enhance service delivery and operational efficiency. Additionally, while 2023 bond proceeds were issued in December 2023 and therefore not spent within the same year, these funds are expected to be used for critical rehabilitation projects in 2024 and 2025.

Figure 14: Expenditures by HTH Strategy, 2023

Health Through Housing Expenditures in 2023	
Strategy 1 Capital Financing and Improvements for HTH Sites (<i>Rehabilitation</i>)	\$6,513,862
Strategy 2 Emergency and Permanent Supportive Housing Operations	\$18,496,505
<i>Facility Maintenance</i>	\$4,434,711
<i>Program Operations</i>	\$14,061,794
Strategy 3 Behavioral Health Services Outside HTH Sites	\$6,345,487
Strategy 4 Capacity Building Collaborative	\$280,555
Strategy 5 Evaluation and Performance Measurement	\$156,868
Strategy 6 Future Acquisition of Additional Properties (<i>Acquisitions after 2021</i>)	\$11,046,580
Initiative Administration	\$1,858,619
Bond Financing Cost (Debt Service)	\$17,306,770
Total 2023 Expenditures	\$62,005,247

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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 under RCW 82.14.530 under city control.^{103,104,105,106,107,108,109,110} 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.

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 continue to meet annually with staff from the City of Sammamish, consistent with the HTH Implementation Plan.¹¹¹

As shown in Figure 15, HTH spent approximately \$5.6 million in Auburn, \$2 million in Federal Way, \$2.7 million in Kirkland, \$2.8 million in Redmond, \$4.9 million in Renton, and \$35.3 million in Seattle. Higher spending occurred in cities where sites were acquired or jurisdictions established partnerships for operations-only sites, while spending was lower when sites in a jurisdiction were not yet operational during 2023. 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, shown in this table as “other expenditures,” cannot be readily allocated to specific jurisdictions.

Figure 15: Allocation of Expenditures by Jurisdiction, 2023

HTH Partner Jurisdiction	Expenditure Category	2023 Amount
Auburn	Acquisition	*\$0
	Building Rehabilitation	\$2,141,948
	Facility Maintenance	\$684,179
	Program Operations	\$1,806,954
	Bond Financing Cost	\$1,008,143

¹⁰³ City of Bellevue Resolution 9826. [\[LINK\]](#)

¹⁰⁴ City of Covington Ordinance 14-20. [\[LINK\]](#)

¹⁰⁵ City of Issaquah Ordinance 2922. [\[LINK\]](#)

¹⁰⁶ City of Kent City Code 3.16.035 Additional Sales or Use Tax for Housing. [\[LINK\]](#)

¹⁰⁷ City of Maple Valley Ordinance No. O-20-708. [\[LINK\]](#)

¹⁰⁸ City of North Bend Resolution 1955. [\[LINK\]](#)

¹⁰⁹ City of Renton Ordinance 5983. [\[LINK\]](#)

¹¹⁰ City of Issaquah Resolution 1557. [\[LINK\]](#)

¹¹¹ 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.

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HTH Partner Jurisdiction	Expenditure Category	2023 Amount
	Total	\$5,641,224
Federal Way	Acquisition	**(\$41,543)
	Building Rehabilitation	\$15,018
	Facility Maintenance	\$307,779
	Program Operations	\$41,697
	Bond Financing Cost	\$1,655,379
	Total	\$1,978,330
Kirkland	Acquisition	**(\$124,200)
	Building Rehabilitation	\$167,242
	Facility Maintenance	\$480,960
	Program Operations	\$111,612
	Bond Financing Cost	\$167,242
	Total	\$2,686,123
Redmond	Acquisition	*\$0
	Building Rehabilitation	\$346,898
	Facility Maintenance	\$363,111
	Program Operations	\$73,449
	Bond Financing Cost	\$2,022,163
	Total	\$2,805,621
Renton	Acquisition	**(\$54,869)
	Building Rehabilitation	\$475,822
	Facility Maintenance	\$682,371
	Program Operations	\$1,695,418
	Bond Financing Cost	\$2,137,748
	Total	\$4,936,497
Seattle	Acquisition	\$11,267,186
	Building Rehabilitation	\$3,366,935
	Facility Maintenance	\$1,916,311
	Program Operations	\$10,332,664
	Bond Financing Cost	\$8,432,828
	Total	\$35,315,923
Total Expenditures Allocated by Jurisdiction		\$53,363,718

* All acquisition activity in Auburn and Redmond took place in 2021 and is therefore not represented in this table.

** The negative acquisition amount for Federal Way, Renton, and Kirkland in 2023 reflect expenses that were initially misclassified as acquisitions in 2022 but were reclassified as controllable expenses in 2023.

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Average Per-Unit Costs by Site

The cost per-unit for each HTH site varies based on the circumstances of each acquisition as well as site development process and timing. Figure 16 identifies:

- per-unit acquisition one-time costs;
- facility maintenance which includes site work outside of major rehabilitation or PSH conversion;
- operational costs which include services provided by housing operators and contracted partners and administrative support from King County’s Facilities Management Division, and
- rehabilitation.

Among HTH properties with acquisition costs in 2023, the average per-unit costs for capital were \$273,021 and costs for operations were \$20,759. In 2023, the average per-unit costs among HTH properties without acquisition costs was \$22,089. Facility maintenance, rehabilitation, and operations costs vary between buildings based on each site’s initial configuration and physical condition as well as the length of time for which a given site has been operational. HTH sites that had opened earlier than 2023 received inflationary adjustments to their contracts during 2023 that contributed to increased costs.

Figure 16: Cost Per Unit for Each HTH Site (Acquisition/Rehabilitation life-to-date, other costs from 2023)

HTH Facility	Expenditure	Cost Per Unit
Bertha Pitts Campbell Place	Acquisition <i>(one-time cost, Life to Date [LTD])</i>	N/A - operations-only property
	Maintenance	\$0
	Operations	\$24,762
	Rehabilitation (LTD)	\$0
	Total Cost Per Unit	\$24,762
Burbridge Place	Acquisition <i>(one-time cost, LTD)</i>	N/A - operations-only property
	Maintenance	\$0
	Operations	\$1,049
	Rehabilitation (LTD)	\$0
	Total Cost Per Unit	\$1,049
Don’s Place	Acquisition <i>(one-time cost, LTD)</i>	*\$148,498
	Maintenance	\$8,447
	Operations	\$22,308
	Rehabilitation (LTD)	\$26,444
	Total Cost Per Unit	\$205,697
HTH Capitol Hill	Acquisition <i>(one-time cost, LTD)</i>	*\$349,575
	Maintenance	\$7,276
	Operations	\$0
	Rehabilitation (LTD)	\$1,313

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HTH Facility	Expenditure	Cost Per Unit
	Total Cost Per Unit	\$358,165
HTH Federal Way	Acquisition (<i>one-time cost, LTD</i>)	*\$270,381
	Maintenance (2023)	\$3,579
	Operations (2023)	\$485
	Rehabilitation (<i>LTD</i>)	\$175
	Total Cost Per Unit	\$274,619
HTH Kirkland	Acquisition (<i>one-time cost, LTD</i>)	*\$321,960
	Maintenance (2023)	\$5,404
	Operations (2023)	\$14,425
	Rehabilitation (<i>LTD</i>)	\$1,879
	Total Cost Per Unit	\$330,467
HTH Redmond	Acquisition (<i>one-time cost, LTD</i>)	*\$280,763
	Maintenance (2023)	\$3,631
	Operations (2023)	\$84
	Rehabilitation (<i>LTD</i>)	\$3,469
	Total Cost Per Unit	\$287,948
Mary Pilgrim Inn	Acquisition (<i>one-time cost, LTD</i>)	*\$206,913
	Maintenance (2023)	\$4,737
	Operations (2023)	\$20,465
	Rehabilitation (<i>LTD</i>)	\$7,548
	Total Cost Per Unit	\$239,663
Sacred Medicine House	Acquisition (<i>one-time cost, LTD</i>)	N/A - operations-only property
	Maintenance (2023)	\$0
	Operations (2023)	\$0
	Rehabilitation (<i>LTD</i>)	\$0
	Total Cost Per Unit	\$0
Salmonberry Lofts in Honor of Peter Joe	Acquisition (<i>one-time cost, LTD</i>)	*\$314,809
	Maintenance (2023)	\$3,947
	Operations (2023)	\$29,470
	Rehabilitation (<i>LTD</i>)	\$32,651
	Total Cost Per Unit	\$380,877
Sidney Wilson House	Acquisition (<i>one-time cost, LTD</i>)	*\$267,403
	Maintenance (2023)	\$6,377
	Operations (2023)	\$15,845
	Rehabilitation (<i>LTD</i>)	\$13,418
	Total Cost Per Unit	\$303,044
The Argyle	Acquisition (<i>one-time cost, LTD</i>)	*\$305,240
	Maintenance (2023)	\$726

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HTH Facility	Expenditure	Cost Per Unit
	Operations (2023)	\$0
	Rehabilitation (LTD)	\$0
	Total Cost Per Unit	\$305,966
The Bob G.	Acquisition (one-time cost, LTD)	*\$206,408
	Maintenance (2023)	\$6,689
	Operations (2023)	\$0
	Rehabilitation (LTD)	\$0
	Total Cost Per Unit	\$213,097
The Gateway in Honor of Tenaya Wright	Acquisition (one-time cost, LTD)	*\$362,643
	Maintenance (2023)	\$3,751
	Operations (2023)	\$11,130
	Rehabilitation (LTD)	\$14,784
	Total Cost Per Unit	\$392,308
The North Star	Acquisition (one-time cost, LTD)	N/A - operations-only property
	Maintenance (2023)	\$0
	Operations (2023)	\$26,195
	Rehabilitation (LTD)	\$0
	Total Cost Per Unit	\$26,195

* 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.

* Because Burbridge Place opened in December, the per-unit cost for this property was only \$1,049 in 2023. Sacred Medicine House had not yet incurred any costs by the end of 2023.

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.^{112,113} As shown in Figure 17, 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 Implementation Plan, the HTH Advisory Committee centers individuals with lived experience and communities who have been historically overrepresented in the region’s homelessness crisis. All

¹¹² KCC 2A.300.200. [\[LINK\]](#)

¹¹³ KCC 24.30.020. [\[LINK\]](#)

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committee members reside in King County and demonstrate track records of supporting and promoting equitable, affordable, and supportive housing in the region. Initial committee members upon the Committee’s formation in 2023 include the following 14 King County residents. For more information about the members, visit the Advisory Committee tab of the HTH Dashboard.¹¹⁴

Figure 17: Health Through Housing Advisory Committee Members, 2023

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
Sara Lidstrom	Krystal Marx	Sarah Stewart
Da’mont Vann	Barbara Walker	

In 2023, the Committee convened quarterly, appointed a chair and co-chair, and received presentations from HTH service providers regarding the HTH model. On May 16, 2024, the HTH Advisory Committee reviewed and unanimously certified this report and the HTH Dashboard, including certifying that that the dashboard is updated with 2023 calendar year data.¹¹⁵

E. Additional Information Available in the HTH Dashboard

Additional information about the HTH initiative is in the online HTH dashboard available [here](#).¹¹⁶ The dashboard includes:

- additional data specific to each of HTH’s sites;
- additional context and discussion of initiative activities and performance in 2023;
- 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;
- more information about Advisory Committee members, and
- further discussion of the HTH initiative’s plans for 2024.

Conclusion/Next Actions

In 2023, the HTH initiative’s second full year of operation, the initiative focused especially on moving residents into units, integrating health care and other supportive services into the HTH sites, and building capacity of service providers as its intensive acquisition phase wound down.

¹¹⁴ Health Through Housing Dashboard. [\[LINK\]](#)

¹¹⁵ Initial Health Through Housing Implementation Plan 2022-2028. [\[LINK\]](#)

¹¹⁶ Health Through Housing Dashboard. [\[LINK\]](#)

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HTH also continued to work through pre-occupancy processes to license, permit, seek changes of use, and initiate major construction work at acquired properties in Federal Way, Capitol Hill, and Kirkland. 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 addition to its operational achievements, in 2023 HTH introduced significant enhancements in healthcare service offerings and other wellness supports, evidenced by the increase in residents accessing both physical and behavioral health care compared to the previous year and the expansion of unique onsite health services for HTH residents. This improvement underscores HTH taking full advantage of the opportunity to improve resident health through providing stable housing. 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 effort involves planning for even more tailored support and ensuring that future HTH interventions are as effective and impactful as possible.

As HTH moves into 2024, it will focus on streamlining service delivery, enhancing community engagement to inform responsive and tailored services, and ensuring that the initiative remains on track to meet its paramount goal of securing 1,600 units of supportive housing. Work toward these goals will include moving residents into additional buildings, and continuing major construction work that is needed to ready sites for occupancy.

HTH remains focused on securing and opening more HTH units in order to address chronic homelessness in King County. HTH will continue to expand supportive housing and services for people exiting homelessness while focusing 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 entwined crises of affordable housing and chronic homelessness.

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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) 11
King County Code 2A.300.200.A			
<p>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. ...</p>	<p>KCC 2A.300.200.A</p>	<ul style="list-style-type: none"> • Report Requirements Subsection A: Performance Overview: Accomplishments and Effectiveness in 2023 • Report Requirements Subsection C: Financial Information 	<ul style="list-style-type: none"> • Initiative Roots • Units Secured • Number of People Served • Revenue and Expenditures
<p>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.</p>	<p>KCC 2A.300.200.A</p>	<p>N/A</p>	<p>N/A</p>
King County Code 24.30.030.A			

Reporting Element Language	Source	See Section(s) of This Report	See Also HTH Dashboard Tab(s) ¹¹
<p>... 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.</p>	<p>KCC 24.30.030.A</p>	<ul style="list-style-type: none"> • Report Requirements Subsection A: Performance Overview: Accomplishments and Effectiveness in 2023 • Report Requirements Subsection D: HTH Advisory Committee Establishment, Membership, and Certification of Dashboard • Report Requirements Subsection C: Financial Information 	<ul style="list-style-type: none"> • Initiative Roots • Units Secured • Number of People Served • Advisory Committee • Revenue and Expenditures
HTH Implementation Plan			
<p>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.</p>	<p>HTH Implementation Plan, page 64</p>	<ul style="list-style-type: none"> • Report Requirements Subsection A: Performance Overview: Accomplishments and Effectiveness in 2023 • 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 	<ul style="list-style-type: none"> • Initiative Roots • Units Secured • Number of People Served • Revenue and Expenditures

Reporting Element Language	Source	See Section(s) of This Report	See Also HTH Dashboard Tab(s) ¹¹
<p>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.</p>	<p>HTH Implementation Plan, page 64</p>	<ul style="list-style-type: none"> • Report Requirements Subsection A: Performance Overview: Accomplishments and Effectiveness in 2022 • Report Requirements Subsection B: Site Locations and Other Geographic Information • Report Requirements Subsection E: Performance Overview: Additional Information Available in the HTH Dashboard 	<ul style="list-style-type: none"> • Initiative Roots • Units Secured • Number of People Served • Project Phases • Our Progress • Our Theory of Change • Why Housing Matters • Health Supports
<p>A list of the members of the HTH Advisory Committee</p>	<p>HTH Implementation Plan, page 65</p>	<ul style="list-style-type: none"> • Report Requirements Subsection D: HTH Advisory Committee Establishment, Membership, and Certification of Dashboard 	<ul style="list-style-type: none"> • Advisory Committee
<p>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</p>	<p>HTH Implementation Plan, page 65</p>	<ul style="list-style-type: none"> • Report Requirements Subsection B: Site Locations and Other Geographic Information 	<ul style="list-style-type: none"> • Location Map
<p>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</p>	<p>HTH Implementation Plan, page 65</p>	<ul style="list-style-type: none"> • Report Requirements Subsection A: Performance Overview: Accomplishments and Effectiveness in 2023 – Demographic Data and Progress toward Reducing Disproportionality 	<ul style="list-style-type: none"> • Our Progress

Reporting Element Language	Source	See Section(s) of This Report	See Also HTH Dashboard Tab(s) ¹¹
Number of households receiving a service through the mobile behavioral health intervention program by geographic area	HTH Implementation Plan, page 65	<ul style="list-style-type: none"> Report Requirements Subsection A: Performance Overview: Accomplishments and Effectiveness in 2023 – Health and Wellbeing Supports 	<ul style="list-style-type: none"> Health Supports
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	<ul style="list-style-type: none"> Report Requirements Subsection B: Site Locations and Other Geographic Information – Individuals Served with Local Community Ties 	<ul style="list-style-type: none"> Our Progress
Health Through Housing initiative financial information, including,			
<ul style="list-style-type: none"> The program’s annual revenue 	HTH Implementation Plan, page 65	<ul style="list-style-type: none"> Report Requirements Subsection C: Financial Information 	<ul style="list-style-type: none"> Revenue and Expenditures
<ul style="list-style-type: none"> Allocation of proceeds for housing and operations to jurisdictions that host Health through Housing sites 	HTH Implementation Plan, page 65	<ul style="list-style-type: none"> Report Requirements Subsection C: Financial Information 	<ul style="list-style-type: none"> Revenue and Expenditures
<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Report Requirements Subsection C: Financial Information 	<ul style="list-style-type: none"> Revenue and Expenditures
<ul style="list-style-type: none"> Including the average per-unit cost of acquisition, conversion and operation by site 	HTH Implementation Plan, page 65	<ul style="list-style-type: none"> Report Requirements Subsection C: Financial Information 	<ul style="list-style-type: none"> 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) ¹¹
<ul style="list-style-type: none"> Cumulative number of people who moved from chronic homelessness into permanent housing via HTH; 	HTH Implementation Plan, page 65	<ul style="list-style-type: none"> Report Requirements Subsection A: Performance Overview: Accomplishments and Effectiveness in 2023 - Number of People Housed in Health Through Housing Sites 	<ul style="list-style-type: none"> Number of People Served
<ul style="list-style-type: none"> Progress on reducing disproportionality in the experience of chronic homelessness; 	HTH Implementation Plan, page 65	<ul style="list-style-type: none"> Report Requirements Subsection A: Performance Overview: Accomplishments and Effectiveness in 2023 - Demographic Data and Progress toward Reducing Disproportionality 	<ul style="list-style-type: none"> Our Progress
<ul style="list-style-type: none"> Percentage of residents who maintain their housing in HTH or exit to permanent housing from HTH-funded emergency or permanent supportive housing; 	HTH Implementation Plan, page 65	<ul style="list-style-type: none"> Report Requirements Subsection A: Performance Overview: Accomplishments and Effectiveness in 2023 – Percent of HTH Residents who Maintain Housing in HTH or Exit to Permanent Housing 	<ul style="list-style-type: none"> Our Theory of Change
<ul style="list-style-type: none"> Average length of stay of residents in HTH-funded emergency or permanent supportive housing; 	HTH Implementation Plan, page 65	<ul style="list-style-type: none"> Report Requirements Subsection A: Performance Overview: Accomplishments and Effectiveness in 2023 – Average Length of Stay 	<ul style="list-style-type: none"> Our Theory of Change

Reporting Element Language	Source	See Section(s) of This Report	See Also HTH Dashboard Tab(s) ¹¹
<ul style="list-style-type: none"> Percentage of residents who receive physical or behavioral healthcare supports or care while residing in a HTH unit; and 	HTH Implementation Plan, page 65	<ul style="list-style-type: none"> Report Requirements Subsection A: Performance Overview: Accomplishments and Effectiveness in 2022 – HTH as a Direct and Indirect Driver of Health 	<ul style="list-style-type: none"> Health Supports
<ul style="list-style-type: none"> Additional measures of improvements in health or well-being, as data are available 	HTH Implementation Plan, page 65	<ul style="list-style-type: none"> Report Requirements Subsection A: Performance Overview: Accomplishments and Effective in 2022 – Health and Wellbeing Supports 	<ul style="list-style-type: none"> Mobile Response Team King County Metro Supports Employment Navigation 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	<ul style="list-style-type: none"> Report Requirements Subsection D: HTH Advisory Committee Establishment, Membership, and Certification of Dashboard 	<ul style="list-style-type: none"> Advisory Committee

Reporting Element Language	Source	See Section(s) of This Report	See Also HTH Dashboard Tab(s) ¹¹
<p>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.</p>	<p>HTH Implementation Plan, page 65</p>	<p>N/A</p>	<p>N/A</p>

¹¹ HTH Dashboard. [[LINK](#)]

Appendix B: HTH Investments (Acquisitions and Operations-only Partnerships), Cumulative to Year End 2023

Note: HTH's Capitol Hill building entered escrow in 2022; the transaction was completed in 2023.

Investment Type	Service Provider	Building Name	Initial Housing Type	Total Units	Housing Units	City	KCC District	Status as of April 2023
Acquisition	Compass Housing Alliance	Don's Place	EH	102	81	Auburn	7	Open and in lease-up
Acquisition	Lavender Rights Project	HTH Capitol Hill	PSH	37	34	Seattle	2	Pre-occupancy
Acquisition	The Urban League	HTH Federal Way	PSH	101	86	Federal Way	7	Pre-occupancy
Acquisition	TBD	HTH Kirkland	EH	121	109	Kirkland	6	Service provider procurement
Acquisition	Salvation Army	HTH Redmond	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	Pre-occupancy
Acquisition	DESC	The Gateway in Honor of Tenaya Wright	EH	131	113	Seattle	1	Open and occupied

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Investment Type	Service Provider	Building Name	Initial Housing Type	Total Units	Housing Units	City	KCC District	Status as of April 2023
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	Occupancy
Operations-only	DESC	Bloomsdale	PSH	95	95	Burien	8	Pre-occupancy
Operations-only	Chief Seattle Club	Sacred Medicine House	PSH	120	120	Seattle	1	Pre-occupancy
Operations-only	DESC	The North Star	PSH	100	100	Seattle	4	Open and occupied
Total				1,495	1,358			

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King County

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July 11, 2024

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

Dear Councilmember Upthegrove:

This letter transmits the 2023 Health Through Housing Annual Report, as required by KCC 2A.300.200, and an accompanying 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 2023 and fulfills the initiative's annual reporting requirements. The report includes summaries of the accomplishments and reports on the effectiveness of the expenditure of HTH sales tax proceeds in 2023, and provides financial information including, but not limited to, the allocation of proceeds by jurisdiction. On May 16, 2024, the HTH Advisory Committee reviewed and certified this report and the HTH Dashboard, including certifying that the dashboard is updated with 2023 calendar year data.¹

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 as adopted by Ordinance 19366. The dashboard, which also provides context about HTH's process, outcomes, and community-wide impact, enables community members and policymakers 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 and acquiring hotels and apartments and expediting financing of other newly constructed buildings throughout the County. To date,

¹ Initial Health Through Housing Implementation Plan. [[LINK](#)]

The Honorable Dave Upthegrove

July 11, 2024

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1,495 housing units have been acquired, with 1,358 units currently in operation. Further progress depends on collaboration with host jurisdictions, neighboring communities, and community-based supportive housing operators.

In its second year of operation in 2023, HTH focused on moving residents into units, providing housing for 911 people who would otherwise be at high risk of sleeping outside or in shelters. HTH also expanded mobile behavioral health response teams to serve seven HTH buildings. These teams provide crisis behavioral health services to HTH residents, increasing their ability to remain stably housed.

In 2023, HTH also worked through pre-occupancy processes to license, permit, seek changes of use, and initiate major construction work at acquired properties in Federal Way, Kirkland, and in Seattle's Capitol Hill neighborhood. HTH also added or expanded operations-only agreements to serve residents in North Seattle and Burien.

The HTH initiative is the fastest regional expansion of supportive housing that King County has implemented, with hundreds of people already housed, new partnerships established, enhanced health and wellness services launched, and several more sites being readied for residents. Some HTH locations have moved slower than initially anticipated, with staffing shortages, capital repairs, permitting, and other necessary agreements with some cities taking longer than originally anticipated. 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.

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

Sincerely,



for

Dow Constantine
King County Executive

Enclosure

cc: King County Councilmembers

ATTN: Stephanie Cirkovich, Chief of Staff

Melani Pedroza, Clerk of the Council

Shannon Braddock, Deputy County Executive, Office of the Executive

Karan Gill, Chief of Staff, Office of the Executive

Penny Lipsou, Council Relations Director, Office of the Executive

Kelly Rider, Acting Director, Department of Community and Human Services



**King County
Metropolitan King County Council
Regional Policy Committee**

STAFF REPORT

Agenda Item:	7	Name:	Sam Porter
Proposed No.:	2024-0243	Date:	January 8, 2025

SUBJECT

A proposed motion accepting the 2023 Mental Illness and Drug Dependency annual report.

SUMMARY

The 2023 Mental Illness and Drug Dependency (MIDD) Annual Report is Attachment A to Proposed Motion 2024-0243. 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 2023 MIDD annual report at their June 6, 2024 meeting.¹ This legislation is a nonmandatory dual referral to both the Regional Policy and the Health and Human Services Committees.

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 2025. MIDD 2 is set to expire on January 1, 2026. In anticipation of the expiration, the Executive intends to transmit a renewal ordinance to Council later this year. RCW 82.14.055 requires that a local sales and use tax change may take effect no sooner than 75 days after the Department of Revenue receives notice of the change. Therefore, the renewal of MIDD must occur no later than October 17, 2025 to avoid a gap in collections.

ANALYSIS

The 2023 MIDD annual report appears to meet the requirements of K.C.C. 4A.500.309. The services and programs funded by the MIDD are evaluated by staff in King County’s Department of Community and Human Services (DCHS) based on data submitted by providers. King County Code 4A.500.309.D.1 requires that the annual summary evaluation report shall include at a minimum the following:

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

Figure 1 below provides the page numbers for specific sections of the report. Additional information provided through the web-based 2023 MIDD Data Dashboard at this

⁴ In October 2008, the Council adopted the MIDD 1 implementation Plan and the MIDD Evaluation Plan via Ordinance 16261 and Ordinance 16262.

address: <https://kingcounty.gov/en/dept/dchs/human-social-services/community-funded-initiatives/midd-behavioral-health-tax/midd-behavioral-health-sales-tax-dashboard>

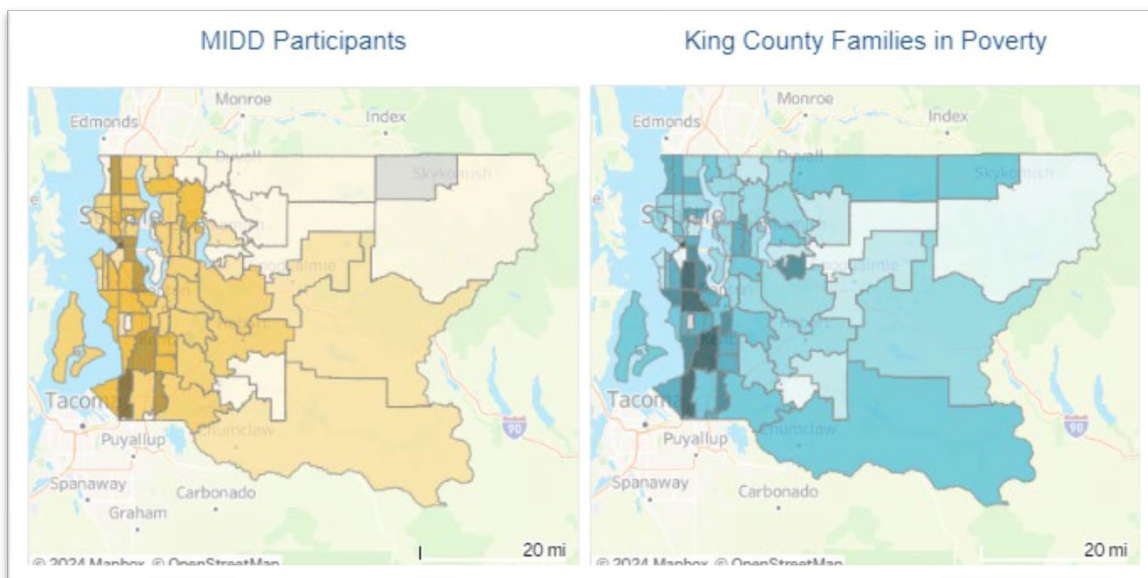
Figure 1. 2023 MIDD Annual Report Sections

Section	Page
2023 Results	8
Participants	16
Evaluation and Continuous Improvement	18
Geographic Distribution of Participants	15
Fiscal Information	20

Items of note in the 2023 MIDD annual report:

- In 2023, total MIDD expenditures were approximately \$84.9 million.
- 24,342 people were served by MIDD programs in 2023; approximately 5,000 more than the previous year. Of those, according to the dashboard, 63 percent were adults ages 18-54, ten percent were youth ages 0 to 17, and 27 percent were age 55 and over.⁵
- Figure 2 provides information about the geographic distribution of people served in 2023
- Figure 3 provides information about additional demographics of those served.

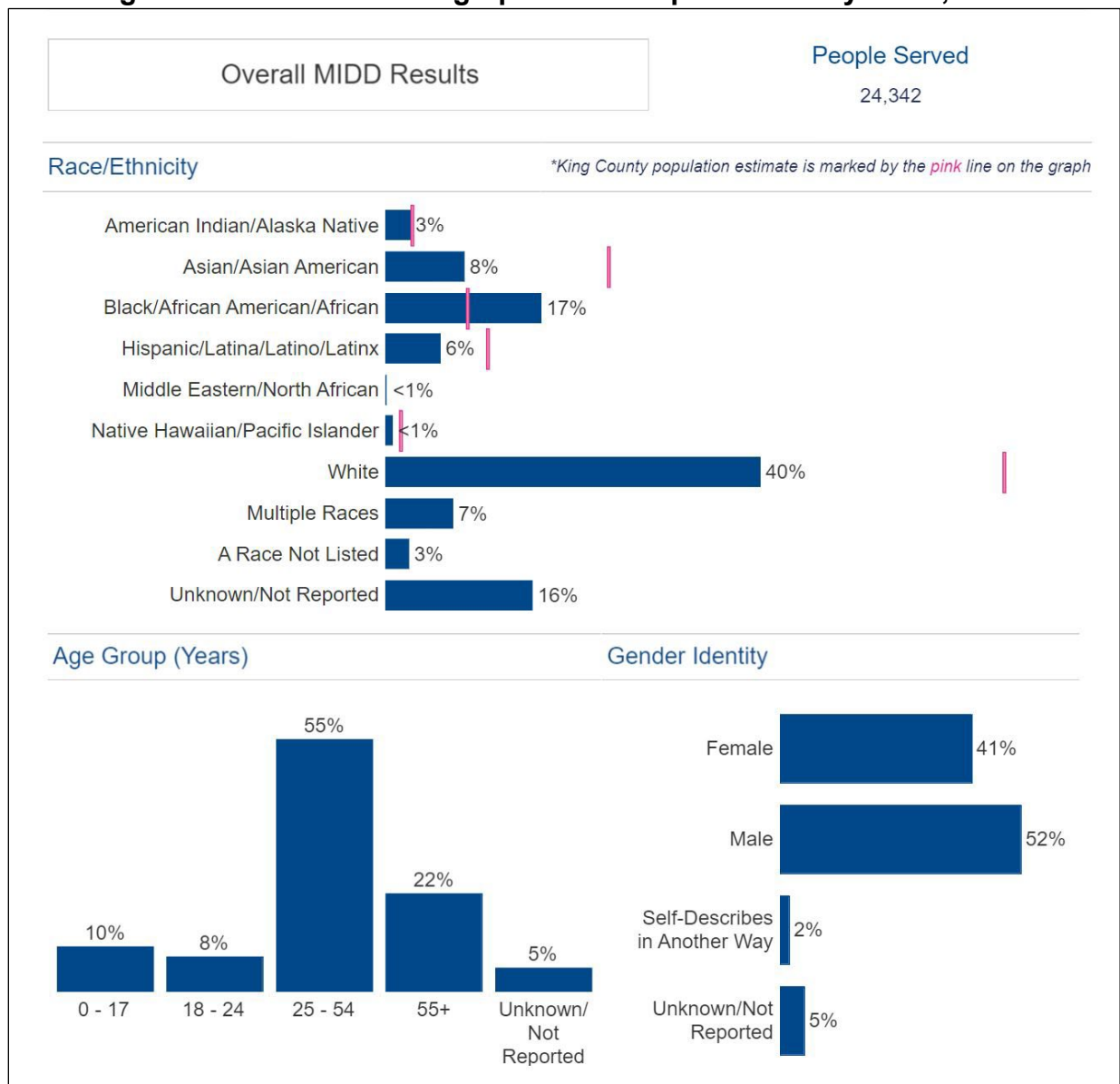
Figure 2. Geographic Distribution of People Served by MIDD, 2023⁶



⁵ 2023 MIDD Data Dashboard, accessed August 1, 2024. <https://kingcounty.gov/en/dept/dchs/human-social-services/community-funded-initiatives/midd-behavioral-health-tax/midd-behavioral-health-sales-tax-dashboard>

⁶ 2023 MIDD Annual Report, page 18

Figure 3. Additional Demographics of People Served by MIDD, 2023⁷



Ordinance 19546, Section 71, ER1 and P1. The 2023-2024 biennial budget included a \$200,000 expenditure restriction on the MIDD fund for a grant-based art therapy pilot program. The expenditure restriction required the pilot program to incorporate, “culturally appropriate, trauma-informed behavioral health services for cultural and ethnic communities [...] The goal of the pilot program shall be to support an art therapy program that improves cognitive functioning, fosters self-esteem and self-awareness, cultivates emotional resilience, promotes insight, enhances social skills, reduces and resolves conflicts and distress and supports recovery. [...] The 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.”

⁷ 2023 MIDD Data Dashboard, accessed August 1, 2024. <https://kingcounty.gov/en/dept/dchs/human-social-services/community-funded-initiatives/midd-behavioral-health-tax/midd-behavioral-health-sales-tax-dashboard>

The required highlight and evaluation of the art therapy pilot program is included in the 2023 annual report beginning on page 15. The summary states that Unified Outreach, received Council-directed grant-based art therapy pilot funding. Unified Outreach is an arts-based nonprofit that, “provides programs to community centers, public and private schools, transitional housing/youth shelters, and other organizations seeking to provide industry level Arts instruction to children in Seattle’s under-served neighborhoods.”⁸ According to the report, Unified Outreach, “partnered with and served students from Southwest Youth and Family Services, Denny Middle School, and Southwest Boys and Girls Club. The program released the first print copy of Vibrant, a magazine featuring students’ works, in December 2023.” Through this pilot program, Unified Outreach served 62 participants ages 11 to 19 years old, with 97 percent identifying as people of color. The report states that, “83 percent reported increases in their sense of community belonging, through participation in group art projects, engaging in healing circle dialogue, and providing peer reviews to other artists in the program.”

INVITED

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

ATTACHMENTS:

- 1) Proposed Motion 2024-0243
 - a. 2023 MIDD annual report
- 2) Transmittal Letter

⁸ Unified Outreach, <https://unified-outreach.com/>



KING COUNTY
Signature Report

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

Motion

Proposed No. 2024-0243.1

Sponsors von Reichbauer

1 A MOTION approving the 2023 annual mental illness and
2 drug dependency evaluation summary report, in
3 compliance with K.C.C. 4A.500.309.

4 WHEREAS, in 2005, the state Legislature authorized counties to implement a one-
5 tenth of one percent sales and use tax to support new or expanded chemical dependency or
6 mental health treatment programs and services and for the operation of new or expanded
7 therapeutic court programs and services, and

8 WHEREAS, in 2007, Ordinance 15949 authorized the levy collection of and
9 legislative policies for the expenditure of revenues from an additional sales and use tax of
10 one-tenth of one percent for the delivery of mental health and chemical dependency
11 services and therapeutic courts, and

12 WHEREAS, in 2016, Ordinance 18333 extended the expiration date of this sales
13 and use tax to January 1, 2026, and

14 WHEREAS, the council called for and approved a service improvement plan, an
15 implementation plan, and an evaluation plan to guide the investment of renewed mental
16 illness and drug dependency sales tax revenue, and the council established five revised
17 policy goals for the programs supported by sales tax proceeds, and

18 WHEREAS, Ordinance 18407 amended Ordinance 15949, Section 3, to require the
19 executive to develop annual mental illness and drug dependency evaluation summary
20 reports addressing the initiatives, programs and services supported with the sales tax

21 revenue, and required such reports to be submitted to the council by August 1 of each year
22 beginning in 2018, for council review and approval by motion. Ordinance 18407 also
23 codified Ordinance 15949, Section 3, as amended, as K.C.C. 4A.500.309, and

24 WHEREAS, the 2023 annual mental illness and drug dependency evaluation
25 summary report, which is Attachment A to this motion, has been developed in coordination
26 with the mental illness and drug dependency advisory committee and is supported by the
27 committee;

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

Motion

29 The 2023 annual mental illness and drug dependency evaluation summary report is
30 hereby approved.

KING COUNTY COUNCIL
KING COUNTY, WASHINGTON

Dave Upthegrove, Chair

ATTEST:

Melani Pedroza, Clerk of the Council

APPROVED this ____ day of _____, ____.

Dow Constantine, County Executive

Attachments: A. 2023 MIDD Behavioral Health Sales Tax Fund Annual Summary Report, July 31, 2024

2023 MIDD Behavioral Health Sales Tax Fund Annual Summary Report

July 31, 2024



King County

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Executive Summary

Background

The behavioral health sales tax (known as MIDD, and also referred to as the Mental Illness and Drug Dependency fund) 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.¹ The King County Department of Community and Human Services' (DCHS) Behavioral Health and Recovery Division (BHRD) manages King County's MIDD.

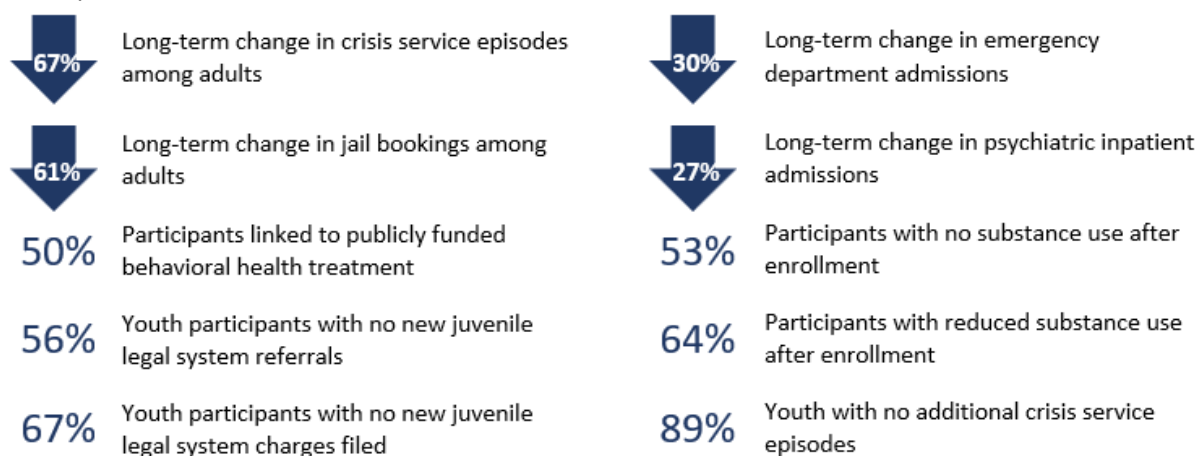
Over the past 16 years, MIDD investments have expanded services to address gaps in and complement the community behavioral health treatment and crisis response system King County administers. MIDD invests in programs that improve health and wellness, connection to community, and recovery, especially for people most affected by inequities related to race, income, and access to healthcare. Current MIDD investments include treatment for people not eligible for Medicaid, expanding access to behavioral health services in rural areas and within BIPOC communities, and providing behavioral health screenings in schools throughout King County.

Report Requirements

This annual summary report satisfies all reporting requirements called for by K.C.C. 4A.500.309.D.² It also includes links to the online [MIDD Dashboard](#) which provides a more in-depth review of MIDD 2023 accomplishments.

MIDD Implementation and Results in 2023

MIDD investments across a wide array of initiatives contribute toward King County's vision of ensuring quality behavioral health care. In 2023, MIDD served 24,342 people across 55 initiatives through 173 provider and community partners, an increase of 26 percent over the 19,231 reported in 2022. Of those served, 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.³



¹ King County Ordinance 18407, November 2016. [\[LINK\]](#)

² King County Code 4A.500.309.D. [\[LINK\]](#)

³ Participant outcome measures summarized in this report apply to MIDD initiatives that identify the measure as an intended outcome.

[2023 MIDD Behavioral Health Sales Tax Fund Annual Summary Report](#)

See also [MIDD Dashboard \[LINK\]](#).

Key areas of focused attention for MIDD in 2023 included:

- Growing and sustaining a diverse behavioral health workforce,
- Addressing fentanyl surge and eliminating barriers to lifesaving medications for opioid use,
- Reducing barriers and increasing access to care, and
- Increasing youth access to behavioral health treatment.

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 ER1.⁴

MIDD Participants

MIDD initiatives served a lower proportion of people identifying as white than are represented in the King County population at large (56 percent) and a greater proportion of people identifying as Black or African American than are represented in King County (6 percent).⁵ Most people served by MIDD initiatives identify as male, and most people served by MIDD initiatives are between age 25 years and 54 years.⁶

In 2023, MIDD generally served people living in ZIP Codes with a higher percentage of families living below the poverty line, indicating MIDD's intent to serve those most in need.

Evaluation and Continuous Improvement

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

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

In 2023, 22 of the 46 MIDD initiatives with established targets exceeded target numbers, and an additional five were within 20 percent of reaching the set target.

2023 Procurement Update

BHRD partners with community-based organizations through contracts to deliver responsive services. Procurement processes are in place to support and promote coordination across funding sources as well as to expand access. MIDD-funded initiatives released eight procurements in 2023. Focus areas included

⁴ King County Ordinance 19546, Section 71, Proviso P1.

⁵ U.S. Census Bureau (2024). American Community Survey, 5-Year Estimates (2018-2022), Detailed Tables: B03002 (Hispanic and Latino Origin by Race).

⁶ 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.

[2023 MIDD Behavioral Health Sales Tax Fund Annual Summary Report](#)

See also MIDD Dashboard [\[LINK\]](#).

expanding summer programming for youth, launching the Emerging Issues initiative, and concluding the procurement for SI-01, Community Driven Behavioral Health Grants.

MIDD Fiscal Information

In 2023, the MIDD behavioral health sales tax revenue forecast and fund collections were relatively stable, a contrast to the COVID-19 pandemic's economic impact in recent years. Supplemental ordinances added more than \$25 million to MIDD's 2023 expenditure authority, a 12 percent increase to budgeted funds.⁷ After these additions, MIDD programs spent 80 percent of their budgeted funding for 2023.

Conclusion/Next Actions

The behavioral health needs of King County's communities are evolving. To ensure equitable access, MIDD investments must prioritize the region's biggest behavioral health challenges. Federal, state, and local investments must work together to create the cohesive and intentional system that King County needs.

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. As required by the Revised Code of Washington (RCW)³, King County's MIDD supports work on crisis diversion, screening and referral services, and treatment for substance use and mental health conditions. King County's 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 55 programs and services, known as initiatives, to address mental health and substance use conditions for King County residents, especially for people most affected by inequities related to race, income, and access to healthcare. Collectively, MIDD initiatives improve participants' quality of life and help them thrive in recovery through prevention and early intervention, crisis diversion, community-based reentry, treatment, and recovery services.

Current MIDD investments include treatment for people not eligible for Medicaid, expanding access to behavioral health services in rural areas and within BIPOC communities, and providing school-wide screening in schools throughout King County. As the needs of King County communities evolve, the behavioral health sales tax provides critical resources to invest in sustainable change to modernize services and support a high-functioning and responsive behavioral health system. For example, in 2023, King County responded to the growing fentanyl overdose crisis by repurposing and reprioritizing investments to expand access to opioid use treatments and medicines.

MIDD Policy Goals

MIDD-funded programs are designed to achieve five policy goals, as directed by K.C.C. 4A.500.309.A.⁸

- 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.

⁷ Ordinance 19633 [\[LINK\]](#) and Ordinance 19546 [\[LINK\]](#).

⁸ King County Code 4A.500.309.A. [\[LINK\]](#)

[2023 MIDD Behavioral Health Sales Tax Fund Annual Summary Report](#)

See also MIDD Dashboard [\[LINK\]](#).

- 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 are delivered across five strategy areas to support a countywide continuum of care, with goals of supporting recovery and care in community, focusing on prevention and reducing disparities.⁹

- **Prevention and Early Intervention** initiatives ensure that people get the support they need to stay healthy and keep 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 and support them in achieving stability and avoiding further legal system involvement.

Department Overview

King County’s Department of Community and Human Services (DCHS) provides opportunities for people 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 (BSK) Levy, MIDD, the Crisis Care Centers (CCC) Levy, the Health Through Housing initiative, and the Puget Sound Taxpayer Accountability Account (PSTAA), along with other state and federally-directed revenues.^{10,11,10, 13, 14, 15}

King County’s 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.¹⁶ 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

⁹ MIDD 2 Implementation Plan, 2017. [\[LINK\]](#)

¹⁰ Veterans, Seniors, and Human Services Levy. [\[LINK\]](#)

¹¹ Best Starts for Kids Levy. [\[LINK\]](#)

¹² MIDD. [\[LINK\]](#)

¹³ Health Through Housing sales tax. [\[LINK\]](#)

¹⁴ Puget Sound Taxpayer Accountability Account. [\[LINK\]](#)

¹⁵ Crisis Care Centers (CCC) Levy. [\[LINK\]](#)

¹⁶ DCHS Dashboard: Explore the Data. [\[LINK\]](#)

[2023 MIDD Behavioral Health Sales Tax Fund Annual Summary Report](#)

See also MIDD Dashboard [\[LINK\]](#).

supports.¹⁷ 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

King County's behavioral health sales tax investments over the past 18 years have addressed gaps in and expanded services that complement the overall behavioral health system. As the needs of King County communities change, the MIDD behavioral health sales tax provides critical resources to invest in modernizing services that support a high-functioning, responsive, and sustainable behavioral health system.

The rapid rise of synthetic drugs, such as fentanyl, that dominate the drug supply has accelerated and worsened people's substance use disorders, leading to unprecedented rates of overdose in 2023. Eighty-two percent of overdose deaths in 2023 involved fentanyl, illustrating the drug's danger and impact across the region.¹³ In 2023, there were 1,338 fatal overdoses in King County, a 155 percent increase since 2020, with 1,050 involving fentanyl.¹⁸

In addition, King County youth are struggling with behavioral health and need a cohesive continuum of services to support them. Trends from the King County 2024-25 Community Health Needs Assessment and the Healthy Youth Survey show that the prevalence of depressive feelings in King County youth has been increasing since 2016 across grade level, race, ethnicity, and region.¹⁹ Rates of emergency department visits for suicidal ideation among Black youth nearly doubled between 2020 and 2021, and among King County youth, mood disorders are the leading cause of hospitalization.²²

Current MIDD investments, described further in this report, include treatment for people not eligible for Medicaid, expanding access to behavioral health services in rural areas and within BIPOC communities, and providing school-wide screening in schools throughout King County. In 2023, King County also responded to the growing fentanyl overdose crisis by repurposing and reprioritizing investments to expand access to opioid use treatments and medicines.

MIDD's Historical and Current Legislative Context

- **2006:** King County Council began exploring the possibility of utilizing a local sales tax option under RCW 82.14.460 in response to shrinking county general fund collections due to the passage of Initiative 747 in 2001 and state investment in community-based behavioral health services and corresponding escalation in the use of jails and hospitals for people living with behavioral health conditions.²⁰
- **2007:** After significant work in partnership with communities, the King County Council and Executive authorized a 0.1 percent sales tax, with collection to begin in 2008 and extend through 2016.
- **2016:** King County Council voted unanimously to extend sales tax collection for behavioral health through 2025, and to update MIDD's policy goals.²¹

¹⁷ MIDD Service Providers. [\[LINK\]](#)

¹⁸ Public Health – Seattle & King County, Overdose data dashboards. [\[LINK\]](#)

¹⁹ King County Community Health Needs Assessment 2024/2025 [\[LINK\]](#); Washington State Department of Health 2023 Healthy Youth Survey. [\[LINK\]](#)

²⁰ RCW 82.14.460. [\[LINK\]](#)

²¹ Ordinance 18333. [\[LINK\]](#) Ordinance 18407. [\[LINK\]](#)

[2023 MIDD Behavioral Health Sales Tax Fund Annual Summary Report](#)

See also MIDD Dashboard [\[LINK\]](#).

- **2017:** The King County Council approved the MIDD 2 Implementation Plan to guide MIDD programs and services through 2025.²²
- **2025:** The current MIDD behavioral health sales tax planning cycle will conclude at the end of 2025. The opportunity exists to renew the tax before its January 1, 2026 expiration.
- **2026:** If a renewed behavioral health sales tax is adopted, the current forecast indicates sales taxes will exceed \$200 million on a biennial basis.²³

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 2023 and fulfills the reporting requirements of King County Code 4A.500.309.D.²⁴ This annual summary report satisfies all reporting requirements and includes links to the online [MIDD Dashboard](#), which provides a more in-depth review of MIDD 2023 accomplishments.

Additional Information Available in the MIDD Dashboard

Significant additional information about MIDD initiative 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 2023,
- 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 Plan and Results in 2023

MIDD investments across a wide array of initiatives contribute toward King County’s vision of ensuring quality behavioral health care. In 2023, MIDD served over 24,342 people across 55 initiatives through 173 provider and community partners, a 26 percent increase over the 19,281 participants served in

²² Motion 15093. [\[LINK\]](#)

²³ King County Office of Economic and Financial Analysis. [\[LINK\]](#)

²⁴ King County Code 4A.500.309.D. [\[LINK\]](#)

2023 MIDD Behavioral Health Sales Tax Fund Annual Summary Report

See also [MIDD Dashboard \[LINK\]](#).

2022.²⁵ Of those served, individuals had increased access to mental health and substance use care, fewer jail or hospital stays, and reduced legal system contact for youth and adults.²⁶

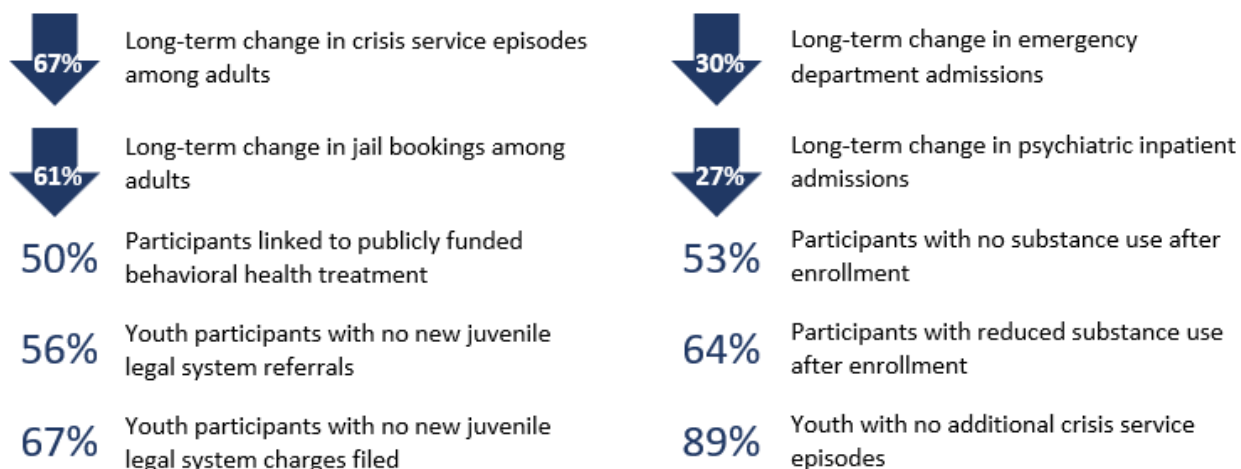
²⁵ MIDD Dashboard [\[LINK\]](#)

²⁶ These outcomes are consistent with MIDD's adopted policy goals, as described in KCC 4A.500.309. [\[LINK\]](#)
2023 MIDD Behavioral Health Sales Tax Fund Annual Summary Report
See also MIDD Dashboard [\[LINK\]](#).

Key MIDD Data Points 2023



Key MIDD Outcomes in 2023²⁷



Visit [MIDD's Interactive Data Dashboard](#) to fully explore MIDD's results.

Key Areas of Focus for MIDD in 2023

To better address the region's evolving behavioral health needs, MIDD areas of focus in 2023 included:²⁸

- Growing and sustaining a diverse behavioral health workforce,
- Addressing fentanyl surge and eliminating barriers to lifesaving medications for opioid use,
- Reducing barriers and increasing access to care, and
- Increasing youth access to behavioral health treatment

To effectively address the current conditions, King County BHRD adapted some MIDD initiatives, restored others, and launched new programming in 2023. This approach focused on where MIDD funding could adapt to prioritize the highest needs.

Growing and Sustaining a Diverse Behavioral Health Workforce

The United States is experiencing a mental health crisis with increased levels of unmet behavioral health needs among people of all ages.²⁹ In King County, the challenge is amplified by the high cost of living and

²⁷ Participant outcome measures summarized in this report apply to MIDD initiatives that identify the measure as an intended outcome.

²⁸ Evolving behavioral health needs in King County, especially since the COVID-19 pandemic, are discussed further in the Background section of this report.

²⁹ Health Resources & Services Administration (HRSA) Health Workforce Research, December 2023 [\[LINK\]](#)

[2023 MIDD Behavioral Health Sales Tax Fund Annual Summary Report](#)

[See also MIDD Dashboard \[LINK\].](#)

the need for a workforce that reflects our community's population. In 2023, 65 percent of MIDD programs reported challenges related to workforce, adequate staffing, or turnover, illustrating how developing a robust and sustainable workforce remains a major systemic issue.³⁰

Core MIDD Workforce Investments Restored

In 2023, DCHS prioritized restoration of MIDD's most significant systemwide workforce investment, the SI-04 Workforce Development initiative.³¹ This resulted in \$800,000 in investments to support training for mental health clinicians employed at provider partner organizations, effective in 2024.

Expanded MIDD Investments Catalyze New Approaches

In 2023, BHRD also prioritized additional innovations to support the behavioral health workforce, with the support and collaboration of the MIDD Advisory Committee. The launch of SI-05: Emerging Issues in Behavioral Health supported a \$1.3 million procurement to address unexpected and urgent behavioral health needs not addressed by existing programming.³² Two projects in 2023 worked to strengthen the behavioral health workforce:

- Support to the YMCA of Greater Seattle helped launch the Y+ Master's in Mental Health Counseling Program, a new partnership with Heritage University to address the continued challenges with recruitment and retention of qualified behavioral health staff. Through the program, staff within behavioral health programs can access higher education and become licensed mental health professionals without the barriers of student loan debt and unpaid internships. The first cohort of master's students enrolled in 2023, and the program is expected to produce around 60 graduates each year.
- A grant to the Tubman Center for Health and Freedom to address the behavioral health workforce shortage in Black communities. The Tubman Center's Community Practitioners, Community Solutions Project is working to develop a behavioral health workforce rooted in the Black community's experience. The project uses community-based research to identify the information, modes of access, culturally relevant programming, and wraparound support for community members to enter the field and provide services the community wants and needs.



*Master's students attend lecture with YMCA Y+ Master's in Mental Health Counseling Program, which receives funding through SI-05: Emerging Issues.
Source: YMCA of Greater Seattle*

³⁰ MIDD 2023 Annual Narrative Survey of Service Providers.

³¹ The initiative had been put on hold in 2021 due to anticipated volatility in sales tax revenue due to the COVID-19 pandemic.

³² The adopted MIDD 2 Service Improvement Plan contemplates the future use of MIDD funding for emerging issues. [\[LINK\]](#) The MIDD Advisory Committee endorsed the allocation of unspent revenue to address emerging issues at their April 28, 2022 meeting.

[2023 MIDD Behavioral Health Sales Tax Fund Annual Summary Report](#)

[See also MIDD Dashboard \[LINK\].](#)

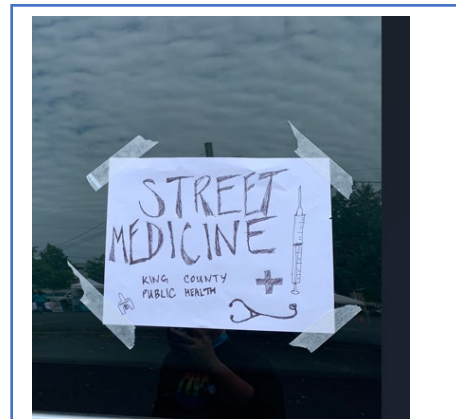
Addressing Fentanyl Surge and Eliminating Barriers to Lifesaving Medications for Opioid Use

In 2023, King County responded to the growing fentanyl and overdose health crisis by reprioritizing investments to meet the urgent need. As fentanyl use continues to surge, MIDD funding supports King County’s multi-tiered strategic response to save lives, prevent overdoses, and clear paths to recovery.³³ This includes increased distribution of life-saving naloxone and outreach to homeless youth and adults to increase access to treatment for opioid use disorder that is not currently funded by other sources. This year, provider partners reported significant challenges, including a chronic lack of appointments, too few intake and assessment staff, and an insufficient number of inpatient beds available for people who express readiness to enter detox. In response to these challenges, BHRD continued to invest MIDD resources in treatment options to reduce overdose deaths and increase access to recovery.

Local Resources Expand Access to Services

MIDD investments are a key part of King County’s treatment response to the rapid rise of synthetic drugs.

- 378 people received on-demand SUD care in partnership with five providers through CD-10: Next Day Crisis Appointments. Increasing access to treatment at the critical moment that someone is ready to accept it can improve outcomes, especially offering less restrictive options to decrease hospitalizations for those in crisis.³⁴ In its second year, the initiative continues to grow the number of people it serves with next day access to services and showed a trend of increasing provider and participant use.
- Seattle Public Schools initiated a district-wide opioid prevention and overdose response effort that is focused on teachers, students, and caregivers, funded by MIDD’s SI-05: Emerging Issues in Behavioral Health initiative. 2023 accomplishments included providing training to more than 400 caregivers at three different locations, as well as providing classroom lessons on opioids and fentanyl to 5,429 students at 105 schools.
- A Train the Trainer Program, funded by initiative CD-07: Multipronged Opioid Strategies, trained five community-based organizations and behavioral health programs, on overdose prevention strategies, including the warning signs of an opioid overdose and how to respond, resulting in 40 people trained to then provide trainings to their communities.
- Talk Even If and SUD Anti-Stigma campaigns, implemented in partnership with Public Health-Seattle & King County and Rescue Agency with funding from CD-07: Multipronged Opioid



*DESC/Public Health-Seattle & King County Street Medicine Team receives funding through CD-07 for their mobile health van. Van signage is intentionally informal to foster a sense of approachability.
Source: DESC*

³³ King County DCHS Cultivating Connections, March 6, 2024. [\[LINK\]](#)

³⁴ SAMHSA Advisory: Low Barrier Models of Care for Substance Use Disorders, December 2023. [\[LINK\]](#)

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See also MIDD Dashboard [\[LINK\]](#).

Strategies.^{35,36,37} All received increased website interactions with users, with a total of 37,245 web sessions occurring across all three platforms.

- Also through initiative CD-07: Multipronged Opioid Strategies funding, DCHS distributed 8,962 Naloxone kits to community-based organizations and providers across the region.³⁸

Reducing Barriers and Increasing Access to Care

King County continued to take action through MIDD investments in 2023 to respond to community needs and build a responsive system of care that reduces inequities in the behavioral health outcomes for the region’s Black, Indigenous, and people of color (BIPOC) communities.³⁹

For behavioral health care to be effective, it must be culturally relevant, trauma-informed, and accessible.⁴⁰ Black and Indigenous residents and refugee and immigrant communities approach behavioral health in ways that are unique to their cultures.⁴¹ Culturally responsive and trauma-informed services are critical to eliminate the clear racial-ethnic disparities in behavioral health access and outcomes.⁴²

In 2023, MIDD investments continued to expand outreach and access to services and treatment.

- More than 3,000 people received outpatient care, many of whom are immigrants or refugees that were not eligible for Medicaid, under PRI-11: Community-Based Behavioral Health Treatment.
- 13,000 individuals received outreach and assistance under SI-03: Quality Coordinated Outpatient Care to reconnect to outpatient behavioral health services.
- Over 35,000 people attended behavioral health-related trainings, classes, or community events made possible by MIDD in 2023. This includes crisis intervention training, Mental Health First Aid, and programs to support caregivers.



*Youth gather for an after-school skill-building activity, hosted by Diaspora Family Healing Network, with funding through PRI-11: Community-Based Behavioral Health Treatment.
Source: Diaspora Family Healing Network*

³⁵ Talk Even If. [\[LINK\]](#)

³⁶ Laced and Lethal. [\[LINK\]](#)

³⁷ Support Addiction Recovery. [\[LINK\]](#)

³⁸ MIDD 2023 Annual Narrative Survey of Service Providers.

³⁹ Kirmayer, L. J., & Jarvis, G. E. (2019). Culturally responsive services as a path to equity in mental healthcare. *HealthcarePapers*, 18(2), 11-23.

⁴⁰ DeAngelis, Tori. In search of cultural competence. *Monitor on Psychology*, March 2015. American Psychological Association.

⁴¹ Alemu REG, Osborn TL, Wasanga CM. The network approach: A path to decolonize mental health care. *Front Public Health*. 2023 Feb 13;11:1052077. doi: 10.3389/fpubh.2023.1052077. PMID: 36860394; PMCID: PMC9968956.

⁴² Office of the Surgeon General (US); Center for Mental Health Services (US); National Institute of Mental Health (US). *Mental Health: Culture, Race, and Ethnicity: A Supplement to Mental Health: A Report of the Surgeon General*. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2001 Aug. Chapter 1. Introduction. [\[LINK\]](#)

[2023 MIDD Behavioral Health Sales Tax Fund Annual Summary Report](#)

[See also MIDD Dashboard \[LINK\]](#).

MIDD also expanded partnerships with small, community-embedded organizations to increase and diversify the options available to King County residents.

- As part of PRI-11 Community Based Behavioral Health Treatment, participating partners reported they engaged 6,602 participants in services and reached more than 3,000 at events held in the various communities, to increase awareness and access to culturally responsive treatment options.
- MIDD launched the Community Owned Behavioral Health Collaborative (COBHC) in April 2023 to build organizational and behavioral health capacity among BIPOC and marginalized communities, and to foster mutual education between participating organizations and the behavioral health system, with funding from initiative SI-01: Community-Driven Behavioral Health Grants and PRI-11: Community Behavioral Health Treatment. As of the end of 2023, the COBHC includes 22 partner agencies.
- Nine partners received SI-01: Community-Driven Behavioral Health grants. Eight grantees focused on culturally- linguistically- and trauma-informed services, and one partner focused on improving the well-being of participants through art projects. The awards advanced equity and social justice and countered systemic racism by reaching populations that typically face barriers. Community-Driven Behavioral Health grantees reported that 96 percent of participants felt more engaged in their community after participating in a MIDD-funded program.
- SI-05: MIDD Emerging Issues grants funded Lutheran Community Services Northwest to provide culturally responsive behavioral health services to recently arrived Afghan refugees.

Increasing Youth Access to Behavioral Health Treatment

MIDD investments are important to King County’s response to youth behavioral health needs. MIDD-funded programming intervenes early when King County youth face behavioral health challenges to avoid issues from escalating.

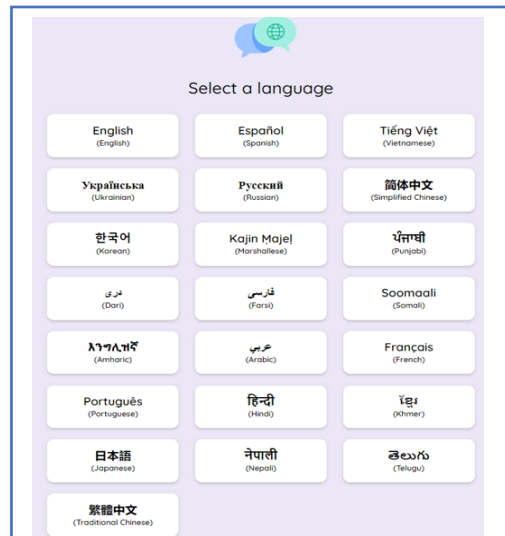
Over 2,500 youth participated in MIDD-funded services in 2023, ranging from crisis outreach to wraparound supports. School-Based Screening, Brief Intervention, and Referral to Treatment (SBIRT) programs funded by MIDD screened an additional 13,000 youth in schools.

- Over 1,300 middle schoolers received referrals to needed services (via School-Based SBIRT). When the SBIRT assessment tool identified a potential safety concern, 81 percent received a brief intervention.
- School-Based SBIRT continued to expand to a record number of school sites, districts, and students. In 2023, the program partnered with 13 school districts and one private school to reach 40 middle- and 16 high schools,
- Data collected about languages spoken by students led to increased use of qualified translators and screenings are available in 22 languages.



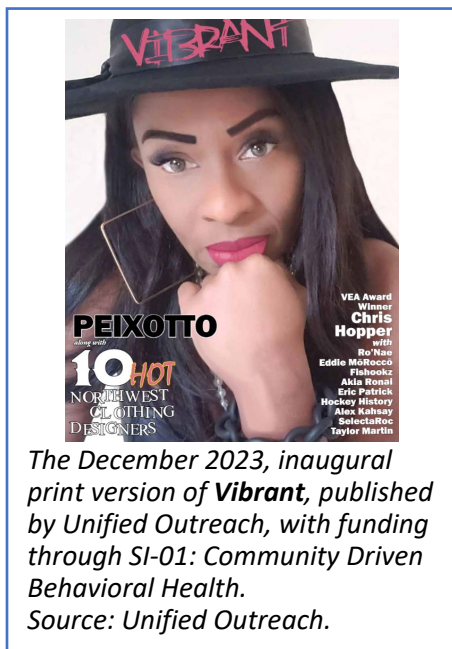
Encompass Northwest utilized funding from PRI-11 to provide home- and school-based enrichment therapy to children ages 0-8, and their families, living in the Snoqualmie Valley. Source: Encompass Northwest.

- 62 percent of youth participating in services provided under CD-15: Wraparound Services for Youth improved or sustained regular school attendance.
- MIDD’s SI-03: Quality Coordinated Outpatient Care initiative supported the launch of summer youth programming. Partner programs hosted youth engagement activities and camps to increase continuity of behavioral health care over the summer for youth who typically receive services in school settings.
- 88 percent of the youth served by the CD-11: Children’s Crisis Outreach and Response System or CD-15: Wraparound Services for Youth had no new crisis events in the 12 months following their engagement in either or both programs.



School based SBIRT online tool “Check Yourself” is available in 22 languages. Source: Northshore School District.

Implementation of Grant-Based Art Therapy Program Pilot Project Highlight and Evaluation



Ordinance 19546, Section 71, expenditure restriction ER1 requires this report to highlight and evaluate the grant-based art therapy pilot project funded by the expenditure restriction.⁴³ For more information on the grant-based art therapy pilot program, please refer to the separate standalone report on the program directed by Ordinance 19546, Section 71, Proviso P1.⁴⁴

Unified Outreach received Council-directed grant-based art therapy pilot funding to engage at-risk youth to build self-esteem and confidence to help youth to succeed and make a positive contribution in society while giving them opportunities to express feelings through art projects and participation in behavioral health activities with peers and a therapist to improve their mental health and well-being. Unified Outreach partnered with and served students from Southwest Youth and Family Services, Denny Middle School, and Southwest Boys and Girls Club. The program released the first print copy of *Vibrant*, a magazine featuring students’ works, in December 2023.

In 2023, Unified Outreach served a total of 62 participants ranging from 11 to 19 years old. Ninety-seven percent of participants identified as a person of color. The program reported a 77 percent completion rate, and individuals that completed the program attended an average of 13 group art therapy sessions. Additionally, the program reached out to 24 other community partners to recruit and enroll youth in art-based therapy services.

⁴³ King County Ordinance 19546, Section 71, Proviso P1.

⁴⁴ King County Ordinance 19546, Section 71, Proviso P1.

The program administered an end-of-year survey among participants. Ninety-six percent of program participants self-reported improved skill in externalizing emotions and ideas constructively through artistic mediums. Furthermore, 83 percent reported increases in their sense of community belonging, through participation in group art projects, engaging in healing circle dialogue, and providing peer reviews to other artists in the program.

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 24,342 people in 2023.

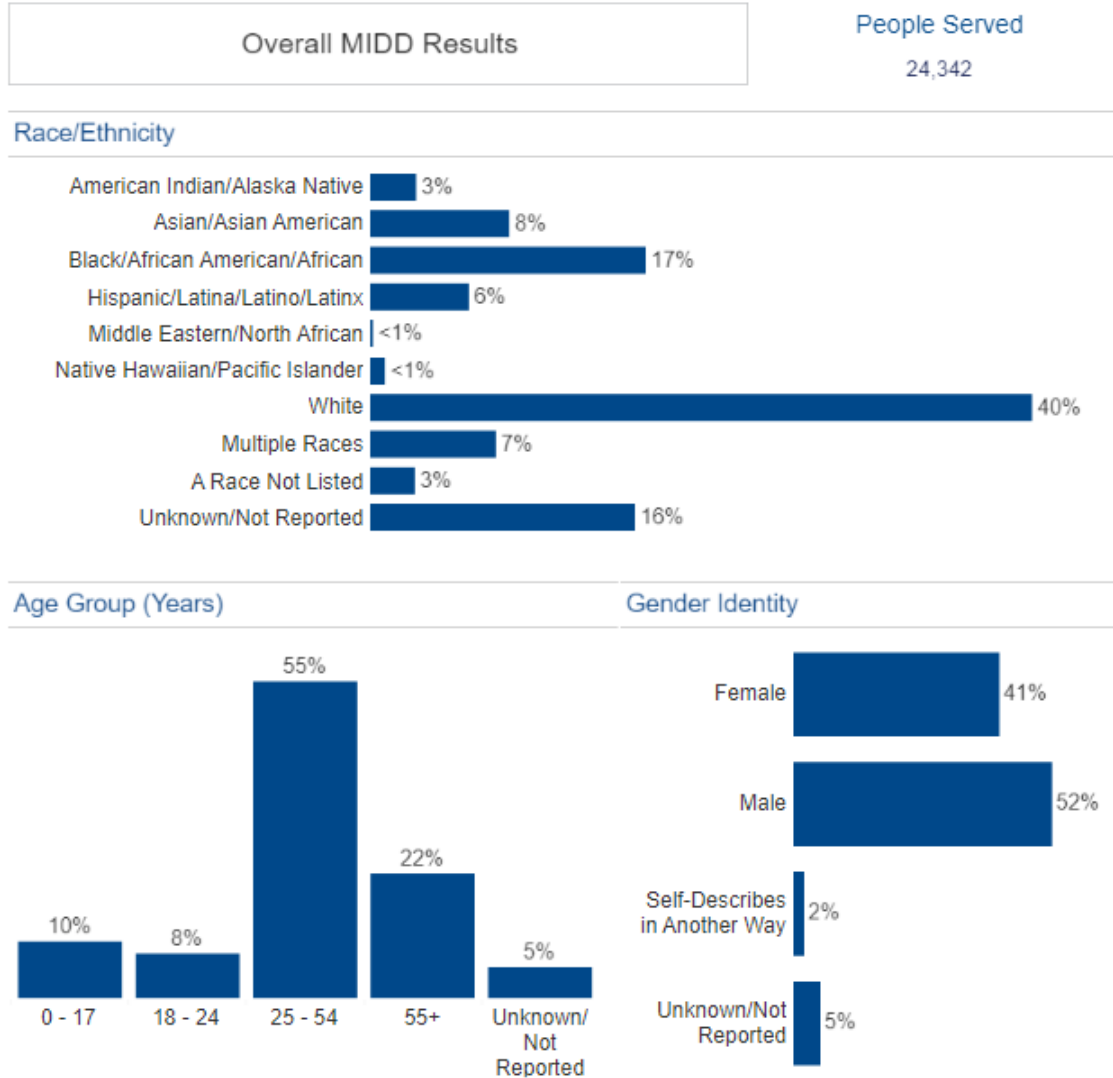
Who MIDD Initiatives Serve

Figure 1 displays the demographic information of people served by MIDD initiatives in 2023. MIDD initiatives served a lower proportion of people identifying as white than are represented in the King County population at large (56 percent) and a greater proportion of people identifying as Black or African American than are represented in King County (six percent).⁴⁵ Over half of people served by MIDD initiatives identify as male, and over half of people served by MIDD initiatives are between age 25 years and 54 years.⁴⁶

⁴⁵ U.S. Census Bureau (2024). American Community Survey, 5-Year Estimates (2018-2022), Detailed Tables: B03002 (Hispanic and Latino Origin by Race). [\[\]](#)

⁴⁶ 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 2023 ⁴⁷



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.

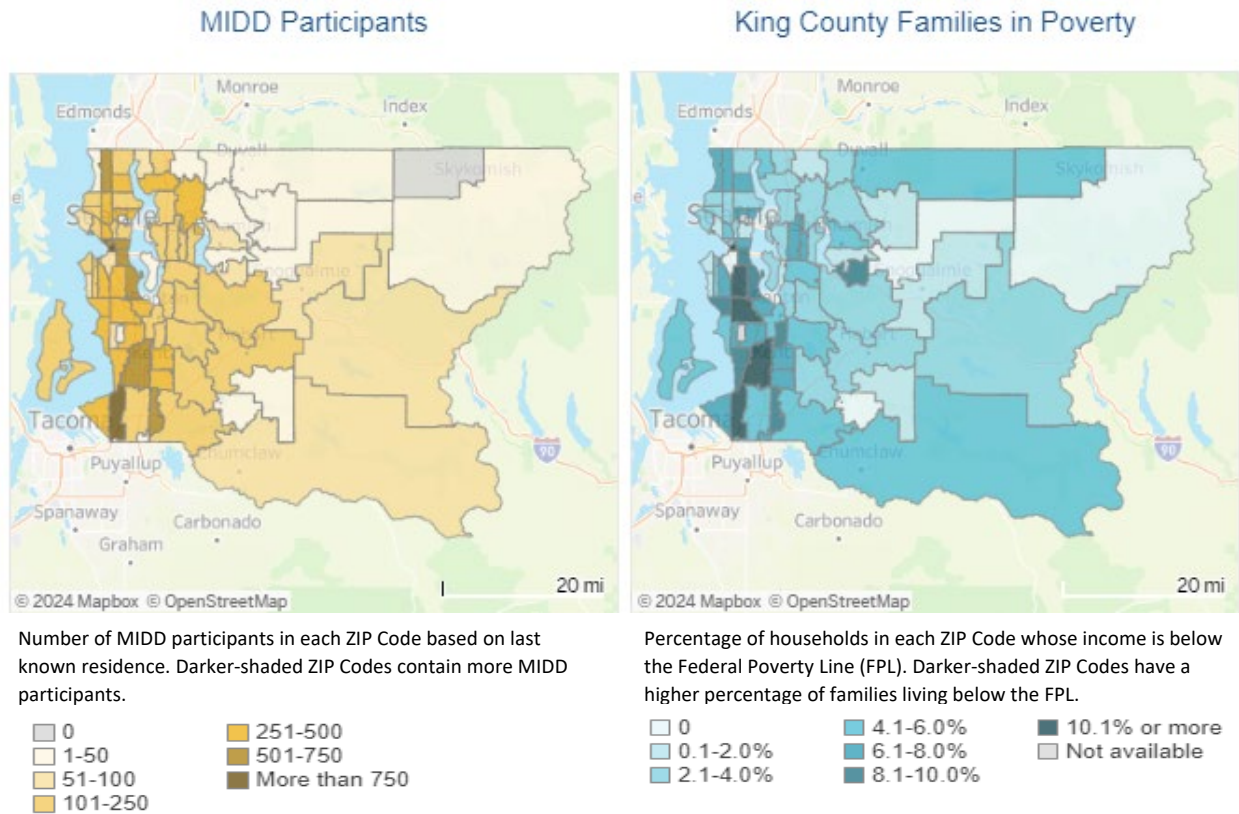
Where Participants Live

The maps displayed in Figure 2 show the number of people served by MIDD initiatives in 2023 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 2023, MIDD initiatives generally served more people in ZIP

⁴⁷ 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.

Codes with a higher percentage of families living below the poverty line, consistent with reaching underserved populations throughout the county.

Figure 2: Residential ZIP Code of People Served Through MIDD in 2023 Compared to the Percent of Families Whose Household Income is Below the Federal Poverty Line by ZIP Code ⁴⁸



More detailed information on where people served by MIDD initiatives live can be found on the MIDD data dashboard (<https://kingcounty.gov/MIDDdashboard>), including geographic information disaggregated by MIDD initiative.

C. Evaluation and Continuous Improvement

The evaluation of MIDD-funded programs aligns with the five policy goals adopted by the King County Council. MIDD initiatives link to one or more of these goals for the purposes of performance measurement and evaluation. The County evaluates progress toward each of the five MIDD goals to identify systems-level improvement and impact. The MIDD evaluation uses a Results-Based Accountability (RBA) framework. The RBA framework asks questions about the quantity, quality, and impact of services:

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

⁴⁸ 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.

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See also MIDD Dashboard [LINK].

This section summarizes MIDD’s data-informed implementation adjustments and updates to performance measure targets during 2023, consistent with KCC 4A.500.309.D requirements.⁴⁹

2023 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 included incorporating equity and social justice more fully into contract management, addressing disproportional access to services and increasing inclusivity within MIDD-funded services, expanding models of service provision, incorporating new treatment approaches, and building a workforce that reflects the diversity of MIDD participants.

BHRD uses data from MIDD initiatives to inform program and process adjustments. Highlights from 2023 include:

- Multiple programs reviewed participant data and subsequently expanded the availability of materials and workshops in alternate languages.
- Programs tracked trends in appointment requests and no-show rates to fine tune staffing patterns to better meet demand.
- Programs identified and partnered with community resources, such as food pantries, to meet participant-identified needs.
- Multiple programs supported training, recruitment, and retention of staff who are more representative of participants to meet the workforce crisis in behavioral health services.

Additional detail on these adjustments is available at the online [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 an over- or under-estimation of feasible service delivery. In 2023, targets were adjusted for three initiatives.⁵⁰

In 2023, 22 of the 46 MIDD initiatives with established targets exceeded target numbers, and an additional five 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, limited availability of openings in continuing services to discharge MIDD participants safely, lower referral rates into MIDD programming, loss of inpatient bed availability, increased availability of fentanyl and methamphetamine, limited access to program participants in jail, and lack of affordable housing options. Additional detail on program performance relative to targets and updates to performance measurement targets in 2023 is available at the [MIDD Dashboard](#).

⁴⁹ KCC 4A.500.309. [\[LINK\]](#)

⁵⁰ Performance measurement targets were adjusted for these MIDD initiatives in 2023: CD-05: High Utilizer Care Teams, RR-10: Behavioral Health Employment Services & Supported Employment, and TX-RMHC: Regional Mental Health and Veterans Court. Additional detail on target adjustments is available on the [MIDD Dashboard](#).

[2023 MIDD Behavioral Health Sales Tax Fund Annual Summary Report](#)

See also MIDD Dashboard [\[LINK\]](#).

D. 2023 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 underserved populations. BHRD released five MIDD-funded procurements in 2023. Focus areas included expanding summer programming for youth, launching the Emerging Issues initiative, Behavioral Health Services in Rural King County, and Community-Driven Behavioral Health Grants. Additional detail on procurements is available at the [MIDD Dashboard](#).

E. MIDD Fiscal Information

In 2023, the MIDD behavioral health sales tax revenue forecast and fund collections were relatively stable, a contrast to COVID-19's economic impact in recent years. Supplemental budget ordinances added more than \$25 million to MIDD's 2023 expenditure authority, a 12 percent increase to budgeted funds.⁵¹

As shown in Figure 3, after these additions, MIDD spent 80 percent of budgeted funding for 2023. Many MIDD programs received funding from multiple revenue sources. In some instances, spending of MIDD funds was intentionally deferred to ensure other time-limited funds (such as federal COVID-19 funds) were exhausted first. Also in 2023, \$15.6 million in unspent funds from the prior year were designated on a one-time basis for capital improvements of existing behavioral health facilities and the relocation of the Sobering Center to a permanent site, with unanimous support of the MIDD Advisory Committee.⁵² While the budget for these investments were appropriated entirely in the current fiscal year, spending on these long-term projects will extend beyond 2023. Additionally in 2023, \$5 million of unspent funding was directed to respond to the opioid crisis in 2024 and 2025.⁵³

⁵¹ Ordinance 19633 and Ordinance 19546.

⁵² MIDD Advisory Committee meeting, July 27, 2023.

⁵³ County Executive 2023-2024 second omnibus transmittal letter, October 10, 2023, Ordinance 19546.

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See also MIDD Dashboard [\[LINK\]](#).

Figure 3: 2023 MIDD Fiscal Information

STRATEGY AREA	2023 Budget	2023 Actuals	% Spent
Prevention and Early Intervention ^{54, 55}	\$25,240,021	\$19,650,534	78%
Crisis Diversion ^{38,39}	\$29,642,043	\$24,836,087	84%
Recovery and Reentry ⁵⁶	\$13,696,398	\$13,591,333	99%
System Improvement ³⁹	\$6,877,048	\$2,865,203	42%
Therapeutic Courts	\$13,339,637	\$12,112,460	91%
Special Projects ⁵⁷	\$12,050,500	\$8,293,306	69%
Administration and Evaluation	\$ 5,336,015	\$3,554,033	67%
Total	\$106,181,662	\$84,902,956	80%

F. Additional Information Available on MIDD Webpages

MIDD Dashboard

The [MIDD Dashboard \(https://kingcounty.gov/MIDDdashboard\)](https://kingcounty.gov/MIDDdashboard) is the primary source of detailed data and information on MIDD initiative performance and outcomes. The dashboard contains eight tabs which, respectively, provide information on:

- 2023 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 2023, the dashboard contains additional demographic information, geographic data, performance measures, long-term outcomes, data-informed implementation adjustments, 2023 procurements, changes to targets, performance relative to targets, and expenditures by initiative.

⁵⁴ This MIDD strategy area contains many initiatives with braided funds. In such cases, the use of MIDD funds may be deferred to ensure that other term limited funds, such as American Rescue Plan Act funding, are expended first.

⁵⁵ This MIDD strategy area had lower actual expenditures than originally budgeted, due to timing of startup, staffing challenges, rollout of programming components, and/or procurement of services.

⁵⁶ This MIDD strategy area contains many initiatives where MIDD is the primary funder. This has the effect of normalizing spend across the biennium and contract period.

⁵⁷ Special Projects Strategy contains initiatives committing funds to long term projects such as capital projects. While MIDD appropriation authority is for the current biennial budget, MIDD's commitment to these projects are expected to extend budget periods until completion, through reappropriation as needed.

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[See also MIDD Dashboard \[LINK\].](#)

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 report on June 6, 2024.

In 2023, the MIDD Advisory Committee continued an ongoing focus on centering equity in the work.

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.⁵⁸

MIDD Partners

MIDD services are carried out in partnership with 173 contractors and provider agencies through over 300 contracts. Explore the online MIDD Service Provider Inventory to learn more about providers and to see which geographic areas they serve.⁵⁹

G. Conclusion/Next Actions

In 2023, MIDD funding continued to address gaps and expand services that extend the impact of the community behavioral health system through complementary and community-designed services. MIDD supported new projects to respond to unexpected and urgent behavioral health needs, screened over 13,000 youth in schools for behavioral health needs, invested in treatment options to reduce overdose deaths and increase access to recovery, and made it possible for more than 3,000 people to receive outpatient care, many of whom are immigrants or refugees who were not eligible for Medicaid.

As the needs of King County communities evolve, MIDD provides critical investments to modernize services and support a high-functioning and responsive behavioral health system. To best provide equitable access, targeting MIDD investments strategically to meet the region's biggest behavioral health challenges will be essential. Behavioral health needs are different today than they were in 2008 when MIDD began and even compared to 2016 when it was last renewed. Looking ahead, innovative actions will be required to bring services to community members where they need them, to address the urgent opioid crisis, and to meet the need for substantially more behavioral health care workers, among other priorities. Federal, state, and local investments must work together to create the cohesive and intentional system that King County needs.

⁵⁸ MIDD Advisory Committee. [\[LINK\]](#)

⁵⁹ MIDD Service Providers. [\[LINK\]](#)

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See also MIDD Dashboard [\[LINK\]](#).

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) ⁶⁰
King County Code 4A.500.309.D.1			
Performance measurement statistics	K.C.C. 4A.500.309.D.1.a	Report Requirements Subsection A: MIDD Implementation and Results in 2023, Key MIDD Outcomes, Page 8.	“Measuring MIDD Performance” tab
Program utilization statistics	K.C.C. 4A.500.309.D.1.b	Report Requirements Subsection A: MIDD Implementation and Results in 2023, Who MIDD Initiatives Serve, Pages 15-16.	<ul style="list-style-type: none"> • “Who MIDD serves” tab • “Where MIDD participants live” tab • “Measuring MIDD performance” tab
Request for proposal and expenditure status updates	K.C.C. 4A.500.309.D.1.c	Report Requirements Subsection D: 2023 Procurement Update, Page 19.	“What MIDD invests in” tab
Progress reports on evaluation implementation	K.C.C. 4A.500.309.D.1.d	Report Requirements Subsection C: Evaluation and Continuous Improvement, Page 17.	<ul style="list-style-type: none"> • “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	K.C.C. 4A.500.309.D.1.e	Report Requirements Subsection B: MIDD Participants, Who MIDD Serves, Page 16.	<ul style="list-style-type: none"> • “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	K.C.C. 4A.500.309.D.1.f	Report Requirements Subsection C: Updates to Performance Measurement Requirements, Page 18.	“How MIDD is improving” tab

⁶⁰ MIDD Dashboard. [\[LINK\]](#)

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See also MIDD Dashboard [\[LINK\]](#).

Reporting Element Language	Source	See Section(s) of This Report	See Also MIDD Online Dashboard Tab(s) ⁶⁰
Recommendations on either program changes or process changes, or both, to the funded programs based on the measurement and evaluation data	K.C.C. 4A.500.309.D.1.g	Report Requirements Subsection C: Continuous Improvement and Data Informed Adjustments, Page 18.	“How MIDD is improving” tab
Summary of cumulative calendar year data	K.C.C. 4A.500.309.D.1.h	<ul style="list-style-type: none"> • Report Requirements Subsection A: Accomplishments and Effectiveness in 2023, Pages 8-15. • Report Requirements Subsection B: MIDD Participants, Pages 15-17. 	“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, Page 14.	
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 BSK, 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 2023, Figure 2: Residential ZIP Codes of People Served Through MIDD, Page 17.	“Where MIDD participants live” tab

Appendix B: MIDD Investments in 2023

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)	
<p>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.</p>	
Initiative Code	MIDD Initiatives in 2023
PRI-01: Screening, Brief Intervention and Referral to Treatment (SBIRT)	Screening, Brief Intervention, and Referral to Treatment (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	Juvenile Justice Youth Behavioral Health Assessments (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/Geriatric Regional Assessment 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.

2023 MIDD Behavioral Health Sales Tax Fund Annual Summary Report
 See also [MIDD Dashboard \[LINK\]](#).

Prevention and Early Intervention (PRI)	
PRI-05: School-Based Screening, Brief Intervention and Referral To Service / Treatment (School-Based SBIRT)	School-Based SBIRT provides a structured approach to promoting social and emotional health and strives to prevent substance use among middle and high 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	Mental Health First Aid (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 - First Responders	Crisis Intervention Training (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 & 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.

Prevention and Early Intervention (PRI)	
PRI-11: Community 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. A subset of programs support culturally specific and responsive models that provide behavioral health programming with a therapeutic intent to individuals and/or communities that are not typically well served by the mainstream system. Therapeutic intervention is defined as: providing intervention or services that intentionally supports people getting to a normative place by addressing underlying behavioral health issues so that participants can live their best lives.

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 2023
CD-01: Law Enforcement Assisted Diversion (LEAD)	Through Law Enforcement Assisted Diversion (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 participants to address behavioral health needs and connect them to stabilizing services such as housing and employment through a low-barrier, harm reduction approach.
CD-02: Youth Detention Prevention Behavioral Health Engagement	The Youth Detention Prevention services is part of King County’s coordinated and expanded approach to supporting young people experiencing behavioral health concerns who are either involved with and/or at risk of involvement with the juvenile legal system. MIDD funding supports peer-based and professionally staffed programs providing short-term, community-based behavioral health support 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 with behavioral health conditions in downtown Seattle and south and east King County. The initiative works with contracted agencies to provide integrated physical and behavioral health care to reduce participants’ reliance on crisis services, emergency departments, crisis facilities and psychiatric hospitals and their engagement with the criminal legal system.
CD-04: South County Crisis Diversion Services	South County Crisis Diversion Services/Center works with CD-06: Adult Crisis Diversion Center, Respite Beds, and Mobile Behavioral Health Crisis Team to expand access to and availability of in-community crisis responses for south King County first responders who engage with individuals experiencing a behavioral health crisis. The initiative supports one Mobile Crisis Team (MCT).

2023 MIDD Behavioral Health Sales Tax Fund Annual Summary Report
 See also MIDD Dashboard [[LINK](#)].

Crisis Diversion (CD)	
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: Adult Crisis Diversion Center, Respite Beds and Mobile Behavioral Health Crisis Team	The Adult Crisis Diversion Center, Respite Beds and Mobile Behavioral Health Crisis Team provides King County’s first responders with alternatives to jail or hospitals when engaging with adults in behavioral health crisis. Known as the Crisis Solutions Center, the initiative has three program components: the Mobile Crisis Team, the Crisis Diversion Facility, and Crisis Diversion Interim Services. The initiative stabilizes and supports people in the least restrictive settings possible while linking them to community-based services.
CD-07: Multipronged Opioid Strategies	Multi-Pronged 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 medication for opioid use disorders (MOUD).
CD-08: Children's Domestic Violence Response Team	Children’s Domestic Violence Response Team (CDVRT) provides behavioral health treatment, linkages 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, often complex systems, including legal, housing, and school.
CD-10: Next Day Crisis Appointments	Next-Day Crisis Appointments (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)	Children’s Crisis Outreach Response System (CCORS) provides countywide crisis response to children, youth, and families who are affected by adverse events or acute emotional or behavioral concerns, and whose living situations may be at imminent risk of disruption as a result. 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 care services across systems.

Crisis Diversion (CD)	
CD-12: Parent Partners Family Assistance	Using a peer-based approach, 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)	Family Intervention and Restorative Services (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 and 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 Stabilization	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 preventing crisis events.
CD-18a: Regional Crisis Response System	Regional Crisis Response (RCR) Agency is a behavioral health co-response model in which mental health professional Crisis Responders deploy through the 911/public safety system to provide de-escalation and connect individuals experiencing behavioral health crisis to the 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.

Crisis Diversion (CD)	
CD-18b: Co-Responder Model – King County Sherriff’s Office	The Therapeutic Response Unit (TRU), operated by the King County Sheriff’s Office, partners sheriff deputies with mental health professionals (MHPs) to 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. TRU MHPs and their co-response units will support communities, dispatch, and deputies by providing de-escalation, behavioral health triage and referral, and community engagement/education.

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 2023
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 homelessness or at risk of homelessness, and who may benefit from additional support maintaining housing due to ongoing behavioral health challenges.
RR-02: Behavioral Health Services at Community Center for Alternative Programs (CCAP)	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 the Area Median Income).
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	Housing Vouchers for Adult Drug Court (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.

Recovery and Reentry (RR)	
RR-06A: Jail Reentry System of Care	Jail Reentry System of Care funds reentry case management services, linkages to behavioral health treatment and public benefits and access to basic needs for adults transitioning out of municipal jails and back into the community.
RR-06B: Jail Coordinated Discharge	Coordinated Jail 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 living homeless. Releasing individuals receive a supply of medications, culturally appropriate linkages to care, next day appointments for OUD treatment, and re-entry items (ID, phone, clothing, hygiene kits, transportation, Medicaid, 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 legal system involvement through an evidence-based approach to reentry.
RR-08: Hospital Re-entry Respite Beds	Hospital Reentry 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/or employment support, and participate in opportunities for volunteer service.
RR-10: Behavioral Health Employment Services & 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/or 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 bring their lived experience and skills, collaborating with inpatient treatment teams to identify people who need support as they exit psychiatric inpatient care.
RR-11B: Substance Use Disorder Peer Support	Substance Use Disorder 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.

Recovery and Reentry (RR)	
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 and public safety and reduces harm.
RR-15: South County Pretrial Services	The PALS program provides corrections oversight and behavioral health services to non-Medicaid enrolled pretrial individuals whose criminal cases are assigned to the Norm Maleng Regional Justice Center and the Federal Way Municipal Court. Individualized, culturally responsive and trauma-informed services include brief intervention, crisis intervention, mental health and/or substance use disorder assessments, outpatient treatment and linkages to other community-based services. MIDD and King County general funds support this work.

System Improvements (SI)	
<p>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.</p>	
Strategy Code	MIDD Initiatives in 2023
SI-01: Community-Driven Behavioral Health Grants	Community-Driven Behavioral Health Grants increase access to culturally and linguistically appropriate behavioral health services. This initiative directly funds community organizations to design and implement service approaches that meet their needs and overcome barriers to behavioral health service participation and recovery programming experienced by Black, Indigenous, and people of color (BIPOC) and other marginalized communities in King County.
SI-02: Rural Behavioral Health Grants	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.

System Improvements (SI)	
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 for broader access, better treatment services, and reaching beyond treatment to provide recovery support services.
SI-04: Workforce Development	This initiative funds the annual umbrella license for substance use disorder (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. In 2023 funding leveraged COVID-19 resources to establish a series of trainings and broad-scale curriculum offering free CEU’s to King County Mental Health Professionals.
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. MIDD funds are deployed in a targeted way to address unexpected and urgent needs and funds organizations to design and implement programming to meet needs not currently addressed by MIDD’s portfolio of initiatives.

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 2023
TX-ADC: Adult Drug Court	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	Family Treatment Court (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.

Therapeutic Courts (TX)	
TX-JTRAC-BHR: Juvenile Therapeutic Response and Accountability Court-	Juvenile Therapeutic Response and Accountability Court-Behavioral Health Response provides an incentive-driven program to help youth struggling with substance use who have criminal offenses reduce the likelihood of continued legal system involvement. The initiative’s holistic continuum of care model takes a culturally targeted approach and supports completion by accelerating progress through each phase and toward graduation.
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 use 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

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July 31, 2024

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

Dear Councilmember Upthegrove:

This letter transmits the 2023 Mental Illness and Drug Dependency (MIDD) Annual Report, as called for by King County Code 4A.500.309.D, and a proposed Motion that would, if enacted, acknowledge receipt of the report. This report describes evaluation results for the programs and services supported by King County's dedicated 0.1 percent MIDD behavioral health sales tax, specifically addressing MIDD's five adopted policy goals. In addition, the report provides information about implementation of the programs and services supported by MIDD during 2023.

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 2023 report showcases key outcomes and themes in MIDD's implementation in 2023. The report links throughout to the online [MIDD Data Dashboard](#), an interactive tool that accompanies the report, giving users the ability to explore MIDD data and outcomes with powerful flexibility. The dashboard provides fiscal information on MIDD investments, plus demographic and outcomes data for the fund overall and by initiative.

The 2023 report illustrates MIDD's critical role in reinforcing King County's behavioral health system and highlights MIDD's effectiveness amid ongoing challenges. Key areas of focused attention in 2023 included:

- Growing and sustaining a diverse behavioral health workforce,
- Addressing the fentanyl surge and eliminating barriers to treatment,
- Reducing barriers and increasing access to behavioral health treatment,
- Increasing youth access to behavioral health treatment, and

The Honorable Dave Upthegrove

July 31, 2024

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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 6, 2024 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 the 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

Dow Constantine
King County Executive

Enclosure

cc: King County Councilmembers
ATTN: Stephanie Cirkovich, Chief of Staff
Melani Hay, Clerk of the Council
Shannon Braddock, Deputy King County Executive, Office of the Executive
Karan Gill, Chief of Staff, Office of the Executive
Penny Lipsou, Council Relations Director, Office of the Executive
Kelly Rider, Director, Department of Community and Human Services (DCHS)



King County

**Metropolitan King County Council
Regional Policy Committee**

STAFF REPORT

Agenda Item:	8	Name:	Sam Porter Erica Newman
Proposed No.:	2024-0402	Date:	January 8, 2025

SUBJECT

Proposed Ordinance 2024-0402 would place a proposition on the April 22, 2025, special election ballot to reauthorize the property tax levy in excess of the levy limitation to support the regional automated fingerprint identification system (AFIS) program in King County.

SUMMARY

The AFIS program, managed by the King County Sheriff’s Office, provides fingerprint identification services and technology to criminal justice agencies throughout King County. This includes collecting, storing, searching, and identifying fingerprints and palmprints; and collecting DNA evidence from crime scenes, and from jail inmates when requested through a court order.

Proposed Ordinance 2024-0402 would place a reauthorization of the AFIS property tax on the April 22, 2025, special election ballot for voter approval. The proposed seven-year levy would have a starting rate of \$0.0275 (2.75 cents) per \$1,000 of assessed value.¹ The current AFIS levy expired on December 31, 2024, and the program will operate on remaining fund balance in 2025. If the levy is not renewed in 2025, funding for the program will end.

The impact on the property taxes of a home valued at \$875,000 is estimated to be \$24.06 in 2026. The levy would generate approximately \$25.3 million in 2026 and approximately \$188.8 million over the seven-year levy period from 2026 to 2032.² The proposed rate is lower and the levy period is longer than the rate and term approved by voters in 2017, which started at \$0.035 per \$1,000 assessed value over six years. In subsequent years, the proposed rate would increase within the limits of RCW 84.55 (one percent per year plus the value of new construction). The proposed levy would support status quo operations for the AFIS program during the levy period and the necessary replacement of end-of-life technology near the end of the levy period.

¹ Since 1986, the AFIS Program has been funded by a voter-approved property tax levy, whose funds have been used to support enhanced regional fingerprint identification services to all cities and unincorporated areas in King County.

² Forecast determined by the Office of Performance, Strategy and Budget with assessed value figures provided by the Office of Economic and Financial Analysis.

BACKGROUND

The King County AFIS program is managed by the King County Sheriff's Office and provides services to all cities and unincorporated areas in the County.³ The King County Regional AFIS Advisory Committee (AAC) provides additional review on the operation and funding of AFIS services in King County. Membership includes representatives from the County's suburban cities, the City of Seattle, and King County.

To provide these services regionally, the program is funded by a countywide levy, which requires periodic voter approval. The AFIS levy has allowed King County to establish operations and the technology to collect, search, and store fingerprints and palmprints in an electronic database. King County is the only county in Washington with its own AFIS computer⁴, and is the only county with a shared, regional model that provides services to all local law enforcement agencies. This database helps identify arrested individuals through fingerprint matching, solve crimes by identifying "latent" prints left at crime scenes, and establish criminal history. AFIS Processing Technicians and Latent Print Examiners respond to crime scenes throughout King County to recover latent prints from items that may have been touched during the commission of a crime, and DNA evidence left behind.

AFIS Computer. Central to the AFIS program is the cloud-based AFIS computer which stores, searches, and compares more than 3 million finger and palm print records and 63,000 unsolved crime scene prints. To match incoming and unidentified prints, AFIS staff use the AFIS computer and the Western Identification Network (WIN) which includes the Washington State Patrol and seven other western states, and the federal database managed by the FBI. Currently, only the AFIS units of King County, Bellevue Police Department, and Seattle Police Department have direct access to the AFIS fingerprint database. When identifying information is submitted to the King County AFIS computer, it is subsequently transmitted to the state and federal agencies for processing in accordance with state and federal law.

The AFIS program provides 56 Livescan capture stations located at agencies throughout the county. Livescans are larger, not-mobile technology stations used to collect fingerprints, palmprints, mugshot and tattoo photographs, and other identifying arrest data for submission into the local AFIS database.

The AFIS Program provides 220 MobileID devices to law enforcement agencies throughout the County. Using a two-fingerprint search while in the field, these handheld devices assist officers in determining whether to detain or release the subject without having to transport them to a location with a Livescan station. This field identification occurs in minutes and the officer receives a response from the local AFIS, WIN AFIS, and a FBI's RISC database.

³ AFIS Program Feature on King County TV, July 30, 2021.

https://www.youtube.com/watch?v=I_vldlkP3FI

⁴ The AFIS computer was converted to a modern cloud-based system during the 2019-2024 levy period.

AFIS Operations. The AFIS levy supports 117 positions in the King County Sheriff's Office and Seattle Police Department. This is a decrease of 6 positions from the prior levy. AFIS staff indicate that this decrease is a result of efficiencies achieved over the last levy period. In addition to administrative staff that manages projects, budget, technology, and provides training and helpdesk support throughout the county, there are two main operational units: identification and forensics.

Identification operations consists of three main roles: identification technicians, tenprint examiners, and information specialists.

- Identification technicians collect fingerprints, palm prints, and DNA swabs of arrestees at King County Correctional Facility and the Youth Services Center in Seattle, and the Maleng Regional Justice Center (MRJC) in Kent. While this unit no longer assists at the South Correctional Entity (SCORE) multijurisdictional jail in Des Moines, AFIS provides SCORE a Livescan station and training.
- Tenprint examiners verify identities of arrested individuals before their release from jail custody. The King County Tenprint Unit serves Seattle and the University of Washington Police Department⁵, all suburban police agencies, Sheriff's Office contract cities, and unincorporated areas within King County.
- Information specialists research charge information and ensure accurate data is transmitted along with fingerprints to the Washington State Patrol and the FBI.

Forensic operations also consist of three roles: processing technicians, latent print examiners, and records specialists.

- Processing technicians respond to crime scenes to process for fingerprint evidence. Latent print examiners respond to more complex crime scenes, process evidence items in the lab, and search and compare crime scene prints to those of known individuals.
- Latent fingerprints are impressions of the ridge structure of fingerprints left behind on a surface. To process latent prints, they are treated with a variety of chemical and physical processes to make them visible and stable on the item and photographing it to be used for further analysis and identification.⁶ Staff also testify to their findings in court.
- Records specialists prepare latent comparison reports, track chain-of-custody of evidence, and disseminate case information.

AFIS Program Levy History. In November 1986, the King County voters approved the first AFIS Levy with a rate of \$0.025 per \$1,000 of assessed valuation for five years. The first levy provided for the purchase and implementation of an AFIS computer to identify criminals by matching their crime scene latent fingerprints to known prints stored in the database. By the end of 1990, more than 1,200 crime scene prints were matched to potential suspect fingerprints in the AFIS database. Since then, the AFIS Levy has been reauthorized by King County voters six more times as seen in Table 1 below.

⁵ AFIS staff indicate that there is a plan to supply a Livescan station to the UW Police Department in 2025.

⁶ KC AFIS Latent Print feature, King County TV, <https://www.youtube.com/watch?v=g82thePV5x4>

Table 1. AFIS Renewal Rates and Terms

Previous Years	Ordinance	Initial Rate per \$1000 of AV	Term in Years
1986	07747	0.02500	5
1990	09603	0.02000	5
1995	11948	0.06650	5
2000	13894	0.05784	5
2006	15537	0.05680	6
2012	17381	0.05920	6
2019	18674	0.03500	6

2019-2024 Levy. Ordinance 18674 placed the AFIS Levy proposition on the August 2018 ballot and voters authorized a six-year levy with an initial rate of 3.5 cents to maintain AFIS operations, replace the AFIS computer with a secure, cloud-based software solution, and complete the move of AFIS operations from the King County Courthouse to the Blackriver building in Renton. Over the six-year levy, according to AFIS staff, the AFIS program has maintained and expanded operations, achieved efficiencies to reduce staffing, updated the AFIS computer and Lab Information Management System (LIMS) platform, replaced end-of-life MobileID devices, and replaced the outdated and undersized processing laboratory and AFIS offices by moving to the Blackriver Building in Renton. Additionally, during the current levy period, AFIS staff began collecting DNA evidence from crime scenes and evidence items⁷, and expanded the property crime processing program which led to a program high of nearly 3,000 crime scene investigations in 2023.

Section 7 of Ordinance 18674 allowed the AFIS program to “research and pilot new biometrics and technology that will improve case turnaround times, automate manual processes, or otherwise identify, or eliminate, suspects to help investigators solve crimes in a faster, more efficient and accurate manner.” According to AFIS staff, during the last renewal AFIS staff were aware that the next version of the AFIS computer would be, “bundled with a facial recognition application and we were curious about the capabilities of that application. However, even before we had access to the technology, it became clear that facial recognition had serious deficiencies and came with unacceptable risks. AFIS elected not to move forward with this exploration, a decision that was solidified by the King County ban on facial recognition technology in June of 2021.” Therefore, AFIS did not research or pilot new biometrics and technology as authorized under Section 7 of Ordinance 18674.

Facial Recognition Technology Ban. In 2021, Ordinance 19296 established King County Code Chapter 2.67 which bans the acquisition and use of facial recognition technology and facial recognition information by county administrative offices and executive departments, including the King County Sheriff’s Office.⁸

⁷ AFIS staff provide DNA samples to the investigating agency to store and test. AFIS does not store or test DNA evidence.

⁸ The Department of Public Safety, otherwise known as the King County Sheriff’s Office, is included in the list of executive departments under Charter Section 350.20.40.

ANALYSIS

Section 4 of Proposed Ordinance 2024-0402 identifying eligible expenditures for the levy remains unchanged from the last renewal and would pay for the costs of the AFIS program including software, hardware, operations, and maintenance expenses, costs incurred by the county that are attributable to the election, and salaries, benefits, training, office, and lab supplies and equipment, including the costs to house AFIS program operations. The section indicates that the levy is “intended as supplemental funding to maintain the current expanded crime scene and arrest identification technology and services on a shared regional basis” and that “the levy shall not at any time provide general criminal justice funding or fund programs or purposes not otherwise consistent with this ordinance.” Executive staff indicate the proposed levy is “status quo” and does not include funding for new projects or initiatives that would be supplemental to existing operations of the AFIS program.

Levy Rate. King County voters have approved levies to support AFIS programming six times since 1986. Table 1 of this staff report details the previously approved dollar rates for the first year of each AFIS levy. Proposed Ordinance 2024-0402 sets the levy rate for the 2026-2032 renewal period at \$0.0275 per \$1,000 of assessed value. The proposed ordinance would only set the rate for the first year of the levy, subsequent rates would use the limit factor of one percent per year plus the value of new construction as allowed by RCW 84.55.

The estimated impact on the owner of a \$875,000 home in King County would be approximately \$24 in 2026. This rate is estimated to raise \$188.8 million over the life of the levy. Staff from King County’s Office of Economic and Financial Analysis do not expect prorationing issues with the proposed AFIS renewal.

Seven-Year Levy Revenue. The proposed seven-year AFIS levy would generate approximately \$188.8 million in revenue from 2026-2032. The estimated cost to maintain current AFIS programs and staffing operations throughout the levy is approximately \$194 million. The AFIS program is projected to have an ending undesignated fund balance of nearly \$10.5 million at the end of 2025 which would offset the projected 7-year net of negative \$5 million as seen in Table 2 below.

Table 2. Total Estimated 7-Year Levy Revenue and Expenditures⁹

Expenditures	2025	2026	2027	2028	2029	2030	2031	2032	TOTAL
KC Salary & Benefits	12,627,416	12,334,256	12,593,275	12,945,887	13,269,534	13,601,272	13,941,304	14,289,837	92,975,365
Seattle PD	6,305,134	6,531,863	6,793,137	7,064,863	7,347,457	7,641,355	7,947,010	8,264,890	51,590,574
KC Non-labor	5,978,289	6,093,647	6,421,320	6,486,068	7,056,407	7,116,323	7,458,814	8,800,230	49,432,809
Elections Costs	4,600,000	-	-	-	-	-	-	-	
Total Annual Expenditures	29,510,000	24,960,000	25,810,000	26,500,000	27,670,000	28,360,000	29,350,000	31,350,000	194,000,000
Levy Proceeds	N/A	25,300,000	25,850,000	26,400,000	26,960,000	27,520,000	28,090,000	28,670,000	188,790,000
									7-year Net: (5,210,000)
Levy Rate (per \$1000 AV)	.029	.0275	.0269	.0263	.0257	.0250	.0244	.0238	

⁹ Data provided by PSB staff in November 2024.

2026-2032 AFIS Levy Financial Plan. A financial plan dated December 17, 2024, that includes the final year of the levy was provided by Executive staff and can be seen in Attachment 4 to this staff report. In the final year of the new levy period (2032), the estimated revenues would be \$28.8 million, the planned expenditures would be \$31.3 million, and the ending undesignated fund balance is estimated to be approximately \$5 million. Staff in the Office of Performance Strategy and Budget state that this is an appropriate ending balance for a fund of this size. The AFIS levy would need to be reauthorized in 2032 to continue funding for the program.

The financial plan for AFIS includes a 60-day rainy day reserve throughout the 7 years of the renewal of \$4.2 million in the first year and \$5.2 million in Year 7. Executive staff indicate that this reserve was set by the AFIS Advisory Committee, in alignment with County financial policies.

While the previous levy expired at the end of 2024, the AFIS program will continue to operate on remaining fund balance through 2025 with a final ending undesignated fund balance of approximately \$10.5 million. The 2025 AFIS budget includes appropriation authority to pay attributable elections costs to place the AFIS renewal on the April 2025 ballot.

Reimbursement of Election Costs. Proposed Ordinance 2024-0402 includes “costs incurred by the county that are attributable to the election” as an eligible expenditure for levy revenue. Elections staff indicate that the high estimate for placing the AFIS levy on the April 2025 ballot could be as much as \$4.5 million but could be lower if other jurisdictions place measures on the ballot and share in the overall costs. If the levy was placed on the August or November ballot, the attributable elections cost would decrease to the estimates shown in Table 3 below. Executive staff state that the King County Parks Levy is anticipated to be on the August ballot and the Emergency Medical Services (EMS) Levy is anticipated to be on the November ballot.

Table 3. Elections Cost Estimates for 2025 Ballots

Cost Category	Low Estimate	High Estimate
Elections Cost - April	\$3,430,313	\$4,459,406
Elections Cost - August	\$1,715,156	\$1,989,581
Elections Cost - November	\$1,303,519	\$1,715,156
Voter Pamphlet ¹⁰	\$54,885	\$150,934

King County’s 2025 budget includes appropriation authority for the AFIS fund to pay the cost of the 2025 election out of existing AFIS fund balance. However, election costs related to the 2025 renewal is not an eligible expenditure under Section 4 of Ordinance 18674 that placed the 2018 AFIS levy on the ballot which states costs attributable to “the” election, meaning the 2018 election. Proposed Ordinance 2024-0402 Section 4 mirrors Section 4 of Ordinance 18674 which would allow proceeds from the 2025 levy to pay for 2025 attributable elections costs. Executive staff have requested a line amendment related to this issue that is discussed in the amendment section of this staff report.

¹⁰ The cost of the voter pamphlet is in addition to the elections cost for each ballot.

AFIS Advisory Committee Extension. If the levy is approved by the voters in accordance with this proposed ordinance, the AFIS Advisory Committee would be extended to continue to review AFIS operations and expenditures and make recommendations concerning the AFIS program, as set forth in Section 6 of the proposed ordinance. Advisory Committee membership includes representatives from the County’s suburban cities, the City of Seattle, and King County. The existing Executive and Council review and approval of the AFIS budget would remain in place.

April 2025 Election Deadlines. Proposed Ordinance 2024-0402 would place the AFIS renewal on the April 22, 2025, special election ballot. Executive staff state the intent for proposing this for the April ballot is to avoid conflicts with the anticipated Parks Levy in August and EMS in November. Elections staff estimate the cost to the AFIS program would be between \$3.4 million and \$4.46 million for the April ballot. If the levy was placed on the August ballot the cost is estimated to be between \$1.7 million and \$2 million, and slightly lower for November. The adopted 2025 budget includes \$4.6 million of existing AFIS levy dollars to cover this expense in 2025.

Elections staff and the Council Clerk have identified the deadlines below for the April 2025

Table 4. Elections Deadlines for 2025 Ballots

Last regular council meeting with maximum processing time (25 days)	1/21/25
Last regular council meeting with minimum processing time (10 days)	2/11/25
Last regular council meeting to pass as emergency	2/18/25
Last special council meeting to pass as emergency	2/21/25
Election Division deadline for receiving effective ordinance	2/21/25

Legislative Schedule. Proposed Ordinance 2024-0402 is a mandatory dual referral to both the Regional Policy Committee (RPC) and the Budget and Fiscal Management (BFM) Committee with BFM first in control. The legislative schedule, identified in Table 5, contemplates discussion and possible action on January 8 by both BFM and RPC with any amendments taken up on that day. The schedule allows for special meetings of both BFM and RPC if additional time is needed for either committee to take action. Final action would take place in Full Council on January 21 to meet the deadline for passage in the last regular council meeting with maximum processing time of 25 days.

Table 5. Legislative Schedule for Proposed Ordinance 2024-0402

Action	Committee/ Council	Date	Amendment Deadline
Submitted to Clerk		November 27	
Exec Briefing <i>Briefing Only</i>	BFM	December 2	
Introduction and referral	Full Council	December 10	
Reintroduction and referral	Full Council	January 7	
Discussion and Possible Action	BFM	January 8 - 9:30 a.m.	Striker direction: December 31

			Striker distribution: January 3 Line AMD direction: January 6
Discussion and Possible Action ; possible action in RPC only if BFM has already acted	RPC	January 8 - 3 p.m.	Striker direction: December 31 Striker distribution: January 3 Line AMD direction: January 6
Action (if needed)	Special BFM	January 9-15	Striker direction: 5 business days before Striker distribution: 3 business days before Line AMD direction: 2 business days before
Action (if needed)	Special RPC	January 15-17	
Final Action	Full Council	January 21 (Expedited)	

AMENDMENTS

Council’s legal counsel reviewed the legislation and has recommended a technical line amendment and a title amendment to correct two technical issues. The line amendment, Amendment 1, would replace the words “will expire” to “expired” on line 66 in reference to the 2018 AFIS levy which expired on December 31, 2024. The title amendment, Title Amendment T1, would insert the word “of” on line 11 so the phrase reads, “for the purpose of funding the continued operation”. These proposed amendments are attached to this staff report.

Executive staff has requested a line amendment, Amendment 2, that would change the eligibility for expenditures related to attributable election costs to be for “AFIS levy elections” instead of only the 2025 AFIS election. This means that if adopted, this amendment would allow attributable costs for the next AFIS levy renewal to be paid out of any remaining balance from the 2025 AFIS levy.

INVITED

1. Mike Leahy, Regional AFIS Manager, King County Sheriff’s Office
2. Geoffrey Thomas, Chief of Staff, KCSO

ATTACHMENTS

1. Proposed Ordinance 2024-0402
2. Amendment 1
3. Amendment 2
4. Title Amendment T1
5. Transmittal Letter
6. Fiscal Note, dated December 17, 2024
7. Financial Plan, dated December 17, 2024
8. AFIS Slides, December 2, 2024, BFM



KING COUNTY
Signature Report

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

Ordinance

Proposed No. 2024-0402.1

Sponsors

1 AN ORDINANCE providing for the submission to the
2 qualified electors of King County at a special election to be
3 held in King County on April 22, 2025, of a proposition to
4 reauthorize an expired regular property tax levy in excess
5 of the levy limitation contained in chapter 84.55 RCW, for
6 a consecutive seven year period beginning in 2026 at the
7 rate of not more than \$0.0275 per one thousand dollars of
8 assessed valuation, with the 2026 levy amount being the
9 base for computing maximum allowable levy amounts
10 under chapter 84.55 RCW for years two through seven
11 (2027–2032), for the purpose funding the continued
12 operation of the regional automated fingerprint
13 identification system, also known as AFIS, which
14 maintains expanded crime scene and arrest identification
15 technology and services for all local criminal justice
16 agencies in King County.

17 **STATEMENT OF FACTS:**

18 1. To expand and enhance upon the limited identification services
19 provided by individual city and county law enforcement agencies or at the
20 state level, in 1986 the voters of King County approved funding for the

21 purchase of a shared regional automated fingerprint identification system
22 ("AFIS") computer, which matches unknown fingerprints to known
23 fingerprints. King County's AFIS database holds over two million
24 fingerprint records, over one million palmprint records, and approximately
25 sixty-three thousand crime scene prints from unsolved cases. The King
26 County AFIS is a regional system with program services available to
27 every city and unincorporated area in King County.

28 2. The AFIS computer is used for two primary purposes:

29 a. To quickly identify arrested individuals, and prevent the wrongful
30 release of those who use false names to evade arrest warrants or hide
31 criminal records; and

32 b. To search fingerprints and palmprints collected from crime scenes to
33 identify unknown suspects and aid in convictions.

34 3. The county first purchased the shared AFIS computer after the voters
35 of King County approved a property tax levy for that purpose in
36 November 1986. The ballot measure was authorized by Ordinance 7747.
37 Since 1986, the voters of King County have continued to endorse the
38 service by approving renewal property tax levies ranging from \$0.0200 to
39 \$0.0665 per one thousand dollars of assessed valuation as needed to
40 support, expand, and enhance AFIS services. The levy history for the
41 AFIS program is:

42 a. Five-year renewal levy approved in November 1990. The ballot
43 measure was authorized by Ordinance 9603;

- 44 b. Five-year renewal levy approved in November 1995. The ballot
45 measure was authorized by Ordinance 11948;
- 46 c. Five-year renewal levy approved in September 2000. The ballot
47 measure was authorized by Ordinance 13894. Funding sustained AFIS
48 program operations through 2006 without a concurrent property tax levy;
- 49 d. Six-year reauthorization levy approved in September 2006. The
50 ballot measure was authorized by Ordinance 15537. Below budget
51 program spending allowed the county to reduce levy rates in 2011 and
52 2012;
- 53 e. Six-year renewal levy approved in November 2012. The ballot
54 measure was authorized by Ordinance 17381; and
- 55 f. Six-year renewal levy approved in August 2018. The ballot measure
56 was authorized by Ordinance 18674. Through conservative spending, the
57 county accumulated a fund balance, which will sustain AFIS program
58 operations through 2025 without a concurrent property tax levy.
- 59 4. The AFIS computer was first installed in 1988. That initial system was
60 updated in 1999, and then replaced with a new system in 2011. The new
61 system introduced palmprint searching for the first time in King County.
62 The system was upgraded in 2018 to a cloud-based system which is
63 continually updated to ensure the county is using the latest fingerprint
64 matching technology.
- 65 5. The 2018 AFIS levy, which was adopted at a rate of \$0.03501 per one
66 thousand dollars of assessed valuation, will expire on December 31, 2024.

67 Through prudent fiscal management, a balance has accumulated in the
68 AFIS fund over the past six years. The balance will be used to sustain
69 appropriations in 2025 and continue AFIS program operations without a
70 concurrent property tax levy. This ordinance proposes a renewed AFIS
71 levy at a rate of \$0.0275 per one thousand dollars of assessed valuation
72 with collections beginning in 2026. Without renewed revenue, fund
73 balances will be depleted after 2025 and funding for the program will end.

74 6. Large cities and metropolitan areas around the country have realized
75 great benefit from having their own AFIS technology and supporting staff,
76 but it is often not affordable for local independent police agencies. King
77 County is the only county in the state of Washington with its own AFIS
78 computer, and it is the only Washington county with a shared, regional
79 model that provides services to all local law enforcement agencies. By
80 centralizing services, technology, and resources, the regional approach
81 supports crime-solving at a lower overall cost, through economy of scale.
82 Other benefits of a regional approach include a larger, higher quality
83 database that results in more identifications, and more information sharing
84 between agencies.

85 7. In 2023, the AFIS program searched almost fifty-one thousand
86 electronically submitted fingerprint records and identified over two
87 hundred individuals who had given false names when arrested. The
88 program responded to over three thousand requests for crime scene
89 assistance, processed over fifteen thousand pieces of evidence and

90 identified well over five thousand crime scene prints. The AFIS computer
91 was also used to search almost six thousand fingerprint records submitted
92 by officers in the field using mobile identification devices.

93 8. King County criminal justice agencies consider the AFIS program to be
94 essential to law enforcement, and the AFIS program has been recognized
95 for its exceptional standards and service. The program's regional model
96 has provided effective crime-solving support to all criminal justice
97 agencies in King County since its inception in 1988. The current AFIS
98 program provides for many shared services, including:

99 a. The purchase, maintenance, and staff operation of the AFIS computer
100 which stores, searches and provides potential matches for fingerprints and
101 palmprints;

102 b. The purchase, maintenance, training and support for fifty-five
103 Livescans, which are fingerprinting devices installed throughout King
104 County for the purpose of collecting high-quality prints from arrestees and
105 applicants and transmitting them electronically for a faster and more
106 efficient comparison and response;

107 c. The purchase, maintenance, training and support for three-hundred
108 handheld mobile identification devices, which enable officers to quickly
109 search fingerprints in the field, aiding the officers in determining whether
110 to detain or release an unknown subject;

111 d. The recording of high-quality fingerprints in county jail facilities, and
112 fingerprint examiners available twenty-four hours a day and seven days a
113 week, for the quick identification of arrested individuals;

114 e. Examiners and technicians who collect prints from crime scenes,
115 process items of evidence chemically, preserve those prints
116 photographically, and search them in AFIS to identify unknown potential
117 suspects or store the unidentified prints for continual search as new
118 records are added to the system; and

119 f. Training on fingerprint collection and crime scene processing, and
120 customer support for all law enforcement agencies.

121 9. During the last six years, the AFIS program has maintained effective
122 operations, achieved efficiencies to reduce staffing, updated the AFIS
123 computer, replaced end-of-life MobileID devices, and replaced the
124 outdated and undersized processing laboratory and AFIS offices.

125 10. The AFIS program has developed a seven-year budget overview with
126 associated revenue projections for 2026-2032. The proposed levy would
127 maintain current services with a first-year levy rate that is lower than the
128 first-year levy rate approved by voters in 2018.

129 11. The AFIS program produces publicly available annual reports that
130 provide status updates on program initiatives and accomplishments. The
131 success of the regional AFIS program has been a result of regular
132 collaboration with law enforcement agencies across King County.

133 12. The proposed levy will be authorized for seven years.

134 BE IT ORDAINED BY THE COUNCIL OF KING COUNTY:

135 SECTION 1. Definitions. The definitions in this section apply throughout this
136 ordinance unless the context clearly requires otherwise.

137 A. "AFIS" means automated fingerprint identification system.

138 B. "AFIS computer" means the automated fingerprint identification system,
139 which is the computer system that utilizes AFIS as its foundation, and through modular
140 design incorporates other databases of criminal identification records, and related
141 equipment, technology, networks and interfaces employed by trained staff for capturing,
142 storing and comparing criminal identification records based on friction ridge analysis, or
143 successor technology.

144 C. "AFIS program" means the acquisition, implementation, maintenance and
145 operation of the regional AFIS computer. "AFIS program" also means the countywide
146 effort of trained personnel who, through fingerprints, palmprints and other identification
147 methods: identify detained persons; identify suspects of crimes from fingerprints and
148 palmprints left on evidence at crime scenes and other locations; assist in the conviction of
149 criminals through these identifications; train law enforcement on crime scene evidence
150 collection and identification methods; support accurate and complete criminal history
151 records; conduct field research aimed at improving and enhancing program services; and
152 otherwise enhance public safety as consistent with this ordinance and permitted by law.

153 D. "Levy" means the levy of regular property taxes, for the specific purpose and
154 term provided in this ordinance and authorized by the electorate in accordance with state
155 law.

156 E. "Levy proceeds" means the principal amount of moneys raised by the levy,
157 any interest earnings on the moneys, and the proceeds of any interim financing following
158 authorization of the levy.

159 **SECTION 2. Levy submittal to voters.** To provide necessary moneys for the
160 AFIS program, the King County council shall submit to the qualified electors of the
161 county a proposition to reauthorize an expired regular property tax levy in excess of the
162 levy limitation contained in chapter 84.55 RCW for seven consecutive years, with
163 collections beginning in 2026, at a rate not to exceed \$0.0275 per one thousand dollars of
164 assessed value in the first year of the levy period. The dollar amount of the levy in the
165 first year shall be the base upon which the maximum allowable levy amounts in years
166 two through seven (2027-2032) shall be calculated using the limit factor in chapter 84.55
167 RCW, as amended.

168 **SECTION 3. Deposit of levy proceeds.** All levy proceeds collected as
169 authorized in this ordinance shall be deposited into a subfund in the automated fingerprint
170 identification system fund and used only for the eligible expenditures described in section
171 4 of this ordinance.

172 **SECTION 4. Eligible expenditures.** If approved by the qualified electors of the
173 county, all proceeds of the levy authorized in this ordinance shall be used to pay the costs
174 of the AFIS program, together with the necessary software and hardware operations and
175 maintenance expenses and such sums as are necessary to provide for the costs incurred by
176 the county that are attributable to the election. Eligible expenditures include the salaries,
177 benefits, training, office and laboratory supplies and equipment, workspace, contracted
178 goods and services, related studies and research, administration, and other costs

179 incidental to the operation and enhancement of the regional AFIS program. Workspace
180 expenditures may include the lease, rental, or purchase of land or building space to house
181 AFIS program technology, staff, or laboratory functions.

182 Eligible expenditures shall also include nonbonded debt and finance costs and the
183 reimbursement of extraordinary expenditures incurred by the county after the effective
184 date of this ordinance with regard to the AFIS program. The AFIS levy is intended as
185 supplemental funding to maintain the current expanded crime scene and arrest
186 identification technology and services on a shared regional basis, which lowers the cost
187 of technology and staff through economy of scale and makes the benefit accessible to all
188 agencies. The levy shall not at any time provide general criminal justice funding or fund
189 programs or purposes not otherwise consistent with this ordinance.

190 **SECTION 5. Call for special election.** In accordance with RCW 29A.04.321,
191 the King County council hereby calls for a special election to be held on April 22, 2025.
192 The King County director of elections shall cause notice to be given of this ordinance in
193 accordance with the state constitution and general law and to submit to the qualified
194 electors of the county, at the said special county election, the proposition hereinafter set
195 forth. The clerk of the council shall certify that proposition to the King County director
196 of elections in substantially the following form, with such modifications as may be
197 required by the prosecuting attorney:

198 King County

199 Proposition No. 1

200 Regional Automated Fingerprint Identification System (AFIS) Levy

201 The King County council has passed Ordinance ___ concerning this

202 proposition for the regional automated fingerprint identification system
203 (AFIS) levy. This proposition would fund the continued operation of the
204 AFIS program to provide enhanced forensic fingerprint and palmprint
205 technology and services to aid in the administration of justice. It would
206 authorize an additional property tax for seven years beginning in 2026 at
207 \$0.0275 per \$1,000 of assessed valuation, use the 2026 levy amount to
208 compute limitations under Chapter 84.55 RCW for subsequent levies in
209 2027-2032, and exempt eligible seniors, veterans, and disabled persons
210 under RCW 84.36.381. Should this proposition be:

211 Approved []

212 Rejected []

213 **SECTION 6. AFIS advisory committee extension.** If the levy is approved by
214 the voters in accordance with section 5 of this ordinance, the AFIS advisory committee
215 previously authorized by the voters shall be retained to review AFIS operations and
216 expenditures and make recommendations concerning the AFIS program.

217 **SECTION 7. Ratification.** Certification of the proposition by the clerk of the
218 King County council to the director of elections in accordance with law before the
219 election on April 22, 2025, and any other act consistent with the authority and before the
220 effective date of this ordinance are hereby ratified and confirmed.

221 **SECTION 8. Severability.** If any provision of this ordinance or its application to

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

KING COUNTY COUNCIL
KING COUNTY, WASHINGTON

Dave Upthegrove, Chair

ATTEST:

Melani Pedroza, Clerk of the Council

APPROVED this ____ day of _____, _____.

Dow Constantine, County Executive

Attachments: None

1

December 19, 2024
Tech Amend – "Expired"

[S. Porter]

Sponsor: Zahilay

Proposed No.: 2024-0402

1 **AMENDMENT TO PROPOSED ORDINANCE 2024-0402, VERSION 1**

2 On page 3, on line 66, after "of assessed valuation," strike "will expire" and insert

3 "expired"

4 **EFFECT prepared by *S. Porter: Update the tense of language referencing the***

5 ***expiration of the 2018 AFIS levy which expired December 31, 2024 after the Proposed***

6 ***Ordinance was transmitted.***

2

December 20, 2024
AFIS levy elections

[S. Porter]

Sponsor: Zahilay

Proposed No.: 2024-0402

1 **AMENDMENT TO PROPOSED ORDINANCE 2024-0402, VERSION 1**

2 On page 8, on line 176, after "that are attributable to" strike "the election" and insert

3 "AFIS levy elections"

4 **EFFECT prepared by S. Porter: *This amendment would change eligible expenditures***
5 ***related to attributable AFIS levy election costs to be for any AFIS levy election instead***
6 ***of only the renewal of the 2025 AFIS levy. This would allow AFIS fund balance at the***
7 ***end of 2032 to pay for the next renewal, if fund balance is available.***

T1

December 19, 2024
Technical Title Amend

[S. Porter]

Sponsor: Zahilay

Proposed No.: 2024-0402

1 **TITLE AMENDMENT TO PROPOSED ORDINANCE 2024-0402, VERSION 1**

2 On page 1, on line 11, after "for the purpose" insert "of"

3 **EFFECT prepared by *S. Porter: Inserts the word "of" in the phrase "for the purpose***

4 ***of" that was unintentionally omitted in the transmitted ordinance.***



King County

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

December 2, 2024

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

Dear Councilmember Upthegrove:

This letter transmits a proposed Ordinance that, if enacted, would place a measure before King County voters on the Special Election ballot scheduled for April 22, 2025 seeking continued support of the Automated Fingerprint Identification System (AFIS) property tax levy for the years 2026 through 2032. AFIS is a successful regional program that provides fingerprint technology and services to all law enforcement agencies throughout King County. The current levy will expire at the end of 2024 and the program will operate on a fund balance for the 2025 calendar year.

The AFIS Program is a crucial tool for enhancing public and law enforcement officer safety by facilitating information-sharing and the identification of those involved in criminal activity. The program has proven to be an invaluable tool, with numerous success stories and endorsements from local law enforcement agencies. Since its inception in 1986 as a county-wide, levy funded program, AFIS has become a model of efficiency and effectiveness, providing shared services on a regional scale. The regional approach eliminates the need for individual police agencies to fund or contract for their own stand-alone technology and resources.

The levy rate proposed is \$0.0275 per \$1,000 of assessed value. The estimated impact on the owner of a \$875,000 home in King County would be approximately \$24 in 2026. Over the seven-year levy period from 2026 to 2032, the levy is expected to generate approximately \$188 million in funding to maintain existing services and support ongoing technological advancements.

The Honorable Dave Upthegrove

December 2, 2024

Page 2

In light of the current economic climate, the AFIS Program, in collaboration with the AFIS Advisory Committee (AAC) has developed a conservative, status quo levy designed to cover expenditures necessary to maintain, replace, or restore existing technology and operations for an additional seven years. The AAC has reviewed and endorsed the proposed Ordinance and levy rate.

Throughout its history, the AFIS Program has consistently demonstrated its ability to manage projects and operations effectively, remaining under budget while maintaining or expanding services. This commitment to responsible management, efficiency, and regional collaboration will continue throughout the next levy period, should voters approve the renewal in April.

Thank you for your considerations of this proposed Ordinance. I am certain that the King County Council recognizes the importance of this successful program and its mission to deliver regional identification services to law enforcement agencies across the county.

If your staff have any questions, please contact Patti Cole-Tindall, Sheriff, King County Department of Public Safety, at 206-263-2878.

Sincerely,



for

Dow Constantine
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, Chief of Staff, Office of the Executive
Penny Lipsou, Council Relations Director, Office of the Executive
Patti Cole-Tindall, King County Sheriff
Michael Leahy, Manager, King County AFIS Program, King County Sheriff's Office

2026-2031 FISCAL NOTE

Ordinance/Motion:	
Title:	Automated Fingerprint Identification System (AFIS) 2026-2032 Levy
Affected Agency :	KCSO
Note Prepared By:	Andrew Bauck
Date Prepared:	12/17/2024
Note Reviewed By:	
Date Reviewed:	

Description of request:

This legislation sends a property tax levy raising \$188.8 million over seven years to support AFIS to Council for inclusion on a future public ballot. In its initial year, the AFIS levy would be assessed at \$0.0275/\$1000 of assessed value. The levy amounts for years two through seven shall be calculated using the limit factor in chapter 84.55 RCW, as amended.

Revenue to:

Agency	Fund Code	Revenue Source	2025	2026-2027	2028-2029	2030-2031	2032-2033
KCSO/AFIS	1220	Property Taxes	-	51,150,000	53,360,000	55,610,000	28,670,000
KCSO/AFIS	1220	Investment	-	260,000	270,000	280,000	140,000
		TOTAL	-	51,410,000	53,630,000	55,890,000	28,810,000

Expenditures from:

Agency	Fund Code	Department	2025	2026-2027	2028-2029	2030-2031	2032-2033
KCSO/AFIS	1220	KCSO	4,600,000	50,770,000	54,170,000	57,700,000	31,350,000
		TOTAL	4,600,000	50,770,000	54,170,000	57,700,000	31,350,000

Expenditures by Categories

	2025	2026-2027	2028-2029	2030-2031	2032-2033
Salary and Benefits	-	25,850,000	27,230,000	28,650,000	14,870,000
Supplies and Services	-	3,690,000	3,670,000	3,860,000	2,010,000
City of Seattle AFIS	-	13,320,000	14,410,000	15,590,000	8,260,000
Intragovernmental	-	7,640,000	8,550,000	9,540,000	5,180,000
Capital	-	270,000	310,000	60,000	1,030,000
Special Election Cost	4,600,000				
TOTAL	4,600,000	50,770,000	54,170,000	57,700,000	31,350,000

Does this legislation require a budget supplemental? No

Notes and Assumptions:

Assumed investment income equal to 5.0% of the amount levied each biennium.

Out years inflated according to current PSB projections.

Proposed levy expires 12/31/2032.

**2026-2032 AFIS Levy Financial Plan
Automated Fingerprint (AFIS) Fund / 000001220**

Category	2023-2024 Estimated	2025 Adopted	2026-2027 Projected	2028-2029 Projected	2030-2031 Projected	2032-2033 Projected
Beginning Fund Balance	32,752,839	43,794,734	14,497,830	15,137,830	14,597,830	12,787,830
Revenues						
Property Taxes	47,125,200		51,150,000	53,360,000	55,610,000	28,670,000
Investment Income	3,339,029	213,935	260,000	270,000	280,000	140,000
Misc revenue	211,699					
Total Revenues	\$ 50,675,928	\$ 213,935	\$ 51,410,000	\$ 53,630,000	\$ 55,890,000	\$ 28,810,000
Expenditures						
Wages and Benefits	20,566,293	12,627,416	25,850,000	27,230,000	28,650,000	14,870,000
Supplies and Services	1,059,832	1,669,477	3,690,000	3,670,000	3,860,000	2,010,000
City of Seattle AFIS	9,609,253	6,305,134	13,320,000	14,410,000	15,590,000	8,260,000
Intragovernmental Services	6,853,949	3,493,036	7,640,000	8,550,000	9,540,000	5,180,000
Capital Outlay	1,544,706	815,776	270,000	310,000	60,000	1,030,000
Special Election Cost		4,600,000				
Total Expenditures	\$ 39,634,033	\$ 29,510,839	\$ 50,770,000	\$ 54,170,000	\$ 57,700,000	\$ 31,350,000
Estimated Underexpenditures						
Other Fund Transactions						
Other Adjustments						
Ending Fund Balance	\$ 43,794,734	\$ 14,497,830	\$ 15,137,830	\$ 14,597,830	\$ 12,787,830	\$ 10,247,830
Reserves						
Rainy Day Reserve (60 days)	3,329,264	4,000,000	4,231,000	4,514,000	4,808,000	5,225,000
Total Reserves	\$ 3,329,264	\$ 4,000,000	\$ 4,231,000	\$ 4,514,000	\$ 4,808,000	\$ 5,225,000
Reserve Shortfall	-	-	-	-	-	-
Ending Undesignated Fund Balance	\$ 40,465,470	\$ 10,497,830	\$ 10,906,830	\$ 10,083,830	\$ 7,979,830	\$ 5,022,830

Financial Plan Notes

All financial plans have the following assumptions, unless otherwise noted in below rows.

Revenue Notes:

2023-2024 Property Tax is from current levy expiring 12/31/2024. Proposed new levy to start 1/1/2026. FY 2025 will be financed from fund balance.

Assumed investment income equal to 5% of the revenue collected each biennium.

Expenditure Notes:

Out years inflated according to current PSB projections.

2025 Special Election cost will be lower if other jurisdictions also have items on the ballot.

Reserve Notes:

Updated December 17, 2024 by Andrew Bauck using data from PBCS and BFPFA assumptions.

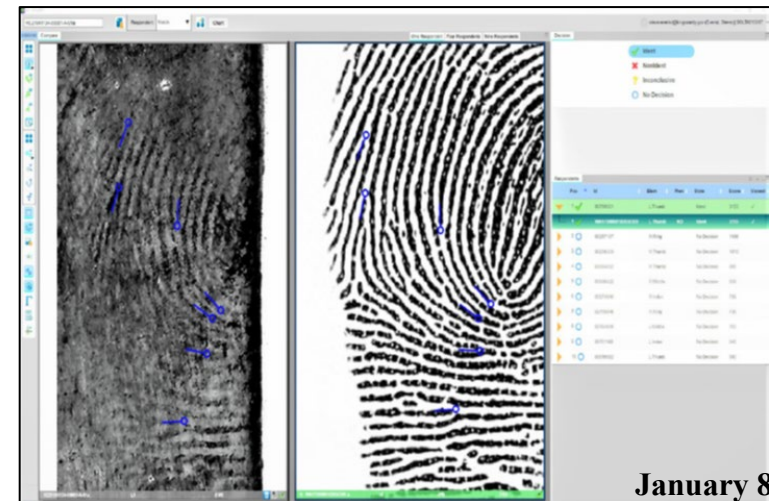
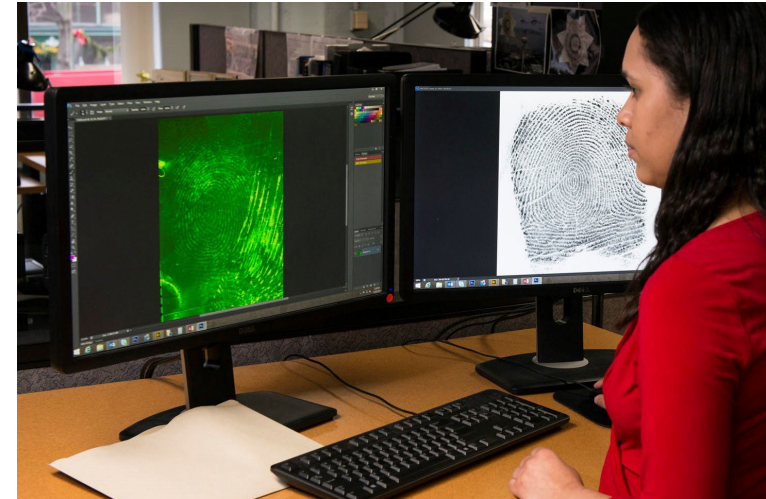
King County Regional Automated Fingerprint Identification System (AFIS) Levy

AFIS Levy - Background

- AFIS has been a levy-funded program in King County since 1986
- Provides staffing and technology to support all aspects of fingerprint identification for Police, Corrections, Medical Examiners and Prosecutors in King County.
- Being levy funded allows for cost sharing at an overall lower expense than if agencies were to fund their own identification units.

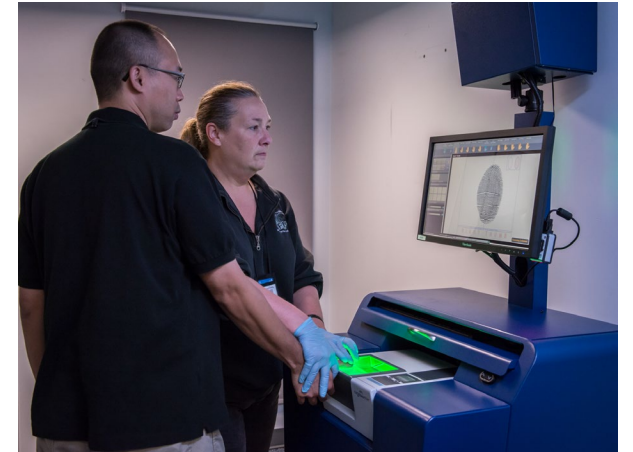
AFIS Services

- Funds 117 positions between the King County and Seattle AFIS Units, and provides overhead for both operations.
- Supplies the AFIS Computer which stores, searches and compares over 3 million finger and palm print records and 63,000 unsolved crime scene prints. It also provides access to multiple other State and Federal fingerprint databases.



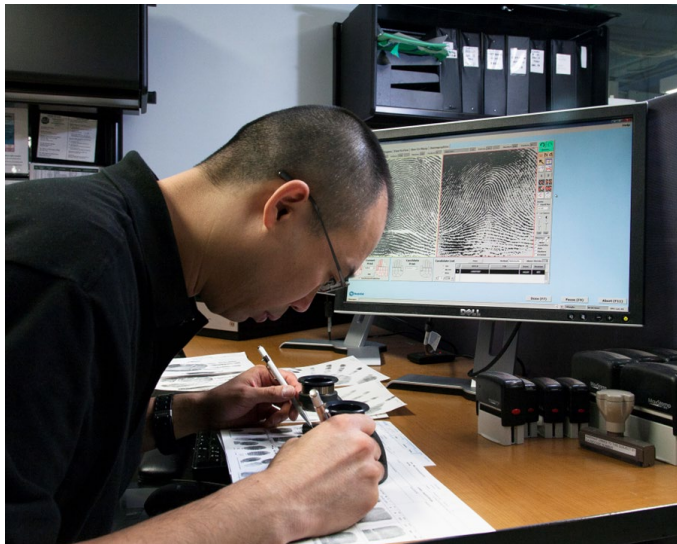
AFIS Services

- Funds 56 Livescan Stations throughout the county for capturing finger and palm prints as well as mug shot and tattoo images. All data is transmitted to KC AFIS for identification and forwarding to the State and FBI criminal history repositories.
- Provides 220 Mobile ID devices for fast two-finger field identification without the need to detain someone and transport them to a secondary location to run their fingerprints.



AFIS Services

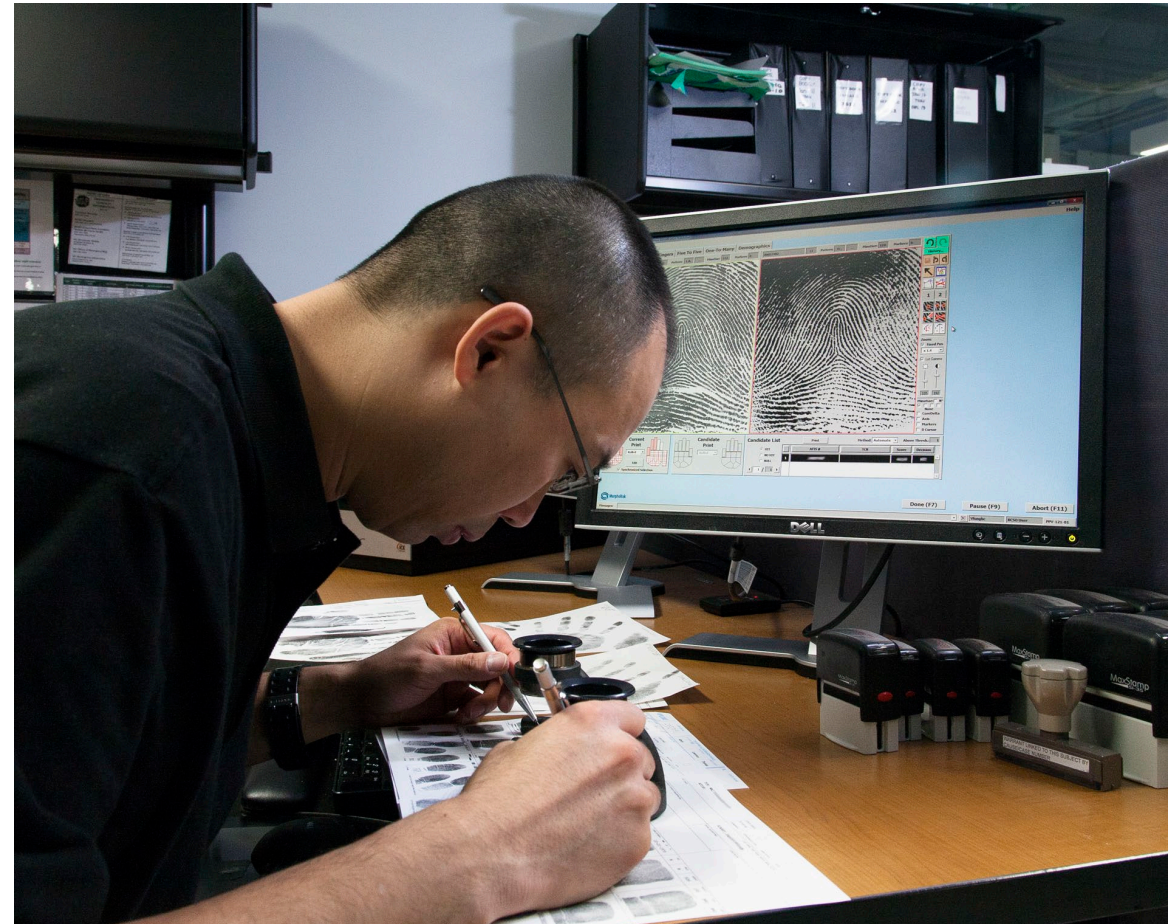
AFIS services can be separated into two main missions – Identification Operations and Forensic Operations



AFIS Positions

Identification Operations

- **Identification Technicians** – Take fingerprints, palm prints, and DNA swabs of arrestees at King County correctional facilities.
- **Tenprint Examiners** – Search and compare fingerprints to establish identity for arrestees, applicants, and incapacitated or deceased individuals.
- **Information Specialists** – Research charge information and ensure accurate data is transmitted along with fingerprints to the State and FBI.



AFIS Positions

Forensic Operations

- **Processing Technicians** – Respond to crime scenes to process for fingerprint evidence.
- **Latent Print Examiners** – Respond to more complex crime scenes, process evidence items in the lab, and search and compare crime scene prints to those of known individuals.
- **Records Specialists** – Prepare latent comparison reports, track chain-of-custody of evidence, and disseminate case information.



Current Levy Period – Financial info

- 6-year levy, approved in August 2018, expiring December of 2024
- Levy began at \$0.035 per \$1000 of assessed value and is currently at \$0.029 per \$1000 of AV.
- There will be no levy collection in 2025 as AFIS spends down an undesignated fund balance before going out for our next levy.

Current Levy Period – Changes and Advances

- Migrated the AFIS Computer to a cloud-based platform with improved stability and continual system updates throughout the contract.
- Performed a technology refresh of our Livescan and Mobile ID devices.
- Expanded our property crime processing program, leading to a program high of nearly 3000 crime scenes in 2023.
- Relocated all operations to the Black River Building in Renton, where we constructed a state-of-the-art processing lab.

Current Levy Period – Changes and Advances

- Procured a Lab Information Management System for more complete and efficient tracking of cases, evidence, and the work performed by AFIS staff.
- Began collecting DNA samples from crime scenes and evidence items which has allowed for a more efficient workflow and a decrease in the chances of evidence contamination. Samples are still submitted to WSP for comparison to the DNA database.

Current Levy Period – Usage Snapshot (22 months)

In the past 22 months, our ID section has:

- Fingerprinted 27,000 individuals
- Accepted 10,000 MobileID submissions from the field
- Processed 91,000 Livescan submissions for identity determination. This led to the discovery of over 900 individuals using a different name than what they had on file.



Current Levy Period – Usage Snapshot (22 months)

Top submitters of livescan transactions:

- KCCF
- SCORE Jail
- Kent City Jail

Top submitters of MobileID searches:

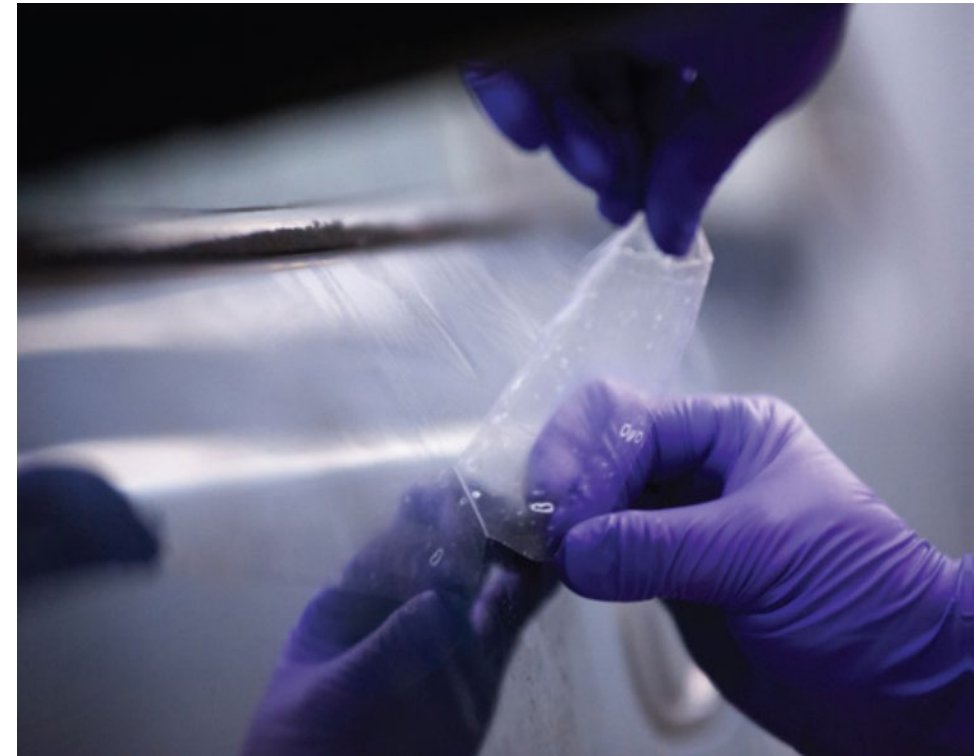
- KCCF
- Seattle Police
- KCSO



Current Levy Period – Usage Snapshot (22 months)

In the past 22 months, our Forensic Section has:

- Responded to over 5,000 crime scenes
- Examined prints in over 6,400 cases
- Processed nearly 26,000 evidence items in the lab



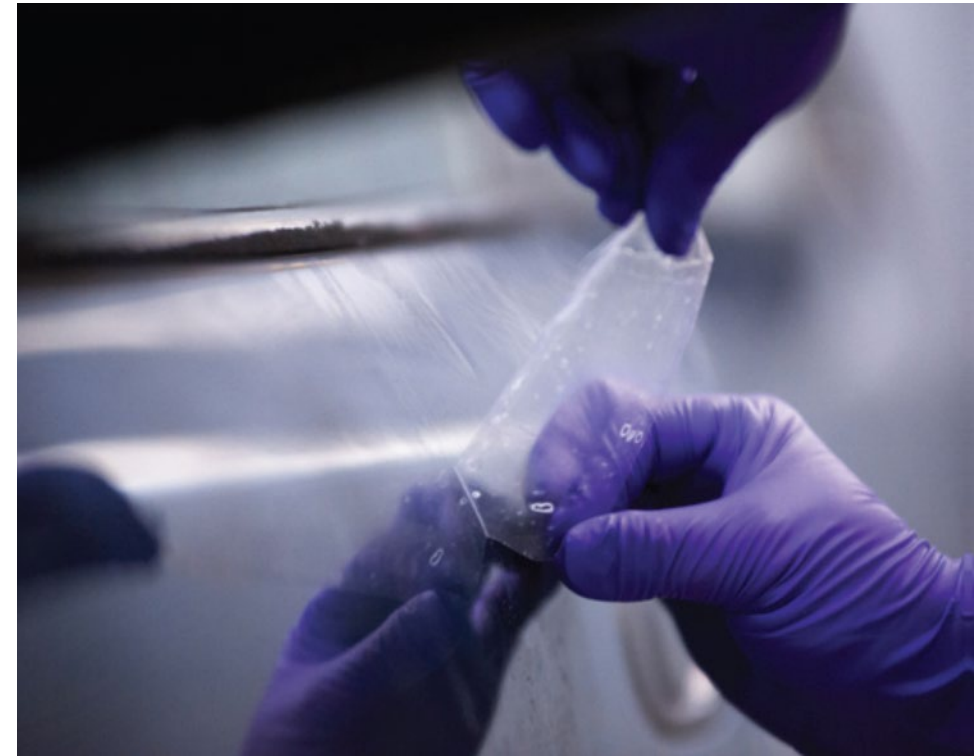
Current Levy Period – Usage Snapshot (22 months)

Top case types for Crime Scene response:

- Auto Theft
- Commercial Burglary
- Robbery

Top case types for Exam and Lab Processing:

- Auto Theft
- Robbery
- Assault

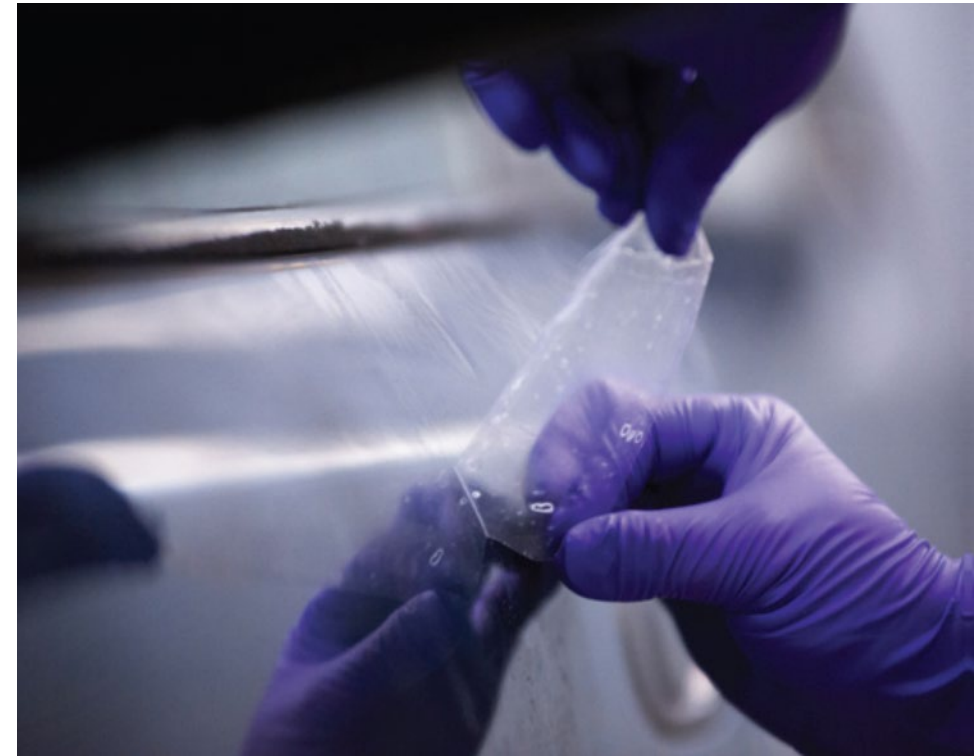


Current Levy Period – Usage Snapshot (22 months)

Top users of our crime scene response unit:

- Kent
- Renton
- KCSO

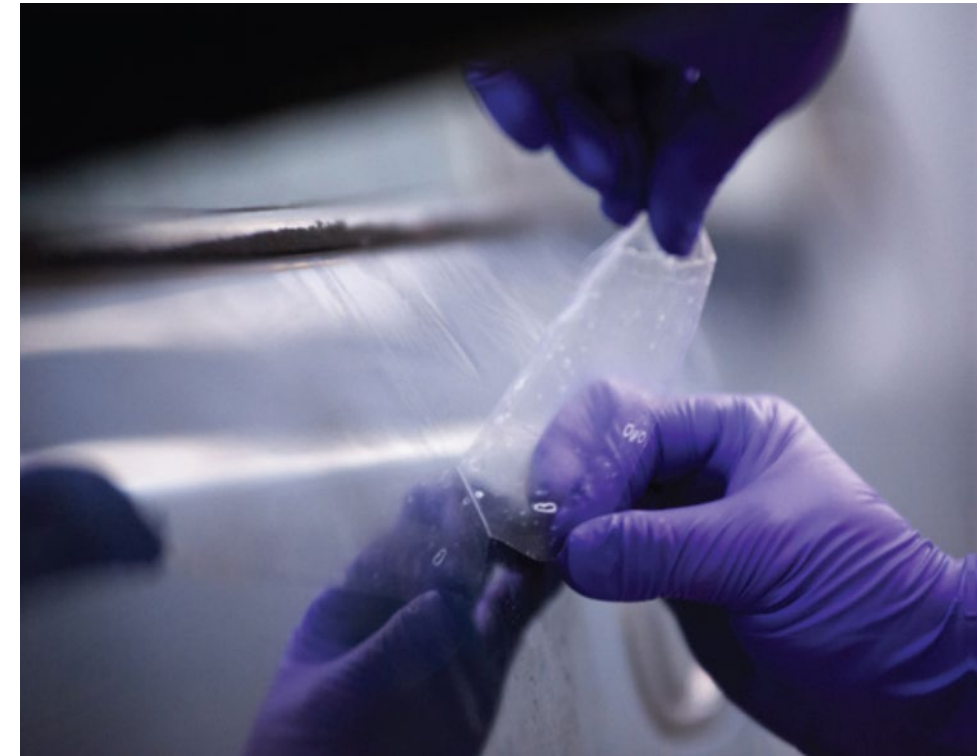
These 3 agencies make up 53% of our crime scene workload



Current Levy Period – Usage Snapshot (22 months)

Benefits of AFIS Crime Scene Response:

- 75% of what AFIS recovers from a scene is useable for comparison, in contrast to 35% of officer submitted prints.
- 57% of those useable prints will be identified and provide an investigative lead in the case.
- Having AFIS process the scene allows officers time to complete other components of the investigation while we look for prints.



Upcoming Levy

- Preparing for levy reauthorization to be on the April 22, 2025 ballot, with collections beginning in January of 2026. This decision was made to provide separation from other levies in 2025.
- Budget has been developed for a 7-year levy (2026-2032) so that we can avoid being on the same renewal schedule with KC Parks and EMS in the future.
- Ordinance proposes an initial collection rate of \$0.0275 per \$1000 of assessed value. A reduction in the current rate of \$0.029
- The owner of an \$875,000 home will pay approximately \$24 in 2026 for the AFIS program.

Upcoming Levy

- The starting levy rate has been set to spend down some of the remaining undesignated fund balance over the term of the levy and to avoid high balances in the future.
- This will be a status quo levy with no new initiatives or large expenditures. Guidance provided by the AFIS Advisory Committee, which is comprised of customer partners, was to not put the core fingerprint identification duties at risk by adding new initiatives to our scope for this levy period.

2026-2032 Levy Financials

Proposed Levy Rate: **\$ 0.0275** per \$1000

AFIS Levy 2026-2032 (7-Year Levy)

Expenditures	2025	2026	2027	2028	2029	2030	2031	2032	7-Year Total Exp.
KC Salary & Benefits	12,627,416	12,782,659	13,062,479	13,437,716	13,793,245	14,138,076	14,509,439	14,872,175	96,595,790
Seattle PD	6,305,134	6,531,863	6,793,137	7,064,863	7,347,457	7,641,355	7,947,010	8,264,890	51,590,574
KC Non-labor	5,978,289	5,645,244	5,952,116	5,994,239	6,532,696	6,579,519	6,890,679	8,217,891	45,812,384
Election cost	4,600,000								-
TOTAL Expenditures	29,510,000	24,960,000	25,810,000	26,500,000	27,670,000	28,360,000	29,350,000	31,350,000	194,000,000

Revenues	2026	2027	2028	2029	2030	2031	2032	7-Year Total Rev.	
Levy Proceeds	-	25,300,000	25,850,000	26,400,000	26,960,000	27,520,000	28,090,000	28,670,000	188,790,000

Ending Fund Balance	2025	2026	2027	2028	2029	2030	2031	2032	7-Year Net
Ending Fund Balance	14,500,000	14,840,000	14,880,000	14,780,000	14,070,000	13,230,000	11,970,000	9,290,000	
60-day Reserve	4,000,000	4,200,000	4,300,000	4,400,000	4,600,000	4,700,000	4,900,000	5,200,000	(5,210,000)
Undesignated Fund Balance	10,500,000	10,640,000	10,580,000	10,380,000	9,470,000	8,530,000	7,070,000	4,090,000	

Levy Rate (per \$1000 AV):	2026	2027	2028	2029	2030	2031	2032
	\$0.0275	\$0.0269	\$0.0263	\$0.0257	\$0.0250	\$0.0244	\$0.0238

Notes

2025 Based on AFIS 2025 Executive Proposed Budget

KCSO Budget eliminates one position in 2026.

Includes \$1,000,000 for Livescan replacement in 2032.

Decline in non-labor budget in 2026 is due to removal of one-time Livescan funding in 2025.

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2026-2032 Levy Financials


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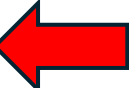
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Levy Rate (per \$1000 AV):	2026	2027	2028	2029	2030	2031	2032
Levy Rate (per \$1000 AV):	\$0.0275	\$0.0269	\$0.0263	\$0.0257	\$0.0250	\$0.0244	\$0.0238



Notes

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Includes \$1,000,000 for Livescan replacement in 2032.

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Historical Data

AFIS Levy History					
Year	Type	Election	Yes Vote	Term	Rate Per 1K AV
1986	Levy	November General	56.80%	5 Years	\$0.0250
1990	Levy	November General	70.00%	5 Years	\$0.0200
1995	Lid Lift	November General	73.20%	5 Years	\$0.0665
2000	Lid Lift	September Pimary	58.00%	5 Years	\$0.0578
2006	Lid Lift	September Pimary	55.78%	6 Years	\$0.0568
2012	Lid Lift	November General	59.41%	6 Years	\$0.0592
2018	Lid Lift	August Primary	54.95%	6 Years	\$0.0350

Possible Future Initiatives

During the next levy period we will continue looking for efficiencies and technology advancements to implement in the future. These may include:

- Replacement of hardware based MobileID program with a phone-based application.
- Whole hand capture and searching beyond fingers and palms
- Overall program and staffing efficiencies.

Success Story

In October of 2022, Latent Examiners were called to a home in Skyway which was the scene of a death investigation. Details of what transpired at the scene were still unclear, but investigators were able to identify a potential entry point and specific areas within the scene that needed to be processed for latent prints. The AFIS response team was able to develop prints in those key areas and rush them back to our office in Renton for examination. Within 3 hours of having received the callout request, and while Investigators were still working at the scene, the case examiner was able to call the Detective with the name of an individual whose print had been recovered from an important surface inside the home. The subject was unknown to investigators, and he was apprehended the next day. He has since been charged with several assaults and one other homicide.

Questions