



# King County

1200 King County  
Courthouse  
516 Third Avenue  
Seattle, WA 98104

## Meeting Agenda Regional Policy Committee

*Councilmembers: Pete von Reichbauer, Chair;  
Rod Dembowski, Girmay Zahilay  
Alternate: Sarah Perry*

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

*City of Seattle: Debora Juarez, Alexis Mercedes Rinck  
Alternates: Sara Nelson, Mark Solomon*

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

3:00 PM

Wednesday, August 20, 2025

Hybrid Meeting

### SPECIAL MEETING

**Hybrid Meetings:** Attend the King County Council committee meeting in person in the Skyline Room at the Museum of Flight at 9404 E Marginal Way S, Seattle, WA, 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](mailto:kcccomitt@kingcounty.gov). If your comments are submitted before 2:00 p.m. on the day of the meeting, your comments will be distributed to the committee members and appropriate staff prior to the meeting.



Sign language and interpreter services can be arranged given sufficient notice (206-848-0355).  
TTY Number - TTY 711.  
Council Chambers is equipped with a hearing loop, which provides a wireless signal that is picked up by a hearing aid when it is set to 'T' (Telecoil) setting.



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

- 1) Stream online via this link [www.kingcounty.gov/kctv](http://www.kingcounty.gov/kctv) or input the link web address into your web browser.
- 2) Watch King County TV on Comcast channel 22 and 322(HD) and Astound Broadband Channels 22 and 711(HD)
- 3) Listen to the meeting by telephone.

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

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

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

*Minutes of July 9, 2025 meeting.*

## Briefing

4. [Briefing No. 2025-B0125](#) **p. 7**

Discussion on Regional Changes

*Dr. Carver Gayton*

*Author, Odyssey of a Seattle Native Son*

5. [Briefing No. 2025-B0124](#) **p. 8**

Solid Waste Long-Term Disposal Plan Update

*Rebecca Singer, Director, Solid Waste Division, King County Department of Natural Resources and Parks (DNRP/SWD)*

*John Walsh, Strategy, Communications & Performance Section Manager, DNRP/SWD*

*Patty Liu, Project/Program Manager, DNRP/SWD/S&PS*



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## Discussion and Possible Action

6. [Proposed Motion No. 2025-0175](#) **p. 9**

A MOTION acknowledging receipt of the 2024 health through housing annual report, in accordance with K.C.C. chapter <sup>24.30</sup>  
Sponsors: Mosqueda and Balducci

*Olivia Brey, Council Staff*

## Briefing

7. [Briefing No. 2025-B0118](#) **p. 96**

Mental Illness and Drug Dependency (MIDD) Renewal Proposal Briefing

*Sam Porter, Council staff*

## Adjournment



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## Meeting Minutes Regional Policy Committee

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3:00 PM

Wednesday, July 9, 2025

Hybrid Meeting

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1. **Call to Order**

*Chair von Reichbauer called the meeting to order at 3:02 p.m*

2. **Roll Call**

**Present:** 7 - Arnold, Birney, Dembowski, Pavone, von Reichbauer, Zahilay and Ralph

**Excused:** 3 - Backus, Moore and Mercedes Rinck

3. **Approval of Minutes**

*Mayor Birney moved approval of the June 11, 2025 meeting minutes. There being no objections, the minutes were approved.*

## **Briefing**

4. **Briefing No. 2025-B0108**

The Economic Impacts of King County International Airport

*Matt Hayes, CEO, Museum of Flight, welcomed the members and commented to the committee and answered questions from the members.*

*Lizbeth Martin-Mahar, Chief Economist, King County Office of Economic and Financial Analysis, briefed the Committee via PowerPoint Presentation and answered questions from the members.*

*Jan Hogrefe, Chief Economist, The Boeing Company, Eric Schneider, Regional Manager, Modern Aviation, Stephen Ratzlaff, Board Member, Friends of Boeing Field briefed the Committee and answered questions from the members.*

*Eric Utter, Chair, King County Airport Round Table, briefed the Committee via*

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*PowerPoint Presentation and answered questions from the members.*

**This matter was Presented**

**5. Briefing No. 2025-B0106**

Update on Infrastructure Security

*Jesse Anderson, Undersheriff, King County, briefed the Committee via PowerPoint Presentation and answered questions from the members.*

**This matter was Presented**

**6. Briefing No. 2025-B0109**

Planning for 2026 FIFA World Cup Event

*Dylan Ordoñez, SVP External Affairs and Jonathan Rose, FIFA Men's World Cup 2026 Program Director, Mobility Division Director's Office, briefed the Committee via PowerPoint Presentation and answered questions from the members.*

**This matter was Presented**

**Adjournment**

*The meeting was adjourned at 4:36 p.m.*

Approved this \_\_\_\_\_ day of \_\_\_\_\_

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Clerk's Signature



## **Regional Policy Committee**

**August 20, 2025**

**Agenda Item No. 4  
Briefing No. 2025-B0125**

**Discussion on Regional Changes**

**There are no materials for this item.**



## **Regional Policy Committee**

**August 20, 2025**

**Agenda Item No. 5  
Briefing No. 2025-B0124**

**Solid Waste Long-Term Disposal  
Plan Update**

**There are no materials for this item.**





## King County

### Metropolitan King County Council Regional Policy Committee

#### STAFF REPORT

<b>Agenda Item:</b>	6	<b>Name:</b>	Olivia Brey
<b>Proposed No.:</b>	2025-0175	<b>Date:</b>	August 20, 2025

#### SUBJECT

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

#### SUMMARY

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. County Code requires the annual report to be transmitted to the Council, with a motion acknowledging receipt of the report.

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

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

## **BACKGROUND**

### **Health Through Housing Sales Tax**

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

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**

<b>Allocation</b>	<b>Requirements</b>
At least 60 percent of proceeds	<ol style="list-style-type: none"><li>1) Constructing or acquiring affordable housing – including new units within an existing structure and facilities providing housing-related services;</li><li>2) Constructing or acquiring mental and behavioral health-related facilities;</li><li>3) Funding operations and maintenance of new affordable housing and facilities where housing-related programs are provided, or newly constructed evaluation and treatment centers</li></ol>
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;

<sup>1</sup> [1590 HBR APH 20.pdf \(wa.gov\)](#)

<sup>2</sup> [1070-S.E.pdf \(wa.gov\)](#)

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

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

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

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

*Ordinance 19179 and Ordinance 19180.* On October 13<sup>th</sup>, 2020, the King County Council passed Ordinance 19179<sup>3</sup> imposing a sales and use tax of 1/10<sup>th</sup> 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.<sup>4</sup>

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

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

*Ordinance 19236.* Adopted in February 2021, Ordinance 19236<sup>5</sup> 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

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<sup>3</sup> [King County - File #: 2020-0337](#)

<sup>4</sup> [King County - File #: 2020-0319](#)

<sup>5</sup> [King County - File #: 2020-0338](#)

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

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

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

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

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

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

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

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<sup>6</sup> Operations-only units were created or acquired through capital funds other than HtH, but these have been permanently added to the HtH portfolio via service contracts. Nonprofit organizations retain the ownership of the units while HtH funds the operations and service costs.

<sup>7</sup> [King County - File #: 2021-0330](#)

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

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

- Supporting Goal 1: Annually reduce racial and ethnic disproportionality among persons experiencing chronic homelessness in King County (required by K.C.C. 24.30.030.A.1<sup>8</sup>).
- Supporting Goal 2: Create and operate a mobile behavioral health intervention program with access for its clients to housing created, operated, or otherwise funded by HtH proceeds (required by K.C.C. 24.30.030.A.5<sup>9</sup>).
- 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.<sup>10</sup>

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<sup>8</sup> [K.C.C. 24.30.030.A.1](#)

<sup>9</sup> [K.C.C. 24.30.030.A.5](#)

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

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

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

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

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

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

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);

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<sup>10</sup> [Health Through Housing \(HtH\) Dashboard - King County, Washington](#)

<sup>11</sup> [King County - File #: 2021-0330](#)

<sup>12</sup> [King County - File #: 2024-0225](#)

- Reducing funding in Strategy 2 Emergency and Permanent Supportive Housing Operations (-\$3.7 million);
- Adding funding to Strategy 1 Capital Financing and Improvements for HtH Sites (+\$11.9 million); and
- Adding funding to bond financing costs (+\$2.1 million).

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

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

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

There were no reallocation letters transmitted in 2024.

## **ANALYSIS**

Proposed Motion 2025-0175 was transmitted on June 12, 2025, and the attached 2024 Health Through Housing Annual Report appears to meet the requirements of Ordinance 19366 to report on the expenditures, accomplishments, and effectiveness of the HtH initiative. More detailed information and infographics can be found on the online HtH Dashboard, maintained by DCHS.<sup>15</sup>

The content of the transmitted report includes the following sections:

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<sup>13</sup> [King County - File #: 2022-0374](#)

<sup>14</sup> [K.C.C. 24.30.030.A.9](#)

<sup>15</sup> [Health Through Housing \(HtH\) Dashboard - King County, Washington](#)

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

This staff report will focus on sections 3 and 4.

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

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

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

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

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

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



**Table 2. Progress Towards the Paramount Goal**

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

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

The following highlights were also featured:

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

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

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

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

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

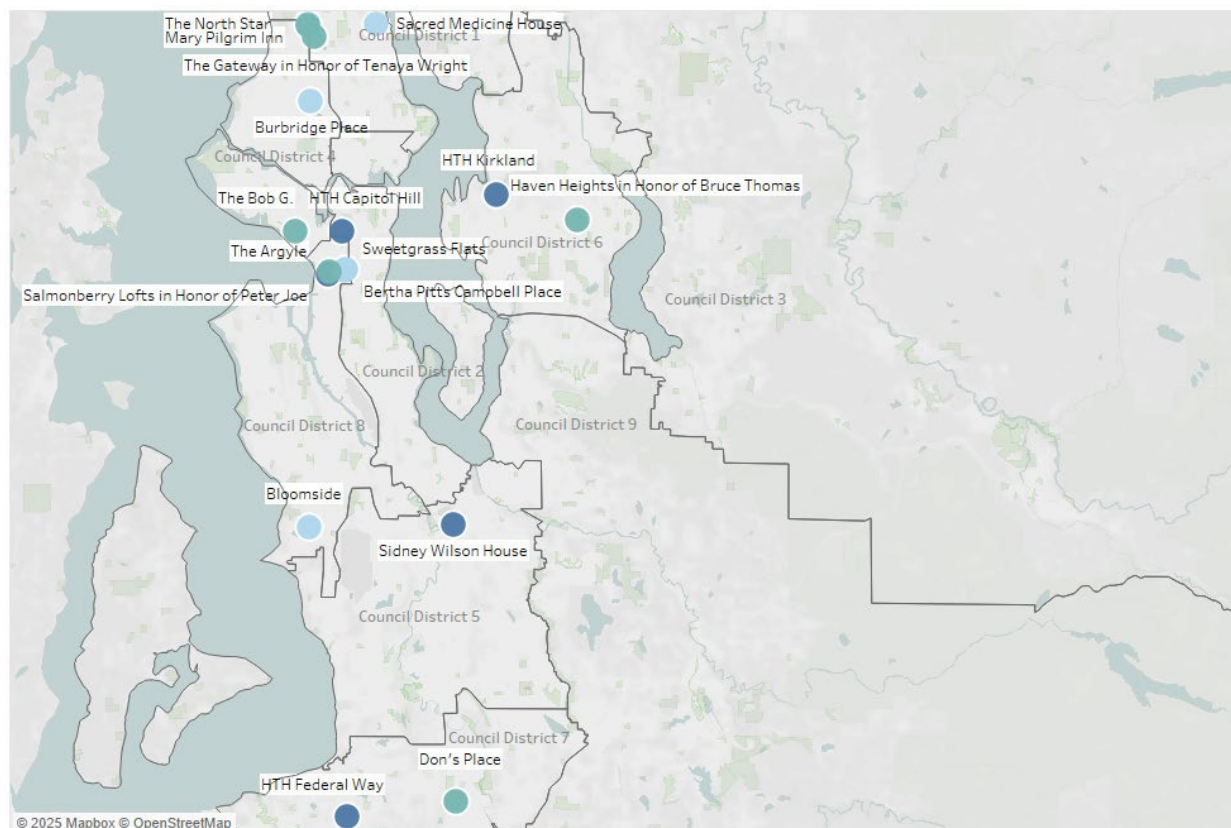
Race/Ethnicity	HtH Residents		People in King County experiencing chronic homelessness		King County population	
	2023	2024	2023	2024	2023	2024
American Indian, Alaska Native, or Indigenous	10%	16%	6%	5%	<1%	<1%
Asian or Asian America	3%	2%	2%	2%	19%	21%
Black, African American, or African	25%	21%	25%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

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

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

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

**Map 1. HtH Site Locations**



Housing and ownership type

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

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

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

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

**Table 4. 2024 HtH Revenue (in millions)**

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

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

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

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

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

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

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

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

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

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

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

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

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

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<sup>16</sup> For operations-only sites, the average annual operating cost is \$22,154 per unit

**INVITED**

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

**ATTACHMENTS**

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



## KING COUNTY

### Signature Report

#### ATTACHMENT 1

1200 King County Courthouse  
516 Third Avenue  
Seattle, WA 98104

#### Motion

**Proposed No. 2025-0175.1**

**Sponsors Mosqueda and Balducci**

1 A MOTION acknowledging receipt of the 2024 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 third annual report, entitled 2024 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 third annual report on the Health Through Housing initiative,

27 entitled 2024 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

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Girmay Zahilay, Chair

ATTEST:

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Melani Pedroza, Clerk of the Council

APPROVED this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_.

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Shannon Braddock, County Executive

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

## 2024 Health Through Housing Annual Report

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June 2025



**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 is focused on creating and operating affordable housing with services, referred to as supportive housing, for households in King County that are experiencing chronic homelessness or at risk of chronic homelessness.<sup>1</sup> The HTH initiative is also designed to annually reduce racial and ethnic disproportionality among persons experiencing chronic homelessness in King County.<sup>2, 3, 4</sup>

### 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.<sup>5</sup> In 2021, King County Council enacted three Ordinances to guide HTH planning, which established goals and strategies for HTH and formally adopted the Initial HTH Implementation Plan, which will be referred to as "the Plan," throughout the rest of the report.<sup>6, 7, 8</sup>

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<sup>1</sup> King County Code 24.30.030.A.3.

[<https://mkkclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=4652907&GUID=5E5E8D61-6B3B-46EC-937C-6FD39E8CB6F0&Options=Advanced&Search=>]

<sup>2</sup> King County Code 4A.503.040.B.

[[https://aqua.kingcounty.gov/council/clerk/code/07\\_Title\\_4A.htm#\\_Toc54697848](https://aqua.kingcounty.gov/council/clerk/code/07_Title_4A.htm#_Toc54697848)]

<sup>3</sup> King County Code 24.30.030.A.1.

[<https://mkkclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=4652907&GUID=5E5E8D61-6B3B-46EC-937C-6FD39E8CB6F0&Options=Advanced&Search=>]

<sup>4</sup> Initial Health Through Housing Implementation Plan.

[<https://mkkclegisearch.kingcounty.gov/View.ashx?M=F&ID=9959294&GUID=718EA25C-9032-448C-8C98-060B2C97B5E8>]

<sup>5</sup> King County Code 4A.503. [[https://aqua.kingcounty.gov/council/clerk/code/07\\_Title\\_4A.htm#\\_Toc54697848](https://aqua.kingcounty.gov/council/clerk/code/07_Title_4A.htm#_Toc54697848)]

<sup>6</sup> King County Code 24.30. [[https://aqua.kingcounty.gov/council/clerk/code/33\\_Title\\_24.htm#\\_Toc65058358](https://aqua.kingcounty.gov/council/clerk/code/33_Title_24.htm#_Toc65058358)]

<sup>7</sup> Ordinance 19236.

[<https://mkkclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=4652907&GUID=5E5E8D61-6B3B-46EC-937C-6FD39E8CB6F0&Options=Advanced&Search=>]

<sup>8</sup> Initial Health Through Housing Implementation Plan.

[<https://mkkclegisearch.kingcounty.gov/View.ashx?M=F&ID=9959294&GUID=718EA25C-9032-448C-8C98-060B2C97B5E8>]

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

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

## Report Requirements

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

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

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<sup>9</sup> 2022 Health Through Housing Annual Report.

[<https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=6262252&GUID=12B235F6-F229-411C-9293-B498A6821F87&Options=&Search=>]

<sup>10</sup> 2023 Health Through Housing Annual Report.

[<https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=6781882&GUID=44C90B74-699D-4DEE-90FE-103B4F75DCE6&Options=Advanced&Search=>]

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

<sup>12</sup> KCC 2A.300.200.A. [[https://aqua.kingcounty.gov/council/clerk/code/05\\_Title\\_2A.htm#\\_Toc473536140](https://aqua.kingcounty.gov/council/clerk/code/05_Title_2A.htm#_Toc473536140)]

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

<sup>14</sup> Initial Health Through Housing Implementation Plan.

[<https://mkcclegisearch.kingcounty.gov/View.ashx?M=F&ID=9959294&GUID=718EA25C-9032-448C-8C98-060B2C97B5E8>]

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

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the online dashboard is current and updated with 2024 data and ready for review, as directed by the Plan.<sup>16, 17</sup>

## **Performance Overview: Accomplishments and Effectiveness in 2024**

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

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

## **Financial Information**

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<sup>16</sup> Initial Health Through Housing Implementation Plan.

[<https://mkcclegisearch.kingcounty.gov/View.ashx?M=F&ID=9959294&GUID=718EA25C-9032-448C-8C98-060B2C97B5E8>]

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

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

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

### **HTH Advisory Committee Establishment, Membership, and Certification of Dashboard**

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

### **Conclusion/Next Actions**

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

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

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<sup>18</sup> KCC 2A.300.200. [[https://aqua.kingcounty.gov/council/clerk/code/05\\_Title\\_2A.htm#\\_Toc473536140](https://aqua.kingcounty.gov/council/clerk/code/05_Title_2A.htm#_Toc473536140)]

<sup>19</sup> Initial Health Through Housing Implementation Plan.

[<https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=5121460&GUID=7DC46271-C6B3-4D90-B6DE-DEF37CD0A7D5&Options=Advanced&Search=&FullText=1>]

<sup>20</sup> Seattle Construction Cost Index Q4 2024. Mortenson. [<https://www.mortenson.com/cost-index/seattle>]

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

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

## Background

### Overview

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

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<sup>21</sup> True North and Values. [<https://kingcounty.gov/en/dept/executive/governance-leadership/performance-strategy-budget/true-north-values>]

<sup>22</sup> Ordinance 19236

[<https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=4652907&GUID=5E5E8D61-6B3B-46EC-937C-6FD39E8CB6F0&Options=Advanced&Search=>]

<sup>23</sup> Ordinance 19236

[<https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=4652907&GUID=5E5E8D61-6B3B-46EC-937C-6FD39E8CB6F0&Options=Advanced&Search=>]

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

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

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

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<sup>24</sup> Housing First in Permanent Supportive Housing. [<https://files.hudexchange.info/resources/documents/Housing-First-Permanent-Supportive-Housing-Brief.pdf>]

<sup>25</sup> Paula Goering, Scott Veldhuizen, Aimee Watson, Carol Adair, Brianna Kopp, Eric Latimer, Geoff Nelson, Eric MacNaughton, David Streiner & Tim Aubry. National At Home/Chez Soi Final Report. Mental Health Commission of Canada. (2014). [<https://www.mentalhealthcommission.ca/resource/national-at-home-chez-soi-final-report/>]

<sup>26</sup> Housing First in Permanent Supportive Housing. [<https://files.hudexchange.info/resources/documents/Housing-First-Permanent-Supportive-Housing-Brief.pdf>]

<sup>27</sup> Dimensions of Quality Supportive Housing. Corporation for Supportive Housing. 2013. [[https://coresonline.org/sites/default/files/documents/CSH\\_Dimensions\\_of\\_Quality\\_Supportive\\_Housing\\_guidebook.pdf](https://coresonline.org/sites/default/files/documents/CSH_Dimensions_of_Quality_Supportive_Housing_guidebook.pdf)]

<sup>28</sup> HTH has opened buildings nearly twice as fast than traditionally funded projects, highlighting the strengths of the HTH model of housing development.

Figure 1: HTH Service Providers at HTH Sites, 2024

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

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

<sup>29</sup> HTH's 17<sup>th</sup> site, known as the Argyle, is not listed in this table because DCHS has not identified a service provider to operate the building.

<sup>30</sup> CCS operated The Bob G. between April 2020 and June 2023, at which point the building was closed due to unsafe building conditions.

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

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

## Department Overview

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

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

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<sup>31</sup> Catholic Community Services [<https://ccsww.org/>]

<sup>32</sup> Compass Housing Alliance [<https://www.compasshousingalliance.org/>]

<sup>33</sup> Downtown Emergency Services Center (DESC) [<https://www.desc.org/>]

<sup>34</sup> Plymouth Housing Group [<https://plymouthhousing.org/>]

<sup>35</sup> The Salvation Army [<https://seattle.salvationarmy.org/>]

<sup>36</sup> Chief Seattle Club [<https://www.chiefseattleclub.org/>]

<sup>37</sup> Lavender Rights Project [<https://www.lavenderrightsproject.org/>]

<sup>38</sup> The Urban League of Metropolitan Seattle [<https://urbanleague.org/>]

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

## Key Historical Context and Current Conditions

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

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

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

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

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

<sup>41</sup> King County Homelessness Response System Data Review: Q1 2021 Release. [[https://kcrha.org/wp-content/uploads/2022/05/KC-Homeless-Response-System\\_Data-Review\\_Q12021.pdf](https://kcrha.org/wp-content/uploads/2022/05/KC-Homeless-Response-System_Data-Review_Q12021.pdf)].

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

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

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

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The HTH model is based on the following foundational premises:

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

The economic circumstances of the pandemic made hotels and apartments available for purchase at lower rates, allowing HTH to grow the region's stock of affordable homes quickly and at lower cost.<sup>47</sup>

Three years into the Plan, HTH has continued to transform these hotels and apartments into EH and PSH with comprehensive wraparound services including case management, behavioral health support, health care, employment support, and crisis intervention for residents experiencing chronic homelessness.

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

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

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

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

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

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

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County's overall demographics.<sup>49</sup> Veterans are also an overrepresented group among those who received homelessness services countywide.<sup>50</sup>

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.<sup>51</sup> Exposure to systemic racism, such as through the criminal legal system, the child welfare system, and lack of access to quality schools and health care can increase one's risk of becoming homeless.<sup>52, 53</sup> 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.<sup>54</sup> Together, these factors shape the landscape of homelessness in King County.

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

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<sup>49</sup> King County Department of Community and Human Services, Performance Measurement and Evaluation Division. Integrating Data to Better Measure Homelessness. (December 2021). [[https://kingcounty.gov/~media/depts/community-human-services/department/documents/KC\\_DCHS\\_Cross\\_Systems\\_Homelessness\\_Analysis\\_Brief\\_12\\_16\\_2021\\_FINAL.ashx?la=en](https://kingcounty.gov/~media/depts/community-human-services/department/documents/KC_DCHS_Cross_Systems_Homelessness_Analysis_Brief_12_16_2021_FINAL.ashx?la=en)]

<sup>50</sup> King County Department of Community and Human Services, Performance Measurement and Evaluation Division. Integrating Data to Better Measure Homelessness. (December 2021). [[https://kingcounty.gov/~media/depts/community-human-services/department/documents/KC\\_DCHS\\_Cross\\_Systems\\_Homelessness\\_Analysis\\_Brief\\_12\\_16\\_2021\\_FINAL.ashx?la=en](https://kingcounty.gov/~media/depts/community-human-services/department/documents/KC_DCHS_Cross_Systems_Homelessness_Analysis_Brief_12_16_2021_FINAL.ashx?la=en)]

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

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

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

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

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

### **Legislative History, Initiative Goals, and Annual Reporting Requirements**

In 2020, King County implemented the HTH sales tax through the adoption of Ordinance 19179, codified as King County Code (KCC) Chapter 4A.503.<sup>60, 61</sup> After establishing the revenue for the initiative, King County adopted Ordinance 19236 in 2021, which detailed the implementation planning for the HTH initiative.<sup>62</sup> 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.<sup>63</sup> HTH is mandated to enhance access to health care,

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

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

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

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

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

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

<sup>61</sup> King County Code 4A.503 [[https://aqua.kingcounty.gov/council/clerk/code/07\\_Title\\_4A.htm#\\_Toc54697848](https://aqua.kingcounty.gov/council/clerk/code/07_Title_4A.htm#_Toc54697848)]

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

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

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develop a mobile behavioral health intervention program, and address demographic disproportionality in homelessness.<sup>64</sup>

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.<sup>65, 66</sup> The plan outlines the processes for acquiring and operating supportive housing, engaging community stakeholders, and measuring the initiative's impact on chronic homelessness.<sup>67</sup> It also delineates the roles and responsibilities of the advisory committee, setting forth comprehensive annual reporting requirements to maintain transparency and accountability.<sup>68</sup>

As of December 2024, the HTH Advisory Committee consisted of 13 people, including representatives from local communities, non-profit organizations, health care providers, and housing experts.<sup>69</sup> The Committee's purpose is to provide oversight, guidance, and expertise to ensure the initiative's objectives are met effectively and equitably.<sup>70</sup> 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.<sup>71</sup> Appendix A of this report shows legislative and Plan language that sets out reporting elements and provides both the location of summary information in this report and tabs of the HTH dashboard that contain further information and opportunities to explore data.

### **HTH Progress in 2024 Expands on 2021-2023 HTH Activities**

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

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<sup>64</sup> Ordinance 19236 [<https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=4652907&GUID=5E5E8D61-6B3B-46EC-937C-6FD39E8CB6F0&Options=&Search=&FullText=1>]

<sup>65</sup> Ordinance 19366. [<https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=5121460&GUID=7DC46271-C6B3-4D90-B6DE-DEF37CD0A7D5&Options=Advanced&Search=&FullText=1>]

<sup>66</sup> King County Code 2A.300.200. [[https://kingcounty.gov/council/legislation/kc\\_code/33\\_Title\\_24.aspx](https://kingcounty.gov/council/legislation/kc_code/33_Title_24.aspx)]

<sup>67</sup> Ordinance 19366. [<https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=5121460&GUID=7DC46271-C6B3-4D90-B6DE-DEF37CD0A7D5&Options=Advanced&Search=&FullText=1>]

<sup>68</sup> Ordinance 19366. [<https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=5121460&GUID=7DC46271-C6B3-4D90-B6DE-DEF37CD0A7D5&Options=Advanced&Search=&FullText=1>]

<sup>69</sup> King County Department of Community and Human Services. (n.d.) Health Through Housing Advisory Committee. [<https://kingcounty.gov/en/legacy/depts/community-human-services/initiatives/health-through-housing/advisory-committee>]

<sup>70</sup> Ordinance 19366. [<https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=5121460&GUID=7DC46271-C6B3-4D90-B6DE-DEF37CD0A7D5&Options=Advanced&Search=&FullText=1>]

<sup>71</sup> Ordinance 19366. [<https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=5121460&GUID=7DC46271-C6B3-4D90-B6DE-DEF37CD0A7D5&Options=Advanced&Search=&FullText=1>]

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

## Report Requirements

This annual report summarizes the activities of the HTH initiative through the end of 2024 and fulfills the reporting requirements in KCC 2A.300.200.A. Specifically, this document includes summaries of the accomplishments and effectiveness of the expenditure of HTH sales tax proceeds in 2024 as well as financial information including, but not limited to, the allocation of proceeds by jurisdiction.<sup>74</sup>

This report also summarizes the significant additional annual data reporting provided by HTH's 2024 online dashboard, as called for by the Health Through Housing Implementation Plan as adopted by Ordinance 19366.<sup>75, 76, 77</sup> Finally, this report provides information about the Health Through Housing Advisory Committee and confirms that the Committee has certified that the online dashboard is current and updated with 2024 data and ready for review, as directed by the Plan.<sup>78, 79</sup>

### A. Performance Overview: Accomplishments and Effectiveness in 2024

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

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<sup>72</sup> As described in the Plan, the term operations-only refers to buildings that have been permanently added to the HTH portfolio via service contracts. Nonprofit organizations retain ownership of operations-only buildings whereas HTH funds operations and services costs associated with those buildings.

<sup>73</sup> This includes the Bob G., which was closed in June 2023 due to unsafe building conditions .

<sup>74</sup> KCC 2A.300.200.A. [[https://aqua.kingcounty.gov/council/clerk/code/05\\_Title\\_2A.htm#\\_Toc473536140](https://aqua.kingcounty.gov/council/clerk/code/05_Title_2A.htm#_Toc473536140)]

<sup>75</sup> Ordinance 19366. [<https://mkkclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=5121460&GUID=7DC46271-C6B3-4D90-B6DE-DEF37CD0A7D5&Options=Advanced&Search=>]

<sup>76</sup> Initial Health Through Housing Implementation Plan.

[<https://mkkclegisearch.kingcounty.gov/View.ashx?M=F&ID=9959294&GUID=718EA25C-9032-448C-8C98-060B2C97B5E8>]

<sup>77</sup> Health Through Housing Dashboard. [<https://www.kingcounty.gov/hthdashboard>]

<sup>78</sup> Initial Health Through Housing Implementation Plan.

[<https://mkkclegisearch.kingcounty.gov/View.ashx?M=F&ID=9959294&GUID=718EA25C-9032-448C-8C98-060B2C97B5E8>]

<sup>79</sup> Health Through Housing Dashboard. [<https://www.kingcounty.gov/hthdashboard>]

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

## 2024 Highlights

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

2024 highlights include:

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

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<sup>80</sup> 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.

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

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

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

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

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

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

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

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

Figure 2: Cumulative Number of HTH Housing Units, 2024<sup>82</sup>



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

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

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

<sup>82</sup> 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.

<sup>83</sup> Falkin Associates. Property Condition Assessment. (May 13, 2021).

<sup>84</sup> Rolluda Architects. King County FMD, Inn at Queen Anne Building Assessment. (February 22, 2022).

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

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

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

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

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<sup>85</sup> For example, before opening for operations, a front lobby would need to be added for 24/7 staffing.

<sup>86</sup> Sound Transit. Ballard Link Extension Scoping Summary Report. (February 2025).

[<https://www.soundtransit.org/sites/default/files/documents/BLE-NEPA-Scoping-Summary-Report-02132025.pdf>]

<sup>87</sup> Initial Health Through Housing Implementation Plan.

[<https://mkcclegisearch.kingcounty.gov/View.ashx?M=F&ID=9959294&GUID=718EA25C-9032-448C-8C98-060B2C97B5E8>]

<sup>88</sup> Susan Shain. Washington Projects \$250M Funding Shortfall for Homeless Services. Northwest Public Broadcasting. (October 30, 2024). [<https://www.nwpb.org/2024/10/30/washington-projects-250m-funding-shortfall-for-homeless-services/>]

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## Number of People Housed in Health Through Housing Sites

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

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

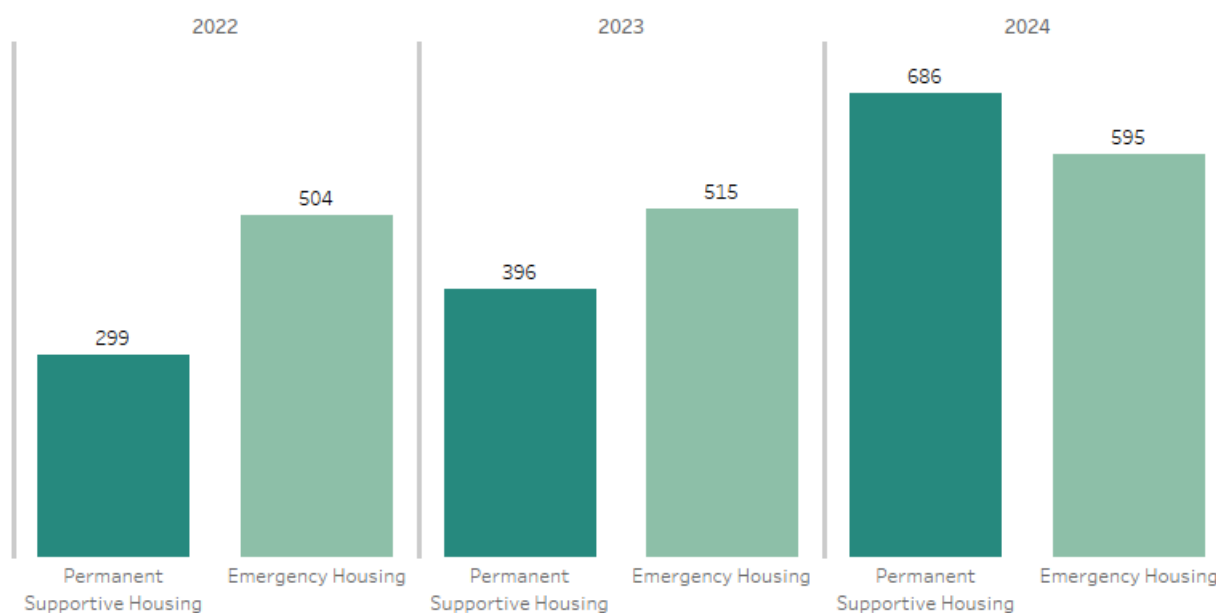
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Figure 3: People Housed in HTH Emergency Housing or Permanent Supportive Housing, 2022-2024<sup>90</sup>



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

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

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

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

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

*Figure 4: Progress Towards 50 Percent Conversion Goal*

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

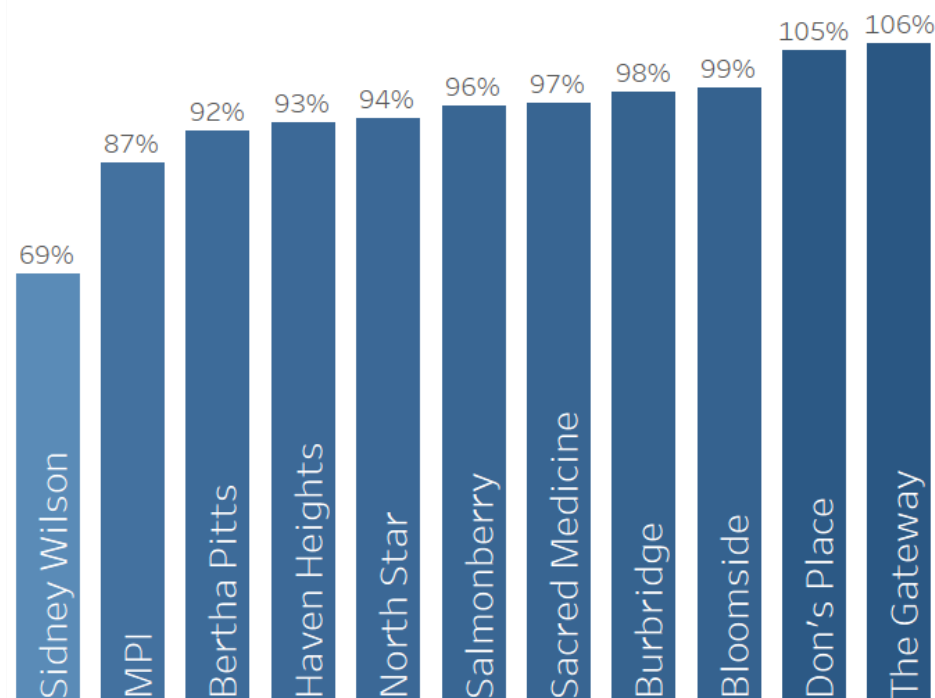
Buildings to be Converted	Units
The Gateway in Honor of Tenaya Wright	113
Haven Heights in Honor of Bruce Thomas	100
Kirkland site	103
<b>Total</b>	<b>316</b>

### Percent of Housing Units that Are Occupied

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

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

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



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

Notes: The occupancy rate for Haven Heights in Honor of Bruce Thomas is calculated based on the number of units that are currently available for occupancy (which is 15). Haven Heights in Honor of Bruce Thomas is using a phased move in approach, where 15 residents moved in during 2024 while building rehabilitation took place. Once this rehabilitation work is complete, the building will have 100 housing units.

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

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

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

#### *Permanent Supportive Housing*

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

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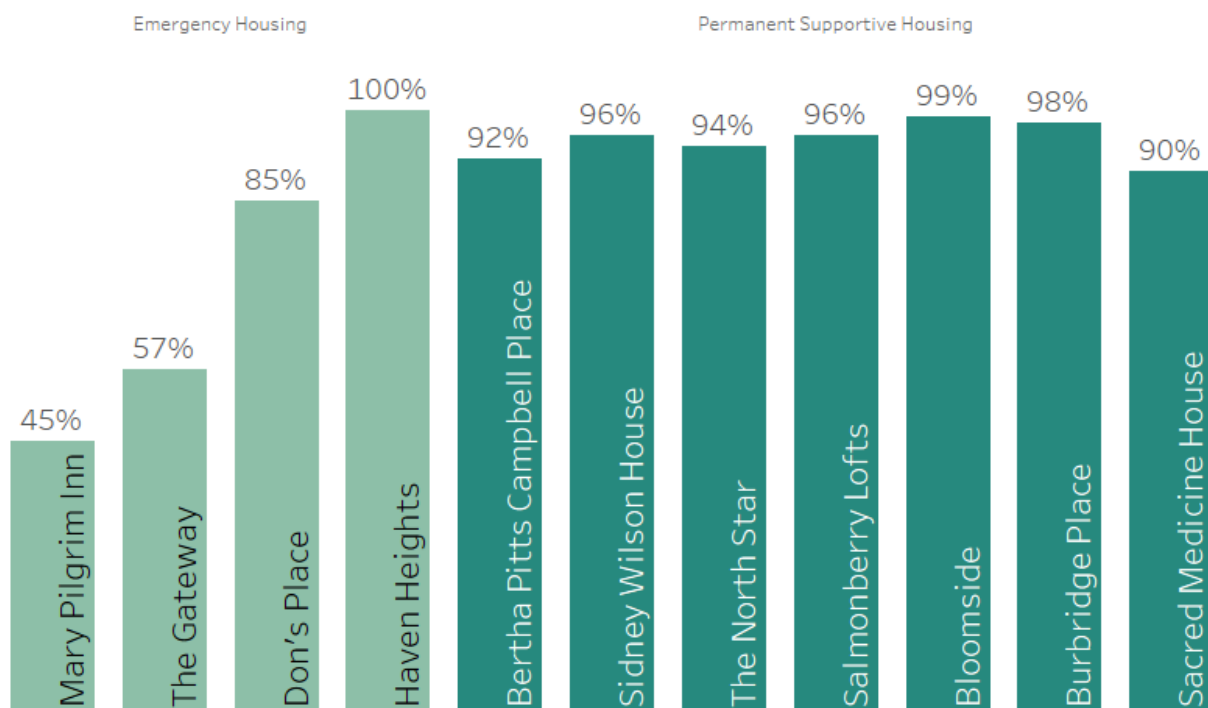
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residents maintaining housing, followed by Burbridge Place (98 percent), Salmonberry Lofts in Honor of Peter Joe (96 percent), Sidney Wilson House (96 percent), The North Star (94 percent), and Bertha Pitts Campbell Place (92 percent), and Sacred Medicine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

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

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



#### *Emergency Housing*

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

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

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

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

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

### **Number of People Moved from Chronic Homelessness to Permanent Housing**

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

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<sup>93</sup> Seattle-King County Homeless Management Information System (HMIS) Data as of 3/1/2025. The absence of data for some residents may reflect the resident opting not to report or data not being collected at exit, among other reasons.

<sup>94</sup> The high housing stability rate at Haven Heights in Honor of Bruce Thomas is partly due to building's small cohort. Only 15 residents currently live in the building, which has been open since June 2024.

<sup>95</sup> DESC. Vulnerability Assessment Tool. [<https://www.desc.org/what-we-do/vulnerability-assessment-tool/>].

<sup>96</sup> Seattle-King County Homeless Management Information System (HMIS) Data as of 3/1/2025.

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

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



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

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

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

## Average Length of Stay

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

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

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

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<sup>98</sup> Initial Health Through Housing Implementation Plan.

[<https://mkkcclegisearch.kingcounty.gov/View.ashx?M=F&ID=9959294&GUID=718EA25C-9032-448C-8C98-060B2C97B5E8>]

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

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

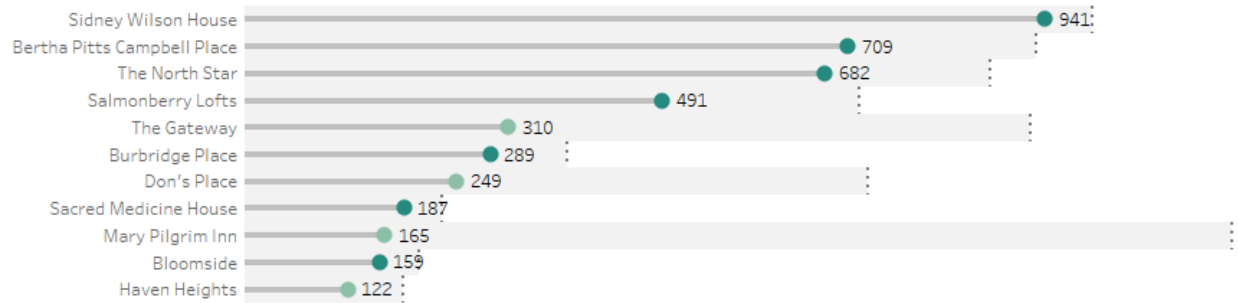
<sup>101</sup> Colburn, G., Fyall, R., McHugh, C., Moraras, P., Ewing, V., Thompson, S., Dean, T., & Argodale, S. Hotels as Noncongregate Emergency Shelters: An Analysis of Investments in Hotels as Emergency Shelter in King County, Washington During the COVID-19 Pandemic. *Housing Policy Debate*. 2022;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

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



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

### HTH Residents' Health Challenges

People experiencing homelessness die on average 12 years sooner than the general U.S. population.<sup>102</sup> Research shows that homelessness both causes and exacerbates illness and chronic mental and physical health conditions in people experiencing homelessness.<sup>103</sup> 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.<sup>104</sup> Because homelessness is linked to physical and mental health conditions, HTH services are designed to support residents with a wide range of health challenges. As one client stated, "Before getting to [the Gateway], I used to think that I'd die on the streets, but [the Gateway] gave me a second chance in life."

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

<sup>102</sup> National Health Care for the Homeless Council. Homelessness and Health: What's the Connection? (February 2019). [<https://nhchc.org/wp-content/uploads/2019/08/homelessness-and-health.pdf>]

<sup>103</sup> National Health Care for The Homeless Council. Homelessness & Health: What's the Connection? (February 2019). [<https://nhchc.org/wp-content/uploads/2019/08/homelessness-and-health.pdf>]

<sup>104</sup> National Health Care for the Homeless Council. Homelessness and Health: What's the Connection? (February 2019). [<https://nhchc.org/wp-content/uploads/2019/08/homelessness-and-health.pdf>]

<sup>105</sup> Seattle-King County Homeless Management Information System (HMIS) Data as of 3/1/2025.

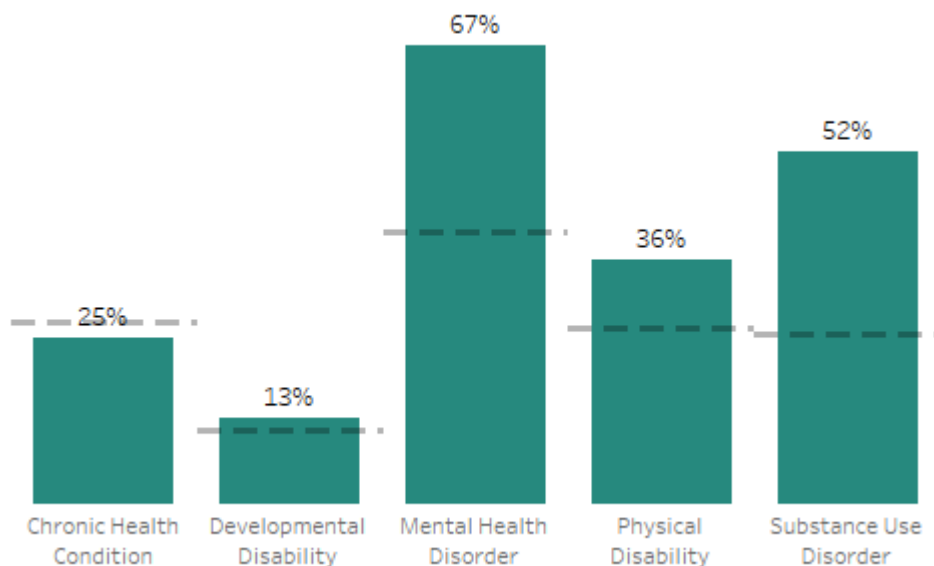
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Since 2022, the health challenges residents reported at move-in have fluctuated slightly year by year. For instance, in 2024, four percent more residents reported that they had a mental health disorder, and eight percent more residents reported a development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

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



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

## Health and Wellbeing Supports

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

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

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

#### *Behavioral Health Services*

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

*Figure 10: Number of Health Through Housing (HTH) Clients Receiving Mobile Response Team (MRT) Services by Geographic Area<sup>109</sup>*

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

<sup>107</sup> Interview with HTH site staff. December 20, 2024.

<sup>108</sup> DESC is currently evaluating its MRT staffing model to address recruitment needs for the night shift.

<sup>109</sup> All the individuals served by MRT in 2024 were in single-person households, so the number of individuals served is equal to the number of households served.

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

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

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

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

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<sup>110</sup> SAGE is funded by Medicaid.

<sup>111</sup> DESC's Substance Use Program is paid for by a combination of Medicaid and Jumpstart.

<sup>112</sup> The health and wellness services provided by Chief Seattle Club is partially paid for by private donations.

<sup>113</sup> CRew services are paid for by Medicaid.

<sup>114</sup> The services provided by Harborview medical staff at Mary Pilgrim Inn are funded by the Harborview Medical Center.

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

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

#### *Overdose Prevention Services*

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

#### *Physical Health Services*

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

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

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

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

<sup>117</sup> The nursing services provided at Sidney Wilson House are funded by a HealthPoint grant.

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

- Don's Place: In 2024, Don's Place continued to partner with HealthPoint to offer both nursing and physician care through its new on-site medical exam room.<sup>118</sup> One day a week, medical staff provide a wide array of health services including wound care, foot care, primary care consults, and referrals to specialized medical services.
- Mary Pilgrim Inn and The Gateway in Honor of Tenaya Wright: Residents at the Mary Pilgrim Inn and The Gateway in Honor of Tenaya Wright benefit from an innovative on-site partnership with Harborview Medical Center's Adult Medicine Clinic. In 2024, Harborview continued medical clinic operations based at the Mary Pilgrim Inn and provided site visits and remote consults for residents at The Gateway in Honor of Tenaya Wright. Harborview medical staff based at Mary Pilgrim Inn include a physician, nurse, and nurse practitioner.<sup>119</sup> This partnership supports chronic disease management, particularly diabetes management, and supports monitoring of medically fragile residents. Further, DESC employs a nurse that is on site at both The Gateway in Honor of Tenaya Wright and Mary Pilgrim Inn approximately 15 hours a week.<sup>120</sup> Residents also receive on-site medication management services.
- Salmonberry Lofts in Honor of Peter Joe and Sacred Medicine House: In 2024, Seattle Indian Health Board and Chief Seattle Club continued offering on-site nursing services at Salmonberry Lofts in Honor of Peter Joe, and launched on-site services at Sacred Medicine House.<sup>121</sup> Nurse care includes medication management, wound care, wellness checkups, consultation and referrals to nearby Seattle Indian Health Board health centers. The Seattle Indian Health Board runs nearby community health centers that provide medical, dental, behavioral health, and substance use services to its patients, while specializing in the care of Native people. Residents at Sacred Medicine House also have access to the Care and Connect Mobile Health dental van, which is on site on a weekly basis.
- The North Star, Burbridge Place, and Bloomsides: Residents at Burbridge Place, The North Star, and Bloomsides all receive on-site medication management services. These sites also have a team of clinical support specialists who aid residents in accessing community-based health resources and coordinate with other members of the resident's care team. For instance, some residents are connected to HOST (Homeless Outreach Stabilization and Transition), a multi-

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<sup>118</sup> The health services offered at Don's Place are funded by a HealthPoint grant.

<sup>119</sup> The services provided by Harborview medical staff at Mary Pilgrim Inn are funded by the Harborview Medical Center.

<sup>120</sup> The DESC nursing services are funded by HTH.

<sup>121</sup> The nursing services at Salmonberry Lofts in Honor of Peter Joe and Sacred Medicine House is funded through the Public Health – Seattle & King County Healthcare for the Homeless Network.

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

#### *Metrics for Physical and Behavioral Health Care Access*

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

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

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

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<sup>122</sup> Health Through Housing Dashboard, *Health Supports* tab. [<https://www.kingcounty.gov/hthdashboard>]

<sup>123</sup> Health Through Housing Dashboard, *Health Supports* tab. [<https://www.kingcounty.gov/hthdashboard>]

<sup>124</sup> In the 2022 report, interactions with the behavioral health system, such as authorizations for care during a resident’s stay in HTH, were documented using the PHP96 behavioral health system database that DCHS administers. In 2023, the methodology was updated to include authorizations that began before a resident’s stay and continued into it. Additionally, new programs introduced in 2023 were included. In this 2024 report, the methodology has again been updated to include both authorizations for care documented in the PHP96 behavioral health system database and authorizations for care documented in the Medicaid claims database. Accordingly, while more residents accessed health care in 2024 compared to 2023, much of this increase may be due to the additional health care data source added in 2024. This data improvement gives the HTH initiative to a more holistic view of residents’ health care access.

<sup>125</sup> Some onsite physical health care services, such as those provided by HealthPoint, are paid for with grant funds secured by the health care provider. Accordingly, a resident may not need to have insurance to access health care services.

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

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

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

#### *Other Supportive Services at HTH Sites in 2024*

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

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

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

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

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

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

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

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

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

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<sup>128</sup> Interview with HTH site staff. December 5, 2024.



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

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

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

### **Demographic Data and Progress toward Reducing Disproportionality**

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

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

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

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<sup>129</sup> HTH residents can choose to pursue multiple service areas.

<sup>130</sup> Ordinance 19179. [<https://mkkclegisearch.kingcounty.gov/Legislation.aspx>]

<sup>131</sup> Initial Health Through Housing Implementation Plan.

[<https://mkkclegisearch.kingcounty.gov/View.ashx?M=F&ID=9959294&GUID=718EA25C-9032-448C-8C98-060B2C97B5E8>]

<sup>132</sup> King County HMIS Data as of 3/1/2025. Washington State Office of Financial Management Population Interim Estimates (PIE), July 2024. For more discussion of disproportionality in chronic homelessness, including a disproportionality index that provides another way to understand the issue, see the *Understanding Disproportionality* tab of the HTH Dashboard. [<https://www.kingcounty.gov/hthdashboard>]

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

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

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<sup>133</sup> Seattle-King County HMIS Data as of 3/1/2025.

<sup>134</sup> Washington State Office of Financial Management Population Interim Estimates (PIE), July 2024.

<sup>135</sup> 2022 Health Through Housing Annual Report.

[<https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=6262252&GUID=12B235F6-F229-411C-9293-B498A6821F87&Options=&Search=>]

<sup>136</sup> Seattle-King County HMIS Data as of 3/1/2025.

<sup>137</sup> Washington State Office of Financial Management Population Interim Estimates (PIE), July 2024.

<sup>138</sup> 2022 Health Through Housing Annual Report.

[<https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=6262252&GUID=12B235F6-F229-411C-9293-B498A6821F87&Options=&Search=>]

<sup>139</sup> Seattle-King County HMIS Data as of 3/1/2025.

<sup>140</sup> Washington State Office of Financial Management Population Interim Estimates (PIE), July 2024.

<sup>141</sup> 2022 Health Through Housing Annual Report.

[<https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=6262252&GUID=12B235F6-F229-411C-9293-B498A6821F87&Options=&Search=>]

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

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

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

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

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

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

#### Expanding Partnerships and Provider Supports

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

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### *Developing New Partnerships*

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

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

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

### *Training and Capacity Building for HTH Providers*

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

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<sup>142</sup> KCC 24.10.010.A. [[https://aqua.kingcounty.gov/council/clerk/code/33 Title 24.htm](https://aqua.kingcounty.gov/council/clerk/code/33_Title_24.htm)]

<sup>143</sup> *Trueblood vs. Department of Social and Health Services (DSHS)* was a class action lawsuit that challenged delays in competency evaluation and restoration services for people whose competency to stand trial was questioned by a criminal court. The lawsuit generated millions of dollars in contempt fines collected for failure to comply with the court's orders for timeliness. The United States District Court, Western District of Washington State, ordered that a portion of the fines be used to fund programs for class members, which resulted in multiple Trueblood Diversion Programs across the state. Washington State Health Care Authority. Trueblood Diversion Program. (2025).

<sup>144</sup> King County Department of Community and Human Services. New Funding Opportunity: \$17.8M for Short-term Housing and Housing Resource Navigation for Trueblood Class Members. (March 21, 2025). [<https://dchsblog.com/2025/03/21/>]

<sup>145</sup> AB v DSHS (Trueblood): Reforming Washington's Forensic Mental Health System. [<https://disabilityrightswa.org/cases/trueblood/#Diversion>]

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

### *Responding to Emerging Challenges*

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

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

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<sup>146</sup> Wage Equity Study Team. Wage Equity for Non-Profit Human Services Workers: A study of work and pay in Seattle and King County. University of Washington School of Social Work. (February 2023).

[[https://socialwork.uw.edu/wp-content/uploads/WageEquityStudy\\_Summary\\_0\\_0.pdf](https://socialwork.uw.edu/wp-content/uploads/WageEquityStudy_Summary_0_0.pdf)]

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

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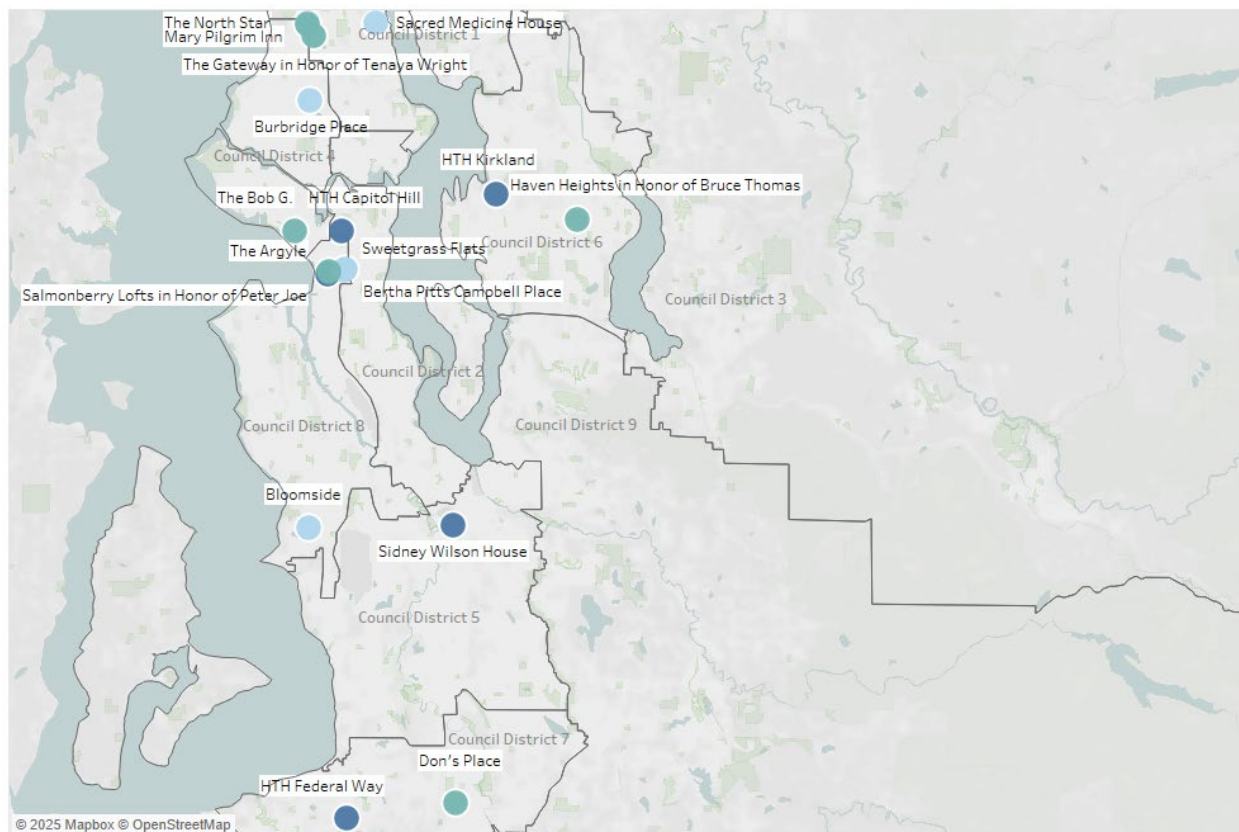
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## B. Site Locations and Other Geographic Information

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

Figure 12: Map of HTH Site Locations, 2024



### Housing and ownership type


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

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

## Additional Information on Open HTH Buildings

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

Figure 13: HTH Units Opened, 2024

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


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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: 95

**Building Photos**



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### 3 | Haven Heights in Honor of Bruce Thomas, 2122 152<sup>nd</sup> Ave. NE, Redmond, 98052

#### Property Details

Service Provider: The Salvation Army  
Initial Housing Type: Emergency Housing  
Total HTH Units: 100 (15 opened in 2024)

#### Building Photos



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

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

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


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Figure 14: HTH Units Secured, 2024

3   Sweetgrass Flats, 157 12 <sup>th</sup> Ave., Seattle, 98122	
Property Details	
Service Provider: Chief Seattle Club Initial Housing Type: Permanent Supportive Housing Total HTH Units: 84	
Building Photos	
 An architectural rendering of the Sweetgrass Flats building, a modern multi-story structure with a grid-like facade of windows and balconies. The building is illuminated from within, showing warm interior lights. It is situated on a street corner with trees and a car visible in the foreground. The sky is a mix of blue and orange, suggesting dusk or dawn.	

#### Individuals Served with Local Community Ties

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

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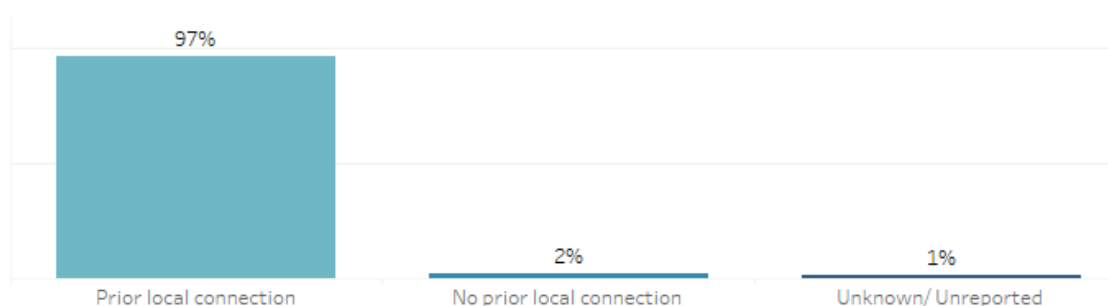
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Implementation Plan.<sup>149, 150</sup> As a result of these efforts, 97 percent of residents reported existing ties to the communities where their HTH site is located, as shown in Figure 15.

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

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



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

## C. Financial Information

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

<sup>149</sup> Initial Health Through Housing Implementation Plan.

[<https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=5121460&GUID=7DC46271-C6B3-4D90-B6DE-DEF37CD0A7D5&Options=Advanced&Search=&FullText=1>]

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

<sup>151</sup> King County Code 4A.503. [[https://aqua.kingcounty.gov/council/clerk/code/07\\_Title\\_4A.htm#Toc54697848](https://aqua.kingcounty.gov/council/clerk/code/07_Title_4A.htm#Toc54697848)]

## Annual Revenue

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

Figure 16: Annual Revenue, 2024

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

## Actual Expenditures

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

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

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

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

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Figure 17: Expenditures by HTH Strategy, 2024

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

### Allocation of Expenditures by Jurisdiction

For HTH, King County receives 0.1 percent sales and use tax revenue from each jurisdiction within the region except Bellevue, Covington, Issaquah, Kent, Maple Valley, North Bend, Renton, and Snoqualmie. These jurisdictions passed municipal legislation in 2020 to keep the tax revenue generated through RCW 82.14.530 under city control.<sup>153, 154, 155, 156, 157, 158, 159, 160</sup> 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.

<sup>152</sup> HTH's allocation of Strategy 3 revenues in 2024 amounted to 8.87 percent of total HTH sales tax revenues on because HTH's final 2024 revenues came in slightly higher than forecasted. HTH transferred the difference in January 2025 to support behavioral health services, to ensure the total annual amount transferred is at least nine percent of total expenditures, in line with the Implementation Plan.

<sup>153</sup> City of Bellevue Resolution 9826. [<https://bellevue.municipal.codes/enactments/Res9826>]

<sup>154</sup> City of Covington Ordinance 14-20. [<https://covington.municipal.codes/enactments/Ord14-20>]

<sup>155</sup> City of Issaquah Ordinance 2922. [<https://issaquah.civicweb.net/document/127758/>]

<sup>156</sup> City of Kent City Code 3.16.035 Additional Sales or Use Tax for Housing.  
[<https://www.codepublishing.com/WA/Kent/>]

<sup>157</sup> City of Maple Valley Ordinance No. O-20-708.  
[<https://cms3.revize.com/revize/maplevalleywa/Documents/Government/Ordinances/2020/Ord708%20Additional%20Sales%20and%20Use%20Tax%20for%20Housing%20and%20Related%20Services.pdf>]

<sup>158</sup> City of North Bend Code 3.10.010.  
[<https://www.codepublishing.com/WA/NorthBend/#!/html/NorthBend03/NorthBend0310.html>]

<sup>159</sup> City of Renton Ordinance 5983.  
[<https://edocs.rentonwa.gov/Documents/DocView.aspx?id=8226729&dbid=1&repo=CityofRenton&cr=1>]

<sup>160</sup> City of Snoqualmie Resolution 1557. [<https://portal.laserfiche.com/Portal/DocView.aspx?id=1946&repo=r-d06bc528>]

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

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

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

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

<sup>161</sup> 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.

<sup>162</sup> In 2024, \$8,976,956 in HTH revenue could not be allocated to a specific jurisdiction.

Figure 19: Allocation of Expenditures by Jurisdiction, 2024

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

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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, development process, and timing. Figure 20 identifies:

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

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

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

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

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

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

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

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

\* All capital measures, including acquisition and rehabilitation activity, are depicted as Life-to-Date expenses rather than Year-to-Date expenses, so acquisition costs appear in this table regarding real estate transactions that took place in prior years.

\*\* 2024 costs per unit are lower at this site because it opened mid-year.

\*\*\* 2024 costs per unit are lower at this site because it was not open for occupancy in 2024.

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

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

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

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

Figure 22: Health Through Housing Advisory Committee Members, 2024

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

<sup>164</sup> KCC 2A.300.200. [[https://aqua.kingcounty.gov/council/clerk/code/05\\_Title\\_2A.htm#\\_Toc473536140](https://aqua.kingcounty.gov/council/clerk/code/05_Title_2A.htm#_Toc473536140)]

<sup>165</sup> KCC 24.30.020. [[https://aqua.kingcounty.gov/council/clerk/code/33\\_Title\\_24.htm#\\_Toc65058358](https://aqua.kingcounty.gov/council/clerk/code/33_Title_24.htm#_Toc65058358)]

<sup>166</sup> Health Through Housing Dashboard. [<https://www.kingcounty.gov/hthdashboard>]

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

### E. Additional Information Available in the HTH Dashboard

Additional information about the HTH initiative is in the online HTH dashboard available [here](#).<sup>168</sup> The dashboard includes:

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

### Conclusion/Next Actions

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

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

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

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<sup>167</sup> Initial Health Through Housing Implementation Plan.

[<https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=5121460&GUID=7DC46271-C6B3-4D90-B6DE-DEF37CD0A7D5&Options=Advanced&Search=&FullText=1>]

<sup>168</sup> Health Through Housing Dashboard. [<https://www.kingcounty.gov/hthdashboard>]

<sup>169</sup> Seattle Construction Cost Index Q4 2024. Mortenson. [<https://www.mortenson.com/cost-index/seattle>]

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

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

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

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

## Appendix A: Reporting Elements Table and HTH Dashboard Guide

Reporting Element Language	Source	See Section(s) of This Report	See Also HTH Dashboard Tab(s) <sup>171</sup>
<b>King County Code 2A.300.200.A</b>			
The health through housing advisory committee is created to provide advice to the executive and council and report annually to the council and community on the accomplishments and effectiveness of the expenditure of sales and tax proceeds as authorized by KCC chapter 4A.503 and RCW 82.14.530. Annual reporting to the council and the community shall include information on the allocation by jurisdiction of sales and use tax proceeds as authorized by KCC. chapter 4A.503 and RCW 82.14.530. ...	KCC 2A.300.200.A	<ul style="list-style-type: none"> <li>• Report Requirements Subsection A: Performance Overview: Accomplishments and Effectiveness in 2024</li> <li>• Report Requirements Subsection C: Financial Information</li> </ul>	<ul style="list-style-type: none"> <li>• Initiative Roots</li> <li>• Number of People Served</li> <li>• Revenue and Expenditures</li> <li>• Program Performance</li> </ul>
No later than June 15 of each year, beginning with the first report to be filed by June 15, 2023, on behalf of the advisory committee, the executive shall electronically file the annual report and a motion that should acknowledge receipt of the report with the clerk of the council, who shall retain an electronic copy to all councilmembers, the council chief and member and alternates of the regional policy committee, or its successor. The clerk of the council shall retain an electronic copy and provide an electronic copy to all councilmembers, the council chief of staff and the lead staff for the committee of the whole, or its successor.	KCC 2A.300.200.A	N/A	N/A
<b>King County Code 24.30.030.A</b>			

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

Reporting Element Language	Source	See Section(s) of This Report	See Also HTH Dashboard Tab(s) <sup>171</sup>
... The implementation plan shall also describe responsibilities of a health through housing advisory committee, which is to provide advice to the executive and council and to report annually to the council and the community on the accomplishments and effectiveness of the expenditure of proceeds and name the persons to the committee. Annual reporting provided to the council and the community shall include information on the allocation of the proceeds by jurisdiction.	KCC 24.30.030.A	<ul style="list-style-type: none"> <li>• Report Requirements Subsection A: Performance Overview: Accomplishments and Effectiveness in 2024</li> <li>• Report Requirements Subsection D: HTH Advisory Committee Establishment, Membership, and Certification of Dashboard</li> <li>• Report Requirements Subsection C: Financial Information</li> </ul>	<ul style="list-style-type: none"> <li>• Initiative Roots</li> <li>• Number of People Served</li> <li>• Advisory Committee</li> <li>• Revenue and Expenditures</li> <li>• Program Performance</li> </ul>
<b>HTH Implementation Plan</b>			
The HTH Advisory Committee will annually report to the Council and public on the expenditures, accomplishments, and effectiveness of the HTH initiative through an online HTH dashboard. The purposes of reporting by online dashboard are to increase community access to reporting, to take advantage of an online platform's ability to present interactive data, to allow for faster data updates as data are available within the annual reporting period, and to reduce the environmental impact of printing paper reports.	HTH Implementation Plan, page 64	<ul style="list-style-type: none"> <li>• Report Requirements Subsection A: Performance Overview: Accomplishments and Effectiveness in 2024</li> <li>• Report Requirements Subsection B: Site Locations and Other Geographic Information</li> <li>• Report Requirements Subsection C: Financial Information</li> <li>• Report Requirements Subsection E: Performance Overview: Additional Information Available in the HTH Dashboard</li> </ul>	<ul style="list-style-type: none"> <li>• Full HTH Dashboard</li> </ul>

Reporting Element Language	Source	See Section(s) of This Report	See Also HTH Dashboard Tab(s) <sup>171</sup>
DCHS will prepare and maintain the online dashboard. No later than June 15 of each year starting in 2023, the online dashboard will be updated with the prior calendar year's data reporting and an overview of the HTH initiative's performance during the year. The online dashboard will include performance measures that are consistent with this plan's section on Performance Measurement and Evaluation.	HTH Implementation Plan, page 64	<ul style="list-style-type: none"> <li>• Report Requirements Subsection A: Performance Overview: Accomplishments and Effectiveness in 2024</li> <li>• Report Requirements Subsection B: Site Locations and Other Geographic Information</li> <li>• Report Requirements Subsection E: Performance Overview: Additional Information Available in the HTH Dashboard</li> </ul>	<ul style="list-style-type: none"> <li>• Initiative Roots</li> <li>• Number of People Served</li> <li>• Project Phases</li> <li>• Location Map</li> <li>• Program Performance</li> <li>• Supportive Services</li> </ul>
A list of the members of the HTH Advisory Committee	HTH Implementation Plan, page 65	<ul style="list-style-type: none"> <li>• Report Requirements Subsection D: HTH Advisory Committee Establishment, Membership, and Certification of Dashboard</li> </ul>	<ul style="list-style-type: none"> <li>• Advisory Committee</li> </ul>
A map depicting the locations of sites constructed or acquired with Health through Housing proceeds and depicting the locations and numbers of operational-only housing units supported by HTH	HTH Implementation Plan, page 65	<ul style="list-style-type: none"> <li>• Report Requirements Subsection B: Site Locations and Other Geographic Information</li> </ul>	<ul style="list-style-type: none"> <li>• Location Map</li> </ul>
Demographic data describing the population residing in Health through Housing-funded housing, including race and ethnicity. The dashboard will track progress towards reducing racial-ethnic disproportionality by comparing HTH demographic data to the population experiencing chronic homelessness in King County and the general King County population	HTH Implementation Plan, page 65	<ul style="list-style-type: none"> <li>• Report Requirements Subsection A: Performance Overview: Accomplishments and Effectiveness in 2024 – Demographic Data and Progress toward Reducing Disproportionality</li> </ul>	<ul style="list-style-type: none"> <li>• Who We Serve</li> </ul>

Reporting Element Language	Source	See Section(s) of This Report	See Also HTH Dashboard Tab(s) <sup>171</sup>
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"> <li>Report Requirements Subsection A: Performance Overview: Accomplishments and Effectiveness in 2024 – Health and Wellbeing Supports</li> </ul>	<ul style="list-style-type: none"> <li>Mobile Response Team</li> </ul>
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"> <li>Report Requirements Subsection B: Site Locations and Other Geographic Information – Individuals Served with Local Community Ties</li> </ul>	<ul style="list-style-type: none"> <li>Who We Serve</li> </ul>
Health Through Housing initiative financial information, including,			
<ul style="list-style-type: none"> <li>The program’s annual revenue</li> </ul>	HTH Implementation Plan, page 65	<ul style="list-style-type: none"> <li>Report Requirements Subsection C: Financial Information</li> </ul>	<ul style="list-style-type: none"> <li>Revenue and Expenditures</li> </ul>
<ul style="list-style-type: none"> <li>Allocation of proceeds for housing and operations to jurisdictions that host Health through Housing sites</li> </ul>	HTH Implementation Plan, page 65	<ul style="list-style-type: none"> <li>Report Requirements Subsection C: Financial Information</li> </ul>	<ul style="list-style-type: none"> <li>Revenue and Expenditures</li> </ul>
<ul style="list-style-type: none"> <li>Actual expenditures of the previous year’s proceeds amongst the categories of expenditure required or allowed by KCC chapter 24.30</li> </ul>	HTH Implementation Plan, page 65	<ul style="list-style-type: none"> <li>Report Requirements Subsection C: Financial Information</li> </ul>	<ul style="list-style-type: none"> <li>Revenue and Expenditures</li> </ul>
<ul style="list-style-type: none"> <li>Including the average per-unit cost of acquisition, conversion and operation by site</li> </ul>	HTH Implementation Plan, page 65	<ul style="list-style-type: none"> <li>Report Requirements Subsection C: Financial Information</li> </ul>	<ul style="list-style-type: none"> <li>Revenue and Expenditures</li> </ul>
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) <sup>171</sup>
<ul style="list-style-type: none"> <li>Cumulative number of people who moved from chronic homelessness into permanent housing via HTH;</li> </ul>	HTH Implementation Plan, page 65	<ul style="list-style-type: none"> <li>Report Requirements Subsection A: Performance Overview: Accomplishments and Effectiveness in 2024 - Number of People Moved from Chronic Homelessness to Permanent Housing</li> </ul>	<ul style="list-style-type: none"> <li>Housing Performance</li> </ul>
<ul style="list-style-type: none"> <li>Progress on reducing disproportionality in the experience of chronic homelessness;</li> </ul>	HTH Implementation Plan, page 65	<ul style="list-style-type: none"> <li>Report Requirements Subsection A: Performance Overview: Accomplishments and Effectiveness in 2024 - Demographic Data and Progress toward Reducing Disproportionality</li> </ul>	<ul style="list-style-type: none"> <li>Who We Serve</li> </ul>
<ul style="list-style-type: none"> <li>Percentage of residents who maintain their housing in HTH or exit to permanent housing from HTH-funded emergency or PSH;</li> </ul>	HTH Implementation Plan, page 65	<ul style="list-style-type: none"> <li>Report Requirements Subsection A: Performance Overview: Accomplishments and Effectiveness in 2024 – Percent of HTH Residents who Maintain Housing in HTH or Exit to Permanent Housing</li> </ul>	<ul style="list-style-type: none"> <li>Housing Performance</li> </ul>
<ul style="list-style-type: none"> <li>Average length of stay of residents in HTH-funded emergency or PSH;</li> </ul>	HTH Implementation Plan, page 65	<ul style="list-style-type: none"> <li>Report Requirements Subsection A: Performance Overview: Accomplishments and Effectiveness in 2024 – Average Length of Stay</li> </ul>	<ul style="list-style-type: none"> <li>Housing Performance</li> </ul>
<ul style="list-style-type: none"> <li>Percentage of residents who receive physical or behavioral health care supports or care while residing in a HTH unit; and</li> </ul>	HTH Implementation Plan, page 65	<ul style="list-style-type: none"> <li>Report Requirements Subsection A: Performance Overview: Accomplishments and Effectiveness in 2024 – Health and Wellbeing Supports</li> </ul>	<ul style="list-style-type: none"> <li>Health and Supports</li> </ul>

Reporting Element Language	Source	See Section(s) of This Report	See Also HTH Dashboard Tab(s) <sup>171</sup>
<ul style="list-style-type: none"> <li>Additional measures of improvements in health or well-being, as data are available</li> </ul>	HTH Implementation Plan, page 65	<ul style="list-style-type: none"> <li>Report Requirements Subsection A: Performance Overview: Accomplishments and Effective in 2024 – Health and Wellbeing Supports</li> </ul>	<ul style="list-style-type: none"> <li>Healthcare Outcomes</li> <li>Mobile Response Team</li> <li>Transportation and Mobility Supports</li> <li>Employment Resource Program</li> <li>Emergency Feeding Program</li> </ul>
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"> <li>Report Requirements Subsection D: HTH Advisory Committee Establishment, Membership, and Certification of Dashboard</li> </ul>	<ul style="list-style-type: none"> <li>Advisory Committee</li> </ul>
On behalf of the Committee, the Executive will electronically file the annual report and a motion that should acknowledge receipt of the report with the clerk of the council, who will retain an electronic copy and provide an electronic copy to all councilmembers, the council chief and members and alternates of the regional policy committee, or its successor. Passage of the motion acknowledging receipt of the report will satisfy HTH's annual reporting requirement. DCHS will be prepared upon invitation to present an overview of the annual report to the Council or one of its committees and to the Regional Policy Committee.	HTH Implementation Plan, page 65	N/A	N/A

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

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

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

2024 Health Through Housing Annual Report

See also [Health Through Housing Dashboard](#)

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



**King County**

**Shannon Braddock**  
King County Executive

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June 12, 2025

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

Dear Councilmember Zahilay:

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

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

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

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

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

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

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

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

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

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

The Honorable Girmay Zahilay

June 12, 2025

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

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

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

Sincerely,



for

Shannon Braddock  
King County Executive

Enclosure

cc: King County Councilmembers

ATTN: Stephanie Cirkovich, Chief of Staff, King County Council  
Melani Pedroza, Clerk of the Council

Karan Gill, Deputy Executive, Chief of Staff, Office of the Executive  
Stephanie Pure, Council Relations Director, Office of the Executive  
Kelly Rider, Director, Department of Community and Human Services



## King County

### Metropolitan King County Council Regional Policy Committee

#### STAFF REPORT

<b>Agenda Item:</b>	7	<b>Name:</b>	Sam Porter
<b>Proposed No.:</b>	2025-B0118	<b>Date:</b>	August 20, 2025

#### SUBJECT

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

#### SUMMARY

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

For collections to continue without interruption, the state Department of Revenue would need to be notified of the effective legislation by October 18.<sup>3</sup>

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

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

<sup>2</sup> Office of Economic and Financial Analysis (OEFA) July 2025 Forecast, [https://cdn.kingcounty.gov/-/media/king-county/independent/governance-and-leadership/government-oversight/forecasting/documents/july2025\\_pdf.pdf?rev=6abcfdb918314a40a3c82d9f0de6ea14&hash=7B796FB39494EB5CEA00BBB043DB3F8D](https://cdn.kingcounty.gov/-/media/king-county/independent/governance-and-leadership/government-oversight/forecasting/documents/july2025_pdf.pdf?rev=6abcfdb918314a40a3c82d9f0de6ea14&hash=7B796FB39494EB5CEA00BBB043DB3F8D)

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



## **BACKGROUND**

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

**MIDD I (2008-2016).** In 2007, the King County Council adopted Ordinance 15949 authorizing the original MIDD levy (MIDD I) and collection of an additional sales and use tax of one-tenth of one percent for the delivery of behavioral health services and therapeutic courts over a period of nine years which expired January 1, 2017. Ordinance 15949 also established a policy framework for measuring the effectiveness of the public's investment in MIDD I programs, requiring the King County Executive to submit oversight, implementation and evaluation plans for the programs funded with the tax revenue. Subsequent ordinances established the MIDD Oversight Committee (established 2008<sup>5</sup>, amended in 2017 to be the "Advisory Committee"<sup>6</sup>) and the MIDD Implementation Plan and MIDD Evaluation Plan (October 2008).<sup>7</sup>

**MIDD II (2017-2025).** In 2015, the King County Council passed Ordinance 17998 requiring a comprehensive review of MIDD I strategies, an analysis of investments, and set forth a process and criteria for recommending new strategies to be considered for MIDD II. In June 2016, the Executive transmitted the comprehensive historical review, assessment of MIDD I<sup>8</sup>, and a proposal to continue collections for another nine-year term starting in 2017.<sup>9</sup> In August 2016, Council adopted Ordinance 18333 which continued the collection of the sales tax uninterrupted for another nine years and is set to expire January 1, 2026. In August 2016, the Executive transmitted the MIDD II service improvement plan (SIP) to guide MIDD II investments.<sup>10</sup> The SIP was approved through Ordinance 18406 in November 2016 and will expire with MIDD II on January 1, 2026.

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

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

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<sup>4</sup> RCW 82.14.460

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

<sup>6</sup> Ordinance 18452

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

<sup>8</sup> Motion 14712 was adopted September 2016

<sup>9</sup> Ordinance 18333

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

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

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

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

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

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

<sup>11</sup> Includes data from the July 2025 OEFA Forecast.

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

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

## **ANALYSIS**

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

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

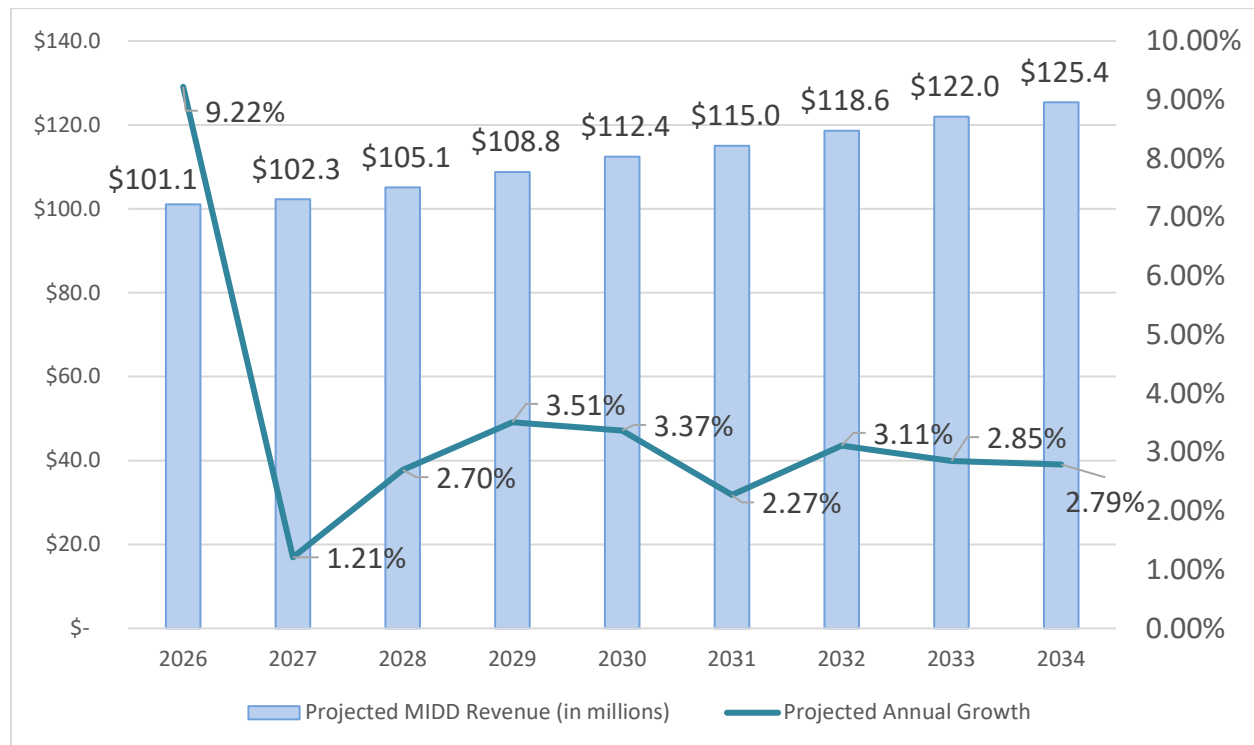
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<sup>12</sup> July 2025 OEFA Forecast [https://cdn.kingcounty.gov/-/media/king-county/independent/governance-and-leadership/government-oversight/forecasting/documents/july2025\\_pdf.pdf?rev=6abcfdb918314a40a3c82d9f0de6ea14&hash=7B796FB39494EB5CEA00BBB043DB3F8D](https://cdn.kingcounty.gov/-/media/king-county/independent/governance-and-leadership/government-oversight/forecasting/documents/july2025_pdf.pdf?rev=6abcfdb918314a40a3c82d9f0de6ea14&hash=7B796FB39494EB5CEA00BBB043DB3F8D)

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

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

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



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

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

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

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

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

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

1. Policy Goals;
2. Service Improvement Plan governing expenditures;
3. Evaluation Plan, including annual reporting requirements; and
4. Binding partnership agreement and requirements<sup>14</sup>.

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

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

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

**Table 5. Legislative Schedule for Proposed Ordinance 2025-0212**

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

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

## **INVITED**

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

## **ATTACHMENTS**

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





**KING COUNTY**  
**Signature Report**

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

**Ordinance**

**Proposed No. 2025-0212.1**

**Sponsors Dembowski**

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

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

12 BE IT ORDAINED BY THE COUNCIL OF KING COUNTY:

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

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

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

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

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

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

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

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

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

KING COUNTY COUNCIL  
KING COUNTY, WASHINGTON

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Girmay Zahilay, Chair

ATTEST:

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Melani Pedroza, Clerk of the Council

APPROVED this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_.

---

Shannon Braddock, County Executive

**Attachments:** None



## King County

**Shannon Braddock**

King County Executive

401 Fifth Avenue, Suite 800

Seattle, WA 98104

**206-296-9600** Fax 206-296-0194

TTY Relay: 711

[www.kingcounty.gov](http://www.kingcounty.gov)

July 10, 2025

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

Dear Councilmember Zahilay:

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

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

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

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

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

The Honorable Girmay Zahilay  
July 10, 2025  
Page 2

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

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

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

Sincerely,



for

Shannon Braddock  
King County Executive

Enclosure

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



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

July 10, 2025

TO: King County Councilmembers

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

RE: King County MIDD Impacts

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

**Overview:** The MIDD is a councilmanic, countywide 0.1 percent sales tax authorized under Revised Code of Washington (RCW) 82.14.460 and King County Code (KCC) 400.5A.300.<sup>1</sup> Funds help the County address substance use disorder and mental health conditions, including crisis diversion, rapid rehousing, screening and referral services, and treatment. The King County Department of Community and Human Services' (DCHS) Behavioral Health and Recovery Division (BHRD) manages and operates MIDD. The MIDD Advisory Committee advises the Executive and Council on MIDD, helping to ensure that the implementation and evaluation of the strategies and programs funded by the MIDD sales tax revenue are transparent, accountable, collaborative and effective. The MIDD's investments are guided by the adopted Implementation plan.<sup>2</sup>

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

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<sup>1</sup> RCW 82.14.460. [\[LINK https://app.leg.wa.gov/rcw/default.aspx?cite=82.14.460\]](https://app.leg.wa.gov/rcw/default.aspx?cite=82.14.460) and KCC 4A.500.300. [\[LINK https://aqua.kingcounty.gov/council/clerk/code/07\\_Title\\_4A.htm#\\_Toc54697846\]](https://aqua.kingcounty.gov/council/clerk/code/07_Title_4A.htm#_Toc54697846)

<sup>2</sup> [LINK](#)

<sup>3</sup> March 2025 King County Economic and Revenue Forecast. Office of Economic and Financial Analysis (OEFA). [\[LINK https://cdn.kingcounty.gov/-/media/king-county/independent/governance-and-leadership/government-oversight/forecasting/documents/march2025\\_pdf.pdf?rev=c2456dedf4674d678472b2fafbfd30cd&hash=0B50AB7757108890A56AC1708ECD57DB\]](https://cdn.kingcounty.gov/-/media/king-county/independent/governance-and-leadership/government-oversight/forecasting/documents/march2025_pdf.pdf?rev=c2456dedf4674d678472b2fafbfd30cd&hash=0B50AB7757108890A56AC1708ECD57DB)

County Integrated Care Network (KCICN), the King County Behavioral Health Administrative Services Organization (BH-ASO), and the Crisis Care Centers Levy.<sup>4,5</sup>

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

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

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

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

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

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

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

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

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

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

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

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

- 36 percent fewer involuntary psychiatric hospitalizations.<sup>11</sup>

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

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

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

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

## **MIDD Outcomes**

### **1. Engagement with behavioral health treatment**

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

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

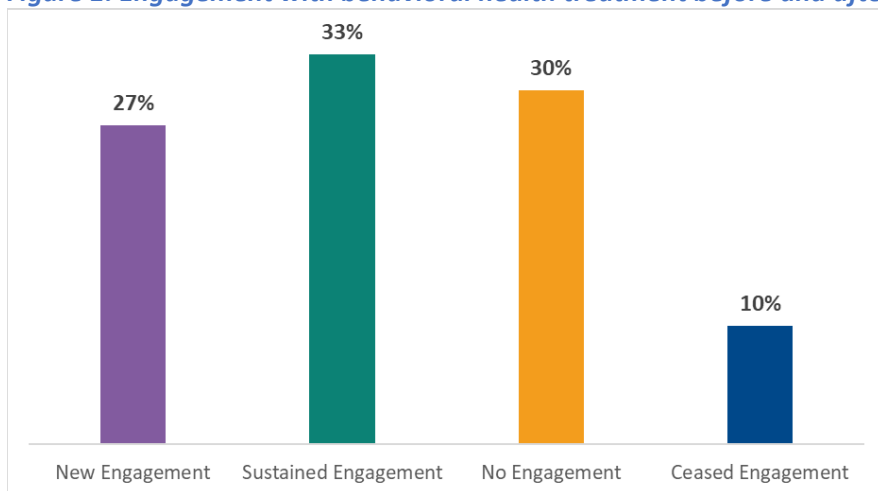
<sup>12</sup> MIDD 2 Implementation Plan. June 2017. [[LINK](https://cdn.kingcounty.gov/-/media/king-county/depts/dchs/behavioral-health-recovery/midd/midd/documents/170804_midd_implementation_plan.pdf?la=en&rev=620583891f9244ddb76dfb7e5c4b1f6f&hash=BFE0B56EA0AFE73E42032C2876738B72) https://cdn.kingcounty.gov/-/media/king-county/depts/dchs/behavioral-health-reco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

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

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



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



## 2. Long-term use of costly systems

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

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

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



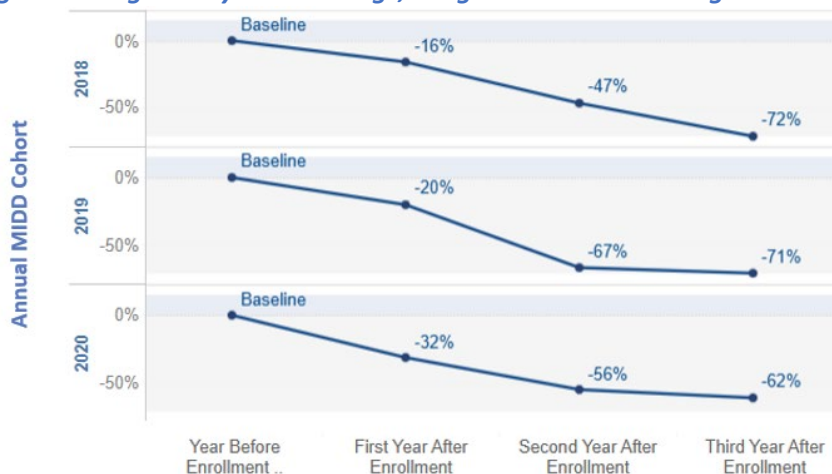
**Crisis services:** Participants' frequency of engagement with publicly funded crisis services declined by 67 percent three years after MIDD program enrollment. Publicly funded crisis services include mobile crisis outreach, next-day appointments, crisis beds and facilities, and involuntary treatment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

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

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

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

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



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

### 3. People served

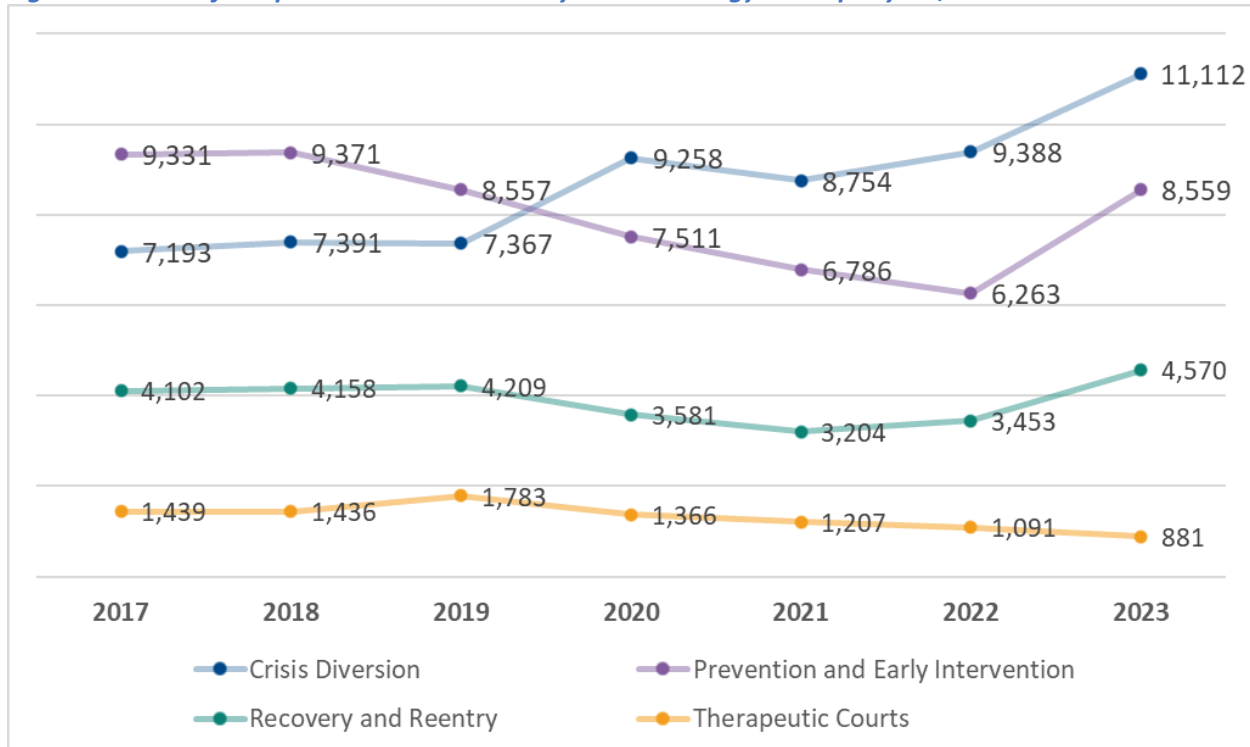
Since 2017, MIDD programs have served more than 100,000 people by funding direct behavioral health services. MIDD has also reached thousands more through community events, trainings, and other system-focused programming. Generally, MIDD programs serve more than 20,000 unique individuals each year, some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

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

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

All strategy areas except for Therapeutic Courts have seen increases in numbers served since 2020.<sup>17</sup> Crisis Diversion initiatives served more individuals than other strategy areas, proportional to greater investment. Although the growth of that strategy area was a response to greater need, the recent implementation of the Crisis Care Centers Levy has added more resources dedicated to crisis services in King County.

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



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

#### 4. Participant demographics

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

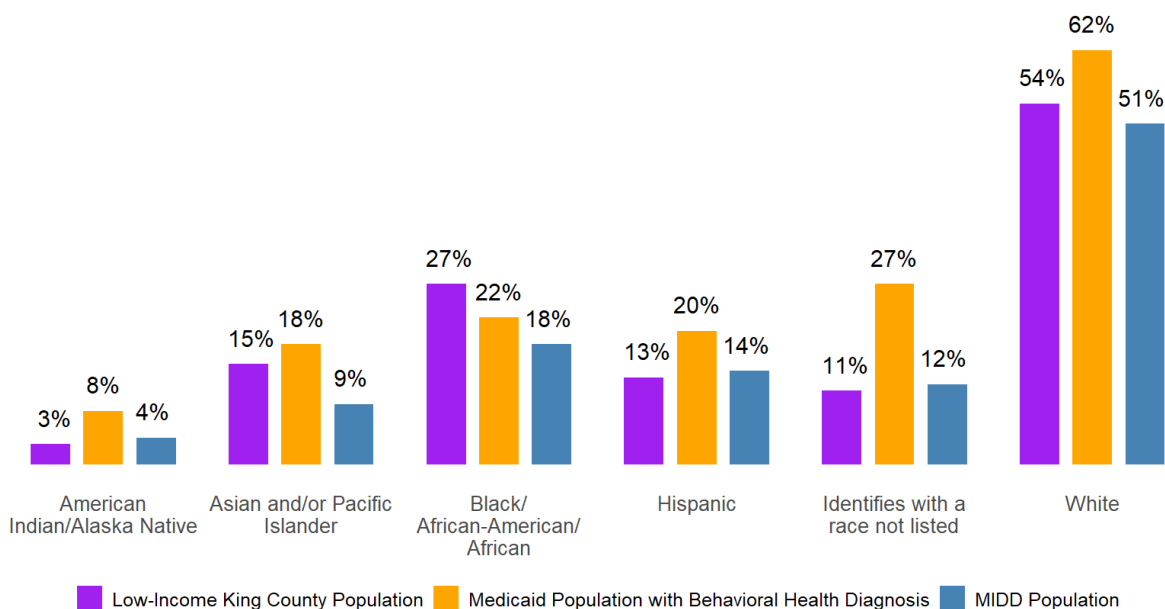
Participant data suggest opportunities for MIDD to do more to serve Asian and/or Pacific Islander and Black/African-American/African people who are underrepresented in MIDD’s service population compared to low-income King County residents and Medicaid beneficiaries with a behavioral health

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

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

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

**Figure 4: Race and ethnicity of MIDD participants (2017-2023) compared to low-income King County residents (2023) and Medicaid enrollees with behavioral health diagnoses (2023)**<sup>19, 20</sup>



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

## 5. Geographic distribution of participants

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

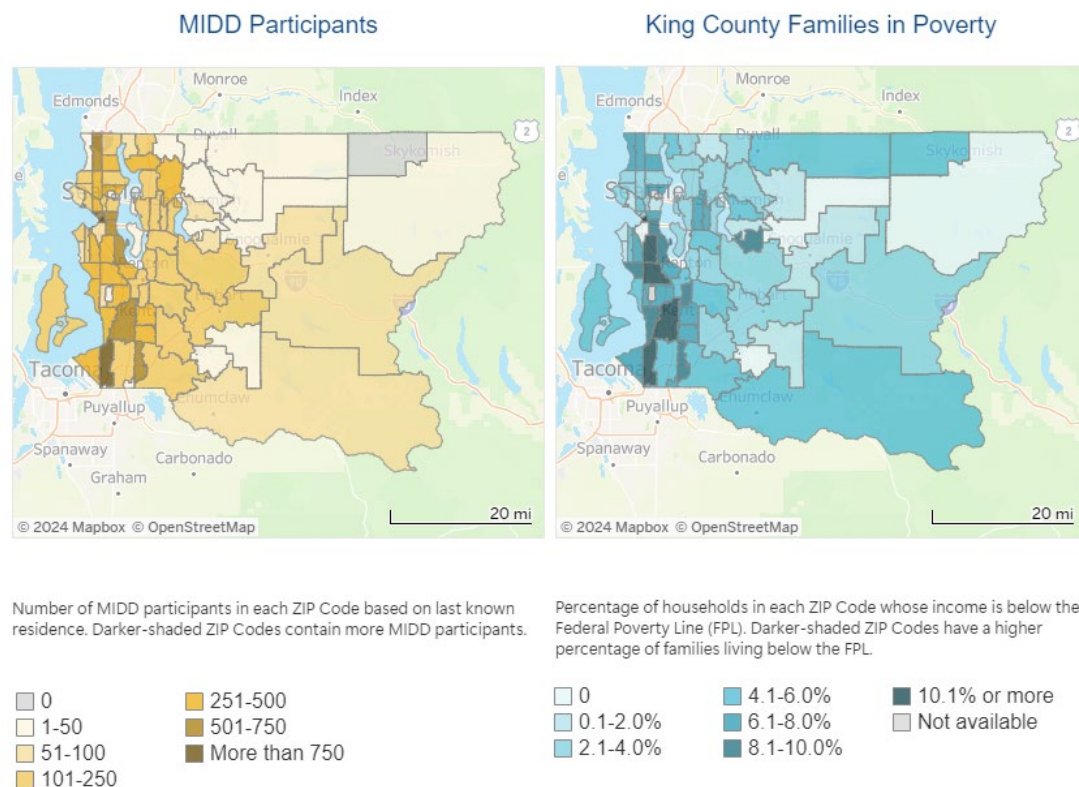
<sup>19</sup> In alignment with federal reporting standards as well as best practice, individuals identifying with multiple races are represented multiple times. Numbers across categories may sum to more than 100 percent.

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

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

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

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



Additional detail on outcomes from each MIDD Annual Report is available on the DCHS website, including interactive data dashboards for each report since 2020.<sup>24</sup>

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

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

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

**2025 FISCAL NOTE**

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

**Description of request:**

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

**Revenue to:**

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

**Expenditures from:**

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

**Expenditures by Categories**

	2025	2026-2027	2028-2029
TOTAL	0	0	0

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

**Notes and Assumptions:**

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