



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, September 10, 2025

Hybrid Meeting

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

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

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

The Committee will accept public comment on items on today's agenda in writing. You may do so by submitting your written comments to kcccomitt@kingcounty.gov. If your comments are submitted before 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.



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TTY Number - TTY 711.
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Dial: 1 253 215 8782

Webinar ID: 827 1647 4590

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

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

1. **Call to Order**

2. **Roll Call**

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

Minutes of the August 20 Special meeting.

Briefing

4. [Briefing No. 2025-B0133](#) **p. 8**

Best Starts for Kids (BSK) 2024 Annual Report

Miranda Leskinen, Council staff

5. [Briefing No. 2025-B0134](#) **p. 99**

Mental Illness and Drug Dependency (MIDD) 2024 Annual Report

Sam Porter, Council staff



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Discussion and Possible Action

6. [Proposed Ordinance No. 2025-0212](#) **p. 140**

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

Sponsors: Dembowski

Sam Porter, Council staff

Other Business

Adjournment



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Meeting Minutes Regional Policy Committee

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*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.

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1. **Call to Order**

Chair von Reichbauer called the meeting to order at 3:01 p.m.

2. **Roll Call**

Present: 8 - Arnold, Backus, Dembowski, Pavone, von Reichbauer, Zahilay, Ralph and Srebnik

Excused: 3 - Birney, Juarez and Mercedes Rinck

3. **Approval of Minutes**

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

Briefing

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

Discussion on Regional Changes

Dr. Carver Gayton, Author, Odyssey of a Seattle Native Son, was present to brief and answer questions from the members.

This matter was Presented

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

Solid Waste Long-Term Disposal Plan Update

Rebecca Singer, Director, Solid Waste Division, King County Department of Natural Resources and Parks (SWD/DNRP), and John Walsh, Strategy, Communications & Performance Section Manager, SWD/DNRP, briefed the Committee via PowerPoint

presentation and answered questions from the members.

This matter was Presented

Discussion and Possible Action

6. Proposed Motion No. 2025-0175

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

Sponsors: Mosqueda and Balducci

Olivia Brey, Council Staff, briefed the Committee on the legislation and answered questions from the members. Sunaree Marshall, Acting Division Director, Housing and Community Development Division and Jelani Jackson, Initiative Manager, Health Through Housing, Housing and Community Development Division, briefed the Committee via PowerPoint presentation and answered questions from the members. Also present was Kelly Rider, Director, Department of Community & Human Services, answered questions from the members.

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

Votes: Yes: 10 von Reichbauer, Dembowski, Zahilay, Arnold, Backus, Pavone, and Ralph voting as an alternate for Birney who was excused.

No: 0

Excused: Birney, Juarez and Rinck

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

Yes: 10 - Arnold, Backus, Dembowski, Pavone, von Reichbauer, Zahilay, Ralph and Srebnik

Excused: 3 - Birney, Juarez and Mercedes Rinck

Briefing

7. Briefing No. 2025-B0118

Mental Illness and Drug Dependency (MIDD) Renewal Proposal Briefing

Sam Porter, Council staff, briefed the Committee and answered questions from the members. Susan McLaughlin, Director, Behavioral Health and Recovery Division, Department of Community and Human Services (DCHS), Kelly Rider, Director, Department of Community & Human Services and Isabel Jones, Department Division Director, BHRD, Community & Human Services answered questions from the members.

This matter was Presented

Adjournment

The meeting was adjourned at 4:22 p.m.

Approved this _____ day of _____

Clerk's Signature



King County

Metropolitan King County Council Regional Policy Committee

STAFF REPORT

Agenda Item:	4	Name:	Miranda Leskinen
Proposed No.:	2025-B0133	Date:	September 10, 2025

SUBJECT

A briefing on the 2024 Best Starts for Kids (BSK) annual report.

SUMMARY

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

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

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

Proposed Motion 2025-0217, which would acknowledge receipt of the report, is dually referred to the Health, Housing, and Human Services Committee and then to the Regional Policy Committee (nonmandatorily).

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

BACKGROUND

Best Starts for Kids. Best Starts for Kids (BSK) is a levy-funded initiative in King County that is aimed at supporting the healthy development of children and youth, families, and communities across the county through strategic investments in promotion, prevention and early intervention programs and services. The inaugural six-year BSK Levy (approved by voters in November 2015) expired at the end of 2021.

^B[Best Starts for Kids dashboard - King County, Washington](#)

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

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

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

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

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

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

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

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

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

The renewal levy will also invest up to \$50 million (subject to levy revenue projections³) to establish a new capital grants program for facility/building repairs and expansion and to support the construction of new buildings/facilities that will serve children and youth.

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

Results-Based Accountability. As with the initial BSK levy, the renewal levy will continue to evaluate its results beginning with Results Based Accountability (RBA) and supplement RBA with additional evaluation activities. Altogether, the implementation plan indicates the evaluation framework will utilize population indicators⁴, performance measurement⁵ and in-depth evaluation⁶.

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

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

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

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

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

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

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

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

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

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

ANALYSIS

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

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

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

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

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

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

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

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

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

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

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

Table 1. BSK 2024 Expenditure by Investment Area

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

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

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

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

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

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

INVITED

- Dr. Jamalía Jones, BSK Co-Lead, DCHS
- Jessica Tollenaar Cafferty, BSK Co-Lead, PHSKC

ATTACHMENTS

1. 2024 BSK Annual report

^B [Best Starts for Kids dashboard - King County, Washington](#)

¹¹ [Best Starts for Kids Reports - King County](#).

2024 Best Starts for Kids Annual Report

July 15, 2025



King County

Contents

Executive Summary.....	4
Overview	4
Background	4
Report Requirements.....	4
A. Best Starts for Kids Key Focus Areas and Outcomes in 2024.....	4
B. Geographic Distribution of Best Starts for Kids Services	5
C. Best Starts for Kids Fiscal Information	5
D. Investment Changes	6
E. Feedback from Grantees and Providers	6
F. Best Starts for Kids Data and Evaluation.....	6
G. Children and Youth Advisory Board Consultation and the Communities of Opportunity Governance Group Review	7
Conclusion/Next Actions.....	7
Background	8
Best Starts for Kids Overview	8
Best Starts for Kids' Approach	9
Department Overview.....	10
Key Historical Context and Current Conditions	11
Legislative History, Policy Goals, and Annual Reporting Requirement.....	Error! Bookmark not defined.
Report Methodology.....	13
Report Requirements.....	15
A. Best Starts for Kids Key Focus Areas and Outcomes in 2024	15
Best Starts for Kids Key Focus Areas.....	15
Meeting Families' Needs	16
Prioritizing Well-being and Mental Health	20
Cultivating Opportunities for Children and Young People	24
Strengthening the Workforce.....	27
Building Community Power	30
B. The Geographic Distribution of Best Starts for Kids Services	34
C. Best Starts for Kids Fiscal Information	38
D. Investment Changes	40

2024 Best Starts for Kids Annual Report
[See also Best Starts for Kids Data Dashboard](#)

Page | 2

E. Feedback from Partners	40
F. Best Starts for Kids Data and Evaluation	41
Data Dashboard	41
In-Depth Evaluation and Continuous Improvement	41
G. Children and Youth Advisory Board Consultation and the Communities of Opportunity Governance Group Review	45
Conclusion and Next Actions	45
Appendix A: Reporting Elements Table and Best Starts for Kids Online Reporting Guide	47
Appendix B: Best Starts for Kids Strategies Funded in 2024.....	52
Appendix C: Partner Feedback by Strategy.....	54
Appendix D: Funded Community Partner List	61
Appendix E: Best Starts for Kids ZIP Code Reporting Data Book	69

Executive Summary

Overview

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

Background

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

Report Requirements

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

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

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

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

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

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

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

B. Geographic Distribution of Best Starts for Kids Services

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

C. Best Starts for Kids Fiscal Information

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

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

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

³ Child Opportunity Index (COI) 2.0 Zip Code Data, February 2023.

https://data.diversitydatakids.org/dataset/coi20_zipcodes-child-opportunity-index-2-0-zip-code-data

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

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

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

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

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

D. Investment Changes

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

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

E. Feedback from Grantees and Providers

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

F. Best Starts for Kids Data and Evaluation

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

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

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

Additional Information Available on the [Best Starts for Kids Dashboard](#)

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

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

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

Members of the King County Children and Youth Advisory Board and the COO Governance Group reviewed a draft of this report in April 2025, in recognition of these bodies' advisory roles for Best Starts as described in KCC 2A.300.510 and KCC 2A.300.521.⁸

Conclusion/Next Actions

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

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

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

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

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

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

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

Background

Best Starts for Kids Overview

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

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

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

⁹ For more information, see the "What we're learning" tab of the Data Dashboard.

<https://kingcounty.gov/en/dept/dchs/human-social-services/community-funded-initiatives/best-starts-for-kids/dashboard-data-reports>

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

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

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

Best Starts for Kids' Approach

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

¹¹ 2022 – 2027 Best Starts for Kids Implementation Plan.

https://kingcounty.gov/~media/depts/community-human-services/best-starts-kids/documents/Best_Starts_for_Kids_Implementation_Plan_Approved_2021.ashx?la=en

Figure 1. Best Starts for Kids Principles



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

Department Overview

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

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

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

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

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

Legislative History, Policy Goals, and Annual Reporting Requirements

In 2015, King County voters approved the first Best Starts for Kids levy to fund strategies that improve the health and well-being of children, young people, families, and communities. Six years after Ordinance 19267 passed, King County voters approved King County Proposition No. 1 to renew the Best Starts for Kids levy through 2027.¹⁸ In accordance with Ordinance 19267, the Executive transmitted to the Council for review and adoption, an implementation plan that identified the strategies for funding, outcomes for achieving, and frameworks to measure the performance of levy strategies. Ordinance 19354 adopted the Best Starts for Kids Implementation Plan.¹⁹ Ordinance 19267 and Ordinance 19354 require an annual report on levy expenditures, services, and outcomes to the Council by July 15 of each year.

Key Historical Context and Current Conditions

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

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

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

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

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

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

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

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

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

2024 Best Starts for Kids Annual Report

See also [Best Starts for Kids Data Dashboard](#)

Page | 11

Responding to Community Needs

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

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

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

Best Starts Collaborations

In 2024, the Youth Bill of Rights Taskforce created the King County Youth Bill of Rights (YBOR) with the support of Best Starts, collecting 4,000 comments from young people across the county. The YBOR seeks to elevate youth voice in the County's policymaking and bring awareness to issues affecting young people in the region. The YBOR outlines the following areas as top priorities: 1) Basic Needs & Wellbeing; 2) Community & Belonging; 3) Education & Learning; 4) Equity & Social Justice; 5) Health; 6) Recreation & Sports; 7) Safety & Security; 8) the Environment; 9) Transportation; and 10) Youth Voice.²⁴ In January 2025, the King County Council voted to adopt the Youth Bill of Rights by Motion 16722.²⁵

In the spirit of collaboration and innovation, Best Starts also partnered with the MIDD Behavioral Health Sales Tax Fund and released a funding opportunity in 2024 to support diverse healers in behavioral health. This cross-initiative, cross-departmental effort to center diverse communities in entering and increasing representation within the broader youth mental health and healing fields. It seeks to fund

²¹ Non-Best Starts funding blog posts see an average of 830 views per post, compared to roughly 340 views for other blog posts.

²² For more details, see *Community-Led Data in King County —December 2024* in Section F, p. 37-39.

²³ Families Thrive. https://beststartsblog.com/wp-content/uploads/2024/08/Families-Thrive_FINAL.pdf

²⁴ King County Youth Bill of Rights. <https://dchsblog.com/wp-content/uploads/2024/08/King-County-Youth-Bill-of-Rights-Formatted-11x17-07102024.pdf>

²⁵ Motion 16722. <https://aqua.kingcounty.gov/council/clerk/OldOrdsMotions/Motion%2016722.pdf>

2024 Best Starts for Kids Annual Report

See also [Best Starts for Kids Data Dashboard](#)

Page | 12

creative ideas and approaches that support diverse youth mental health providers, healers, and wellness supporters connected to LGBTQIA and BIPOC communities and support retention of diverse providers, healers, and general supporters of youth mental health within the field.²⁶

Across the country, the need to support the youngest residents continues to be a priority. Several important children's fund initiatives passed in 2024, including in Whatcom (Washington) and Travis (Texas) Counties, with Best Starts providing thought partnership and learnings from the past 10 years through participation in the Children's Funding Project and additional conversations with interested jurisdictions.^{27, 28} These conversations expand the influence of Best Starts beyond King County, and outside Washington State, as local governments recognize Best Starts as a model for leveraging local impact to effect broader systems change.^{29, 30}

Federal Context and Need for Best Starts Funding

The end of 2024 brought the results of the national election and a new administration's promises to dismantle long-standing institutions and agencies that the people of King County rely upon for their health and well-being. This shift, coupled with vitriolic anti-immigrant, anti-equity, and racist rhetoric, has contributed to a rise in anxiety among Best Starts' focus communities.

With the threat of federal funding cuts, the ending of COVID-19 related funding, and increasing community need amid rising costs of living, Best Starts observed a large increase in responses to funding proposal requests in 2024 compared to previous years, with 13 procurement processes resulting in a total of 816 applicants compared to eight funding opportunities in 2023 receiving 282 applications. Best Starts expects that these numbers will continue to increase in 2025 as many strategies reprocore and the reality of the funding landscape becomes clearer. Best Starts is in the process of reviewing its proposal process to ensure that funding opportunities are clear and specific. Best Starts works to build long-term sustainable supports for the community and recognizes that this initiative is part of a broader, cross-sector effort.

Report Methodology

Best Starts and community partners work together to gather data and feedback regularly. Best Starts evaluators analyzed quantitative and qualitative data from performance measures and narrative reports from funded partners to capture Best Starts' work in 2024. Best Starts staff also gathered feedback

²⁶ King County's investments in the mental health and well-being workforce.

<https://beststartsblog.com/2024/09/03/king-countys-investments-in-the-mental-health-and-well-being-workforce/>

²⁷ Whatcom Healthy Children's Fund. <https://www.whatcomcounty.us/4069/Healthy-Childrens-Fund>

²⁸ Travis County Voter Approved Child Care and Out of School Time Fund.

<https://services.austintexas.gov/edims/document.cfm?id=444874#:~:text=On%20November%205%2C%202024%2C%20Travis,and%20develop%20and%20administer%20related>

²⁹ Investing Early in Child Well-Being Gives King County Kids the "Best Start."

<https://childrensfundingproject.org/update/investing-early-in-child-well-being-gives-king-county-kids-the-best-start/>

³⁰ 2025 Children's Funding Institute. <https://childrensfundingproject.org/wp-content/uploads/2025-Childrens-Funding-Institute.pdf>

2024 Best Starts for Kids Annual Report

See also [Best Starts for Kids Data Dashboard](#)

Page | 13

continuously throughout the year, focusing on where partners needed support and how Best Starts is already addressing identified needs. Findings inform how Best Starts invests in partners moving forward.

In 2024, Best Starts staff contracted Cardea Services to conduct discussion groups with program managers across investment areas. The discussion groups centered on key focus areas: 1) Meeting Families' Needs; 2) Prioritizing Well-being and Mental Health; 3) Cultivating Opportunities for Children and Young People; 4) Strengthening the Workforce, and 5) Building Community Power. Best Starts staff and Cardea Services designed the discussion groups to encourage sharing across investment areas and to understand greater details about the synergistic strengths and accomplishments of each strategy toward Best Starts' common goals.

Best Starts staff and Cardea Services created this report in collaboration, using performance measures, narrative reports, and these discussion group findings. This report summarizes the results. A comprehensive look at the data is available at the Best Starts for Kids Data Dashboard, with detailed geographic data also provided in Appendix E.³¹ For detailed partner feedback by strategy, please see Appendix D.

³¹ Best Starts for Kids Data Dashboard. <https://kingcounty.gov/en/dept/dchs/human-social-services/community-funded-initiatives/best-starts-for-kids/dashboard-data-reports>

Report Requirements

This annual report summarizes the activities of the Best Starts for Kids initiative through the end of 2024 and fulfills the reporting requirements in Ordinance 19267, Ordinance 19354, and the Best Starts for Kids Implementation Plan 2022 – 2027.^{32, 33, 34} Specifically, this document includes summaries of the accomplishments and effectiveness of the Best Starts for Kids levy in 2024 as well as the financial information, including the distribution of participants and expenditures by ZIP Code and investment area. In addition, the Best Starts for Kids Data Dashboard contains customizable data views and greater geographic and financial detail, organized by section and investment area.³⁵

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

Best Starts for Kids Key Focus Areas

Best Starts invests in eight areas, including Child Care, Investing Early, Sustain the Gain, Youth and Family Homelessness Prevention Initiative, Communities of Opportunity, Capital Projects, Technical Assistance and Capacity Building, and Data and Evaluation. Across these investment areas, five key focus areas can summarize Best Starts programming and results in 2024:

- **Meeting Families' Needs** to support families' safety and stability.
- **Prioritizing Well-being and Mental Health** to support the family unit and the whole community.
- **Cultivating Opportunities for Children and Young People** to support their goals in education and employment.
- **Strengthening the Workforce** to support a sustainable, robust, skilled, and well-compensated workforce to meet the needs of babies, children, and families.
- **Building Community Power** to support long-term equitable systems change and organizational infrastructure.

Best Starts Outcomes

In 2024, Best Starts partnered with 365 community-based organizations operating 609 programs to directly serve 169,340 individuals, and reach 525,954 children, young people, families, providers, and community members across King County. Best Starts ran 10 Request for Proposal (RFP) processes in 2024, which resulted in 178 new contracts for funded programs.

This report contains examples of Best Starts' impact on King County's young people, families, and communities in concrete and systemic ways. As Best Starts comes to the midpoint of the second Best Starts levy, it continues to improve systems inside and outside the county. Best Starts continues to streamline existing funding processes to ensure equitable access and responsible stewardship of public dollars.

³² Ordinance 19267. <https://aqua.kingcounty.gov/Council/Clerk/OldOrdsMotions/Ordinance%2019267.pdf>

³³ Ordinance 19354. <https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=5071765&GUID=A6787DA0-A608-4C10-9D60-20B1232A1C3D&FullText=1>

³⁴ Best Starts for Kids Implementation Plan, p. 58. https://kingcounty.gov/~media/depts/community-human-services/best-starts-kids/documents/Best_Starts_for_Kids_Implementation_Plan_Approved_2021.ashx?la=en

³⁵ Best Starts for Kids Data Dashboard. <https://kingcounty.gov/en/dept/dchs/human-social-services/community-funded-initiatives/best-starts-for-kids/dashboard-data-reports>

Meeting Families' Needs



Figure 2. Family at Mother Africa's community event

Best Starts Strategies for Meeting Families' Needs

- Child Care Subsidy (CC)
- Community-Based Parenting Supports (IE)
- Help Me Grow (IE)
- Home-Based Services (IE)
- Parent Child Health Services (IE)
- Positive Family Connections (SG)
- Youth Family Homelessness Prevention Initiative (YFHPI)

Knowing where to turn to for resources can help alleviate day-to-day stressors exacerbated by rising living costs and unmet needs. The wide variety of services provided by the strategies listed above are essential to building a stable foundation that benefits the entire community. These Best Starts programs are connecting families to tangible supports and culturally rooted services, boosting families' knowledge of parenting and child development, and increasing social connection.³⁶ For example, in 2024:

- 76 percent of primary caregivers who received a Child Care Subsidy reported improved well-being after receiving the subsidy.
- 99 percent of parents and caregivers served through Community-Based Parenting Supports: Parent-Caregiver Information and Supports reported an increase in social connections.
- 100 percent of families in Help Me Grow reported an improvement in protective factors.³⁷
- Home-Based Services and Community-Based Parenting Supports launched a joint RFP to address community concerns about domestic violence, highlighting the value of cross-strategy collaboration.

³⁶ Culturally rooted services refers to services connected to a specific culture's traditions, values, and beliefs.

³⁷ Protective factors refer to an interwoven set of supports that address basic and social needs. Best Starts measures the following protective factors: Family resilience, social supports, knowledge of parenting and child development, concrete supports, and caregiver/practitioner relationship. See more at: https://beststartsblog.com/wp-content/uploads/2024/04/CRMT-PF_Handout_PFOverview-QuestionAlignment_Mar2024.pdf

Connecting Families to Tangible Supports and Culturally Rooted Services

Help Me Grow partners with local community organizations to connect families and caregivers of young children to the resources they need, when and how they need it. In 2024, this strategy assisted 1,284 parents and caregivers through making **5,874 connections to opportunities for building social relationships**, making **educational referrals** for both adults and children, and **sharing information** on pertinent topics such as toxic stress in families.³⁸

Child Care Subsidy partners with community-based organizations to administer subsidies that support the cost of child care at licensed centers and family child care sites for families of children aged birth to 12 years. In 2024, Child Care Subsidy helped **974 families** afford child care for **1,618 children**, resulting in **87 percent** of primary caregivers **reporting a positive change in their career or education**.^{39,40}

The Youth and Family Homelessness Prevention Initiative engages with and connects families and young people to flexible financial assistance to reduce imminent risk of housing loss and case management.⁴¹ In 2024, **934 households enrolled** in the program; **94 percent stayed housed six months after exiting the program**. Rother Rashid, a Program Manager at Partner in Employment, explained how the program keeps clients stably housed by connecting them to one-time rental assistance programs, stating that the *“rental assistance program has been dedicated to advocating for and supporting refugees and immigrants to prevent homelessness. This effort includes enhancing housing stability, improving access to essential services, and facilitating workforce entry and job training in high-wage industries.”*

“Voices of Tomorrow has played a crucial role in helping numerous families secure child care subsidies and connect with licensed providers. Many of these families faced significant barriers, including limited access to technology, language challenges, and an overwhelming application process. Through dedicated outreach and personalized, one-on-one support, we ensured that families — especially those needing bilingual assistance — could successfully navigate the system... Once their subsidies were approved, families expressed deep gratitude, sharing how this support lifted a major burden and allowed them to focus on their employment and overall well-being.”

– Nora Al Gwahery, Provider Support & Education Manager, Voices of Tomorrow (Child Care Subsidy Partner)

³⁸ Best Starts Strategy One-Pagers. https://drive.google.com/file/d/1_VKHUK5ucRIZOffjL9eCdIgjXoa_-XUM/view

³⁹ Best Starts Strategy One-Pagers. <https://drive.google.com/file/d/1IGFAdDmm8vKB8Zatc9ifHID0cwgJkhf1/view>

⁴⁰ The number of children receiving the child care subsidy is lower than initially anticipated because Best Starts adjusted the subsidy amount to account for the rising cost of child care.

⁴¹ Best Starts Strategy One-Pagers. https://drive.google.com/file/d/1sBG10s5iV_NcY4diqGkhGpcpuQ9hK1Mq/view

Boosting Families' Knowledge of Parenting and Child Development

Home-Based Services offer relationship-based support by trained Home Visitors for expecting families and families of children birth to age five years.⁴² In 2024, **1,813 caregivers participated in 48,513 visits** using nationally implemented or community-designed models, building their knowledge of parenting and child development, and **99 percent of parents and caregivers in the community-designed models reported increased knowledge of parenting and child development.**

Through an array of programs, Community-Based Parenting Supports provides community-centered, peer-based services to strengthen protective factors, mitigate risk, and increase health, safety, and social-emotional well-being of pregnant people, parents, and caregivers of children birth to age five.^{43, 44} In the Kaleidoscope Play and Learn groups, **1,830 parents attended, and 86 percent reported an increase in knowledge or skills to prepare their children for kindergarten.** Kaleidoscope Play and Learn Program Manager Nichole Flores shared that caregivers have *“observed significant growth in both children and caregivers through participation in the program. Children have become more confident, engaging with other kids, trying new activities, and staying focused on tasks for longer periods. Caregivers have also gained more confidence in their roles, underscoring the program's positive influence on families.”*

“Many [parents] have shared that they feel empowered to be more present in their children's lives, equipped with the skills to support their emotional, social, and physical growth. Parents often recommend our program to friends and family, knowing how positively it has impacted their lives. Through our work, we have seen the ripple effect of positive change: not only are children thriving, but families are growing stronger, more connected, and better equipped to navigate the challenges of life. The feedback we receive consistently confirms that our program is making a meaningful difference, one family at a time.”

– Mohamed Ugas, Programs Director,
East African Community Services
(Home-Based Services Partner)

⁴² Best Starts Strategy One-Pagers. <https://drive.google.com/file/d/16uSf8pCunwQEHqajsdMRtuoqB5zrjdyy/view>

⁴³ Best Starts Strategy One-Pagers. https://drive.google.com/file/d/1zcEAPD-Et8MujUG_548zQPhtVaH4djtf/view

⁴⁴ Youth Thrive: A Framework to Help Adolescents Overcome Trauma and Thrive.
<https://acycpjournal.pitt.edu/ojs/jcycw/article/view/70/54>

Increasing Social Connection

Positive Family Connections focuses on strengthening and building positive relationships between children and young people ages five to 24, their families, and their caregivers through services including intergenerational healing circles, kinship care support groups, and educational workshops for families about child and youth development.⁴⁵ In 2024, the strategy enrolled **1,930 parents and caregivers and 1,076 young people. Ninety-nine percent of parents and caregivers and 98 percent of young people reported increased connection** to peers, family, culture, or community. In addition, Positive Family Connection mini-grant recipients served 2,144 community members through services such as family wellness and self-care workshops, intergenerational cultural events, and mental health supports, further solidifying social connections within King County communities.

"[The back-to-school event] created a supportive environment for families to come together, share their thoughts, and provide mutual support. Parents reported that the experience fostered a sense of community. One parent said 'We were able to share our fears and concerns about our children's education, which helped us support each other outside the program.'"

– Sahar Alarasi, Program Supervisor,
Mother Africa (Positive Family
Connections Partner)

Parent Child Health Services: Family Ways supports pregnant people, parenting families, and children up to age five to promote family health and wellness.⁴⁶ Family Ways works one-on-one with clients on family-identified priorities to achieve participant-identified goals such as finding employment, childcare, mental health resources, and addressing nutritional concerns. Focus populations include American Indian/Alaska Native, Native Hawaiian/Pacific Islander, and U.S. born Black/African American. All services are culturally rooted, participant-centered, and strengths-based. The team includes peer community specialists, a public health nurse, a social worker, and a registered dietician. In 2024, **Best Starts enrolled 198 participants** in the Family Ways program and **provided parenting or pregnancy education and support to 115 participants. Ninety-eight percent** of participants indicated they would recommend the program to a friend or family member.

⁴⁵ Best Starts Strategy One-Pagers.

<https://drive.google.com/file/d/1HwtiO6tCNB308MpDRfcNT0wpberMOhR1/view>

⁴⁶ <https://kingcounty.gov/en/dept/dph/health-safety/health-centers-programs-services/maternity-support-wic/family-ways>

Prioritizing Well-being and Mental Health



Figure 3. Participants at the Infant and Early Childhood Mental Health Community of Practice – Transformation, Healing, and Liberation in Reflective Practice

Best Starts Strategies for Prioritizing Well-being and Mental Health

- Community Well-being Initiative (SG)
- Child and Adolescent Immunizations (SG)
- Early Support for Infants and Toddlers (IE)
- Systems Building for Infant and Early Childhood Mental Health (IE)
- Liberation and Healing (SG)
- Parent Child Health Services (IE)
- School-Based Screening, Brief Intervention and Referral to Treatment/Services (SG)
- School-Based Health Centers (SG)
- Universal Developmental Screening (IE)

The commitment to child and family well-being is foundational to Best Starts, and this includes physical and mental health at all stages of life. The nine Best Starts strategies listed above prioritize well-being and mental health while celebrating cultural roots. These strategies highlighted language access as an urgent need. For example, Early Support for Infants and Toddlers interpreters supported 48 spoken languages and one sign language. In 2024:

- 73 percent of families who received a referral to developmental services through the Universal Developmental Screening Family-Centered Developmental Programs went on to establish a service connection with a provider.
- 90 percent of middle school students received at least one Brief Intervention meeting after identifying a potential concern through the School-Based Screening, Brief Intervention, and Referral to Treatment/Services.
- 94 percent of youth leaders who participated in the Community Well-being Initiative reported knowing how to access culturally relevant mental health supports when they need them.

Working to Counter the Tangible Impacts of Racism

Parent Child Health Services: Infant Mortality Prevention Network funds community collaborations to eliminate racial disparities in infant deaths and improve birth outcomes in the communities experiencing the highest rates of infant mortality, specifically the American Indian and Alaska Native (AI/AN) and Black communities.^{47, 48} In 2024, the Network **provided 6,558 services**, including nutritional supports, healthcare, and family planning, within communities experiencing the highest rates of infant mortality. **Among 177 pregnant patients served, 161 reported healthy birth outcomes**, meaning babies were neither miscarried, premature, nor had low birth weight.

Through community-based partnerships, Liberation and Healing: TRACE strives to create humane systems that support healing and improve the overall social and emotional well-being of young people and families in a way that mitigates inequities. The program works towards this goal by providing enhanced trauma response services for children, young people, and family members who have experienced an adverse community event and/or are experiencing systems of trauma as a result of childhood experiences. **Eighty-two percent of families who received a basic needs referral were able to meet a basic need** such as housing or food access.

“The Infant Mortality Prevention Network moms’ mini retreats are often a great opportunity for the caregivers to ... [connect] and share real life examples and experiences amongst themselves. For the 2024 moms’ mini retreats, our theme was on family bonding, specifically for caregivers post-partum or the newborn babies with other older babies in the family ... They talked about incorporating different (cultural) nutrition, exercise and healing practices post-partum and how families had to bond by intentionally creating communities for themselves and their babies in the US.”

– Carol Gicheru, Program Manager,
Mother Africa (Infant Mortality
Prevention Network Partner)

⁴⁷ Best Starts for Kids Blog. <https://beststartsblog.com/2022/03/28/now-accepting-applications-for-the-infant-mortality-prevention-network-rfa-apply-by-april-19/>

⁴⁸ Public Health – Seattle & King County, 2024/2025 Community Health Needs Assessment. <https://kingcounty.gov/en/dept/dph/about-king-county/about-public-health/chna>

Meeting Physical Health, Mental Health, and Developmental Needs

“One notable achievement was helping a family with a 4-year-old child who had been on a waitlist for speech therapy for over a year. Through VFAAB’s expanded partnerships, we connected the family to a bilingual therapist [and within six months] the child demonstrated significant improvements in communication skills including transitioning from nonverbal communication to speaking simple phrases ... the support not only benefited their child’s development, but also eased their stress and empowered them with tools to advocate for their child’s needs.”

– Ben Nguyen, Program Manager, Vietnamese Family Autism Advisory Board (Universal Developmental Screening Partner)

Universal Developmental Screening provides information, training, tools, and connections among providers to ensure all King County children receive or have access to culturally appropriate, high quality developmental screening.⁴⁹ In 2024, Best Starts partners **directly screened 1,455 children for developmental progress, making 1,576 connections to needed services.**

One such service is Early Support for Infants and Toddlers (ESIT), which promotes equitable outcomes for families with children birth to age three who have developmental delays or disabilities.⁵⁰ In 2024, ESIT **served 6,974 children, 79 percent of whom made progress in their social-emotional development.**

School-Based Health Centers (SBHC) ensure students can access high quality, culturally relevant medical care, mental health care, and in some cases, dental care in school.⁵¹ This increased access supports their overall well-being and educational success. In 2024, BSK funds contributed to SBHC programs that **served 3,587 students, a 42 percent increase from the prior school year.** This increase is primarily due to the opening of an SBHC in the Auburn school district.

Katherine Gudgel, Director of Community Programs at

HealthPoint, illustrated the positive impacts of SBHCs on students, their families, and the broader school community: *“The athletic director ... explicitly thanked us for changing the face of their sports programs. By providing access to sports physicals ... at the SBHC, more children from families with barriers to accessing sports physicals were able to compete on their high school teams.”*

School-Based Screening, Brief Intervention, and Referral to Treatment/Services (SB-SBIRT) provides a structured approach to promoting social and emotional health and preventing substance use for middle and high school students. In 2024, SB-SBIRT partners **screened 11,834 middle and 2,610 high school students for behavioral health needs** as a result of Best Starts’ investments.^{52, 53} SB-SBIRT partners also prioritized cultural and linguistic access by making the screening tool available to students in **22 languages**, with audio options coming in 2025.

⁴⁹ Best Starts Strategy One-Pagers. <https://drive.google.com/file/d/1SZCmNNjJHQfn3Wr87uSTS4Cymvkza5U1/view>

⁵⁰ Best Starts Strategy One-Pagers. <https://drive.google.com/file/d/14u-odx2I5U2C9qtuIDID03dgUe93fjty/view>

⁵¹ Best Starts Strategy One-Pagers. <https://drive.google.com/file/d/1DMJxsGzLz8UM0W7YrfFinbOohT6w1Yv8/view>

⁵² Best Starts Strategy One-Pagers. <https://drive.google.com/file/d/1WKJca2kGrNlojMLRcOjFHCd76h7ukRGA/view>

⁵³ These numbers represent students served through braided Best Starts and MIDD funds. SB-SBIRT providers served an additional 3100 students solely through MIDD investments.

Increasing Understanding and Awareness of Physical and Mental Health

Child and Adolescent Immunizations activities increase vaccine awareness and knowledge, vaccine demand and referral to care, and engagement with health topics through the work of youth advocates.⁵⁴ In 2024, Child and Adolescent Immunizations' Youth-Led Health Education program **increased the number of student-led events to 29, almost five times as many as the previous year.**

The Community Well-Being Initiative builds community capacity to share resources and deliver culturally relevant programming on emotional health and well-being to reduce stigma associated with mental health topics and to reinforce compassion, connection, and care in communities.⁵⁵ In 2024, this initiative **held 121 community outreach activities and program events and 95 trainings** with young leaders, community members, and providers. **Forty three percent of young people reported increased comfort discussing mental health topics** with friends and family after participating in the program.

"Our yoga, art, and community cafeteria events were aimed to help youth in the ... community better connect to themselves and their mental health post [COVID-19]. Many of the youth we talked to found themselves struggling to talk about mental health with their peers or family in an authentic manner. During our events we encouraged conversations about where people were mentally and how the pandemic affected/continued to affect them. The activities we hosted helped folks find ways to better tend to their mental, physical, and spiritual health."

– Cameryn Tam, Environmental Stewardship Specialist, Resiliency Series (Community Well-Being Initiative Partner)

Promoting Positive Relationships Between Families and Service Providers

Systems Building for Infant and Early Childhood Mental Health focuses on improving social and emotional outcomes of young children birth to age five through training and reflective practice approaches for providers.^{56, 57} These offerings strengthen the ability of caregivers and providers to support children to build close relationships with adults and peers. In 2024, **184 providers participated in 18 workshops** in which **98 percent of participants** reported they **could apply something they learned to their work**. In addition, **65 providers participated in 55 reflective practice sessions** in which **88 percent of participants** reported increased capacity to reflect on their work.

⁵⁴ Best Starts Strategy One-Pagers. https://drive.google.com/file/d/1PW5VpZktTLT_1rbsoEoTriikBqZxb0kD/view

⁵⁵ Best Starts Strategy One-Pagers. <https://drive.google.com/file/d/1QedKL82jKlEXdaHkYm7QGFUq1sRNJC-l/view>

⁵⁶ The term "reflective practice" is an approach that centers connecting the head, heart, and the hands in all aspects of caregiving, giving providers the ability the stop and reflect about how work is being done, how policies are created, and families are being served.

⁵⁷ Best Starts Strategy One-Pagers. https://drive.google.com/file/d/1YB4XH5Rc7M_42jlbFhw81_zn5-vvhl5X/view

Cultivating Opportunities for Children and Young People



Best Starts Strategies for Cultivating Opportunities for Children and Young People

- Expanded Learning (SG)
- School-to-Work (SG)
- Stopping the School-to-Prison Pipeline (SG)
- Transitions to Adulthood (SG)
- Youth Development (SG)

Figure 4. Young people at Neighborhood House's Firewood Circle Expanded Learning After-School Program.

These five Best Starts strategies promote positive activities for children and young people outside of school and work. The programs funded through these strategies focus on offering youth new opportunities to learn about themselves in a positive way, build resilient relationships with peers, and develop a strong sense of self to take into adulthood. The strategies reflected that nimbleness and responsiveness were critical to meet changing community needs. For example, a partner quickly pivoted to support refugee youth when a significant need emerged. In 2024:

- 75 percent of young people participating in the Stopping the School-to-Prison Pipeline made progress toward their educational goals.
- 80 percent of youth participating in Expanded Learning gained new skills, including in STEM and the arts.
- 86 percent of assessed participants in Youth Development programs increased connections to peers and adults or built healthy relationships.

Building Young People's Strength and Resilience to Address Stigma and Racism

Transitions to Adulthood helps young people ages 16 to 24 who are not connected to school or work to meet their education and employment goals.⁵⁸ Reengaging in secondary education and helping them navigate post-secondary systems such as applying for financial aid, paying for college books, and training in trades are some of the ways young people get the necessary tools to establish stability and security in their lives. In 2024, **602 young people participated in employment, education, or behavioral health programming on an ongoing basis**. According to assessments of individualized goal plans, **81 percent of young people enrolled in programming improved their behavioral health**.

Stopping the School-to-Prison Pipeline invests in direct service programs to support young people ages 12 to 24 who, due to systemic and institutional racism, are more likely to be excluded from higher education and employment and pushed into the legal system.⁵⁹ Program staff build relationships with young people, provide guidance, and connect them to internships and employment with the guide of a navigator who advances economic and educational success. In 2024, **916 young people enrolled in programming**, and **93 percent learned self-advocacy or civic advocacy skills** such as public speaking.

"We continue to see the positive impact of having access to mental health support. Many students enrolled in services successfully work through and achieve their treatment goals. One student who has been engaging in treatment regularly, has gone on to be awarded student of the quarter. This student has had to work through a lot of difficult life experiences to make it to where they are today. They wrote a speech and presented it during a Kent School District event. They attend therapy regularly, are on track to graduate and have made great progress in building healthy social circles."

– Tsegaba Woldehaimanot, Children, Youth and Families Mental Health Program Specialist, Asian Counseling and Referral Service (Transitions to Adulthood Partner)

Transitions to Adulthood: School-to-Work provides critical supportive employment services for young people with intellectual and developmental disabilities (I/DD). Participants practice job tasks, receive talent assessments prior to employment, and partner with an employment coach to obtain and maintain employment prior to exiting high school.⁶⁰ Nationally, individuals with I/DD face significant barriers participating in the workforce, on top of barriers like stigma and racism, experiencing employment rates of only 19 to 21 percent over the past decade.⁶¹ In 2024, the School-to-Work Program **served 301 students and assisted 28 percent of participating students exiting school to reach employment within six months after their exit from high school**. Joey Kagan, a recent graduate of the Northwest Center School-to-Work Program, shared that *"the program was really helpful with getting ready for my first job. I had good communication with my job coach. I would tell anyone who is thinking about doing School-to-Work that at first, it's a little scary, but after the first two weeks you will love it."*

⁵⁸ Best Starts Strategy One-Pagers. https://drive.google.com/file/d/1F_xUUPVcTG_3gVGzN2G8XTXjUz_Kik-U/view

⁵⁹ Best Starts Strategy One-Pagers. <https://drive.google.com/file/d/1Q-f49CEY0CqFNmfQ4cCf1fctfSgarbOq/view>

⁶⁰ Best Starts Blog. <https://beststartsblog.com/2023/12/18/new-report-understanding-the-reach-of-king-county-school-to-work/>

⁶¹ State Data: The National Report on Employment Services and Outcomes through 2019. https://www.thinkwork.org/sites/default/files/files/bluebook_2022_complete_F.pdf

Promoting Social-Emotional Well-Being, Interpersonal Connections, and Positive Identity Development

“After months of practicing ‘A Bug & A Wish,’ [a conflict resolution framework] students began mediating conflicts themselves. In one instance, a third student, instead of seeking adult intervention, encouraged two peers to use the strategy by pointing to the classroom’s ‘Bug & Wish’ poster. The students expressed their concerns, listened to each other, checked for understanding, and collaboratively resolved their issue. This demonstrated the students’ ability to apply the skills independently; a major milestone in building healthy relationships and fostering a collaborative community.”

– Yasmin Habib, Executive Director,
Celebrating Roots (Youth Development Partner)

Youth Development partners with community-based organizations to provide mentoring, leadership, positive identity development, mental health and well-being, and healthy relationships. Young people ages five to 24 with a wide array of interests can participate in programs that focus on subjects such as youth sports, public speaking, and even exploring maritime career paths.⁶² In 2024, Best Starts’ partners **enrolled 5,335 young people, and 70 percent improved their health and well-being.**

Expanded Learning provides high-quality after-school and summer programming for young people ages five to 13 through academic enrichment, cultural and social development activities, physical activity and health promotion, arts education, and leadership development.⁶³ In 2024, Best Starts’ **partners served 12,382 young people, and 87 percent of young people built social emotional learning skills.** This year over year increase in young people served was driven by improved client level data reporting by community

programs, as well as more internal staffing capacity to support that data collection. Abdullahi Ahmed, H.E.L.L.O. Program Manager at Our Hope, shared that families *“have praised the safe, welcoming ‘third space’ our program provides — a place where students feel supported and valued beyond their home and school. These achievements demonstrate our ongoing commitment to creating meaningful opportunities for the youth and families we serve.”*

⁶² Best Starts Strategy One-Pagers.

<https://drive.google.com/file/d/1ihP4GuOEpo9MtmG9G4VHd77m10UOMiZk/view>

⁶³ Best Starts Strategy One-Pagers. <https://drive.google.com/file/d/1A2WtzRTYYEQL132kZ0NdVYpZzkY93MZ/view>

Strengthening the Workforce



Figure 5. Partners at the Workforce Development Prenatal-to-Five Community-Based Facilitators Celebration

Best Starts Strategies for Strengthening the Workforce

- Child Care Health Consultation (IE)
- Child Care Wage Boost Pilot (CC)
- Innovation Supports (IE)
- Technical Assistance and Capacity Building (TACB)
- Workforce Development (IE)

To develop and maintain a strong workforce, Best Starts strives to fund organizations at levels that support livable wages, offers opportunities for workforce training, and pays for essential business tools. Best Starts further facilitates relationship strengthening across the workforce via capacity building consultants and in-person events that enable partners to be nimble and respond to evolving community priorities. The outcomes reported in this section represent the accomplishments of a strong network of community-based organizations and the dedicated people who work for them. By investing in organizations' infrastructure and workforce, community-based organizations build the foundation they need to be strong and sustainable. For example, in 2024:

- 90 percent of Technical Assistance recipients reported that their technical assistance provider helped them create a high-quality grant proposal.
- 89 percent of participants in Workforce Development workshops reported they could apply something they learned to their work.
- 98 percent of providers who received Child Care Health Consultation support reported increased knowledge of community resources or other consultation topics.
- Program Managers in this group of strategies emphasized the ripple effects of capacity building within communities, with workshop participants through Innovation Supports cultivating skills that enabled them to join a subsequent workshop series as co-facilitators.

Strengthening Provider, Program, and Organizational Capacity

Workforce Development provides workshops, peer learning, and other professional development opportunities to build the knowledge and skills of early childhood practitioners in healthy child development, racial equity, and infant and early childhood mental health.⁶⁴ In addition, Communities of Practice provide resources for providers seeking deeper learning, mutual support, and sharing of practical knowledge as a cohort. In 2024, **170 providers in King County’s early childhood workforce attended a Community of Practice learning opportunity** funded by the Workforce Development strategy and **90 percent of participants reported confidence in their abilities** to apply what they learned to their work.

Innovation Supports amplifies the creativity and expertise of community to design, develop, and lead innovative programs and interventions that serve children birth to age five and their families.⁶⁵ In 2024, Innovation Supports **built program capacity** through

workshops, partner convenings, and individualized program assistance to **149 participants**. This strategy directly impacts programming, as **88 percent of participants reported the materials and skills they developed through Innovation Supports are supporting their ongoing program implementation**. The availability of support over time is also important to partners’ success. Pollock and Partners’ Principle Consultant and Innovation Supports facilitator Alessandra Pollock shared about an “*engagement with a partner from one of our original 2023 cohorts, where [Innovation Supports Team has] been able to help them with design and development of program expansion. This partner has continued to use and expand on [Innovation Supports] tools and templates over the years and ... has helped them be successful in their programming, as well as grow and scale in a sustainable way.*”

“If there is one central theme for us in 2024, it would be a focus on diving deeper into truly community-centered and relationship-based approaches at all levels ... from supporting the dreaming process to implementation to continuous quality improvement. ... [This] includes the logistical but also moves beyond to manifest what we call ‘radical dreaming’. Partners/participants sometimes express that they are more used to a top-down process, and so part of our job is to move beyond the administrative, listening deeply and partner[ing] with folks to support them in dreaming and visioning boldly.

– The WestEd Team (Workforce Development Partner)

Technical Assistance and Capacity Building offers applicants for Best Starts funding free, culturally responsive services to assist with proposal development through a diverse cohort of consultants with proficiency in multiple languages.⁶⁶ In 2024, **81 organizations received technical assistance** with grant applications and **77 percent** of funded partners who completed a follow-up survey **reported their staff learned new skills through the process**. The strategy also assists funded Best Starts partners in building and strengthening their organizational infrastructure for long-term stability and sustainability. In 2024, Best Starts **connected 123 community organizations to capacity building services, providing more than**

⁶⁴ Best Starts Strategy One-Pagers.

https://drive.google.com/file/d/1HbsAkAVi6GCHFbaSS4w5o0yTRM5YP_CL/view

⁶⁵ Best Starts Strategy One-Pagers. <https://drive.google.com/file/d/1jsP-TUBOIsDpEiJwSFoaYBsrFRXsMSL7/view>

⁶⁶ Best Starts Strategy One-Pagers. <https://drive.google.com/file/d/1yGm7OoxR-O9UOON9qxPWWsIGeN3l0wRt/view>

8,700 hours of support. Eighty-nine percent of capacity building recipients’ staff, board, or volunteers were more effective in their work after receiving capacity building.⁶⁷ For example, organizations that received support with strategic planning improved the efficiency and quality of their services for youth and families. Divine Mutesi, Founder and Executive Director of Ubumwe Women Association Services, shared that “[w]orking with the capacity builder has been a transformative experience for our organization. The guidance and support have significantly enhanced our capabilities and strengthened our board’s effectiveness.”

Providing Practical Support in Early Care and Education

“One of the most rewarding achievements from our program over the past year has been witnessing the profound relief and confidence expressed by providers after receiving our support. Through our consultations, we have focused on equipping providers with the tools, knowledge, and reassurance they need to excel in their work. Our primary goal has always been to empower providers to feel confident and capable in the vital roles they play. Hearing providers share how our guidance has strengthened their abilities and reaffirmed their commitment to their work fills us with pride and reinforces our mission.”

– Abdullahi Ali, Program Director,
Supportive Childcare Provider
Alliance (Child Care Health
Consultation Partner)

Child Care Health Consultation is a collaborative partnership between trusted child care health consultants and families, caregivers, and child care providers to promote optimal physical and emotional health, safety, and development of children in their care.⁶⁸ In 2024, Child Care Health Consultation teams served **572 child care providers. Ninety-seven percent of providers reported increased ability to support children’s growth and development.**

Child Care Wage Boost Pilot invests in the child care workforce by providing a wage increase to child care workers.^{69, 70} This pilot aims to counteract the industry-wide low wages for child care workers, study the benefit of government investment in the child care work force, and evaluate the wage boost’s impact on child care workers’ well-being and retention. In 2024, Wage Boost partners continued the process of intentional community involvement to ensure the system’s design reflected Best Starts’ values and aligned with community priorities. Wage Boost partners also launched a workgroup of child care workers and prepared for the opening of applications, with plans to start disbursing funds to selected providers in the spring of 2025.

Amelia Vassar, Senior Director of Equity and Evaluation at The Imagine Institute, shared that the Institute helped “*manage relationships with center leaders who had expressed concerns about the existence of such a pilot. Navigating these relationships together built trust and facilitated many center leaders’ participation in design work for the Pilot, leading to excitement about the Wage Boost.*”

⁶⁷ Capacity Building Services. <https://beststartsblog.com/2024/03/25/how-best-starts-capacity-building-helped-a-new-organization-build-its-infrastructure/>

⁶⁸ Best Starts Strategy One-Pagers. <https://drive.google.com/file/d/1MY8b2C9laKsKzMfbJL6KvgrGRAqQPk6K/view>

⁶⁹ The Child Care Wage Boost Pilot was formerly known as the Child Care Workforce Demonstration Project.

⁷⁰ Best Starts Strategy One-Pagers. <https://drive.google.com/file/d/1IGFAdDmm8vKB8Zatc9ifHID0cwGJkhf1/view>

Building Community Power⁷¹



Figure 6. Young people performing a cultural dance at the Communities of Opportunity Ten Year Celebration

Best Starts Strategies for Building Community Power

- Capital Projects (CP)
- Communities of Opportunity (COO)
- Healthy and Safe Environments (SG)
- Lead and Toxics (IE)

Vibrant, resourced, organized, and powerful communities are essential for the growth and success of young people and their families. Leaning into the expertise of communities most affected by inequities informs and drives King County on how to build healthier, more sustainable, and more equitable communities for the long term.⁷² Consistent collaboration, strengthening community bonds, and designing innovative programs are vital to creating better community conditions and advancing structural changes. These Best Starts strategies increase community power by investing in community-led solutions, leadership capacity, and actions to address risks, maximize opportunities, and support safer and healthier environments for all children and their families. Strategies in this focus area reflected the importance of coalition-building among partners, noting increased effectiveness and innovation in multi-partner programming. In 2024:

- Healthy and Safe Environments built the partners' ability to center youth voice. Organizations then went on to establish three policies related to Narcan use, discipline, and lead toxicity in cosmetics.
- 91 percent of child care provider staff surveyed by Lead and Toxics partners reported increased knowledge of blood testing processes and resources available to families.
- Communities of Opportunity Systems and Policy Change partners developed 1,126 resident leaders.

⁷¹ Community power is the ability of communities most impacted by inequities to work together to set agendas, shift public discourse, increase opportunities for community ownership, and advance meaningful change.

⁷² COO Evaluation. <https://coopartnerships.org/evaluation>

Building and Strengthening Community Power for Decision Making and Policy and Systems Change

Communities of Opportunity works through three strategies: Systems and Policy Change, Learning Community, and Community Partnerships (also referred to as Place-Based and Cultural Community Partnerships). The goal of these strategies is to increase and sustain long-term equitable conditions in housing, health, and economic opportunities through partner-led efforts.⁷³

- In 2024, Systems and Policy Change partners **engaged more than 4,700 people** in capacity building events that **contributed to 26 successful policy, systems, and environmental changes** at the state, county, and local level. Some of these changes include hosting forums to engage the community on affordable housing zoning and comprehensive plans and expanding primary care services through a community-designed health care model.
- Through the Learning Community, **334 people participated in convenings, and 96 percent of surveyed partners reported new or strengthened skills** such as community organizing, power of healing and storytelling, and transitioning from traditional businesses to cooperative business structures.
- **Over 11,000 people participated in community engagement events** through Community Partnerships. These included educating and organizing about the impact of environmental air pollution, creating pathway programs to boost representation of Black and Brown people in healthcare careers, and promoting intergenerational physical activities among immigrant communities.

⁷³ Communities of Opportunity Website. <https://www.coopartnerships.org/>

Creating Safer and More Equitable Environments

Capital Projects provides the funds to create safe, equitable physical spaces through contracts for building repairs, renovations, and new construction or expansion. These projects improve access to high-quality programs and services for low-income children, young people, and families, prioritizing BIPOC and rural communities, as well as communities lacking access to similar facilities.⁷⁴ In 2024, Capital Projects launched a funding opportunity and focused time on raising community awareness. The strategy also supported partners as they navigated challenges specific to construction projects. Demand for funds skyrocketed, with the strategy receiving \$80 million in requests for an allocated \$5 million. At the close of 2024, Best Starts **completed three projects, with another 23 projects in progress.**

Healthy and Safe Environments helps partners and organizations address community inequities by transforming systems, environments, and policies.⁷⁵ In 2024, Healthy and Safe Environments **partners engaged 2,194 young people in activities and reached or potentially impacted more than 56,200 people through successful policy, systems, and environmental changes.** Through trainings and workshops, Healthy and Safe Environments' partners fostered youth leadership in food justice, peer mentoring, and civic action. These trainings fostered the ability of youth to lead, collaborate, and drive positive change in their schools and beyond.

"Hiring new staff who have professional mental wellness experience and expertise has had a tremendous impact on our focus communities. Youth are learning critical life skills and behavior management techniques that will serve them through adulthood. Without this education being available at the Clubs, most youth would not have access to such services. Social-emotional difficulties would likely continue and could potentially lead to more dire problems. Giving youth the tools they need to ensure good mental and emotional well-being is critical for those who face inequities daily."

– Deborah Baker, Senior Grants Manager, Boys & Girls Clubs of King County (Healthy and Safe Environments Partner)

⁷⁴ Best Starts Strategy One-Pagers. https://drive.google.com/file/d/1TFCq2-P8sU_LwB59YHTI3U-J40sdYhZM/view

⁷⁵ Best Starts Strategy One-Pagers. https://drive.google.com/file/d/1bvqG_fbU_gkcw-PgaRGWNar5x2Y_9nmO/view

"Another positive impact of this initiative ... is our agency's heightened focus and understanding of blood lead levels as a qualifying diagnosis within Washington State's Early Support system. Through this campaign, we have expanded training for staff to identify children with blood lead levels equal to or greater than 5 mcg/dL as meeting eligibility criteria for Early Support. This improvement ensures that children and families affected by lead exposure are promptly identified and connected with the right support and resources."

– Alison Morton, Chief Advancement Officer, Kindering (Lead and Toxics Program Partner)

Lead and Toxics works to create healthier communities by collaborating with leaders within communities of color working toward environmental justice. The Lead and Toxics program engages community partners in increasing blood lead testing, implementing community-based interventions to prevent childhood lead poisoning, identifying current and emerging sources of lead and toxics in King County communities, reducing exposure sources within child care centers, schools, and homes, and improving access to developmental services for children exposed to lead. In 2024, **972 community members attended 63 community events that focused on lead exposure education.**

B. The Geographic Distribution of Best Starts for Kids Services

Best Starts works toward eliminating regional, racial, and economic disparities in King County by addressing the systems that create these disparities.⁷⁶ Best Starts works upstream to promote positive, healthy outcomes for young people and their families. In centering racial equity and justice, Best Starts' distribution of investments aligns with areas where the youth population is greatest and opportunities are lowest.⁷⁷

Youth Population Density and Young People's Needs in King County

The maps in Figure 7 (next page) demonstrate the different levels of youth population density and opportunities within King County. The Population Density map demonstrates which areas of King County have higher concentrations of young people (ages zero to 24 years). The Child Opportunity Levels map shows which areas of King County have low opportunity, defined by the Child Opportunity Index (COI).⁷⁸ High-opportunity ZIP Codes (lighter color) have more quality schools, parks and playgrounds, clean air, access to healthy food, health care, and safe housing. Low opportunity ZIP Codes (darker color) have fewer of these resources. These maps each provide an important lens on community need for investment within King County. Best Starts recognizes that need also exists in pockets of higher opportunity, and is committed to working with all communities in King County to understand and address the needs of their young people and families.

⁷⁶ Best Starts for Kids Implementation Plan. [https://kingcounty.gov/~media/depts/community-human-services/best-starts-kids/documents/Best Starts for Kids Implementation Plan Approved 2021.ashx?la=en](https://kingcounty.gov/~media/depts/community-human-services/best-starts-kids/documents/Best%20Starts%20for%20Kids%20Implementation%20Plan%20Approved%202021.ashx?la=en)

⁷⁷ Child Opportunity Index (COI) 3.0 Zip Code Data. <https://www.diversitydatakids.org/child-opportunity-index>

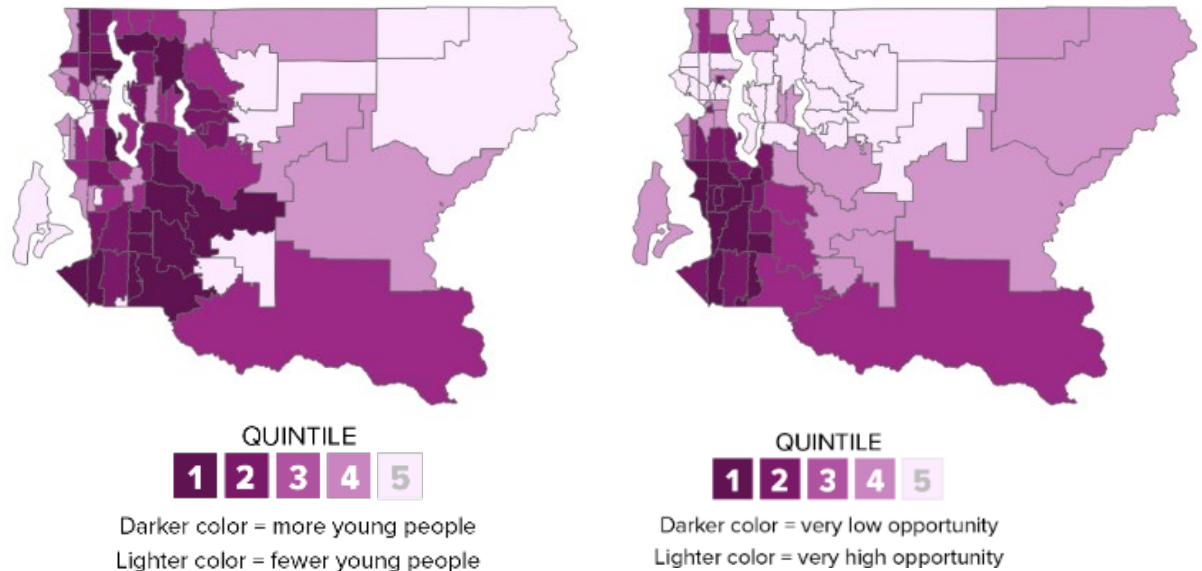
Figure 7. Population Density and Child Opportunity Levels in King County

Population Density (ages 24 and under)⁷⁹

ZIP Codes with high number of young people include central, west, east, and north King County, though the highest numbers are in south King County.

Child Opportunity Levels⁸⁰

ZIP Codes with lowest opportunity according to the COI are mostly located in South Seattle and Southwest King County, with additional reduced opportunities in Southeast King County and parts of Shoreline.



⁷⁹ Washington State Office of Financial Management, Small area estimates program, December 2024. <https://ofm.wa.gov/washington-data-research/population-demographics/population-estimates/small-area-estimates-program>

⁸⁰ Child Opportunity Index (COI) 3.0 Zip Code Data. <https://www.diversitydatakids.org/child-opportunity-index>

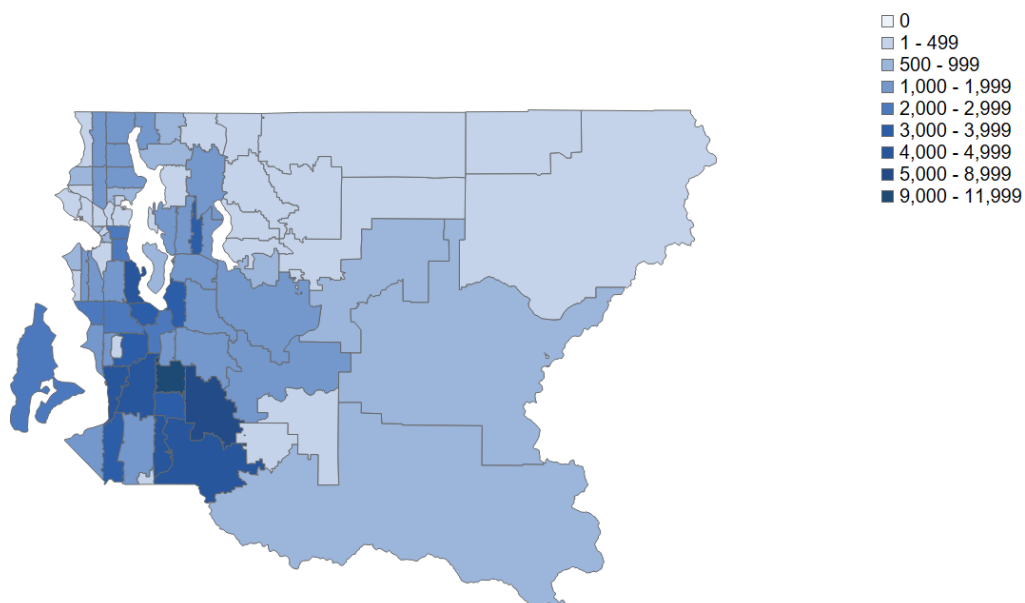
Geographic Distribution of Best Starts Participants and Expenditures in King County

The geographic distributions of Best Starts participants and expenditures, with two different methods of calculating Best Starts' expenditures by ZIP Code, are shown in Figure 8 (below) and Figure 9 (next page). Participant numbers and expenditures for individual ZIP Codes are available in Appendix E and the Best Starts for Kids Data Dashboard.⁸¹

Figure 8. Best Starts Participants in 2024

Best Starts Participants

Best Starts reaches across King County. ZIP Codes with the most participants typically have more young people, lower opportunity, or both.



⁸¹ Best Starts for Kids Data Dashboard. <https://kingcounty.gov/en/dept/dchs/human-social-services/community-funded-initiatives/best-starts-for-kids/dashboard-data-reports>

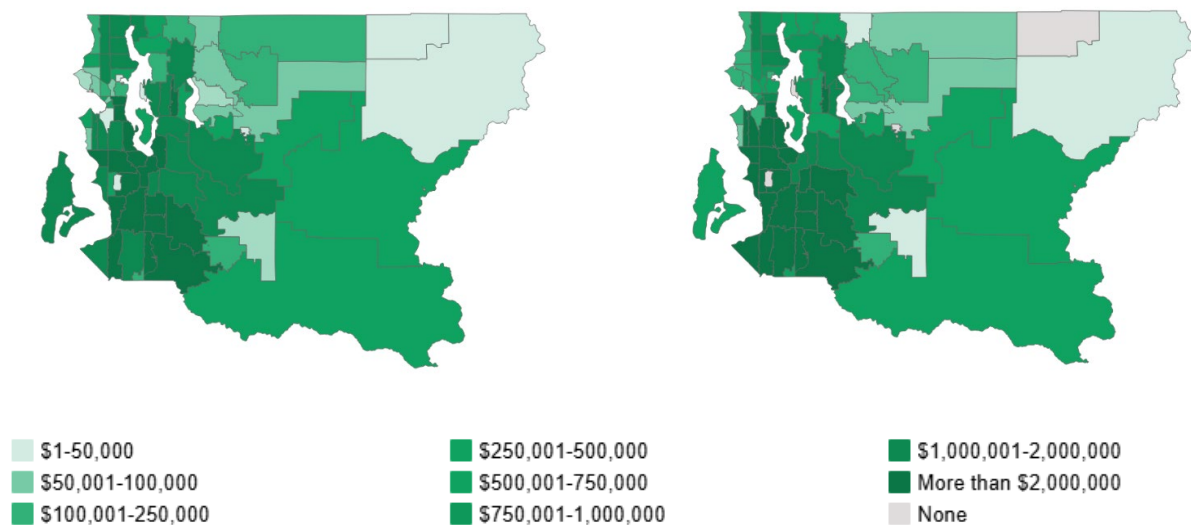
Figure 9. Best Starts Expenditures by ZIP Code in 2024

Best Starts Expenditures by Zip Code in 2024 Expenditures by Where Participants Live

Best Starts spends more in ZIP Codes with more young people and lower access to opportunity.

Expenditures by Where Office-based Services are Located

Not all services take place at a physical office location, and expenditures for services that are office-based reach most of King County. The ZIP Codes with a higher density of young people and lower Child Opportunity Levels generally have higher expenditures by where office-based services are located.



C. Best Starts for Kids Fiscal Information

The renewal of the Best Starts for Kids Levy in 2021 means that Best Starts will invest more than \$880 million throughout 2022–2027 to support children, young people, families, and communities across King County. Best Starts invested more than \$137 million in 2024 while navigating persistent inflation, increasing assistance for providers on fiscal reporting requirements, and enacting a change to the Rainy Day fund to make more funding available in the second half of the levy.⁸²

Although inflation rates have eased since 2022, Best Starts adopted the DCHS provider inflation rate adjustment policy for contracts in both DCHS and Public Health in late 2024 in response to community feedback.⁸³ Prior to this policy, Best Starts offered inflation increases as an option during contract negotiations within the 2.2 percent annual inflation rate in alignment with the Implementation Plan, which led to variation in the application of inflation adjustments across Best Starts contracts. The goal of this new policy is to address the true cost of provider services and sustain service delivery levels as costs increase over time. As a result, Best Starts now addresses inflation adjustments at time of contracting using universal rate increases and pursues mid-contract adjustments when needed to address inflation depending on fund availability.

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

While Best Starts expenditures remain in alignment with the Implementation Plan overall, expenses in Capital Projects and Child Care, two new investment areas launched in 2022, are ramping up more slowly than initially expected. The original expenditure plan did not anticipate typical community development construction timelines for Capital Projects. Capital Projects can span approximately 17 to 65 months once contracted. Variables such as contractor availability, seasonal weather delays, and cost fluctuations impact these timelines. Best Starts awarded both 2022 and 2023 funds through competitive procurement, and the 2024 funds are scheduled to be fully contracted in 2025. Capital Projects is expected to award its \$50 million allocation by the end of the levy in 2027, but because of the uniqueness of capital projects, some of the expenditures are expected to occur after the end of the second levy.

⁸² Ordinance 19861. <https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=6872221&GUID=984B4D1E-D397-4497-85A8-C886918ED955&Options=Advanced&Search=&FullText=1>

⁸³ For more information: <https://dchsblog.com/2024/09/16/king-county-dchs-addresses-inflation-and-provider-wages/>

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

The Sustain the Gain investment area spent about \$3.3 million less than budgeted. This underspend occurred across the investment area’s ten strategies. It was driven by some funded partners spending funds at a slower rate than expected, staffing shifts, contracts for one strategy ending earlier than initially anticipated, and carry-forward from 2023. Best Starts allocated these unspent funds according to County budgeting processes and in alignment with Best Starts financial policies.⁸⁴

The Best Starts fiscal table detailing expenditures by investment area and strategy, as well as maps detailing expenditures by ZIP Code, can be viewed online in the Best Starts for Kids Data Dashboard.⁸⁵ A summary fiscal table at the investment area level is provided below in Figure 10.

Figure 10. 2024 Best Starts for Kids Expenditures by Investment Area

2024 Best Starts for Kids Expenditures by Investment Area		
Investment Area	2024 Budgeted ⁸⁶	2024 Expenditures
Child Care	\$39,143,990	\$31,180,820
Youth and Family Homelessness Prevention Initiative	\$5,189,029	\$5,181,065
Technical Assistance and Capacity Building	\$2,250,669	\$2,015,088
Subtotal (per Ord 19267 subsection 4.D)	\$46,583,689	\$38,376,973
Investing Early (Prenatal to 5)	\$49,812,586	\$48,726,719
Sustain the Gain (5 to 24)	\$37,185,823	\$33,900,660
Communities of Opportunity	\$8,841,454	\$8,392,092
Data and Evaluation	\$5,539,492	\$5,028,066
Capital Projects	\$17,032,640	\$2,827,228
Total 2024 Expenditures	\$164,995,683	\$137,251,737⁸⁷

⁸⁴ Best Starts for Kids Implementation Plan, pg. 119 [https://kingcounty.gov/en/dept/dchs/human-social-services/community-funded-initiatives/best-starts-for-kids/-/media/king-county/depts/dchs/best-starts/documents/Best Starts for Kids Implementation Plan Approved 2021.ashx?la=en&hash=72D1641D8C28C5BC664474AB214B9118](https://kingcounty.gov/en/dept/dchs/human-social-services/community-funded-initiatives/best-starts-for-kids/-/media/king-county/depts/dchs/best-starts/documents/Best%20Starts%20for%20Kids%20Implementation%20Plan%20Approved%202021.ashx?la=en&hash=72D1641D8C28C5BC664474AB214B9118)

⁸⁵ Best Starts for Kids Data Dashboard. <https://kingcounty.gov/en/dept/dchs/human-social-services/community-funded-initiatives/best-starts-for-kids/dashboard-data-reports>

⁸⁶ Budgeted amounts shown for 2024 include prior-year underspend approved for carry forward to spend in 2024.

⁸⁷ Remaining 2024 funds are reserved to meet contracted commitments and ordinance requirements within the investment area strategies.

2024 Best Starts for Kids Annual Report
See also [Best Starts for Kids Data Dashboard](#)

D. Investment Changes

Best Starts made no changes to planned strategy-level investments for the 2024 fiscal year, but the 2025 annual budget adopted in late 2024 included increases in investments in future years.⁸⁸

The Best Starts for Kids property tax levy has been a stable revenue source since its passage by the voters. The second levy Implementation Plan instituted a 90-day Rainy Day Reserve, requiring Best Starts to set aside three months' worth of annual spending to buffer against revenue disruptions. During the 2025 budget process, King County Council approved a shift to a 60-day reserve beginning January 1, 2025 to balance cash flow and revenue stability with meeting known service gaps.⁸⁹ This allowed Best Starts to increase investments in Family Ways and Youth Development for which services could be scaled rapidly to meet increased demand, shore up evaluation capacity needs, and extend COO: Community Partnerships' storytelling cohort. Through the budget, the County Council also approved strategic investments to advance equity, inclusion, belonging, and anti-racism infrastructure, fund the Infant Mortality Prevention Network, enhance contracting capacity, and mitigate some funding loss from other sources.⁹⁰

E. Feedback from Partners

Best Starts is grateful for lessons learned from funded partners in 2024 and ongoing learning in partnership with communities. As outlined in the Best Starts Implementation plan, Best Starts seeks feedback from partners proactively through surveys or semi-annual reports, and partners also give feedback informally during regular check-in calls and partner convenings.⁹¹ Specific partner feedback and Best Starts' response by strategy is shared in Appendix C.

In 2024, Best Starts' partners continued to request more opportunities to connect in person, and specifically space to be in community and collaborate with other community-based organizations. They shared a desire for more timely and increased resource-sharing, in part due to increased demand within the communities they serve. Partners expressed a need for greater language access, flexible methods, and frequency of communication. They also requested support with contract fiscal and reporting requirements, proposal processes, and other internal systems.

In response to this feedback, Best Starts planned and held additional in-person events, from family fun days for program participants to workshops, trainings, and communities of practice, which bolstered relationships between community members, partners, community, and Best Starts staff. In several

⁸⁸ Ordinance 19861. <https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=6872221&GUID=984B4D1E-D397-4497-85A8-C886918ED955&Options=Advanced&Search=&FullText=1>

⁸⁹ Ordinance 19861. <https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=6872221&GUID=984B4D1E-D397-4497-85A8-C886918ED955&Options=Advanced&Search=&FullText=1>

⁹⁰ Ordinance 19861. <https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=6872221&GUID=984B4D1E-D397-4497-85A8-C886918ED955&Options=Advanced&Search=&FullText=1>

⁹¹ Best Starts for Kid Implementation Plan, pg. 88. https://kingcounty.gov/~media/depts/community-human-services/best-starts-kids/documents/Best_Starts_for_Kids_Implementation_Plan_Approved_2021.ashx?la=en

instances, Best Starts programs have collaborated on these events, and partners have reflected that these efforts have similarly led to cross-pollination across organizations. To further facilitate resource and knowledge sharing, Best Starts has established online resource sharing, including compiling non-Best Starts funding resources in a monthly blog post series.

Best Starts has also made great strides in language access, investing in translation and interpretation services, in addition to making reports and other resources available in languages other than English. Best Starts continued to provide support to partners on application processes and fiscal and other reporting requirements, while updating systems and processes where possible. This included holding one-on-one meetings with partners to address questions on proposals through Technical Assistance consultants, providing trainings on finances and organizational infrastructure, and clarifying reporting templates by partner request. Through Capacity Building supports, Best Starts also enabled organizations to develop internal systems to promote compliance with contract expectations and monitoring, paving the way for future success and sustainability.

F. Best Starts for Kids Data and Evaluation

Data Dashboard

Best Starts' Data and Evaluation Team collaborates with partners to gather and analyze useful performance data for learning and reflection. Newly available 2024 performance measure data for all Best Starts strategies and programs are presented in detail on the **Best Starts for Kids Data Dashboard**.⁹² The Data Dashboard provides key information on each tab including Best Starts' service recipients, work outcomes, qualitative learnings, geographic reach, systems change, and investments. Additionally, the Resources and Methods tab navigates users to in-depth evaluation reports, background references, and Best Starts' population indicators. Best Starts' population indicators are presented through interactive visualizations and reflect the most current data about community strengths and needs. Indicators are presented along with the Communities Count Health Equity Timeline to document local historical and structural context that contributes to the conditions measured.⁹³ Best Starts' strategies focus on contributing to long-term, county-wide positive changes, understanding that systemic factors within and beyond King County influence population data.

In-Depth Evaluation and Continuous Improvement

To complement Best Starts' performance measurement and data capacity building across programs, Best Starts funds in-depth evaluation for select strategies and investment areas to answer specific questions. Best Starts maintains a full library of evaluation and technical reports on the King County website.⁹⁴ Below are highlights from the in-depth evaluation reports Best Starts completed in 2024.

⁹² Best Starts for Kids Data Dashboard. <https://kingcounty.gov/en/dept/dchs/human-social-services/community-funded-initiatives/best-starts-for-kids/dashboard-data-reports>

⁹³ Communities Count Health Equity Timeline. <https://www.communitiescount.org/health-equity-timeline#:~:text=1452-Communities%20Count%20Health%20Equity%20Timeline,the%20history%20of%20King%20County>

⁹⁴ Evaluation and Technical Reports. <https://kingcounty.gov/en/dept/dchs/human-social-services/community-funded-initiatives/best-starts-for-kids/dashboard-data-reports/reports>

2024 Best Starts for Kids Annual Report

See also [Best Starts for Kids Data Dashboard](#)

Page | 41

Learnings from the Best Starts for Kids Health Survey – August 2024

To understand if families in King County are thriving, Best Starts measures an interwoven set of supports that address basic and social needs through the Best Starts for Kids Health Survey (BSKHS), conducted in 2017, 2019, 2021, and 2023.⁹⁵ These supports are called protective factors and are directly linked to better well-being for children, their families, and their communities.⁹⁶ Protective factors are a useful strengths-based tool to understand where Best Starts can provide more supports for families.

The BSKHS is a random, representative, population-based survey of King County families with children in elementary school or younger to learn about their health, well-being, strengths, and needs. The survey is an important tool that helps guide the Best Starts initiative and captures the changing needs and strengths of King County families. In 2023, 5,865 parents and caregivers participated in the survey, bringing the overall number of parent and caregiver respondents across the four survey rounds to 24,738. The 2023 sample was diverse in terms of race/ethnicity, sexual orientation, geography, and languages spoken other than English.

Best Starts conducted an in-depth analysis of the BSKHS in 2024. Key findings published in a brief titled "Families Thrive: How Best Starts Measures Joy" demonstrate:⁹⁷

- The more protective factors families have, the higher the likelihood they report better health for their children.
- The presence of each protective factor across King County families varies widely. On average, 36 percent report having social support from family, friends, and neighbors, while 86 percent report family resilience.
- Families experience varying access to protective factors by race/ethnicity, family income, region, child's age, parent/caregiver age, sexual orientation, and education level.

Additional data and survey results are available on the Best Starts for Kids Health Survey Dashboard and Demographics Dashboard.^{98, 99} The Families Thrive one-pager is available in Amharic, Arabic, English, Korean, Russian, Somali, Spanish, Tagalog, Traditional Chinese, Ukrainian, and Vietnamese.¹⁰⁰

Culturally Responsive Measurement Tool – Protective Factors (CRMT-PF) — December 2024

The Culturally Responsive Measurement Tool – Protective Factors (CRMT-PF) is a multilingual survey designed for local programs with 22 questions measuring five protective factors: family resilience, knowledge of parenting and child development, social supports, concrete support, and caregiver/practitioner relationships. In 2024, King County partnered with The Capacity Collective to offer

⁹⁵ Best Starts for Kids Health Survey. <https://kingcounty.gov/en/dept/dchs/human-social-services/community-funded-initiatives/best-starts-for-kids/survey>

⁹⁶ Families Thrive. https://beststartsblog.com/wp-content/uploads/2024/08/Families-Thrive_FINAL.pdf

⁹⁷ Families Thrive. https://beststartsblog.com/wp-content/uploads/2024/08/Families-Thrive_FINAL.pdf

⁹⁸ Best Starts for Kids Health Survey Dashboard. <https://kingcounty.gov/en/dept/dchs/human-social-services/community-funded-initiatives/best-starts-for-kids/dashboard-data-reports/survey-data>

⁹⁹ Best Starts for Kids Health Survey Demographics Dashboard. <https://kingcounty.gov/en/dept/dchs/human-social-services/community-funded-initiatives/best-starts-for-kids/dashboard-data-reports/survey-data>

¹⁰⁰ <https://beststartsblog.com/2024/08/06/are-families-thriving-learnings-from-the-2023-best-starts-for-kids-health-survey/>

2024 Best Starts for Kids Annual Report

See also [Best Starts for Kids Data Dashboard](#)

Page | 42

five trainings on the tool to 75 community members in English, Spanish, and Arabic. In addition, the Capacity Collective and Best Starts published four training videos, offering an introduction to the tool, along with guidance on scoring and practical implementation. These additional resources are expected to increase the accessibility of the tool.¹⁰¹

Community-Led Data in King County —December 2024

The Best Starts data team collaborated with three community-based organizations (Community Café Collaborative, Indian American Community Services, and United Communities of Laos) on a new strategy in which organizations led the process of gathering, analyzing, and sharing data about their own communities. In late 2024, the organizations presented their data stories. The data Best Starts' partners gather through the Community-Led Data funding strategy strengthens community-led efforts, provides insight into communities' experiences, and offers an opportunity to reflect on the collective progress among partners and next steps.

Community Café Collaborative (CCC) spotlights multigenerational wisdom and transforms it into community action through community cafés. The events are planned, led, and monitored by family members of participants who want to build on the assets of their community to strengthen families. CCC partnered with members from seven specific communities in King County to design and host community cafés to gather data, both in person and virtually. The seven communities identified as Native, Young Fathers, Somali, Latinx, African American, Uniquely Designed, and Kinship.¹⁰² In total, 109 adults and 23 young people participated in café discussions focused on the healthcare resources on which families rely, wish were in place, and/or present barriers.

CCC learned that communities value:

- Being seen as a whole person and not judged based on race, language, land of origin, or gender.
- Being understood in healthcare settings; including language access, culturally competent providers, and adequate time in appointments.
- Removing time, money, and transportation-related barriers to care.
- Increasing mental health supports, including for young people both in and outside of schools.
- Building trust, due to an historic and current lack of trust between communities and the healthcare system.

Learn more by reviewing the presentation slide deck and listening to the Community Café podcast, featuring stories from participating communities.^{103, 104}

¹⁰¹ Culturally Responsive Measurement Tool. <https://beststartsblog.com/2024/04/02/culturally-responsive-measurement-tool-protective-factors-updated-report-and-in-language-tools/>

¹⁰² Uniquely Designed participants were families with experience navigating disability services and systems. Kinship participants included families who have welcomed kinship adoption or have a similar caregiving situation.

¹⁰³ Community Café Collaborative slide deck.

<https://docs.google.com/viewerng/viewer?url=https://beststartsblog.com/wp-content/uploads/2024/12/CCC-Round-One-Community-Led-Data-1.pdf&hl=en>

¹⁰⁴ Community Café Collaborative podcast. https://soundcloud.com/community-cafe-collaborative/round-one-audio-story-community-led-data-project?utm_source=beststartsblog.com&utm_campaign=wtshare&utm_medium=widget&utm_content=https%2

Indian American Community Services (IACS) serves the Indian American community through programs, services, and advocacy for people of all ages and life stages. They help seniors, young people, women, and families facing difficult and complex circumstances that affect their daily lives. IACS further supports participants to build connections in a safe and welcoming environment and cultivates a sense of belonging. For the community-led data project, IACS held “parent teas,” (community gatherings for families and caregivers), with focused discussion on three community priorities (accessibility, safety, and emergency preparedness) in Bothell, Bellevue, and Maple Valley. IACS’ decades-long work meeting the community’s basic and urgent needs, along with the culturally nuanced and co-created models of community conversations, led to a trusting and safe space where community members could express their feelings and perspectives as parents and caregivers.

IACS learned that families want:

- To increase access to services including child care, healthcare, and transportation.
- To address safety concerns including gun violence, bullying, and hate crimes.
- To increase access to items such as safety kits, in effort to strengthen emergency preparedness.
- To improve public transportation to access basic resources including libraries and medical care, especially in Maple Valley. Maple Valley participants also wanted to feel safer, both in neighborhoods and schools.
- To increase the amount of child care options which are affordable in Bothell. Families felt somewhat safe, but attendees reported child care was scarce and expensive. Additionally, they often had to travel to Everett for healthcare.
- To increase youth access to, and opportunities for, early learning and after-school care in Bellevue.¹⁰⁵ Additionally, Bellevue participants did report experiencing somewhat better access to transportation and health care in this region.

United Communities of Laos (UCL) is a community coalition that serves the Lao, Khmu, and Hmong communities in King County by providing social, cultural, and educational programs that enrich and empower families. Together, the partners in the UCL coalition have a combined 40+ years of experience serving their communities. For the community-led data project, UCL partnered with a team of Community Language Advocates to co-design and administer a survey about community needs and strengths. The team leveraged connections with multiple generations of community members including young people, families, and elders, and ensured the survey was accessible to all community members by providing support in multiple languages.

UCL learned that Lao, Khmu, and Hmong communities:

- View cultural gatherings and connecting with others as an important way to support emotional well-being.
- Want to see more programming to support health and mental wellness for adults in their communities.

53A%252F%252Fsoundcloud.com%252Fcommunity-cafe-collaborative%252Fround-one-audio-story-community-led-data-project

¹⁰⁵ IACS Community Café Feedback. <https://docs.google.com/viewerng/viewer?url=https://beststartsblog.com/wp-content/uploads/2024/12/IACS-Community-Cafe-Feedback-Sept-2024-Final.pdf&hl=en>

2024 Best Starts for Kids Annual Report

See also [Best Starts for Kids Data Dashboard](#)

Page | 44

- Value outdoor community activities and would like more outdoor recreation programs and social groups.
- Need more support with accessing housing, healthcare, and culturally relevant foods.
- Want to have a shared Cultural Center for Lao, Khmu, and Hmong communities and are interested in supporting planning and fundraising efforts.¹⁰⁶

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

Members of the King County Children and Youth Advisory Board and the Communities of Opportunity Governance Group reviewed a draft of the 2024 annual report in April 2025, in recognition of these bodies' advisory roles for Best Starts as described in KCC 2A.300.510 and KCC 2A.300.521.¹⁰⁷

Conclusion and Next Actions

In 2024, Best Starts invested in 609 programs across the county including 178 new programs, expanding its reach to 525,954 children, young people, families, providers, and community members, expanding reach and creating positive impacts to provide King County's children with the best start in life. Best Starts built on accomplishments across eight investment areas. The five focus areas in this report summarize the holistic nature of the Best Starts strategies. As discussed, in 2024, Best Starts made impacts in these areas:

1. Meeting Families' Needs
2. Prioritizing Well-being and Mental Health
3. Cultivating Opportunities for Children and Young People
4. Strengthening the Workforce
5. Building Community Power

Best Starts' approach provides opportunities for healthy development that proactively focus on promotion, systems-change, prevention and early intervention across ages and lifespans. With the interconnected nature of community, children, and families, Best Starts continues to create change through immediate individual impact as well as sustainable systemic impact.

In 2025, Best Starts will launch re-procurement for several strategies, opening opportunities for new partners while strengthening existing relationships with current partners through re-investment. Best Starts saw record demand for funds in 2024 as partner organizations sought to address growing community need amidst funding cuts. The high number of applicants for Best Starts funds also may reflect organizations' increasing capacity to apply for Best Starts funds because of the Best Starts technical assistance offered to all applicants, and growing interest among providers in being a Best Starts funded partner. Best Starts anticipates these trends will continue in 2025. The initiative remains committed to fully and creatively supporting organizations through capacity building, cross-strategy collaboration, and non-Best Starts resource sharing.

¹⁰⁶ United Communities of Laos Community-Led Data Project.

https://docs.google.com/viewerng/viewer?url=https://beststartsblog.com/wp-content/uploads/2024/12/CLD_UnitedCommunitiesofLaos-1.pdf&hl=en

¹⁰⁷ KCC 2A.300.510 and KCC 2A.300.521. https://aqua.kingcounty.gov/council/clerk/code/05_Title_2A.htm

Best Starts will also continue expanding and enhancing data and evaluation to effectively and accurately understand and communicate its impacts. This will include the launch of the Second Levy Evaluation with an external evaluator, to be completed by the end of 2027, as well as additional Community-Led Data projects. Best Starts is also beginning planning for the fifth BSKHS in 2026, in partnership with University of Washington. The resulting reports and data will help inform strategies and investments moving forward.

Beyond the realities of a changing funding and political landscape, Best Starts must navigate and respond to the growing uncertainty and fear facing young people, families, and community partners, and King County staff due to federal policy shifts. Despite these challenges, Best Starts continues to ground its work in both being responsive to community and responsible stewards of public dollars — leading with integrity, transparency, and an explicit commitment to anti-racism.

Best Starts' success relies on two key principles: trusting the expertise of partners by elevating community knowledge and lived experiences and transparent, responsible stewarding of public funds. In 2025, Best Starts will continue to lead with racial equity and center community wisdom, staying true to the pillars of promotion, prevention, early intervention, and systems and policy change. Now more than ever, Best Starts remains firmly rooted in its values as a community-driven, transparent, and anti-racist initiative. It will continue striving to create opportunities for communities and young people to help shape and deliver programs, participate in civic engagement, and lead systems change efforts.

Appendix A: Reporting Elements Table and Best Starts for Kids Online Reporting Guide

Figure 11. Reporting Elements Table and Best Starts for Kids Online Reporting Guide

Reporting Element Language	Source	See Section(s) of This Report	See Also Best Starts Online Dashboard Tab(s) ¹⁰⁸
The annual report on levy expenditures, services, and outcomes shall include the total expenditures of levy proceeds by program area by ZIP Code in King County	Ordinance 19267 Ordinance 19354	<ul style="list-style-type: none"> • Report Requirements Subsection A: Best Starts for Kids Key Focus Areas and Outcomes in 2024 • Report Requirements Subsection B: Geographic Distribution of Best Starts for Kids Services • Report Requirements Subsection C: Best Starts for Kids Fiscal Information • Appendix E: Best Starts for Kids ZIP Code Reporting Data Book 	<ul style="list-style-type: none"> • Our Investments
The annual report on levy expenditures, services, and outcomes shall include the number of individuals receiving levy-funded services by program area by ZIP Code in King County of where the individuals reside at the time of service	Ordinance 19267 Ordinance 19354	<ul style="list-style-type: none"> • Report Requirements Subsection B: Geographic Distribution of Best Starts for Kids Services • Report Requirements Subsection C: Best Starts for Kids Fiscal Information • Appendix E: Best Starts for Kids ZIP Code Reporting Data Book 	<ul style="list-style-type: none"> • Who We Serve • Mapping Our Reach • Our Investments

¹⁰⁸ Best Starts for Kids Data Dashboard. <https://kingcounty.gov/en/dept/dchs/human-social-services/community-funded-initiatives/best-starts-for-kids/dashboard-data-reports>

Reporting Element Language	Source	See Section(s) of This Report	See Also Best Starts Online Dashboard Tab(s) ¹⁰⁸
King County shall require collection of this ZIP Code information from all service contractors who receive moneys from the Best Starts for Kids levy for contracts executed after December 31, 2021. King County shall work with contractors providing services to individuals and families to develop the capacity to collect and report the information to the county. The annual report shall include this ZIP Code information in addition to any other ways the report may visually provide the information.	Ordinance 19354	<ul style="list-style-type: none"> • Report Requirements Subsection B: Geographic Distribution of Best Starts for Kids Services • Appendix E: Best Starts for Kids ZIP Code Reporting Data Book 	<ul style="list-style-type: none"> • Mapping Our Reach
These Best Starts Annual Reports will provide data for Investing Early, Sustain the Gain, COO, YFHPI, child care, and technical assistance strategies, and the capital grants program.	Best Starts for Kids Implementation Plan 2022-2027, p. 85	<ul style="list-style-type: none"> • Report Requirements Subsection A: Best Starts for Kids Key Focus Areas and Outcomes in 2024 • Report Requirements Subsection B: Geographic Distribution of Best Starts for Kids Services • Report Requirements Subsection C: Best Starts for Kids Fiscal Information • Appendix E: Best Starts for Kids ZIP Code Reporting Data Book 	<ul style="list-style-type: none"> • Who We Serve • Our Results • What We're Learning • Mapping Our Reach • Our Investments

Reporting Element Language	Source	See Section(s) of This Report	See Also Best Starts Online Dashboard Tab(s) ¹⁰⁸
Best Starts will also develop and pilot a methodology beginning in 2022 for reporting program expenditures by ZIP Code based on available data or modeling. This methodology will need to account for expenditures for programs that are provided virtually, programs that do not operate from a single service location like home-based services, and systems-change work that has impacts in communities larger than a single ZIP Code.	Best Starts for Kids Implementation Plan 2022-2027, p. 87	<ul style="list-style-type: none"> • Report Requirements Subsection B: Geographic Distribution of Best Starts for Kids Services • Report Requirements Subsection C: Best Starts for Kids Fiscal Information • Appendix E: Best Starts for Kids ZIP Code Reporting Data Book 	<ul style="list-style-type: none"> • Mapping Our Reach • Resources & Methods
ZIP Code data will be reported using maps or other visualizations to aid interpretation of the data.	Best Starts for Kids Implementation Plan 2022-2027, p. 86	<ul style="list-style-type: none"> • Report Requirements Subsection B: Geographic Distribution of Best Starts for Kids Services 	<ul style="list-style-type: none"> • Mapping Our Reach
Detailed performance measures are anticipated to be available online through interactive dashboards that provide transparency by making timely data available and easier to explore.	Best Starts for Kids Implementation Plan 2022-2027, p. 85	N/A	<ul style="list-style-type: none"> • Our Results
Annual reporting for the levy will also describe any changes made to strategy-level investments during the reporting period in order to best utilize levy resources, as well as indicate whether strategy-level investments are expected to change for the subsequent reporting period or remain the same.	Best Starts for Kids Implementation Plan 2022-2027, p. 86	<ul style="list-style-type: none"> • Report Requirements Subsection D: Investment Changes 	N/A

2024 Best Starts for Kids Annual Report
 See also [Best Starts for Kids Data Dashboard](#)

Page | 49

Reporting Element Language	Source	See Section(s) of This Report	See Also Best Starts Online Dashboard Tab(s) ¹⁰⁸
Best Starts' performance measurement analyses will also solicit feedback from grantees and levy-funded service providers regarding recommendations for achieving improvements in services delivery and strategy-level outcomes. Feedback received will be included in the annual reporting for the levy, beginning with the annual report for calendar year 2022.	Best Starts for Kids Implementation Plan 2022-2027, p. 86	<ul style="list-style-type: none"> • Report Requirements Subsection E: Feedback from Partners • Appendix C: Partner Feedback by Strategy 	N/A
Annual reporting for the levy will include the evaluation findings, including when appropriate an assessment of the program's effectiveness in achieving stated goals and intended outcomes.	Best Starts for Kids Implementation Plan 2022-2027, p. 87	<ul style="list-style-type: none"> • Report Requirements Subsection A: Best Starts for Kids Key Focus Areas and Outcomes in 2024 • Report Requirements Subsection F: Best Starts for Kids Data and Evaluation 	<ul style="list-style-type: none"> • Our Results
This section shall prevail in the event of a conflict between the language in this section and language contained in Attachment A to this ordinance.	Ordinance 19354	N/A	N/A
The [Children and Youth Advisory] board shall... Consult on and review annual reports to the council and community that demonstrate transparency regarding the expenditure of levy proceeds and the effectiveness of the Best Starts for Kids children and youth strategies in meeting the goals and outcomes established in Ordinance 19267.	K.C.C. 2A.300.510.E.4	<ul style="list-style-type: none"> • Report Requirement Subsection G: Children and Youth Advisory Board Consultation and the Communities of Opportunity Governance Group Review 	N/A

Reporting Element Language	Source	See Section(s) of This Report	See Also Best Starts Online Dashboard Tab(s) ¹⁰⁸
The Children and Youth Advisory Board and the COO Governance Group will consult on, and review, the respective portion of annual reports on Best Starts programming for which they have been charged with oversight.	Best Starts for Kids Implementation Plan 2022-2027, p. 86	<ul style="list-style-type: none"> • Report Requirement Subsection G: Children and Youth Advisory Board Consultation and the Communities of Opportunity Governance Group Review 	N/A
By late 2020, DCHS anticipates being able to make available maps and/or data summaries showing the distribution of Best Starts, MIDD, and VSHSL human services by service participant ZIP Code, with high-level summaries included in the initiatives' annual reports.	Human Services Geographic Equity Plan December 2019, p. 57	<ul style="list-style-type: none"> • Report Requirements Subsection B: Geographic Distribution of Best Starts for Kids Services • Appendix E: Best Starts for Kids ZIP Code Reporting Data Book 	<ul style="list-style-type: none"> • Mapping Our Reach

Appendix B: Best Starts for Kids Strategies Funded in 2024

Figure 12. Best Starts for Kids Strategies Funded in 2024

Investment Area	Strategy Name
Child Care	Child Care Subsidy Program Child Care Wage Boost Pilot ¹⁰⁹
Investing Early	Child Care Health Consultation (CCHC) Community-Based Parenting Supports (CBPS) Early Support for Infants and Toddlers (ESIT) Environmental Supports: Lead and Toxics Help Me Grow Home-Based Services Innovation Supports Parent and Child Health Services ¹¹⁰ Systems Building for Infant and Early Childhood Mental Health Universal Developmental Screening Workforce Development
Sustain the Gain	Child and Adolescent Immunizations Expanded Learning Healthy and Safe Environments Liberation and Healing Positive Family Connections SB-SBIRT School-Based Screening, Brief Intervention and Referral to Treatment/Services School-Based Health Centers Stopping the School-to-Prison Pipeline (SSPP)

¹⁰⁹ Formerly known as Child Care Workforce Demonstration Project

¹¹⁰ Formerly known as Maternal and Child Health Services

Investment Area	Strategy Name
	Transitions to Adulthood Youth Development
Youth and Family Homelessness Prevention Initiative (YFHPI)	Youth and Family Homelessness Prevention
Communities of Opportunity (COO)	Learning Community Community Partnerships (Place-Based and Cultural Communities) Systems and Policy Change
Capital Projects	Capital Projects
Technical Assistance and Capacity Building	Technical Assistance and Capacity Building
Data and Evaluation	Data and Evaluation

Appendix C: Partner Feedback by Strategy

Best Starts recognizes that investing in community organizations goes beyond the initial award. It requires ongoing partnership, shared and continuous learning, mutual accountability, and supporting the organization with capacity building to ensure organizational stability and sustainability. Best Starts values receiving feedback from partners to continue centering community needs in realizing *their* vision for *their* communities, in order to build a thriving King County. Figure 13 outlines examples of feedback received in 2024 and Best Starts' actions to respond by strategy. Best Starts Program Managers collect feedback continually through the year and shared themes focusing on where partners needed support and how Best Starts is already addressing and plans to continue building on that feedback to meet partner and community needs. These findings inform how Best Starts is investing and will continue to invest in partners in 2025 and beyond.

Note: Some Best Starts strategies fund programs directly executed by internal King County staff. They do not have external partners and are not represented on this table.

Figure 13. Partner Feedback by Strategy

Strategy	Partner Feedback Received in 2024	Best Starts' Response to Partner Feedback
Investment Area: Child Care		
Child Care Subsidy	Subsidy partners requested improvements in program infrastructure and delivery, including better language access, and shared that community experienced difficulty finding information about the subsidy online.	Best Starts continues to integrate partner feedback and work with them to improve infrastructure, program delivery, and language access; the team is working to ensure that the community has a strong understanding of the subsidy before the next levy, prioritizing increased visibility through branding, storytelling, and sharing impacts.
Child Care Wage Boost Pilot	Partners shared that a wage boost is needed and the increased compensation will improve quality of life, but there is no flexibility for providers to sustain pay increases without additional funding.	Best Starts integrated this feedback to help inform the Pilot, including the goals and framing, the focus of evaluation, and the framing of future recommendations.
Investment Area: Investing Early		

2024 Best Starts for Kids Annual Report
[See also Best Starts for Kids Data Dashboard](#)
Page | 54

Strategy	Partner Feedback Received in 2024	Best Starts' Response to Partner Feedback
Child Care Health Consultation	Partners shared that the reflective case consultation space was not meeting all providers' needs.	Best Starts is working to create a new reflective space for partners serving Family, Friends, and Neighbor (FFN) providers in 2025.
Community-Based Parenting Supports	Partners requested more in-person events and expressed a desire for expanded resources on legal and immigration support, domestic violence, homelessness, and wellness and healing.	Best Starts held a family fun day and worked with Innovation Supports to plan a workshop on wellness and healing. Community-Based Parenting Supports worked with Home-Based Services to release a Request for Applications that launched a domestic violence emergency response pilot. The team continues to share resources as available and is considering how best to provide legal and immigration support.
Early Support for Infants and Toddlers (ESIT)	Partners expressed a need for increased language access throughout the ESIT system.	Best Starts increased funding for language access and provided specific training to interpreters on working with families with delays and disabilities.
Environmental Supports: Lead and Toxics	Partners experienced challenges meeting fiscal requirements and expressed interest in learning more from one another.	Best Starts is providing fiscal capacity building expertise through a Capacity Building consultant. Best Starts is also facilitating connections between newer partners and those with more experience.
Help Me Grow	Partners asked for support in finding resources, especially for housing, rent, and utility costs.	Best Starts works to share available resources and supports and refers partners to non-Best Starts funding opportunities.
Home-Based Services	Partners requested support to address an increase in domestic violence. They also asked for resources on substance use, immigration and legal issues, and basic needs, as well as trainings on wellness, grief,	Best Starts worked to hold more cross-strategy events to provide spaces for community-building and connection. Home-Based Services worked with Community-Based Parenting Supports to release a Request for Applications launching a domestic violence emergency response pilot.

Strategy	Partner Feedback Received in 2024	Best Starts' Response to Partner Feedback
	attachment, financial resources, and grant writing.	
Innovation Supports	Partners recommended specific topics they would like to discuss with peers.	Best Starts is planning shared learning convenings on these topics in 2025.
Systems Building for Infant and Early Childhood Mental Health	Partners expressed a need for training opportunities on weekends, as well as more in-person opportunities and specific training topics.	Best Starts is moving to more in-person trainings and offering requested topics like burnout, supporting children with different abilities, and grief and loss. Best Starts is working to offer weekend trainings.
Universal Developmental Screening	Partners requested additional resources to help toddlers begin learning to self-regulate and information about the types of supports ESIT offers.	Best Starts is offering online platforms that connect partners across other Best Starts' prenatal-to-five strategies so they can share such resources and information with one another.
Workforce Development	Partners expressed a desire for more collaborative events and improved community outreach.	Best Starts moved from a training model to workshop style events, increased the number of in-person workshops, encouraged collaborative events involving multiple agencies, and participated in relevant local conferences. Best Starts also developed the Workforce Development Mini-Grants program to support small agencies with funding their own workforce development efforts.
Investment Area: Sustain the Gain		
Child and Adolescent Immunizations	Partners expressed confusion about program reporting requirements.	Best Starts met with each partner to outline future reporting requirements and answer any questions.
Community Well-being Initiative	Partners requested the option to submit audio or video responses for fulfilling their program evaluation requirements.	Best Starts worked with their evaluator to implement a more equitable evaluation process

Strategy	Partner Feedback Received in 2024	Best Starts' Response to Partner Feedback
		by accepting audio and video responses as part of regular reporting.
Expanded Learning	Some grantees expressed a perceived cultural misalignment between the Youth Program Quality assessment tool, program cultures, and external assessors, which they felt may have influenced scoring and reduced the tool's cultural relevance.	In response, Best Starts' intermediary, Schools Out Washington (SOWA), held listening sessions to better understand these concerns and is currently exploring options to strengthen the assessment process.
Healthy and Safe Environments	Partners shared that while access to capacity building is very helpful, sometimes there is limited organizational capacity to take advantage of this support. Partners expressed a desire for increased collaboration.	Best Starts continues to facilitate capacity building for partners recognizing potential need to focus on smaller CB projects. Best Starts instituted quarterly meetings for partners to come together and brought a cohort to the Othering and Belonging Conference to increase communication and collaboration.
Liberation and Healing	Partners expressed the importance of better communication between organization staff, scholars, and parents, and the need to include more youth voices and leadership involvement in program services.	Best Starts established the Parent and Scholar Leadership Team, a decision-making body that influences programming by providing youth and parents with opportunities to have their voices heard at bi-monthly educational gatherings with parents, scholars, and organization leaders.
Positive Family Connections	Partners expressed appreciation for the ability to fund family fun events and requested a way to share resources and connect with one another.	Best Starts established a communication channel where all partners can share resources, ask questions of one another, and post non-Best Starts funding opportunities.
School-Based Screening, Brief Intervention and Referral to Treatment/Services	Partners expressed a need for there to be audio options for the screening tool to be read aloud to students to ensure accessibility.	Best Starts is working on making sure the screening tool is accessible for screen readers and will be rolling out audio options in 22 languages.

Strategy	Partner Feedback Received in 2024	Best Starts' Response to Partner Feedback
School-Based Health Centers	Partners requested that reporting templates be simplified and expressed a desire to focus on quality improvement.	Best Starts shifted reporting templates from Excel to a more user-friendly form in Word, and implemented a learning network to focus on quality improvement.
Stopping the School-to-Prison Pipeline	Organizations reported struggling with youth retention in their programs.	Best Starts provided a training for partners on strategies to increase youth participation and retention.
Transitions to Adulthood	Partners requested support in preparing for 2025 proposal processes in areas including human resources, legal guidance, and fiscal software.	Best Starts connected partners to Capacity Building consultants to help address their organizational needs.
Transitions to Adulthood: School to Work	Partners requested that Best Starts help lead an effort promoting the value of supported employment. Partners expressed a need for additional support in adjusting to the current job market and accessing and using technology.	Best Starts is exploring how best to do this, including an updated media presence and supporting contractors in regional job development.
Youth Development	Partners expressed concerns about transportation access for young people as a barrier for participation in programs.	Best Starts is exploring connecting partners with a Metro Youth Mobility representative to spread the word about free Orca cards for youth 18 and under among other resources.
Investment Area: Youth and Family Homelessness Prevention Initiative		
Youth and Family Homelessness Prevention Initiative	Partners expressed that caseloads could be expanded due to case managers' increased experience in serving clients.	Best Starts has updated caseloads from 15 households to 20 per case manager for 2025-27 contracts.
Investment Area: Communities of Opportunity		

Strategy	Partner Feedback Received in 2024	Best Starts' Response to Partner Feedback
Communities of Opportunity	Partners requested that COO share its unique model of multiyear private and public funding for long-term impact results.	Best Starts presented this model at regional and national conferences and co-hosted a regional forum about community-local government-philanthropic partnerships that aims to be an ongoing collaborating space.
Learning Community	Partners expressed interest in capacity building for innovative programs and projects with fewer systems supports, such as community cooperative ownership of property. They also requested more support in bringing groups together to develop shared strategies, analysis, and tactics.	Best Starts continues to provide community capacity building and learning opportunities that strengthen community-held knowledge, skills and structures, including a series on community cooperative ownership of property. Best Starts created new cohorts to build and strengthen deep cross-organizational partnership and collaboration.
Place-Based and Cultural Community Partnerships	Partners shared the importance of multi-year funding and the need for increased funds. Partners requested additional opportunities to connect on a variety of topics, particularly healing and wellness.	Best Starts guaranteed three years of funding with the potential for two additional years, and program managers have identified and shared resources to support partners beyond Best Starts funding. Best Starts created a community of practice as a space to connect and collaborate.
Systems and Policy Change	Partners requested more opportunities to come together as well as increased access to data and greater support for language access.	Best Starts introduced Policy Learning Circles for partners and subsequently increased frequency in response to partner requests; and continued to provide other resources as available.
Investment Area: Capital Projects		
Capital Projects	Partners requested more clarity on the documents they need to provide when applying for funding and asked for help navigating aspects of development.	Best Starts provided clearer guidance on RFP documents and is providing one-on-one navigation to partners as well as sharing additional, non-Best Starts funding sources.
Investment Area: Technical Assistance and Capacity Building		

Strategy	Partner Feedback Received in 2024	Best Starts' Response to Partner Feedback
Technical Assistance and Capacity Building	Funded partners requested trainings on AI and cyber security, as well as more support and resources on fiscal best practices.	Best Starts offered trainings to funded partners on AI and cyber security and held a training on nonprofit financial best practices in partnership with Veterans, Seniors, and Human Services Levy's Technical Assistance and Capacity Building program in March 2025.

Appendix D: Funded Community Partner List

Best Starts is grateful to all community partners for the compassion, wisdom, and expertise they share with King County communities. Best Starts encourages collaboration and partnership between organizations. While this list reflects the primary agencies that held contracts with Best Starts in 2024, many additional partners collaborate with these organizations and are critical to Best Starts' success.

A 4 Apple Learning Center	ArtsEd Washington
A Supportive Community for All (SCFA)	Asian Counseling and Referral Service
Abubakr Islamic Center of WA	Atlantic Street Center
Adaptive and Inclusive Movement Initiative	Attemla Consulting, LLC
Afghan Health Initiative	AtWork! Washington
African American Leadership Forum	Auburn School District
African Community Housing & Development	Babies of Homelessness
Africatown Community Land Trust	BELONG Partners
After-School All-Stars	Bike Works
After-School All-Stars	BIPOC Apostrophe Foundation
-Federal Way Public Schools	Birth to Three Developmental Center
-Geeking Out Kids of Color	Black Coffee NW Grounded
AidKit, Inc.	Black Star Line African Centered Family Educational Collective
Alex Reulbach	BLKBRY, LLC
Alimentando al Pueblo	Boyer Children's Clinic
alterNative Consulting	Boys & Girls Club of Bellevue
Amara	Boys & Girls Club of Bellevue
AMT Up 3D	-KidsQuest Children's Museum
ANEW - Apprenticeship & Nontraditional Employment for Women	-Wheellab
API Chaya	Boys & Girls Club of King County
Art Vault	Bridges - Seattle Alternative Peer Group
Arts Corps	Bridging Cultural Gaps (BCG)
	BrightSpark Early Learning Services/Child Care Resources

2024 Best Starts for Kids Annual Report
[See also Best Starts for Kids Data Dashboard](#)
Page | 61

Build 2 Lead
 Build 2 Lead P.O.W.E.R. Council
 -Momentum Belonging Group
 -Livia Behavioral Health Services
 -UW Medicine Physicians Clinics
 -Morehouse School of Medicine
 -Leadership Tomorrow
 -Federal Way Public Schools
 Bulle Consulting
 Burien Collaborative
 -Alimentando Al Pueblo
 -BLKBRY, LLC
 -Lake Burien Presbyterian Church
 -Southwest Youth and Family Services
 -YES! Foundation of White Center
 Cardea Services
 Casa Latina
 Cascadia Consulting Group
 Cascade Middle School
 -Neighborhood House
 -Dick Scobee Elementary
 Catholic Community Services
 Celebrating Roots
 Center for Human Services
 Center for Indigenous Midwifery
 Central Washington University- Special Education Technology
 Center for Inclusion and Equity
 Chief Seattle Club
 Cham Refugees Community
 Childhaven

Children's Therapy Center
 ChildStrive
 Chinatown-International District Worker and Organizing Center
 -Massage Parlor Outreach Project
 -Chinatown International District Coalition
 -Puget Sound Sage
 Chinese Information and Service Center
 CHOOSE 180
 City of Mercer Island Youth and Family Services
 City of Shoreline
 -Center for Human Services
 City of Tukwila
 Cloudbreak Collective
 Collaborative Partners Initiative
 Communities In Schools of Greater King County
 Communities of Rooted Brilliance
 Communities of Rooted Brilliance
 -Kent Youth and Family Services
 -YMCA of Greater Seattle
 Communities Rise
 Community Cafe Collaborative
 Community for Youth (CfY)
 Community Network Council
 Comunidad Latina de Vashon
 Congolese Integration Network
 Construyendo Juntos Consulting
 Creative Justice
 Crescent Collaborative
 -Africatown Community Land Trust

- Byrd Barr Place
- Community Roots Housing
- First Hill Improvement Association
- Friends of Little Saigon
- Seattle Chinatown International District Public Development Association

Crux Consulting Consortium

Cultivate South Park

DANCE This Productions

Deconstructing the Mental Health System, Inc

Des Moines Pool Metropolitan Park District

Diaspora Family Healing Network

Dicentra Consulting

Dick Scobee Elementary

Disability Rights Washington

Dispute Resolution Center of King County

Divine Alternatives for Dads Services (DADS)

Dynamic & Innovative Research Solutions

East African Community Services

Educate to Liberate Consulting

El Centro de la Raza

Ella Baker Elementary

Empower Youth Network

Encompass Northwest

ENSO Employment Services

Entre Hermanos

Enumclaw School District

Eritrean Association in Greater Seattle

Fair Work Center

Faith Finance Center

Families of Color Seattle (FOCS)

FamilyWorks

FEEST

Filipino Community of Seattle

Finote Wongel – Path of the Gospel

First Five Years & Beyond

Freedom Project

- Collective Justice

FW Black Collective

Geeking Out Kids of Color

Generosity on the Go

George Zhang

Girl Scouts of Western Washington

Global Perinatal Services

Global to Local

Glover Empower Mentoring

Glover Empower Mentoring

- South Center Mall

- SafeFutures Youth Center

Gwen's Guidance

Hayaan, LLC

HealthPoint

Hearing Speech & Deaf Center

Heart & Hustle Academy

Highline College

Highline Public Schools

[2024 Best Starts for Kids Annual Report](#)

[See also Best Starts for Kids Data Dashboard](#)

Page | 63

Hip Hop Is Green
 Hopestream Community
 Horn of Africa Services
 Horn of Africa Services
 -Oromia Community Center in Washington
 -Somali Community Services of Seattle (SCSS)
 Hummingbird Indigenous Family Services
 Inclusion Island
 Inclusive Data LLC
 Indian American Community Services (IACS)
 Indian American Community Services (IACS)
 -Muslim Community Network Association
 -Eastside for All
 -Housing Development Consortium
 Inspirational Workshops – BRAVE
 Inspire Family Institute
 Institute for Community Leadership
 InterCultural Children & Family Services
 International Rescue Committee Seattle
 Iraqi Community Center of Washington
 Ireta Purhepecha/New Hope Lutheran Church
 JSOL STUDIOS LLC
 Kandelia
 KBTC Public Television at Bates Tech
 Kennedy Catholic High School
 Kent Community Development Collaborative
 -Community Network Council
 -Communities of Rooted Brilliance
 -Mother Africa

 -Communities in Schools of South King County
 Kent School District
 Kent Youth and Family Services
 -Communities of Rooted Brilliance
 -YMCA of Greater Seattle
 Khalsa Gurmat Center
 Khmer Community of Seattle-King County
 Kids & Paper
 KidVantage
 Kinderling
 King County Play Equity Coalition - Seattle Parks Foundation
 King County Sexual Assault Resource Center
 KMIH 889 The Bridge
 Korean Community Service Center
 Kreative Collective, LLC
 Lake Burien Presbyterian Church
 Lambert House
 Launch Learning/Community Day School Association
 LGBTQIA+ South King County Collaborative
 - Entre Hermanos
 - People Of Color Against AIDS Network (POCAAN)

 Listen and Talk
 Living Well Kent
 Look2Justice
 Manos Unidas International
 Martin Luther King Jr. (MLK) Family, Arts, Mentoring, and
 Enrichment (FAME) Community Center (CC)
 Mary's Place

Mente Counseling & Consultation
 Mercer Island School District
 Metropolitan Seattle Sickle Cell Task Force
 Mood In Order
 Mother Africa
 Multimedia Resources and Training Institute (MMRTI)
 -Seattle University
 -Team Read
 -The Greater Seattle Bureau of Fearless Ideas Youth
 Tutoring Program
 Muslim American Youth Foundation
 Muslimahs Against Abuse Center
 NAACP Alaska Oregon Washington State Area Conference
 Navos
 Neighborhood House
 New Americans Alliance for Policy and Research
 -Somali Community Services of Seattle
 -Partners in Employment
 -Iraqi Community Center of Washington
 -Horn of Africa Services
 New Horizons
 NISO Programs
 No Limits Therapeutics Services
 Northshore School District
 Northwest Center
 Northwest Education Access
 Northwest Film Forum
 Northwest School for Deaf and Hard-of-Hearing Children
 Omar Bin Al-Khattab Islamic Center

Open Arms Perinatal Services
 Open Doors for Multicultural Families
 Orion Industries
 Our Hope (formerly Educational for All)
 Pacific Islander Health Board of Washington
 Pamela J. Oakes
 Para Los Niños de Highline
 Partner in Employment
 Partners For Educational Reform and Student Success (PERSS)
 People of Color Against AIDS Network
 Perinatal Support Washington
 Pollock+Partners
 Potlatch Fund
 Praisealujah Discipleship
 Praxis Institute for Early Childhood Education
 Primm ABC Child Care Center
 Pro Se Potential
 Provail
 Puget Sound Educational Service District
 Puget Sound Personnel
 Puget Sound Sage
 QueenCare Products LLC
 Queer Power Alliance (formerly LGBTQ Allyship)
 Rainier Athletes
 Rainier Beach Action Coalition
 Reclaiming Our Greatness
 Refugee Immigrant Community Health Program (R.I.C.H.)
 -Cham Refugees Community

[2024 Best Starts for Kids Annual Report](#)
[See also Best Starts for Kids Data Dashboard](#)

Page | 65

- Omar Bin Al-Khattab Islamic Center
- Somali Cultural Center
- Refugee Women's Alliance (ReWA)
- reimagine collective
- Renton School District
 - Construyendo Juntos
 - Supporting Parents in Education
 - Team Read
 - The Silent Task Force
 - The Urban Food Systems Urban Family
- Resilient in Sustaining Empowerment (RISE)
- Restore Assemble Produce
- RHL Consulting
- Riverton Park United Methodist Church
- Rooted in Vibrant Communities (RVC) Seattle
- Rooted in Vibrant Communities/First Five Years & Beyond
- SafeFutures Youth Center
- SAILS Washington, Inc.
- SAMHA (Student Advocates for Mental Health and Addiction)
- Scholar Fund
- Sea Mar Community Health Center
- Sea Potential
- SeaTac Airport Community Coalition (STACC) for Justice
 - 350 Aviation
 - Beacon Hill Council
 - El Centro de la Raza
 - King County International Airport Community Coalition
 - Quiet Skies Puget Sound
- Seattle CARES Mentoring Movement

- Seattle Housing Authority
 - Multimedia Resources and Training Institute (MMRTI)
 - Seattle University
 - Team Read
 - The Bureau of Fearless Ideas
- Seattle Indian Health Board
- Seattle Neighborhood Group
- Seattle Parks and Recreation
 - STEMS Path Innovation Network
 - Tollo Social Purpose Corporation
- Seattle Parks Foundation
- Seattle Public Schools
- SKCAC Industries & Employment Services
- Skykomish School District
- Snoqualmie Valley Human Services Coalition
 - A Supportive Community for All (SCFA)
 - Acres of Diamonds
 - Empower Youth Network
 - Encompass NW
 - Holy Innocents Food Pantry
 - Helping Hands
 - Hopelink
 - Huntington Learning Center
 - Mt Si Senior Center
 - Mamma's Hands
 - Snoqualmie Valley Food Bank
 - Snoqualmie Valley Shelter Services
 - SnoValley Pride
 - Sno-Valley Senior Center
 - Tolt Congregational

2024 Best Starts for Kids Annual Report
 See also [Best Starts for Kids Data Dashboard](#)

Page | 66

Snoqualmie Valley School District
 UCC Community Connections Program
 Society of St. Vincent de Paul
 Solid Ground
 Somali Childcare Providers Association
 Somali Community Services of Seattle (SCSS)
 Somali Cultural Center
 Somali Health Board
 South End Stories
 South Seattle Women's Health Foundation
 Southeast Youth & Family Services
 Southwest Youth & Family Services
 -Arts Corps
 -Geeking Out Kids of Color
 Speak With Purpose
 Statewide Poverty Action Network
 STEM Paths Innovation Network
 -Community Day School Association (dba LAUNCH)
 -AMT Up 3D
 -Coyote Central
 Stemtac Foundation
 Student & Family Support Program
 Sunrise Services, Inc.
 Super Familia
 Supported Solution, LLC
 Surge Reproductive Justice
 Sustainable Seattle
 Tahoma High School - SAMHA (Student Advocates for Mental
 Health and Addiction) Club

Tahoma School District
 Talitha Consults LLC
 Team Read
 Technology Access Foundation (TAF)
 Teen Link
 The 4C Coalition
 The Arc of King County
 The Breakfast Group
 The Capacity Collective
 The Children's Center at Burke Gilman Gardens
 The Garage, A Teen Cafe
 The Good Foot Arts Collective
 The Imagine Institute
 The Mindful Connections
 The Mockingbird Society
 The People's Institute for Survival and Beyond
 The Silent Task Force
 The South End Ultimate Program
 The Trail Youth
 The Vera Project
 Therapeutic Health Services
 Tilth Alliance
 Together We Heal
 -Freedom Project
 -Collective Justice

 Total Accounting Tax & Payroll LLC
 Trafton International Consulting Group, LLC
 TransFamilies

2024 Best Starts for Kids Annual Report
 See also [Best Starts for Kids Data Dashboard](#)

Page | 67

Trillium Employment Services
Tubman Center for Health & Freedom
Tukwila School District
Ubumwe Women Association
Umoja P.E.A.C.E. Center
Uncommon Bridges (formerly BDS)
United Indians Of All Tribes Foundation
United Communities of Laos
University of Washington
University of Washington - Haring Center
Unleash the Brilliance
Urban ArtWorks
Urban Impact Community Health Center
Urban Native Education Alliance
UTOPIA Washington (United Territories of Pacific Islanders Alliance)
Vadis
Valley Cities Counseling
Vashon Island School District
Vashon Maury Community Food Bank
Vashon Youth & Family Services
Vietnamese Family Autism Advisory Board
Villa Comunitaria
Voices of Tomorrow
WA Therapy Fund Foundation
WA-BLOC
WAPI Community Services

Wasat
Washington Chapter of the American Academy of Pediatrics
Washington Immigrant Solidarity Network
Washington Marshallese Community Association
Washington West African Center
We are Comunidad
We are Victorious Youth
WestEd
WestSide Baby
Wheellab
White Center Community Development Association
White Center Food Bank
White Center Heights Elementary PTA
Whitewater Aquatics Management
Women United
Wonderland Child & Family Services
Woodland Park Zoo (WPZ)
Workathon LLC
Worth a Shot
YES! Foundation
YMCA of Greater Seattle
Young Women Empowered
Your Pretty Perfect LLC
Youth Development Executives of King County
YouthCare
YWCA Seattle King Snohomish

Appendix E: Best Starts for Kids ZIP Code Reporting Data Book

Best Starts' ZIP Code data on participants and expenditures is available in table format in Figures 14, 15, and 16 on pages 70-85. Fiscal data in Figures 15 and 16 do not fully capture how Best Starts for Kids investments benefit residents within each ZIP Code because not all strategies and programs enroll individual participants (such as Evaluation, Capital Projects, and Technical Assistance and Capacity Building), some participants choose not to provide their ZIP Codes, and not all Best Starts investments are attributable or divisible among individual participants or ZIP Codes (such as costs to manage and administer programs, and costs for programs to report performance). In addition, attribution of expenditures based on office location in Figure 16 does not capture mobile or virtual service delivery. For interactive views of Best Starts' ZIP Code data on people served and expenditures, please visit the "Mapping Our Reach" tab of the Best Starts for Kids Data Dashboard.¹¹¹ For data on the reach of Communities of Opportunities investments, please visit the "Changing Systems" tab on the dashboard.

Zip Code Data Table Notes:

- Investment areas that do not enroll individual participants, including Communities of Opportunity, Capital Projects, and Technical Assistance and Capacity Building, are not represented in the Zip Code data book.
- Participant data is expressed as "Fewer than 5" when there are fewer than five participants in a ZIP Code to protect privacy. In ZIP Codes where this suppression applies for one investment area, total numbers of participants across all investment areas are expressed as a narrow range so that the suppressed number cannot be recalculated from the other available data, also to protect privacy.
- Participant counts will not sum to the overall number of people reached by Best Starts because of missing and unknown data. Not all participants choose to provide their ZIP Codes.
- Rounding of expenditures data to the nearest \$1,000 accounts for variations in program models, locations, and services provided over time within each strategy.
- Expenditures by where service participants live, shown in Figure 15, will not sum to the overall Best Starts expenditures because not all strategies enroll individual participants and not all expenditures are on services (such as Evaluation, Capital Projects, and Technical Assistance and Capacity Building), and because County costs to manage and administer programs are not readily attributable or divisible among individual participants or ZIP Codes.
- Expenditures by where office-based services are located, shown in Figure 16, will not sum to the overall Best Starts expenditures because not all strategies provide office-based services and not all expenditures are on services (such as Evaluation, Capital Projects, and Technical Assistance and Capacity Building), and because County costs to manage and administer programs are not readily attributable or divisible among individual participants or ZIP Codes.
- Expenditures by investment area may not add to total expenditures in the ZIP Code due to rounding.

¹¹¹ Best Starts for Kids Data Dashboard. <https://kingcounty.gov/en/dept/dchs/human-social-services/community-funded-initiatives/best-starts-for-kids/dashboard-data-reports>

Figure 14. 2024 Number of Best Starts Participants by Investment Area by ZIP Code

ZIP Code	Child Care	Investing Early	Sustain the Gain	Youth and Family Homelessness Prevention	Total
98001	59	774	394	83	1,307
98002	154	2,740	1,228	164	4,280
98003	245	3,086	407	259	3,991
98004	7	1,216	317	5	1,547
98005	15	964	89	Fewer than 5	1,069 - 1,072
98006	23	945	145	16	1,129
98007	31	2,362	670	19	3,083
98008	9	861	171	5	1,046
98009	0	5	0	0	5
98010	6	231	56	Fewer than 5	294 - 297
98011	12	228	398	11	649
98013	0	Fewer than 5	Fewer than 5	0	2 - 8
98014	0	208	158	0	366
98015	0	Fewer than 5	0	Fewer than 5	2 - 8
98019	Fewer than 5	212	169	0	382 - 385
98022	15	512	136	9	673
98023	90	937	504	134	1,662
98024	0	51	114	Fewer than 5	166 - 169
98025	0	0	Fewer than 5	0	1 - 4
98027	20	971	515	19	1,525
98028	9	821	353	6	1,188
98029	42	451	303	39	832
98030	146	2,554	758	221	3,676
98031	113	9,239	772	147	10,270
98032	146	3,811	653	216	4,822

2024 Best Starts for Kids Annual Report
 See also [Best Starts for Kids Data Dashboard](#)

Page | 70

ZIP Code	Child Care	Investing Early	Sustain the Gain	Youth and Family Homelessness Prevention	Total
98033	16	185	58	21	280
98034	19	620	111	18	768
98035	0	7	Fewer than 5	0	8 - 11
98038	36	330	1,441	29	1,835
98039	0	8	16	0	24
98040	Fewer than 5	250	375	0	626 - 629
98041	0	Fewer than 5	0	0	1 - 4
98042	66	4,344	499	115	5,025
98045	0	381	282	0	663
98047	42	191	164	Fewer than 5	398 - 401
98050	0	0	0	Fewer than 5	1 - 4
98051	Fewer than 5	13	74	0	88 - 91
98052	37	858	160	50	1,105
98053	10	109	63	15	197
98054	0	0	0	0	0
98055	59	471	559	56	1,144
98056	31	1,819	1,946	40	3,835
98057	28	1,004	1,193	45	2,270
98058	80	928	632	125	1,766
98059	35	1,014	168	33	1,249
98062	0	Fewer than 5	Fewer than 5	0	2 - 8
98063	0	12	Fewer than 5	0	13 - 16
98064	0	9	0	0	9
98065	7	267	423	10	707
98068	0	0	0	0	0
98070	13	1,202	887	0	2,102
98071	0	Fewer than 5	0	0	1 - 4

2024 Best Starts for Kids Annual Report
 See also [Best Starts for Kids Data Dashboard](#)

Page | 71

ZIP Code	Child Care	Investing Early	Sustain the Gain	Youth and Family Homelessness Prevention	Total
98072	7	61	233	0	301
98073	0	0	Fewer than 5	0	1 - 4
98074	0	51	37	14	101
98075	Fewer than 5	105	49	0	155 - 158
98077	0	17	175	0	192
98082	0	Fewer than 5	0	0	1 - 4
98083	0	Fewer than 5	0	0	1 - 4
98089	0	Fewer than 5	0	0	1 - 4
98092	45	3,094	1,123	165	4,425
98093	0	9	Fewer than 5	0	10 - 13
98101	6	85	59	7	158
98102	Fewer than 5	78	112	12	203 - 206
98103	19	853	523	6	1,401
98104	6	410	273	22	709
98105	31	260	394	7	691
98106	80	828	373	28	1,311
98107	0	59	193	Fewer than 5	253 - 256
98108	29	1,103	650	25	1,807
98109	13	254	170	14	451
98111	0	Fewer than 5	Fewer than 5	Fewer than 5	3 - 12
98112	0	45	238	5	288
98113	0	Fewer than 5	0	0	1 - 4
98114	0	11	Fewer than 5	0	12 - 15
98115	25	345	1,179	11	1,558
98116	8	91	554	Fewer than 5	654 - 657
98117	Fewer than 5	41	528	0	570 - 573
98118	101	2,844	1,748	129	4,821

2024 Best Starts for Kids Annual Report
See also [Best Starts for Kids Data Dashboard](#)

Page | 72

ZIP Code	Child Care	Investing Early	Sustain the Gain	Youth and Family Homelessness Prevention	Total
98119	9	73	61	Fewer than 5	144 - 147
98121	0	241	718	Fewer than 5	960 - 963
98122	17	1,793	747	22	2,577
98124	0	0	0	0	0
98125	49	886	609	39	1,580
98126	62	399	854	14	1,330
98127	0	0	Fewer than 5	0	1 - 4
98129	0	0	0	0	0
98131	0	Fewer than 5	0	0	1 - 4
98132	0	0	0	0	0
98133	39	612	537	35	1,221
98134	0	Fewer than 5	6	0	7 - 10
98136	0	37	183	0	220
98138	0	Fewer than 5	Fewer than 5	0	2 - 8
98139	0	0	0	0	0
98141	0	0	0	0	0
98144	39	2,269	663	32	3,002
98145	0	0	0	0	0
98146	126	1,335	1,132	42	2,635
98148	33	376	591	33	1,032
98154	0	Fewer than 5	0	0	1 - 4
98155	41	1,343	123	15	1,524
98158	0	Fewer than 5	Fewer than 5	0	2 - 8
98160	0	0	Fewer than 5	0	1 - 4
98161	0	0	0	0	0
98164	0	Fewer than 5	Fewer than 5	0	2 - 8
98165	0	Fewer than 5	Fewer than 5	0	2 - 8

2024 Best Starts for Kids Annual Report
See also [Best Starts for Kids Data Dashboard](#)

Page | 73

ZIP Code	Child Care	Investing Early	Sustain the Gain	Youth and Family Homelessness Prevention	Total
98166	68	753	582	11	1,405
98168	135	1,451	1,267	94	2,946
98170	0	0	0	0	0
98171	0	0	0	0	0
98174	0	0	0	0	0
98175	0	Fewer than 5	0	0	1 - 4
98177	Fewer than 5	36	233	Fewer than 5	271 - 277
98178	75	877	2,419	100	3,470
98181	0	0	0	0	0
98185	0	Fewer than 5	0	0	1 - 4
98188	149	2,667	1,025	150	3,987
98189	0	Fewer than 5	0	0	1 - 4
98190	0	0	0	0	0
98191	0	0	0	0	0
98194	0	0	Fewer than 5	0	1 - 4
98195	0	Fewer than 5	Fewer than 5	0	2 - 8
98198	102	3,593	684	160	4,535
98199	Fewer than 5	34	55	8	98 - 101
98224	0	0	Fewer than 5	0	1 - 4
98288	0	Fewer than 5	Fewer than 5	0	2 - 8
Unknown/missing	97	12,916	3,593	28	16,627

Fiscal data in this table do not fully capture how Best Starts investments benefit residents within each ZIP Code because not all strategies and programs enroll individual participants (such as Evaluation, Capital Projects, and Technical Assistance and Capacity Building), some participants choose not to provide their ZIP Codes, and not all Best Starts investments are attributable or divisible among individual participants or ZIP Codes (such as costs to manage and administer programs, and costs for programs to report performance).

Figure 15. 2024 Expenditures by Best Starts Investment Area by ZIP Code, based on Where Participants Live

ZIP Code	Child Care	Investing Early	Sustain the Gain	Youth and Family Homelessness Prevention	Total
98001	\$602,000	\$421,000	\$317,000	\$136,000	\$1,227,000
98002	\$1,572,000	\$1,490,000	\$989,000	\$268,000	\$4,018,000
98003	\$2,501,000	\$1,679,000	\$328,000	\$423,000	\$3,747,000
98004	\$71,000	\$661,000	\$255,000	\$8,000	\$1,452,000
98005	\$153,000	\$524,000	\$72,000	\$7,000	\$1,005,000
98006	\$235,000	\$514,000	\$117,000	\$26,000	\$1,060,000
98007	\$316,000	\$1,285,000	\$540,000	\$31,000	\$2,894,000
98008	\$92,000	\$468,000	\$138,000	\$8,000	\$982,000
98009	\$0	\$3,000	\$0	\$0	\$5,000
98010	\$61,000	\$126,000	\$45,000	\$5,000	\$278,000
98011	\$122,000	\$124,000	\$321,000	\$18,000	\$609,000
98013	\$0	\$1,000	\$3,000	\$0	\$6,000
98014	\$0	\$113,000	\$127,000	\$0	\$344,000
98015	\$0	Less than \$1,000	\$0	\$2,000	\$2,000
98019	\$20,000	\$115,000	\$136,000	\$0	\$360,000
98022	\$153,000	\$278,000	\$110,000	\$15,000	\$632,000
98023	\$919,000	\$510,000	\$406,000	\$219,000	\$1,560,000
98024	\$0	\$28,000	\$92,000	\$2,000	\$156,000

ZIP Code	Child Care	Investing Early	Sustain the Gain	Youth and Family Homelessness Prevention	Total
98025	\$0	\$0	Less than \$1,000	\$0	Less than \$1,000
98027	\$204,000	\$528,000	\$415,000	\$31,000	\$1,432,000
98028	\$92,000	\$447,000	\$284,000	\$10,000	\$1,115,000
98029	\$429,000	\$245,000	\$244,000	\$64,000	\$781,000
98030	\$1,490,000	\$1,389,000	\$611,000	\$361,000	\$3,451,000
98031	\$1,153,000	\$5,025,000	\$622,000	\$240,000	\$9,641,000
98032	\$1,490,000	\$2,073,000	\$526,000	\$353,000	\$4,527,000
98033	\$163,000	\$101,000	\$47,000	\$34,000	\$263,000
98034	\$194,000	\$337,000	\$89,000	\$29,000	\$721,000
98035	\$0	\$4,000	\$3,000	\$0	\$10,000
98038	\$367,000	\$179,000	\$1,161,000	\$47,000	\$1,723,000
98039	\$0	\$4,000	\$13,000	\$0	\$23,000
98040	\$20,000	\$136,000	\$302,000	\$0	\$589,000
98041	\$0	Less than \$1,000	\$0	\$0	Less than \$1,000
98042	\$674,000	\$2,363,000	\$402,000	\$188,000	\$4,717,000
98045	\$0	\$207,000	\$227,000	\$0	\$622,000
98047	\$429,000	\$104,000	\$132,000	\$5,000	\$376,000
98050	\$0	\$0	\$0	\$5,000	\$3,000
98051	\$31,000	\$7,000	\$60,000	\$0	\$84,000
98052	\$378,000	\$467,000	\$129,000	\$82,000	\$1,037,000
98053	\$102,000	\$59,000	\$51,000	\$25,000	\$185,000
98054	\$0	\$0	\$0	\$0	\$0
98055	\$602,000	\$256,000	\$450,000	\$92,000	\$1,074,000
98056	\$316,000	\$989,000	\$1,567,000	\$65,000	\$3,600,000
98057	\$286,000	\$546,000	\$961,000	\$74,000	\$2,131,000
98058	\$817,000	\$505,000	\$509,000	\$204,000	\$1,658,000
98059	\$357,000	\$552,000	\$135,000	\$54,000	\$1,173,000

2024 Best Starts for Kids Annual Report
See also [Best Starts for Kids Data Dashboard](#)

Page | 76

ZIP Code	Child Care	Investing Early	Sustain the Gain	Youth and Family Homelessness Prevention	Total
98062	\$0	\$1,000	\$2,000	\$0	\$5,000
98063	\$0	\$7,000	\$2,000	\$0	\$14,000
98064	\$0	\$5,000	\$0	\$0	\$8,000
98065	\$71,000	\$145,000	\$341,000	\$16,000	\$664,000
98068	\$0	\$0	\$0	\$0	\$0
98070	\$133,000	\$654,000	\$714,000	\$0	\$1,973,000
98071	\$0	\$2,000	\$0	\$0	\$3,000
98072	\$71,000	\$33,000	\$188,000	\$0	\$283,000
98073	\$0	\$0	Less than \$1,000	\$0	Less than \$1,000
98074	\$0	\$28,000	\$30,000	\$23,000	\$95,000
98075	\$31,000	\$57,000	\$39,000	\$0	\$147,000
98077	\$0	\$9,000	\$141,000	\$0	\$180,000
98082	\$0	\$1,000	\$0	\$0	\$2,000
98083	\$0	\$1,000	\$0	\$0	\$2,000
98089	\$0	\$2,000	\$0	\$0	\$4,000
98092	\$459,000	\$1,683,000	\$905,000	\$270,000	\$4,154,000
98093	\$0	\$5,000	\$2,000	\$0	\$10,000
98101	\$61,000	\$46,000	\$48,000	\$11,000	\$148,000
98102	\$31,000	\$42,000	\$90,000	\$20,000	\$193,000
98103	\$194,000	\$464,000	\$421,000	\$10,000	\$1,315,000
98104	\$61,000	\$223,000	\$220,000	\$36,000	\$666,000
98105	\$316,000	\$141,000	\$317,000	\$11,000	\$649,000
98106	\$817,000	\$450,000	\$300,000	\$46,000	\$1,231,000
98107	\$0	\$32,000	\$155,000	\$5,000	\$239,000
98108	\$296,000	\$600,000	\$524,000	\$41,000	\$1,696,000
98109	\$133,000	\$138,000	\$137,000	\$23,000	\$423,000
98111	\$0	\$2,000	Less than \$1,000	\$2,000	\$5,000

2024 Best Starts for Kids Annual Report
See also [Best Starts for Kids Data Dashboard](#)

Page | 77

ZIP Code	Child Care	Investing Early	Sustain the Gain	Youth and Family Homelessness Prevention	Total
98112	\$0	\$24,000	\$192,000	\$8,000	\$270,000
98113	\$0	\$2,000	\$0	\$0	\$3,000
98114	\$0	\$6,000	\$2,000	\$0	\$12,000
98115	\$255,000	\$188,000	\$950,000	\$18,000	\$1,463,000
98116	\$82,000	\$49,000	\$446,000	\$5,000	\$616,000
98117	\$41,000	\$22,000	\$425,000	\$0	\$538,000
98118	\$1,031,000	\$1,547,000	\$1,408,000	\$211,000	\$4,526,000
98119	\$92,000	\$40,000	\$49,000	\$5,000	\$137,000
98121	\$0	\$131,000	\$578,000	\$5,000	\$902,000
98122	\$174,000	\$975,000	\$602,000	\$36,000	\$2,419,000
98124	\$0	\$0	\$0	\$0	\$0
98125	\$500,000	\$482,000	\$491,000	\$64,000	\$1,483,000
98126	\$633,000	\$217,000	\$688,000	\$23,000	\$1,249,000
98127	\$0	\$0	Less than \$1,000	\$0	Less than \$1,000
98129	\$0	\$0	\$0	\$0	\$0
98131	\$0	Less than \$1,000	\$0	\$0	Less than \$1,000
98132	\$0	\$0	\$0	\$0	\$0
98133	\$398,000	\$333,000	\$433,000	\$57,000	\$1,146,000
98134	\$0	\$2,000	\$5,000	\$0	\$8,000
98136	\$0	\$20,000	\$147,000	\$0	\$207,000
98138	\$0	\$1,000	Less than \$1,000	\$0	\$3,000
98139	\$0	\$0	\$0	\$0	\$0
98141	\$0	\$0	\$0	\$0	\$0
98144	\$398,000	\$1,234,000	\$534,000	\$52,000	\$2,818,000
98145	\$0	\$0	\$0	\$0	\$0
98146	\$1,286,000	\$726,000	\$912,000	\$69,000	\$2,474,000
98148	\$337,000	\$205,000	\$476,000	\$54,000	\$969,000

2024 Best Starts for Kids Annual Report
See also [Best Starts for Kids Data Dashboard](#)

Page | 78

ZIP Code	Child Care	Investing Early	Sustain the Gain	Youth and Family Homelessness Prevention	Total
98154	\$0	Less than \$1,000	\$0	\$0	Less than \$1,000
98155	\$418,000	\$730,000	\$99,000	\$25,000	\$1,431,000
98158	\$0	\$2,000	Less than \$1,000	\$0	\$5,000
98160	\$0	\$0	Less than \$1,000	\$0	Less than \$1,000
98161	\$0	\$0	\$0	\$0	\$0
98164	\$0	Less than \$1,000	Less than \$1,000	\$0	\$2,000
98165	\$0	\$2,000	Less than \$1,000	\$0	\$4,000
98166	\$694,000	\$410,000	\$469,000	\$18,000	\$1,319,000
98168	\$1,378,000	\$789,000	\$1,020,000	\$154,000	\$2,766,000
98170	\$0	\$0	\$0	\$0	\$0
98171	\$0	\$0	\$0	\$0	\$0
98174	\$0	\$0	\$0	\$0	\$0
98175	\$0	\$2,000	\$0	\$0	\$3,000
98177	\$41,000	\$20,000	\$188,000	\$7,000	\$260,000
98178	\$765,000	\$477,000	\$1,948,000	\$163,000	\$3,258,000
98181	\$0	\$0	\$0	\$0	\$0
98185	\$0	\$1,000	\$0	\$0	\$2,000
98188	\$1,521,000	\$1,451,000	\$826,000	\$245,000	\$3,743,000
98189	\$0	Less than \$1,000	\$0	\$0	Less than \$1,000
98190	\$0	\$0	\$0	\$0	\$0
98191	\$0	\$0	\$0	\$0	\$0
98194	\$0	\$0	Less than \$1,000	\$0	Less than \$1,000
98195	\$0	\$2,000	Less than \$1,000	\$0	\$5,000
98198	\$1,041,000	\$1,954,000	\$551,000	\$262,000	\$4,257,000
98199	\$20,000	\$18,000	\$44,000	\$13,000	\$93,000
98224	\$0	\$0	\$2,000	\$0	\$3,000
98288	\$0	Less than \$1,000	\$3,000	\$0	\$5,000

2024 Best Starts for Kids Annual Report
See also [Best Starts for Kids Data Dashboard](#)

Page | 79

ZIP Code	Child Care	Investing Early	Sustain the Gain	Youth and Family Homelessness Prevention	Total
Unknown/missing	\$990,000	\$7,025,000	\$2,894,000	\$46,000	\$15,609,000

Fiscal data in this table do not fully capture how Best Starts investments benefit residents within each ZIP Code because not all strategies and programs enroll individual participants (such as Evaluation, Capital Projects, and Technical Assistance and Capacity Building), some participants choose not to provide their ZIP Codes, and not all Best Starts investments are attributable or divisible among individual participants or ZIP Codes (such as costs to manage and administer programs, and costs for programs to report performance).

Figure 16. 2024 Expenditures by Best Starts Investment Area by ZIP Code, based on Where Office-based Services are Located

ZIP Code	Child Care	Investing Early	Sustain the Gain	Youth and Family Homelessness Prevention	Total
98001	\$874,000	\$226,000	\$446,000	\$0	\$3,014,000
98002	\$989,000	\$902,000	\$765,000	\$136,000	\$3,757,000
98003	\$1,462,000	\$1,579,000	\$1,020,000	\$409,000	\$5,592,000
98004	\$201,000	\$0	\$255,000	\$0	\$786,000
98005	\$143,000	\$226,000	\$191,000	\$0	\$612,000
98006	\$115,000	\$226,000	\$127,000	\$0	\$481,000
98007	\$745,000	\$677,000	\$446,000	\$136,000	\$2,752,000
98008	\$387,000	\$677,000	\$127,000	\$0	\$1,398,000
98009	\$0	\$0	\$0	\$0	\$0
98010	\$14,000	\$451,000	\$64,000	\$0	\$175,000
98011	\$100,000	\$677,000	\$127,000	\$0	\$524,000
98013	\$0	\$0	\$0	\$0	\$0
98014	\$0	\$226,000	\$127,000	\$0	\$131,000
98015	\$0	\$0	\$0	\$0	\$0
98019	\$0	\$0	\$127,000	\$0	\$87,000
98022	\$172,000	\$451,000	\$127,000	\$0	\$699,000
98023	\$917,000	\$677,000	\$510,000	\$0	\$3,276,000
98024	\$0	\$0	\$127,000	\$0	\$87,000
98025	\$0	\$0	\$0	\$0	\$0
98027	\$201,000	\$1,128,000	\$255,000	\$0	\$1,005,000

2024 Best Starts for Kids Annual Report
 See also [Best Starts for Kids Data Dashboard](#)

ZIP Code	Child Care	Investing Early	Sustain the Gain	Youth and Family Homelessness Prevention	Total
98028	\$29,000	\$226,000	\$319,000	\$0	\$349,000
98029	\$72,000	\$226,000	\$127,000	\$136,000	\$393,000
98030	\$1,132,000	\$2,481,000	\$892,000	\$136,000	\$4,587,000
98031	\$1,376,000	\$677,000	\$510,000	\$136,000	\$4,718,000
98032	\$1,361,000	\$2,707,000	\$1,466,000	\$545,000	\$5,854,000
98033	\$43,000	\$0	\$255,000	\$0	\$306,000
98034	\$201,000	\$226,000	\$255,000	\$0	\$830,000
98035	\$0	\$0	\$0	\$0	\$0
98038	\$344,000	\$0	\$255,000	\$0	\$1,223,000
98039	\$0	\$0	\$0	\$0	\$0
98040	\$86,000	\$902,000	\$191,000	\$0	\$568,000
98041	\$0	\$0	\$0	\$0	\$0
98042	\$1,046,000	\$902,000	\$382,000	\$0	\$3,626,000
98045	\$0	\$451,000	\$319,000	\$0	\$306,000
98047	\$201,000	\$0	\$0	\$0	\$612,000
98050	\$0	\$0	\$0	\$0	\$0
98051	\$0	\$0	\$64,000	\$0	\$44,000
98052	\$301,000	\$902,000	\$64,000	\$136,000	\$1,180,000
98053	\$43,000	\$0	\$0	\$0	\$131,000
98054	\$0	\$0	\$0	\$0	\$0
98055	\$788,000	\$451,000	\$637,000	\$0	\$2,927,000
98056	\$272,000	\$1,579,000	\$510,000	\$273,000	\$1,573,000
98057	\$244,000	\$2,933,000	\$574,000	\$136,000	\$1,747,000
98058	\$630,000	\$226,000	\$510,000	\$136,000	\$2,359,000
98059	\$287,000	\$226,000	\$191,000	\$136,000	\$1,092,000
98062	\$0	\$0	\$0	\$0	\$0
98063	\$0	\$0	\$0	\$0	\$0

ZIP Code	Child Care	Investing Early	Sustain the Gain	Youth and Family Homelessness Prevention	Total
98064	\$0	\$0	\$0	\$0	\$0
98065	\$57,000	\$677,000	\$191,000	\$0	\$437,000
98068	\$0	\$0	\$0	\$0	\$0
98070	\$129,000	\$677,000	\$191,000	\$0	\$655,000
98071	\$0	\$0	\$0	\$0	\$0
98072	\$215,000	\$0	\$127,000	\$0	\$743,000
98073	\$0	\$0	\$0	\$0	\$0
98074	\$0	\$0	\$64,000	\$0	\$218,000
98075	\$0	\$0	\$64,000	\$0	\$87,000
98077	\$0	\$0	\$64,000	\$0	\$44,000
98082	\$0	\$0	\$0	\$0	\$0
98083	\$0	\$0	\$0	\$0	\$0
98089	\$0	\$0	\$0	\$0	\$0
98092	\$616,000	\$677,000	\$191,000	\$136,000	\$2,184,000
98093	\$0	\$0	\$0	\$0	\$0
98101	\$100,000	\$0	\$191,000	\$0	\$437,000
98102	\$86,000	\$0	\$255,000	\$0	\$437,000
98103	\$43,000	\$1,354,000	\$574,000	\$136,000	\$830,000
98104	\$287,000	\$677,000	\$765,000	\$136,000	\$1,573,000
98105	\$301,000	\$0	\$64,000	\$0	\$961,000
98106	\$888,000	\$902,000	\$637,000	\$136,000	\$3,364,000
98107	\$0	\$0	\$0	\$0	\$218,000
98108	\$817,000	\$1,354,000	\$1,593,000	\$136,000	\$3,888,000
98109	\$43,000	\$0	\$191,000	\$0	\$262,000
98111	\$0	\$0	\$0	\$0	\$0
98112	\$0	\$0	\$319,000	\$0	\$306,000
98113	\$0	\$0	\$0	\$0	\$44,000

2024 Best Starts for Kids Annual Report
 See also [Best Starts for Kids Data Dashboard](#)

Page | 83

ZIP Code	Child Care	Investing Early	Sustain the Gain	Youth and Family Homelessness Prevention	Total
98114	\$0	\$0	\$0	\$0	\$0
98115	\$272,000	\$226,000	\$574,000	\$0	\$1,267,000
98116	\$0	\$0	\$191,000	\$0	\$131,000
98117	\$0	\$0	\$127,000	\$0	\$131,000
98118	\$1,247,000	\$3,384,000	\$2,167,000	\$136,000	\$5,985,000
98119	\$29,000	\$0	\$64,000	\$0	\$131,000
98121	\$0	\$451,000	\$191,000	\$0	\$218,000
98122	\$115,000	\$2,933,000	\$1,466,000	\$0	\$1,922,000
98124	\$0	\$0	\$0	\$0	\$0
98125	\$344,000	\$0	\$574,000	\$0	\$1,442,000
98126	\$831,000	\$0	\$892,000	\$0	\$3,145,000
98127	\$0	\$0	\$0	\$0	\$0
98129	\$0	\$0	\$0	\$0	\$0
98131	\$0	\$0	\$0	\$0	\$0
98132	\$0	\$0	\$0	\$0	\$0
98133	\$229,000	\$451,000	\$382,000	\$0	\$1,048,000
98134	\$0	\$0	\$255,000	\$0	\$218,000
98136	\$0	\$0	\$0	\$0	\$87,000
98138	\$0	\$0	\$0	\$0	\$0
98139	\$0	\$0	\$0	\$0	\$0
98141	\$0	\$0	\$0	\$0	\$0
98144	\$616,000	\$3,158,000	\$1,721,000	\$409,000	\$3,801,000
98145	\$0	\$0	\$0	\$0	\$0
98146	\$759,000	\$677,000	\$956,000	\$136,000	\$3,145,000
98148	\$931,000	\$902,000	\$255,000	\$0	\$3,189,000
98154	\$0	\$0	\$0	\$0	\$0
98155	\$201,000	\$0	\$255,000	\$0	\$786,000

2024 Best Starts for Kids Annual Report
See also [Best Starts for Kids Data Dashboard](#)

Page | 84

ZIP Code	Child Care	Investing Early	Sustain the Gain	Youth and Family Homelessness Prevention	Total
98158	\$0	\$0	\$0	\$0	\$0
98160	\$0	\$0	\$0	\$0	\$0
98161	\$0	\$0	\$0	\$0	\$0
98164	\$0	\$0	\$0	\$0	\$0
98165	\$0	\$0	\$0	\$0	\$0
98166	\$645,000	\$1,128,000	\$637,000	\$0	\$2,621,000
98168	\$1,791,000	\$1,354,000	\$1,211,000	\$136,000	\$6,597,000
98170	\$0	\$0	\$0	\$0	\$0
98171	\$0	\$0	\$0	\$0	\$0
98174	\$0	\$0	\$0	\$0	\$0
98175	\$0	\$0	\$0	\$0	\$0
98177	\$43,000	\$0	\$127,000	\$0	\$218,000
98178	\$702,000	\$451,000	\$1,020,000	\$0	\$2,927,000
98181	\$0	\$0	\$0	\$0	\$0
98185	\$0	\$0	\$0	\$0	\$0
98188	\$1,748,000	\$1,128,000	\$1,402,000	\$545,000	\$6,684,000
98189	\$0	\$0	\$0	\$0	\$0
98190	\$0	\$0	\$0	\$0	\$0
98191	\$0	\$0	\$0	\$0	\$0
98194	\$0	\$0	\$0	\$0	\$0
98195	\$0	\$451,000	\$64,000	\$0	\$131,000
98198	\$788,000	\$1,354,000	\$574,000	\$273,000	\$3,145,000
98199	\$43,000	\$0	\$0	\$136,000	\$175,000
98224	\$0	\$0	\$0	\$0	\$0
98288	\$0	\$0	\$64,000	\$0	\$44,000
Unknown/missing	\$1,490,000	\$1,128,000	\$892,000	\$273,000	\$4,718,000



King County
Metropolitan King County Council
Regional Policy Committee

STAFF REPORT

Agenda Item:	5	Name:	Sam Porter
Proposed No.:	2025-B0134	Date:	September 10, 2025

SUBJECT

A briefing on the 2024 Mental Illness and Drug Dependency annual report.

SUMMARY

The 2024 Mental Illness and Drug Dependency (MIDD) Annual Report is Attachment A to Proposed Motion 2025-0237, which would accept the report. The requirements for the MIDD annual report are outlined in King County Code 4A.500.309 and include performance measurement statistics, utilization statistics, expenditure status updates, and progress reports on evaluation and implementation. The MIDD Advisory Committee reviewed the 2024 MIDD annual report at their June 5, 2025, meeting.¹ Proposed Motion 2025-0237 is a nonmandatory dual referral to both the Health, Housing, and Human Services Committees and to the Regional Policy Committee.

BACKGROUND

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

King County Authorizes Sales Tax. In 2007, the King County Council adopted Ordinance 15949 authorizing the first MIDD sales tax.² Ordinance 15949 established the expiration date of MIDD 1 as January 1, 2017. Subsequent ordinances established the MIDD Oversight Committee (April 2008)³ and the MIDD implementation Plan and

¹ MIDD Advisory Committee, <https://kingcounty.gov/depts/community-human-services/mental-health-substance-abuse/midd/midd-committees.aspx>

² In 2005, the Washington state legislature authorized counties to implement a one-tenth of one percent sales and use tax to support new or expanded chemical dependency or mental health treatment programs and services and for the operation of new or expanded therapeutic court programs and services.

³ The MIDD Oversight Committee was established in Ordinance 16077 and is an advisory body to the King County Executive and the Council. The purpose of the Oversight Committee is to ensure that the implementation and evaluation of the strategies and programs funded by the tax revenue are transparent, accountable, and collaborative.

MIDD Evaluation Plan (October 2008).⁴ Ordinance 18333 established MIDD 2 as a continuation of the MIDD sales tax established in Ordinance 15949, with an expiration date of January 1, 2026.

King County Council Approved Extension of the MIDD Sales Tax in August 2016.

On August 22, 2016, the King County Council passed Ordinance 18333, extending collections of the MIDD sales tax through 2025. MIDD 2 became effective on January 1, 2017. Ordinance 18333 set forth the following five policy goals for the MIDD:

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

MIDD Renewal. MIDD 2 is set to expire on January 1, 2026. Proposed Ordinance 2025-0212 was transmitted to Council on July 10, 2025 to continue collections for another nine-year term.⁵ The legislation is a nonmandatory dual referral to the Budget and Fiscal Management and to the Regional Policy Committees. The current schedule contemplates final action on the regular course on September 23, 2025, in time for the October 18, 2025 Department of Revenue notification deadline to continue collections without interruption. For more information about the renewal proposal please refer to the staff report for Proposed Ordinance 2025-0212.

ANALYSIS

The 2024 MIDD annual report appears to meet the requirements of K.C.C. 4A.500.309. The services and programs funded by the MIDD are evaluated by staff in King County's Department of Community and Human Services (DCHS) based on data submitted by providers. King County Code 4A.500.309.D.1 requires that the annual summary evaluation report shall include at a minimum the following:

- A. Performance measurement statistics;
- B. Program utilization statistics;
- C. Request for proposal and expenditure status updates;
- D. Progress reports on evaluation implementation;
- E. Geographic distribution of the sales tax expenditures across the county, including collection of residential ZIP Code data for individuals served by the programs and strategies;
- F. Updated performance measure targets for the following year of MIDD initiatives, programs and services;

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

⁵ PO 2025-0212,

<https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=7477276&GUID=C9F88779-E410-4BF9-9D6C-1E5CF80E02DE&Options=Advanced&Search=>

- G. Recommendations on either program changes or process changes, or both, to the funded programs based on the measurement and evaluation data; and
- H. Summary of cumulative calendar year data.

Figure 1 below provides the page numbers for specific sections of the report. Additional information provided through the web-based 2024 MIDD Data Dashboard at this address: <https://kingcounty.gov/en/dept/dchs/human-social-services/community-funded-initiatives/midd-behavioral-health-tax/midd-behavioral-health-sales-tax-dashboard>

Figure 1. 2024 MIDD Annual Report Sections

Section	Page
2024 Results	10
Participants	17
Evaluation and Continuous Improvement	19
Geographic Distribution of Participants	19
Fiscal Information	21

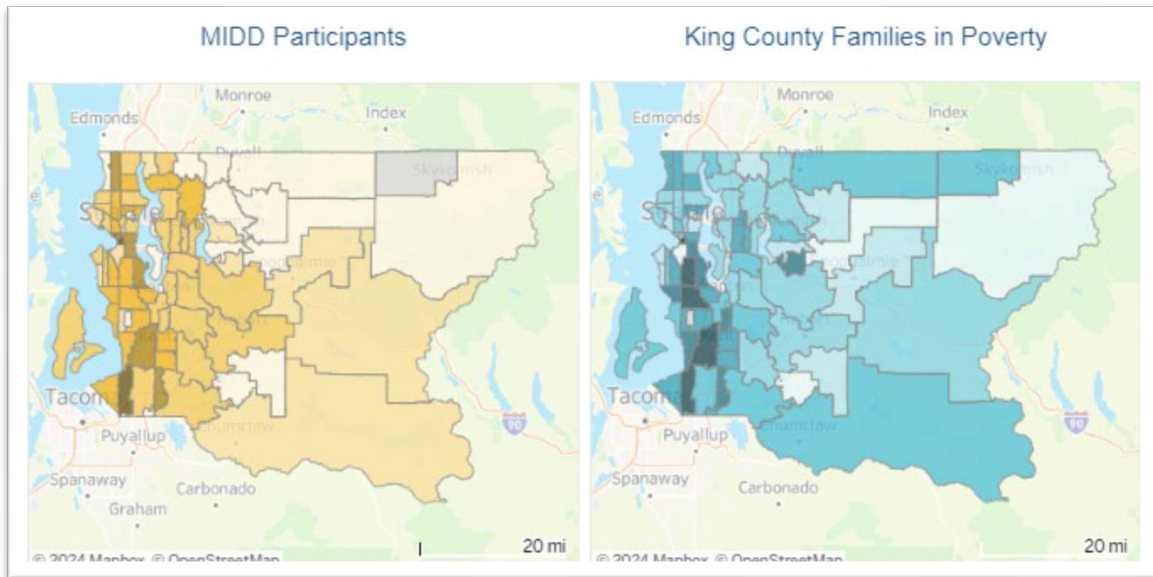
Items of note in the 2024 MIDD annual report:

- In 2024, total MIDD expenditures were approximately \$113.6 million.⁶
- 28,113 people were served by MIDD programs in 2024; approximately 3,700 more than the previous year. Of those, according to the dashboard, 60 percent were adults ages 18-54, 11 percent were youth ages 0 to 17, and 29 percent were age 55 and over.⁷
- Figure 2 provides information about the geographic distribution of people served in 2024
- Figure 3 provides information about additional demographics of those served.

⁶ 2024 MIDD Data Dashboard, accessed August 22, 2025. <https://kingcounty.gov/en/dept/dchs/human-social-services/community-funded-initiatives/midd-behavioral-health-tax/midd-behavioral-health-sales-tax-dashboard>

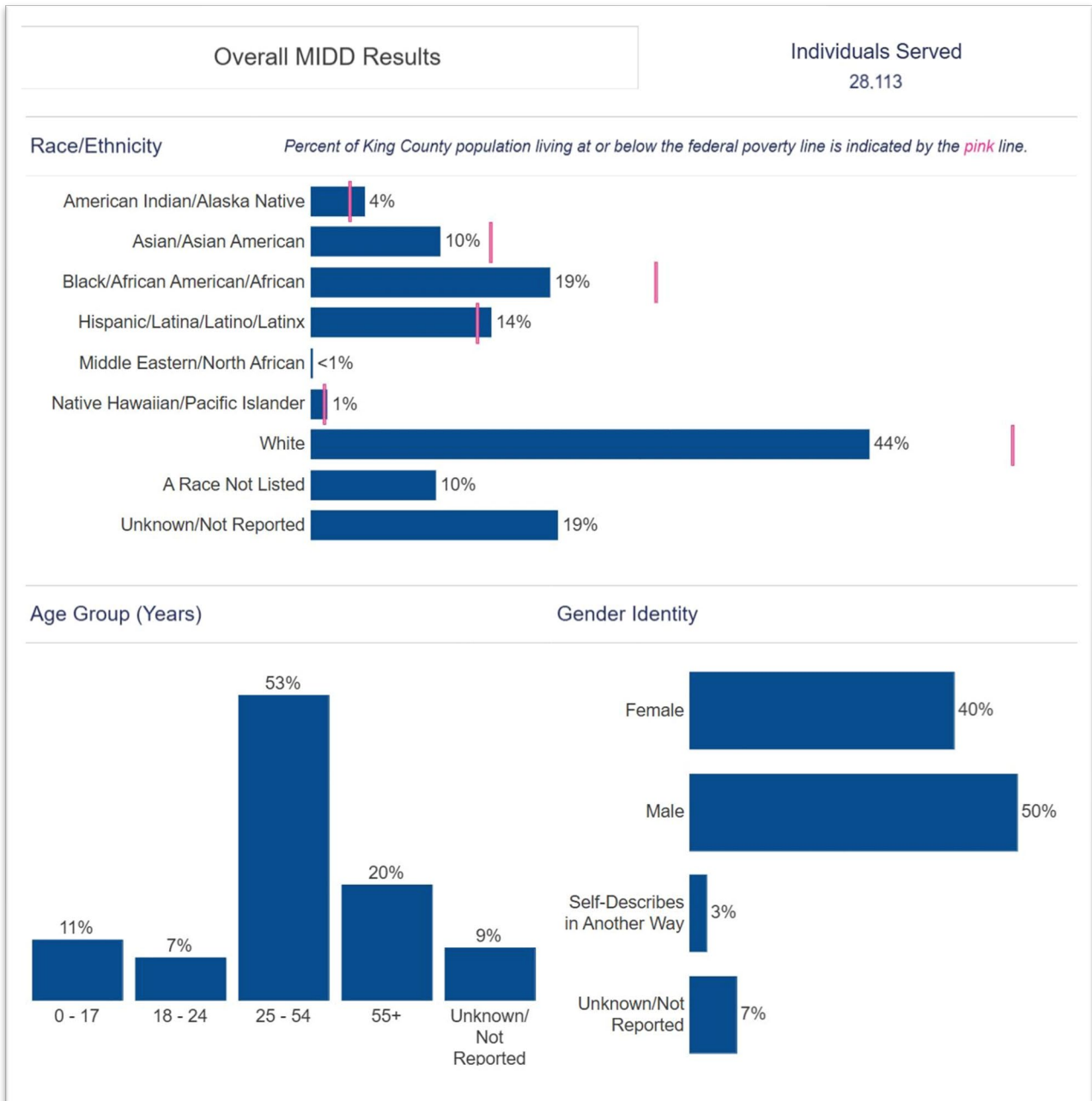
⁷ 2024 MIDD Data Dashboard, "How much do we invest?" accessed August 22, 2025. <https://kingcounty.gov/en/dept/dchs/human-social-services/community-funded-initiatives/midd-behavioral-health-tax/midd-behavioral-health-sales-tax-dashboard>

Figure 2. Geographic Distribution of People Served by MIDD, 2024⁸



⁸ 2024 MIDD Annual Report, page 19

Figure 3. Additional Demographics of People Served by MIDD, 2024⁹



INVITED

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

⁹ 2024 MIDD Data Dashboard, accessed August 22, 2025. <https://kingcounty.gov/en/dept/dchs/human-social-services/community-funded-initiatives/midd-behavioral-health-tax/midd-behavioral-health-sales-tax-dashboard>

ATTACHMENTS:

1. 2024 MIDD Annual Report

2024 MIDD Behavioral Health Sales Tax Fund Annual Summary Report

July 31, 2025



King County

Table of Contents

Executive Summary	3
Background	6
Report Requirements	10
A. MIDD Implementation and Results in 2024	10
B. MIDD Participants.....	17
C. Evaluation and Continuous Improvement	19
D. 2024 Procurement Update	21
E. MIDD Fiscal Information.....	21
F. MIDD Dashboard	23
G. Conclusion/Next Actions	23
Appendix A: Reporting Elements Table and MIDD Online Reporting Guide	25
Appendix B: MIDD Investments in 2024.....	27

Executive Summary

Background

The 0.1 percent behavioral health sales tax, known in King County as MIDD (also referred to as the Mental Illness and Drug Dependency fund), is a unique local funding source authorized under RCW 82.14.460 and KCC 400.5A.300 that improves access to mental health and substance use treatment, recovery and prevention services.^{1, 2} The King County Department of Community and Human Services' (DCHS) Behavioral Health and Recovery Division (BHRD) manages King County's MIDD.³

King County's behavioral health sales tax investments have long served to augment years of underinvestment in behavioral health care and treatment at the state and federal level, and support community behavioral health providers. These local resources have allowed King County to respond to changing community needs across the behavioral health continuum.

In 2024, MIDD served 28,113 people, supported 181 community behavioral health providers, and increased access to health stability, recovery, and connection with community care. These are critical contributions to King County's efforts to address the region's behavioral health needs and challenges, demonstrating the importance of locally-driven investments at a time of uncertainty for state and federal funding.

MIDD invests in behavioral health services that cannot be billed to Medicaid and services for people who are ineligible for Medicaid. Unlike Medicaid and many other funding sources, MIDD is not limited by restrictions on the specific populations it can serve or the types of behavioral health services it can provide. In 2023 and 2024, more than 6,000 people who were ineligible for Medicaid received behavioral health care through MIDD. This makes it a powerful tool in service of DCHS' goal of providing equitable opportunities for people to be healthy, happy, and connected to community.

As the region's behavioral health needs evolve, MIDD remains an indispensable resource in creating a healthier and more equitable King County. MIDD focuses on prevention and early intervention, crisis diversion, recovery and reentry, system improvement, and therapeutic courts. Since MIDD was last renewed in 2016, the most pressing behavioral health needs have shifted, including the rise of synthetic opioids like fentanyl and associated overdoses, a youth mental health crisis exacerbated by the COVID-19 pandemic, and the continued erosion of the behavioral health workforce. In 2024, MIDD investments expanded services to address gaps in care and complement the rest of the community behavioral health treatment and crisis response system King County administers. As a result, MIDD participants in relevant initiatives experience fewer engagements with crisis programs, emergency department visits, bookings into jail and involuntary psychiatric hospitalizations, demonstrating the transformative power of sustained local investments.

Report Requirements

This annual summary report satisfies all reporting requirements called for by KCC 4A.500.309.D.⁴ It also includes links to the online [MIDD Dashboard \(https://kingcounty.gov/MIDDdashboard\)](https://kingcounty.gov/MIDDdashboard) which provides an in-depth review of MIDD 2024 accomplishments.

¹ RCW 82.14.460, 2005. [\[LINK\]](#)

² King County Ordinance 18407, November 2016. [\[LINK\]](#)

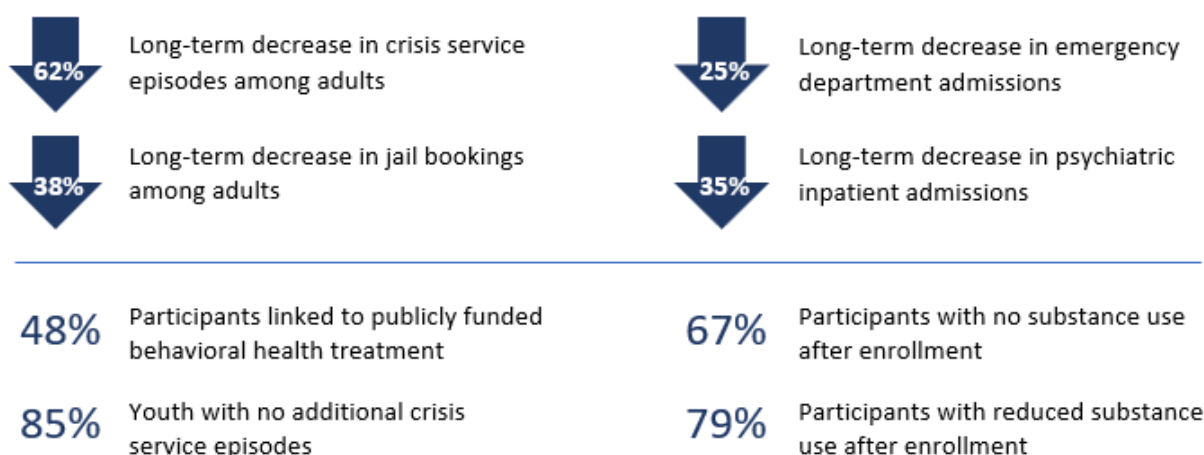
³ Behavioral health is a term that encompasses both mental health and substance use conditions.

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

MIDD Implementation and Results in 2024

MIDD investments across a wide array of initiatives contribute toward King County’s vision of ensuring effective, equitable, and accessible behavioral health care. These investments serve to augment years of underinvestment in behavioral health care and treatment at the state and federal level, bolstering community behavioral health providers. In 2024, MIDD served 28,113 people across 54 initiatives through 181 provider and community partners, an increase of 15 percent over the 24,342 reported in 2023.⁵ The figure below displays key short- and long-term outcomes (measured in 2024) among MIDD participants. For many outcomes, measurement year 2024 represents the year following MIDD program enrollment; for long-term outcomes, however, measurement year 2024 represents the third year following MIDD program enrollment.⁶ Of those served by MIDD programs, individuals showed increased access to mental health and substance use care, fewer trips to jail or hospitals, and more connections to treatment and services in their communities.

Key MIDD Outcomes in 2024



MIDD investments in 2024 were guided by the MIDD 2 Implementation Plan and responded to emerging community needs to the degree possible through currently funded initiatives. Key areas of focus featured in this report included:

- Reducing barriers and increasing equitable access to care;
- Improving transitions between care settings to keep people engaged in treatment and services;
- Addressing opioid use disorder and overdose, reducing barriers to lifesaving medications for opioid use, and increasing mobile care responses;
- Increasing youth access to behavioral health treatment, and
- Growing and sustaining a diverse behavioral health workforce.

As required by Ordinance 19546, Section 71, Proviso P1, this report also highlights and evaluates the grant-based art therapy pilot project funded by Ordinance 19546, Section 71, Expenditure Restriction ER1.⁷

⁵ MIDD Dashboard. [\[LINK\]](#)

⁶ Participant outcome measures summarized in this report apply to MIDD initiatives that identify the measure as an intended outcome. Here, and throughout this report, “long-term” changes refer to the third year following baseline measurement.

⁷ King County Ordinance 19546, Section 71, Expenditure Restriction ER1 and Proviso P1. [\[LINK\]](#)

MIDD Participants

While MIDD served residents across all of King County in 2024, service recipients were more often concentrated in ZIP codes with a higher percentage of families living below the poverty line, aligning with MIDD's goal to serve those most in need. While certain populations of MIDD participants are overrepresented when compared to the general population of King County, these same populations are underrepresented as compared to King County's low-income population. Half of people served by MIDD initiatives identify as male, and more than half (53 percent) of people served by MIDD initiatives are between 25 and 54 years old.⁸

Evaluation and Continuous Improvement

The MIDD evaluation aligns with the five policy goals described in KCC 4A.500.309, and each MIDD initiative links to one or more of these goals for the purposes of performance measurement and evaluation. Beyond linkage to one or more policy goals, the County also evaluates each MIDD initiative using more proximal measures that reflect specific program activities and their impact. Thus, this evaluation framework recognizes the unique, direct impact each initiative has on participants receiving services, as well as the collective impact MIDD programming has across multiple initiatives and participants, for example the combined impact of more than 20 initiatives on overall jail bookings across thousands of MIDD participants.

In 2024, MIDD used program data to identify trends in participants' needs and barriers to services and, subsequently, made improvements to program implementation guided by this data. Continuous improvement efforts included strategies to better integrate equity and social justice more fully into contract management, address disproportional access to services, expand models of service provision, incorporate new treatment approaches, and build a workforce that reflects the diversity of MIDD participants.

In 2024, 25 of the 45 MIDD initiatives with established targets exceeded target numbers, and an additional seven were within 20 percent of reaching their set target.⁹

2024 Procurement Update

BHRD partners with community-based organizations to deliver services. BHRD released four MIDD-funded procurements in 2024. These procurements resulted in contracts for capital investments in permanent supportive housing buildings, capital improvements in behavioral health facilities, crisis services for people experiencing behavioral health crises, and health-related service provision for individuals experiencing homelessness.

⁸ Demographic information is not available for MIDD initiatives that only collect aggregate data. Further, some race and ethnicity categories are underrepresented due to the availability of "multiracial" as a response option for some programs.

⁹ Targets are established after an initiative has completed its baseline implementation through a collaborative process with provider agencies and King County staff. Some MIDD initiatives, for example Systems Improvement initiatives, vary in scope year-over-year and do not have target numbers of individuals served.

MIDD Fiscal Information

MIDD revenue projections were volatile during the 2023-2024 biennium, resulting in unique challenges in budgeting and financial management.

The response to the COVID-19 pandemic brought unanticipated funding to the region, available on a one-time basis. These new funds alongside volatile MIDD revenues and strained community-based capacity to accept these funds due to workforce shortages resulted in \$25 million (or 12 percent) in revenues being transferred from the 2021-22 biennium to MIDD's expenditure authority for the 2023-24 biennium. This included more than \$15 million to support one-time behavioral health facility capital investments.

For the 2023-2024 biennium, MIDD expended \$198.6 million of its budgeted \$234.3 million, or 85 percent of planned expenditures. This 2023-24 biennial spending total of \$198.6 million is slightly higher than the amount of revenue collected under the MIDD tax during that same period.

While current MIDD funding obligations could outpace projected revenues in future years, the renewal of MIDD and development of a new Implementation Plan present an opportunity to realign programming and planned expenditures to anticipated revenue.

Conclusion and Next Actions

The behavioral health needs of King County's communities continue to evolve, and MIDD continues to adapt its response to the extent possible under the MIDD 2 Implementation Plan. To ensure equitable access to necessary health care and responsiveness to critical system priorities, MIDD investments should prioritize the region's biggest behavioral health challenges as they change over time. To address longstanding inequities in behavioral health risks and outcomes, local investments must be coordinated to complement and amplify federal and state funding, and work toward the accessible and effective care that King County residents need.

With the current implementation of MIDD scheduled to end in 2025, the Executive is preparing a proposal for the sales tax's renewal at the time of this report's drafting. In addition, DCHS is engaging with community experts to inform development of plans for the future of behavioral health sales tax-funded programming.

Background

The behavioral health sales tax (known as MIDD) is a unique local funding source that improves access to behavioral health care for individuals and communities in King County through a countywide 0.1 percent sales tax authorized under RCW 82.14.460 and KCC 400.5A.300.^{10, 11} King County's MIDD supports work on crisis diversion, screening and referral services, and treatment for substance use and mental health conditions. MIDD is managed and operated by the King County Department of Community and Human Services (DCHS) Behavioral Health and Recovery Division (BHRD).

Since 2008, MIDD investments have supported initiatives to address mental health and substance use conditions for King County residents, especially for people most affected by inequities related to race,

¹⁰ RCW 82.14.460, 2005. [\[LINK\]](#)

¹¹ King County Ordinance 18407, November 2016. [\[LINK\]](#)

income, and access to healthcare. Collectively, MIDD initiatives improve participants' quality of life and help them thrive in recovery by supporting programs and services that support MIDD's strategy areas and policy goals. As the needs of King County communities evolve, the behavioral health sales tax remains a critical resource to invest in sustainable and modern services to better support people in need of behavioral health care.

MIDD Policy Goals

MIDD-funded programs in 2024 were designed to achieve five policy goals, as directed by KCC 4A.500.309.A.¹²

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

MIDD Strategy Areas

MIDD-funded programs and services in 2024 were delivered across five strategy areas to support a countywide continuum of care, with goals of supporting recovery and care in community, and a focus on prevention and reducing disparities.¹³

- **Prevention and Early Intervention** initiatives ensure that people get the support they need to stay healthy and prevent their behavioral health concerns from escalating.
- **Crisis Diversion** initiatives work to ensure that people in crisis get the help they need to avoid hospitalization or incarceration.
- **Recovery and Reentry** initiatives help people become healthy and reintegrate into the community safely after an episode of treatment or incarceration.
- **System Improvement** initiatives strengthen access to the behavioral health system and equip providers to deliver on outcomes more effectively.
- **Therapeutic Courts** offer people experiencing behavioral health conditions an alternative to traditional criminal legal system proceedings, support them in achieving stability, and avoid further legal system involvement.

Department Overview

King County's Department of Community and Human Services (DCHS) provides equitable opportunities for residents to be healthy, happy, and connected to community. DCHS envisions a welcoming community that is racially just, where the field of human services exists to undo and mitigate unjust structures that historically and currently allocate benefit and burden in ways that favor some people and disfavor others. The Department, along with a network of community providers and partners, plays a leading role in creating and coordinating the region's human services infrastructure. DCHS stewards the revenue from the Veterans, Seniors, and Human Services Levy (VSHSL), Best Starts for Kids (Best Starts) Levy, MIDD, the Crisis Care Centers (CCC) Levy, the Health Through Housing initiative, and the Puget

¹² King County Code 4A.500.309.A. [\[LINK\]](#)

¹³ MIDD 2 Implementation Plan, 2017. [\[LINK\]](#)

Sound Taxpayer Accountability Account (PSTAA), along with other local, state and federally-directed revenues.^{14, 15, 16, 17, 18}

The Behavioral Health and Recovery Division (BHRD), within DCHS, brings behavioral health services and treatment to people in crisis and low-income King County residents, including people enrolled in Medicaid. BHRD serves over 60,000 people annually, including those served by MIDD.¹⁹ It invests in more than 100 community behavioral health agencies, with services ranging from outpatient mental health and substance use disorder (SUD) treatment, detoxification (withdrawal management) services, specialty team-based care, residential treatment, medication for opioid use disorders (MOUD), inpatient care, crisis services, mobile crisis response, and involuntary commitment-related services and supports. BHRD seeks to make health services available that meet people where they are and serve the whole person by integrating behavioral health, social services, and medical care to meet an individual's needs.

Key Current Conditions

Over the past 18 years, King County's behavioral health sales tax investments have helped fill critical gaps and expanded services. Where possible within the MIDD 2 Implementation Plan, the flexibility of these local resources has allowed the County to adapt to changing community needs and has been essential to strengthening the region's response to these needs. However, since MIDD was last renewed in 2016, the most pressing behavioral health needs have shifted, including the rise of synthetic opioids like fentanyl and associated overdoses, a youth mental health crisis exacerbated by the COVID-19 pandemic, and the continued erosion of the behavioral health workforce. Within available resources, in 2024, MIDD investments have expanded services to address gaps and complement the community behavioral health treatment and crisis response system King County administers.

The fentanyl crisis has exacerbated substance use disorders across the county, requiring an agile response. A recent analysis of service utilization among more than 1,000 people who died from overdose in King County found that a significant number of these individuals had engaged with a variety of public services in King County (jails, emergency departments, homeless services, and other behavioral health care) in the year before their death. However, fewer than half had been receiving publicly funded SUD services, which may have reduced their risk of overdose and death.²⁰ MIDD funding has been essential to expanding access to life-saving naloxone, distributing MOUD through low-barrier programs, and deploying mobile response teams to connect individuals to recovery services. These investments have saved lives and reduced overdoses, highlighting the necessity of local funding in addressing this urgent situation.²¹

There continues to be a need to increase investments in the behavioral health workforce in King County, as the mental health crisis leads to increased levels of unmet behavioral health need in this region and

¹⁴ Veterans, Seniors, and Human Services Levy. [\[LINK\]](#)

¹⁵ Best Starts for Kids Levy. [\[LINK\]](#)

¹⁶ Health Through Housing sales tax. [\[LINK\]](#)

¹⁷ Puget Sound Taxpayer Accountability Account. [\[LINK\]](#)

¹⁸ Crisis Care Centers Levy. [\[LINK\]](#)

¹⁹ DCHS Dashboard: Explore the Data. [\[LINK\]](#)

²⁰ DCHS Data Insights Series: Integrating Data to Better Understand Fatal Overdoses and Service System Engagement. King County Department of Community and Human Services, Performance Measurement and Evaluation Unit, 2022. [\[LINK\]](#)

²¹ Public Health-Seattle & King County, King County Fatal Overdose Dashboard, May 2025. [\[LINK\]](#)

nationally.²² To begin to address this need, MIDD allocated \$2.4 million to strengthen the workforce and contribute to the professional development of members of the King County Integrated Care Network (KCICN). The complexity of this large-scale investment resulted in an underspent budget in 2024, with plans for full implementation in 2025.

Additionally, youth in King County are facing mounting behavioral health needs. Approximately one in three children, youth, and young adults enrolled in Washington State's Apple Health program who needed mental health services did not receive them, and approximately three in four who needed substance use disorder services did not receive them.²³ MIDD funds several youth-focused initiatives, including school-based interventions, peer supports, and youth-focused crisis stabilization services, which provide early intervention services and respond when mental health challenges escalate.

MIDD investments are vital for individuals not eligible for Medicaid, particularly in rural areas and for Black, Indigenous and people of color (BIPOC) communities. Unlike Medicaid and many other funding sources, MIDD is not limited by federal or state restrictions on the specific populations it can serve or the types of behavioral health services it can provide. In 2023 and 2024, more than 6,000 people who were ineligible for Medicaid received behavioral health care through MIDD. By expanding outreach, culturally tailored programming, and equitable access to care, MIDD programs aim to address inequities in behavioral health outcomes and decrease stigma across King County communities.

MIDD's Legislative Context

King County implements the MIDD sales tax consistent with state and local legislation.

- **2005:** Washington State Legislature approved RCW 82.14.460, authorizing local governments to collect a 0.1 percent sales tax to support chemical dependency, mental health treatment services, or therapeutic courts.
- **2006:** King County Council began exploring the possibility of utilizing a local sales tax option in response to shrinking County general fund collections due to the passage of Initiative 747 in 2001, lower state investments in community-based behavioral health services, and corresponding escalation in the use of jails and hospitals for people living with behavioral health conditions.²⁴
- **2007:** After significant work in partnership with communities, the King County Council and Executive authorized a 0.1 percent sales tax, with collection to occur between 2008 and 2016.
- **2016:** King County Council voted unanimously to extend sales tax collection for behavioral health through 2025, and to update MIDD's policy goals.²⁵
- **2017:** The King County Council approved the MIDD 2 Implementation Plan to guide MIDD programs and services through 2025.²⁶
- **2025:** The current MIDD behavioral health sales tax is scheduled to expire at the end of 2025, unless extended before October 18, 2025.²⁷

²² Centers for Disease Control, Protecting the Nation's Mental Health, August 2024. [\[LINK\]](#)

²³ Washington State Health Care Authority Report to the Legislature, Access to behavioral health services for children, youth, and young adults, December 2023. [\[LINK\]](#)

²⁴ RCW 82.14.460. [\[LINK\]](#)

²⁵ Ordinance 18333. [\[LINK\]](#) Ordinance 18407. [\[LINK\]](#)

²⁶ Motion 15093. [\[LINK\]](#)

²⁷ RCW 82.14.055. [\[LINK\]](#)

Report Methodology

DCHS staff assembled this report with input from MIDD-funded community-based partners, County program managers for MIDD-funded programs, and the MIDD Advisory Committee. Data for this report are sourced from publicly funded behavioral health databases, provider data submissions, and records obtained through data sharing agreements with local institutions including emergency departments, correctional facilities, and psychiatric inpatient hospitals. More information on the data sources used in this report is available in the [MIDD Dashboard](#).

Report Requirements

This annual report summarizes the activities of the MIDD Behavioral Health Sales Tax Fund for 2024 and fulfills the reporting requirements of KCC 4A.500.309.D.²⁸ This annual summary report also includes links to the online [MIDD Dashboard](#), which provides a more in-depth review of MIDD 2024 accomplishments and other outcomes.

Additional Information Available in the MIDD Dashboard

Significant additional information about MIDD initiatives is online in the [MIDD Dashboard](#) available at <https://kingcounty.gov/MIDDdashboard>. For example, the dashboard includes:

- additional data specific to each MIDD initiative,
- additional context and discussion of initiative activities and performance in 2024,
- customizable views of MIDD data,
- greater background on participant demographics,
- more information about how MIDD and its partners are working to support the behavioral health of residents.

A. MIDD Implementation and Results in 2024

MIDD-funded programs demonstrate the clear value and importance of local funds to address community behavioral health needs. In 2024, MIDD served 28,113 people across 54 initiatives through 181 provider and community partners, a 15 percent increase over 24,342 participants served in 2023.²⁹ The increase was driven by improved client level data reporting by community grant programs, as well as more staffing capacity and service utilization in several initiatives. Individuals served had increased access to mental health and substance use care, fewer jail or hospital stays, and reduced legal system contact for youth and adults.

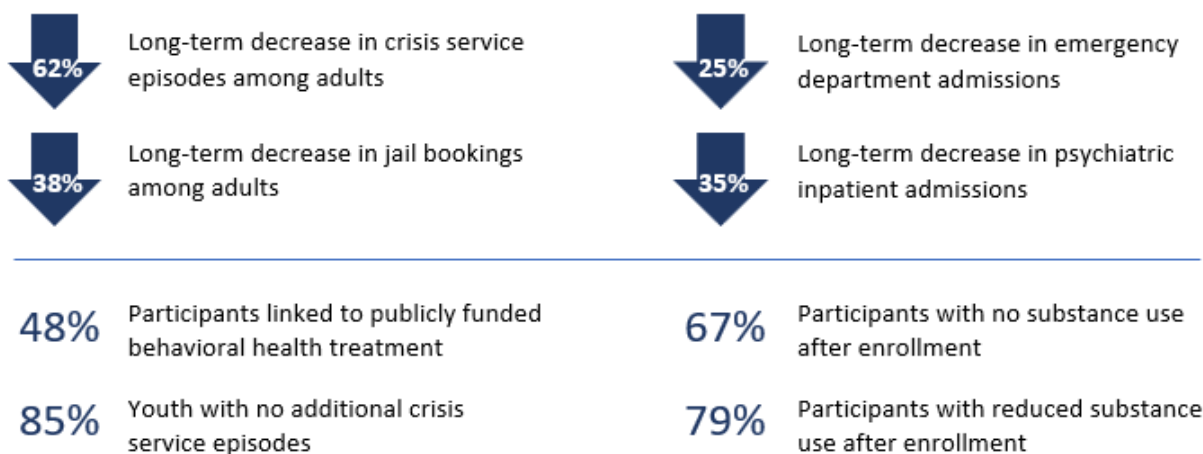
²⁸ King County Code 4A.500.309.D. [\[LINK\]](#)

²⁹ MIDD Dashboard. [\[LINK\]](#)

Key MIDD Data Points 2024



Key MIDD Outcomes in 2024³⁰



Visit [MIDD's Interactive Data Dashboard](#) to fully explore MIDD's results, including outcomes for individual MIDD programs.

Key Areas of Focus

MIDD investments in 2024 were guided by the MIDD 2 Implementation Plan and responded to emerging community needs to the degree possible within currently funded initiatives. Key areas of focus featured in this report included:³¹

- Reducing barriers and increasing equitable access to care;
- Improving transitions between care settings to keep people engaged in treatment and services;
- Addressing opioid use disorder and overdose, reducing barriers to lifesaving medications for opioid use, and increasing mobile care responses;
- Increasing youth access to behavioral health treatment, and
- Growing and sustaining a diverse behavioral health workforce.

³⁰ Participant outcome measures summarized in this report apply to MIDD initiatives that identify the measure as an intended outcome. Here, and throughout this report, "long-term" changes refer to the third year following baseline measurement.

³¹ Evolving behavioral health needs in King County, especially since the COVID-19 pandemic, are discussed further in the Background section of this report.

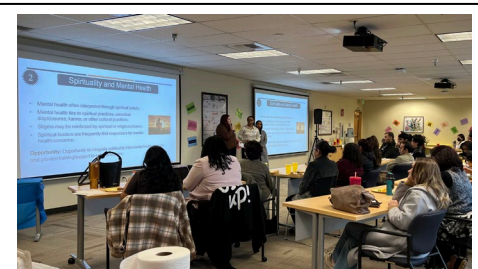
To effectively address the current conditions, and consistent with the County's enacted 2023-24 budget, BHRD adapted some MIDD initiatives, restored others, and launched new programming in 2024. This approach sought to focus MIDD funding to prioritize the highest needs within the constraints of the MIDD 2 Implementation Plan.

In 2024, MIDD was pivotal to King County's efforts to meet the region's growing and evolving behavioral health challenges, providing direct service to 28,113 residents. This highest-ever number of MIDD participants reflected increased staffing capacity in some initiatives and improved data collection practices of several community-based providers. As detailed below, MIDD's efforts to reduce barriers to care, improve transitions of care, respond to the opioid crisis, target interventions to address substance use disorder, expand youth services, and cultivate a sustainable workforce underscores the critical importance of continued local sales tax funding.

Reducing Barriers and Increasing Equitable Access to Care

Equitable access to behavioral health services is vital so that all residents can achieve wellness, regardless of barriers they may face. King County continued to take action through MIDD investments in 2024 to respond to community needs by improving care access:

- Under **PRI-11: Community-Based Behavioral Health Treatment**, more than 3,400 people received outpatient care, many of whom are immigrants or refugees who were not eligible for Medicaid. Increasing access to treatment through this initiative contributed to long-term reductions in emergency department visits (29 percent decrease) and psychiatric inpatient hospitalizations (61 percent decrease) among participants. Additionally, this initiative funded Community-Based Therapeutic Intervention & Capacity Building, which seeks to reach culturally focused and rural communities often underserved by Medicaid-funded programming and reached more than 1,700 individuals. This program was complemented by community events that collectively impacted thousands.
- Through **SI-03: Quality Coordinated Outpatient Care** 13,850 individuals received outreach and assistance to reconnect individuals to outpatient behavioral health services.
- **RR-01: Behavioral Health in Housing Supports** demonstrated the value of integrated care in supportive housing environments. This program served more than 1,400 individuals, with more than half connecting to behavioral health treatment. This contributed to long-term reductions in jail bookings (64 percent decrease), emergency department visits (57 percent decrease), and crisis service episodes (51 percent decrease).
- In 2024, MIDD programs sought out insights from community listening sessions to better understand gaps in service and inform improvements. These sessions revealed key lessons that can shape initiatives targeting historically underserved populations. **SI-01: Community Driven Behavioral Health Grants** completed the Be Heard Listening Session project in partnership with 14 culturally centered community organizations that held listening sessions and conducted interviews about mental health within their communities. Together, partners completed 106 listening sessions and interviewed 543 individuals. Ten key themes emerged, including the



Presentation of findings from the Be Heard Listening Sessions: Community Voices on Mental Health and Wellness, funded through SI-01: Community Driven Behavioral Health Grants. Photo source: King County

importance of understanding the cultural context when considering how best to deliver responsive services, a strong desire by community participants for inter-generational healing, and the need for more culturally responsive programming and education led by the communities themselves. This initiative also provided grants to nine organizations that enhanced engagement by providing culturally relevant services, including healing circles, talking circles, and yoga. Additionally, programs like the Korean Mental Health Support Line and the Eritrean Association of Greater Seattle's community outreach efforts expanded mental health resources and increased culturally responsive services throughout King County.

- **SI-02 Behavioral Health Services and Rural King County and PRI-11 Community Based Therapeutic Intervention and Capacity Building** funded behavioral health vans, multilingual telehealth platforms, and culturally tailored interventions to further break down barriers.

Improving Transitions Between Care Settings to Keep People Engaged in Treatment and Services

MIDD programming that focuses on improving transitions of care has been crucial in addressing the risk of individuals from losing contact with services and supports as they navigate complex systems. By fostering partnerships and implementing innovative programs, MIDD has improved continuity of care for vulnerable residents:

- **RR-11A: Peer Bridgers** had one of the highest rates of linkage to publicly funded behavioral health treatment among MIDD initiatives, connecting more than two-thirds of its participants to critical services. By facilitating these connections to care, this initiative contributed to long-term reductions in emergency department visits (48 percent decrease) and psychiatric inpatient hospitalizations (70 percent decrease) among participants.
- **RR-04: Oxford House** achieved substantial reductions in jail and emergency department utilization, with nearly three-quarters of participants reporting reduced substance use and two-thirds reporting abstinence.
- **CD-14: Involuntary Treatment Triage** reduced reliance on designated crisis responders for involuntary commitment assessments and reduced participants' emergency department visits by 52 percent over the long-term.
- **RR-08: Hospital Re-Entry Respite Beds** maintained a 96 percent occupancy rate, and successfully referred over 90 percent of its 370 participants to needed services.



Staff with RR-08 Hospital Re-Entry Respite Beds coordinate follow-up for patients exiting the hospital.

Photo source: Public Health - Seattle & King County

- **CD-06: Crisis Diversion Services** transitioned the Mobile Crisis Teams to a new and expanded model, called Mobile Rapid Response Crisis Teams (MRRCT), which launched in 2024.³² By year's end, in partnership with state and local (CCC Levy) resources, 27 Mobile Crisis Teams were fully staffed by mental health professionals and individuals with lived experience. Teams conducted 2,576 outreaches to calm and stabilize people experiencing a behavioral health crisis and connect them with immediate and after-care supports. This initiative contributed to long-term reductions in jail bookings (30 percent decrease) and crisis service episodes (64 percent decrease) among participants. MIDD funding covers operational costs across this crisis diversion strategy to support the program operations.



Mobile Crisis Teams are trained mental health workers and peer specialists with lived experience of mental health or substance use and recovery. Teams travel to help people in a crisis where they are. Calls come in through 988, Crisis Connections, and referrals from local police departments, first responders and community behavioral health providers. Photo source: King County

Addressing Opioid Use Disorder and Overdose, Reducing Barriers to Lifesaving Medications for Opioids, and Increasing Mobile Care Responses

The opioid epidemic remains a pressing issue. MIDD funding was critical to King County's expanded efforts to combat overdose deaths and connect individuals to recovery. In partnership with the Executive's Office and Public Health – Seattle & King County, DCHS is leading the regional response to the opioid overdose crisis. In 2024, this partnership announced 13 Actions to Help Stop Opioid Overdoses, expanding access to live-saving medicine like Buprenorphine and Naloxone, adding more mobile crisis teams, residential treatment beds, new sobering and post-recovery centers, and 100 apprenticeships.³³ These initiatives collectively addressed urgent needs, saving lives and laying the foundation for long-term recovery:

- **RR-09: Recovery Café and RR-11B: SUD Peer Support** implemented multiple program improvements. Recovery Cafe partnered with a mobile clinic that provides medication assisted treatment, behavioral health counseling services, and transportation assistance, to help individuals get to and from treatment. An additional partnership brought a nurse onsite three days a week and linked participants to more intensive medical care. These partnerships led to higher levels of enrollment in Recovery Cafe, with over 65 percent of participants linked to publicly funded behavioral health treatment. Further, participants in SUD Peer Support experienced long-term reductions in jail bookings (46 percent decrease).
- **CD-07: Multipronged Opioid Strategies'** low-barrier Buprenorphine program expanded care coordination and outreach, providing more than 1,300 individuals with MOUD. Over half (58 percent) of people who received low-barrier buprenorphine were linked to publicly funded

³² In 2024, MRRCT expansion was made possible by new funding from the Crisis Care Centers levy. MRRCT is also funded by MIDD, the Washington State Health Care Authority, City of Seattle, Federal block grants, Medicaid, and other funding sources.

³³ King County DCHS, Cultivating Connections, 13 Actions to Help Stop Opioid Overdoses, May 25, 2024. [\[LINK\]](#)

behavioral health treatment. The initiative also launched an intensive communications campaign to increase awareness of the dangers of fentanyl, reduce stigma, and connect people who use substances to harm reduction supports. Additionally, this initiative funded Public Health – Seattle & King County to distribute 119,960 naloxone kits and 123,858 fentanyl test strips in partnership with behavioral health clinics and community-based organizations who are members of their harm reduction clearinghouse. Combined, these multipronged opioid strategies contributed to long-term reductions in jail bookings (42 percent decrease), emergency department visits (27 percent decrease), psychiatric inpatient hospitalizations (53 percent decrease), and crisis service episodes (33 percent decrease) among service recipients.

- **RR-12: Jail-Based SUD Treatment** served a record number of participants, improving access to SUD care within correctional facilities.
- Through the five **CD-10: Next Day Crisis Appointments** (NDAs) providers, 477 people received on-demand SUD care in 2024. Over half (52 percent) of people who received NDAs for SUD care were linked to publicly funded behavioral health treatment.
- Over 1,700 people who called 911 in a crisis received a response by a mental health professional Crisis Responder through **CD-18A: Regional Crisis Response System**. Responders provided immediate de-escalation, assessment, and referral to care. These efforts contributed to long-term reductions in jail bookings (51 percent decrease) and crisis service episodes (67 percent decrease) among service recipients.

Increasing Youth Access to Behavioral Health Treatment

Youth access to behavioral health services is a cornerstone of healthy communities. Intervening early to respond to youth behavioral health needs is critical to keep issues from escalating into more serious conditions.³⁴

In 2024, MIDD programs responded to this need through innovative partnerships and proven models of care. MIDD worked to increase access for youth to these critical resources in several ways:

- **CD-11: Children's Crisis Outreach Response System (CCORS)** provided crisis outreach and stabilization services to more than 800 youth, with 90 percent maintaining stable housing and 85 percent avoiding new crises in the year following participation. Youth receiving these services also experienced long-term reductions in emergency department visits (35 percent decrease). This initiative expanded in 2024 to allow access to crisis behavioral health services for all youth regardless of insurance status.³⁵
- **SI-01: Community Driven Behavioral Health Grants** expanded outreach to youth through initiatives like Second Chance Outreach, supporting teens by providing alternatives to gang affiliation, and Friends of Youth, which provided youth therapy and parent-group sessions.

School-based counseling programs also continued to grow helping to connect more youth to supports, earlier:

- Through **SI-05: Emerging Issues in Behavioral Health** Seattle Public Schools created a substance use reduction workgroup, launched virtual parent education sessions, standardized training evaluations, and developed tools to support classroom education implementation.

³⁴ 2024/2025 Community Health Needs Assessment, Public Health – Seattle & King County. [\[LINK\]](#)

³⁵ In 2024, CCORS expansion was made possible by new funding from the Crisis Care Centers levy. CCORS is also funded by MIDD, the Washington State Health Care Authority, Federal block grants, Medicaid, and other funding sources.

- **PRI-05: School-Based Screening, Brief Intervention and Referral to Treatment/Service (SBIRT)** screened 14,400 youth in schools. MIDD partners continued to improve School-Based SBIRT onboarding practices across the 13 participating school districts. By year's end, 160 school staff attested to completing the training.

Growing and Sustaining a Diverse Behavioral Health Workforce

A sustainable, diverse behavioral health workforce is essential to meeting the needs of a large urban region, like King County. MIDD provided investments to build up the workforce in 2024 and identified opportunities for further investment.

- **SI-05: Emerging Issues** expanded workforce development through partnerships with the Tubman Center and YMCA programs, nurturing the next generation of behavioral health professionals.
 - The Y+ Master's in Mental Health Counseling Program, a partnership with Heritage University to increase recruitment and retention of qualified behavioral health staff, helps staff within behavioral health programs access higher education and become licensed mental health professionals without the barriers of student loan debt and unpaid internships. The program recruited a diverse cohort (approximately 80 percent BIPOC, LGBTQ+, and people with a disability) and integrated cultural competence into all curricula.
 - The Tubman Center for Health & Freedom engaged with a broad range of community members to design models of culturally congruent behavioral healthcare tailored to the experience of Black individuals. The project included a focus on aligning workforce development opportunities with the needs of King County's Black residents with the intention of "centering whole community and whole community health."³⁶
- **SI-04: Workforce Development** expanded opportunities for professional development and continuing education units (CEUs) for behavioral health professionals within the KCICN to support workers to develop evidence-based competencies to integrate into their practice to improve client outcomes. Expansion efforts included:
 - Free professional development training and CEUs for all types of behavioral health professionals within the KCICN;
 - Free training and certification in two high-demand best practice therapies, Dialectical Behavior Therapy (DBT) and Cognitive Behavioral Therapy for Psychosis (CBTp);
 - Reimbursement for staff training time, typically a non-billable activity under Medicaid;
 - Social media marketing to promote community behavioral health as a career pathway, and information about university and community college programs, and
 - Identifying, developing, and promoting culturally responsive recruitment and retention strategies.³⁷

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

Ordinance 19546, Section 71, Expenditure Restriction ER1, requires this MIDD annual report to highlight and evaluate the grant-based art therapy pilot project funded by the expenditure restriction, operated

³⁶ Tubman Center for Health & Freedom, Community Practitioners, Community Solutions: Community-Designed Models for Mental Wellness, Final Report to King County DCHS, January 2025.

³⁷ Psychology Today, Bridging Gaps through Culturally Congruent Care, August 2024. [\[LINK\]](#)

by Unified Outreach.³⁸ The standalone report on the program directed by Ordinance 19546, Section 71, Proviso P1, and submitted to the Council in 2024 provides more background.^{39, 40}

Unified Outreach received Council-directed grant funding in 2023-2024 to pilot an art therapy program aimed at engaging at-risk youth through creative expression and behavioral health activities. Partnering with Southwest Youth and Family Services, Denny Middle School, and Southwest Boys and Girls Club, the program provided students with a safe space to build self-esteem, confidence, and positive social connections. Students participated in art-infused behavioral health exercises, healing circles, and mentorship from BIPOC instructors and therapists, addressing challenges such as peer pressure, youth violence, and racism.

In 2024, Unified Outreach served a total of 102 students through arts-based behavioral health activities. The program primarily served 12- and 13-year-old people of color, with two-thirds of participants identifying as Black/African American. Over 84 percent of youth who enrolled saw the program through to completion. Among those who completed the program, 97 percent reported improved skills in externalizing emotions and ideas constructively through artistic mediums, and 95 percent reported an increased sense of belonging in their community.

B. MIDD Participants

King County supports the health and well-being of residents throughout King County by investing MIDD resources in programs that deliver services across the behavioral health continuum, including prevention and early intervention, crisis diversion, treatment, community reentry, and recovery services. Services funded by MIDD reached a total of 28,113 people in 2024.

Figure 1 below displays the demographic information of people served by MIDD initiatives in 2024. While certain populations of MIDD participants, such as Black (or African-American or African) individuals, are overrepresented when compared to the general population of King County, this same population is underrepresented as compared to King County's low-income population.⁴¹ Inequitable outcomes among King County residents, such as fatal overdose rates or rates of depression among youth, continue to demonstrate an urgent need for further investment in historically under-resourced populations.^{42, 43} Half of people served by MIDD initiatives identify as male, and over half (53 percent) of people served by MIDD initiatives are between 25 and 54 years old.⁴⁴

³⁸ Ordinance 19546, Section 71, Expenditure Restriction ER1. [\[LINK\]](#)

³⁹ Ordinance 19546, Section 71, Proviso P1. [\[LINK\]](#)

⁴⁰ Art Therapy Program Report. [\[LINK\]](#)

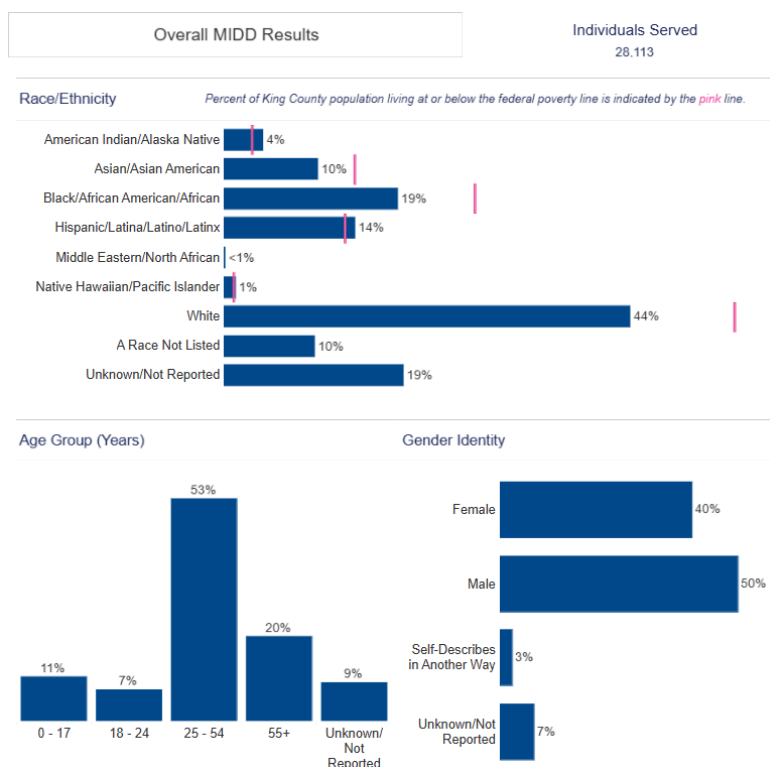
⁴¹ IPUMS USA 2025: Version 16.0, 2023 American Community Survey. [\[LINK\]](#)

⁴² King County Medical Examiner's Office. (2024). Overdose deaths in King County. [\[LINK\]](#)

⁴³ Public Health – Seattle & King County. (2024). Healthy Youth Survey. [\[LINK\]](#)

⁴⁴ Demographic information is not available for MIDD initiatives that only collect aggregate data. Further, some race and ethnicity categories are underrepresented due to the availability of "multiracial" as a response option for some programs.

Figure 1: Demographic Characteristics of People Served Through MIDD in 2024⁴⁵

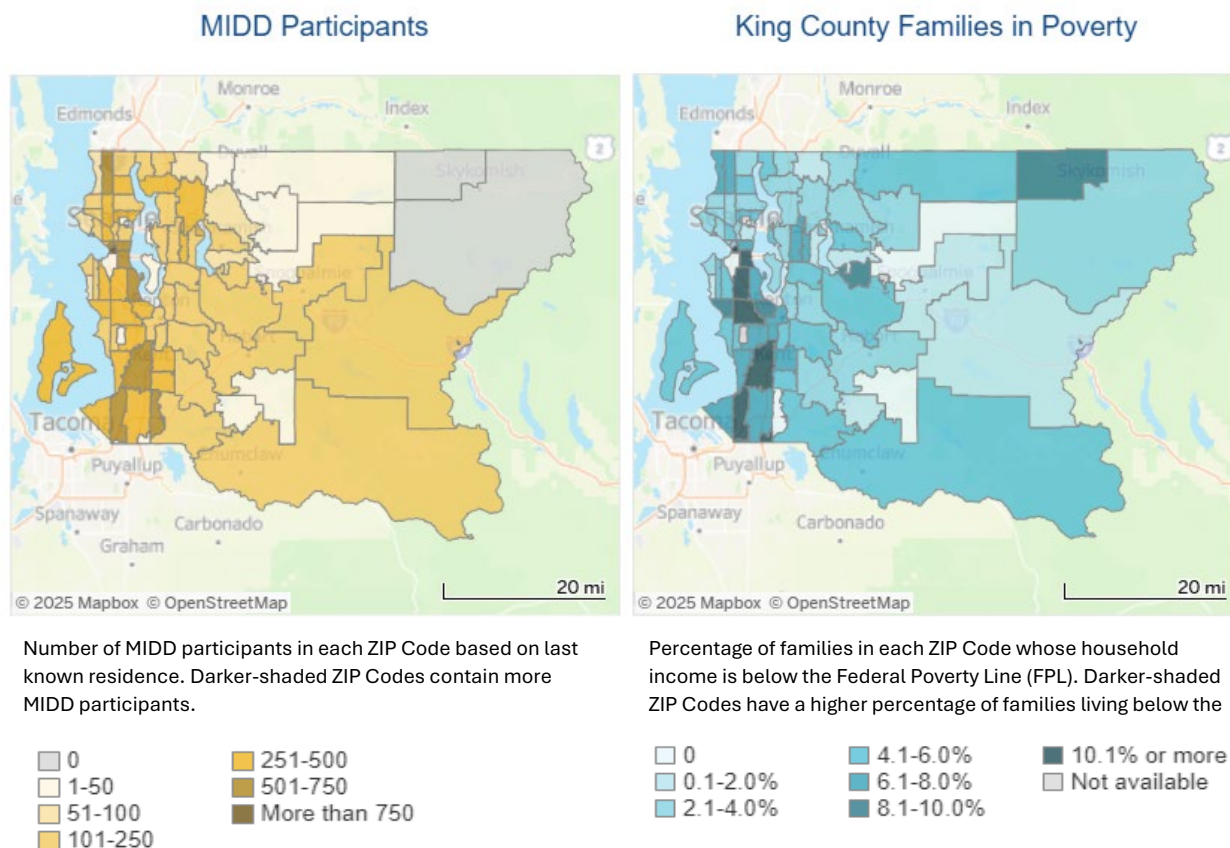


More detailed information on the people served by MIDD initiatives can be found on the MIDD data dashboard (<https://kingcounty.gov/MIDDdashboard>), including demographic information disaggregated by MIDD initiative.

The maps displayed in Figure 2 show the number of people served by MIDD initiatives in 2024 and the percent of families whose household income is below the federal poverty line (FPL) in each King County ZIP code. As demonstrated in Figure 2, in 2024, service recipients of MIDD initiatives more often resided in ZIP codes with a higher percentage of families living below the poverty line, consistent with MIDD's intention of reaching underserved populations throughout the county.

⁴⁵ Only a fraction of MIDD initiatives currently provide Middle Eastern/North African as a reporting option. MIDD is continually working to incorporate this response option into all demographic reporting. Further, some people or communities may be reluctant to share personal information with service providers or public entities due to systemic or structural racism.

Figure 2: Residential ZIP Code of People Served Through MIDD in 2024 Compared to the Percent of Families Whose Household Income is Below the Federal Poverty Line by ZIP Code⁴⁶



More detailed information on where people served by MIDD initiatives live can be found on the [MIDD data dashboard](#), including geographic information disaggregated by MIDD initiative.

C. Evaluation and Continuous Improvement

The evaluation of MIDD-funded programs in 2024 aligned with the five policy goals described in KCC 4A.500.309.⁴⁷ MIDD initiatives link to one or more of these goals for the purposes of performance measurement and evaluation. The County evaluated progress toward each of the five MIDD goals to identify systems-level improvement and impact. The MIDD evaluation uses a Results-Based Accountability (RBA) framework.

The RBA framework asks questions about the quantity, quality, and impact of services:

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

⁴⁶ Geographic information based on zip code of residence is not available for MIDD initiatives and programs that only collect aggregate data or initiatives that fund systemwide investments.

⁴⁷ KCC 4A.500.309. [\[LINK\]](#)

This section summarizes MIDD’s data-informed implementation adjustments and updates to performance measure targets during 2024, consistent with KCC 4A.500.309.D requirements.⁴⁸

2024 Continuous Improvement and Data Informed Implementation Adjustments

As in previous years, MIDD made several improvements to program implementation based on opportunities identified by MIDD’s partners or informed by data. Continuous improvement efforts from 2024 include:

- Strategically leveraging partnerships to maximize program impact, such as **RR-09: Recovery Café**, which partnered with community health organizations to provide on-site MOUD and medical services;
- Better matching program participants to appropriate services, such as **RR-05: Housing Vouchers for Adult Drug Court**, which expanded housing screenings to include trauma history and prison history to better match participants with a housing provider that will best fit their needs;
- Meeting participants’ needs through best practices and strategic development, such as **TX-CC: Community Court**, which implemented several recommendations from the national Trauma-Informed Treatment Court Learning Collaborative to help participants be more comfortable when engaging with Community Court, and
- Responding to program participants’ feedback, such as **CD-03: Outreach and In-Reach System of Care**, which expanded their patient experience survey into clinics to regularly obtain and share patients’ comments with internal teams.

BHRD uses data from MIDD initiatives to inform program implementation and process adjustments. Highlights from 2024 include:

- **CD-01: Law Enforcement Assisted Diversion** and **PRI-09: Sexual Assault Behavioral Health Services** focused staffing and outreach where they identified higher needs and service utilization with the goal of making the largest positive community impact with limited resources.
- **CD-15: Wraparound Services for Youth** and **CD-17: Young Adult Crisis Stabilization** used data to balance workloads and staff schedules, adjust hours of operation, and match program participants with staff that have relevant experience and skills.
- **CD-02A: Youth Detention Prevention Behavioral Health Engagement** and **SI-01: Community Driven Behavioral Health Grants** used participant feedback on emergent issues like housing, food insecurity, or social isolation to identify where additional support services were needed.
- **TX-ADC: Adult Drug Court** drew upon national research to implement procedures that reduce disparities in drug court graduation rates.

Additional detail on continuous improvement activities and data informed adjustments is available online on the [MIDD Dashboard](#).

Updates to Performance Measure Targets

The implementation and evaluation of MIDD-funded programs requires occasional modifications as new information becomes available. Performance measure targets should be considered in the context of system challenges, including workforce shortages. Targets are not typically adjusted from year to year to account for external system challenges but are maintained as a measure of initiative performance. However, BHRD may adjust performance targets when clear evidence exists that the original target was

⁴⁸ KCC 4A.500.309. [\[LINK\]](#)

an over- or under-estimation of feasible service delivery. In 2024, no MIDD initiatives adjusted their targets.

In 2024, 25 of the 45 MIDD initiatives with established targets (56 percent) exceeded target numbers, and an additional seven were within 20 percent of reaching the set target. Initiatives that did not meet their target number served for the year cited several difficulties, including staffing challenges, lack of housing and placement options, lack of available resources in the community, and increased availability of synthetic substances such as fentanyl. As described in the Continuous Improvement section above, MIDD initiatives are revisiting program operations and processes, and leveraging partnerships and external resources, to address these challenges. Additional detail on program performance relative to targets and updates to performance measurement targets in 2024 is available at the [MIDD Dashboard](#).

D. 2024 Procurement Update

BHRD contracts with community-based organizations to deliver culturally responsive services, promote coordination across funding sources, and expand access to behavioral health services among under-served populations. BHRD released four MIDD-funded procurements in 2024 for the following investments:

- **CD-03: Outreach and In-Reach System of Care** to support medical, behavioral health, and supportive services for people experiencing homelessness;
- **CD-06: Crisis Diversion Services** to expand the number of partners providing crisis diversion services and incorporate emerging best practices;
- **RR-03: Housing Capital and Rental** to fund permanent supportive housing for individuals with behavioral health needs. Additionally, this initiative supported a procurement for behavioral health facility improvements.

Additional detail on procurements is available at the [MIDD Dashboard](#).



Ryther was one of 14 agencies awarded capital funds for behavioral health facilities improvements in 2024. Photo source: Ryther.

E. MIDD Fiscal Information

MIDD revenue projections were volatile during the 2023-2024 biennium, resulting in unique challenges in budgeting and financial management.

During the COVID-19 years, revenue projections were initially reduced, resulting in corresponding programmatic budget reductions. However, sales tax was more resilient than anticipated, leading to a subsequent restoration of funds. King County was able to re-allocate those funds; however, spending remained a challenge primarily due to workforce shortages, resulting in increased underspend and fund balance.

Early in the COVID-19 pandemic, revenues were initially projected to decrease, and commensurate programmatic reductions were implemented to align the MIDD budget with revenue projections. However, COVID-related revenue reductions did not occur as initially projected, resulting in

unanticipated funding available on a one-time basis. Carrying forward previously budgeted funds through supplemental budget ordinances in 2023 added more than \$25 million (or 12 percent) to MIDD’s expenditure authority for the biennium. This included more than \$15 million to support one-time behavioral health facility capital investments.

For the 2023-2024 biennium, MIDD expended \$198.6 million of its budgeted \$234.3 million, or 85 percent of planned expenditures. The 2023-24 biennial spending total of \$198.6 million is slightly higher than the amount of revenue collected under the MIDD tax during that same period. Therefore, DCHS is not taking further action to encourage higher expenditure rates at this time.

While sales tax revenue was lower than forecasted in 2024, MIDD did receive interest earnings of approximately \$4.6 million, which was above forecasted levels due to its remaining fund balance as well as increasing interest rates. These additional funds offset the negative impact from revenue collections in 2024 that were lower than previously forecasted.

Figure 3 below includes a breakdown of biennial actuals to budget for the biennium.

Figure 3: 2023-2024 MIDD Fiscal Information

STRATEGY AREA	2023-2024 Budget	2023-2024 Actuals	Percent Spent
Prevention & Early Intervention ^{49, 50}	\$51,245,320	\$43,787,640	85%
Crisis Diversion ^{50, 51}	\$65,520,595	\$59,308,695	91%
Recovery & Reentry ⁵¹	\$45,452,920	\$31,839,255	70%
System Improvement ⁵¹	\$14,143,362	\$12,052,970	85%
Therapeutic Courts	\$27,393,829	\$25,544,138	93%
Special Projects ⁵¹	\$20,779,000	\$17,020,695	82%
Administration & Evaluation	\$9,758,763	\$9,004,322	92%
Total	\$234,293,789	\$198,557,715	85%

⁴⁹ This MIDD Strategy contains many initiatives that receive braided funds. “Braiding” funds involves the combination of MIDD with other fund sources, which can include local, state, or federal funding. For these strategies, charges to MIDD may be deferred in favor of other term limited funds.

⁵⁰ This MIDD Strategy had lower actual expenditures than originally budgeted due to timing of startup, staffing challenges, rollout of programming components, and/or procurement of services.

⁵¹ Special Projects Strategy contains initiatives committing funds to long term projects. While MIDD appropriation authority is limited to the current biennium, we expect the appropriation of these funds to follow these projects until completion.

F. MIDD Dashboard

The [MIDD Dashboard](#) is the primary source of detailed data and information on MIDD initiative performance and outcomes. The dashboard contains nine tabs which, respectively, provide information on:

- 2024 highlights;
- Who MIDD serves;
- Where MIDD participants live;
- Measures of MIDD performance;
- MIDD long-term outcomes;
- How MIDD is improving;
- What MIDD invests in, and
- How MIDD is evaluated.

While this report contains summary information about the MIDD investments in 2024, the dashboard contains additional demographic information, geographic data, performance measures, long-term outcomes, data-informed implementation adjustments, 2024 procurements, changes to targets, performance relative to targets, and expenditures by initiative.

MIDD Advisory Committee

The MIDD Advisory Committee is an advisory body to the King County Executive and King County Council that seeks to ensure that the implementation and evaluation of MIDD is transparent, accountable, collaborative, equity-focused, and effective. The MIDD Advisory Committee reviewed and endorsed this Annual Report at its June 2025 meeting.

A list of MIDD Advisory Committee Members and the agencies and subject matter expertise they bring to the Advisory Committee is available on the MIDD webpage.⁵²

G. Conclusion/Next Actions

MIDD funding is essential to the health of King County residents most in need of behavioral health supports.

In 2024, MIDD initiatives strengthened the community behavioral health system, expanding access to care for thousands of individuals. Programs prioritized culturally responsive and integrated support, including for immigrants, refugees, and those in underserved communities, ensuring more than 3,400 people from these communities received outpatient treatment and thousands more benefited from therapeutic interventions. Coordinated outreach efforts reconnected nearly 14,000 individuals to essential services, while behavioral health and housing programs improved long-term outcomes — reducing reliance on emergency departments, crisis services, and jail bookings.

MIDD supported the launch of Mobile Rapid Response Crisis Teams, with 27 fully staffed teams conducting over 2,500 outreaches. Additionally, 1,723 people in crisis received direct responses from mental health professionals through the Regional Crisis Response System, contributing to sustained

⁵² MIDD Advisory Committee. [\[LINK\]](#)

improvements in stability and engagement in care. Through these collective efforts, MIDD funding helped drive new approaches, accessibility, and programming across King County's behavioral health landscape.

The behavioral health needs of King County's communities continue to evolve, and MIDD continues to adapt by tracking these changes and directing investments toward the greatest needs to the extent possible under the current MIDD 2 Implementation Plan. To ensure equitable access to necessary health care and responsiveness to critical system priorities, MIDD investments must prioritize the region's biggest behavioral health challenges. For example, increased MIDD investment in responsive, on-demand SUD services that align with where and how people want to receive these services is an opportunity that can benefit the health of King County residents. Further, local investments overall must be coordinated to complement and amplify federal and state funding to address longstanding inequities in behavioral health risks and outcomes, and work toward the accessible and effective system that King County is currently building.

With the current implementation of MIDD scheduled to end in 2025, the Executive was preparing a proposal for the sales tax's renewal at the time of this report's drafting. In addition, DCHS was engaging with community to inform development of plans for future behavioral health sales tax-funded programming.

Appendix A: Reporting Elements Table and MIDD Online Reporting Guide

Reporting Element Language	Source	See Section(s) of This Report	See Also MIDD Online Dashboard Tab(s) ⁵³
King County Code 4A.500.309.D.1			
Performance measurement statistics	KCC 4A.500.309.D.1.a	Report Requirements Subsection A: MIDD Implementation and Results in 2024, Key MIDD Outcomes, Page 10.	“Measuring MIDD Performance” tab
Program utilization statistics	KCC 4A.500.309.D.1.b	Report Requirements Subsection A: <ul style="list-style-type: none"> • MIDD Implementation and Results in 2024, Pages 10-17. • Report Requirements Subsection B: MIDD Participants, Pages 17-19. 	<ul style="list-style-type: none"> • “Who MIDD serves” tab • “Where MIDD participants live” tab • “Measuring MIDD performance” tab
Request for proposal and expenditure status updates	KCC 4A.500.309.D.1.c	Report Requirements Subsection D: 2024 Procurement Update, Page 21.	“What MIDD invests in” tab
Progress reports on evaluation implementation	KCC 4A.500.309.D.1.d	Report Requirements Subsection C: Evaluation and Continuous Improvement, Page 19-21.	<ul style="list-style-type: none"> • “Measuring MIDD performance” tab • “How MIDD is evaluated” tab
Geographic distribution of the sales tax expenditures across the county, including collection of residential ZIP code data for individuals served by the programs and strategies	KCC4A.500.309.D.1.e	Report Requirements Subsection B: Page 17-19.	<ul style="list-style-type: none"> • “Who MIDD Serves” tab • “Where MIDD participants live” tab
Updated performance measure targets for the following year of the mental illness and drug dependency initiatives, programs and services	KCC 4A.500.309.D.1.f	Report Requirements Subsection C: Updates to Performance Measurement Requirements, Page 20-21.	“How MIDD is improving” tab

⁵³ MIDD Dashboard. [\[LINK\]](#)

2024 MIDD Behavioral Health Sales Tax Fund Annual Summary Report

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

Reporting Element Language	Source	See Section(s) of This Report	See Also MIDD Online Dashboard Tab(s) ⁵³
Recommendations on either program changes or process changes, or both, to the funded programs based on the measurement and evaluation data	KCC4A.500.309.D.1.g	Report Requirements Subsection C: Continuous Improvement and Data Informed Adjustments, Page 20.	“How MIDD is improving” tab
Summary of cumulative calendar year data	KCC 4A.500.309.D.1.h	<ul style="list-style-type: none"> • Report Requirements Subsection A: Accomplishments and Effectiveness in 2024, Pages 10-17. • Report Requirements Subsection B: MIDD Participants, Pages 17-19. 	“Measuring MIDD performance” tab
Ordinance 19546			
The [grant-based art therapy] pilot project funded through this appropriation must be highlighted and evaluated in the 2023 and 2024 annual mental illness and drug dependency evaluation summary report.	Ordinance 19546, Section 71, ER1	Report Requirements Subsection A: Grant-Based Art Therapy Program Pilot Project Highlight and Evaluation, Pages 16-17.	
Human Services and Geographic Equity Plan, 2019			
By late 2020, DCHS anticipates being able to make available maps and/or data summaries showing the distribution of Best Starts, MIDD, and VSHSL human services by service participant ZIP code, with high-level summaries included in the initiatives’ annual reports.	Human Services Geographic Equity Plan December 2019, p. 57	<ul style="list-style-type: none"> • Report Requirements Subsection A: MIDD Implementation and Results in 2024, • Report Requirements Subsection B: Figure 2: Residential ZIP codes of People Served Through MIDD, Page 19. 	“Where MIDD participants live” tab

Appendix B: MIDD Investments in 2024

Appendix B provides a table of MIDD initiatives sorted by result area, showing each initiative's code that maps to the 2017 MIDD Implementation or subsequent initiative numbering changes made when names were changed, or programs were added via budgets or Advisory Committee actions.

Prevention and Early Intervention (PRI)	
<p>PRI initiatives help people stay healthy and keep behavioral health concerns from escalating. Programs include early assessment and brief therapies, as well as expanded access to outpatient care for those without Medicaid coverage. Programs equip clinicians, first responders, and community members with tools and resources to identify people who are at risk of behavioral health conditions and to respond in a culturally responsive way to those who need support for substance use or mental health concerns. Collectively, these programs reduce potential for harm and connect individuals with resources and services.</p>	
Initiative Code	MIDD Initiatives in 2024
PRI-01: Screening, Brief Intervention and Referral to Treatment (SBIRT)	SBIRT provides people with individualized feedback about their alcohol and drug use. Alongside doctors and nurses in two local emergency departments, SBIRT clinicians enhance a person's motivation to change their alcohol and drug use while respecting their individual goals, values, and culture. Clinicians work with people to reduce harm from substance use, consider options for alcohol and drug treatment and recovery, and connect people to other needed services such as mental health treatment, vocational services, and housing.
PRI-02: Juvenile Justice Youth Behavioral Health Assessments (JJYBHA)	JJYBHA addresses the behavioral health needs of individuals who are involved with the juvenile legal system. The initiative relies on a team approach to screening, assessment, and referral with the goal of diverting youth with behavioral health needs from initial or continued legal involvement. JJYBHA teams help families connect to behavioral health and other support services, resulting in a warm hand-off between the legal and behavioral health systems.
PRI-03: Prevention and Early Intervention Behavioral Health for Adults Over 50	Prevention and Early Intervention Behavioral Health for Adults Over 50 ensures that integrated behavioral health services are available in primary care settings for older adults. The goal is to enable providers to prevent acute illnesses, high-risk behaviors and substance use, and to address mental and emotional disorders. MIDD funding is blended with funding from the Veterans, Seniors, and Human Services Levy to expand the initiative's reach in specific target populations.
PRI-04: Older Adult Crisis Intervention / Geriatric Regional Assessment Team (GRAT)	Older Adult Crisis Intervention/GRAT Team supports a home visiting team of intervention experts to provide engagement, clinical assessment, and early intervention to isolated older adults who might be at risk for a crisis. With a focus on communities of color and communities who face barriers to accessing mainstream health care services, this program seeks to prevent inappropriate or avoidable institutionalization and/or harm to selves or others. MIDD funding is blended with funding from the Veterans, Seniors, and Human Services Levy.
PRI-05: School-Based Screening,	School-Based SBIRT provides a structured approach to promoting social and emotional health and strives to prevent substance use among middle and high

2024 MIDD Behavioral Health Sales Tax Fund Annual Summary Report

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

Page | 27

Brief Intervention and Referral to Service / Treatment (School-Based SBIRT)	school students. School staff and counselors offer screening, brief interventions, referrals, case management, and behavioral health support groups. These enhanced behavioral health prevention services reached a total of 60 middle and high schools across 13 different school districts and one private school in King County. School-Based SBIRT uses a secure and teen-friendly digital screener that is tailored to include cultural considerations and designed to provide instant, personalized feedback. The screener is translated into 21 different languages other than English. MIDD funding is blended with funding from the Best Starts for Kids Levy.
PRI-06: Zero Suicide Initiative Pilot	The Zero Suicide Initiative Pilot Program provides training and support services for youth-serving medical and behavioral healthcare provider organizations, with the goal to prevent all client and patient suicide through increased and supported organizational system implementation of the evidence-based, Zero Suicide (ZS) program model in the King County region. This initiative launched in 2022.
PRI-07: Mental Health First Aid (MHFA)	MHFA prepares people and communities to assist individuals experiencing mental health issues or crises and reduces the stigma associated with behavioral health issues by training community-based organizations, professionals, and the general public. MHFA addresses risk factors and warning signs for mental health and substance use issues and provides guidance on listening, offering support and identifying appropriate professional help.
PRI-08: Crisis Intervention Training (CIT)- First Responders	CIT for First Responders trains police, fire, and emergency medical services personnel and other first responders across King County to safely de-escalate difficult situations, improving responses to individuals experiencing behavioral health crises. CIT prepares first responders to intervene effectively in crisis situations and to coordinate with behavioral health providers, connecting affected individuals with the services they need.
PRI-09: Sexual Assault Behavioral Health Services	Sexual Assault Behavioral Health Services provides brief, early, evidence-based and trauma-specific interventions, and advocacy to survivors of sexual assault. By providing intensive treatment and supports, the initiative seeks to reduce the impact of trauma, assist survivors in building healthy coping skills, and decrease the need for longer-term behavioral health treatment.
PRI-10: Domestic Violence and Behavioral Health Services and System Coordination	Domestic Violence Behavioral Health Services and System Coordination supports co-location of mental health professionals within community-based domestic violence advocacy programs throughout King County. Mental health professionals provide treatment interventions and supports to assist survivors in addressing the impact of trauma and build healthy coping skills. The initiative also supports domestic violence, sexual assault, and behavioral health organizations in building and strengthening bridges between disciplines through training, relationship building, and consultation so that survivors experience more holistic and responsive services.
PRI-11 Community Based Behavioral Health Treatment	Community Behavioral Health Treatment Mental Health provides outpatient mental health and substance use treatment services for people who have low incomes but are not eligible for Medicaid. This includes immigrants and refugees, people on Medicare, and people who are pending Medicaid coverage, so that they can access a similar level of services available to Medicaid recipients. Additionally, this initiative supports culturally specific and responsive organizations to provide

2024 MIDD Behavioral Health Sales Tax Fund Annual Summary Report

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

Page | 28

	behavioral health programming with a therapeutic intent to individuals and/or communities that are not well served by the mainstream system.
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Crisis Diversion (CD)	
CD initiatives help people in crisis avoid unnecessary hospitalization or incarceration. Programs help people stabilize and get connected with community services, including expedited access to outpatient care, multidisciplinary community-based outreach teams, crisis facilities, and alternatives to incarceration.	
Strategy Code	MIDD Initiatives in 2024
CD-01: Law Enforcement Assisted Diversion (LEAD)	Through LEAD, law enforcement officers divert adults engaged in low-level drug involvement or sex work away from the criminal legal system and toward intensive, flexible, community-based services. A collaborative community safety effort, the program includes intensive case management that promotes well-being and independence and helps connect participants to stabilizing services such as housing and employment through a low-barrier, harm reduction approach.
CD-02A: Youth Connection Services	The Youth Connection Services program is part of King County’s coordinated and expanded approach to supporting young people who are experiencing behavioral health concerns and are involved with, or at risk of involvement with, the juvenile legal system. MIDD funding supports a program director, two parent partners, and two youth peers to provide short-term, community-based behavioral health support and system navigation to young people and their families.
CD-02B: Family Court Services (FCS) Behavioral Health Program	The FCS Behavioral Health program is part of King County’s coordinated and expanding approach to preventing young people from becoming involved with, or becoming at risk of prolonged involvement with, the juvenile legal system as result of a BECCA petition filing. FCS partners with the Institute for Family Development (IFD) to provide short-term, community-based behavioral health supports and system navigation to young people and their families.
CD-03: Outreach & In-Reach System of Care	Outreach and In-Reach System of Care delivers community-based outreach and engagement services to individuals experiencing homelessness with behavioral health conditions in downtown Seattle and south and east King County. The initiative works with contracted agencies to remove barriers to care and provide integrated physical and behavioral health care to reduce participants’ reliance on crisis services, emergency departments, crisis facilities, and psychiatric hospitals, as well as their engagement with the criminal legal system.
CD-04: South County Crisis Diversion Services	In March 2024 the MIDD Advisory Committee approved 1) merging CD-04: South County Crisis Diversion Services with CD-06, and 2) renaming CD-06 from Adult Crisis Diversion Center, Respite Beds and Mobile Behavioral Health Crisis Team to Crisis Diversion Services in anticipation of the release of a competitive Request for Proposals to expand the number of partners providing crisis diversion services and incorporate emerging best practices.
CD-05: High Utilizer Care Teams	High Utilizer Care Teams offer flexible and individualized services in emergency departments to individuals who have complex needs, including those who have physical disabilities, mental health conditions, and/or are experiencing homelessness. Teams provide intensive support in times of crisis and follow up to connect individuals to appropriate and supportive community resources. The

	program prioritizes people who have frequent emergency department or psychiatric emergency visits.
CD-06: Crisis Diversion Services	<p>Crisis Diversion Services provide voluntary community-based interventions to adults who are experiencing an emotional or behavioral health crisis. This initiative includes three program components: the Crisis Diversion Facility, Crisis Diversion Interim Services (collectively called Crisis Diversion Beds), and the Mobile Rapid Response Crisis Teams (MRRCTs). The goal of MRRCTs is to reduce dependency on and involvement of emergency responders and to decrease the likelihood of involuntary processes, including detaining individuals under the Washington State Involuntary Treatment Act (ITA).</p> <p>*In March 2024 the MIDD Advisory Committee approved 1) merging CD-04: South County Crisis Diversion Services with CD-06, and 2) renaming CD-06 from Adult Crisis Diversion Center, Respite Beds and Mobile Behavioral Health Crisis Team to Crisis Diversion Services in anticipation of the release of a competitive Request for Proposal to expand the number of partners providing crisis diversion services and incorporate emerging best practices.</p>
CD-07: Multipronged Opioid Strategies	Multipronged Opioid Strategies implements recommendations made by a regional task force on opioid use disorder, with a focus on user health. Services include primary prevention, treatment service expansion, outreach to unhoused individuals in shelters and encampments, and overdose prevention. This collaboration between King County, advocates, and community providers leverages MIDD funds to support treatment programs that provide low-barrier buprenorphine and MOUD.
CD-08: Children's Domestic Violence Response Team (CDVRT)	CDVRT provides behavioral health treatment, linkage to resources, and advocacy for children, families, and caregivers who have experienced domestic violence. Through intensive cross-system collaboration and supports, the program helps children and families navigate multiple complex systems, including the legal, housing, and school system.
CD-10: Next Day Crisis Appointments (NDAs)	NDAs divert people experiencing behavioral health crises from psychiatric hospitalization or jail by providing crisis response within 24 hours. Services include crisis intervention and stabilization, psychiatric evaluation and medication management, benefits counseling and enrollment, and linkages for ongoing behavioral health care.
CD-11: Children's Crisis Outreach and Response System (CCORS)	CCORS provides countywide crisis response to children, youth, and their families who are affected by interpersonal conflict or severe emotional or behavioral concerns, and whose living situations may be at imminent risk of disruption. CCORS teams respond in a time sensitive manner to homes, schools, and community settings, and can provide short-term intensive interventions to stabilize crises and coordinate services across systems.
CD-12: Parent Partners Family Assistance	Parent Partners Family Assistance helps youth who are experiencing behavioral health challenges — and their caregivers and community members — obtain services, navigate complex health and service systems, and meet basic needs required to maintain well-being and resilience. This initiative also supports social events, advocacy opportunities, skill building, and individualized support to youth and caregivers.

CD-13: Family Intervention Restorative Services (FIRS)	FIRS offers a community-based, non-secure alternative to court involvement and secure detention for youth who have been violent toward a family member. Specialized juvenile probation counselors and social workers guide youth through a risk and needs assessment and help them develop a family safety plan. FIRS staff offer de-escalation counseling to safely reunite youth with their families. Families are offered in-home family counseling, mental health services, drug and alcohol services, and the Step-Up Program, which specifically addresses adolescent family violence.
CD-14: Involuntary Treatment Triage	Involuntary Treatment Triage provides initial assessments for individuals with severe and persistent mental health conditions who have been incarcerated for serious misdemeanor offenses, who have been found not competent to assist in their own defense, and who cannot be restored to competency to stand trial. Behavioral health professionals evaluate participants to determine whether they meet the criteria for involuntary civil commitment and refer them to services to address their behavioral health needs. This approach decreases the need for emergency departments and crisis responders to carry out assessments and significantly expedites evaluations.
CD-15: Wraparound Services for Youth	Wraparound Services for Youth engages children, youth, and their families in a team process that builds on family, community strengths, and cultures to support youth to succeed in their homes, schools, and communities. MIDD funding provides wraparound services to children and families who are not eligible for Medicaid.
CD-17: Young Adult Crisis Facility (CORS-YA)	Young Adult Crisis Stabilization provides community-based behavioral health supports to housing providers for young adults (ages 18 to 24 years), including those experiencing their first psychotic break. Mobile response teams serve young adults in transitional housing, rapid rehousing, permanent housing, and shelters, working to meet the unique needs of young adults and supporting shelter staff in responding to crisis events.
CD-18A: Regional Crisis Response System (RCR)	RCR is a behavioral health first response model in which crisis responders, who are mental health professionals, deploy through the 911/public safety system to provide de-escalation and connect individuals experiencing behavioral health crises to appropriate services. RCR seeks to decrease police response to people in behavioral health crisis, reduce inappropriate use of emergency services, and improve outcomes for people in crisis.
CD-18B: Therapeutic Response Unit (TRU)	TRU, operated by the King County Sheriff's Office, partners sheriff deputies with mental health professionals (MHPs) to co-respond to calls for service involving mental health, substance use, social service deficits, behavioral health triage, de-escalation, and service referrals that intersect with public safety.

Recovery and Reentry (RR)

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

Strategy Code	MIDD Initiatives in 2024
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2024 MIDD Behavioral Health Sales Tax Fund Annual Summary Report
See also *MIDD Dashboard* [[LINK](#)].

RR-01: Housing Supportive Services	Housing Supportive Services braids MIDD resources with other King County investments and funding from federal, state, and local sources, including housing authorities, to serve adults who are experiencing chronic homelessness and who have been unsuccessful in maintaining housing due to ongoing behavioral health challenges.
RR-02: Behavioral Health Services at Community Center for Alternative Programs	Community Center for Alternative Programs provides mental health services for non-Medicaid-enrolled participants with co-occurring mental health and substance use disorders and criminal legal system involvement.
RR-03: Housing Capital and Rental	Housing Capital and Rental invests in the construction and preservation of housing units for individuals with behavioral health conditions and very low incomes (at or below 30 percent of area median income). This initiative also invests in the improvement, repair, renovation, and expansion of behavioral health facilities.
RR-04: Rapid Rehousing-Oxford House Model	The Rapid Rehousing Oxford House Model voucher program offers affordable clean-and-sober housing for people in early recovery who are either experiencing homelessness or at risk of becoming homeless. By pairing a proven housing program with rapid access to housing, this initiative aims to prevent and decrease homelessness through improved self-reliance.
RR-05: Housing Vouchers for Adult Drug Court (ADC)	Housing Vouchers for ADC seeks to disrupt the cycle of homelessness and substance use by supporting recovery-oriented transitional housing units and case management services. On-site case management focuses on long-term stability and helps participants establish a positive rental history, engage in treatment, and obtain employment and next-step housing when they complete ADC.
RR-06A: Jail Reentry System of Care	Jail Reentry System of Care funds reentry case management services providing linkages to behavioral health treatment, public benefits, and access to basic needs for unstably housed adults not enrolled in other services. It provides these services to those who are transitioning out of municipal jails in south and east King County, the Maleng Regional Justice Center and other partner programs, and are reentering back into the community.
RR-06B: Jail Coordinated Discharge	Jail Coordinated Discharge provides timely, complex release planning and coordination of community services for people with moderate to high needs to ensure lifesaving continuity of care at release. The program serves those with any behavioral health condition, young adults (18-24), and people experiencing homelessness. Upon release, individuals receive a supply of medications, culturally appropriate linkages to care, next day appointments for substance use disorder (SUD) treatment, and re-entry items (identification, phone, clothing, hygiene kits, transportation, Medicaid enrollment, etc.). Participant follow-up, transportation, and incentives are provided for attending up to five SUD treatment visits post-release.
RR-07: Behavioral Health Risk Assessment Tool for Adult Detention	Behavioral Health Risk Assessment Tool for Adult Detention addresses the behavioral health needs of incarcerated individuals. Individuals help create a personalized treatment plan based on a comprehensive assessment of risks and needs. The tool is intended to decrease their likelihood of further criminal legal system involvement through an evidence-based approach to reentry.
RR-08: Hospital Re-entry Respite Beds	Hospital Re-entry Respite Beds, part of a hospital-based medical respite program, offers recuperative physical and behavioral healthcare to individuals currently

2024 MIDD Behavioral Health Sales Tax Fund Annual Summary Report

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

Page | 32

	experiencing homelessness who need additional healthcare services to support their stability when they are discharged from the hospital.
RR-09: Recovery Café	Recovery Café is a community space where people can access support, resources, and a community of care to help stabilize their physical and behavioral health; receive assistance with housing, relationship, and employment support; and participate in opportunities for volunteer service.
RR-10: Behavioral Health Employment Services and Supported Employment	Behavioral Health Employment Services and Supported Employment provides evidence-based and intensive supported employment services for people living with mental health conditions and those living with both mental health and substance use conditions. The program helps people find, obtain, and maintain competitive, integrated employment throughout King County.
RR-11A: Peer Bridger Programs	Peer Bridger Programs offer transition assistance to adults being discharged from King County psychiatric hospitals. Peer Bridgers use their lived experience and skills to collaborate with inpatient treatment teams, assist in discharge planning and transition, and partner with program participants post-discharge to ensure connections are made to outpatient behavioral health care, primary care, and other natural supports.
RR-11B: Substance Use Disorder (SUD) Peer Support	SUD Peer Support connects people with substance use disorders to peer specialists whose lived experiences and skills support participants' ability to maintain recovery. Peers are deployed to recovery organizations to help participants engage with ongoing treatment services and other supports, strengthening efforts to divert them from criminal legal entanglement and emergency medical settings.
RR-12: Jail-based Substance Use Disorder Treatment	Jail-Based Substance Use Disorder Treatment provides substance use disorder treatment services to adult men at the Maleng Regional Justice Center. The initiative also provides comprehensive release planning and connections to appropriate community-based services for participants re-entering the community.
RR-13: Deputy Prosecuting Attorney for Familiar Faces	Deputy Prosecuting Attorney for Familiar Faces funds prosecutorial resources to help track and, when possible, resolve outstanding warrants and criminal cases for individuals who have high utilization of the King County Correctional Facility. With this support, participants can remain in the community and connect with therapeutic interventions and other resources, such as permanent supportive housing. This integrated, community-based approach to serving people at the intersection of behavioral health and the criminal legal system promotes recovery, public safety, and reduces harm.
RR-15: Pretrial Assessment and Linkage Services (PALS)	The PALS program provides substance use disorder assessments and outpatient behavioral health services to non-Medicaid-enrolled pretrial individuals whose criminal cases are assigned to the Maleng Regional Justice Center and the Federal Way Municipal Court. Individualized, culturally responsive, trauma-informed services include substance use disorder assessments, outpatient treatment, and linkages to other community-based services.

System Improvements (SI)	
SI initiatives strengthen access to the behavioral health system and equip providers to be more effective. Programs build the behavioral health workforce, improve the quality and availability of core services, and support community-initiated behavioral health projects. SI initiatives strengthen King County's behavioral health system through several channels: community-designed, culturally and linguistically appropriate services; greater reach into rural unincorporated communities; implementation of quality improvement programming; and workforce development to support behavioral health countywide. Together, these initiatives improve the quality and availability of behavioral health services for all King County residents.	
Strategy Code	MIDD Initiatives in 2024
SI-01: Community-Driven Behavioral Health Grants	Community Driven Behavioral Health Grants increase access to culturally and linguistically appropriate behavioral health services. By directly funding community based organizations to design and implement service approaches that meet their needs, this initiative seeks to overcome barriers to behavioral health service participation and recovery programming experienced by Black, Indigenous, and people of color (BIPOC) in King County and other marginalized communities.
SI-02: Behavioral Health Services in Rural King County	Behavioral Health Services in Rural King County funds programming that improves the health and wellness of residents by promoting access to services and community self-determination in rural areas of King County that face barriers to accessing behavioral health care.
SI-03: Quality Coordinated Outpatient Care	Quality Coordinated Outpatient Care promotes integration of behavioral and physical health services across King County, with the goal of improving access to treatment and recovery support. This initiative funds strategic investments in King County's outpatient community behavioral health continuum to provide broader access to treatment, better treatment services, and recovery support services.
SI-04: Workforce Development	Workforce Development supports providers to receive specialized training in clinical skills, such as Dialectical Behavior Therapy. This initiative also funds the annual umbrella license for SUD youth treatment providers to implement the evidence-based program, Seven Challenges. It also supports Seven Challenges national trainers to work with the agencies by facilitating quarterly meetings and an annual fidelity meeting.
SI-05: Emerging Issues in Behavioral Health	This initiative supports new or evolving behavioral health needs in King County that are not addressed by other funding sources.

Therapeutic Courts (TX)	
TX initiatives serve people with behavioral health conditions involved with the legal system. Programs offer an alternative to traditional proceedings and support participants to achieve stability and avoid further legal system involvement.	
Strategy Code	MIDD Initiatives in 2024
TX-ADC: Adult Drug Court	ADC offers structured court supervision and access to services for eligible individuals charged with felony drug and property crimes. Services offered include comprehensive behavioral health treatment and housing services, employment and education support, and peer services. The program is designed to foster a stronger connection between drug court participants and the community, and to support participants' increased ownership of their recovery.

2024 MIDD Behavioral Health Sales Tax Fund Annual Summary Report
 See also MIDD Dashboard [[LINK](#)].

TX-CC: Community Court	Community Court offers an alternative approach for individuals who come into the criminal legal system with significant needs but are at low risk for violent offense. Community Resource Centers, a component of the program and open to the community at large, provide information and navigation assistance for housing, financial, education, employment, and behavioral health services.
TX-FTC: Family Treatment Court (FTC)	FTC is a recovery-based child welfare court intervention. FTC focuses on children's welfare and families' recovery from substance use through evidence-based practices to improve child well-being, family functioning, and parenting skills. Strong agency partnerships enable FTC to maintain maximum capacity to serve children in north and south King County.
TX-JTRAC-BHR: Juvenile Therapeutic Response and Accountability Court-Behavioral Health Response	Juvenile Therapeutic Response and Accountability Court-Behavioral Health Response provides an incentive-driven program to help youth involved in the criminal legal system who are struggling with substance use, and who have criminal offenses, reduce the likelihood of continued legal system involvement. The initiative's holistic continuum of care model takes a culturally responsive approach and supports completion.
TX-RMHC: Regional Mental Health and Veterans Court	The Regional Mental Health and Veterans Court serves people with behavioral health conditions during their involvement with the criminal legal system. This initiative provides a therapeutic response that helps defendants recover, while addressing the underlying issues that can contribute to criminal legal issues. The programs are based on a collaborative, team-based approach, supplemented by judicial monitoring.
TX-SMC: Seattle Municipal Mental Health Court	Seattle Municipal Mental Health Court provides referrals to services for individuals who are booked into jail on misdemeanor charges and at risk of, or have a history of, having their competency to stand trial questioned. By integrating court-based staff into a community-based diversion program, the initiative enables close coordination between behavioral health, housing, and other social services, increasing the number of people with behavioral health conditions who are routed to treatment and out of criminal legal entanglements.



King County

Metropolitan King County Council Regional Policy Committee

STAFF REPORT

Agenda Item:	6	Name:	Sam Porter
Proposed No.:	2025-0212.2	Date:	September 10, 2025

SUBJECT

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

SUMMARY

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

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

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

Update for 9/10 Staff Report: Proposed Ordinance 2024-0212, as amended, passed out of the Budget and Fiscal Management Committee on August 27, 2025, with a “Do Pass” recommendation. The transmitted legislation was amended in the BFM

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

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

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

Committee with a technical amendment to add the word “additional” on line 29 so that the ordinance correctly refers to the MIDD tax as an “additional” sales and use tax.

BACKGROUND

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

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

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

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

⁴ RCW 82.14.460

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

⁶ Ordinance 18452

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

⁸ Motion 14712 was adopted September 2016

⁹ Ordinance 18333

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

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

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

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

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

¹¹ Includes data from the July 2025 OEFA Forecast.

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

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

ANALYSIS

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

Update for 9/10 Staff Report: Proposed Ordinance 2024-0212, *as amended*, passed out of the *Budget and Fiscal Management* Committee on August 27, 2025, with a “Do Pass” recommendation. The *transmitted legislation* was amended in the *BFM* Committee with a *technical amendment* to add the word “additional” on line 29 so that the ordinance correctly refers to the MIDD tax as an “additional” sales and use tax.

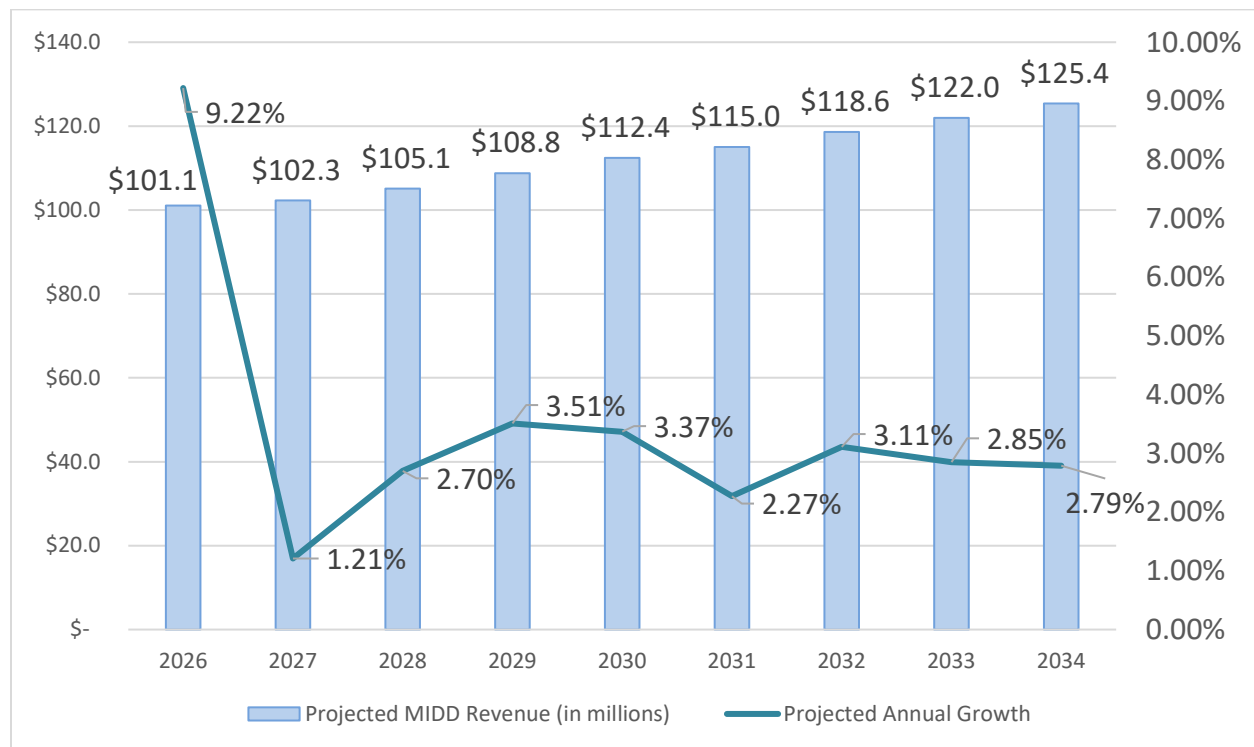
2025 State Legislative Sales Tax Expansion. In 2025, the Washington State Legislature adopted ESSB 5814, which broadens the sales tax base to include some services not previously included such as information technology support, temporary

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

staffing, and digital advertising services.¹³ Many of these services are concentrated within King County and are therefore expected to result in increased sales tax collections as is demonstrated in the July 2025 OEFA forecast.

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.

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

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

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

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

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

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

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

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-

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

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. On August 20, 2025, Executive staff notified Council staff of the Executive’s intent to transmit legislation with the budget to continue the MIDD II SIP until a new implementation plan is adopted in 2026.

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

Table 5. Legislative Schedule for Proposed Ordinance 2025-0212

Action	Committee/ Council	Date	Amendment Deadline
Submitted to Clerk	-	July 10	-
Introduction and Referral	Full Council	July 22	-
Briefing <i>(BFM in control)</i>	Special RPC	August 20	-
Discussion Only	Special BFM	August 24 Cancelled	-
Action	BFM	August 27	Striker direction: August 20 Striker distribution: August 22 Line AMD direction: August 25
Action	RPC	September 10	Striker direction: September 3 Striker distribution: September 5 Line AMD direction: September 8
Final Action – If expedited	Full Council	September 16	Striker direction: September 9 Striker distribution: September 11 Line AMD direction: September 14
Final Action Regular Course	Full Council	September 23	Striker direction: September 16 Striker distribution: September 18 Line AMD direction: September 21
DOR Notification Deadline	-	October 18	-

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

INVITED

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

ATTACHMENTS

1. Proposed Substitute Ordinance 2025-0212.2, as passed BFM on 8/27/25
2. Transmittal Letter (and its attachment, Memo: King County MIDD Impacts)
3. Fiscal Note



KING COUNTY

Signature Report

Ordinance

ATTACHMENT 1

1200 King County Courthouse
516 Third Avenue
Seattle, WA 98104

Proposed No. 2025-0212.2

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

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

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

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

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

KING COUNTY COUNCIL
KING COUNTY, WASHINGTON

Girmay Zahilay, Chair

ATTEST:

Melani Pedroza, Clerk of the Council

APPROVED this ____ day of _____, ____.

Shannon Braddock, County Executive

Attachments: None



King County

Shannon Braddock

King County Executive

401 Fifth Avenue, Suite 800
Seattle, WA 98104

206-296-9600 Fax 206-296-0194

TTY Relay: 711

www.kingcounty.gov

July 10, 2025

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

Dear Councilmember Zahilay:

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

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

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

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

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

The Honorable Girmay Zahilay
July 10, 2025
Page 2

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

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

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

Sincerely,



for

Shannon Braddock
King County Executive

Enclosure

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



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

July 10, 2025

TO: King County Councilmembers

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

RE: King County MIDD Impacts

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

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

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

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

² [[LINK](#)]

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- 36 percent fewer involuntary psychiatric hospitalizations.¹¹

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

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

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

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

MIDD Outcomes

1. Engagement with behavioral health treatment

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

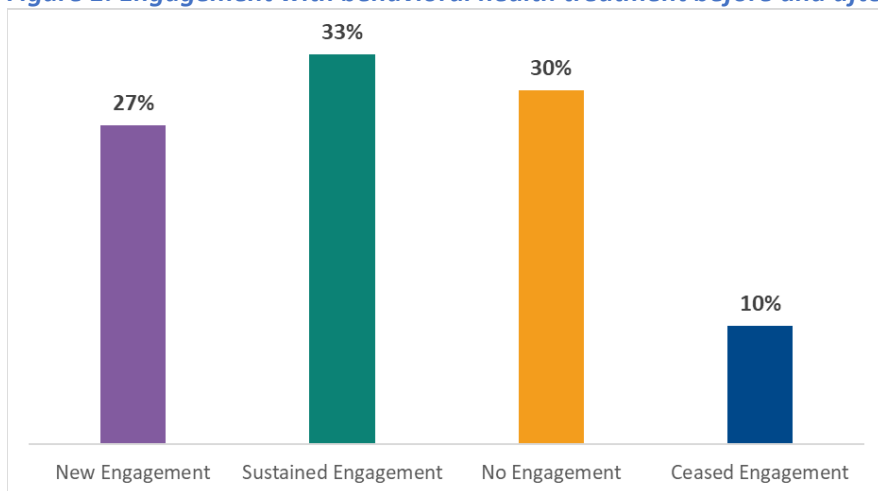
¹¹ These outcomes describe people who enrolled in relevant MIDD initiatives between 2017 and 2020, the most recent enrollment years for which three-year outcomes can be measured.

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

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

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

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



2. Long-term use of costly systems

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

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

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



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

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

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

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

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



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

3. People served

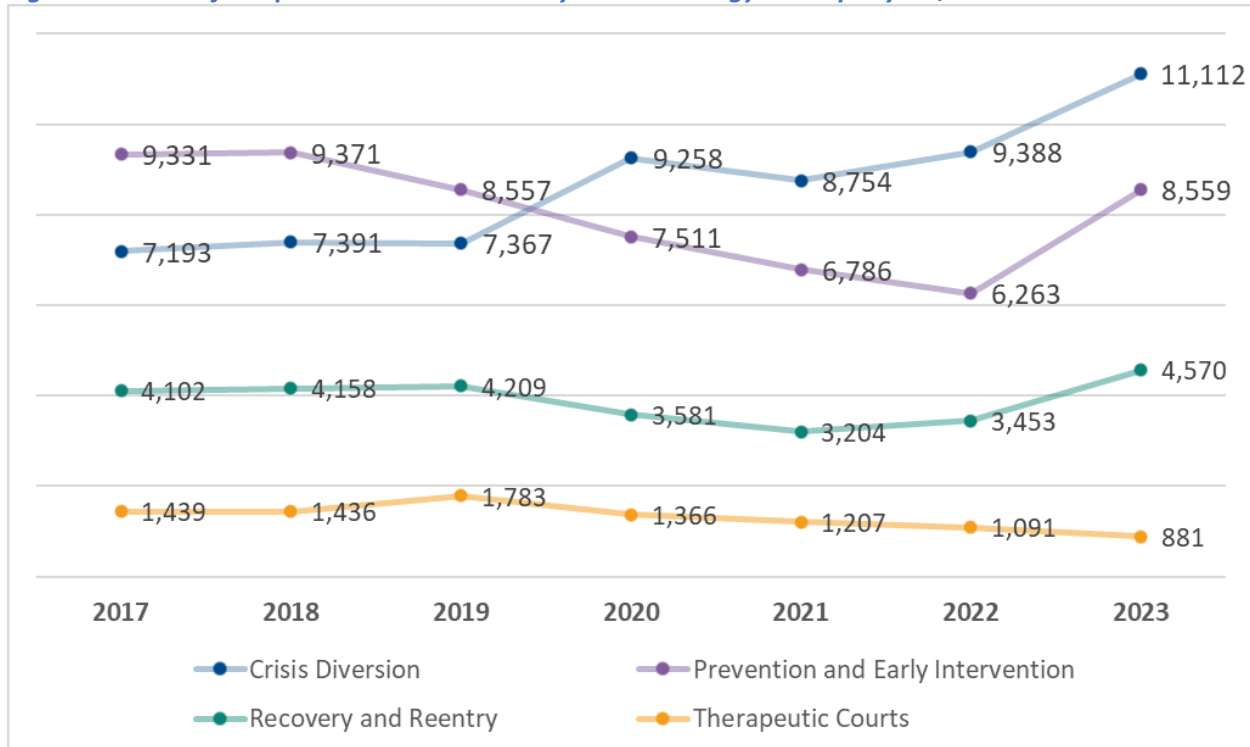
Since 2017, MIDD programs have served more than 100,000 people by funding direct behavioral health services. MIDD has also reached thousands more through community events, trainings, and other system-focused programming. Generally, MIDD programs serve more than 20,000 unique individuals each year, some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

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

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

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

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



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

4. Participant demographics

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

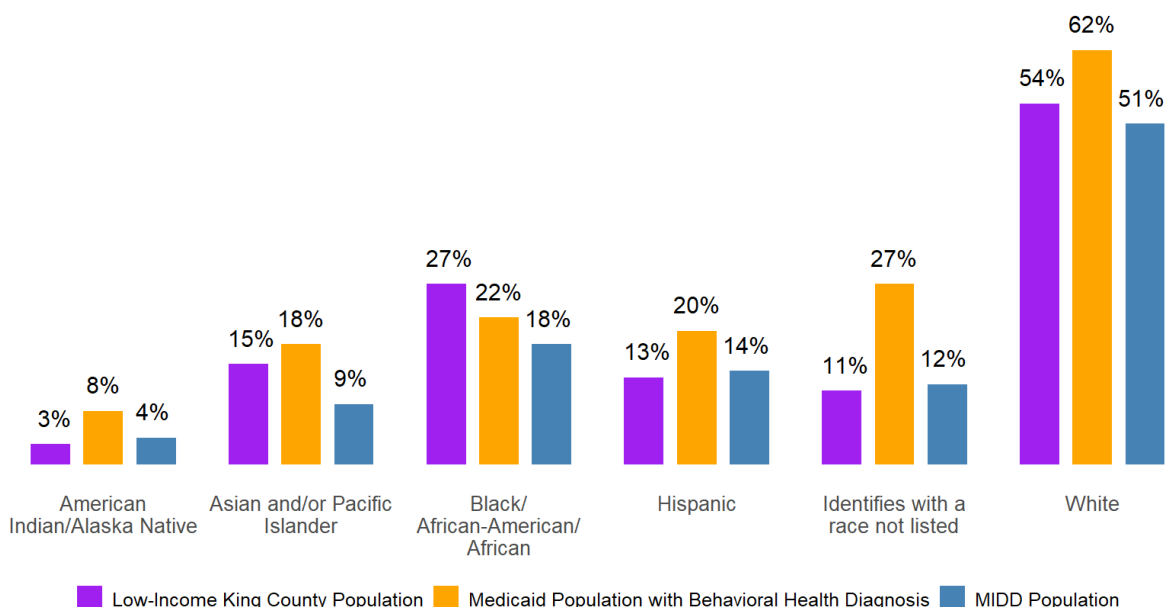
Participant data suggest opportunities for MIDD to do more to serve Asian and/or Pacific Islander and Black/African-American/African people who are underrepresented in MIDD’s service population compared to low-income King County residents and Medicaid beneficiaries with a behavioral health

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

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

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

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



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

5. Geographic distribution of participants

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

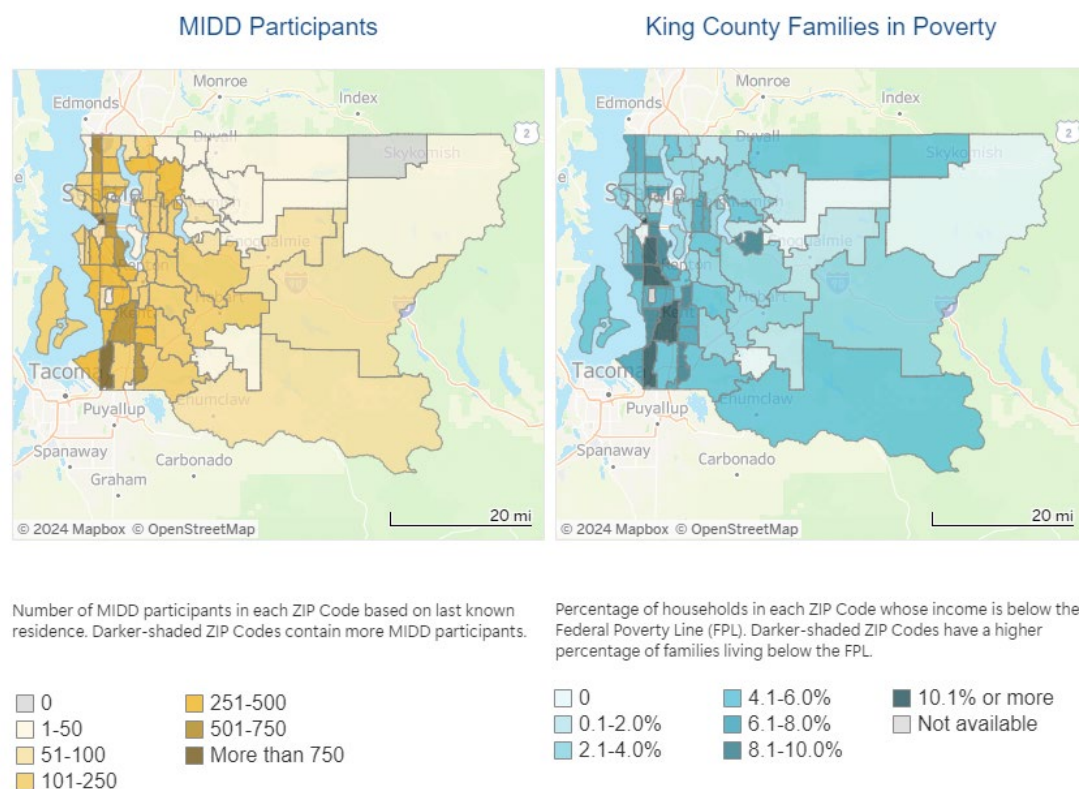
¹⁹ In alignment with federal reporting standards as well as best practice, individuals identifying with multiple races are represented multiple times. Numbers across categories may sum to more than 100 percent.

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

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

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

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



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

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

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

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

2025 FISCAL NOTE

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

Description of request:

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

Revenue to:

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

Expenditures from:

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

Expenditures by Categories

	2025	2026-2027	2028-2029
TOTAL	0	0	0

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

Notes and Assumptions:

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