



516 Third Avenue, Council
Chambers, 10th Floor,
Seattle, WA 98104

King County

Meeting Agenda

Regional Policy Committee

*Councilmembers: Pete von Reichbauer, Chair;
Jorge L. Barón, Sarah Perry*

*Sound Cities Association: Nancy Backus, Auburn, Vice Chair; Jay Arnold, Kirkland;
Armondo Pavone, Renton; Lynne Robinson, Bellevue
Alternates: Dana Ralph, Kent; Jim Ribail, Carnation*

*City of Seattle: Debora Juarez, Eddie Lin
Alt: Dionne Foster, Alexis Mercedes Rinck*

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

3:00 PM

Wednesday, September 30, 2026

Hybrid Meeting

SPECIAL 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.

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

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

2. Roll Call

3. Approval of Minutes p. 4

Minutes of May 13, June 10, and August 26, 2026 meetings.

Briefing

4. Briefing No. 2026-B0112 p. 13

King County's Energy Resilience

Mo McBroom, Director, King County Department of Natural Resources and Parks (DNRP)

Siobhan Doherty, Power Supply Officer, Seattle City Light

Kara Durbin, Director of Clean Energy Strategy, PSE

Mike Miller, Senior VP, Transmission Services, BPA

Jeff Droubay, President, WECC

Discussion and Possible Action

5. Proposed Motion No. 2026-0159 p. 14

A MOTION acknowledging receipt of the 2025 health through housing annual report, in accordance with K.C.C. chapter 24.30.

Sponsors: Mosqueda

Olivia Brey, Council staff



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Briefing

6. [Briefing No. 2026-B0087](#) **p. 105**

Best Starts for Kids 2025 Annual Report.

Miranda Leskinen, Council staff

Adjournment



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King County

1200 King County
Courthouse
516 Third Avenue
Seattle, WA 98104

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, May 13, 2026

Hybrid Meeting

SPECIAL MEETING

Renton City Hall

**7th Floor, Conferencing Center #726, 1055 S. Grady Way,
Renton, WA 98057**

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1. **Call to Order**

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

2. **Roll Call**

Present: 8 - Arnold, Backus, Pavone, von Reichbauer, Barón, Perry, Robinson and Ralph

Excused: 2 - Juarez and Lin

3. **Approval of Minutes**

Mayor Backus moved approval of February 11, 2026, meeting minutes. There being no objections, the minutes were approved.

Discussion and Possible Action

4. **Proposed Motion No. 2025-0252**

A MOTION acknowledging receipt of the summary letter and completion of the online annual report requirement for the Crisis Care Centers Levy, in accordance with Ordinance 19572, Section 7.C.9, and Attachment A to Ordinance 19783, Section VIII.A.

Sponsors: Mosqueda

Sam Porter, Council staff, briefed the Committee on the legislation and answered questions from members. Denille Bezemer, Interim Deputy Director, Behavioral Health and Recovery Division (BHRD), Department of Community and Human Services (DCHS) and Kelly Tongg, Project/Program Manager, Community & Human Services, DCHS, briefed the Committee via PowerPoint Presentation and answered questions from the members. and Katie Rogers, Chief of Staff, Community & Human Services Department and Jennifer Winslow, Crisis Care Centers Strategic Planning Manager, BHRD, DCHS, also 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, Barón, Perry, Arnold, Backus, Pavone, and Robinson
Excused: Juarez and Lin

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

Yes: 9 - Arnold, Backus, Pavone, von Reichbauer, Barón, Perry, Robinson and Ralph

Excused: 2 - Juarez and Lin

Briefing

5. Briefing No. 2026-B0054

Solid Waste General Update

Rebecca Singer, Solid Waste Division Director, King County Department of Natural Resources and Parks, briefed the Committee via PowerPoint presentation and answered questions from the members.

This matter was Presented

Adjournment

The meeting was adjourned at 4:21 p.m.

Approved this _____ day of _____

Clerk's Signature



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Meeting Minutes Regional Policy Committee

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Alternates: Dana Ralph, Kent; Jim Ribail, Carnation*

*City of Seattle: Debora Juarez, Eddie Lin
Alt: Dionne Foster, Alexis Mercedes Rinck*

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

3:00 PM

Wednesday, June 10, 2026

Hybrid Meeting

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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: 7 - Arnold, Backus, Pavone, von Reichbauer, Barón, Robinson and Ralph

Excused: 3 - Juarez, Perry and Lin

3. **Approval of Minutes**

The minutes of May 13, 2026, Special meeting were differed.

Briefing

4. **Briefing No. 2026-B0078**

King County Youth Diversion and Intervention Program Update

Jen Tanaka, Acting Director, DCHS Children, Youth, and Young Adults Division and Jennifer Hill, Acting Deputy Director, DCHS Children, Youth, and Young Adults Division, briefed the Committee via PowerPoint presentation and answered questions from the members. Also present was Stephanie Trollen, Legal Services Supervisor, Prosecuting Attorney Office (PAO), answered questions from the members.

This matter was Presented

Other Business

There was no further business to come before the committee.

Adjournment

The meeting was adjourned at 3:53 p.m.

Approved this _____ day of _____

Clerk's Signature



King County

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Chambers, 10th Floor,
Seattle, WA 98104

Meeting Minutes Regional Policy Committee

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Jay Arnold, Kirkland;*

*Armondo Pavone, Renton; Lynne Robinson, Bellevue
Alternates: Dana Ralph, Kent; Jim Ribail, Carnation*

*City of Seattle: Debora Juarez, Eddie Lin
Alt: Dionne Foster, Alexis Mercedes Rinck*

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

3:30 PM

Wednesday, August 26, 2026

Hybrid Meeting

DRAFT MINUTES - SPECIAL MEETING

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1. **Call to Order**

Chair von Reichbauer called the meeting to order at 3:31 p.m.

2. **Roll Call**

Present: 6 - Arnold, Backus, Pavone, von Reichbauer, Barón and Ralph

Excused: 4 - Juarez, Perry, Robinson and Lin

3. **Approval of Minutes**

The minutes of May 13 and June 10, 2026, meetings were differed.

Briefing

4. **Briefing No. 2026-B0088**

MIDD Annual Report.

This matter was Presented

Sam Porter, Council staff, briefed the Committee on the legislation and answered questions from the members. Isabel Jones, Interim Division Director, Behavioral Health and Recovery Division (BHRD), Department of Community and Human Services (DCHS) and Robin Pfohman, Special Projects Manager, BHRD, DCHS, briefed the Committee via PowerPoint presentation and answered questions from the members.

5. Briefing No. 2026-B0098

Briefing on Proposed Ordinances 2026-0177 and 2026-0174 Regarding the King County Behavioral Health Bridge.

This matter was Presented

Sam Porter and Miranda Leskinen, Council staff, briefed the Committee on the legislations and answered questions from the members. Susan McLaughlin, Director, Department of Community and Human Services (DCHS), Liz Arjun – Behavioral Health Policy Lead, Office of the Executive and Isabel Jones, Interim Division Director, Behavioral Health and Recovery Division (BHRD), DCHS, briefed the Committee via PowerPoint presentation and answered questions from the members.

Adjournment

The meeting was adjourned at 4:50 p.m.

Approved this _____ day of _____

Clerk's Signature



King County

Regional Policy Committee

September 30, 2026

**Agenda Item No. 4
Briefing No. 2026-B0112**

King County's Energy Resilience

No Meeting materials for this item will be available.



Metropolitan King County Council Staff Report

Committee:	Regional Policy Committee		
Agenda Item:	5	Analyst(s):	Olivia Brey
Proposed No.:	2026-0159	Meeting Date:	September 30, 2026

OVERVIEW

TOPIC: A motion acknowledging receipt of the 2025 Health Through Housing Annual Report, the fourth annual report for this program.

LEGISLATION SUMMARY

In October 2020, Council passed Ordinance 19179, imposing the Health Through Housing (HtH) sales tax. The Council passed Ordinance 19236 in February 2021, requiring the development of an implementation plan with the paramount goal of the creation and ongoing operation of 1,600 units of affordable housing with housing-related services. The HtH Implementation Plan and Ordinance 19366 require the Advisory Committee to report annually to the Council on expenditures, accomplishments, and effectiveness of the HtH initiative through an online HtH dashboard and to transmit a motion acknowledging receipt of the report.

Proposed Motion 2026-0159, which would acknowledge receipt of the 2025 Health Through Housing annual report, is dually referred to the Health, Housing, and Human Services Committee and then to the Regional Policy Committee (nonmandatorily). The item passed out of the HHHS Committee on September 1, 2026.

The transmitted report includes a summary of accomplishments, progress on HtH goals, financial information, information on the HtH Advisory Committee, and a conclusion and next actions. Highlighted metrics include a portfolio of 1,423 units at the end of 2025, 1,380 HtH residents accessed at least one type of onsite health service, and 98 percent of residents reported existing ties to the communities where their HtH site is located.

Proposed Motion 2026-0159 and its attached report appear to comply with the requirements of Ordinance 19366.

KEY ISSUES FROM THE ANALYSIS

A. Pause on Securing Additional Units. The Annual Report reiterates DCHS' intention to pause efforts to secure additional HtH units, as previously noted in a letter regarding reallocating funds, dated October 29, 2025. The Annual Report cites uncertainty in HtH projected revenue and significant, unexpected, and costly repair work required for HtH buildings as the reason for the pause.

BACKGROUND

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Health Through Housing Sales Tax.

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

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

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

Table 1. Overview of Spending Allocation Requirements

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

¹ House Bill 1590. <https://app.leg.wa.gov/billsummary/?BillNumber=1590&Year=2019&Initiative=false>

² Engrossed Substitute House Bill 1070.

<https://app.leg.wa.gov/billsummary/?BillNumber=1070&Year=2021&Initiative=false>

Allocation	Requirements
	health treatment programs and services or housing-related services

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

1. Persons with behavioral health disabilities;
2. Veterans;
3. Senior citizens;
4. Persons who are homeless or at risk of being homeless, including families with children;
5. Unaccompanied homeless youth or young adults;
6. Persons with disabilities; or
7. Domestic violence survivors.

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

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

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

Ordinance 19179 and Ordinance 19180. On October 13th, 2020, the King County Council adopted Ordinance 19179³ imposing a sales and use tax of 1/10th of 1 percent for housing and related services, as authorized in RCW 82.14.530. Proceeds from the tax are deposited

³ Ordinance 19179.

<https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=4652676&GUID=8A31F2EE-23AF-4BA3-9306-CD87CD8B40A0&Options=Advanced&Search=>

into the Health through Housing (HtH) fund, which was established through Ordinance 19180.⁴

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

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

Ordinance 19236. Adopted in February 2021, Ordinance 19236⁵ outlined the content and development approach for the HtH Implementation Plan and defines how revenues are to be spent. Per Ordinance 19236, the Executive is required to develop the implementation plan in consultation with the Affordable Housing Committee and the Chief Executive Officer of the King County Regional Homelessness Authority and transmit the Plan to the King County Council, along with legislation to establish the HtH Advisory Committee, no later than June 30, 2021.

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

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

Ordinance 19236 required that legislation establishing the HtH Advisory Committee be transmitted with the implementation plan. The Committee would be tasked with providing

⁴ Ordinance 19180.

<https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=4648545&GUID=5375B2B2-FED6-43E4-9394-15E081218D29&Options=Advanced&Search=>

⁵ Ordinance 19236.

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

advice to the Executive and Council and producing an annual report on the accomplishments and effectiveness of HtH sales tax expenditures. The Committee's responsibilities were to be described in the implementation plan and the membership would be required to include representatives of the following demographics:

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

2021 HtH Activities. In 2021, the County undertook HtH activities to design key aspects of the initiative and acquired HtH sites. King County acquired a total of 9 buildings in 2021 across Seattle, Renton, Redmond, Auburn, and Federal Way. Additionally, the County established a memorandum of agreement with the City of Seattle to permanently add 350 operations-only units⁶ to the HtH portfolio. Lastly, the County opened and moved residents into the Mary Pilgrim Inn, a 100-unit building in North Seattle.

Initial Health Through Housing Implementation Plan. On December 7, 2021, the King County Council adopted Ordinance 19366,⁷ adopting the Initial Health Through Housing Implementation Plan (Plan), which governs the expenditure of HtH sales and use tax proceeds from 2022 through 2028. The ordinance also created the HtH Advisory Committee.

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

- Supporting Goal 1: Annually reduce racial and ethnic disproportionality among persons experiencing chronic homelessness in King County (required by K.C.C. 24.30.030.A.1⁸).

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

⁷ Ordinance 19366.

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

⁸ K.C.C. 24.30.030.A.1. https://aqua.kingcounty.gov/council/clerk/code/33_Title_24.htm#_Toc65058358

- Supporting Goal 2: Create and operate a mobile behavioral health intervention program with access for its clients to housing created, operated, or otherwise funded by HtH proceeds (required by K.C.C. 24.30.030.A.5⁹).
- Supporting Goal 3: Increase HtH resident health by providing health care system enrollment and access on-demand to integrated healthcare for all HtH property residents while they reside in a HtH housing unit.
- Supporting Goal 4: Convert (through rehabilitation or “rehab”) into permanent supportive housing by December 31, 2028, at least 50 percent of HtH units that enter the portfolio as emergency housing.
- Supporting Goal 5: Increase the number of organizations who can operate emergency, supportive, or other affordable housing who also specialize in serving a demographically overrepresented population or community among King County’s chronically homeless population.
- Supporting Goal 6: Establish and maintain an online, publicly reviewable “dashboard” depicting current and historical performance data and information about the HtH initiative.
- Supporting Goal 7: Publish by December 31, 2026, an in-depth evaluation of the HtH initiative’s effectiveness.

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

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

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

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

⁹ K.C.C. 24.30.030.A.5. https://aqua.kingcounty.gov/council/clerk/code/33_Title_24.htm#_Toc65058358

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

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

Further, code changes in Ordinance 19366 require the annual report to be transmitted to the Council, with a motion acknowledging receipt of the report. Ordinance 19366 also required reporting on the allocation of proceeds by jurisdiction. For additional information on the Plan, please reference the staff report for Ordinance 19366.¹¹

2024 Annual Report. Motion 16910¹² was passed in December 2025 acknowledging the receipt of the third annual report. By the end of 2024, the HtH portfolio included a total of 1,434 units, with 954 units open. A total of 1,281 people were served during the 2024 reporting period and 97 percent of residents had existed ties to the city in which their HtH building is located. Additionally, after one year, HtH residents' total number of days in inpatient hospital care decreased by 33 percent, and their total number of emergency department visits dropped by 17 percent.

¹⁰ Health Through Housing Dashboard. <https://kingcounty.gov/en/dept/dchs/human-social-services/community-funded-initiatives/health-through-housing/health-through-housing-dashboard#rooted>

¹¹ Ordinance 19366.

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

¹² Motion 16910.

<https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=7436417&GUID=8060B529-777E-496A-82D9-08BB39E4C2CE&Options=Advanced&Search=>

Reallocation Letters. The Executive has transmitted four reallocation letters to increase funding for building acquisitions and capital improvements to continue to progress toward the HtH initiative's 1,600-unit goal.¹³

Most recently, in October 2025, the Executive reallocated \$7.25 million from Strategy 2 Emergency and Permanent Supportive Housing Operations to \$2.45 million for bond financing costs and \$4.8 million in the HtH Reserve.¹⁴ The funding for bond financing costs was intended to repay bond debt for 2025 capital costs, resulting from high interest rates and capital rehabilitation costs that were larger and required sooner than initially anticipated. The higher bond financing costs also required an increase to the HtH reserve to meet the policy for six months of debt service in the reserve, which necessitated the \$4.8 million reallocation. As discussed in previous annual reports, the balance of Strategy 2 had grown each year due to underspend resulting from delayed building openings and less operating funds needed.

The October 2025 reallocation letter also expressed the Executive's intent to pause efforts to secure additional units, despite not yet achieving the paramount goal of creating and operating 1,600 new units of supportive housing. The letter notes that changes in financial conditions impacting the cost of acquiring new properties and maintaining existing HtH buildings, as well as uncertainty in future construction costs and potential reductions in HtH sales tax revenue has led to the pause on expansion efforts.

Frank Chopp Health Through Housing Advisory Committee and Fund. On November 18th, 2025, the King County Council adopted Ordinance 19997,¹⁵ which renamed the Health Through Housing program in honor of former Representative Frank Chopp. Representative Chopp advocated for affordable housing owned by the public or nonprofits so it would be permanently available to support low-income people. Ordinance 19997 made amendments to King County Code to rename the advisory committee and the name of the fund.

ANALYSIS

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Proposed Motion 2025-0159 was transmitted on June 16, 2026, and the attached 2025 Health Through Housing Annual Report appears to meet the requirements of Ordinance 19366 to report on the expenditures, accomplishments, and effectiveness of the HtH

¹³ The first three reallocation letters are summarized in staff reports for previous annual reports.

¹⁴ Notification of Reallocation of HtH Revenue, October 29, 2025.

<https://mkcclegisearch.kingcounty.gov/View.ashx?M=F&ID=14897488&GUID=B56716B0-86CF-457E-A92C-5646C5F33B6F>

¹⁵ Ordinance 19997.

<https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=7711662&GUID=5131AEF4-8473-4147-8092-F4A89BE21A88&Options=Advanced&Search=>

initiative. More detailed information and infographics can be found on the online HtH Dashboard, maintained by DCHS.¹⁶

Performance Overview: Accomplishments and Effectiveness in 2025. The transmitted report states that 2025 activities were focused on rehabilitating and opening buildings, bringing people inside, and connecting residents with health care and other supports.

HtH's portfolio included a total of 1,423 units at the end of 2025, which is roughly 89 percent of the paramount goal of creating and operating 1,600 units of affordable housing with housing-related services. Eight units were removed from the total housing count due to repurposing units for temporary relocation units at multiple sites. Table 2 summarizes the annual progress toward the HtH initiative's paramount goal.

Table 2. Progress Towards the Paramount Goal

Year End	In Progress or Paused			Open & Operational			TOTAL
	Owned	Operations-Only	Subtotal	Owned	Operations-Only	Subtotal	
2022¹⁷	413	150	563	603	200	803	1,366
2023	419	215	634	462	262	724	1,358
2024	396	84	480	474	477	951	1,431
2025	317	52	369	545	509	1,054	1,423

HtH opened 109 new units for occupancy across four buildings in 2025 including Sweetgrass Flats, The Booker House, Sharyn Grayson House, and Haven Heights in Honor of Bruce Thomas. 77 of the 109 new units are County-owned and 32 are operations-only units. Construction was also completed at another location, Sheila Stanton Place, but since residents didn't begin moving in until 2026, those units will be noted as open in the 2026 reporting period.

The Bob G. is a County-owned building with 80 units which has been closed since June 2023 due to unsafe building conditions. As of the drafting of the Annual Report, the building is in the process of being sold. Additionally, the Annual Report notes that the Argyle, a County-owned, 10-unit building, is not a suitable option for investing in the conversion into permanent supportive housing. The Annual Report notes that the small size, which has made it challenging to find an operator to cost-effectively provide services, a large crack in

¹⁶ Health Through Housing Dashboard. <https://kingcounty.gov/en/dept/dchs/human-social-services/community-funded-initiatives/health-through-housing/health-through-housing-dashboard#rooted>

¹⁷ 2022 reporting was based on total units obtained, irrespective of use (administrative space, community rooms, etc.)

the basement foundation, and the potential for Sound Transit to site a light rail station where the property is located has contributed to this decision.

Key Issue A. Pause on Securing Additional Units. The Annual Report reiterates DCHS' intention to pause efforts to secure additional HtH units, as previously noted in the October 2025 Reallocation Letter. The Annual Report cites uncertainty in HtH projected revenue and significant, unexpected, and costly repair work required for HtH buildings as the reason for the pause. In 2025, the Facilities Management Division (FMD) discovered over \$6.9 million in unanticipated capital costs and additional costs are expected in 2026. According to the Annual Report, "HTH plans to secure additional operations-only units when the initiative's budget forecast projects HTH will generate sufficient revenue to cover total expenditures through 2041, when the first bond will mature."

The Annual Report provides an update on the supporting goal to convert at least 50 percent of units that entered the portfolio as emergency housing into permanent supportive housing. Renovations to convert units in two buildings began in 2025 and will continue through 2026. A third building, which is needed to meet the goal, is in the renovation scoping phase and a site condition assessment will be completed in 2026.

The following highlights were also featured:

- HtH provided a broad range of services and supports to residents with 1,380 HtH residents accessing at least one type of onsite health service. 43 percent of residents received physical health care and 60 percent of residents accessed behavioral health care services.
- HtH continued to achieve positive health outcome for residents. After two years, HTH residents' total number of inpatient hospital stays decreased by 41 percent, and their total number of emergency department visits dropped by 39 percent.
- With regard to housing stability among permanent supportive housing residents, 93 percent of residents maintained their housing or moved to another permanent housing destination.
- HtH began analyzing criminal legal system outcomes and noted that HtH residents experienced reduced engagement with the criminal legal system, with residents experiencing a 24 percent decrease in jail bookings two years after enrollment.
- HtH achieved continued success housing individuals with ties to the city in which their HtH building is located, with 98 percent of residents reporting existing ties.
- HtH sites maintained high occupancy rates in 2025, with buildings ending the year with an average occupancy rate of 92 percent, with some buildings having over 100

percent occupancy rates and others lower due to closures for maintenance, resident turnover, or opening units midyear.

The Annual Report states that progress was made on the primary supporting goal of annually reducing the racial-ethnic disproportionality among persons experiencing chronic homelessness. Table 3 provides an overview of the race/ethnicity of HtH residents, chronically homeless individuals in King County, and the overall King County population in 2024 and 2025.

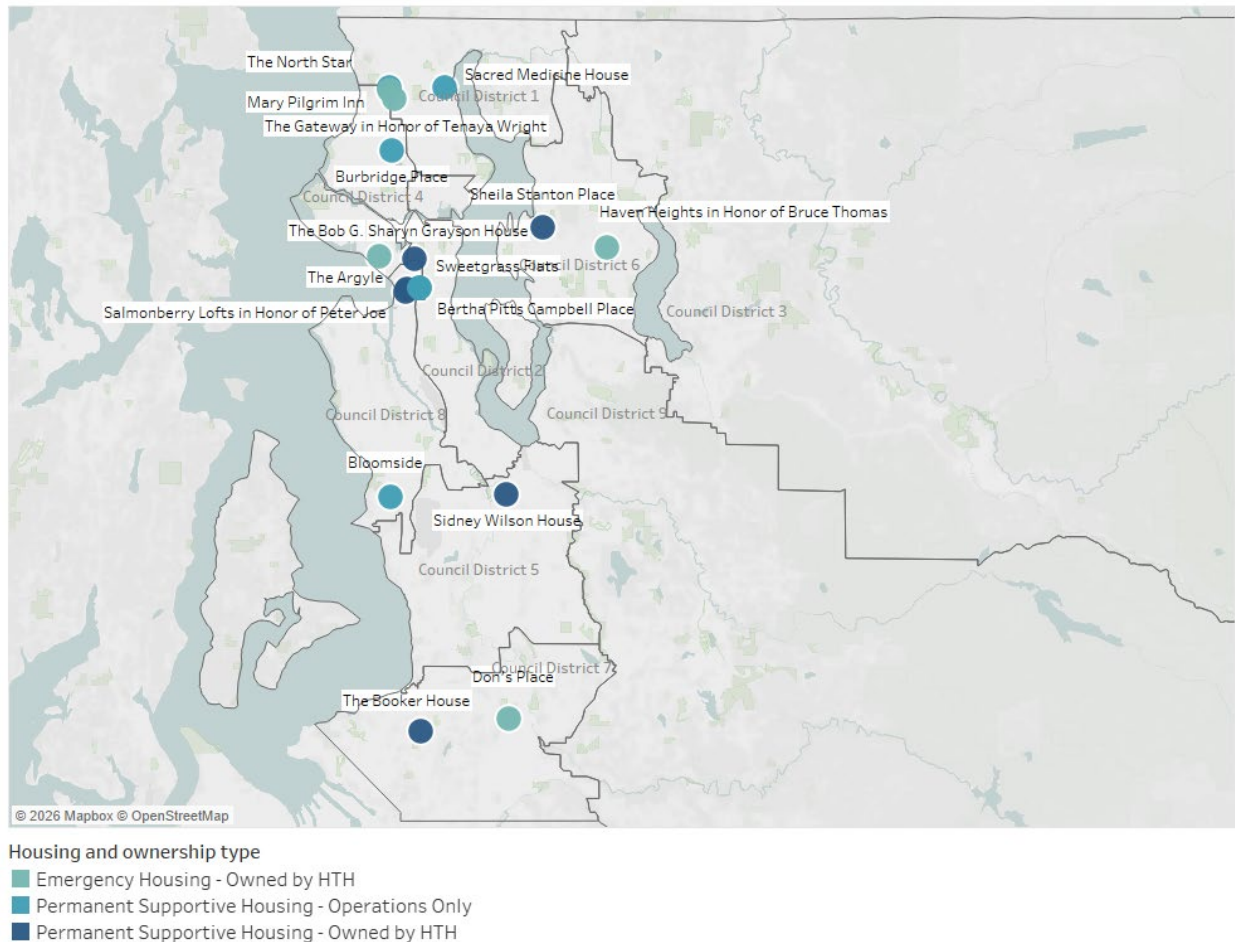
Table 3. Race/Ethnicity of HtH Residents, Chronically Homeless People, and the Overall Population in King County

Race/Ethnicity	HTH Residents		People in King County experiencing chronic homelessness		King County population	
	2024	2025	2024	2025	2024	2025
American Indian, Alaska Native, or Indigenous	16%	18%	5%	5%	<1%	<1%
Asian or Asian America	2%	2%	2%	2%	21%	22%
Black, African American, or African	21%	19%	24%	24%	7%	7%
Hispanic/Latin(a)(o)(x)	3%	3%	3%	4%	8%	8%
Multiracial	11%	12%	15%	14%	10%	10%
Native Hawaiian or Pacific Islander	2%	2%	2%	2%	1%	1%
Unknown/unreported	4%	4%	2%	3%	N/A	N/A
White	41%	40%	46%	47%	52%	52%

The number of American Indian, Alaska Native, or Indigenous residents has continued to increase, which the HtH program attributes to the opening of three buildings run by the Chief Seattle Club, a Native-led human services agency. The percentage of Black, African American, or African (BAAA) residents has decreased, but the number of BAAA residents has remained stable according to the transmitted report.

Site Locations and Other Geographic Information. The number of HtH sites remains unchanged compared to last year and includes 17 sites (11 County-owned and six operations-only buildings). Map 1 shows the location of each HtH building by type.

Map 1. HtH Site Locations



According to the transmitted report, HtH continues to be consistent with the requirement in RCW 82.14.530 that the county provide an opportunity for at least 15 percent of units in each facility to be occupied by individuals who live in or near the city where the facility is located or have other ties to the community. In 2025, 98 percent of residents reported existing ties to the communities where their HtH site is located.

Financial Information. In 2025, HtH revenue totaled \$84.6 million, including \$73.5 million in tax revenue, which was \$2.7 million higher than in 2024. The total revenue was higher than the Implementation Plan projected, as shown in Table 4, largely due to interest received on capital and operating balances. Executive staff noted that interest earnings are put towards the same programming that the principal balance goes toward.

Table 4. 2025 HtH Revenue (in millions)

	Projected in IP	Actual 2025 Revenues (rounded)	Change between IP and Actual 2024
Tax Revenue	\$73.3	\$73.5	0.3%
Annual Interest	\$0.2	\$11.0	5400.2%
Annual Bond Proceeds	\$0.0	\$0.0	0.0%
Commercial Rent	\$0.0	\$0.1	N/A
Total Revenue	\$73.5	\$84.6	15.1%

HtH spent \$106.2 million in 2025, which was approximately \$37 million more than in 2024 and \$12.4 million more than what was projected in the Implementation Plan. The Annual Report notes that the higher expenditures were primarily due to opening more buildings than previous years, as well as the rehabilitation work required to open and maintain buildings. A comparison of expenditures by strategy is shown in Table 5.

Table 5. 2025 HtH Expenditures by Strategy (in millions)

Strategy	Projected Expenditure in IP	Actual 2025 Expenditures (rounded)	Change between IP and Actual 2024
<i>Strategy 1</i> Capital Financing and Improvements for HtH Sites	\$17.1	\$33.2	94.3%
<i>Strategy 2</i> Emergency and Permanent Supportive Housing Operations	\$43.3	\$36.8	(15.0%)
<i>Strategy 3</i> Behavioral Health Services Outside HtH Sites	\$9.5	\$9.4	(0.6%)
<i>Strategy 4</i> Capacity Building Collaborative	\$0.4	\$1.0	160.9%
<i>Strategy 5</i> Evaluation and Performance Measurement	\$0.6	\$0.2	(62.5%)
<i>Strategy 6</i> Future Acquisition of Additional Facilities	\$0.0	\$0.0	0.0%
<i>Initiative Administration</i>	\$2.2	\$2.3	3.4%

Strategy	Projected Expenditure in IP	Actual 2025 Expenditures (rounded)	Change between IP and Actual 2024
<i>Bond Financing Cost</i>	\$20.6	\$23.2	12.6%
TOTAL EXPENDITURES	\$93.8	\$106.2	13.3%

As noted in prior staff reports for HtH annual reports, expenditures within Strategy 2 were lower than initially projected due to later building openings and supportive housing funds not being spent as quickly as expected. According to Executive staff, the balance of Strategy 2 funds, after the October reallocation, was approximately \$75 million. The funding is planned to be used for covering increased operations and service costs.

Strategy 4 expenditures were higher than projected in the Implementation Plan. The Annual Report noted that HTH provided ongoing one-on-one technical support to operators and facilitated peer learning between organizations, including educating operators on resources available in the community.

Table 6 shows a summary of 2025 expenditures by jurisdiction.¹⁸ Additional details, including costs from acquisition, building rehabilitation, facility maintenance, program operations, and bond financing is shown in Figure 18 of the transmitted report's Attachment A.

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

HtH Host Jurisdiction	2025 Expenditures
Auburn	\$5.7
Burien	\$1.7
Federal Way	\$11.2
Kirkland	\$16.2
Redmond	\$12.0
Renton	\$10.2
Seattle	\$36.2
Total	\$106.2

¹⁸ The following cities passed legislation in 2020 to keep the tax revenue generated under RCW 82.14.530: Bellevue, Covington, Issaquah, Kent, Maple Valley, North Bend, Renton, and Snoqualmie.

RCW 82.14.530 requires that King County spend at least 30 percent of revenue collected from cities with populations greater than 60,000 within that jurisdiction. Sammamish is the only city that meets this population threshold and doesn't have a HTH site. The Annual Report noted that Executive staff meet regularly with the City of Sammamish to continue collaboration. The other larger jurisdictions have an HTH site, including Federal Way, Kirkland, Redmond, and Seattle, and have exceeded the state law requirement.

Frank Chopp HtH Advisory Committee Membership and Certification of Dashboard.

The Frank Chopp HtH Advisory Committee consisted of 15 members, as of December 2025 including: Lana Bostic, Lena Bernal, Indigo Brown, Avon Curtis, Tulika Dugar, Gloria Ramirez Santiago, Patti Yates-Starns, Marissa Fitzgerald, MJ Kiser, Krystal Marx, Sarah Stewart, Da'mont Vann, Barbara Walker, Donnell Olebar, and Andrea Paine. In 2025, DCHS appointed a HtH resident to the Committee. Ordinance 19366 requires the Executive to file an annual report and accompanying motion on behalf of the HtH Advisory Committee. The transmittal letter states that the HtH Advisory Committee certified the transmitted report and online dashboard on May 21, 2026.

Conclusion/Next Actions. The Conclusion/Next Actions section notes that steady progress has been made securing and opening supportive housing across the County. The Executive intends to focus 2026 on finishing rehabilitation of unopened units, moving individuals inside, and providing supportive services to residents.

An evaluation of the HtH initiative is being completed and, according to Executive staff, will be published by December 31, 2026. A formal transmittal to Council is not required.

INVITED

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- Shanna Clinton, Acting Manager, Health Through Housing Initiative, Department of Community and Human Services (DCHS)
- Rick Malley-Crawford, Government Relations Administrator, DCHS

ATTACHMENTS

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1. Proposed Motion 2026-0159 (and its attachment)
2. Transmittal Letter



KING COUNTY

Signature Report

ATTACHMENT 1

1200 King County Courthouse
516 Third Avenue
Seattle, WA 98104

Motion

Proposed No. 2026-0159.1

Sponsors Mosqueda

1 A MOTION acknowledging receipt of the 2025 health
2 through housing annual report, in accordance with K.C.C.
3 chapter 24.30.

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

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

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

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

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

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

23 WHEREAS, the fourth annual report, entitled 2025 Health Through Housing
24 Annual Report, which is Attachment A to this motion, is submitted by the executive;

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

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

27 entitled 2025 Health Through Housing Annual Report, Attachment A to this motion, in
28 accordance with K.C.C. 24.30.020, is hereby acknowledged.

KING COUNTY COUNCIL
KING COUNTY, WASHINGTON

Sarah Perry, Chair

ATTEST:

Melani Pedroza, Clerk of the Council

APPROVED this ____ day of _____, ____.

Girmay Zahilay, County Executive

Attachments: A. 2025 Health Through Housing Annual Report

2025 Health Through Housing Annual Report

June 2026



King County

Summary

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

HTH's 2025 activities reflect a continued focus on rehabilitating and opening buildings, bringing people inside, and connecting residents with supports. Since its inception, HTH has secured 1,423 housing units, of which 1,054 units were open across 14 sites as of the end of 2025. HTH opened three sites to residents in 2025 (Sweetgrass Flats, The Booker House, and Sharyn Grayson House). It also opened newly renovated units at Haven Heights in Honor of Bruce Thomas in accordance with its phased opening approach. Lastly, HTH finished major construction work at its Kirkland site, Sheila Stanton Place, which started moving in residents in January 2026. Of these newly opened buildings, the Kirkland and Federal Way sites each represent one of the first PSH buildings to open in their respective cities, illustrating the initiative's success using a regional approach to reduce chronic homelessness.

2025 highlights include:

- HTH made significant progress renovating and opening new emergency housing (EH) and Permanent Supportive Housing units (PSH), with 1,054 homes open across 14 sites at the end of 2025, including 109 units that opened for occupancy in 2025.
- HTH continued providing a broad range of services and supports to residents, with almost all 1,380 HTH residents served in 2025 having access to at least one type of onsite health service.
- HTH made progress addressing racial and ethnic disproportionality among the homeless population, including opening three sites that are operated by organizations run by and for BIPOC communities.
- HTH achieved positive health outcomes for residents, including reducing reliance on costly emergency healthcare services. After two years, HTH residents' total number of inpatient hospital stays decreased by 41 percent, and their total number of emergency department visits dropped by 39 percent.
- HTH achieved positive housing stability outcomes among its PSH residents, with 93 percent of PSH residents maintaining their housing or moving to another permanent housing destination.
- HTH residents experienced reduced engagement with the criminal legal system, with residents experiencing a 24 percent decrease in jail bookings two years after enrollment.

2025 Health Through Housing Annual Report

See also [Health Through Housing Dashboard](#)

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- HTH achieved continued success housing individuals with ties to the city in which their HTH building is located, with 98 percent of HTH residents reporting existing ties to the communities where they reside at move in.
- HTH sites maintained high occupancy rates in 2025, with buildings ending the year with an average occupancy rate of 92 percent, with some buildings having over 100 percent occupancy rates and others lower due to closures for maintenance, resident turnover, or opening units midyear.
- HTH provided increased capacity building and technical assistance to its housing operators through monthly Community of Practice sessions and individual consultations with operators.

Background

King County’s Health Through Housing initiative (HTH) is focused on creating and sustaining affordable, supportive housing for those in King County experiencing or at risk of chronic homelessness.⁵ The initiative takes a regional approach to both accelerate King County’s ability to reduce chronic homelessness countywide and dismantle the racial and ethnic disproportionality prevalent among the homeless population in King County.⁶ See Appendix D for more information on the historical context of the HTH initiative.

HTH focuses on expanding the supply of both emergency housing (EH) and permanent supportive housing (PSH) and operating the homes it creates consistent with the Housing First model.^{7,8,9,,10} After four full years of operation, the HTH initiative has ended homelessness for over 1,400 King County residents, improved the health and wellbeing of residents, and reduced the use of local emergency departments, hospitals, and jails – creating additional cost savings for the County. Recent analysis by DCHS shows that after two years of living in a HTH unit, residents’ total number of inpatient hospital care stays decreases by 41 percent, their total number of emergency department visits drops by 39 percent, and residents experience a 24 percent decrease in jail bookings.

From 2020 to 2025, HTH secured 17 sites containing 1,423 units for use as PSH and EH across seven cities.¹¹ In addition to 11 County-owned buildings where HTH funds the cost of development and operations, the sites include six “operations-only” buildings for which HTH funds the cost of operations. HTH opened 14 of its 17 sites as of December 2025 and finished construction on its 15th site in January 2026.

Since 2020, HTH has opened buildings more quickly than traditionally funded projects, highlighting the strength of the HTH model of housing development. Even as the HTH initiative proceeds quicker than other emergency and supportive housing developments, it has faced challenges securing and opening all 1,600 units envisioned in the Plan. Work has progressed slower than initially projected due to extensive permitting, construction, and community engagement

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See also [Health Through Housing Dashboard](#)

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timelines, staffing limitations, funding constraints, escalating costs, and poor building conditions. For example, across HTH sites, navigating jurisdictional approval has extended the time necessary to open HTH buildings. For example, in Federal Way, HTH purchased the building in 2021, but it did not formally open until 2025. On average, it takes HTH nearly a year to compile all the documentation required for a permit application and receive city approval.

Report Requirements

This annual report summarizes the activities of the HTH initiative through the end of 2025 and fulfills the reporting requirements in KCC 2A.300.200.A. Specifically, this document includes summaries of the accomplishments and effectiveness of the expenditure of HTH sales tax proceeds in 2025 as well as financial information including, but not limited to, the allocation of proceeds by jurisdiction.¹²

This report also summarizes the significant additional annual data reporting provided by HTH's 2025 online dashboard, as called for by the Health Through Housing Implementation Plan as adopted by Ordinance 19366.^{13, 14, 15} Finally, this report provides information about the Frank Chopp Health Through Housing Advisory Committee and confirms that the Committee has certified that the online dashboard is current and updated with 2025 data and ready for review, as directed by the Plan.^{16, 17} Appendix A of this report shows legislative and Plan language that sets out reporting elements and provides both the location of summary information in this report and tabs of the HTH dashboard that contain further information and opportunities to explore data. Appendix E of this report describes the HTH initiative's legislative history and initiative's goals.

A. Performance Overview: Accomplishments and Effectiveness in 2025

The HTH initiative transformed an emergency response strategy to the COVID-19 pandemic into an innovative, long-term effort to significantly address the region's homelessness crisis. By acquiring and repurposing hotels and apartments throughout the County and providing vital operations funding to providers, HTH has increased housing capacity for residents who are experiencing or at risk of chronic homelessness. In 2025, HTH ended the year with 1,423 housing units secured, of which 1,054 units were open across 14 sites.¹⁸ See Appendix F for more information on the HTH buildings that opened in 2025.

2025 Highlights

HTH's 2025 activities reflect a continued focus on rehabilitating and opening buildings, bringing people inside, and connecting residents with health care and other supports. HTH opened three sites to residents in 2025 (Sweetgrass Flats, The Booker House, and Sharyn Grayson House). It also opened newly renovated units at Haven Heights in Honor of Bruce Thomas in accordance with its phased opening approach.¹⁹ Lastly, HTH finished major construction work at its Kirkland site,

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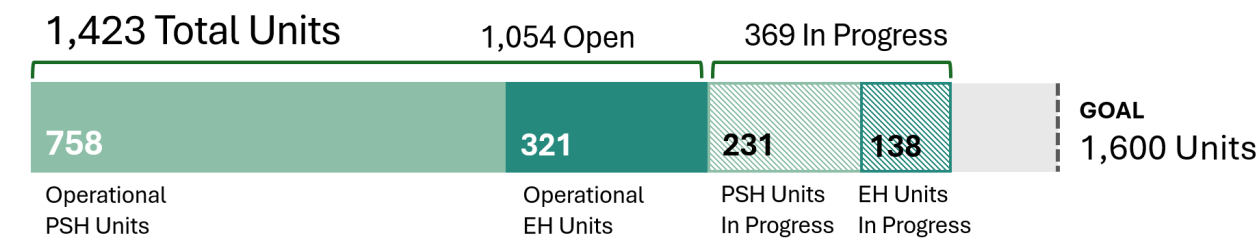
Sheila Stanton Place, which started moving in residents in January 2026. Of these newly opened buildings, the Kirkland and Federal Way sites each represent one of the first PSH buildings to open in their respective cities. The progress made in the last year illustrates the initiative’s success using a regional approach to reduce chronic homelessness.

The following subsections describe the initiative’s 2025 activities in depth and provide performance data at the program and population level.

Number of Secured and Open Housing Units by Year-End 2025

HTH has made significant progress developing and opening new EH and PSH units. As shown in Figure 1, the initiative had 1,423 housing units secured, of which 1,054 were open by the end of 2025 (compared to 954 open at the end of 2024).²⁰ In 2025, HTH opened 109 new units for occupancy across four buildings, including 32 at Sweetgrass Flats, 18 at The Booker House, 32 at Sharyn Grayson House, and 27 at Haven Heights in Honor of Bruce Thomas. In 2025, HTH also finished major construction work at its Kirkland site, Sheila Stanton Place, which started moving in residents during January 2026.

Figure 1: Cumulative Number of HTH Housing Units, 2025²¹



As of December 2025, HTH had opened 14 of the 17 buildings secured by the initiative. Of these 14 sites, three are undergoing phased openings (Haven Heights in Honor of Bruce Thomas, Sweetgrass Flats, and The Booker House) and, accordingly, collectively contain 178 unopened units as of December 2025. The 15th site, Sheila Stanton Place, which contains 101 units, opened in January 2026. The remaining 90 unopened units are located at The Bob G. and the Argyle.

As of the drafting of this report, the Executive is in the process of selling the Bob G. Originally named the Inn at Queen Anne, the Bob G. was a critical component of King County’s response to the COVID-19 pandemic, having been originally leased as part of shelter deintensification efforts. The HTH initiative purchased this 80-unit building in May 2021. After acquisition, building

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deficiencies were identified that had not been evident in the original property condition report.^{22,23} A 2024 analysis by FMD indicated that addressing these deficiencies would cost at least \$19 million. In early 2026, HTH staff met with a representative of the Seattle City Council, and they were not aware of any Seattle funding source that could support redevelopment. Given the condition of the building, the Executive determined it would be more cost-effective to transfer the building to another owner rather than conduct a major renovation of the building.

King County has also faced challenges with the Argyle, a 10-unit building located in downtown Seattle. Because of the building's small size, it has been challenging to identify an operator who can cost effectively provide 24/7 services to such a small number of residents. Further, in 2025, HTH identified a large crack in the basement foundation that makes the building unsafe for habitation without expensive repairs. In addition, Sound Transit is now considering locating the future Midtown light rail station along 4th Avenue, where the Argyle is located.²⁴ Given the structural issues with the building, its small size, and the uncertainty around Sound Transit's plans for this and adjacent properties, the building is not a suitable option for investing in the conversion to PSH.

While HTH has not yet reached its paramount goal of securing and opening 1,600 units, financial conditions have changed dramatically since the Plan's adoption, creating new barriers to expanding the HTH portfolio.²⁵ Recent economic changes have significantly impacted both the cost of acquiring new properties and the cost of renovating and maintaining existing HTH buildings. Additionally, emerging shifts in global trade policy and tariff measures create significant uncertainty regarding future construction costs, and are expected to reduce HTH sales tax revenue. Over the last year, King County Office of Economic and Financial Analysis (OEFA) projections of the amount of tax revenue that the HTH initiative will generate through 2028 have fluctuated significantly due to this uncertainty.²⁶

Additionally, in 2025, the King County Facilities Management Division (FMD) determined that many of its acquired HTH buildings required significant, unexpected, and costly repair work.²⁷ For instance, over the course of 2025, FMD identified five HTH sites where the building envelope had failed and water intrusion had occurred. In total, across the HTH portfolio, FMD discovered more than \$6.9 million in unexpected capital costs in 2025, with additional unforeseen capital costs expected in 2026.

- At Haven Heights, FMD identified over \$1,000,000 in unanticipated costs, including nearly \$540,000 for a total plumbing replacement due to the presence of deteriorating CPVC pipe.
- At Sharyn Grayson House, FMD identified over \$540,000 in unanticipated costs, including nearly \$300,000 in exterior envelope repairs.
- At Sheila Stanton Place, FMD identified over \$2,600,000 in unanticipated costs, including over \$600,000 in electrical repairs and over \$700,000 for site and fencing revisions.
- At the Booker House, FMD identified over \$880,000 in unanticipated costs, including over \$184,000 in floor prep costs.

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- At Sidney Wilson House, FMD identified over \$1,800,000 in unanticipated costs, including nearly \$306,000 to replace the roof.

Because HTH is facing both higher-than-expected costs and significant uncertainty regarding future revenue, DCHS has paused efforts to secure additional HTH units. This adjustment reflects DCHS' efforts to prudently manage HTH's limited resources not only to create new housing units, but also to operate those units on an ongoing basis with housing-related services, consistent with the initiative's paramount goal as articulated in Ordinance 19236 and the Plan. The significant increase in construction costs and uncertainty regarding future revenue have made it unclear whether or when the HTH sales tax will raise sufficient revenue to cover the long-term costs of maintaining 1,600 units.²⁸ Further, the increases in rehabilitation costs, interest costs, and real estate costs mean that HTH would have to pay significantly more to acquire, rehabilitate, and open new buildings purchased under current economic conditions.

DCHS intends to continue to closely monitor these trends and will secure additional units once financial conditions permit. If financial conditions shift, HTH plans to secure additional operations-only units when the initiative's budget forecast projects HTH will generate sufficient revenue to cover total expenditures through 2041, when the first bond will mature. To ensure that its forecasts accurately project future costs, especially in light of the unexpected repair needs identified in 2025, HTH is working with FMD to comprehensively assess long-term maintenance and capital improvements needed across its current portfolio. HTH expects this assessment to be completed in early 2027. This assessment, and HTH's connected efforts to maintain its acquired buildings, will extend the life of the HTH portfolio and ensure that HTH continues to provide high-quality, safe housing to its residents.

DCHS also plans to work closely with the Executive regarding the future of the HTH initiative, including transfers of ownership of HTH sites or other housing investments using HTH revenue, in anticipation of the Executive's transmittal of a proposed updated implementation plan for HTH in 2027.

Number of People Housed in Health Through Housing Sites

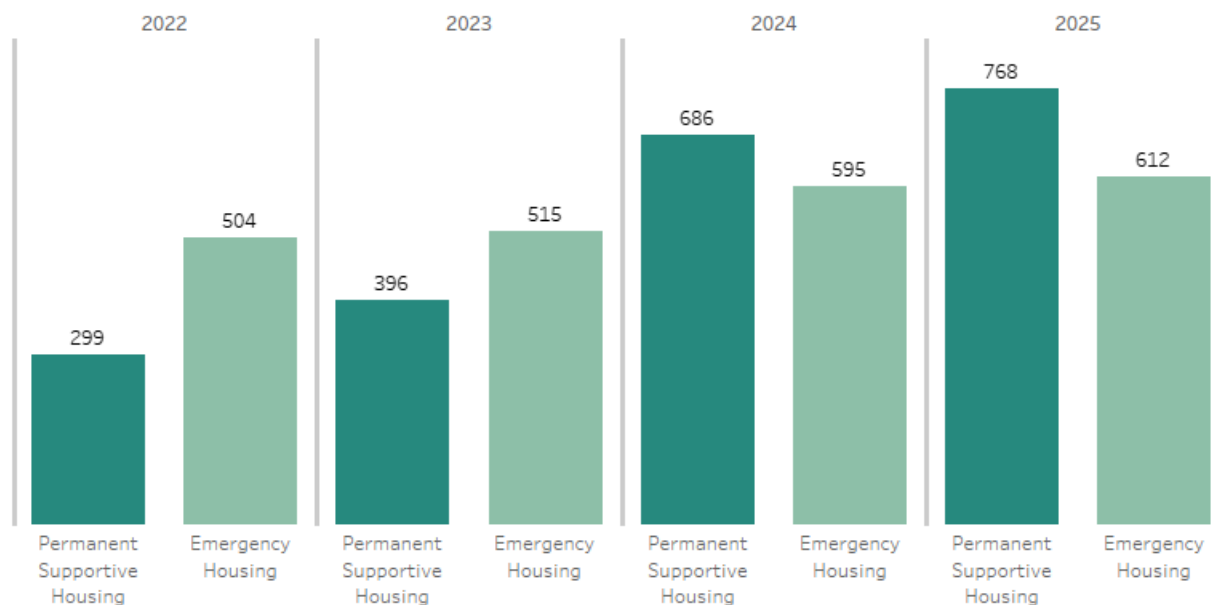
In 2025, HTH permanently or temporarily housed a total of 1,380 people (compared to 1,281 people in 2024).²⁹ As of December 31, 2025, HTH operated ten sites as PSH and four as Emergency Housing (EH). In 2025, HTH's PSH sites housed a total of 768 residents and HTH's EH sites housed a total of 612 individuals, as shown in Figure 2. This represents a net increase of 99 residents in 2025 as compared to 2024. This increase is due to more residents continuing to move into Haven Heights in Honor of Bruce Thomas, as well as the opening of Sweetgrass Flats, The Booker House, and Sharyn Grayson House in 2025.³⁰

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Figure 2: People Housed in HTH Emergency Housing or Permanent Supportive Housing, 2022-2025³¹



Source: Seattle-King County Homeless Management Information System (HMIS) Data as of 3/1/2026.

Progress Converting EH to PSH

To open a site as PSH, a developer must obtain special use permits, ensure compliance with local zoning laws, and often undertake significant renovations to meet the long-term living standards required for PSH. This process can take two to five years. Generally, city building codes require EH sites to meet basic health and safety standards without the extensive renovations often required for PSH, allowing EH sites to open faster. In alignment with the Implementation Plan, HTH opened many newly acquired sites as EH in order to immediately provide housing to chronically homeless King County residents. The Implementation Plan includes as a supporting goal converting 50 percent of the units that enter the portfolio as EH to PSH by 2028. HTH aims to meet this goal through the conversion of EH units to PSH at Haven Heights in Honor of Bruce Thomas and Sheila Stanton Place, as shown in Figure 3. In 2025, HTH started renovations to convert units at Haven Heights in Honor of Bruce Thomas and Sheila Stanton Place into PSH; renovations are continuing on the remaining unopened units in 2026. The HTH initiative is also currently exploring conversion design and cost for The Gateway in Honor of Tenaya Wright. In September 2025, HTH received a change of use permit from the City of Seattle to convert the Gateway into PSH. The initiative is now scoping the renovation project, and will conduct a site condition assessment in 2026.

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Figure 3: Progress Towards 50 Percent Conversion Goal

Total Units Secured as EH³²	557
Goal: 50% of units → PSH	279

Buildings to be Converted	Units
The Gateway in Honor of Tenaya Wright	113
Haven Heights in Honor of Bruce Thomas	100
Sheila Stanton Place	101
Total	314

Percent of Housing Units that Are Occupied

Across the portfolio, HTH sites maintained high occupancy rates in 2025, with buildings ending the year with an average occupancy rate of 92 percent. As of December 31, 2025, Don's Place and Salmonberry Lofts in Honor of Peter Joe achieved the highest occupancy rates (104 percent), as shown in Figure 4.³³ The Booker House ended the year with the lowest occupancy rate (50 percent) due to having opened in December 2025. Building occupancy rates sometimes drop below 100 percent if residents move out and their unit has not yet been filled; rooms are offline due to required maintenance; or a building has just opened and is in its initial lease-up phase,

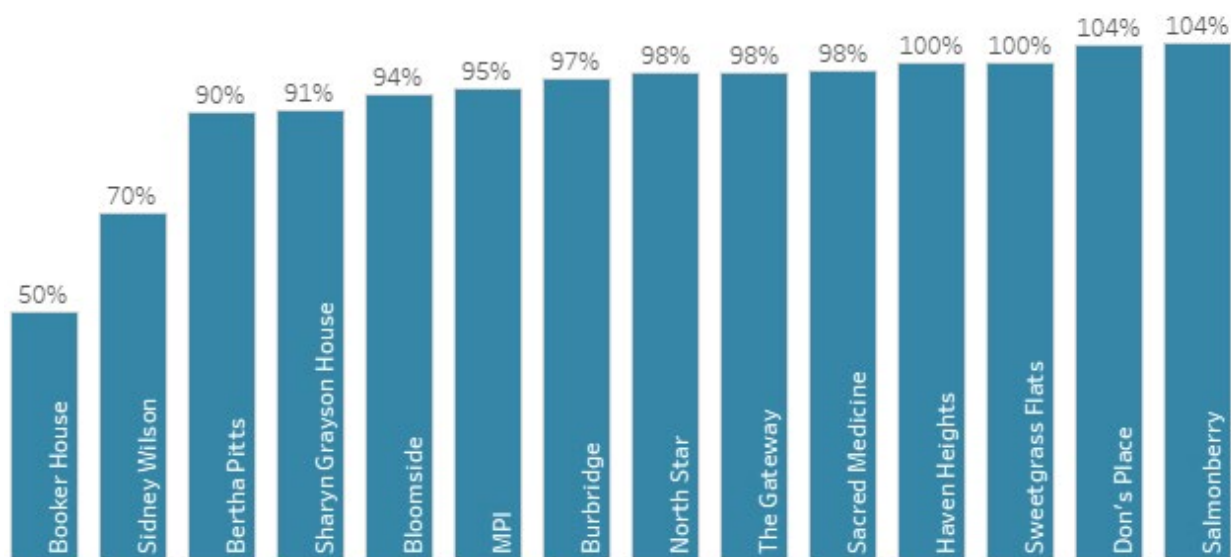
Sidney Wilson House ended the year with an occupancy rate of 70 percent due in part to a fire event that resulted in 13 units being taken offline for extensive repairs. After this initial fire event, additional rooms were added to the repair project due to newly discovered resident damage and water intrusion caused by building envelope failure. King County procured a general contractor in 2025 that worked to repair a total of 33 units, which have been returned to the operator as of May 2026.

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Figure 4: Occupancy of HTH Buildings as of December 31, 2025



Source: Seattle-King County Homeless Management Information System (HMIS) Data as of 3/1/2026.

Notes: The occupancy rates for Haven Heights in Honor of Bruce Thomas, Sweetgrass Flats, and The Booker House are calculated based on the number of units that were available for occupancy as of December 31, 2025, rather than the number of total units that will be available for occupancy once rehabilitation work ends.

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

Permanent Supportive Housing

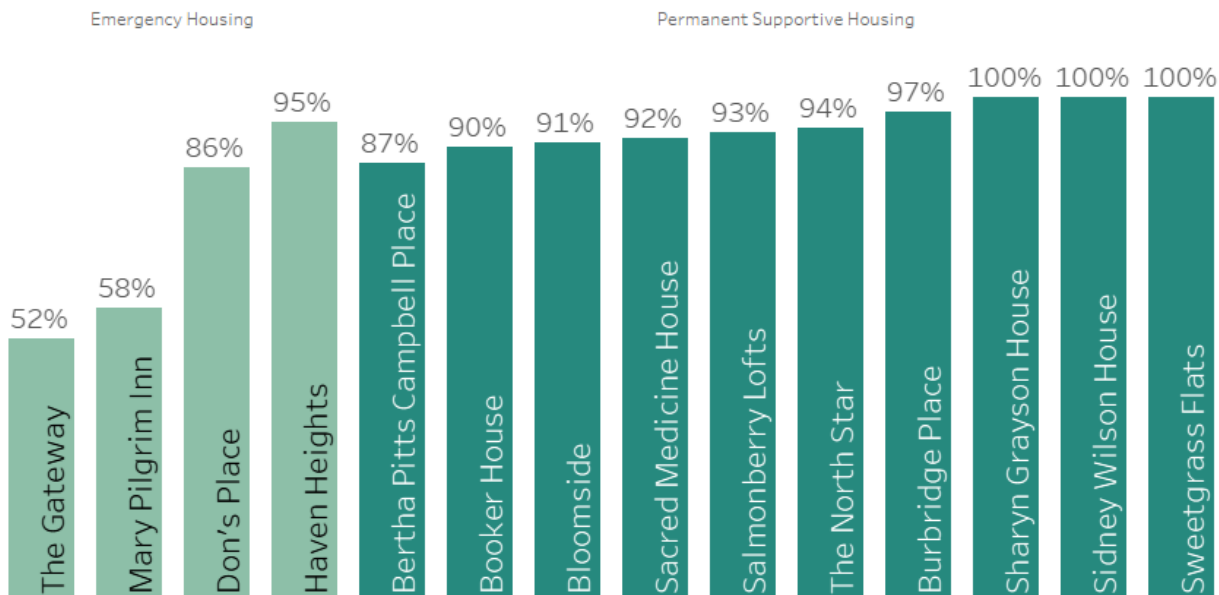
In 2025, residents maintained their housing at similar rates across HTH's PSH buildings, as shown in Figure 5. HTH's 93 percent overall rate of maintaining PSH housing or moving on to other permanent destinations is on par with the regional PSH housing stability average (93 percent).³⁴

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Figure 5: Percent of Residents who Maintained HTH Housing or Exited to Other Permanent Housing, 2025



Source: Seattle-King County Homeless Management Information System (HMIS) Data as of 3/1/2026.

Emergency Housing

Over the last year, HTH's PSH sites continued to perform stronger than EH sites in helping people maintain their housing or move to stable housing elsewhere. While 93 percent of HTH residents in PSH buildings maintained permanent housing, 63 percent of HTH EH residents maintained their housing or moved to another permanent housing destination in 2025. This represents an increase compared to 2024, during which 58 percent of EH residents maintained their housing or moved to another permanent destination.

While the HTH initiative seeks to help all residents maintain their housing long-term, the 63 percent overall rate of maintaining HTH EH housing or moving on to other permanent destinations is above regional EH housing stability averages.^{35,36}

At all HTH sites, HTH operators engage residents in case management and other services to promote housing stability. However, not all residents choose to stay in EH buildings. Among the remaining 37 percent of EH residents who did not stay in their HTH unit or move to another permanent destination, 18 percent moved to shelters and other homeless situations. Another six percent moved on to institutional situations (which could include jails, hospitals, long-term care facilities, or nursing homes) and two percent moved on to temporary housing.³⁷

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The rate of residents who maintained their housing or exited to permanent housing at The Gateway in Honor of Tenaya Wright and Mary Pilgrim Inn remained lower than rates at other EH buildings. The lower rates of housing stability at The Gateway in Honor of Tenaya Wright and Mary Pilgrim Inn, compared to other HTH EH sites, may be a product of the extreme vulnerability of those housed at these two sites.

In 2025, DCHS worked with DESC to assess the lower rates of housing stability at its EH sites and to explore adaptations to support residents effectively. As a result of these conversations, Mary Pilgrim Inn updated its internal policies and procedures with the goal of reducing resident exits. Specifically, staff have introduced new policies that are designed to incentivize adherence to program rules, which has likely led to a reduction in the number of residents who were asked to leave due to rule violations in 2025. As a result of these changes, the percent of Mary Pilgrim Inn residents who maintained their housing or moved to permanent housing increased in 2025, and the average length of stay (discussed on page 13) increased from 165 days in 2024 to 208 days in 2025. In 2026, DCHS plans to continue to review EH exit data with DESC staff semiannually and explore additional policy changes that could further promote resident stability.

Further, in the third quarter of 2025, HTH implemented a new customized exit assessment that HTH operators can use to gather more specific data about resident exits. This new assessment allows HTH to differentiate between resident- versus operator-initiated exits and provides more detail on the reason for exit (which HMIS does not collect). As more data is collected and analyzed, it will allow HTH and site operators to better understand why individuals are exiting and identify tailored strategies for promoting housing stability.

Number of People Moved from Chronic Homelessness to Permanent Housing

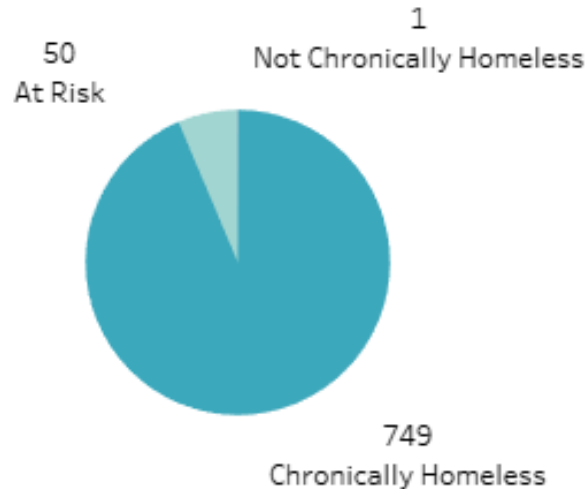
HTH PSH and EH residents sometimes move to other permanent housing destinations. In EH buildings, HTH operators regularly look for openings in PSH buildings (including HTH PSH buildings) that EH residents can move into permanently. In PSH buildings, residents may decide to move to other permanent destinations that better align with their personal preferences and needs, such as being closer to family. Accordingly, the total number of people that move from chronic homelessness to permanent housing with the help of the HTH initiative is higher than the total number of HTH PSH units open at any point in time. As shown in Figure 6, throughout 2025, 800 individuals were permanently housed in HTH PSH units or moved on to permanent housing elsewhere with the help of HTH resources. Of those 800 individuals, 749 were chronically homeless.³⁸

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Figure 6: Number of People Moved from Chronic Homelessness to Permanent Housing, 2025



Source: Seattle-King County Homeless Management Information System (HMIS) Data as of 3/1/2026.

Notes on Figure 6: KCC 24.30.010.B defines “at risk of chronic homelessness” as a household that: (1) includes an adult with a developmental, physical or behavioral health disability; (2) is currently experiencing homelessness for only 10 to 12 months in the previous three years, or has experienced homelessness for a cumulative total of 12 months within the last five years; and (3) includes one adult that has been incarcerated within the previous five years in a jail or prison, includes one adult that has been detained or involuntarily committed under chapter 71.05 RCW, or identifies as a member of a population that is demographically overrepresented among persons experiencing homelessness in King County.³⁹

Average Length of Stay

HTH residents sustained stable, long-term housing in 2025, as shown in Figure 7. Because the various HTH buildings that were operational in 2025 became available to residents at different times, length of stay statistics vary dramatically. HTH sites that have opened recently have shorter lengths of stay on average than sites that have been established for longer periods of time.

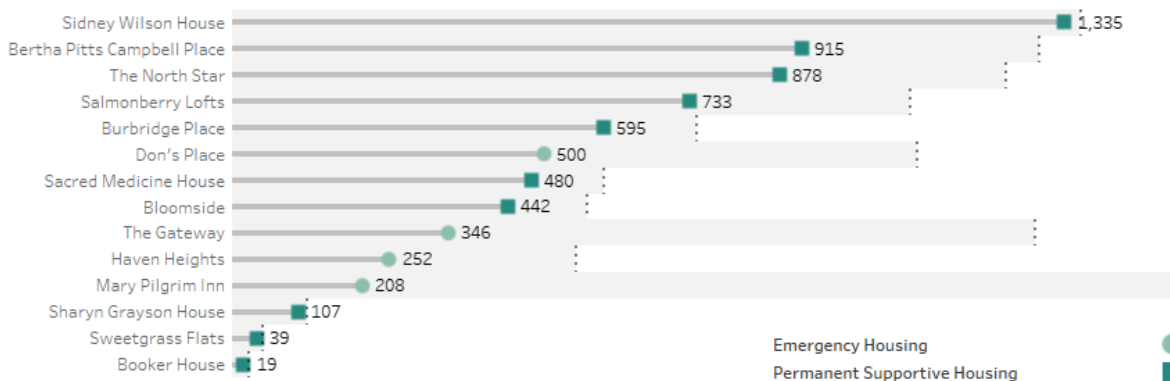
Among all HTH sites, Sidney Wilson House in Renton averaged the longest length of stay, with residents staying in the building for an average of 1,335 days (approximately 3.6 years). The HTH sites that opened in 2025 showed the shortest lengths of stay, with residents staying at Sharyn Grayson House for 107 days, followed by Sweetgrass Flats (39 days), and The Booker House (19 days). Overall, the average length of stay at HTH’s EH sites demonstrates that the sites provide immediate relief from unsheltered homelessness in a manner that offers a greater level of resident stability and support services than can be found in the traditional congregate shelter model. Specifically, the average length of stay at HTH’s EH sites is 327 days of continuous residence, which is longer than the average amount of time single adults stay in emergency shelters in King County (201 days in 2025).^{40, 41}

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Figure 7: Average Length of Stay for HTH Sites, 2025



Source: Seattle-King County Homeless Management Information System (HMIS) Data as of 3/1/2026.

HTH Residents' Health Challenges

People experiencing homelessness die on average 12 years sooner than the general U.S. population.⁴² Research shows that homelessness both causes and exacerbates illness and chronic mental and physical health conditions in people experiencing homelessness.⁴³ Lack of housing creates barriers to accessing health care and following health care directives, such as adhering to mental health and prescription medication routines.⁴⁴ Because homelessness is linked to physical and mental health conditions, HTH services are designed to support residents with a wide range of health challenges. As one client stated, “Before getting to [the Gateway], I used to think that I'd die on the streets, but [the Gateway] gave me a second chance in life.”

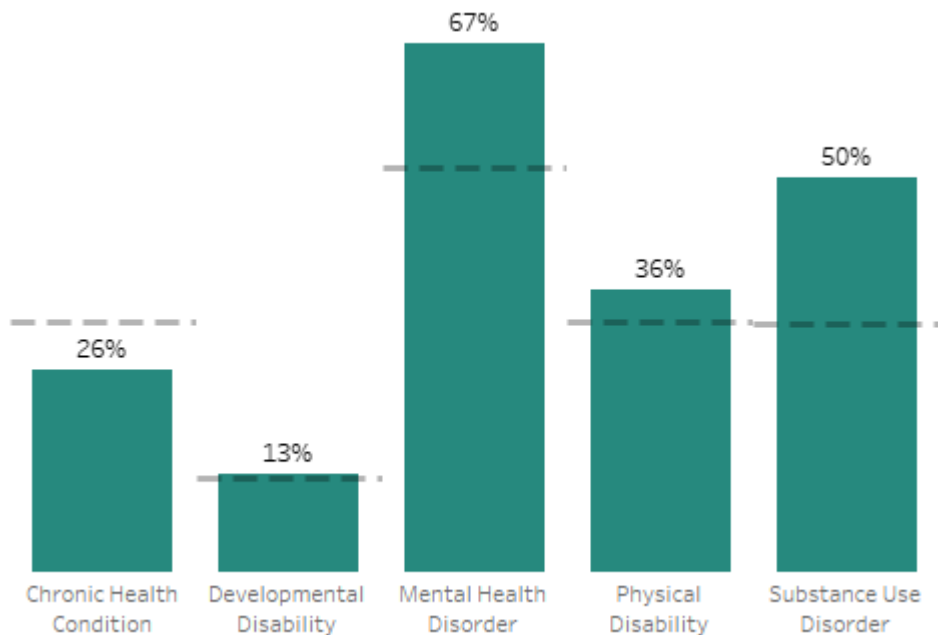
In 2025, HTH residents reported the following health challenges at move-in: mental health disorder (67 percent), substance use disorder (50 percent), physical disability (36 percent), chronic health condition (26 percent), and developmental disability (13 percent), as shown in Figure 8. Further, 59 percent of residents reported multiple health conditions. Because the HTH initiative serves individuals experiencing chronic homelessness who typically have higher needs, HTH residents generally report more health conditions at move-in than other homeless adults tracked in Homeless Management Information System (HMIS). For instance, 15 percent more HTH residents report a mental health condition compared to the adult homeless population; 4 percent more report physical disabilities, and 18 percent more report substance use disorders.⁴⁵

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Figure 8: Percent of HTH Residents Reporting Health Conditions at Move-in, 2025



Dotted line represents conditions reported by all adults experiencing homelessness in HMIS.
Source: Seattle-King County Homeless Management Information System (HMIS) Data as of 3/1/2026.

Health and Wellbeing Supports

HTH sites are operated by knowledgeable staff who are experts in evidence-based, Housing First practices and are equipped to offer high-quality, wraparound support to their residents.⁴⁶ Every HTH site is staffed 24/7 with individuals trained to respond to crises. All HTH residents are assigned a case manager at move-in who helps each resident develop individualized treatment plans based on their specific needs and preferences. HTH site staff meet regularly to plan and review services for program participants and develop strategies for supporting residents who are not meeting their goals. See Appendix C for more information on the eight service providers that operate HTH buildings.

In 2025, HTH continued providing a range of services at its 14 open sites, ensuring all residents had access to services targeting health and wellness, employment, food, transportation, and crisis services, including through partnerships with King County Metro transportation services and DCHS' Employment Resource Program (ERP). As shown in Figure 9, almost all HTH buildings offer at least one type of healthcare service on site (whether physical health, mental health, or substance use disorder treatment). Many HTH buildings have on-site medical rooms that visiting nurses and physicians use to deliver highly accessible care to HTH residents. HTH operators also

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help residents enroll in health insurance and get connected to low-barrier community-based organizations that deliver care in the community. During 2025, HTH sites also had access to a Mobile Response Team (MRT) to resolve mental health crises. In interviews, residents emphasize how critical these services are. One resident stated, “It’s great I can access medical care on site. It is immensely important and super beneficial. The clinic, the nurses, the doctors—they are super people.”

Figure 9: Presence of Health and Crisis Services Across Sites

Building	Physical Health Care	Mental Health Care	Substance Use Treatment	Crisis Services
Bertha Pitts Campbell Place				●
Bloomside			●	●
Booker House*	●			
Burbridge Place		●	●	●
Don’s Place	●	●	●	●
The Gateway	●	●		●
Haven Heights		●	●	●
Mary Pilgrim Inn	●	●	●	●
The North Star		●	●	●
Sacred Medicine House		●	●	●
Salmonberry Lofts	●	●	●	●
Sharyn Grayson House*				
Sidney Wilson House	●	●	●	●
Sweetgrass Flats*	●	●	●	

* The Booker House, Sharyn Grayson House, and Sweetgrass Flats opened in late 2025 and were still in the process of establishing an MOU with the MRT at the end of 2025.

Note: Bertha Pitts Campbell Place has a medical room that is intended to house onsite nursing services. However, Plymouth has not been able to identify a healthcare provider that has the capacity to provide services at the site (given that many providers have either eliminated community-based positions or left them vacant). Plymouth hired a new VP of Quality, Innovation, & Health in March 2025 who has been working to identify a healthcare provider to serve the site.

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The remainder of this section addresses 2025 developments in HTH's health and wellness services. Appendix H contains a comprehensive overview of health and wellness services available to HTH residents.

Behavioral Health Services

In 2025, the MRT managed by DESC continued offering crisis response and other behavioral health services at HTH sites. The MRT helped address the behavioral health needs of residents in 2025 by delivering crisis response and de-escalation, case management, navigation to behavioral health services, and individual and group peer support services. If HTH sites identified that a resident was in crisis or needed a higher level of support than staff had the capacity to provide, sites could call the MRT. In response, the MRT would send a team of professionals (which may have included a case manager, peer support specialist, nurse, or substance use disorder counselor) to address the immediate crisis, as well as provide ongoing case management until the individual is stabilized. Additionally, routine peer engagement and groups proactively identified unmet behavioral health needs among residents. In 2025, the MRT continued offering services at 11 HTH sites. The MRT established memoranda of understanding (MOUs) to serve the three sites that opened in late 2025 (Sweetgrass Flats, The Booker House, and Sharyn Grayson House) in the first quarter of 2026.

In 2025, the MRT served 166 HTH clients in total, including by resolving 157 crises and referring 58 percent of crisis calls to other services, including long term case management, mental health care, medical care, substance use treatment, and peer support services. The MRT also conducted 75 peer support groups at HTH sites. The immediate crisis response offered by the MRT is a critical service for residents requiring low barrier, immediate behavioral health support. Staff at Salmonberry Lofts in Honor of Peter Joe noted that the support MRT provided was “amazing” and was critical to helping residents that need enhanced support.⁴⁷ See Appendix G for more information on the geographic location of MRT services provided in 2025.

In addition to responding to immediate crises, HTH operators have continued to establish community partnerships with organizations that offer ongoing mental health services and substance use treatment on site to help residents achieve longer term stability. For instance, in 2025, Haven Heights in Honor of Bruce Thomas established a new partnership with IKRON to bring a psychotherapist specializing in mental health and substance use disorder treatment on site at least one day a week. Case managers at all HTH sites also work diligently to connect residents to a wide range of low-barrier, community-based behavioral health services that supplement those offered on site. For instance, many HTH operators connect residents to Program of Assertive Community Treatment (PACT), a Medicaid-funded program which provides community-based intensive services for people with high behavioral health needs, including on site at HTH buildings.⁴⁸

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Overdose Prevention Services

In 2025, HTH providers continued to face challenges with the proliferation of fentanyl, which the human services sector is encountering broadly.⁴⁹ In response, all HTH sites have staff trained to administer opioid antagonists, such as naloxone, which can reverse an overdose from opioids. HTH has also continued to facilitate a partnership with Public Health – Seattle & King County (PHSKC) to support HTH operators in overdose prevention and response. In 2025, six HTH operators received training and technical assistance from PHSKC, and several HTH sites (Sacred Medicine, Haven Heights in Honor of Bruce Thomas, North Star, and Sidney Wilson House) participated in a naloxone distribution pilot that PHSKC's Overdose Prevention and Response team designed to increase anonymous access through boxes on every floor of housing programs. Finally, Catholic Community Services, in partnership with PHSKC, is providing Medications for Opioid Disorder (MOUD) care using a mobile, nursing-led model within their emergency shelter and PSH sites, including at Sidney Wilson House. The program offers on-site prescribing and administration of buprenorphine, particularly sublocade and brixadi.

Physical Health Services

In addition to behavioral health care, HTH operators continue to connect residents to a range of low-barrier physical health services that are located both on site and in the community. The configuration of health services offered at HTH sites varies by location and is designed to meet the specific needs of that building's residents as determined by its operator. For instance, in 2025, The Booker House established a new partnership with HealthPoint, who sends a nurse to the site for a minimum of one day each week to provide general primary care consultation and referrals to offsite health providers. In addition to onsite physical health services, case managers at all HTH sites aid residents in accessing low-barrier, community-based health resources. For instance, many residents are connected to health centers that are designed to serve low-income individuals, including Hobson Clinic (run by Harborview in partnership with DESC), 45th Street Clinic, Sea Mar, and Navos. Additionally, in 2025, Sharyn Grayson House established new partnerships with the Tubman Center for Health and Freedom and QueerDoc Telemedicine, which provide medical services to residents at their office or online.

In 2025, HTH also partnered with the Hepatitis Education Project (HEP) to expand residents' access to hepatitis C treatment, which is especially prevalent among the homeless population.⁵⁰ In August, HEP staff presented at the HTH Community of Practice to educate sites on the need for hepatitis C testing and the role that case managers can play in connecting residents to treatment. Following the session, HEP staff met individually with each site to discuss how HEP could help them facilitate access to testing. In 2025, HEP hosted trainings for over 50 staff at four HTH sites and provided onsite testing at The Booker House.

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Metrics for Physical and Behavioral Health Care Access

Overall, the services offered above likely have contributed to an increase in the number of HTH residents that access physical and behavioral health care. In 2025:

- 43 percent of residents received physical health care from Health Care for the Homeless Network (HCHN), Public Health – Seattle & King County facilities, and other health care providers who bill to Medicaid.⁵¹
- 60 percent of residents accessed behavioral health care services provided through King County’s publicly funded behavioral health service system, Health Care for the Homeless Network, Public Health – Seattle & King County facilities, and other health care providers who bill to Medicaid.^{52,53}
- 95 percent of residents had health insurance, mostly through Medicaid.⁵⁴

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

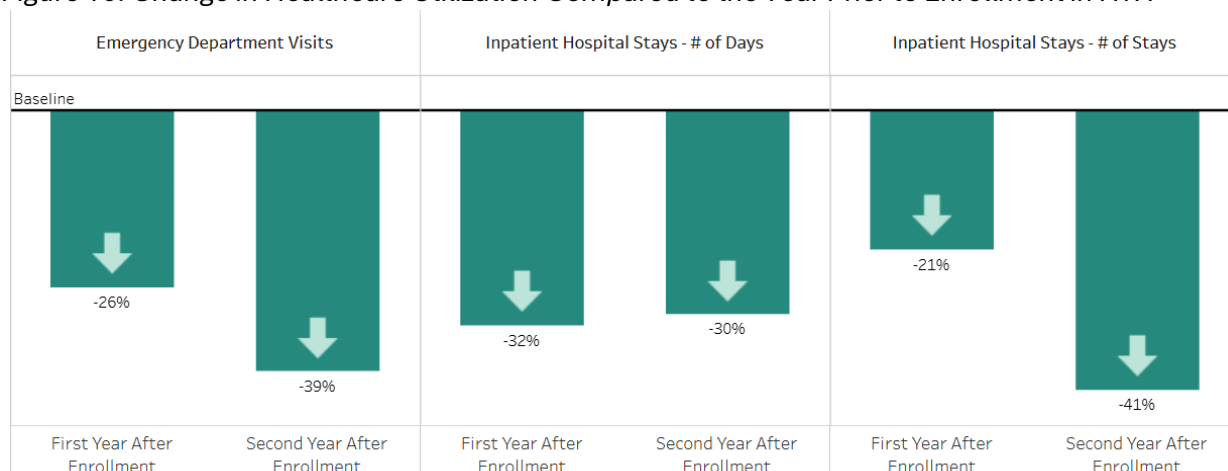
DCHS analysis of Medicaid claims data and emergency department admission data suggests that the increased access to physical and behavioral health care that HTH facilitates is leading to a decrease in the use of emergency health care services. As shown in Figure 10, one year after move in, the total number of emergency department visits by HTH residents decreased by 26 percent, and after two years residents’ emergency department visits decreased by 39 percent. After one year, the total number of inpatient hospital stays by HTH residents decreased by 21 percent, and the total number of days HTH residents spent in inpatient hospital care dropped by 32 percent. After two years, the total number of inpatient hospital stays by HTH residents was 41 percent lower in total, with a 30 percent reduction in the total number of days HTH residents spent in inpatient hospital care.⁵⁵ This is in line with research demonstrating that the housing first model helps shift care from institutions and crisis-related services to more appropriate planned visits and regular follow-up with community-based services.^{56,57}

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Figure 10: Change in Healthcare Utilization Compared to the Year Prior to Enrollment in HTH



Sources: Sources: Medicaid Claims Data; PointClickCare Emergency Department Data.

Other Supportive Services at HTH Sites in 2025

Mobility Supports: In 2025, DCHS continued supporting the partnership between King County Metro transportation services and HTH sites. By year end, Metro was offering services on site at 12 HTH sites.⁵⁸ King County Metro provides a suite of mobility and transportation programs that improve residents' access to essential services. Services available across the HTH initiative included:

- subsidized mobility passes via the ORCA Passport and Easy Trip Programs;
- on-site Community Transportation Navigators with lived experience of homelessness;
- access to the Essential Trip Assistance Program funded by King County Metro, which covers taxi rides to essential appointments, and
- a wheelchair accessible van provided by Metro at each HTH site that specifically serves residents of that site.

During the middle of 2025, Metro decided to wind down the ORCA Passport Program and switch to a new program called Easy Trip. The Easy Trip program is informed by universal basic mobility principles and provides residents with more choice in how they travel. Through this program, HTH residents receive industry-coded debit cards loaded with \$50 per month to pay for transportation needs. The funds can be rolled over each month, allowing recipients to spend their money as they best see fit, including on public transit, ferries, long distance buses and trains, app-based rides including rideshare, scooters, and bicycles, and at participating bike shops. The transition to Easy Trip accompanied enrollment in Metro reduced fare passes for which HTH residents are eligible, including ORCA Lift and subsidized annual passes, which is a more cost effective approach to supporting HTH residents in utilizing public transit resources.

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The transportation services provided by King County Metro greatly improved residents' access to essential services.

Culturally Responsive Food: DCHS continues to work with the Emergency Feeding Program to provide healthy and culturally responsive food distribution services to HTH sites.⁵⁹ In 2025, the Emergency Feeding Program expanded services to eight HTH sites (up from five in 2024). In 2025, deliveries shifted from individual food boxes to larger pallet deliveries to better match site needs and resident populations, resulting in a significant increase in the total volume of food delivered. This initiative-wide service supplements the meal provision that each operator provides through their own partnerships with organizations like Fare Start and Food Lifeline.

Employment Resource Program: In 2025, DCHS continued to provide its Employment Resource Program (ERP) services at HTH sites. ERP offers weekly drop-in services on site to support HTH residents in their professional skill development. ERP services include support:

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

In 2025, 57 participants enrolled in the ERP across 10 HTH sites. Upon entering the program, participants chose service areas to access. In 2025, 47 chose to pursue employment and entrepreneurship training and 13 chose to pursue educational development.⁶⁰ In 2025, ERP also partnered with Evergreen Goodwill to bring their Digital Equity Bus (DEB) to HTH sites. DEB is a Smart Board-equipped mobile classroom with laptops for people to use for starting their job search. The DEB physically takes the classroom to the HTH sites, where the Employment Resource Program staff can assist residents with resume writing, job training program applications, volunteering opportunities, and other employment resources. Additionally, DCHS is currently working with an external evaluation partner to better understand overall changes in residents' income and employment.

Demographic Data and Progress toward Reducing Disproportionality

Consistent with Ordinance 19179, HTH is dedicated to enhancing equity in housing access, addressing the root causes of chronic homelessness, and housing historically marginalized communities that are more likely to experience chronic homelessness.⁶¹ Accordingly, HTH's primary supporting goal is to annually reduce the racial-ethnic disproportionality among persons experiencing chronic homelessness.⁶²

HTH has made progress addressing racial and ethnic disproportionality among the homeless population, especially among the American Indian, Alaska Native, or Indigenous community (AIAN). Figure 11 shows that as of December 2025, 18 percent of HTH residents identified as AIAN,

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compared to five percent of the chronically homeless population. Since 2022, the percentage of HTH residents from AIAN communities has increased from three percent to 18 percent. This is largely due to the opening of three buildings run by Chief Seattle Club, a Native-led housing and human services agency specializing in the needs of American Indian and Alaska Native people.

In 2025, the HTH initiative also continued serving a stable number of Black, African American, or African (BAAA) residents.^{63, 64, 65} While the percentage of BAAA residents decreased from 25 percent in 2023 to 19 percent in 2025, the total number of BAAA residents stayed stable.^{66, 67, 68} The percentage decrease in BAAA residents housed is partly due to the relative increase in the number of AIAN residents housed. Further, DCHS expects the number of BAAA residents HTH houses to increase in 2026 as residents continue to move into The Booker House, which is operated by the Urban League of Metropolitan Seattle (ULMS), which specializes in serving the BAAA population.

In 2025, the HTH initiative also continued serving a stable number of Asian or Asian Americans. While the percentage of Asian or Asian American residents decreased slightly from three percent in 2023 to two percent in 2025, the number of Asian or Asian American residents served remained relatively stable.^{69, 70, 71} Further, the Asian or Asian American makeup of the HTH population remains proportionate to their makeup of King County's chronically homeless population (two percent).

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Figure 11: Race/Ethnicity of HTH Residents Compared to Chronically Homeless Population and Overall Population in King County, 2025

Race/Ethnicity	Percent of Race/Ethnicity of HTH Residents	Percent of Race/Ethnicity of People in King County Experiencing Chronic Homelessness	Percent of Race/Ethnicity of Total King County Population
American Indian, Alaska Native, or Indigenous	18%	5%	<1%
Asian or Asian American	2%	2%	22%
Black, African American, or African	19%	24%	7%
Hispanic/Latina/e/o	3%	4%	8%
Multiracial	12%	14%	10%
Native Hawaiian or Pacific Islander	2%	2%	1%
Unknown/Unreported	4%	3%	N/A
White	40%	47%	52%

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

In 2025, HTH continued to work toward reducing the racial and ethnic disparities in homelessness through strategic partnerships with organizations that are run by and for communities that have disproportionately experienced homelessness. By collaborating with these organizations, HTH ensures culturally appropriate services are accessible to historically marginalized communities.

For instance, in 2025 at the newly opened Sweetgrass Flats, Chief Seattle Club began to offer residents a range of services rooted in Indigenous culture. At The Booker House, ULMS initiated services specifically targeted to address the needs of African Americans and other underserved communities. For instance, ULMS is connecting residents to its Criminal Records Expungement Program that helps individuals vacate criminal records, which can limit opportunities for employment and housing.

At the newly opened Sharyn Grayson House, Lavender Rights Project implemented programming that is specifically designed to meet the needs of the Queer, Transgender, Two-spirit, Black, Indigenous, and People of Color (QT2BIPOC) community.

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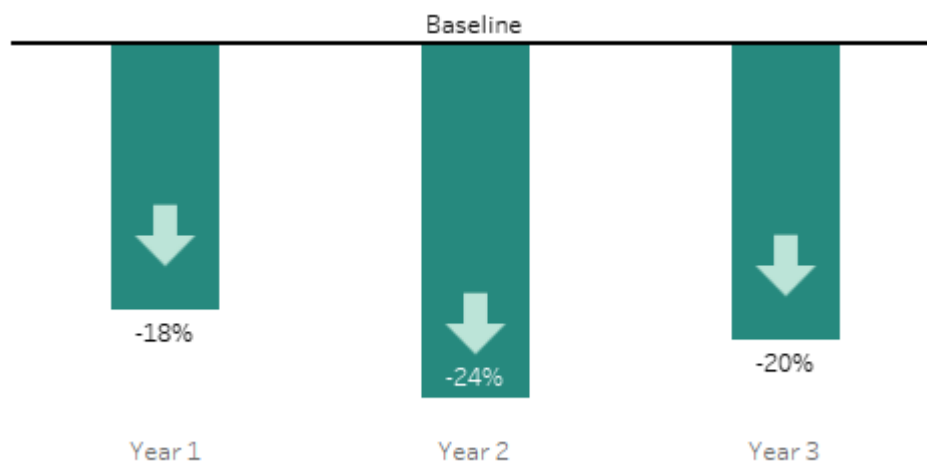
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Metrics for Criminal-Legal System Involvement

New analysis by DCHS shows that residents experience a decrease in engagement with the criminal-legal system after enrolling in HTH. While the QT2BIPOC community faces stark disparities in the criminal justice system, living outside also increases the likelihood of interaction with law enforcement. Those that are homeless are at higher risk of receiving citations or being arrested for low-level offenses like loitering or sleeping in parks.^{72,73} However, according to new analysis by DCHS, after enrollment in HTH, residents experience a significant decrease in jail bookings, demonstrating the initiative's success in breaking the cycle of homelessness, addiction, trauma, and incarceration. As shown in Figure 12, compared to the year before HTH enrollment, HTH residents experienced decreases in jail bookings of 18 percent in the first year, 24 percent in the second year, and 20 percent in the third year. BAAA and AIAN individuals have experienced the most pronounced decreases in jail bookings after one year (26 percent and 27 percent respectively). This analysis reiterates the profound impact that having access to housing has on HTH residents and on the community more broadly, both by improving resident outcomes and reducing the costs associated with operating jails.

Figure 12: Change in Total Jail Bookings Among All HTH Residents



Source: King County Adult Jail Bookings.

Training and Capacity Building for HTH Providers

HTH has continued providing significant capacity building and technical assistance to its housing operators. In 2025, HTH provided ongoing one-on-one technical support to operators and continued running the HTH Community of Practice, which facilitates peer to peer learning between organizations. Over the year, HTH program staff met biweekly with each site to provide technical

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See also [Health Through Housing Dashboard](#)

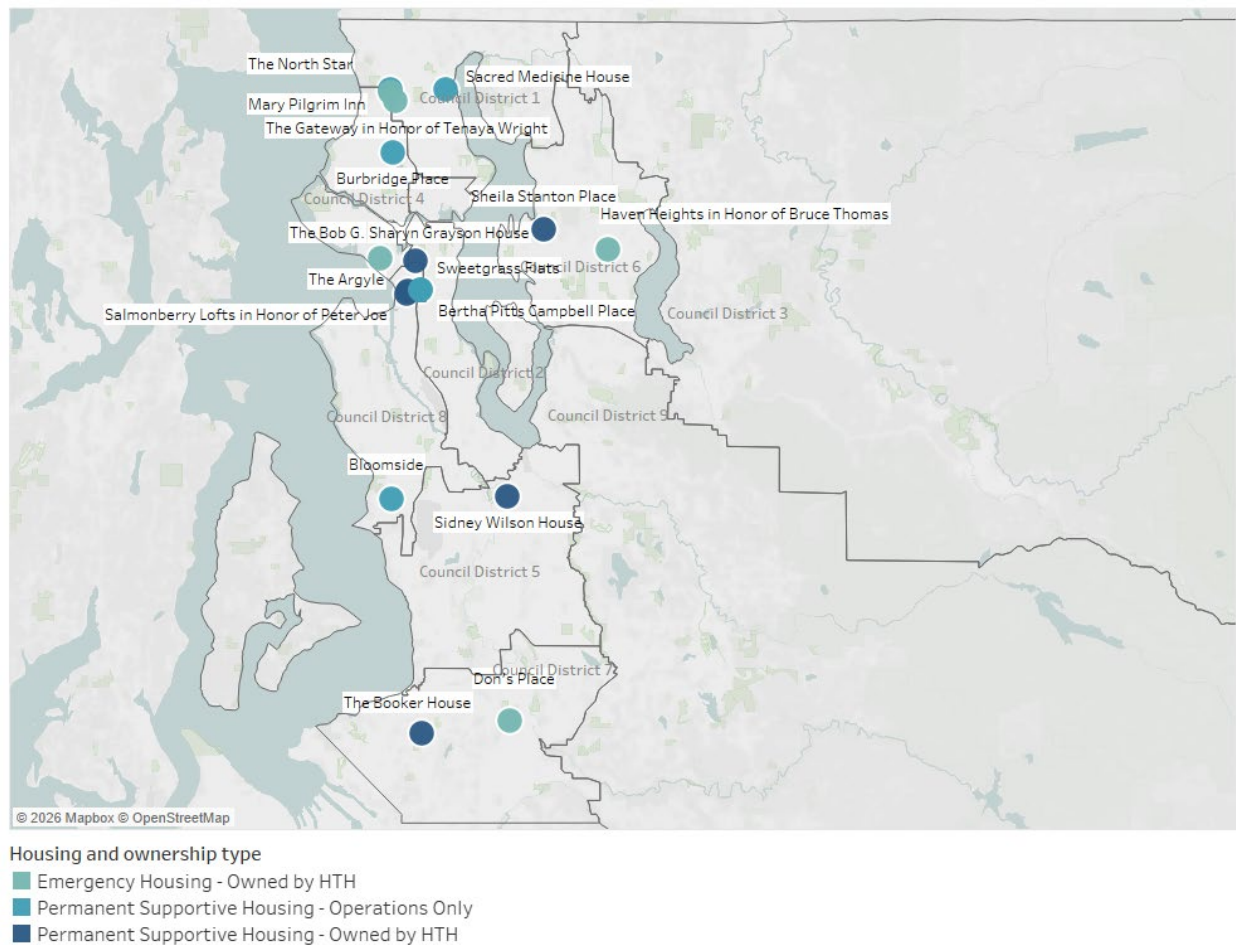
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support on program operations, and HTH fiscal staff met monthly to review invoices and discuss allowable expenses. HTH staff also provided property management support and technical assistance on maintaining data quality within the HMIS system. The HTH Community of Practice met 12 times in 2025 and covered topics such as how to operate resident councils, how to assertively engage residents in services, how to promote good neighbor behaviors, and how to support older adults aging in place. The HTH Community of Practice also brought in experts to educate operators on resources available in the community, such as caregiving resources available through the Washington State Department of Social and Health Services. A particular asset of the Community of Practice is the diversity of culturally specific and supportive housing expertise among operators. The Community of Practice is helping to build relationships between HTH organizations that enhance their ability to provide welcoming, affirming, and culturally responsive services.

B. Site Locations and Other Geographic Information

HTH had secured a total of 17 sites by the end of 2025, including 11 acquired buildings and six operations-only buildings, in seven cities and in seven of the nine County Council districts. This is shown in Figure 13. A detailed description of each site within the HTH portfolio can be found in Appendix B of this report and the Location Map tab of the HTH dashboard.⁷⁴

Figure 13: Map of HTH Site Locations, 2025



Individuals Served with Local Community Ties

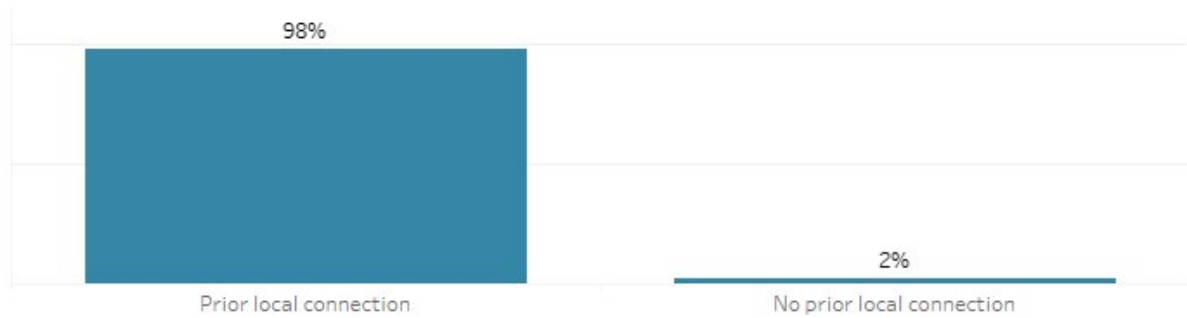
In 2025, HTH achieved continued success housing individuals with ties to the city in which their HTH building is located. HTH continues to provide referral pathways for people who live in or near the city in which the site is located or have ties to that community, consistent with RCW 82.14.530 and the Implementation Plan.^{75, 76} As a result of these efforts, 98 percent of residents reported existing ties to the communities where their HTH site is located, as shown in Figure 14.

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Figure 14: HTH Residents with Local Connections to their Host Jurisdiction, 2025



Source: Seattle-King County Homeless Management Information System (HMIS) Data as of 3/1/2026.

C. Financial Information

The HTH initiative is funded by a 0.1 percent sales and use tax imposed by King County in 2020 through Ordinance 19179, codified as King County Code 4A.503.⁷⁷ The County leverages anticipated tax revenue to be collected in future years to issue bonds that finance the immediate costs of capital acquisition and rehabilitation. This section of the report summarizes total revenue, actual expenditures, and allocation of debt service in 2025 and provides information about the distribution of proceeds across HTH host jurisdictions.

Annual Revenue

As shown in Figure 15, Health Through Housing’s total 2025 revenue totaled \$84.6 million, including \$73.5 million in tax revenue, \$11.0 million in interest, and less than \$0.1 million in commercial rent. Tax revenue collections in 2025 were \$2.8 million higher than in 2024. Total 2025 revenue was \$11.1 million higher than projected in the Plan, primarily due to the interest received on capital and operating balances that are needed to support HTH’s future expenditures.

Figure 15: Annual Revenue, 2025

Health Through Housing Revenue in 2025	
Tax Revenue	\$73,518,261
Bond Proceeds	\$0
Interest	\$11,000,712
Rent	\$76,277
Total 2024 Revenue	\$84,595,249

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Actual Expenditures

In 2025, as shown in Figure 16, HTH spent \$106.2 million, which was approximately \$37.1 million more than it spent in 2024. This included \$33.2 million on capital expenditures, \$49.8 million on operating expenditures, and \$23.2 million on bond financing costs. The increase in expenditure compared to 2024 is primarily due to HTH operating more buildings than in previous years, as well as the significant rehabilitation work HTH has funded to open and maintain buildings.

In 2025, HTH spent less on *Strategy 2: Emergency and Permanent Supportive Housing Operations* than was originally projected. Because some buildings opened later than previously projected, supportive housing operating funds were not spent as quickly as expected. However, the funding from 2025 will be allocated to the same operations strategy in future years to cover increased costs for operations and services as HTH operates more of its sites, consistent with provisions for such adjustments in the Implementation Plan.

Figure 16: Expenditures by HTH Strategy, 2025

Health Through Housing Expenditures in 2025	
Strategy 1 Capital Financing and Improvements for HTH Sites (<i>Rehabilitation</i>)	\$33,226,359
Strategy 2 Emergency and Permanent Supportive Housing Operations	\$36,822,131
<i>Facility Maintenance</i>	\$4,102,850
<i>Program Operations</i>	\$32,719,281
Strategy 3 Behavioral Health Services Outside HTH Sites	\$9,445,112 ⁷⁸
Strategy 4 Capacity Building Collaborative	\$1,043,710
Strategy 5 Evaluation and Performance Measurement	\$225,117
Strategy 6 Future Acquisition of Additional Properties (<i>Acquisitions after 2021</i>)	\$0
Initiative Administration	\$2,275,713
Bond Financing Cost (Debt Service)	\$23,205,611
Total 2025 Expenditures	\$106,243,752

Allocation of Expenditures by Jurisdiction

For HTH, King County receives 0.1 percent sales and use tax revenue from each jurisdiction within the region except Bellevue, Covington, Issaquah, Kent, Maple Valley, North Bend, Renton, and Snoqualmie. These jurisdictions passed municipal legislation in 2020 to keep the tax revenue generated through RCW 82.14.530 under city control.^{79, 80, 81, 82, 83, 84, 85, 86} RCW 82.14.530 requires King County to plan to spend at least 30 percent of the revenue collected from cities with a population greater than 60,000 within that jurisdiction.

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The cities in King County that meet this population threshold but did not pass their own city-level sales tax are Federal Way, Kirkland, Redmond, Sammamish, and Seattle. Among these cities, King County has purchased HTH facilities in Federal Way, Kirkland, Redmond, and Seattle. Executive staff also meet regularly with the City of Sammamish as provided for in the HTH Implementation Plan.⁸⁷ At the end of 2025, King County and the City of Sammamish coordinated to convene a meeting, which occurred in early 2026, consistent with the Plan’s commitment to continued collaboration. As shown in Figure 17, since 2021, HTH has spent more than 30 percent of the total revenue collected from Federal Way, Kirkland, Redmond, and Seattle within that jurisdiction.

Figure 17: Comparison of All Time HTH Revenue to Expenditures for Larger Jurisdictions, 2025

Jurisdiction	All Time HTH Revenue	All Time HTH Expenditures	Percent
Federal Way	\$8,695,771	\$45,570,993	524%
Kirkland	\$14,452,127	\$59,582,446	412%
Redmond	\$22,088,181	\$56,969,565	258%
Sammamish	\$3,327,191	\$0	0%
Seattle	\$133,248,351	\$248,197,652	186%

As shown in Figure 18, in 2025, HTH spent approximately \$5.7 million in Auburn, \$1.7 million in Burien, \$11.2 million in Federal Way, \$16.2 million in Kirkland, \$12.0 million in Redmond, \$10.2 million in Renton, and \$36.2 million in Seattle. Higher spending occurred in cities containing multiple HTH sites as well as sites which underwent building rehabilitation in 2025, while lower spending occurred in jurisdictions where HTH only funded operations. HTH had the highest expenditures in Seattle because it has approved acquisition of six HTH sites, more than any other jurisdiction. Expenditures for HTH strategies 3, 4, 5, and initiative administration cannot be readily allocated to specific jurisdictions.⁸⁸

Figure 18: Allocation of Expenditures by Jurisdiction, 2025

HTH Partner Jurisdiction	Expenditure Category	2025 Amount
Auburn	Building Rehabilitation	\$990,876
	Facility Maintenance	\$230,454
	Program Operations	\$3,200,181
	Bond Financing Cost	\$1,283,116
	Total	\$5,704,627
Burien	Program Operations	\$1,667,462
	Total	\$1,667,462
Federal Way	Building Rehabilitation	\$6,014,815
	Facility Maintenance	\$564,189
	Program Operations	\$2,201,709
	Bond Financing Cost	\$2,428,661
	Total	\$11,209,375
Kirkland	Building Rehabilitation	\$11,812,456
	Facility Maintenance	\$585,316
	Program Operations	\$336,712
	Bond Financing Cost	\$3,469,577
	Total	\$16,204,061
Redmond	Building Rehabilitation	\$6,187,571
	Facility Maintenance	\$405,992
	Program Operations	\$2,459,243
	Bond Financing Cost	\$2,958,326
	Total	\$12,011,133
Renton	Building Rehabilitation	\$4,285,986
	Facility Maintenance	\$474,583
	Program Operations	\$2,592,418
	Bond Financing Cost	\$2,874,326
	Total	\$10,227,313
Seattle	Building Rehabilitation	\$3,934,655
	Facility Maintenance	\$1,842,315
	Program Operations	\$20,261,556
	Bond Financing Cost	\$10,191,605
	Total	\$36,230,131
Total Expenditures Allocated by Jurisdiction		\$106,243,752

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Average Per-Unit Costs by Site

The cost per unit for each HTH site varies based on the circumstances of each acquisition, development process, and timing, as well as each site's initial configuration, physical condition, and time for which a given site has been operational.

Figure 19 identifies one-time per-unit acquisition costs, and life-to-date per-unit rehabilitation costs. Figure 20 identifies annual operational costs per unit, including services provided by housing operators and contracted partners and administrative support from King County's Facilities Management Division; and annual facility maintenance costs per unit, including site work outside of major rehabilitation or PSH conversion.

Among properties that HTH acquired, the average per-unit costs for capital were \$327,964. In 2025, the average annual per-unit cost of operating HTH properties (which includes program operations and building maintenance) was \$40,783.⁸⁹

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Figure 19: Life To Date Acquisition/Rehabilitation Cost Per Unit for Each HTH Site

HTH Facility	Expenditure	Life To Date Cost Per Unit
Don's Place	Acquisition	\$148,498
	Rehabilitation	\$44,486
	Total Cost Per Unit	\$192,984
Haven Heights	Acquisition	\$280,763
	Rehabilitation	\$79,638
	Total Cost Per Unit	\$360,401
Sharyn Grayson House	Acquisition	\$363,611
	Rehabilitation	\$103,068
	Total Cost Per Unit	\$466,679
The Booker House	Acquisition	\$270,381
	Rehabilitation	\$73,659
	Total Cost Per Unit	\$344,040
Sheila Stanton Place	Acquisition	\$283,707
	Rehabilitation	\$134,793
	Total Cost Per Unit	\$418,500
Mary Pilgrim Inn	Acquisition	\$214,483
	Rehabilitation	\$22,150
	Total Cost Per Unit	\$236,633
Salmonberry Lofts in Honor of Peter Joe	Acquisition	\$323,317
	Rehabilitation	\$47,142
	Total Cost Per Unit	\$370,459
Sidney Wilson House	Acquisition	\$277,788
	Rehabilitation	\$62,181
	Total Cost Per Unit	\$339,969
The Argyle	Acquisition	\$305,240
	Rehabilitation	\$10,559
	Total Cost Per Unit	\$315,799
The Bob G.	Acquisition	\$206,408
	Rehabilitation	\$0
	Total Cost Per Unit	\$206,408
The Gateway in Honor of Tenaya Wright	Acquisition	\$362,643
	Rehabilitation	\$15,570
	Total Cost Per Unit	\$378,213

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Figure 20: 2025 Operations and Maintenance Cost Per Unit for Each HTH Site

HTH Facility	Expenditure	2025 Cost Per Unit
Bertha Pitts Campbell Place	Maintenance	\$0
	Operations	\$33,726
	Total Cost Per Unit	\$33,726
Bloomside	Maintenance	\$0
	Operations	\$17,552
	Total Cost Per Unit	\$17,552
Burbridge Place	Maintenance	\$0
	Operations	\$22,292
	Total Cost Per Unit	\$22,292
Don's Place	Maintenance	\$2,845
	Operations	\$39,508
	Total Cost Per Unit	\$42,353
Haven Heights	Maintenance	\$4,060
	Operations	\$24,592
	Total Cost Per Unit	\$28,652
Sharyn Grayson House*	Maintenance	\$8,335
	Operations	\$332
	Total Cost Per Unit	\$8,667
The Booker House*	Maintenance	\$6,560
	Operations	\$25,601
	Total Cost Per Unit	\$32,161
Sheila Stanton Place**	Maintenance	\$5,795
	Operations	\$3,334
	Total Cost Per Unit	\$9,129
Mary Pilgrim Inn	Maintenance	\$4,017
	Operations	\$44,548
	Total Cost Per Unit	\$48,565
Sacred Medicine House	Maintenance	\$0
	Operations	\$30,264
	Total Cost Per Unit	\$30,264
Sweetgrass Flats*	Maintenance	\$0
	Operations	\$3,308
	Total Cost Per Unit	\$3,308

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HTH Facility	Expenditure	2025 Cost Per Unit
Salmonberry Lofts in Honor of Peter Joe	Maintenance	\$4,018
	Operations	\$30,953
	Total Cost Per Unit	\$34,971
Sidney Wilson House	Maintenance	\$4,608
	Operations	\$25,169
	Total Cost Per Unit	\$29,777
The Argyle**	Maintenance	\$6,067
	Operations	\$672
	Total Cost Per Unit	\$6,739
The Bob G.**	Maintenance (2024)	\$4,951
	Operations (2024)	\$332
	Total Cost Per Unit	\$5,283
The Gateway in Honor of Tenaya Wright	Maintenance	\$4,355
	Operations	\$21,273
	Total Cost Per Unit	\$25,628
The North Star	Maintenance	\$0
	Operations	\$32,059
	Total Cost Per Unit	\$32,059

* 2025 costs per unit are lower at this site because it opened mid-year.

** 2025 costs per unit are lower at this site because it was not open for occupancy in 2025.

D. Frank Chopp HTH Advisory Committee Certification of Dashboard

The Frank Chopp HTH Advisory Committee is a 12- to 16-member group advising the King County Executive and King County Council on current and future implementation of the HTH initiative. In 2025, the Committee convened quarterly and received presentations from HTH staff regarding the HTH model, the initiative's performance, and the final evaluation plan. On May 21, 2026, the Frank Chopp HTH Advisory Committee reviewed and unanimously certified this report and the HTH Dashboard, including certifying that that the dashboard is updated with 2025 calendar year data.⁹⁰

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E. Additional Information Available in the HTH Dashboard

Additional information about the HTH initiative is in the online HTH dashboard available [here](#).⁹¹ The dashboard includes:

- Additional data specific to each of HTH's sites;
- Additional context and discussion of initiative activities and performance in 2025;
- Customizable views of HTH data;
- Greater background on disproportionality;
- More information about how HTH and its partners are working to support the health of residents; and
- More information about Advisory Committee members.

Conclusion/Next Actions

In 2025, the HTH initiative's fourth full year of operation, the initiative continued to focus on rehabilitating and opening buildings, moving people inside, connecting residents with health care and other supports, and building the capacity of service providers. HTH ended the year with 1,423 housing units secured and 1,054 units opened at 14 sites, reflecting the initiative's commitment to expanding the availability of supportive housing across the region. While HTH has faced significant challenges that have impacted the pace at which the initiative is achieving its paramount goal of securing and opening 1,600 units, HTH has made steady progress securing and opening supportive housing across King County.

As of December 2025, the HTH initiative has ended homelessness for over 1,400 King County Residents, improved the health and wellbeing of residents, and reduced the use of local emergency departments, hospitals, and jails – creating additional cost savings for the County. According to analysis by DCHS, after two years of living in a HTH unit, residents' total number of inpatient hospital care stays decreases by 41 percent, their total number of emergency department visits dropped by 39 percent, and residents experienced a 24 percent decrease in jail bookings. As HTH residents stay housed year after year, the comprehensive services offered at HTH sites help break the cycle of homelessness, addiction, trauma, and incarceration. As one resident said, "You don't become homeless overnight, and you don't recover overnight either. But with help, you can get there."

In 2026, HTH will focus on finishing the rehabilitation of unopened units, moving individuals inside, and continuing to provide a broad range of supportive services to residents. As external evaluators and DCHS's Performance, Measurement, and Evaluation team wrap up their in-depth evaluation of the HTH initiative, DCHS will reflect on lessons learned during the initiative's first five years and continue building the capacity of operators to refine services and supports. HTH is a powerful part

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of King County’s regional strategy to address the entwined crises of affordable housing and chronic homelessness by increasing access to dignified supportive housing where people with disabilities can improve their health and their lives.

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Appendix A: Reporting Elements Table and HTH Dashboard Guide

Reporting Element Language	Source	See Section(s) of This Report	See Also HTH Dashboard Tab(s) ⁹²
King County Code 2A.300.200.A			
The Frank Chopp health through housing advisory committee is created to provide advice to the executive and council and report annually to the council and community on the accomplishments and effectiveness of the expenditure of sales and tax proceeds as authorized by KCC chapter 4A.503 and RCW 82.14.530. Annual reporting to the council and the community shall include information on the allocation by jurisdiction of sales and use tax proceeds as authorized by KCC. chapter 4A.503 and RCW 82.14.530. ...	KCC 2A.300.200.A	• Report Requirements Subsection A: Performance Overview: Accomplishments and Effectiveness in 2025 • Report Requirements Subsection C: Financial Information • Appendix G: MRT Services by Geographic Area	• Full HTH Dashboard
No later than June 15 of each year, beginning with the first report to be filed by June 15, 2023, on behalf of the advisory committee, the executive shall electronically file the annual report and a motion that should acknowledge receipt of the report with the clerk of the council, who shall retain an electronic copy to all councilmembers, the council chief and member and alternates of the regional policy committee, or its successor. The clerk of the council shall retain an electronic copy and provide an electronic copy to all councilmembers, the council chief of staff and the lead staff for the committee of the whole, or its successor.	KCC 2A.300.200.A	N/A	N/A

Reporting Element Language	Source	See Section(s) of This Report	See Also HTH Dashboard Tab(s) ⁹²
King County Code 24.30.030.A			
... The implementation plan shall also describe responsibilities of the Frank Chopp health through housing advisory committee, which is to provide advice to the executive and council and to report annually to the council and the community on the accomplishments and effectiveness of the expenditure of proceeds and name the persons to the committee. Annual reporting provided to the council and the community shall include information on the allocation of the proceeds by jurisdiction.	KCC 24.30.030.A	• Report Requirements Subsection A: Performance Overview: Accomplishments and Effectiveness in 2025 • Report Requirements Subsection D: Frank Chopp HTH Advisory Committee Certification of Dashboard • Report Requirements Subsection C: Financial Information • Appendix I: Frank Chopp HTH Advisory Committee Membership	• Full HTH Dashboard

Reporting Element Language	Source	See Section(s) of This Report	See Also HTH Dashboard Tab(s) ⁹²
HTH Implementation Plan			
The HTH Advisory Committee will annually report to the Council and public on the expenditures, accomplishments, and effectiveness of the HTH initiative through an online HTH dashboard. The purposes of reporting by online dashboard are to increase community access to reporting, to take advantage of an online platform's ability to present interactive data, to allow for faster data updates as data are available within the annual reporting period, and to reduce the environmental impact of printing paper reports.	HTH Implementation Plan, page 64	• Report Requirements Subsection A: Performance Overview: Accomplishments and Effectiveness in 2025 • Report Requirements Subsection B: Site Locations and Other Geographic Information • Report Requirements Subsection C: Financial Information • Report Requirements Subsection E: Performance Overview: Additional Information Available in the HTH Dashboard • Appendix G: MRT Services by Geographic Area	• Full HTH Dashboard

Reporting Element Language	Source	See Section(s) of This Report	See Also HTH Dashboard Tab(s) ⁹²
DCHS will prepare and maintain the online dashboard. No later than June 15 of each year starting in 2023, the online dashboard will be updated with the prior calendar year's data reporting and an overview of the HTH initiative's performance during the year. The online dashboard will include performance measures that are consistent with this plan's section on Performance Measurement and Evaluation.	HTH Implementation Plan, page 64	• Report Requirements Subsection A: Performance Overview: Accomplishments and Effectiveness in 2025 • Report Requirements Subsection B: Site Locations and Other Geographic Information • Report Requirements Subsection E: Performance Overview: Additional Information Available in the HTH Dashboard • Appendix G: MRT Services by Geographic Area	• Full HTH Dashboard
A list of the members of the HTH Advisory Committee	HTH Implementation Plan, page 65	• Appendix I: Frank Chopp HTH Advisory Committee Membership	• Advisory Committee
A map depicting the locations of sites constructed or acquired with Health through Housing proceeds and depicting the locations and numbers of operational-only housing units supported by HTH	HTH Implementation Plan, page 65	• Report Requirements Subsection B: Site Locations and Other Geographic Information	• Location Map

Reporting Element Language	Source	See Section(s) of This Report	See Also HTH Dashboard Tab(s) ⁹²
Demographic data describing the population residing in Health through Housing-funded housing, including race and ethnicity. The dashboard will track progress towards reducing racial-ethnic disproportionality by comparing HTH demographic data to the population experiencing chronic homelessness in King County and the general King County population	HTH Implementation Plan, page 65	Report Requirements Subsection A: Performance Overview: Accomplishments and Effectiveness in 2025 – Demographic Data and Progress toward Reducing Disproportionality	Who We Serve
Number of households receiving a service through the mobile behavioral health intervention program by geographic area	HTH Implementation Plan, page 65	Appendix G: MRT Services by Geographic Area	Mobile Response Team
Number of households, who, at the time of enrollment, were living in or near the city in which the site is located, or have ties to that community	HTH Implementation Plan, page 65	Report Requirements Subsection B: Site Locations and Other Geographic Information – Individuals Served with Local Community Ties	Who We Serve
Health Through Housing initiative financial information, including,			
The program’s annual revenue	HTH Implementation Plan, page 65	Report Requirements Subsection C: Financial Information	Revenue and Expenditures
Allocation of proceeds for housing and operations to jurisdictions that host Health through Housing sites	HTH Implementation Plan, page 65	Report Requirements Subsection C: Financial Information	Revenue and Expenditures

Reporting Element Language	Source	See Section(s) of This Report	See Also HTH Dashboard Tab(s) ⁹²
Actual expenditures of the previous year's proceeds amongst the categories of expenditure required or allowed by KCC chapter 24.30	HTH Implementation Plan, page 65	Report Requirements Subsection C: Financial Information	Revenue and Expenditures
Including the average per-unit cost of acquisition, conversion and operation by site	HTH Implementation Plan, page 65	Report Requirements Subsection C: Financial Information	Revenue and Expenditures
Data that describe how the Health through Housing initiative performs on at least the following population-level and program performance measures:			
Cumulative number of people who moved from chronic homelessness into permanent housing via HTH;	HTH Implementation Plan, page 65	Report Requirements Subsection A: Performance Overview: Accomplishments and Effectiveness in 2025 - Number of People Moved from Chronic Homelessness to Permanent Housing	Housing Performance
Progress on reducing disproportionality in the experience of chronic homelessness;	HTH Implementation Plan, page 65	Report Requirements Subsection A: Performance Overview: Accomplishments and Effectiveness in 2025 - Demographic Data and Progress toward Reducing Disproportionality	Who We Sere

Reporting Element Language	Source	See Section(s) of This Report	See Also HTH Dashboard Tab(s) ⁹²
Percentage of residents who maintain their housing in HTH or exit to permanent housing from HTH-funded emergency or PSH;	HTH Implementation Plan, page 65	Report Requirements Subsection A: Performance Overview: Accomplishments and Effectiveness in 2025 – Percent of HTH Residents who Maintain Housing in HTH or Exit to Permanent Housing	Housing Performance
Average length of stay of residents in HTH-funded emergency or PSH;	HTH Implementation Plan, page 65	Report Requirements Subsection A: Performance Overview: Accomplishments and Effectiveness in 2025 – Average Length of Stay	Occupancy and Length of Stay
Percentage of residents who receive physical or behavioral health care supports or care while residing in a HTH unit; and	HTH Implementation Plan, page 65	Report Requirements Subsection A: Performance Overview: Accomplishments and Effectiveness in 2025 – Health and Wellbeing Supports	Healthcare Access

Reporting Element Language	Source	See Section(s) of This Report	See Also HTH Dashboard Tab(s) ⁹²
• Additional measures of improvements in health or well-being, as data are available	HTH Implementation Plan, page 65	• Report Requirements Subsection A: Performance Overview: Accomplishments and Effectiveness in 2025 – Health and Wellbeing Supports • Report Requirements Subsection A: Performance Overview: Accomplishments and Effective in 2025 – Metrics for Criminal-Legal System Involvement • Appendix H: Overview of HTH Health and Wellbeing Services	• Healthcare Outcomes • Criminal-Legal Outcomes • Mobile Response Team • Transportation and Mobility Supports • Employment Resource Program • Emergency Feeding Program
Beginning in 2023, the HTH Advisory Committee will annually certify by June 15 that the online dashboard is updated with the previous year's data and ready for review.	HTH Implementation Plan, page 65	• Report Requirements Subsection D: Frank Chopp HTH Advisory Committee Certification of Dashboard	• Advisory Committee

Reporting Element Language	Source	See Section(s) of This Report	See Also HTH Dashboard Tab(s) ⁹²
On behalf of the Committee, the Executive will electronically file the annual report and a motion that should acknowledge receipt of the report with the clerk of the council, who will retain an electronic copy and provide an electronic copy to all councilmembers, the council chief and members and alternates of the regional policy committee, or its successor. Passage of the motion acknowledging receipt of the report will satisfy 'TH's annual reporting requirement. DCHS will be prepared upon invitation to present an overview of the annual report to the Council or one of its committees and to the Regional Policy Committee.	HTH Implementation Plan, page 65	N/A	N/A

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

**Appendix B: HTH Investments (Acquisitions and Operations-only Partnerships)
Cumulative to Year End 2025**

Investment Type	Service Provider	Building Name	Initial Housing Type	Total Units	Housing Units	City	Council District	Status as of December 2025
Acquisition	Compass Housing Alliance	Don's Place	EH	102	81	Auburn	7	Open and occupied
Acquisition	Lavender Rights Project	Sharyn Grayson House	PSH	37	32	Seattle	2	Open and occupied
Acquisition	The Urban League	The Booker House	PSH	101	86	Federal Way	7	Open and occupied
Acquisition	Plymouth Housing	Sheila Stanton Place	PSH	124	101	Kirkland	6	Pre-occupancy
Acquisition	Salvation Army	Haven Heights in Honor of Bruce Thomas	EH	144	100	Redmond	6	Open and occupied
Acquisition	DESC	Mary Pilgrim Inn	EH	100	82	Seattle	4	Open and occupied
Acquisition	Chief Seattle Club	Salmonberry Lofts in Honor of Peter Joe	PSH	80	74	Seattle	8	Open and occupied
Acquisition	Catholic Community Services	Sidney Wilson House	PSH	110	103	Renton	5	Open and occupied
Acquisition	TBD	The Argyle	PSH	12	10	Seattle	8	Project scoping
Acquisition	Catholic Community Services	The Bob G.	EH	80	80	Seattle	4	Listed for sale

Investment Type	Service Provider	Building Name	Initial Housing Type	Total Units	Housing Units	City	Council District	Status as of December 2025
Acquisition	DESC	The Gateway in Honor of Tenaya Wright	EH	131	113	Seattle	1	Open and occupied
Operations-only	Plymouth Housing	Bertha Pitts Campbell Place	PSH	100	100	Seattle	8	Open and occupied
Operations-only	DESC	Burbridge Place	PSH	62	62	Seattle	4	Open and occupied
Operations-only	DESC	Bloomside	PSH	95	95	Burien	8	Open and occupied
Operations-only	Chief Seattle Club	Sacred Medicine House	PSH	120	120	Seattle	1	Open and occupied
Operations-only	Chief Seattle Club	Sweetgrass Flats	PSH	84	84	Seattle	8	Open and occupied
Operations-only	DESC	The North Star	PSH	100	100	Seattle	4	Open and occupied
Total				1,582	1,423			

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Appendix C: HTH Service Providers

HTH is partnering with eight service providers to operate HTH's sites, as shown in Figure 1, with the goal of expanding and diversifying the region's capacity to deliver this critical housing. Catholic Community Services, Compass Housing Alliance, DESC, Plymouth Housing, and The Salvation Army are longstanding regional providers of emergency shelter and PSH.^{93, 94, 95, 96, 97} Chief Seattle Club, Lavender Rights Project, and the Urban League are deeply embedded in and have rich experience serving communities and populations most disproportionately experiencing homelessness. Chief Seattle Club is a Native-led housing and human services agency that serves American Indian and Alaska Native people.⁹⁸ Lavender Rights Project is a Black trans-led and founded organization centered in the values of social justice for trans and queer low-income people.⁹⁹ The Urban League of Metropolitan Seattle is an organization dedicated to improving the lives of communities of color.¹⁰⁰

Figure 1: HTH Service Providers at HTH Sites, 2025

Service Provider	HTH Site Name	Jurisdiction
Catholic Community Services (CCS)	Sidney Wilson House	Renton
	The Bob G. ¹⁰¹	Queen Anne, Seattle
Chief Seattle Club	Salmonberry Lofts in Honor of Peter Joe	Pioneer Square, Seattle
	Sacred Medicine House (operations-only)	Lake City, Seattle
	Sweetgrass Flats (operations-only)	Central District, Seattle
Compass Housing Alliance	Don's Place	Auburn
Downtown Emergency Service Center (DESC)	The Mary Pilgrim	Bitter Lake, Seattle
	The Gateway in Honor of Tenaya Wright	Haller Lake, Seattle
	Burbridge Place (operations-only)	Green Lake, Seattle
	The North Star (operations-only)	Bitter Lake, Seattle
	Bloomside (operations-only)	Burien
Lavender Rights Project (LRP)/Chief Seattle Club	Sharyn Grayson House	Capitol Hill, Seattle
Plymouth Housing	Bertha Pitts Campbell Place (operations-only)	Central District, Seattle
	Sheila Stanton Place	Kirkland
The Salvation Army	Haven Heights in Honor of Bruce Thomas	Redmond
The Urban League of Metropolitan Seattle	The Booker House	Federal Way

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

These partnerships are vital to providing high quality services and creating inclusive environments that respect and celebrate the cultural backgrounds and lived experience of all residents and staff, thereby promoting a sense of belonging and support for marginalized individuals.

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Appendix D: Key Historical Context and Current Conditions

King County launched HTH in 2020 at the height of the COVID-19 pandemic. The pandemic amplified the region's pre-existing housing and homelessness crises, forcing tens of thousands of King County households to fall behind on rent in an expensive housing market.^{102, 103} Social distancing requirements implemented during the pandemic further reduced overall shelter capacity while the rate of unsheltered homelessness climbed.¹⁰⁴

The COVID-19 pandemic demonstrated that single-room settings are more supportive of a person's stability, health, and ability to maintain housing compared to congregate shelters.¹⁰⁵ Integrating this lesson, King County acquired existing buildings across the region, allowing for residents to live in separate bedrooms with the revenue created by the one tenth of a cent sales tax which was authorized by the Washington State Legislature in 2020 exclusively for housing use.¹⁰⁶

The economic circumstances of the pandemic made hotels and apartments available for purchase at lower rates, allowing HTH to grow the region's stock of affordable homes quickly and at lower cost.¹⁰⁷ The HTH initiative took advantage of these economic circumstances to buy relatively new or recently updated hotels and apartments, many of which included kitchen facilities, to substantially grow the region's stock of affordable homes quickly. Four years into the Plan, HTH has transformed these buildings into EH and PSH with comprehensive wraparound services including case management, behavioral health support, health care, employment support, and crisis intervention for residents experiencing chronic homelessness.

The initiative established partnerships with cities across King County to site and operate EH and PSH at a speed and scale not previously possible. This coordinated strategy recognizes that to reduce chronic homelessness in King County, communities, cities, and the County must act boldly together to increase housing that is available to, and supportive of, residents who have been living outside.

As the world moves beyond the COVID-19 pandemic, the ongoing issues of homelessness, housing affordability, and racial inequity continue to be central concerns for King County. In 2024, the King County Regional Homelessness Authority found that 16,385 individuals were experiencing homelessness, a 39 percent increase from the 2020 Annual Point in Time (PIT) count of 11,751 individuals.¹⁰⁸

Furthermore, communities do not experience homelessness at the same rate. Black, Hispanic/Latin(a)(o)(x), American Indian, Alaska Native, or Indigenous, and Native Hawaiian or Pacific Islander individuals are overrepresented among those experiencing homelessness compared to King County's overall demographics.¹⁰⁹ Veterans are also an overrepresented group among those who received homelessness services countywide.¹¹⁰

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This growing rate of homelessness has occurred concurrently with a drastic increase in housing costs. Between 2016 and 2024, the median gross rent in King County increased from \$1,418 to \$2,110, marking a 49 percent increase.¹¹¹ This significant growth in housing costs has been partially driven by rapid population growth in the region. Between 2010 and 2024, the King County population increased 21 percent, increasing demand for housing and putting upward pressure on housing costs.^{112, 113} Now, nearly half of households (46 percent) in King County are cost-burdened, meaning they pay more than 30 percent of their income in rent.¹¹⁴ Over 84 percent of extremely low-income households are severely cost burdened in King County, meaning they pay more than 50 percent of their income in rent.¹¹⁵ These households are at high risk of homelessness and often do not have safe, affordable options in the private housing market. HTH plays a critical role in meeting the housing needs of extremely low income residents, especially those who have intersecting disabilities and experiences of homelessness.

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Appendix E: Legislative History, Initiative Goals, and Annual Reporting Requirements

In 2020, King County implemented the HTH sales tax through the adoption of Ordinance 19179, codified as King County Code (KCC) Chapter 4A.503.^{116, 117} After establishing the revenue for the initiative, King County adopted Ordinance 19236 in 2021, which detailed the implementation planning for the HTH initiative.¹¹⁸ This ordinance established the initiative's paramount goal through 2028 of creating and maintaining the ongoing operations of 1,600 units of affordable, supportive housing for individuals experiencing or at risk of chronic homelessness.¹¹⁹ HTH is mandated to enhance access to health care, develop a mobile behavioral health intervention program, and address demographic disproportionality in homelessness.¹²⁰

In 2021, King County adopted Ordinance 19366, which adopted the Initial Health Through Housing Implementation Plan, outlined the process to establish an advisory committee for HTH, and set forth annual reporting requirements.^{121, 122} The plan outlines the processes for acquiring and operating supportive housing, engaging community stakeholders, and measuring the initiative's impact on chronic homelessness.¹²³ It also delineates the roles and responsibilities of the advisory committee, setting forth comprehensive annual reporting requirements to maintain transparency and accountability.¹²⁴

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Appendix F: Additional Information on Open HTH Buildings

As summarized in the Performance Overview subsection of this report, the HTH initiative opened 109 additional units in 2025. Figure 1 provides details on the buildings where these units opened, including address, initial housing type, and number of units, as well as photos of each property. HTH considers a unit open when it becomes ready for resident occupancy. HTH opens a unit after completing renovations and contracting with a service provider who ensures the facility can function as intended, providing safe and supportive housing.

Figure 1: HTH Units Opened, 2025

1 Sweetgrass Flats, 157 12 th Ave., Seattle, 98122
Property Details
Service Provider: Chief Seattle Club Initial Housing Type: Permanent Supportive Housing Total HTH Units: 84 (32 opened in 2025)
Building Photos


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2 | The Booker House, 1400 S 320th St., Federal Way, 98003

Property Details

Service Provider: The Urban League of Metropolitan Seattle
Initial Housing Type: Permanent Supportive
Housing
Total HTH Units: 86 (18 opened in 2025)

Building Photos

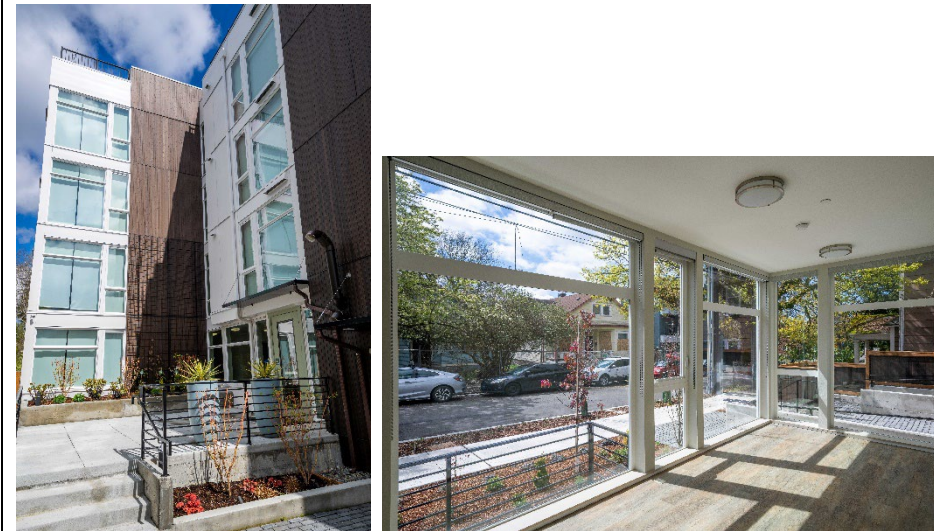


3 | Sharyn Grayson House

Property Details

Service Provider: Lavender Rights Project & Chief Seattle Club
Initial Housing Type: Permanent Supportive
Housing
Total HTH Units: 32

Building Photos



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4 | Haven Heights in Honor of Bruce Thomas, 2122 152nd Ave. NE, Redmond, 98052

Property Details

Service Provider: The Salvation Army
Initial Housing Type: Emergency Housing
Total HTH Units: 100 (15 opened in 2024, 27 opened in 2025)

Building Photos



Appendix G: MRT Services by Geographic Area

Figure 1: Number of Health Through Housing (HTH) Clients Receiving Mobile Response Team (MRT) Services by Geographic Area¹²⁵

Jurisdiction	Zip Code	Number of Clients Served
Auburn	98001	<10
Burien	98166	<10
Redmond	98052	<10
Renton	98057	12
Seattle	98103	42
	98104	<10
	98122	12
	98125	<10
	98133	75

Notes on Figure 1: Due to some residents moving between sites, the total number of clients served by zip code adds up to more than the total distinct clients served across the entire HTH MRT portfolio.

Appendix H: Overview of HTH Health and Wellness Services

Behavioral Health Services

HTH operators have continued to establish community partnerships with organizations that offer ongoing mental health services and substance use treatment on site to help residents achieve longer term stability. For instance, in 2025:

- Haven Heights in Honor of Bruce Thomas established a new partnership with IKRON to bring a psychotherapist specializing in mental health and substance use disorder treatment on site at least one day a week.
- Burbridge Place and The North Start continued partnering with DESC's outpatient behavioral health service, SAGE (Support, Advocacy, Growth, and Employment), to bring a behavioral health case manager on site 40 hours a week to support residents' recovery.
- Burbridge Place, The North Star, and Bloomside all have staff from DESC's Substance Use Disorder Program on site at least one day a week.
- Sacred Medicine House, Salmonberry Lofts in Honor of Peter Joe, and Sweetgrass Flats host a Traditional Health and Wellness Team that works individually and in group settings to engage residents in trauma-informed healing and wellness modalities that are centered in ancestral Indigenous knowledge. The Traditional Health and Wellness staff are on site for 40 hours a week at each site. All three sites also offer weekly Wellbriety meetings, a culturally based program that supports recovery from alcohol, substance abuse, and intergenerational trauma.
- Catholic Community Services' Counseling, Recovery and Wellness Program (CReW) offered mental health and SUD counseling on site at Sidney Wilson House for 40 hours a week.
- Don's Place continued to partner with HealthPoint medical staff, who are on site 4 hours a week to prescribe psychiatric medications and substance use disorder treatments to residents. Don's Place is also in the process of establishing a new relationship with Lutheran Community Services Northwest, which will offer onsite behavioral health services in future years.
- Mary Pilgrim Inn and the Gateway partner with Harborview to bring a psychiatrist on site for up to two days a week.

Case managers at all HTH sites work diligently to connect residents to a wide range of low-barrier, community-based behavioral health services that supplement those offered on site. For instance,

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many HTH operators connect residents to Program of Assertive Community Treatment (PACT), a Medicaid-funded program which provides community-based intensive services for people with high behavioral health needs. PACT teams consists of a psychiatrist, nurse, mental health counselors, substance use disorder professionals, case managers, vocational specialists, and peer specialists who provide services throughout the community, including on site at HTH buildings. Many HTH operators also connect residents to Evergreen Treatment Services, which runs several clinics that offer medication-assisted treatment for adults with opioid disorders, and a mobile REACH team made up of case managers, social workers, chemical dependency specialists, and nurses who provide services at HTH locations. Several sites connect residents to We Care Daily Clinics, a mobile opioid treatment provider based in Auburn and Seattle. HTH residents in behavioral health crisis can also be connected to Connections Kirkland, a County-funded crisis care center that is open 24/7 to provide walk-in behavioral health urgent care as well as more intensive crisis services when needed.¹²⁶

As such, HTH residents continue to have access to behavioral health services funded by Public Health – Seattle & King County’s Health Care for the Homeless Network (such as Evergreen Treatment Services, and REACH, HealthPoint, and Harborview) as well as the network of community behavioral health providers administered by the King County DCHS Behavioral Health and Recovery Division (BHRD) that are funded through Medicaid, state dollars, and MIDD behavioral health sales tax funds (such as IKRON and Lutheran Community Services Northwest).

Physical Health Services

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

- The Booker House: The Booker House established a new partnership with HealthPoint in 2025. A HealthPoint nurse is on site for a minimum of one day each week to provide general primary care consultation and referrals to offsite health providers.
- Sidney Wilson House: Sidney Wilson House has a nurse from HealthPoint on site on a weekly basis for up to 24 hours. This nurse offers general primary care consultation, wound care, overdose prevention, and over the counter pain remedies. In addition, the nurse performs vital care coordination services such as making referrals to the appropriate level of care including hospitals, inpatient clinics, or specialized care, and connecting residents to other health supportive services that are tailored to the individual’s needs.
- Don’s Place: In 2025, Don’s Place continued to partner with HealthPoint to offer both nursing and physician care through its on-site medical exam room. One day a week,

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medical staff provide a wide array of health services including wound care, foot care, primary care consults, and referrals to specialized medical services.

- Mary Pilgrim Inn and The Gateway in Honor of Tenaya Wright: Residents at the Mary Pilgrim Inn and The Gateway in Honor of Tenaya Wright benefit from an innovative on-site partnership with Harborview Medical Center's Adult Medicine Clinic. In 2025, Harborview continued medical clinic operations at the Mary Pilgrim Inn and The Gateway in Honor of Tenaya Wright, which is staffed by a physician and nurse. This partnership supports chronic disease management, particularly diabetes management, and supports monitoring of medically fragile residents. Further, DESC employs a nurse that is on site at both The Gateway in Honor of Tenaya Wright and Mary Pilgrim Inn approximately 15 hours a week. Residents also receive on-site medication management services. In interviews, residents speak highly of the care team at these two sites, with one resident saying, "I'm impressed with the medical team. They treat me with compassion, provide follow-up as promised, and are very generous with medical supplies. I'm grateful to be staying at MPI."
- Salmonberry Lofts in Honor of Peter Joe and Sweetgrass Flats: In 2025, Seattle Indian Health Board and Chief Seattle Club continued offering on-site nursing services at Salmonberry Lofts in Honor of Peter Joe, and launched on-site services at Sweetgrass Flats. Nurse care includes medication management, wound care, wellness checkups, consultation and referrals to nearby Seattle Indian Health Board health centers. The Seattle Indian Health Board also runs nearby community health centers that provide medical, dental, behavioral health, and substance use services to its patients, while specializing in the care of Native people.
- The North Star, Burbridge Place, and Bloomsides: Residents at Burbridge Place, The North Star, and Bloomsides all receive on-site medication management services.

In addition to onsite physical health services, case managers at all HTH sites aid residents in accessing low-barrier, community-based health resources. For instance, some residents are connected to HOST (Homeless Outreach Stabilization and Transition), a multi-disciplinary team of health, substance use disorder, and medical professionals that offer coordinated case management on site. Other sites connect residents to low-barrier, community-based health centers that are designed to serve low-income individuals, including Hobson Clinic (run by Harborview in partnership with DESC), 45th Street Clinic, Sea Mar, and Navos. Burbridge Place connects residents to the Aurora Commons Walk Up Clinic, which is run in partnership with Harborview and available to anyone living or working on Aurora Avenue. In 2025, Sharyn Grayson House established new partnerships with the Tubman Center for Health and Freedom and QueerDoc Telemedicine, which provide medical services to residents at their office or online.

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Appendix I: Frank Chopp HTH Advisory Committee Membership

KCC 2A.300.200 and KCC 24.30.020 call for an advisory committee for the HTH initiative.^{127, 128} As shown in Figure 1, the Frank Chopp HTH Advisory Committee is a 12- to 16-member group advising the King County Executive and King County Council on current and future implementation of the HTH initiative. In addition to providing guidance, the committee is responsible for:

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

In 2025, King County adopted Ordinance 19997 to rename the HTH Advisory Committee in honor of Frank Chopp, a longtime Speaker of the Washington State House of Representatives who helped fund the development of affordable housing across the region and championed the state legislation that made the HTH initiative possible. The committee’s official name is now the Frank Chopp Health Through Housing Advisory Committee.^{129, 130}

As of December 2025, the Frank Chopp HTH Advisory Committee consisted of 15 people, including representatives from local communities, non-profit organizations, health care providers, housing experts, and HTH residents.¹³¹ The Committee’s purpose is to provide oversight, guidance, and expertise to ensure the initiative’s objectives are met effectively and equitably.¹³² The Frank Chopp HTH Advisory Committee is intended to serve as a bridge between HTH and the communities it serves, ensuring that the voices and needs of those most affected by housing instability are heard and addressed.¹³³

As part of the initiative’s commitment to equity and social justice and consistent with the Plan, the Frank Chopp HTH Advisory Committee centers individuals with lived experience and communities that have been historically overrepresented in the region’s homelessness crisis. In line with this commitment to equity, DCHS appointed a HTH resident to the Frank Chopp HTH Advisory Committee for the first time in 2025. As of December 2025, committee members include the following 15 King County residents. For more information about the members, visit the Advisory Committee tab of the HTH Dashboard.¹³⁴

Figure 1: Frank Chopp Health Through Housing Advisory Committee Members, 2025

Frank Chopp Health Through Housing Advisory Committee Members		
Lana Bostic	Lena Bernal	Indigo Brown
Avon Curtis	Tulika Dugar	Gloria Ramirez Santiago
Patti Yates-Starns	Marissa Fitzgerald	MJ Kiser
Krystal Marx	Sarah Stewart	Da’mont Vann
Barbara Walker	Donnell Olebar	Andrea Paine

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Endnotes

¹ King County Code 24.30.030.A.3.

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

² King County Code 4A.503.040.B.

[https://aqua.kingcounty.gov/council/clerk/code/07_Title_4A.htm#_Toc54697848]

³ King County Code 24.30.030.A.1.

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

⁴ Initial Health Through Housing Implementation Plan.

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

⁵ Ordinance 19236

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

⁶ Ordinance 19236

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

⁷ A robust body of research has demonstrated that the Housing First approach effectively ends homelessness, especially for people experiencing chronic homelessness who have higher service needs. The Housing First approach encompasses a broad range of strategies for supporting previously homeless individuals that are reflected in the Housing First fidelity model and PSH quality standards.

⁸ Paula Goering, Scott Veldhuizen, Aimee Watson, Carol Adair, Brianna Kopp, Eric Latimer, Geoff Nelson, Eric MacNaughton, David Streiner & Tim Aubry. National At Home/Chez Soi Final Report. Mental Health Commission of Canada. (2014). [<https://www.mentalhealthcommission.ca/resource/national-at-home-chez-soi-final-report/>]

⁹ Housing First in Permanent Supportive Housing. April 15, 2025.

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

¹⁰ CSH Quality Supportive Housing Standards. Corporation for Supportive Housing. October 2025.

[<https://www.csh.org/wp-content/uploads/CSH-Quality-Supportive-Housing-Standards-CSH-October-2025.pdf>]

¹¹ HTH removed 11 units from its housing unit count in 2025 due to the following: of the 103 residential units at Sheila Stanton Place, Plymouth determined that two are needed for use as temporary relocation units (which residents can move into if their unit undergoes maintenance). Of the 107 residential units at Sidney Wilson House, Catholic Community Services determined four are needed for use as temporary relocation units. Salmonberry Lofts in Honor of Peter Joe determined that one unit was needed for temporary relocations and one for use as a manager unit. Mary Pilgrim Inn confirmed that the site had 82 rather than 85 residential units.

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

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¹³ Ordinance 19366.

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

¹⁴ Initial Health Through Housing Implementation Plan.

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

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

¹⁶ Initial Health Through Housing Implementation Plan.

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

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

¹⁸ HTH considers a unit opened when it becomes ready for resident occupancy. HTH opens a unit after completing renovations and contracting with a service provider who ensures the facility can function as intended, providing safe and supportive housing.

¹⁹ Haven Heights in Honor of Bruce Thomas is using a phased move in approach while rehabilitation continues to take place on the building. The site first opened for occupancy in June 2024, with 15 residents moving into the building by year end. During 2025, an additional 27 residents moved in, bringing the total number of occupied units to 42. Once rehabilitation work is complete the building will have 100 housing units.

²⁰ The increase from 954 open units at the end of 2024 to 1,054 at the end of 2025 reflects both the addition of 109 newly opened units in 2025 and updated operational inventory counts at several existing HTH sites. Compared to the 2024 Annual Report, reported open units decreased at Mary Pilgrim Inn (85 to 82 units), Sidney Wilson House (107 to 103 units), and Salmonberry Lofts in Honor of Peter Joe (76 to 74 units). These changes reflect units being used for respite and manager lodging, rather than resident occupancy.

²¹ The measure for tracking progress towards HTH's 1,600 unit paramount goal is the cumulative number of *housing units*, which refers specifically to units that will be used for residential purposes. Thus, this figure shows only housing units. By contrast, the 2022 annual report showed the total universe of units obtained irrespective of use (e.g. administrative space, community rooms), or municipal limits on occupancy.

²² Falkin Associates. Property Condition Assessment. (May 13, 2021).

²³ Rolluda Architects. King County FMD, Inn at Queen Anne Building Assessment. (February 22, 2022).

²⁴ Sound Transit. Ballard Link Extension Scoping Summary Report. (February 2025).

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

²⁵ Braddock, Shannon. "Notification of Reallocation of Health through Housing Revenue to Fund Bond Financing Costs" October, 29, 2025.

[<https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=7718540&GUID=5BF7C132-117C-4C14-AA59-9BB0FE5560D8&Options=Advanced&Search=>]

²⁶ The Office of Economic and Financial Analysis Revenue Forecasts. July 2025 and March 2026.

[<https://kingcounty.gov/en/independents/governance-and-leadership/economic-financial-analysis>]

²⁷ FMD works closely with DCHS to support the acquisition, maintenance, building security, and building operations of County-owned HTH properties.

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²⁸ Notification of Reallocation of Health through Housing Revenue to Fund Bond Financing Costs. October 29, 2025. [<https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=7718540&GUID=5BF7C132-117C-4C14-AA59-9BB0FE5560D8&Options=Advanced&Search=>]

²⁹ Because HTH residents sometimes move throughout the year, the number of people who are housed at any one point in time is lower than the total number of people housed in HTH buildings throughout the entire year. Accordingly, on December 31, 2025 the HTH initiative was housing 989 people, compared to 897 residents on December 31, 2024.

³⁰ Haven Heights in Honor of Bruce Thomas is using a phased move in approach while rehabilitation continues to take place on the building. The site first opened for occupancy in June 2024, with 15 residents moving into the building by year end. During 2025, an additional 27 residents moved in, bringing the total number of occupied units to 42. Once rehabilitation work is complete the building will have 100 housing units.

³¹ In prior annual reports, the counts of People Housed in Health Through Housing (HTH) EH and PSH represented the total number of unique individuals served within each housing type, regardless of movement between them. This resulted in a small number of individuals being counted in both EH and PSH if they transitioned between programs. Beginning in 2024, individuals who moved from EH into PSH were counted only in PSH, so that the EH and PSH counts sum to the total number of distinct individuals housed by HTH. This change results in slightly lower counts for earlier housing types when compared across years.

³² The Total Units Secured as EH decreased by 15 from prior reports due to the following changes: 10 Argyle units were reclassified as PSH because they contain kitchens, three units were removed from Mary Pilgrim Inn's unit count, and two units at Sheila Stanton Place were reclassified as relocation units.

³³ There are several reasons why HTH buildings have occupancy rates above 100 percent. Occupancy is calculated by dividing the number of residents housed by the number of units available for occupancy, which means the occupancy rate will be above 100 percent if multiple residents are living in one room. HTH sites place multiple residents in a single room for a few reasons: HTH provides housing for couples who live together, and, in some sites, residents at high risk of overdosing are given roommates to reduce the risk of overdose.

³⁴ King County Regional Homelessness Authority (KCRHA) System Performance Dashboard, Homeless Management Information System (HMIS) data as of 12/2/2025. [<https://kcrha.org/community-data/system-performance/>]

³⁵ Seattle-King County Homeless Management Information System (HMIS) Data as of 3/1/2025.

³⁶ Across King County in 2025, 59 percent of residents of other, non-HTH enhanced non-congregate and hotel shelters maintained their housing or exited to permanent destinations.

³⁷ For the remaining 10 percent of residents, HTH does not have data on where the resident went after exiting the site. The absence of data for some residents may reflect the resident opting not to report or data not being collected at exit, among other reasons. An additional 10 individuals passed away while enrolled with HTH. Seattle-King County Homeless Management Information System (HMIS) Data as of 3/1/2025.

³⁸ 50 residents were at risk of chronic homelessness prior to HTH's intervention, as defined by KCC 4A.503. One client's referral paperwork indicated they were chronically homeless. However, upon arrival at the HTH site, staff found that the client was homeless, but did not meet the chronic or at risk definition. To promote this individual's housing stability, the client was enrolled for a short stay before exiting to permanent housing.

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- ³⁹ Initial Health Through Housing Implementation Plan.
[<https://mkcclegisearch.kingcounty.gov/View.ashx?M=F&ID=9959294&GUID=718EA25C-9032-448C-8C98-060B2C97B5E8>]
- ⁴⁰ KCHRA System Performance Dashboard. March 17, 2026. [<https://kcrha.org/community-data/system-performance/>]
- ⁴¹ Colburn, G., Fyall, R., McHugh, C., Moraras, P., Ewing, V., Thompson, S., Dean, T., & Argodale, S. Hotels as Noncongregate Emergency Shelters: An Analysis of Investments in Hotels as Emergency Shelter in King County, Washington During the COVID-19 Pandemic. *Housing Policy Debate*. 2022; 32(6): 853–875.
[<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10586465/>]
- ⁴² National Health Care for the Homeless Council. Homelessness and Health: What's the Connection? (February 2019). [<https://nhchc.org/wp-content/uploads/2019/08/homelessness-and-health.pdf>]
- ⁴³ National Health Care for the Homeless Council. Homelessness and Health: What's the Connection? (February 2019). [<https://nhchc.org/wp-content/uploads/2019/08/homelessness-and-health.pdf>]
- ⁴⁴ National Health Care for the Homeless Council. Homelessness and Health: What's the Connection? (February 2019). [<https://nhchc.org/wp-content/uploads/2019/08/homelessness-and-health.pdf>]
- ⁴⁵ Seattle-King County Homeless Management Information System (HMIS) Data as of 3/1/2025.
- ⁴⁶ Housing First in Permanent Supportive Housing. April 15, 2025.
[<https://files.hudexchange.info/resources/documents/Housing-First-Permanent-Supportive-Housing-Brief.pdf>]
- ⁴⁷ Interview with HTH site staff. December 20, 2024.
- ⁴⁸ PACT teams consist of a psychiatrist, nurse, mental health counselors, substance use disorder professionals, case managers, vocational specialists, and peer specialists who provide services throughout the community.
- ⁴⁹ King County Department of Community and Human Services. New Actions to Stop the Surge of Fentanyl Overdoses and Expand Behavioral Health Treatment in King County. (March 6, 2024).
[<https://dchsblog.com/2024/03/06/>]
- ⁵⁰ Viral Hepatitis Among People Experiencing Homelessness. CDC.
[<https://www.cdc.gov/hepatitis/hcp/populations-settings/peh.html>]
- ⁵¹ Health Through Housing Dashboard, *Health Supports* tab. [<https://www.kingcounty.gov/hthdashboard>]
- ⁵² Health Through Housing Dashboard, *Health Supports* tab. [<https://www.kingcounty.gov/hthdashboard>]
- ⁵³ In the 2022 report, interactions with the behavioral health system, such as authorizations for care during a resident's stay in HTH, were documented using the PHP96 behavioral health system database that DCHS administers. In 2023, the methodology was updated to include authorizations that began before a resident's stay and continued into it. Additionally, new programs introduced in 2023 were included. In the 2024 report, the methodology was again updated to include both authorizations for care documented in the PHP96 behavioral health system database and authorizations for care documented in the Medicaid claims database. This data improvement gives the HTH initiative to a more holistic view of residents' health care access.
- ⁵⁴ Some onsite physical health care services, such as those provided by HealthPoint, are paid for with grant funds secured by the health care provider. Accordingly, a resident may not need to have insurance to access health care services.

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⁵⁵ These outcomes are assessed for HTH residents who have consented to sharing their identifying information in HMIS. They are calculated for all such residents of HTH, including those who have exited, regardless of how long they remained enrolled in the program.

⁵⁶ Paula Goering, Scott Veldhuizen, Aimee Watson, Carol Adair, Brianna Kopp, Eric Latimer, Geoff Nelson, Eric MacNaughton, David Streiner and Tim Aubry. National At Home/Chez Soi Final Report. Mental Health Commission of Canada. (2014). [<https://www.mentalhealthcommission.ca/resource/national-at-home-chez-soi-final-report/>]

⁵⁷ The data in this subsection only reflects the health care data available to the HTH initiative. As a result, it does not include health care that HTH residents access from the U.S. Department of Veterans Affairs, charity care, private insurance, or out-of-pocket payment, some of which is offered on site through HTH programs. HTH will continue to monitor health outcomes and access and will update its dashboard and other reporting to reflect additional data on care access as it becomes available. Additionally, DCHS is currently working with an external evaluation partner to better understand residents' health and wellbeing, and is planning to release a final report by the end of 2026.

⁵⁸ Metro started serving two sites that opened in late 2025 in the first quarter of 2026.

⁵⁹ The food boxes include dry and canned goods, fresh produce, and meats. Close coordination with staff at each site addresses dietary restrictions, culturally specific food preferences, and delivery timing to meet residents' needs.

⁶⁰ HTH residents can choose to pursue multiple service areas.

⁶¹ Ordinance 19179. [<https://mkcclegisearch.kingcounty.gov/Legislation.aspx>]

⁶² Initial Health Through Housing Implementation Plan.

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

⁶³ Seattle-King County HMIS Data as of 3/1/2025.

⁶⁴ Washington State Office of Financial Management Population Interim Estimates (PIE), April 2025.

⁶⁵ 2022 Health Through Housing Annual Report.

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

⁶⁶ Seattle-King County HMIS Data as of 3/1/2025.

⁶⁷ Washington State Office of Financial Management Population Interim Estimates (PIE), April 2025.

⁶⁸ 2022 Health Through Housing Annual Report.

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

⁶⁹ Seattle-King County HMIS Data as of 3/1/2025.

⁷⁰ Washington State Office of Financial Management Population Interim Estimates (PIE), April 2025.

⁷¹ 2022 Health Through Housing Annual Report.

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

⁷² Five Charts That Explain the Homelessness-Jail Cycle-and How to Break It. The Urban Institute. 2020.

[<https://www.urban.org/features/five-charts-explain-homelessness-jail-cycle-and-how-break-it>]

⁷³ Overall, 45 percent of HTH residents experienced a jail booking at some point in the five years prior to their enrollment. Among HTH residents, jail booking rates were highest among the BAAA residents (52 percent) and Native Hawaiian or Pacific Islander residents (52 percent).

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- ⁷⁴ HTH Dashboard, *Location Map* tab. [<https://www.kingcounty.gov/hthdashboard>]
- ⁷⁵ Initial Health Through Housing Implementation Plan. [<https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=5121460&GUID=7DC46271-C6B3-4D90-B6DE-DEF37CD0A7D5&Options=Advanced&Search=&FullText=1>]
- ⁷⁶ RCW 82.14.530(3)(b) requires counties to provide an opportunity for 15% of units at a facility to be provided to individuals who are living in or near the city in which the facility is located, or have ties to that community.
- ⁷⁷ King County Code 4A.503. [https://aqua.kingcounty.gov/council/clerk/code/07_Title_4A.htm#_Toc54697848]
- ⁷⁸ HTH's allocation of Strategy 3 revenues in 2025 amounted to 12.85 percent of total HTH sales tax revenues, as allowed in the Implementation Plan.
- ⁷⁹ City of Bellevue Resolution 9826. [<https://bellevue.municipal.codes/enactments/Res9826>]
- ⁸⁰ City of Covington Ordinance 14-20. [<https://covington.municipal.codes/enactments/Ord14-20>]
- ⁸¹ City of Issaquah Ordinance 2922. [<https://issaquah.civicweb.net/document/127758/>]
- ⁸² City of Kent City Code 3.16.035 Additional Sales or Use Tax for Housing. [<https://www.codepublishing.com/WA/Kent/>]
- ⁸³ City of Maple Valley Ordinance No. O-20-708. [<https://cms3.revize.com/revize/maplevalleywa/Documents/Government/Ordinances/2020/Ord708%20Additional%20Sales%20and%20Use%20Tax%20for%20Housing%20and%20Related%20Services.pdf>]
- ⁸⁴ City of North Bend Code 3.10.010. [<https://www.codepublishing.com/WA/NorthBend/#/html/NorthBend03/NorthBend0310.html>]
- ⁸⁵ City of Renton Ordinance 5983. [<https://edocs.rentonwa.gov/Documents/DocView.aspx?id=8226729&dbid=1&repo=CityofRenton&cr=1>]
- ⁸⁶ City of Snoqualmie Resolution 1557. [<https://portal.laserfiche.com/Portal/DocView.aspx?id=1946&repo=r-d06bc528>]
- ⁸⁷ The plan notes that the County and the city of Sammamish agreed in 2021 that the County would not pursue HTH acquisition in Sammamish but would meet annually to discuss HTH and opportunities for partnership.
- ⁸⁸ In 2025, \$12,989,652 in HTH revenue could not be allocated to a specific jurisdiction.
- ⁸⁹ HTH sites that had opened earlier than 2023 received inflationary adjustments to their contracts during 2023 that contributed to increased costs that year and in subsequent years.
- ⁹⁰ Initial Health Through Housing Implementation Plan. [<https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=5121460&GUID=7DC46271-C6B3-4D90-B6DE-DEF37CD0A7D5&Options=Advanced&Search=&FullText=1>]
- ⁹¹ Health Through Housing Dashboard. [<https://www.kingcounty.gov/hthdashboard>]
- ⁹² HTH Dashboard. [<https://www.kingcounty.gov/hthdashboard>]
- ⁹³ Catholic Community Services [<https://ccsww.org/>]
- ⁹⁴ Compass Housing Alliance [<https://www.compasshousingalliance.org/>]
- ⁹⁵ Downtown Emergency Services Center (DESC) [<https://www.desc.org/>]
- ⁹⁶ Plymouth Housing Group [<https://plymouthhousing.org/>]
- ⁹⁷ The Salvation Army [<https://seattle.salvationarmy.org/>]
- ⁹⁸ Chief Seattle Club [<https://www.chiefseattleclub.org/>]
- ⁹⁹ Lavender Rights Project [<https://www.lavenderrightsproject.org/>]
- ¹⁰⁰ The Urban League of Metropolitan Seattle [<https://urbanleague.org/>]

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¹⁰¹ CCS operated The Bob G. between April 2020 and June 2023, at which point the building was closed due to unsafe building conditions.

¹⁰² King 5. King County Accepting Applications for Rental Assistance before Eviction Moratorium Expires. [<https://www.king5.com/article/news/health/coronavirus/king-county-accepting-applications-for-rental-assistance-before-eviction-moratorium-expires/281-0f3962e9-3abe-451d-8563-ebb4200e97d5>]

¹⁰³ Zillow King County Market Overview, data through July 31, 2021. [<https://www.zillow.com/king-county-wa/home-values/>]

¹⁰⁴ King County Homelessness Response System Data Review: Q1 2021 Release. [https://kcrha.org/wp-content/uploads/2022/05/KC-Homeless-Response-System_Data-Review_Q12021.pdf].

¹⁰⁵ University of Washington and King County DCHS: Impact of Hotels as Non-Congregate Emergency Shelters. (2020). [https://kcrha.org/wp-content/uploads/2020/11/Impact-of-Hotels-as-ES-Study_Full-Report_Final-11302020.pdf].

¹⁰⁶ RCW 82.14.530 as reflected in ESHB 1070 from 2021. [<http://lawfilesexternal.wa.gov/biennium/2021-22/Pdf/Bills/Session%20Laws/House/1070-S.SL.pdf?q=20210815073813>]

¹⁰⁷ King County Department of Community and Human Services. Health Through Housing: A Regional Approach to Address Chronic Homelessness. (2024). [<https://kingcounty.gov/en/legacy/depts/community-human-services/initiatives/health-through-housing>]

¹⁰⁸ King County Regional Homelessness Authority. 2024 Point in Time Count. [<https://kcrha.org/community-data/king-county-point-in-time-count/>]

¹⁰⁹ King County Department of Community and Human Services, Performance Measurement and Evaluation Division. Integrating Data to Better Measure Homelessness. (December 2021). [https://cdn.kingcounty.gov/-/media/king-county/depts/dchs/departments/documents/KC_DCHS_Cross_Systems_Homelessness_Analysis_Brief_12_16_2021_FINAL.ashx?la=en]

¹¹⁰ King County Department of Community and Human Services, Performance Measurement and Evaluation Division. Integrating Data to Better Measure Homelessness. (December 2021). [https://cdn.kingcounty.gov/-/media/king-county/depts/dchs/departments/documents/KC_DCHS_Cross_Systems_Homelessness_Analysis_Brief_12_16_2021_FINAL.ashx?la=en]

¹¹¹ U.S. Census Bureau, “American Community Survey 1-Year Estimates: Selected Housing Characteristics,” 2016 and 2024. [<https://data.census.gov/table/ACSDP1Y2016.DP04>] and [<https://data.census.gov/table/ACSDP1Y2024.DP04>]

¹¹² U.S. Census Bureau, “American Community Survey 1-Year Estimates: ACS Demographics and Housing Estimates,” 2010 and 2024. [<https://data.census.gov/table/ACSDP1Y2010.DP05>] and [<https://data.census.gov/table/ACSDP1Y2024.DP05>]

¹¹³ Alexandrov, A. Place the Blame Where It Belongs: Lack of Housing Supply is Largely Responsible for High Home Prices and Rents. The Urban Institute. (January 2024). [<https://www.urban.org/sites/default/files/2024-01/Place%20the%20Blame%20Where%20it%20Belongs.pdf>]

¹¹⁴ U.S. Census Bureau, “American Community Survey 1-Year Estimates: Selected Housing Characteristics,” 2024. [<https://data.census.gov/table/ACSDP1Y2023.DP04>]

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¹¹⁵ U.S. Census Bureau, “American Community Survey 5-Year Estimates: Public Use Microdata Sample,” 2019-2024 [<https://www.census.gov/programs-surveys/acs/microdata/access.2022.html#list-tab-735824205>]

¹¹⁶ Ordinance 19179

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

¹¹⁷ King County Code 4A.503

[https://aqua.kingcounty.gov/council/clerk/code/07_Title_4A.htm#_Toc54697848]

¹¹⁸ Ordinance 19236

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

¹¹⁹ Ordinance 19236

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

¹²⁰ Ordinance 19236

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

¹²¹ Ordinance 19366.

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

¹²² King County Code 2A.300.200. [https://kingcounty.gov/council/legislation/kc_code/33_Title_24.aspx]

¹²³ Ordinance 19366.

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

¹²⁴ Ordinance 19366.

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

¹²⁵ All the individuals served by MRT in 2025 were in single-person households, so the number of individuals served is equal to the number of households served.

¹²⁶ Crisis Care Centers Initiative. King County. [<https://kingcounty.gov/en/dept/dchs/human-social-services/community-funded-initiatives/crisis-care-centers-levy>]

¹²⁷ KCC 2A.300.200. [https://aqua.kingcounty.gov/council/clerk/code/05_Title_2A.htm#_Toc473536140]

¹²⁸ KCC 24.30.020. [https://aqua.kingcounty.gov/council/clerk/code/33_Title_24.htm#_Toc65058358]

¹²⁹ “King County Health through Housing program renamed to honor Frank Chopp.” Capitol Hill Seattle Blog. November 19, 2025. [[King County Health through Housing program renamed to honor Frank Chopp | CHS Capitol Hill Seattle News](#)]

¹³⁰ Ordinance 19997.

[<https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=7711662&GUID=5131AEF4-8473-4147-8092-F4A89BE21A88&Options=Advanced&Search=>]

¹³¹ King County Department of Community and Human Services. (n.d.) Health Through Housing Advisory Committee. [<https://kingcounty.gov/en/legacy/depts/community-human-services/initiatives/health-through-housing/advisory-committee>]

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¹³² Ordinance 19366.

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

¹³³ Ordinance 19366.

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

¹³⁴ Health Through Housing Dashboard. [<https://www.kingcounty.gov/hthdashboard>]

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Executive Girmay Zahilay

Chinook Building, CNK-EX-0800
401 Fifth Avenue, Suite 800
Seattle, WA 98104-2391

June 15, 2026

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

Dear Councilmember Perry:

This letter transmits the 2025 Health Through Housing Annual Report, as required by King County Code 2A.300.200, and an accompanying proposed Motion that would, if enacted, acknowledge receipt of the report.

This annual report summarizes the activities of the Health Through Housing (HTH) initiative through the end of 2025 and fulfills the initiative's annual reporting requirements. Specifically, it includes summaries of the accomplishments and effectiveness of the expenditure of HTH sales tax proceeds in 2025 as well as financial information including but not limited to the allocation of proceeds by jurisdiction. On May 21, 2026, the HTH Advisory Committee reviewed and certified this report and the HTH Dashboard, including certifying that the dashboard is updated with 2025 calendar year data.

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

HTH increases housing capacity for residents with the highest needs, who are experiencing or at risk of chronic homelessness, by repurposing hotels and apartments and expediting financing of other newly constructed buildings throughout the County. HTH ended the year with 1,423 housing units secured and 1,054 units open across 14 sites. In 2025, HTH opened three sites to residents and finished major construction work at its Kirkland site, which started moving in residents in January 2026.

Of these newly opened buildings, the Kirkland and Federal Way sites each represent one of the first PSH buildings to open in their respective cities, illustrating the initiative's success using a regional approach to

reduce chronic homelessness. While HTH has faced significant challenges that have impacted the pace at which the initiative is achieving its paramount goal of securing and opening 1,600 units, HTH has made steady progress securing and opening supportive housing across King County.

After four years of operation, the HTH initiative has ended homelessness for over 1,400 King County residents, improved the health and wellbeing of residents, and reduced the use of local emergency departments, hospitals, and jails.

Recent analysis by DCHS shows that after two years of living in a HTH unit:

- residents' total number of inpatient hospital care stays decreases by 41 percent,
- their total number of emergency department visits drops by 39 percent, and
- residents experience a 24 percent decrease in jail bookings.

Other 2025 highlights include:

- HTH continued providing a broad range of services and supports to residents, with almost all 1,380 HTH residents served in 2025 having access to at least one type of onsite health service.
- HTH made progress addressing racial and ethnic disproportionality among the homeless population, including opening three sites that are operated by organizations run by and for BIPOC communities.
- HTH achieved positive housing stability outcomes among its PSH residents, with 93 percent of PSH residents maintaining their housing or moving to another permanent housing destination.
- HTH achieved continued success housing individuals with ties to the city in which their HTH building is located, with 98 percent of HTH residents reporting existing ties to the communities where they reside at move in.
- HTH sites maintained high occupancy rates in 2025, with buildings ending the year with an average occupancy rate of 92 percent.

While HTH has not yet reached its paramount goal of securing and opening 1,600 units, financial conditions have changed dramatically since the Plan's adoption, creating new barriers to expanding the HTH portfolio. Recent economic changes have significantly impacted both the cost of acquiring new properties and the cost of renovating and maintaining existing HTH buildings. Additionally, emerging shifts in global trade policy and tariff measures create significant uncertainty regarding future construction costs and future HTH sales tax revenue.

Additionally, in 2025, the King County Facilities Management Division (FMD) determined that many of its acquired HTH buildings required significant, unexpected, and costly repair work. Because HTH is facing both higher-than-expected costs and significant uncertainty regarding future revenue, DCHS has paused efforts to secure additional HTH units. This adjustment reflects DCHS' efforts to prudently manage HTH's limited resources not only to create new housing units, but also to operate those units on an ongoing basis with housing-related services, consistent with the initiative's paramount goal as articulated in Ordinance 19236 and the Plan.

DCHS intends to continue to closely monitor these trends and will secure additional units once financial conditions permit. HTH is also working with FMD to comprehensively assess long-term maintenance and capital improvements needed across its current portfolio, enable HTH to continue to provide high-quality, safe housing to its residents.

The Honorable Sarah Perry

June 15, 2026

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Despite these challenges, the HTH initiative is the fastest and most regional expansion of supportive housing that King County has ever implemented. It is a powerful component of our regional strategy to break the cycle of homelessness, addiction, and trauma. I look forward to continuing to report on the initiative's progress, and my staff will keep working to overcome these challenges as they bring more people inside.

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

If your staff have any questions, please contact Dr. Susan McLaughlin, Director, Department of Community and Human Services at 206-477-9309.

Sincerely,



for

Girmay Zahilay
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, Office of the Executive
Jasmin Weaver, Chief of Staff, Office of the Executive
Hyeok Kim, Chief Operating Officer, Office of the Executive
Sierra Howlett Browne, Director of Government Relations, Office of the Executive
Garrett Holbrook, Council Relations Manager, Office of the Executive
Dr. Susan McLaughlin, Director, Department of Community and Human Services



Metropolitan King County Council Staff Report

Committee:	Regional Policy Committee		
Agenda Item:	6	Analyst(s):	Miranda Leskinen
Proposed No.:	2026-B0087	Meeting Date:	September 30, 2026

OVERVIEW

TOPIC: A briefing on Proposed Motion 2026-0193 regarding the 2025 Best Starts for Kids (BSK) annual report.

LEGISLATION SUMMARY: The Best Starts for Kids (BSK) 2025 annual report, the fourth annual report for the 2022-2027 levy period, provides information on BSK financial investments made in 2025, as well as BSK performance measures and outcomes. In 2025, the report indicates that Best Starts for Kids invested over \$132 million, partnering with 376 community-based organizations operating 614 programs to directly serve 167,978 individuals in King County.

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 2026-0193, 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).

KEY ISSUES FROM THE ANALYSIS

Staff has not identified any issues with the transmitted report. The 2025 report appears to meet the requirements for BSK annual reporting per Ordinances 19267 and 19354.

BACKGROUND & TIMING CONSIDERATIONS

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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.

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 2026 revenue forecast, the renewal levy is expected to generate approximately \$909.8 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.¹

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

¹ The capacity building support grant program, per Ordinance 19267, must include support for development of new organizations and expansion of existing organizations.

- 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.

The renewal levy will also invest up to \$50 million (subject to levy revenue projections²) 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. Council approved Ordinance 19354, adopting the 2022-2027 BSK implementation plan, in November 2021.

Annual Reporting. In accordance with Ordinance 19354, BSK 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 implementation for the prior calendar year. 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
- A description of any changes made, and any anticipated changes, to strategy-level investments.

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-

² If total projected levy proceeds exceed \$822 million, the excess (up to \$50 million) would fund the capital grants program. 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.

level results or impacts as part of the consolidated reporting dashboard for Department of Community and Human Services (DCHS)-administered human services.

ANALYSIS

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The Best Starts for Kids (BSK) 2025 annual report, the fourth annual report for the 2022-2027 levy period, provides information on BSK financial investments made in 2025, as well as BSK performance measures and outcomes.

Of note, the 2024 annual report described areas for strengthening 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. The 2025 annual report provides an update that the Department of Community and Human Services (DCHS) have added five contract management positions, a fiscal compliance system lead position, and a contract specialist position to further support Department contract management capacity. The Department has provided additional service provider trainings on financial guidance/fiscal management best practices and partnered with Public Health in establishing a workgroup in October 2025 to collaborate on fiscal oversight efficiencies.

2025 Annual Report Highlights: In 2025, the report indicates that Best Starts for Kids invested over \$132 million, partnering with 376 community-based organizations operating 614 programs to directly serve 167,978 individuals in King County. The 2025 annual report is centered around summarizing levy strategy highlights around the following five key themes that shaped BSK programming and results in 2025:

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

Table 1 provides a summary of 2025 levy expenditures organized by levy investment area. This information is excerpted from Figure 9 of the annual report.

Table 1. Best Starts for Kids 2025 Expenditures by Levy Investment Area

Levy Investment Area	2025 Budgeted	2025 Expenditures
Child Care	\$42,844,276	\$23,200,127
Youth and Family Homelessness Prevention	\$5,126,200	\$3,151,104
Technical Assistance and Capacity Building	\$2,346,252	\$1,801,272

Subtotal <i>(per Ord 19267 subsection 4.D)</i>	\$50,316,728	\$28,152,503
Investing Early (Prenatal to 5)	\$52,383,778	\$52,220,965
Sustain the Gain (5 to 24)	\$38,599,261	\$34,808,221
Communities of Opportunity	\$8,236,013	\$7,896,262
Data and Evaluation	\$5,736,351	\$5,761,192
Capital Projects	\$19,766,925	\$3,681,842
Total 2025 Expenditures	\$175,039,056	\$132,520,985

Geographic distribution of BSK participants and expenditures are summarized in Figures 7-8 and in Appendix E of the annual report.

Description of any changes made to strategy-level investments. Additional revenues of approximately \$5.3 million for 2025 (stemming from unanticipated BSK fund interest income and updated revenue projections and the policy decision to change to a 60-day rainy day reserve) were invested as follows:

- Increasing the budget of the Family Ways (Maternal Child Health Home-Based Services) and Youth Development strategies, both of which the report indicates can be scaled up quickly to address ongoing unmet services demand;
- Covering cost increases for DCHS data and evaluation staff;
- Mitigating County General Fund loss in New Families Services funding;
- Sustaining the Infant Mortality Prevention Network; and
- Increasing Communities of Opportunity community partnerships funding.

Of note, a pause in the Liberation and Healing from Systemic Racism strategy procurement contributed to an underspend which was partially reallocated to the strategy's Wellbeing Initiative in 2025, with the remainder being considered for reallocation to other Sustain the Gain investment area strategy's consistent with protocols in the levy implementation plan.

Capital projects implementation update. Best Starts for Kids (BSK) awarded \$16 million through competitive procurement in 2025, with an additional \$21 million on track to be awarded in 2026. The 2025 annual report notes that the entire \$50 million capital projects levy investment is anticipated to be awarded by the end of 2027, though some of the expenditures will occur after the end of the levy period.

Child care investments implementation update. The levy's wage boost 3-year pilot/demonstration project completed the first of payments after initial delays in transition from one to multiple administration partners. In 2025, \$6 million in funding was distributed, with 133 child care facilities (reaching 927 total employees) enrolled in the pilot project. BSK anticipates that the pilot will reach over 1,400 workers by providing additional

compensation via a wage boost every three months that the employee remains in the program.³ The annual report indicates that initial findings will be shared in late 2026.

For the child care subsidy program, BSK experienced delayed enrollments in 2025 due to adjustments in program administration. In 2025, the program served 478 families (reaching 837 children) with full enrollment capacity of approximately 1,900 children anticipated to be reached by summer 2026.

Data and Evaluation. The annual report links to a data dashboard on the Best Starts for Kids website.⁴ 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 annual report also highlights data and evaluation activities during 2025.

INVITED

- Dr. Jamalia Jones, Best Starts for Kids Co-Lead, Department of Community and Human Services (DCHS)
- Jessica Tollenaar Cafferty, Best Starts for Kids Co-Lead, Public Health – Seattle & King County
- Amber Green, Deputy Director, DCHS
- Nubia Lopez, Child Care and Early Learning Policy Lead Advisor, Executive's Office

ATTACHMENTS

1. Proposed Motion 2026-0193
 - a. 2025 BSK Annual report
2. Transmittal Letter

³ DCHS also began implementing the Department's Provider Inflation Adjustment Policy in 2025.

⁴ [Best Starts for Kids dashboard - King County, Washington](#), last accessed on August 10, 2026.



KING COUNTY

Signature Report

ATTACHMENT 1

1200 King County Courthouse
516 Third Avenue
Seattle, WA 98104

Motion

Proposed No. 2026-0193.1

Sponsors

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

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

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

11 WHEREAS, Ordinance 19267, King County voters approved King County
12 Proposition No. 1 on August 3, 2021, authorizing a six-year renewal of the Best Starts for
13 Kids levy to plan, provide, administer, and evaluate promotion, prevention, and early
14 interventions and capital investments for King County children, youth, families and
15 communities, and

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

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

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

26 WHEREAS, the fourth annual report on the second Best Starts for Kids initiative,
27 entitled 2025 Best Starts for Kids Annual Report, is submitted by the executive;

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

29 The receipt of the fourth annual report on the second Best Starts for Kids

- 30 initiative, entitled 2025 Best Starts for Kids Annual Report, Attachment A to this motion,
31 in accordance with Ordinance 19354, is hereby acknowledged.

KING COUNTY COUNCIL
KING COUNTY, WASHINGTON

Sarah Perry, Chair

ATTEST:

Melani Pedroza, Clerk of the Council

APPROVED this ____ day of _____, ____.

Girmay Zahilay, County Executive

Attachments: A. 2025 Best Starts for Kids Annual Report, July 2026

2025 Best Starts for Kids Annual Report

July 15, 2026



King County

Executive Summary

Overview

The Best Starts for Kids (Best Starts) 2025 Annual Report summarizes the activities of the Best Starts initiative in 2025 and fulfills the reporting requirements in Ordinance 19354 and the Best Starts Implementation Plan.^{1, 2}

Background

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 fourth year of the second levy, highlighting Best Starts' values of centering anti-racism, equity, and community strengths. It offers quantitative and qualitative data from performance measures, narrative reports, and evaluation findings. Community partners' feedback is also included.

Report Requirements

This annual report summarizes the activities of the Best Starts for Kids initiative through the end of 2025 and fulfills the reporting requirements in Ordinance 19267, Ordinance 19354, and the Best Starts for Kids Implementation Plan 2022 – 2027. This report includes quantitative and qualitative findings. Members of the King County Children and Youth Advisory Board (CYAB) and the Communities of Opportunity (COO) Governance Group reviewed a draft of this report in April 2026, in recognition of these bodies' advisory roles for Best Starts as described in KCC 2A.300.510 and KCC 2A.300.521.³

In 2025, the fourth year of the second levy, Best Starts partnered with **376 community-based organizations** operating **614 programs**. Overall, Best Starts directly served **167,978 children, youth, and caregivers**. It also reached another **119,080 community members** through activities and supported **1,637 members of the early childhood and child care workforce** across King County during the year. Outcomes are grouped 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.

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.⁴ For more detailed information on Best Starts' reach, see Appendix E.

The initiative remains on track to allocate funding in alignment with its Implementation Plan despite initial spending delays in the two large investments that were added in the 2022-2027 Best Starts levy, Capital Projects and Child Care. Best Starts strategically deepened investments through increased revenues resulting from shifting from a 90-day to a 60-day Rainy-Day Reserve, increasing the budgeted revenue collections factor from 99 percent to 100 percent, and continued strong interest rates.⁵

Best Starts began implementing the Department of Community and Human Services (DCHS) provider inflation policy to ensure that providers are better able to cover anticipated increasing operations costs.⁶ Best Starts also prioritized increasing staff levels to deliver on programmatic

2025 Best Starts for Kids Annual Report

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

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work and address provider capacity to meet contracting expectations, securing five contract management positions, a Fiscal Compliance System Lead position, and a contract specialist in 2025 to further support DCHS contract management capacity, and building in six new Full Time Equivalent positions during 2026-27 budget cycle.^{7, 8, 9}

In 2025, Best Starts' funded partners shared urgent demand for basic needs support amidst federal cuts and rising cost of living and requested flexibility in moving events back online in response to community safety concerns due to increased federal immigration enforcement. Partners requested capacity building for fiscal management best practices, and increased language access for families and providers. In response, Best Starts prioritized responsiveness to meet partner and community needs whenever possible; provided additional trainings on financial guidance; and bolstered linguistic and cultural capacity in programs.

To complement performance measurement, narrative reporting, and data capacity building across programs, Best Starts also funds in-depth evaluation for select strategies and investment areas. Key findings from 2025 evaluation reports are found in Section F. Readers can explore data further by visiting the Best Starts for Kids Data Dashboard, which contains customizable data views and greater geographic and financial detail organized by section and investment area.¹⁰

Closing and Next Actions

This report highlights concrete examples of how Best Starts strategies supported positive changes in the health, well-being, and relationships of children, young people and families by elevating five cross-investment focus areas. As federal policy changes threatened funding for critical programs and fear spread across King County communities, Best Starts remained a reliable source of funding, services, and support. In 2025, Best Starts prioritized increased staff capacity and alignment across DCHS and Public Health – Seattle & King County (PHSKC) to strengthen compliance and contract monitoring. As Best Starts looks forward to 2026 and the end of the second levy in 2027, it remains committed to supporting every baby born and every child raised in King County to reach adulthood happy, healthy, safe, and thriving.

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 of 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.¹¹ Best Starts' holistic approach supports young people in achieving their full potential and growing successful relationships with self, family, caregivers, teachers, providers, and community. Best Starts works toward this vision with community partners in the following investment areas: Capital Projects (CP), Child Care (CC), Communities of Opportunity (COO), Investing Early (IE), Sustain the Gain (SG), Technical Assistance and Capacity Building (TACB), and Youth and Family Homelessness Prevention Initiative (YFHPI).^{12, 13}

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.¹⁴ Best Starts contributes to positive outcomes for children through promotion, prevention, early intervention, and policy and systems change strategies. In doing so, Best Starts reduces the conditions that call for the highest-cost downstream intervention later in life. Investing early and across the lifespan has a strong return on investment: prevention of adolescent mental health and substance use disorders yields \$24 for every \$1 invested.^{15, 16} Best Starts catalyzes strong starts in early childhood and sustains those gains as children progress into adulthood and community life.

More than a local investment, the Children's Funding Institute highlighted Best Starts as a national example of an effective local children's fund. In June 2025, King County hosted the Institute, a biennial convening that brings together national leaders working to secure voter-approved funds. The Institute selects host communities that exemplify what sustained public investment can achieve from a child's earliest days through adulthood: Best Starts is that example.¹⁷ Best Starts staff presented in panels and small group discussions on topics such as lessons learned, data and evaluation, and capacity building supports.

Best Starts commits to learning alongside partners, implementing innovative approaches, and expanding community reach and impact. This approach includes requiring performance measurement plans and ongoing monitoring of program implementation and contract deliverables.

Report Requirements

This annual report summarizes the activities of the Best Starts for Kids initiative through the end of 2025 and fulfills the reporting requirements in Ordinance 19267, Ordinance 19354, and the Best Starts for Kids Implementation Plan 2022 – 2027 for an annual report on levy expenditures, services, and outcomes to the Council by July 15 of each year.^{18, 19, 20} Specifically, this document includes summaries of the accomplishments and effectiveness of the Best Starts for Kids levy in 2025, as well as financial information and geographic information including the distribution of participants and expenditures by ZIP Code and investment area.²¹ 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.²²

A. Best Starts for Kids Key Focus Areas and Outcomes in 2025

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, Best Starts results in 2025 fall into five focus areas:

- **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.

In 2025, Best Starts partnered with 376 organizations and funded a total of 614 programs. Of these, 419 continued programming from previous years and 195 were new as a result of the 17 Request for Proposal (RFP) processes Best Starts ran in 2025. These programs impacted 281,088 children, young people, families, providers, and community members across King County.^{23, 24}

This report highlights Best Starts' impact on King County's young people, families, and communities in concrete and systemic ways. Best Starts remains an integral part of providing programming and services to young people, families, and communities across King County, while continuing to streamline existing funding processes to promote equitable access and responsible stewardship of public dollars. For example, in 2025:

- **631 households enrolled** in The Youth and Family Homelessness Prevention Initiative and **93 percent exited and stayed housed**, sustaining its success since 2017.²⁵
- School-Based Screening, Brief Intervention, and Referral to Treatment/Services (SB-SBIRT) partners **screened 14,311 students for behavioral health needs** to identify students' potential treatment needs, and **50 percent of students received at least one Brief Intervention meeting after identifying a potential concern** through SB-SBIRT.
- **89 percent of young people** enrolled in the Transitions to Adulthood program **improved their behavioral health**.
- **133 child care facilities enrolled in the Wage Boost Pilot and 927 workers received the wage boost**. After initial enrollment, **85 percent of workers remain enrolled in the pilot**.

- Best Starts **funded 30 Capital Projects and completed nine. Six projects** reported **preserved or increased service capacity** after completing their project.²⁶

Meeting Families' Needs



Figure 1. Family at Manos Unidas International'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)

The Best Starts strategies listed above are connecting families to culturally rooted services that help meet basic needs, alleviate day-to-day stressors, boost knowledge of parenting and child development, and increase social connection.²⁷ For example, in 2025:

- 97 percent of families served through Help Me Grow connected to services and support.
- 92 percent of parents and caregivers served through Community-Based Parenting Supports' Parent-Caregiver Information and Supports program reported an increase in social connections, a key indicator of social support.²⁸
- 80 percent of primary caregivers who received a Child Care Subsidy reported improved well-being after receiving the subsidy.

Connecting Families to Basic Needs Supports and Culturally Rooted Services

“Over the past year, our organization made several meaningful changes that strengthened our ability to serve our focus community, immigrant and refugee single mothers and their children. We solidified and deepened collaborations... [which] allowed us to share space, coordinate services, host community meals, and connect families to additional resources. We continued to prioritize safe, welcoming, and dignified spaces where participants feel respected and heard. We intentionally centered cultural understanding, peer connection, and trauma-informed practices in our programming, which helped increase trust and sustained engagement among participants.”

– Divine Mutesi, Executive Director, Ubumwe Women's Association (Youth and Family Homelessness Prevention Initiative Partner)

The Youth and Family Homelessness Prevention Initiative prevents young people and families with children from becoming homeless by assisting households that are historically vulnerable and at imminent risk of losing their housing. The strategy builds trusting relationships with households to develop skills leading to long-term housing stability and provides case management combined with financial assistance.²⁹ In 2025, **631 households enrolled** in the program; **93 percent stayed housed after exiting the program**. The program has sustained this level of success since 2017.³⁰

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 them. In 2025, this strategy assisted **1,068 parents and caregivers** by making **7,008 connections to opportunities for building social relationships** by making **educational referrals** for both adults and children, **and sharing information** on pertinent topics such as the health impacts of toxic stress in families.³¹

The Child Care Subsidy Program partners with community-based organizations to administer subsidies that supplement the cost of childcare at licensed centers and family childcare sites for children aged birth to 12. The Subsidy Program resumed enrollment in late 2025 after a strategic pause to rebuild its application, enrollment, and vendor payment infrastructure following the move to a new administrator at the end of 2024. In 2025, Child Care Subsidy helped **478 families** afford childcare for **837 children**, resulting in **91 percent** of primary caregivers **reporting a positive change in their careers or education**. (The Child Care Subsidy Outcomes subsection on page 31 of this report further discusses these results).³² By the end of 2025, 1,400 families had been invited to apply for subsidy, positioning the program to fully disburse remaining levy funds in 2026–2027. Since enrollment reopened in August 2025, enrollment has steadily increased, positioning the program to return to full enrollment capacity of approximately 1,900 children by summer 2026. While this is lower than the program's 2023 peak enrollment, rising childcare costs have increased subsidy amounts per child, reducing the total number of children that can be served with available funding.

[Boosting Families' Knowledge of Parenting and Child Development and Increasing Social Connection](#)

Home-Based Services offers relationship-based support from trained Home Visitors for expecting families and families of children from birth to age five.³³ In 2025, **2,152 caregivers participated in 53,199 visits** using community-designed models and nationally implemented models, including ParentChild+. Among families served through community-designed models, **99 percent of families increased their knowledge of parenting and child development and 92 percent of families increased their social connections.**²⁸

Through an array of programs, Community-Based Parenting Supports (CBPS) 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.^{34, 35, 36} One example of a support included under CBPS includes Lactation and Perinatal Support Services partners, who engaged **1,035 birth workers** in professional development opportunities and **97 percent reported increased knowledge or skills** because of the opportunities.

"While our Home-Based Services program is designed to provide individualized, in-home support, we consistently heard from caregivers—particularly mothers—about an urgent need for social connection, mental health support, and opportunities for community belonging. In response, we expanded our service model beyond the home to include community-based and group support. We launched a monthly Moms' Café, creating a safe, culturally responsive space for caregivers to connect, share experiences, and reduce isolation."

— Celeste Marion, Executive Director, Manos Unidas International (Home-Based Services Partner)

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.³⁷ In 2025, the strategy enrolled **803 parents and caregivers and 1,015 young people. Ninety-nine percent of parents and caregivers and 99 percent of young people reported increased connection** to peers, family, culture, or community.²⁸ As Sumina Rashid, Deputy Director of Muslimahs Against Abuse Center, noted: *"In August alone, over 200 community members participated in [Center activities]. Families reported that shared experiences helped strengthen family bonds, reduce stress, and increase feelings of connection and belonging. Participant feedback consistently highlighted the importance of having spaces that felt culturally safe, non-judgmental, and community-led."*

Parent Child Health Services: Family Ways supports pregnant people, parenting families, and children up to age five by promoting family health and wellness.³⁸ 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. The team includes peer community specialists, a public health nurse, a social worker, and a registered dietician. In 2025, **Best Starts enrolled 95 new participants** in Family Ways and **provided**

parenting or pregnancy education and support to a total of 140 participants. Sixty-five percent of participants connected to at least one referral or resource Family Ways provided.

Prioritizing Well-being and Mental Health



Figure 2. Participants at the Early Support for Infants and Toddlers Centering Black Excellence Community Conversation.

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 and Promotion (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 of young people, families, and providers while celebrating cultural roots. These strategies supported partners, schools, and young people in providing and accessing the best possible care and services through national changes to vaccine and health care policies. In 2025:

- 94 percent of participants in Systems Building for Infant and Early Childhood Mental Health’s Reflective Practice sessions reported they could apply something they learned to their work.³⁹
- 70 percent of families in the Universal Developmental Screening and Promotion: Family-Centered Developmental Programs received a warm connection to developmental services and supports.⁴⁰
- 88 percent of participants in the Centering Diverse Healers training program, part of the Community Well-being Initiative, felt better equipped to support LGBTQ+ and BIPOC young people after participating in programming.

[Working to Counter the Health Impacts of Racism](#)

Parent Child Health Services: Infant Mortality Prevention Network is a collaboration of community organizations which aims 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.^{41,42} In 2025, the Network **provided 1,846 services**, including nutritional supports, healthcare, and family planning, within communities experiencing the highest rates of infant mortality. **Among 241 pregnant patients served, 178 reported healthy birth outcomes** (a 10 percent increase from 2024), meaning babies had healthy birth weights and pregnant parents did not experience premature birth or miscarriage.

Through community-based partnerships, Liberation and Healing: TRACE (Timely Response to Adverse Community Events) strives to create humane systems that support healing and improve the overall social and emotional wellbeing of young people and families in a way that mitigates inequities. The program provides enhanced trauma response services, including basic needs referrals for children, young people, and family members who have experienced an adverse community event and/or are experiencing symptoms of trauma as a result of childhood experiences, specifically serving the rural Snoqualmie Valley (Carnation, Duvall, Fall City, North Bend, and Snoqualmie).⁴³ In 2025, **35 families with a young person in need** participated in crisis stabilization services. **All families (100 percent) who received a basic needs referral were able to meet a basic need** such as housing or food access.

[Meeting Physical Health, Mental Health, and Developmental Needs](#)

Universal Developmental Screening and Promotion 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.⁴⁴ For example, Family-Centered Developmental Programs partners **directly screened 1,303 children for developmental progress and made 1,332 connections to needed services.**⁴⁰

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.⁴⁵ Case management support and providers including speech therapists, occupational therapists, and infant mental health practitioners help prepare infants and toddlers for success in preschool and beyond. In 2025, ESIT **served 7,348 children, 78 percent of whom made progress in their social-emotional development** with skills such as relating with caregivers, expressing their emotions, and adapting to change.

“Caregivers begin to see themselves as capable, knowledgeable advocates for their children... shift[ing] from anxiety to curiosity, asking deeper questions about development, behavior, and emotional regulation. One caregiver shared that for the first time, she felt ‘seen and respected’ rather than judged... That sense of empowerment cannot be quantified easily, but it shapes how families engage with schools, healthcare providers, and support systems long after our program ends. Our program’s true impact lies not only in early identification, but in restoring dignity, confidence, and voice to families navigating systems that have often overlooked or misunderstood them.”

– Janet Gbolima-Kalonji, Executive Director, First Five Years & Beyond (Universal Developmental Screening and Promotion Partner)

“A major achievement has been the positive impact this program has had on the students participating in the group. Based on the surveys they completed, their own report, and what others within the school community have reported, these students have demonstrated an increased sense of belonging to the school community, increased sense of wellbeing and a significantly increased ability to advocate for themselves and their Latino community. Additionally, they have shown increased knowledge of topics related to health and wellbeing, mental health, and the healthcare professions.”

– Agustina Eiff, Director of Clinical Services at King County Sexual Assault Resource Center (School-Based Health Center Partner)

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 2025, Best Starts made the screening tool available in 22 languages and expanded access for students with varied literacy, language-processing, and learning needs through a text-to-speech option. In 2025, SB-SBIRT partners **screened 14,311 students for behavioral health needs.**^{46, 47} **Fifty percent of students received at least one Brief Intervention meeting after identifying a potential concern** through SB-SBIRT.^{48, 49}

School-Based Health Centers (SBHC) ensure students can access high quality, culturally relevant medical care, behavioral health care (including screening and support for substance misuse), and in some cases, dental care in school.⁵⁰ This increased access supports their overall well-being and educational success. In 2025, Best Starts funds contributed to SBHC programs that **served 3,256 students** through either Operations or Enhancements programs.⁵¹ **Seventy-five percent of students** from focus populations who received services

from Enhancement partners **reported improved mental, physical, and behavioral health outcomes.**

Increasing Understanding and Awareness of Physical and Mental Health

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.^{52, 53} In 2025, this initiative **held 73 community outreach activities and program events and 22 trainings** with young leaders, community members, and providers. **All young people surveyed reported increased comfort discussing mental health topics** with friends and family after participating in the program and **knowing how to access culturally relevant mental health supports** when they needed them.

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 2025, **81 percent** of youth in Child and Adolescent Immunizations' Peer Health Education Champions program **reported increased feelings of**

empowerment and self-efficacy. Edwin Loarca, Health Center Administrator at Sea Mar Community Health Centers – Kent highlighted an example of *“a student who recently immigrated to the United States and spoke very little English... through the compassion, patience, and culturally responsive support of our team, he quickly felt comfortable and safe in our care. His experience reflects our commitment to creating an inclusive and welcoming environment for all students, regardless of language or background.”*

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.⁵⁵ These offerings strengthen the ability of caregivers and providers to support children to build close relationships with adults and peers. In 2025, **241 providers participated in nine workshops and 97 percent of participants** reported they **could apply something they learned to their work.** One workshop participant shared that *“The support network that formed this weekend was fantastic. I felt supported and motivated to integrate other forms of healing and connection with families into my practice. The topics focus on realities and raise awareness about how we relate to children and their families.”*

“Supporting diverse healers also means providing direct referrals, just compensation, and pathways to build their practices. It supports retention in a field that fuels the conditions for BIPOC providers to be over-worked, under-paid and under-valued. [Deconstructing the Mental Health System] honors the wisdom of lived and cultural experience, which is not only a racial justice imperative, but an epistemic justice one. The impact of this is not only felt on the provider’s end, it also supports the healing of BIPOC youth and their communities.”

– Makinie Fortino, Founder & CEO, Deconstructing the Mental Health System, Inc (Community Well-Being Initiative Partner)

Cultivating Opportunities for Children and Young People



Figure 3. Young people at Filipino Community of Seattle's Expanded Learning Summer Program.

Best Starts Strategies for Cultivating Opportunities for Children and Young People

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

These five Best Starts strategies provide opportunities for children and young people to engage in skill-building, social emotional development, and career readiness for 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. In 2025:

- 90 percent of participants in Youth Development programs increased social connections or built healthy relationships with staff, mentors, and other participants.⁵⁶
- 82 percent of youth participating in Expanded Learning gained new skills, including in STEM and the arts.
- 78 percent of young people participating in Stopping the School-to-Prison Pipeline programs made progress toward their educational goals.

Building Young People's Strength and Resilience Through Education and Employment Opportunities

"Through direct exposure to these workplaces, hands-on resume building, and conversations with industry professionals who shared similar backgrounds, students began to envision themselves in careers they had never considered before. We witnessed students shift from uncertainty to motivation—asking thoughtful questions, refining their goals, and taking ownership of their career preparation. This growth in confidence, aspiration, and self-belief [has] a lasting impact that continues to shape students' educational and career decisions well beyond the program."

— Susan Lee, Executive Director of Education at Refugee Women's Alliance (Transitions to Adulthood Partner)

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 as well as improve their mental health.⁵⁷ Young people receive assistance in applying for financial aid, paying for college books, and training in trades, helping them establish stability and security in their lives. In 2025, **605 young people participated in employment, education, or behavioral health programming on an ongoing basis.** According to assessments of individualized goal plans, **89 percent of young people** enrolled in programming **improved their behavioral health.**

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.⁵⁸ Nationally, individuals with I/DD face significant barriers participating in the workforce, which are often compounded by stigma and racism, experiencing employment rates of only 17

percent in recent years.⁵⁹ In 2025, the School-to-Work Program **served 196 students and successfully transitioned 90 percent of students into adult supported employment services.** Ben Geisen, Program Manager at Vadis, explained how their School-to-Work program supports young people in achieving stable employment, *"When we first approached a local grocery store, they expressed no interest in hiring anyone. We requested a meeting anyway and shared the story of a local student seeking their first real opportunity. That conversation introduced the employer to supported employment and shifted their perspective on what hiring can look like... Today, that student has been employed there for over eight months, expanded beyond their original role, and become a valued team member supporting multiple departments."*

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.⁶⁰ Programming builds relationships with young people, provides guidance, and connects them to internships and employment to support them in advancing their economic and educational success. Safe, structured after-school time reduces youth violence and community risk.^{61, 62} In 2025, **670 young people enrolled in programming and 68 percent reported positive social development** such as self-confidence, goal setting, and strong connection to their cultural or racial background.

Promoting Social-Emotional Well-Being and Positive Identity Development

Youth Development partners with community-based organizations to provide mentoring, leadership, positive identity development, mental health and well-being, and healthy relationships. Young people aged five to 24 can participate in a wide array of programs from youth sports to public speaking to maritime career paths.⁶³ In 2025, Best Starts’ partners **enrolled 4,726 young people**. Based on reporting from youth, mentors, and provider staff, **86 percent of youth experienced improved 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.⁶⁴ In 2025, Best Starts’ **partners served 8,979 young people, and 90 percent of young people built social emotional learning skills**.⁶⁵ Yohannes Beshi, Youth Program Manager at Horn of Africa Services shared that *“Many participants have been with the program across multiple cycles, allowing them to grow within a familiar and supportive environment. These students have increasingly taken on leadership roles—assisting peers, facilitating group activities, and modeling positive behavior... A parent shared, “My 4th grade son used to struggle with math, especially multiplication and division, but now he’s improving a lot. I’ve seen him grow not just academically, but emotionally, too.” The combination of targeted academic support and intentional relationship-building continues to be a cornerstone of our program’s success.*”

“Our staff, many of whom share lived experiences and cultural backgrounds with our youth, show up not as instructors, but as co-learners, co-dreamers, and co-creators... [youth] feel seen, valued, and respected. In return, they show up with more openness, take more leadership, and begin to trust that they have something worth offering—not just to the program, but to their communities... This way of working—learning with rather than over—has become one of our most important tools for building belonging, resilience, and self-determination in our Pacific Islander and Queer/Trans youth... helping build a future where youth don’t just survive systems—they lead us in reimagining them.”

– Taimane Tuia’ana, Youth Services Director, United Territories Of Pacific Islanders Alliance (Youth Development Partner)

Strengthening the Workforce



Figure 4. Partners at the Workforce Development Cultivating Prenatal to Five Community-Based Facilitators training.

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)

These Best Starts strategies develop and maintain a strong workforce to ensure healthy, happy, safe, and thriving environments for children, young people, and families. Best Starts 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. By investing in organizations' infrastructure and workforce, community-based organizations build the foundation they need to be strong and sustainable. For example, the Innovation Supports strategy launched the Prenatal to Five Innovation Fund, supporting nine projects with community partners to design, develop, test, and build anti-racist approaches in their programs while providing tailored capacity building supports. In 2025:

- 96 percent of participants in Workforce Development workshops reported they could apply something they learned to their work.
- 93 percent of Technical Assistance recipients reported that their technical assistance provider helped them create a high-quality funding proposal.
- 90 percent of providers who received Child Care Health Consultation support reported increased knowledge of community resources or other consultation topics.

Strengthening Provider, Program, and Organizational Capacity

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.⁶⁶ In 2025, Innovation Supports **built program capacity** through workshops, partner convenings, and individualized program assistance to **124 participants**. This strategy directly impacts programming, as **100 percent of participants reported the materials and skills they developed through Innovation Supports are supporting their ongoing program implementation**.

Technical Assistance offers free, culturally responsive services to assist with proposal development through a diverse cohort of consultants with proficiency in multiple languages to organizations applying for Best Starts funding.⁶⁷ In 2025, **167 organizations received technical assistance** with applications for funding and **85 percent** of applicants who completed a follow-up survey **reported their staff learned new skills through the process**.

Capacity Building supports funded Best Starts' partners in building and strengthening their organizational infrastructure for long-term stability and sustainability. Areas of support include financial management, human resources, data and evaluation, information technology, marketing, board governance, equity and social justice, legal services, needs assessments, and organizational development. In 2025, Best Starts **connected 118 community organizations to capacity building services, providing more than 8,900 hours of support. Ninety-two percent of capacity building recipients' staff, board, or volunteers were more effective in their work** after receiving capacity building.⁶⁸ Asia Adam, Executive Director of Our Hope, shared that *"It was a pleasure working with [a Best Starts capacity builder] and not having to spend time explaining cultural dynamics, systems, or structures... That level of alignment is rare and often difficult to achieve with consultants who lack this lived and structural fluency."*

"Participating in this program has deepened my understanding of what it means to lead with empathy, equity, and collaboration. I've learned how to create more inclusive spaces where all voices are valued, how to facilitate dialogue that honors lived experiences, and how to navigate group dynamics with patience and purpose. The program also helped me recognize the importance of cultural humility and the power of storytelling in community engagement."

— Workforce Development Workshop Participant

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.⁶⁹ In addition, Communities of Practice provide resources for providers seeking deeper learning, mutual support, and sharing of practical knowledge as a cohort. In 2025, **155 providers in King County's early childhood workforce attended a Community of Practice learning opportunity** funded by the Workforce Development strategy and **95 percent of participants reported confidence in their abilities** to apply what they learned to their work.

[*Providing Practical Support in Early Care and Education*](#)

[Child Care Wage Boost Pilot](#) invests more than \$25 million in additional compensation to an enrolled cohort of child care workers through 2027.⁷⁰ Best Starts anticipates that the Pilot will reach over 1,400 workers by providing additional compensation via a wage boost every three months that the worker remains in the program. To document impact and outcomes, Best Starts engaged a team of external evaluators to conduct a community-informed study that includes surveys, focus groups, and interviews. Study focus areas include the impact of increasing compensation and investment in the child care workforce on worker well-being, financial stability, retention and care continuity; documenting program implementation; elevating worker voices and narrative change through storytelling; and generating insights to support sustained funding.⁷¹ These findings will help inform a path forward for a sustainable child care sector that supports worker well-being and affordable, consistent care for families. The community-informed study continues through late 2027 and initial findings will be shared in late 2026, see Section F for more information. In 2025, **133 child care facilities enrolled in the wage boost and 927 workers received the wage boost. After initial enrollment, 85 percent of workers remain enrolled in the pilot.**

[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 child care settings.⁷² In 2025, Child Care Health Consultation teams served **385 child care providers. Ninety-one percent of providers reported increased ability to support children’s growth and development.** Fardous Guled, Whole Child Initiative Nurse Consultant at the Somali Health Board, emphasized the power of programming provided by and for the Somali community: *“Providers repeatedly shared that working with Somali-speaking consultants who understood their faith, culture, and community realities made them feel respected rather than judged... Beyond delivering content, the program created a space where providers felt seen, safe, and valued as professionals, which strengthened engagement and trust throughout the program.”*

Building Community Power



Figure 5. Conversation with author Vanessa Priya Daniel at the Communities of Opportunity All-Partner Convening.

Best Starts Strategies for Building Community Power

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

These Best Starts strategies increase community power by investing in community-led solutions, leadership capacity, and actions to address health risks, maximize economic opportunities, and support safer and healthier environments for all children and their families.⁷³ Strategies in this focus area emphasized the need for long-term investments in systems change work and the importance of cross-strategy networks. Reflecting this commitment, in 2025 several of the strategies extended contracts with partners to ensure continuity and programmatic stability. In 2025:

- Lead and Toxics' social media posts received 77,201 views in 2025, more than a 500 percent increase from 2024.
- Healthy and Safe Environments engaged over 5,000 youth in activities and developed 140 youth leaders.
- Across its three programs, Communities of Opportunity and its partners hosted nearly 2,100 community events, which engaged over 45,000 people for affordable housing, health, and economic opportunities; helped build skills in more than 6,100 community members through over 700 capacity building events; and developed more than 1,000 leaders to take action on the issues affecting them.

Strengthening Community Power for Decision Making and Policy and Systems Change

Communities of Opportunity (COO) works to increase and sustain long-term, equitable conditions in housing, health, and economic opportunities through partner-led and community power-building efforts.⁷⁴ COO works through three strategies: Systems and Policy Change, Learning Community, and Community Partnerships (also referred to as Place-Based and Cultural Community Partnerships).

- Systems and Policy Change partners support community-led efforts to influence systems, policies, and practices within and across communities for better community conditions. In 2025, Systems and Policy Change partners **engaged more than 4,600 people** in capacity and skills-building events that **contributed to 19 successful policy, systems, and environmental changes**. Many of these efforts advanced affordable housing, transportation, economic stability, health, disability rights, and youth leadership – elevating community priorities and strengthening equitable systems across King County.
- The Learning Community builds community power through self-determination, democratic practice, and solidarity-based economic models.⁷⁵ Through the Learning Community, **731 people participated in capacity building opportunities or community convenings focused on** community organizing, liberatory leadership and governance, economic emancipation, creative facilitation, supportive community housing, cooperative ownership, commercial affordability, community-driven real estate, and powerful narratives.^{76, 77} **82 percent of partner survey respondents reported new or strengthened power-building skills.**
- Community Partnerships supports multi-year, place-based, and cultural community coalition work. **More than 8,600 people participated in capacity building or community engagement events** through Community Partnerships. Partners deepened civic engagement and strengthened community-based leadership by educating and mobilizing community members and preparing them to participate in advisory boards and committees to develop community-led solutions and actions on systemic issues. These issues included access to local health care and mental health services, workers' rights, effective social service hubs, health and environmental impacts, data ownership and reporting, and direct civic engagement with city and county municipalities.

Creating Safer and More Equitable Environments

Capital Projects provides contracts for building repairs, renovations, and new construction or expansion to improve access to high quality programs and services for low-income children, young people, and families, prioritizing BIPOC and rural communities.⁷⁸ The program focuses on equitable, community-driven development to ensure projects are aligned with and serve communities' needs. Consistent with recommendations from CYAB, funding will be prioritized for sites that are multi-use, intergenerational, or include covered, outdoor spaces. In 2025, Best Starts **funded 30 projects and completed nine. Six of those nine completed projects reported recovered, preserved, or increased service capacity** after completing their project. More information about investments is available on the Best Starts Capital Projects Dashboard.⁷⁹

“The LeadSafe Coalition... moved from initial challenges with recruitment to establishing a consistent group of committed coalition members who meet monthly and provide meaningful, insightful feedback. Coalition members have played an active role in shaping program priorities, offering guidance on community needs, and helping refine educational content. This shift reflects increased trust, stronger relationships, and a more engaged advisory structure to support the program’s work... demonstrate[ing] the program’s progress in building community knowledge, fostering ongoing engagement, and strengthening the relationships and structures needed for long-term impact.”

– Faiza Hassan, Lead and Toxic Program Manager, Muslimahs Against Abuse Center

Lead and Toxics works to create healthier communities by collaborating with leaders within communities of color working toward environmental justice.⁸⁰ 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 2025, **312 community members attended fourteen community events or trainings** that focused on lead exposure education.⁸¹ **Eighty-nine percent of community members reported increased knowledge of toxic exposure. One hundred percent of families whose child tested above the Centers for Disease Control Blood Lead Reference Value received counseling** on recommended follow up and exposure reduction.

Healthy and Safe Environments empowers partners and organizations to tackle community inequities by transforming systems, environments, and policies through increasing access to healthy and affordable foods, promoting physical activity, reducing exposure to unhealthy products and dangerous substances.⁸² In 2025, Healthy and Safe Environments **partners engaged 5,051 young people in activities impacting more than 1,564**

people and 652 people were trained. Alyx Hastings, Grant Writer at Evergreen Aquatic Center, illustrated the broad community impact of the Center’s programming: *“The impact of the Swim Lesson Scholarship Program goes far beyond the number of children who complete the lessons. Each of the 40 kids we’ve served not only knows how to swim but also has a solid understanding of water safety... allow[ing] them to recognize potentially dangerous situations at public pools, beaches, or other bodies of water. When you consider the ripple effect, the impact expands exponentially... The program doesn’t just teach swimming, it creates a safer and more informed community.”*

B. The Geographic Distribution of Best Starts for Kids Services

Best Starts is committed to directly addressing regional, racial, and economic disparities in King County and the systems that create these disparities.⁸³ Best Starts works throughout the county to promote positive, healthy outcomes for children, young people, and their families. Through centering racial equity and justice, Best Starts’ has achieved the highest participation levels in areas where the youth population is greatest and opportunities are lowest.⁸⁴

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

The maps in Figure 6 (next page) demonstrate the current 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).⁸⁵ 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 within pockets of higher opportunity areas and remains committed to working with all communities in King County to understand and address the needs of their young people and families.

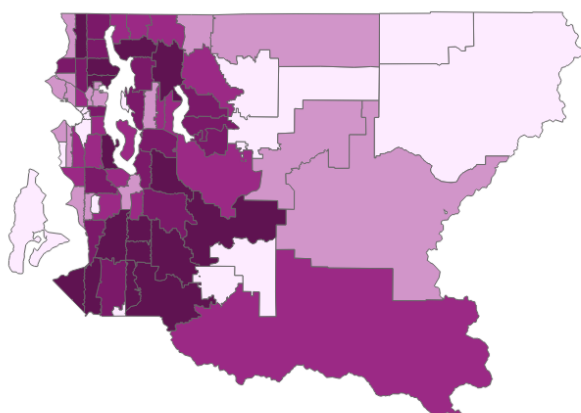
Figure 6. Population Density and Child Opportunity Levels in King County

Population Density (ages 24 and under)⁸⁶

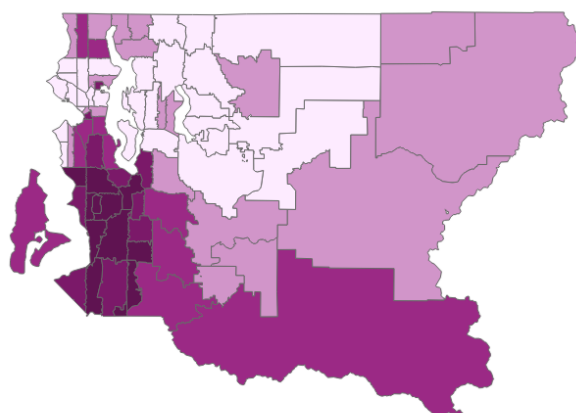
This map shows which areas of King County have higher concentrations of young people, with the highest numbers in south King County.

Child Opportunity Levels⁸⁷

ZIP Codes with lowest child opportunity index (COI) are mostly located in Southwest King County.



Darker color = more young people
Lighter color = fewer young people



Darker color = very low opportunity
Lighter color = very high opportunity

Geographic 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 7 (below) and Figure 8 (next page). Participant numbers and expenditures for individual ZIP Codes are available in Appendix E and the Best Starts for Kids Data Dashboard.⁸⁸

Distribution of Best Starts Participants and

Figure 7. Best Starts Participants in 2025

Best Starts Participants

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

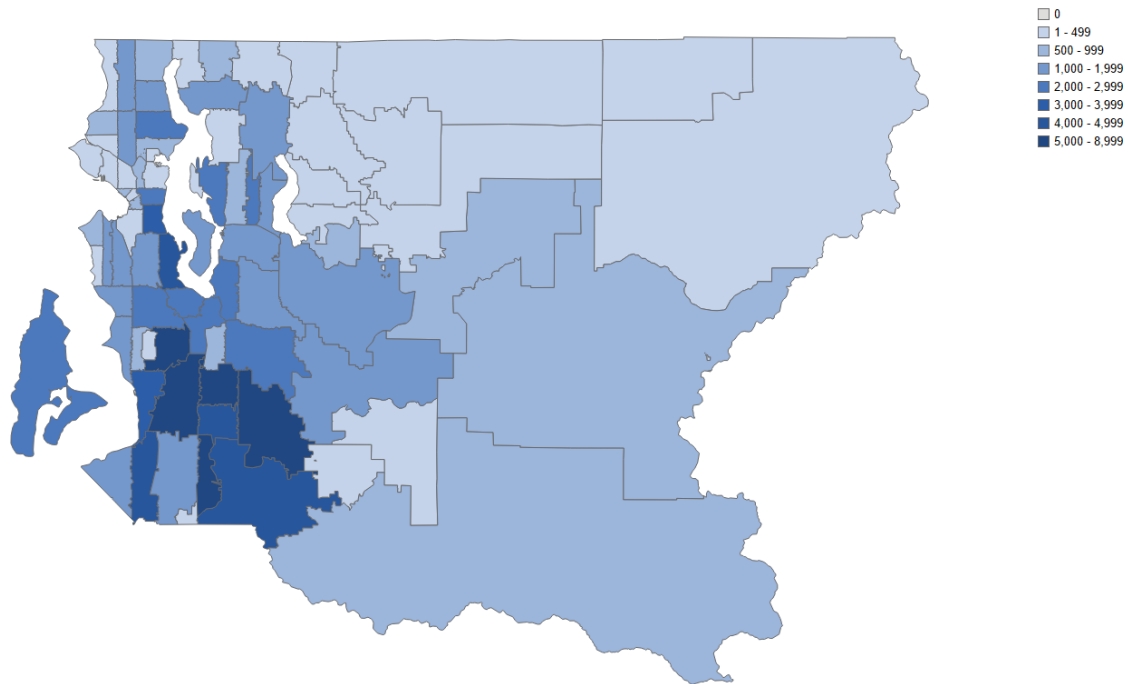
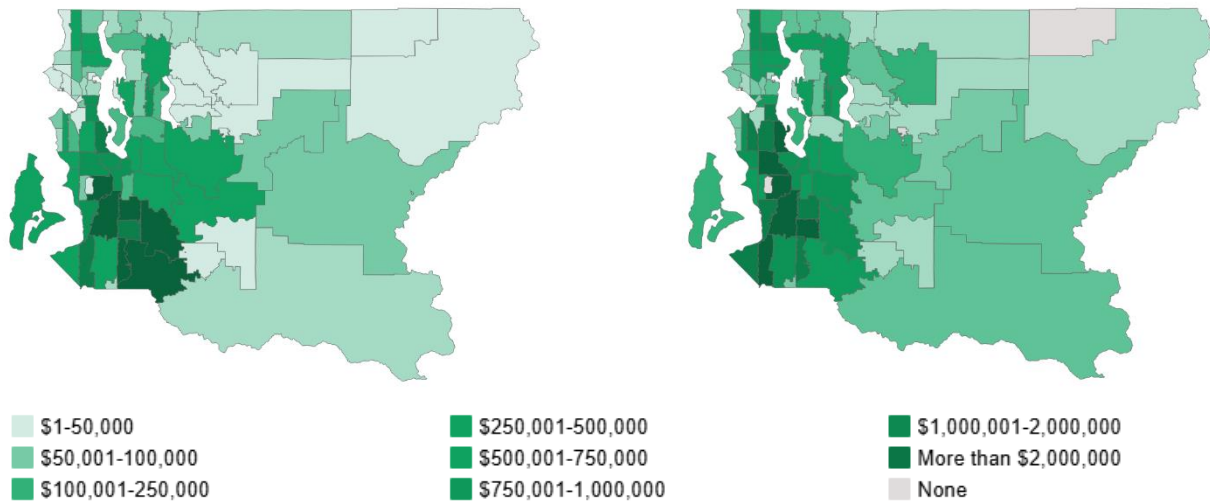


Figure 8. Best Starts Expenditures by ZIP Code in 2025

Expenditures by Where Participants Live
Expenditures are higher in ZIP Codes where more families with young people live and access to opportunity is lower.

Expenditures by Where Office-based Services are Located

For services that take place at a physical office, expenditures cover most of King County with similar concentrations as expenditures where participants live.



C. Best Starts for Kids Fiscal Information

The 2021 Best Starts for Kids Levy renewal allowed Best Starts to invest more than \$909 million throughout 2022-2027 to support children, young people, families, and communities across King County. Best Starts invested more than \$132 million in 2025, which includes increased investments approved through the 2025 County budget and described in Section D below.^{89, 90} While Best Starts remains on track to spend in alignment with the Implementation Plan, the Capital Projects, Child Care, and Sustain the Gain investment areas have experienced delays in expending funds.

As explained in the 2024 annual report, the original expenditure plan for Best Starts' Capital Projects strategy did not account for typical community development construction timelines that often extend beyond a year, especially for complex multiuse facilities.⁹¹ In response, Best Starts adapted its budgeting practices to better forecast spending on capital development for 2026 and beyond. Best Starts awarded \$16 million through competitive procurement in 2025, with an additional \$21 million on track to be awarded in 2026. Best Starts is scheduled to award the entire \$50 million allocation by the end of the levy in 2027. However, because of the nature of capital projects, some of the expenditures will occur after the end of the levy.

For Child Care, the Wage Boost Pilot completed its first of three years of workforce payments after earlier initial delays from transitioning from one to multiple administration partners. While only \$6 million of its planned \$29 million pilot payments were distributed at the end of 2025, a planned ramp-up in participants in 2026 is anticipated to support complete fund deployment during the levy period. Strategic infrastructure adjustments in Child Care Subsidy administration, including redesigning application and enrollment systems and modernizing vendor payment processes, also delayed enrollments during the first half of 2025. These improvements have streamlined the experience for families, reduced manual administrative work for staff, and strengthened the reliability of provider payments. As a result, the program now has the operational foundation needed to scale enrollment and manage higher volumes of families more efficiently and sustainably. By the end of 2025, approximately 1,400 families on the Child Care Subsidy waitlist had been invited to apply for the subsidy, and over 400 additional children were enrolled in the Child Care Subsidy, positioning Best Starts to fully disburse the Child Care Subsidy and Wage Boost funds within the levy period.

Best Starts paused the mid-levy contract procurement in the Liberation and Healing from Systemic Racism strategy to perform a thorough review of the Liberated Village program. While this contributed to underspend in the Sustain the Gain investment area, the pause allowed Best Starts to address implementation challenges and ensure good fiscal stewardship. The resulting underspend was reallocated to Liberation and Healing from Systemic Racism's Community Wellbeing Initiative in 2025, with the remainder being considered for reallocation to other Sustain the Gain strategies for use in 2026 and 2027 consistent with policies and processes in the Best Starts for Kids Implementation Plan.^{92, 93}

Following its adoption in 2024 in response to community feedback, Best Starts began implementing the DCHS Provider Inflation Rate Adjustment Policy in 2025.⁹⁴ The goal of this policy is to address the true cost of provider services and allow payment of living wages. Best Starts addresses inflation adjustments at time of procurement using universal rate increases and pursues mid-contract adjustments depending on fund availability.

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

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The Best Starts fiscal table detailing expenditures by investment area and strategy is available in Appendix E as well as on the Best Starts for Kids Data Dashboard.⁹⁵ Maps detailing expenditures by ZIP Code can be found in Section B. A summary fiscal table at the investment area level is provided below in Figure 9.

Figure 9. 2025 Best Starts for Kids Expenditures by Investment Area

2025 Best Starts for Kids Expenditures by Investment Area		
Investment Area	2025 Budgeted ⁹⁶	2025 Expenditures
Child Care	\$42,844,276	\$23,200,127
Youth and Family Homelessness Prevention Initiative	\$5,126,200	\$3,151,104
Technical Assistance and Capacity Building	\$2,346,252	\$1,801,272
Subtotal (per Ord 19267 subsection 4.D)	\$50,316,728	\$28,152,503
Investing Early (Prenatal to 5)	\$52,383,778	\$52,220,965
Sustain the Gain (5 to 24)	\$38,599,261	\$34,808,221
Communities of Opportunity	\$8,236,013	\$7,896,262
Data and Evaluation	\$5,736,351	\$5,761,192
Capital Projects	\$19,766,925	\$3,681,842
Total 2025 Expenditures	\$175,039,056	\$132,520,985

D. Investment Changes

Continued strong local revenue collections, unanticipated interest income, and the transition from a 90-day to a 60-day Rainy Day Reserve resulted in increased revenues to invest across Best Starts in 2025 compared to originally planned amounts.

Of the \$5.3 million in ongoing annual investments added to Best Starts through the County's 2025 budget, \$1.3 million was added to the Family Ways (Maternal Child Health Home-Based Services) and Youth Development strategy budgets.⁹⁷ Both strategies can be scaled quickly to address ongoing unmet demand for these services in community. The remaining increased investment shored up various needs across Best Starts, such as covering cost increases for data and evaluation staff; mitigating County General Fund loss in New Family Services; sustaining the Infant Mortality Prevention Network; and enhancing funding for Communities of Opportunities' community partnerships.⁹⁸

Through the 2026-2027 biennial budget Ordinance 20023, Best Starts was granted six new positions to further strengthen Best Starts' administration, fiscal, and contracting management.⁹⁹ Best Starts increased staff to deliver on its commitment to responsible financial stewardship, securing three contract management positions in 2025; adding a Fiscal Compliance System Lead position to strengthen internal and external compliance supports; and recruiting two term-limited temporary contract managers and a contract specialist in 2025 to further support DCHS contract management capacity. To further strengthen implementation of Best Starts through contracted partners, DCHS and PHSKC launched a workgroup in October 2025 to collaborate on fiscal

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oversight efficiencies. Efforts include data sharing, monthly touchpoints to drive a coordinated provider support and oversight approach, and identification of technical and capacity opportunities to increase timely, accurate, and complete management of contract delivery.

E. Feedback from Partners

Best Starts is grateful for lessons learned from funded partners in 2025 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 annual reports, and partners also give feedback informally during regular check-in calls and partner convenings.¹⁰⁰ Specific partner feedback and Best Starts' response by strategy is shared in Appendix C.

In 2025, Best Starts' partners faced a tension between the desire for more opportunities to connect in person and growing community fears about increased federal immigration enforcement, with many strategies seeing declines in attendance at in-person events. Other notable partner feedback included the need not only for more funding, but contract scopes that allow for responsiveness to emergent community need in order to meet increasing urgent basic needs and support for immigrant, refugee, and other children, young people, and families furthest from opportunity in King County. Partners also elevated ongoing demand for culturally and linguistically matched services and expanded language access. Additionally, partners continued to request clarity and ongoing training and support with contract fiscal and reporting requirements, proposal processes, and other internal systems.

In response to this feedback, Best Starts prioritized flexibility whenever possible, including moving in-person events back to virtual, and working alongside partners to ensure resources were directed where communities most needed them. Several Best Starts strategies were able to extend contracts, ensuring programmatic sustainability and consistency for partners and the community, while three Prenatal to Five strategies launched a joint proposal process to reduce the application burden for partners. Best Starts continued to offer technical assistance and capacity building to partners with an increased emphasis on providing fiscal guidance early and often. This included two fiscal management best practices trainings.¹⁰¹

Best Starts and its partners also continued efforts to meet community where they are, whether through expanded language access, more accessible technology and information, or both. For example, the Best Starts Child Care Subsidy launched a Spanish-language portal and offers SMS text and phone lines, including dedicated Somali and Spanish lines.

F. Best Starts for Kids Data and Evaluation

Data Dashboard

Best Starts continues to expand the ways in which BIPOC communities are visible in data, involved in decisions about what data are gathered, and how those data are interpreted, in alignment with the Implementation Plan. Detailed 2025 data for all Best Starts strategies and programs are now available on the **Best Starts for Kids Data Dashboard**.¹⁰² Each tab on the Data Dashboard offers key insights, including information about Best Starts' participants, results and outcomes, qualitative learnings, geographic reach, systems change, and investments. The Resources and Methods tab orients users to background references, data limitations, and Best Starts' population

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indicators. The Dashboard presents these population indicators through interactive visualizations which reflect the most current data about community strengths and needs, and presents the Communities Count Health Equity Timeline to document local historical and structural context that contributes to the conditions measured.¹⁰³ Best Starts' strategies focus on contributing to long-term, county-wide results, with the understanding that contextual factors within and beyond the region influence county-level data.

In-Depth Evaluation and Continuous Improvement

The Best Starts Data and Evaluation Investment Area support performance measurement and data capacity building for all programs, and fund in-depth evaluations with remaining resources. In 2025, Best Starts conducted a total of eight in-depth evaluations that included over 20 partners. Some evaluations focused on measuring change across the initiative, while others evaluated specific strategies. Best Starts selected these projects based on legislative requirements and the Implementation Plan.^{104, 105} Best Starts' full library of evaluation and technical reports is on the King County website.¹⁰⁶ Below is a summary of how performance measures, narrative data, and evaluation findings informed learning and accountability, continuous quality improvement, and decision making in 2025.

Supporting Learning and Accountability

In 2025, Best Starts and external evaluators shared data through learning and engagement activities, such as data walks.¹⁰⁷ These activities created opportunities for participants to strengthen relationships with one another while making meaning of the data together, learning from shared challenges, and leveraging successes to improve outcomes. Evaluation findings helped Best Starts partners and staff understand factors that contribute to successful program implementation, and identify opportunities for service improvement.^{108, 109} Best Starts also shared evaluation findings with Request for Proposal workgroups and newly funded partners to inform program development and implementation. To expand the reach of initiative learnings and engage diverse audiences, Best Starts highlighted the impact of its investments by sharing evaluation findings through various platforms like social media, the Best Starts blog, and presentations at local and national conferences.^{110, 111}

Informing Decision Makers | Youth Mental Health Brief

Best Starts shares evaluation findings and data products with decision makers across King County to support data informed decisions, improve services, and ensure resources are being used in ways that best support community. In 2025, Best Starts partnered with Seattle Children's and other agencies to develop a Youth Mental Health Data Brief that summarizes needs across a continuum of supports and highlights young people's experiences in their own words. From positive promotion of mental health to crisis intervention and long-term recovery, King County's local data provides a map to ensure youth well-being. Key findings show:

- Having a positive connection with a supportive adult like a coach, teacher, mentor, or extended family member is an important protective factor. Seventy percent of teens in King County have a supportive adult in their lives, but youth of color have less access to adult support.
- Most young people in King County abstain from substance use: 86 percent of teens report not using alcohol, cannabis, or other drugs in the past month.

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- Best Starts funded programs like School-Based Health Centers and School-Based Screening, Brief Intervention, and Referral to Services/Treatment (SB-SBIRT) provide crucial early intervention and referrals that help young people move towards healthy coping strategies and well-being.

Best Starts staff used the findings to inform funding decisions prioritizing BIPOC and LGBTQ populations. They also presented the results to the King County Board of Health.^{112, 113}

Process Evaluation | Parent Child Health Services: Family Ways

In September 2025, Best Starts shared findings from a process evaluation of Family Ways, a program that provides culturally responsive pregnancy and parenting services and resource navigation for pregnant people and parenting families. Early outcomes show that participants experienced reduced stress and strengthened family protective factors like social support and parenting confidence.¹¹⁴ Other notable findings include high participant satisfaction and highlight how Family Ways built a system of care that centers families. Almost all participants (95 percent) felt heard and respected by program staff and 85 percent agreed that the program introduced them to new connections and support.¹¹⁵

Community-Based Participatory Evaluation | Community-Led Data

In 2025, Best Starts' three Community-Led Data partners, Indian American Community Services, Community Café Collaborative, and United Communities of Laos added depth to their 2024 findings through ongoing community engagement around topics like emotional health and wellness, how cultural values inform community well-being and parenting, accessibility of services, and community safety and inclusivity.¹¹⁶ Partners shared their evaluation findings with their communities, as well as presenting them to local officials and Best Starts and King County staff and leadership. These perspectives enable Best Starts to identify gaps in services and critical needs that are growing across communities, and learn how to improve. Partners will continue to share key findings with their networks and decision makers through 2027.¹¹⁷

Tools for Measuring Best Starts Outcomes

When Best Starts launched, few strategies had consistent ways to measure and evaluate program outcomes. After years of investment, community partners are increasing their use of two new evaluation tools.

Measuring protective factors is a strengths-based way of understanding the health and well-being of families and communities. The Culturally Responsive Measurement Tool – Protective Factors (CRMT-PF) is a 22-question survey that measures five protective factors (family resilience, knowledge of parenting and child development, social supports, concrete supports, and caregiver/practitioner relationships). The CRMT-PF provides organizations with a snapshot of how families are doing and what support is needed. By repeating the survey, these snapshots can be compared over time. In the final year of the project, Best Starts increased the accessibility of the CRMT-PF to include two new languages (Somali and Vietnamese). This expands the range of communities who can use the tool and supporting materials (implementation checklist, guide, and training videos) to understand how their programs help families strengthen five core protective factors.¹¹⁸

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Also in 2025, the Best Starts data team and researchers from the University of Washington published a peer-reviewed publication about the development and validation of the Youth Measurement Tool, a community-driven youth development survey.¹¹⁹ Young people and program leaders created the tool through a collaborative process, and it provides a community-informed approach to measuring the impact of youth investments in King County and beyond.

Outcome Evaluation | Child Care: Wage Boost Pilot

In October 2025, the Urban Institute, in partnership with Best Starts and Cardea, presented initial findings from the Child Care Wage Boost Pilot evaluation, including the results of a survey that reached almost 1,100 child care workers in King County.¹²⁰ Eighty-six percent of King County child care workers surveyed reported being satisfied with their job overall. However, satisfaction with pay and benefits is lower (51 percent and 58 percent respectively), which can lead to turnover. Among the 27 percent of survey respondents who had looked or considered looking for a new job, pay and benefits were the top job search reasons.¹²¹ Statewide, turnover rates in the child care field are high, often around 43 percent.¹²² The Wage Boost Pilot evaluation is ongoing, with findings expected through 2027.

Outcome Evaluation | Child Care: Subsidy

In April 2025, Best Starts shared the findings of the Child Care Subsidy Family Survey, an annual survey of enrolled households. According to participants, the subsidy overwhelmingly improved their well-being, relationships, and ability to pay for basic needs, and supported them in pursuing their goals. Participants doubled their use of child care hours from an average of 15 to 30 after joining the subsidy, and most reported that the subsidy helped with pursuing career (86 percent) and education (77 percent) goals. These findings highlight the positive impacts of the Child Care Subsidy and underscore the value of this program model for family well-being.¹²³

Ongoing In-Depth Evaluations

- Initial findings from the Technical Assistance and Capacity Building in-depth evaluation highlight how capacity building supports help strengthen organizational capacity for Best Starts partners. Full findings will be shared in January 2027.
- The Second Levy Evaluation is under way. It is expected to provide phase one findings about crosscutting outcomes in the second half of 2026 and phase two impact findings in 2027.
- Best Starts is partnering with the University of Washington on the fifth Best Starts for Kids Healthy Survey. Findings will be available in early 2027 and will provide vital information about Best Starts' contributions to county-wide changes and shape levy renewal decisions.

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 2025 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.300.521.¹²⁴

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Closing and Next Actions

Community demand for Best Starts funding remained high in 2025 as evidenced by the large volume of applications for funding and extensive partner feedback. This demand reflects growing awareness of Best Starts programs and services across King County, deepening community need, and significant federal funding cuts that left gaps across the early childhood, health, and human services landscape. In 2025, Best Starts' programs impacted 279,083 children, young people, families, providers, and community members across eight investment areas.²⁴ The five focus areas in this report summarize the holistic nature of Best Starts strategies and programs.

Under the direction and guidance of DCHS and PHSKC, Best Starts continues to strengthen its compliance and contract monitoring infrastructure to preserve and deepen community trust. DCHS and PHSKC undertook significant collaborative planning to improve coordination, oversight, capacity, and accountability across Best Starts investments in 2025. This work will continue in 2026, with efforts such as training and implementation.

In the face of federal funding cuts, shifting national policies, and growing fear and uncertainty surrounding community safety, Best Starts met this year with reflection, accountability, and action. Best Starts grounded its 2025 activities in being a trustworthy partner to community, ensuring equity and accountability are embedded throughout its work, and strengthening oversight systems. In 2025, Best Starts strengthened its commitment to continuous improvement; increasing impact for the communities it partners with and serves, and supporting every baby born and every child raised in King County reaches adulthood happy, healthy, safe, and thriving.

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

Figure 10. 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) ¹²⁵
The annual report on levy expenditures, services, and outcomes shall include the total expenditures of levy proceeds by program area by ZIP Code in King County	Ordinance 19267 Ordinance 19354	•Report Requirements Subsection A: Best Starts for Kids Key Focus Areas and Outcomes in 2025 •Report Requirements Subsection B: Geographic Distribution of Best Starts for Kids Services •Report Requirements Subsection C: Best Starts for Kids Fiscal Information •Appendix E: Best Starts for Kids ZIP Code Reporting Data Book	• Our Investments
The annual report on levy expenditures, services, and outcomes shall include the number of individuals receiving levy-funded services by program area by ZIP Code in King County of where the individuals reside at the time of service	Ordinance 19267 Ordinance 19354	•Report Requirements Subsection B: Geographic Distribution of Best Starts for Kids Services •Report Requirements Subsection C: Best Starts for Kids Fiscal Information •Appendix E: Best Starts for Kids ZIP Code Reporting Data Book	• Who We Serve • Mapping Our Reach • Our Investments

Reporting Element Language	Source	See Section(s) of This Report	See Also Best Starts Online Dashboard Tab(s) ¹²⁵
King County shall require collection of this ZIP Code information from all service contractors who receive moneys from the Best Starts for Kids levy for contracts executed after December 31, 2021. King County shall work with contractors providing services to individuals and families to develop the capacity to collect and report the information to the county. The annual report shall include this ZIP Code information in addition to any other ways the report may visually provide the information.	Ordinance 19354	• Report Requirements Subsection B: Geographic Distribution of Best Starts for Kids Services • Appendix E: Best Starts for Kids ZIP Code Reporting Data Book	• Mapping Our Reach
These Best Starts Annual Reports will provide data for Investing Early, Sustain the Gain, COO, YFHPI, child care, and technical assistance strategies, and the capital grants program.	Best Starts for Kids Implementation Plan 2022-2027, p. 85	• Report Requirements Subsection A: Best Starts for Kids Key Focus Areas and Outcomes in 2025 • Report Requirements Subsection B: Geographic Distribution of Best Starts for Kids Services • Report Requirements Subsection C: Best Starts for Kids Fiscal Information • Appendix E: Best Starts for Kids ZIP Code Reporting Data Book	• Who We Serve • Our Results • What We're Learning • Mapping Our Reach • Our Investments

Reporting Element Language	Source	See Section(s) of This Report	See Also Best Starts Online Dashboard Tab(s) ¹²⁵
Best Starts will also develop and pilot a methodology beginning in 2022 for reporting program expenditures by ZIP Code based on available data or modeling. This methodology will need to account for expenditures for programs that are provided virtually, programs that do not operate from a single service location like home-based services, and systems-change work that has impacts in communities larger than a single ZIP Code.	Best Starts for Kids Implementation Plan 2022-2027, p. 87	•Report Requirements Subsection B: Geographic Distribution of Best Starts for Kids Services •Report Requirements Subsection C: Best Starts for Kids Fiscal Information •Appendix E: Best Starts for Kids ZIP Code Reporting Data Book	•Mapping Our Reach •Resources & Methods
ZIP Code data will be reported using maps or other visualizations to aid interpretation of the data.	Best Starts for Kids Implementation Plan 2022-2027, p. 86	•Report Requirements Subsection B: Geographic Distribution of Best Starts for Kids Services	•Mapping Our Reach
Detailed performance measures are anticipated to be available online through interactive dashboards that provide transparency by making timely data available and easier to explore.	Best Starts for Kids Implementation Plan 2022-2027, p. 85	N/A	•Our Results
Annual reporting for the levy will also describe any changes made to strategy-level investments during the reporting period in order to best utilize levy resources, as well as indicate whether strategy-level investments are expected to change for the subsequent reporting period or remain the same.	Best Starts for Kids Implementation Plan 2022-2027, p. 86	•Report Requirements Subsection D: Investment Changes	N/A

Reporting Element Language	Source	See Section(s) of This Report	See Also Best Starts Online Dashboard Tab(s) ¹²⁵
Best Starts' performance measurement analyses will also solicit feedback from grantees and levy-funded service providers regarding recommendations for achieving improvements in services delivery and strategy-level outcomes. Feedback received will be included in the annual reporting for the levy, beginning with the annual report for calendar year 2022.	Best Starts for Kids Implementation Plan 2022-2027, p. 86	•Report Requirements Subsection E: Feedback from Partners •Appendix C: Partner Feedback by Strategy	N/A
Annual reporting for the levy will include the evaluation findings, including when appropriate an assessment of the program's effectiveness in achieving stated goals and intended outcomes.	Best Starts for Kids Implementation Plan 2022-2027, p. 87	•Report Requirements Subsection A: Best Starts for Kids Key Focus Areas and Outcomes in 2025 •Report Requirements Subsection F: Best Starts for Kids Data and Evaluation	•Our Results
This section shall prevail in the event of a conflict between the language in this section and language contained in Attachment A to this ordinance.	Ordinance 19354	N/A	N/A
The [Children and Youth Advisory] board shall... Consult on and review annual reports to the council and community that demonstrate transparency regarding the expenditure of levy proceeds and the effectiveness of the Best Starts for Kids children and youth strategies in meeting the goals and outcomes established in Ordinance 19267.	K.C.C. 2A.300.510.E.4	•Report Requirement Subsection G: Children and Youth Advisory Board Consultation and the Communities of Opportunity Governance Group Review	N/A

Reporting Element Language	Source	See Section(s) of This Report	See Also Best Starts Online Dashboard Tab(s) ¹²⁵
The Children and Youth Advisory Board and the COO Governance Group will consult on, and review, the respective portion of annual reports on Best Starts programming for which they have been charged with oversight.	Best Starts for Kids Implementation Plan 2022-2027, p. 86	•Report Requirement Subsection G: Children and Youth Advisory Board Consultation and the Communities of Opportunity Governance Group Review	N/A
By late 2020, DCHS anticipates being able to make available maps and/or data summaries showing the distribution of Best Starts, MIDD, and VSHSL human services by service participant ZIP Code, with high-level summaries included in the initiatives' annual reports.	Human Services Geographic Equity Plan December 2019, p. 57	•Report Requirements Subsection B: Geographic Distribution of Best Starts for Kids Services •Appendix E: Best Starts for Kids ZIP Code Reporting Data Book	•Mapping Our Reach

Appendix B: Best Starts for Kids Strategies Funded in 2025

Figure 11. Best Starts for Kids Strategies Funded in 2025

Investment Area	Strategy Name
Child Care	Child Care Subsidy Program Child Care Wage Boost Pilot ¹²⁶
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 ¹²⁷ Systems Building for Infant and Early Childhood Mental Health Universal Developmental Screening and Promotion 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) Transitions to Adulthood Youth Development
Youth and Family Homelessness Prevention Initiative (YFHPI)	Youth and Family Homelessness Prevention

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Investment Area	Strategy Name
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 12 outlines examples of feedback received in 2025 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 12. Partner Feedback by Strategy

Strategy	Partner Feedback Received in 2025	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.	Best Starts has built new software to be responsive to family and provider needs. The software allowed for the creation of a new portal entirely in Spanish. Best Starts has also initiated a new phone and text message SMS system for families that includes dedicated Spanish and Somali phone lines staffed by native speakers.
Child Care Wage Boost Pilot	Partners shared challenges of navigating a pilot of this scope, scale, and complexity with multiple partners. Partner facilities expressed difficulty with the model's staffing policies, as well as concerns around taxes on the pilot wages.	Best Starts continues to support partners through the complexity and be flexible where possible, including adjusting some staffing policies to ease the burden on facilities.

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Strategy	Partner Feedback Received in 2025	Best Starts' Response to Partner Feedback
Investment Area: Investing Early		
Child Care Health Consultation	Partners expressed a desire for additional opportunities for learning and connection as well as professional development. Partners also shared fears and concerns around increased immigration activity, and targeting of Somali child care providers.	Best Starts worked in partnership with Public Health Seattle & King County to host the first Child Care Health Consortium since 2019, and Prenatal to Five strategies collaborated to put on a data share back event, providing opportunities for partners across strategies to connect. Best Starts hosted conversations with partners to discuss community response to immigration fears and share resources, as well as mobilizing funds and resources on behalf of Somali child care providers.
Community-Based Parenting Supports	Partners requested increased basic needs support, as well as continued desire for expanded resources on legal and immigration support, domestic violence, homelessness, and wellness and healing. Partners expressed the desire to be more connected in order to build community and support alignment with other Best Starts strategies.	Best Starts is engaging in collaborative RFPs between strategies to more comprehensively address domestic violence and bring providers together and made adjustments to the Domestic Violence Emergency Response Pilot to be more responsive to community partners. Best Starts supported opportunities for providers to gather and connect.
Early Support for Infants and Toddlers (ESIT)	Partners expressed a need for culturally and linguistically matched services, especially among immigrant and refugee communities. Partners expressed increased need for safety during home visits in light of the current political climate.	Best Starts worked to ensure immigrant and refugee families received services from someone who speaks their language. Best Starts provided coaching to providers on how to be supportive and responsive to families and maintain the safety of families and staff.
Environmental Supports: Lead and Toxics	Partners shared that they experienced challenges with fiscal monitoring, especially around implementing internal	Best Starts facilitated connections with Capacity Building supports, offering guidance early and often (even before selecting organizations to fund) on what are the

Strategy	Partner Feedback Received in 2025	Best Starts' Response to Partner Feedback
	controls and separation of duty for small organizations.	invoicing and fiscal requirements. Best Starts is also creating a formal partner onboarding packet similar to what the Prenatal to Five team shares with partners.
Help Me Grow	Partners asked for support in finding basic needs resources and clarity around how Help Me Grow King County is defined.	Best Starts works to share information about available resources and facilitates connections to services. Best Starts also launched a Help Me Grow King County landing page to better communicate what Help Me Grow is, who is funded, what they are doing, and how to connect.
Home-Based Services	Partners requested implementation supports alongside screening tools and trainings. In addition, partners asked for enhanced collaboration across Best Starts' Prenatal to Five strategies to reduce the administrative burden of partnering with Best Starts.	Best Starts collaborated to build practical implementation guides for partners to use when conducting developmental screenings during home-based visits. Best Starts also offered joint check-in calls and cross-strategy orientations to minimize duplicative work for partners funded under multiple Best Starts' strategies.
Innovation Supports	Partners requested more funding, both for time to engage in Innovation Supports opportunities and for program work. Partners asked for more accessible and low-tech versions of takeaway materials.	Best Starts launched the Prenatal to Five Innovation Fund, which provides capacity building in the form of direct investments into innovation process activities. Best Starts will also work on making materials more accessible and in different formats.
Systems Building for Infant and Early Childhood Mental Health	Partners expressed a need for training opportunities on weekends, as well as the difficulty of attending in-person events in the current political climate.	Best Starts offered Saturday trainings and found them to be under-utilized. Going forward, Best Starts is planning fewer and more strategic Saturday activities and remaining flexible about in-person versus virtual events.

Strategy	Partner Feedback Received in 2025	Best Starts' Response to Partner Feedback
Universal Developmental Screening and Promotion	Partners funded across multiple Prenatal to Five strategies expressed challenges with duplicative and burdensome requirements, particularly related to short funding timeframes.	Best Starts Prenatal to Five strategies Universal Development Screening, Home-Based Services, and Community-Based Parenting Supports released aligned RFPs with identical requirements and timelines to reduce burden of work and provide clear picture of funding.
Workforce Development	Partners provided feedback on content and delivery improvements for workshops.	Best Starts is tailoring their 2026 workshops and professional development opportunities according to expressed community needs.
Investment Area: Sustain the Gain		
Child and Adolescent Immunizations	Partners expressed confusion about program reporting requirements.	Best Starts met with partners to clarify reporting requirements, streamline communication, and answer any questions.
Community Well-being Initiative	Youth Healing Project partners requested that award timelines align with the school year. They also expressed challenges with the increased Letter of Agreement requirements.	Best Starts aligned awards with the school year to better serve youth and provided support where possible to address challenges with Letter of Agreement requirements.
Expanded Learning	Partners shared how the mental health of young people is suffering in the current political climate and there is increasing need for supports, including spaces to engage in positive relationships with adults and each other.	In response, Best Starts' intermediary, Schools Out Washington continues to support partners in providing these spaces for youth. Best Starts and Schools Out Washington have increased awards where possible to further bolster partners' efforts.
Healthy and Safe Environments	Partners expressed a desire for increased collaboration with other community-based partners outside of the Healthy and Safe Environments strategy.	Best Starts hosted a cross-strategy event between Healthy and Safe Environment partners and Communities of Opportunity – Place-Based and Cultural Community Partnerships to facilitate partner connections

Strategy	Partner Feedback Received in 2025	Best Starts' Response to Partner Feedback
		and deeper understanding of what partners are aiming to accomplish.
Liberation and Healing	Partners expressed the need for infrastructure and systems-strengthening capacity building early in the grant/award process.	Best Starts is implementing earlier connections to the Capacity Building team.
Positive Family Connections	Partners encountered challenges with minimum insurance requirements. Partners also requested flexibility around funding due to increased demand for basic family needs supports due to high cost of living and food insecurity.	Best Starts leaned into flexible contracting where possible to minimize insurance burdens and address demand for basic needs support.
School-Based Screening, Brief Intervention and Referral to Treatment/Services	Partners expressed a need for more funding. Partners also shared challenges with clinical staff finding time to engage in professional development activities while also serving students.	Best Starts allowed the strategy to convert dollars allocated for one full time equivalent position to program funding, which expanded services at the districts. Best Starts is providing a Learning Management System to district partners that offers asynchronous learning opportunities that align with student schedules.
School-Based Health Centers	Partners shared about the mounting challenges of providing care in the current political climate which has led to more student absences and additional scrutiny on gender-affirming care.	Best Starts continues to support partners in providing the best possible clinical care to students while monitoring and sharing resources around changing regulations on gender affirming care, vaccines, and reproductive health.
Stopping the School-to-Prison Pipeline	Partners expressed a desire to learn what the data indicate about their programs and use the data to inform decision-making.	Best Starts organized activities with partners to review lessons learned from their cohort data and collectively identify areas of improvement where partners could benefit from focused capacity building, such as youth

Strategy	Partner Feedback Received in 2025	Best Starts' Response to Partner Feedback
		retention and cross-organization referrals for youth internships.
Transitions to Adulthood	Partners expressed a need for additional funds to lower staff turnover and provide increased behavioral health support. Partners also shared that there are insufficient resources for homeless youth in King County.	Best Starts shared this feedback with King County leadership and advocated for additional funding for homeless youth.
Transitions to Adulthood: School to Work	Partners expressed a need for additional support in adjusting to the current job market and the reduction in employment opportunities for students with disabilities.	Best Starts adjusted the service cycle and aligned service phases to maximize supports for enrolled students. Best Starts also implemented language and technology shifts in the enrollment process to reach more students and make it easier for teachers to support them.
Youth Development	Partners told Best Starts that they needed more funds. Partners also asked for capacity building supports.	Best Starts increased for funding for Youth Development's RFP process and the strategy was able to add four additional partners. Best Starts' Youth Development connected partners with Best Starts' Capacity Building consultants.
Investment Area: Youth and Family Homelessness Prevention Initiative		
Youth and Family Homelessness Prevention Initiative	Partners shared that there is an increasing need for homelessness prevention exacerbated by rising rent burden.	Best Starts is exploring possibilities for collaboration and cost-sharing with other prevention programs.
Investment Area: Communities of Opportunity		
Learning Community	Partners expressed that movement building infrastructure should be prioritized, including strengthening individuals' organizing capacities.	Best Starts is designing their 2026 capacity building and learning activities to align with community feedback focused on strengthening movement building infrastructure.

Strategy	Partner Feedback Received in 2025	Best Starts' Response to Partner Feedback
Place-Based and Cultural Community Partnerships	Partners expressed challenges around in-person connection and fear around showing up for in-person events. Partners also shared a desire to hear clear messages of solidarity from King County leadership. Partners emphasized the importance of multi-year funding as their funding was drawing to a close in 2025.	Best Starts allocated funding for contract extensions and invited partners to apply for 2-year funding extensions that would start in 2026. Best Starts also created a new fund in partnership with private funders and community organizations to rapidly respond to the changing political environment.
Systems and Policy Change	Partners requested an extension to their 3 years of funding because systems change work takes longer. Partners asked for training on risk management, advocacy, and policy change. Partners asked for more support with communications.	Best Starts allocated funding for contract extensions and invited partners to apply for 2-year funding extensions that would start in 2026. Best Starts also provided access to training and capacity building on topics that partners said they needed more of, including risk management and advocacy. Best Starts provided more access to communications support, including inviting the COO communications manager to participate more fully in the Policy Learning Circles.
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. Partners requested a desire for capacity development specific to capital development.	Best Starts provided capacity development resources and supports alongside other community development projects, shared resources to support planning, and facilitated collaboration across different organizations.
Investment Area: Technical Assistance and Capacity Building		
Technical Assistance and Capacity Building	Newly funded partners requested additional training on fiscal best practices, how to develop SMART goals, and how to	Best Starts offered two fiscal management best practices trainings that covered strategies and examples to help organizations be fiscally compliant and safeguard assets,

Strategy	Partner Feedback Received in 2025	Best Starts' Response to Partner Feedback
	implement them. Partners shared continued need for capacity building.	and prepared SMART goals trainings for early 2026. Best Starts supported 234 capacity building projects and prepared to launch 2026 Capacity Building Mini Grants, incorporating learnings from the 2024 round of awards.

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 2025, many additional partners collaborate with these organizations and are critical to Best Starts' success.

A 4 Apple Learning Center
Abubakr Islamic Center of WA
Adaptive and Inclusive Movement Initiative
Adult & Youth Learning Center
Afghan Health Initiative
African Community Housing & Development
After-School All-Stars
AidKit, Inc.
Akin
Alex Reulbach
Al-Firdous Seattle
alterNative consulting
Amara
AMT Up 3D
Amy Michael
ANEW - Apprenticeship & Nontraditional Employment for Women
API Chaya
Arts Corps
ArtsEd Washington
Asian Counseling and Referral Service

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Atlantic Street Center
Auburn School District
AVELA - A Vision for Engineering Literacy & Access
AWA IT SOLUTIONS, LLC
Babies of Homelessness
Bellwether Housing
BELONG Partners
Big Beard Media
Bike Works
BIPOC Apostrophe Foundation
Bird's Eye Medical
Birth to Three Developmental Center
Black Star Line African Centered Family Educational Collective
BLKBRY, LLC
Boyer Children's Clinic
Boys & Girls Club of Bellevue
Boys & Girls Club of King County
BRAVE
Bridge to Unite
Bridges - Seattle Alternative Peer Group
Bridging Cultural Gaps (BCG)
Brightonview Montessori (Redmond Ridge East Montessori, LLC)
BrightSpark Early Learning Services
Build 2 Lead P.O.W.E.R. Council
-Build 2 Lead
-Momentum Belonging Group
-Livia Behavioral Health Services
-UW Medicine Physicians Clinics

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- Morehouse School of Medicine
- Leadership Tomorrow
- Federal Way Public Schools

Burien Collaborative

- Southwest Youth and Family Services
- Alimentando Al Pueblo
- BLKBRY, LLC
- Lake Burien Presbyterian Church
- YES! Foundation of White Center

Canopy Scholars

Cardea Services

Casa Latina

Cascade Middle School

Celebrating Roots

Center for Human Services

Center for Indigenous Midwifery

Central Washington University - Special Education Technology Center for Inclusion and Equity

Chief Seattle Club

Children's Home Society of Washington (Akin?)

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

City of Mercer Island Youth and Family Services

City of Shoreline

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Clergy, Community for Children Youth Coalition
Cocreative Culture
Collaborative Partners Initiative
Comunidad Latina de Vashon
Communities In Schools of Greater King County
Communities of Rooted Brilliance
Communities Rise
Community Café Collaborative
Community for Youth (CfY)
Community Passageways
Congolese Integration Network
Coyote Central
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
Crece Conmigo
Crux Consulting Consortium
Cultivate South Park
Cultures United
DANCE This Productions
Deconstructing the Mental Health System, Inc
Denise Louie Education Center

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Des Moines Pool Metropolitan Park District
Destinies First Shuttles, LLP
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 Solution (DIRS)
East African Community Services
Eastside Pathways
Educate to Liberate Consulting
El Centro de la Raza
Empower Youth Network
Empowering Youth and Families Outreach
Encompass Northwest
Enumclaw School District
Equitable Recovery and Reconciliation Alliance (ERRA – fiscally sponsored by the Urban League of Metropolitan Seattle)
Eritrean Association in Greater Seattle
Evergreen Social Impact
Faith Finance Center
Fair Work Center
Families of Color Seattle (FOCS)
FamilyWorks
Federal Way Public Schools
FEEST
Filipino Community of Seattle

First Five Years & Beyond/RVC
Flourish Financial Group
Friends of the Children - Seattle
Friends of Youth
FW Black Collective
Game of Life sports Mentoring
Geeking Out Kids of Color
Generosity on the Go
Girl Scouts of Western Washington
Girls Inc. of the Pacific Northwest
Global Perinatal Services
Gwen's Guidance
Hallowell Todaro ADHD & Behavioral Health Center
Henderson Professional Consulting
Heven Ambachew
Highline Public Schools
Hip Hop Is Green
HopeCentral Pediatrics and Behavioral Health
Horn of Africa Services
Horn of Africa Services
 -Oromia Community Center in Washington
 -Somali Community Services of Seattle
House Our Neighbors
Huckleberry Nature Connection Foundation
Hummingbird Indigenous Family Services
Hutch Kids Child Care Center
I Am DIVA Girl

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Imani's Light Incorporated
Inclusive Data LLC
Indian American Community Services (IACS)
Indian American Community Services (IACS)
-Muslim Community Network Association
-Eastside for All
-Housing Development Consortium
Institute for Community Leadership
InterCultural Children & Family Services
International Rescue Committee Seattle
Iraqi Community Center of WA
JeeYoung Dobbs Consulting, LLC
JJ Biligual Academy
JSOL STUDIOS LLC
KBTC Public Television at Bates Tech
Kennedy Catholic High School
Kent Community Development Collaborative Community Healthcare Navigation Initiative
-Community Network Council
-Communities of Rooted Brilliance
-Mother Africa
-Communities in Schools of South King County
Kent School District
Kent Youth and Family Services
Khalsa Gurmat Center
Khmer Community of Seattle-King County
Kids and Paper
Kids Coming Together

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KidsQuest Children's Museum
KidVantage
Kindering
King County Play Equity Coalition
King County Sexual Assault Resource Center
KLA Enterprises, LLC
Korean Community Service Center
Kreative Collective, LLC
Lake Burien Presbyterian Church
Lake Washington Institute of Technology
Lambert House
Launch
LGBTQ+ South King County Collaborative
 -Queer Power Alliance
 -Entre Hermanos
 -People Of Color Against AIDS Network (POCAAN)
Life Enrichment Group
Listen and Talk
LITTLE SCHOLARS MONTESSORI ACADEMY
Living Well Kent
Look2Justice
Low Income Housing Institute (LIHI)
Mahad Ali
Manos Unidas International
Martin Luther King Jr. (MLK) Family, Arts, Mentoring, and Enrichment (FAME) Community Center (CC)
Mary's Place
Melanin Poppin' LLC

Mente Counseling & Consultation
Mercer Island School District
Mercy Housing Northwest
Metropolitan Seattle Sickle Cell Task Force
Mission Africa
Mother Africa
Mothers Impacting Lives Every day
Multimedia Resources and Training Institute (MMRTI)
Muslim American Youth Foundation
Muslimahs Against Abuse Center
Navos
Neighborhood House
New Americans Alliance for Policy and Research (NAAPR)
New Americans Alliance for Policy and Research (NAAPR)
-Somali Community Services of Seattle
-Partners in Employment
-Iraqi Community Center of Washington
-Horn of Africa Services
New Horizons
NISO Programs
No Limits Therapeutic Services
Northshore School District
Northwest Center
Northwest Education Access
Northwest School for Deaf and Hard-of-Hearing Children
Nosostros En Naturaleza
Open Arms Perinatal Services

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Open Doors for Multicultural Families
ORS Impact
Our Hope
Outdoor Equity Coalition
Outreach & Transform Lives
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)
Pathways to Progress Alliance (PPA)
Perinatal Support Washington
People's Economy Lab (fiscally sponsored by The Praxis Project)
Peyvand Non-Profit Organization
Pollock+Partners
Post 84
Praisealujah
Praxis Institute for Early Childhood Education
Rain City Rock Camp for Girls
Rainier Athletes
Rainier Valley Leadership Academy
Reclaiming our Greatness
Refugee Immigrant Community Health Program (R.I.C.H.)
-Cham Refugees Community
-Omar Bin Al-Khattab Islamic Center
-Somali Cultural Center
Refugee Peer Northwest

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Refugee Women's Alliance (ReWA)
reimagine collective
Renton School District
Resilient in Sustaining Empowerment (RISE)
Restore Assemble Produce
Resource Media
RHL Consulting, LLC
Riverton Park United Methodist Church
Robotics For Resilience
Roots of Hope Perinatal Services
Roots of Inclusion
ROOTS Young Adult Shelter
Rose Waterstone Consulting
RVC/First Five Years & Beyond
SanArte Healing & Cultura Clinic
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 Children's Hospital
Seattle Housing Authority
Seattle Indian Health Board

Seattle Parks and Recreation
Seattle Public Schools
Seeds 4 Hope
Seeds of Success
Shades of Divinity
Skykomish School District
Slalom Consulting
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
-Reclaim (formerly Snoqualmie Valley Shelter Services)
-Sno-Valley Senior Center
-Tolt Congregational UCC Community Connections Program
Snoqualmie Valley School District
Solid Ground Washington
Somali Health Board
South End Stories
South Seattle Women's Health Foundation

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Southeast Youth & Family Services
Southwest Youth & Family Services
Speak With Purpose
St. Vincent de Paul of Seattle/King County
Start Early Washington
Statewide Poverty Action Network
STEM Paths Innovation Network
Stemtac Foundation
Student & Family Support Program
Student Advocates for Mental Health and Addiction (SAMHA)
Suncatcher Forest School
Supportive Childcare Provider Alliance
Surge Reproductive Justice
Tahoma School District
Talitha Consults LLC
Team Read
Teniel Sabin Training and Consulting
The Academy for Creating Excellence
The Arc of King County
The Breakfast Group
The C.A.P. Project - Compassion Amongst Peers
The Capacity Collective
The Children's Centers at Burke Gilman Gardens
The Garage, A Teen Cafe
The Good Foot Arts Collective
The Greater Seattle Bureau of Fearless Ideas
The Imagine Institute

The Math Agency
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
The ZOLA Experience Inc.
Therapeutic Health Services
thy nguyen consulting, LLC
Together We Heal

- Freedom Project
- Collective Justice

Trafton International Consulting Group, LLC
TransFamilies
Transformative Shifts
Treehouse
Tubman Center for Health & Freedom
Tukwila School District
Ubumwe Women Association Services
Uncommon Bridges
United Communities of Laos
United Hub
United Indians of All Tribes
United Way of King County
University of Washington - Haring Center
University of Washington - Pediatric Environmental Health Specialty Unit

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University Temple Children's School
Unleash the Brilliance
Uplift Teens Today
Urban American Indian Alaska Native Education Alliance (UNEA)
Urban ArtWorks
Urban Impact Seattle
Urban Institute
Urban League of Metropolitan Seattle
UTOPIA (United Territories of Pacific Islanders Alliance) Washington
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 Children's Faith in Northern Uganda (VOCFINU)
Voices of Tomorrow
WA Therapy Fund Foundation
WA-BLOC
WAPI Community Services
Wasat Community
Washington Immigrant Solidarity Network
Washington Marshallese Community Association
Washington Multicultural Services Link
Washington West African Center
Washingtonians for Public Banking
We are Comunidad

We are Victorious Youth
WestEd
WestSide Baby
WheelLab
White Center Community Development Association
-Community Roots Housing
-FEEST
-HealthPoint
-Southwest Youth and Family Services
-YES! Foundation
White Center Community Development Association
Whitewater Aquatics Management
Wonderland Child & Family Services
Woodland Park Zoo (WPZ)
World Relief Western Washington
Worth a Shot
YMCA of Greater Seattle
Young Women Empowered
YoungLives Seattle
Your Pretty Perfect LLC
Youth Eastside Services
Youth Guidance, Greater Seattle
Youth Tutoring Program (Catholic Community Services)
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 are available in map format in Figures 6, 7, and 8 on pages 27-29. Fiscal data in Figure 8 does 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 8 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.¹²⁸ 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 8, 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 8, 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.

Figure 13. 2025 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	48	1,441	358	43	1,889
98002	82	3,776	1,240	127	5,225
98003	125	3,966	366	181	4,637
98004	5	1,926	169	12	2,112
98005	0	753	89	12	855
98006	15	929	94	19	1,057
98007	17	1,788	623	15	2,441
98008	0	911	130	5	1,046
98009	0	7	0	0	7
98010	0	74	39	Fewer than 5	114 - 117
98011	6	329	268	Fewer than 5	604 - 607
98013	0	0	Fewer than 5	0	1 - 4
98014	0	148	100	0	248
98015	0	Fewer than 5	0	0	1 - 4
98019	Fewer than 5	230	84	0	315 - 318
98022	Fewer than 5	542	23	0	566 - 569
98023	51	1,393	446	79	1,964
98024	0	77	17	0	94
98025	0	0	0	0	0
98027	6	918	424	10	1,358
98028	0	231	224	6	461
98029	18	534	258	22	832
98030	83	3,032	813	103	4,030
98031	59	6,090	672	105	6,926
98032	74	4,255	557	159	5,042
98033	5	374	83	14	475
98034	Fewer than 5	884	134	6	1,025 - 1,028

ZIP Code	Child Care	Investing Early	Sustain the Gain	Youth and Family Homelessness Prevention	Total
98035	0	6	Fewer than 5	0	7 - 10
98038	22	557	1,303	14	1,894
98039	0	11	13	0	24
98040	Fewer than 5	369	740	0	1,110 - 1,113
98041	0	Fewer than 5	Fewer than 5	0	2 - 8
98042	38	5,062	564	69	5,733
98045	0	305	389	Fewer than 5	695 - 698
98047	15	228	91	0	333
98050	0	6	0	Fewer than 5	7 - 10
98051	0	32	40	0	72
98052	24	1,057	280	36	1,397
98053	10	172	31	13	226
98054	0	0	0	0	0
98055	28	510	387	18	942
98056	12	1,950	288	40	2,290
98057	15	1,763	666	27	2,471
98058	44	1,384	633	60	2,122
98059	11	1,263	167	8	1,448
98062	0	Fewer than 5	Fewer than 5	0	2 - 8
98063	0	10	Fewer than 5	0	11 - 14
98064	0	7	0	0	7
98065	5	328	394	0	727
98068	0	Fewer than 5	0	0	1 - 4
98070	5	1,201	921	0	2,127
98071	0	5	0	0	5
98072	Fewer than 5	115	337	0	453 - 456
98073	0	0	0	0	0
98074	0	106	25	Fewer than 5	132 - 135

ZIP Code	Child Care	Investing Early	Sustain the Gain	Youth and Family Homelessness Prevention	Total
98075	Fewer than 5	116	40	0	157 - 160
98077	0	45	277	0	322
98082	0	Fewer than 5	0	0	1 - 4
98083	0	0	0	0	0
98089	0	Fewer than 5	0	0	1 - 4
98092	18	3,658	1,038	104	4,818
98093	0	15	Fewer than 5	0	16 - 19
98101	Fewer than 5	88	132	8	229 - 232
98102	0	414	77	19	511
98103	8	692	376	8	1,084
98104	Fewer than 5	412	358	21	792 - 795
98105	14	352	324	0	690
98106	28	697	295	22	1,042
98107	0	130	77	10	217
98108	23	1,284	578	30	1,915
98109	8	145	209	Fewer than 5	363 - 366
98111	0	0	Fewer than 5	Fewer than 5	2 - 8
98112	0	136	176	0	311
98113	0	Fewer than 5	Fewer than 5	0	2 - 8
98114	0	155	Fewer than 5	0	156 - 159
98115	10	625	1,470	27	2,132
98116	Fewer than 5	153	634	0	788 - 791
98117	Fewer than 5	151	396	0	548 - 551
98118	32	2,136	2,003	78	4,249
98119	5	107	21	Fewer than 5	134 - 137
98121	0	230	276	0	506
98122	6	1,698	747	17	2,469
98124	0	0	Fewer than 5	0	1 - 4

ZIP Code	Child Care	Investing Early	Sustain the Gain	Youth and Family Homelessness Prevention	Total
98125	38	664	645	59	1,406
98126	35	387	851	13	1,286
98127	0	0	0	0	0
98129	0	0	0	0	0
98131	0	Fewer than 5	0	0	1 - 4
98132	0	0	0	0	0
98133	17	895	487	25	1,424
98134	0	6	Fewer than 5	0	7 - 10
98136	0	86	210	5	301
98138	0	Fewer than 5	0	0	1 - 4
98139	0	0	0	0	0
98141	0	0	0	0	0
98144	15	2,403	650	17	3,085
98145	0	0	0	0	0
98146	55	1,012	761	51	1,879
98148	18	335	477	6	836
98154	0	0	0	0	0
98155	23	495	133	6	657
98158	0	5	0	0	5
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	0	Fewer than 5	0	1 - 4
98166	33	802	390	17	1,242
98168	57	1,765	657	54	2,532
98170	0	0	0	0	0
98171	0	0	0	0	0
98174	0	0	0	0	0

ZIP Code	Child Care	Investing Early	Sustain the Gain	Youth and Family Homelessness Prevention	Total
98175	0	Fewer than 5	Fewer than 5	0	2 - 8
98177	Fewer than 5	120	118	0	239 - 242
98178	39	740	1,798	53	2,630
98181	0	0	0	0	0
98185	0	0	0	0	0
98188	93	4,551	496	96	5,237
98189	0	Fewer than 5	0	0	1 - 4
98190	0	0	0	0	0
98191	0	0	0	0	0
98194	0	0	0	0	0
98195	0	6	Fewer than 5	0	7 - 10
98198	66	2,675	445	172	3,358
98199	Fewer than 5	105	17	Fewer than 5	124 - 130
98224	0	0	Fewer than 5	0	1 - 4
98288	0	0	Fewer than 5	0	1 - 4
Unknown/missing	28	23,280	5,712	27	29,040

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 14. 2025 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	\$730,000	\$718,000	\$329,000	\$62,000	\$1,588,000
98002	\$1,247,000	\$1,880,000	\$1,140,000	\$185,000	\$4,392,000
98003	\$1,900,000	\$1,975,000	\$336,000	\$263,000	\$3,898,000
98004	\$76,000	\$959,000	\$155,000	\$17,000	\$1,775,000
98005	\$0	\$375,000	\$82,000	\$17,000	\$719,000
98006	\$228,000	\$463,000	\$86,000	\$28,000	\$889,000
98007	\$258,000	\$890,000	\$573,000	\$22,000	\$2,052,000
98008	\$0	\$454,000	\$119,000	\$7,000	\$879,000
98009	\$0	\$3,000	\$0	\$0	\$6,000
98010	\$0	\$37,000	\$36,000	\$4,000	\$98,000
98011	\$91,000	\$164,000	\$246,000	\$1,000	\$508,000
98013	\$0	\$0	\$2,000	\$0	\$2,000
98014	\$0	\$74,000	\$92,000	\$0	\$208,000
98015	\$0	Less than \$1,000	\$0	\$0	\$2,000
98019	\$30,000	\$115,000	\$77,000	\$0	\$266,000
98022	\$46,000	\$270,000	\$21,000	\$0	\$477,000
98023	\$775,000	\$694,000	\$410,000	\$115,000	\$1,651,000
98024	\$0	\$38,000	\$16,000	\$0	\$79,000
98025	\$0	\$0	\$0	\$0	\$0
98027	\$91,000	\$457,000	\$390,000	\$15,000	\$1,142,000
98028	\$0	\$115,000	\$206,000	\$9,000	\$388,000

ZIP Code	Child Care	Investing Early	Sustain the Gain	Youth and Family Homelessness Prevention	Total
98029	\$274,000	\$266,000	\$237,000	\$32,000	\$699,000
98030	\$1,262,000	\$1,510,000	\$747,000	\$150,000	\$3,388,000
98031	\$897,000	\$3,033,000	\$618,000	\$153,000	\$5,822,000
98032	\$1,125,000	\$2,119,000	\$512,000	\$231,000	\$4,239,000
98033	\$76,000	\$186,000	\$76,000	\$20,000	\$399,000
98034	\$46,000	\$440,000	\$123,000	\$9,000	\$863,000
98035	\$0	\$3,000	Less than \$1,000	\$0	\$6,000
98038	\$334,000	\$277,000	\$1,198,000	\$20,000	\$1,592,000
98039	\$0	\$5,000	\$12,000	\$0	\$20,000
98040	\$30,000	\$184,000	\$680,000	\$0	\$934,000
98041	\$0	Less than \$1,000	Less than \$1,000	\$0	\$2,000
98042	\$578,000	\$2,521,000	\$518,000	\$100,000	\$4,820,000
98045	\$0	\$152,000	\$358,000	\$4,000	\$586,000
98047	\$228,000	\$114,000	\$84,000	\$0	\$280,000
98050	\$0	\$3,000	\$0	\$4,000	\$8,000
98051	\$0	\$16,000	\$37,000	\$0	\$61,000
98052	\$365,000	\$526,000	\$257,000	\$52,000	\$1,174,000
98053	\$152,000	\$86,000	\$28,000	\$19,000	\$190,000
98054	\$0	\$0	\$0	\$0	\$0
98055	\$426,000	\$254,000	\$356,000	\$26,000	\$792,000
98056	\$182,000	\$971,000	\$265,000	\$58,000	\$1,925,000
98057	\$228,000	\$878,000	\$612,000	\$39,000	\$2,077,000
98058	\$669,000	\$689,000	\$582,000	\$87,000	\$1,784,000
98059	\$167,000	\$629,000	\$153,000	\$12,000	\$1,217,000
98062	\$0	Less than \$1,000	\$2,000	\$0	\$3,000
98063	\$0	\$5,000	Less than \$1,000	\$0	\$9,000
98064	\$0	\$3,000	\$0	\$0	\$6,000
98065	\$76,000	\$163,000	\$362,000	\$0	\$611,000

ZIP Code	Child Care	Investing Early	Sustain the Gain	Youth and Family Homelessness Prevention	Total
98068	\$0	\$2,000	\$0	\$0	\$3,000
98070	\$76,000	\$598,000	\$846,000	\$0	\$1,788,000
98071	\$0	\$2,000	\$0	\$0	\$4,000
98072	\$61,000	\$57,000	\$310,000	\$0	\$383,000
98073	\$0	\$0	\$0	\$0	\$0
98074	\$0	\$53,000	\$23,000	\$4,000	\$112,000
98075	\$46,000	\$58,000	\$37,000	\$0	\$134,000
98077	\$0	\$22,000	\$255,000	\$0	\$271,000
98082	\$0	Less than \$1,000	\$0	\$0	Less than \$1,000
98083	\$0	\$0	\$0	\$0	\$0
98089	\$0	\$1,000	\$0	\$0	\$3,000
98092	\$274,000	\$1,822,000	\$954,000	\$151,000	\$4,050,000
98093	\$0	\$7,000	Less than \$1,000	\$0	\$13,000
98101	\$46,000	\$44,000	\$121,000	\$12,000	\$194,000
98102	\$0	\$206,000	\$71,000	\$28,000	\$430,000
98103	\$122,000	\$345,000	\$346,000	\$12,000	\$911,000
98104	\$61,000	\$205,000	\$329,000	\$31,000	\$667,000
98105	\$213,000	\$175,000	\$298,000	\$0	\$580,000
98106	\$426,000	\$347,000	\$271,000	\$32,000	\$876,000
98107	\$0	\$65,000	\$71,000	\$15,000	\$182,000
98108	\$350,000	\$639,000	\$531,000	\$44,000	\$1,610,000
98109	\$122,000	\$72,000	\$192,000	\$1,000	\$305,000
98111	\$0	\$0	Less than \$1,000	\$1,000	\$2,000
98112	\$0	\$68,000	\$162,000	\$0	\$261,000
98113	\$0	\$2,000	\$2,000	\$0	\$5,000
98114	\$0	\$77,000	Less than \$1,000	\$0	\$131,000
98115	\$152,000	\$311,000	\$1,351,000	\$39,000	\$1,792,000
98116	\$46,000	\$76,000	\$583,000	\$0	\$664,000

ZIP Code	Child Care	Investing Early	Sustain the Gain	Youth and Family Homelessness Prevention	Total
98117	\$46,000	\$75,000	\$364,000	\$0	\$462,000
98118	\$486,000	\$1,064,000	\$1,841,000	\$113,000	\$3,572,000
98119	\$76,000	\$53,000	\$19,000	\$3,000	\$113,000
98121	\$0	\$115,000	\$254,000	\$0	\$425,000
98122	\$91,000	\$846,000	\$687,000	\$25,000	\$2,076,000
98124	\$0	\$0	Less than \$1,000	\$0	Less than \$1,000
98125	\$578,000	\$331,000	\$593,000	\$86,000	\$1,182,000
98126	\$532,000	\$193,000	\$782,000	\$19,000	\$1,081,000
98127	\$0	\$0	\$0	\$0	\$0
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	\$258,000	\$446,000	\$448,000	\$36,000	\$1,197,000
98134	\$0	\$3,000	\$4,000	\$0	\$8,000
98136	\$0	\$43,000	\$193,000	\$7,000	\$253,000
98138	\$0	Less than \$1,000	\$0	\$0	Less than \$1,000
98139	\$0	\$0	\$0	\$0	\$0
98141	\$0	\$0	\$0	\$0	\$0
98144	\$228,000	\$1,197,000	\$597,000	\$25,000	\$2,593,000
98145	\$0	\$0	\$0	\$0	\$0
98146	\$836,000	\$504,000	\$699,000	\$74,000	\$1,580,000
98148	\$274,000	\$167,000	\$438,000	\$9,000	\$703,000
98154	\$0	\$0	\$0	\$0	\$0
98155	\$350,000	\$247,000	\$122,000	\$9,000	\$552,000
98158	\$0	\$2,000	\$0	\$0	\$4,000
98160	\$0	\$0	Less than \$1,000	\$0	Less than \$1,000
98161	\$0	\$0	\$0	\$0	\$0
98164	\$0	Less than \$1,000	\$2,000	\$0	\$3,000

ZIP Code	Child Care	Investing Early	Sustain the Gain	Youth and Family Homelessness Prevention	Total
98165	\$0	\$0	\$2,000	\$0	\$2,000
98166	\$502,000	\$399,000	\$358,000	\$25,000	\$1,044,000
98168	\$866,000	\$879,000	\$604,000	\$78,000	\$2,129,000
98170	\$0	\$0	\$0	\$0	\$0
98171	\$0	\$0	\$0	\$0	\$0
98174	\$0	\$0	\$0	\$0	\$0
98175	\$0	Less than \$1,000	Less than \$1,000	\$0	\$2,000
98177	\$30,000	\$60,000	\$108,000	\$0	\$202,000
98178	\$593,000	\$369,000	\$1,652,000	\$77,000	\$2,211,000
98181	\$0	\$0	\$0	\$0	\$0
98185	\$0	\$0	\$0	\$0	\$0
98188	\$1,414,000	\$2,266,000	\$456,000	\$139,000	\$4,403,000
98189	\$0	Less than \$1,000	\$0	\$0	\$2,000
98190	\$0	\$0	\$0	\$0	\$0
98191	\$0	\$0	\$0	\$0	\$0
98194	\$0	\$0	\$0	\$0	\$0
98195	\$0	\$3,000	\$4,000	\$0	\$8,000
98198	\$1,003,000	\$1,332,000	\$409,000	\$250,000	\$2,823,000
98199	\$30,000	\$52,000	\$16,000	\$4,000	\$107,000
98224	\$0	\$0	\$3,000	\$0	\$3,000
98288	\$0	\$0	\$2,000	\$0	\$2,000
Unknown/missing	\$426,000	\$11,593,000	\$5,250,000	\$39,000	\$24,413,000

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 15. 2025 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	\$645,000	\$600,000	\$688,000	\$154,000	\$2,904,000
98002	\$565,000	\$1,500,000	\$885,000	\$77,000	\$3,119,000
98003	\$1,049,000	\$1,800,000	\$983,000	\$231,000	\$4,840,000
98004	\$282,000	\$300,000	\$197,000	\$0	\$1,076,000
98005	\$0	\$0	\$98,000	\$0	\$538,000
98006	\$40,000	\$0	\$98,000	\$0	\$215,000
98007	\$444,000	\$1,200,000	\$393,000	\$77,000	\$2,151,000
98008	\$0	\$300,000	\$0	\$0	\$1,076,000
98009	\$0	\$0	\$0	\$0	\$0
98010	\$0	\$300,000	\$0	\$0	\$108,000
98011	\$121,000	\$300,000	\$98,000	\$0	\$538,000
98013	\$0	\$0	\$0	\$0	\$0
98014	\$0	\$300,000	\$492,000	\$0	\$753,000
98015	\$0	\$0	\$0	\$0	\$0
98019	\$40,000	\$0	\$98,000	\$0	\$215,000
98022	\$121,000	\$600,000	\$98,000	\$0	\$645,000
98023	\$847,000	\$300,000	\$786,000	\$77,000	\$3,335,000
98024	\$0	\$0	\$197,000	\$0	\$215,000
98025	\$0	\$0	\$0	\$0	\$0
98027	\$121,000	\$600,000	\$98,000	\$77,000	\$753,000
98028	\$0	\$300,000	\$197,000	\$0	\$538,000
98029	\$81,000	\$0	\$0	\$77,000	\$323,000

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ZIP Code	Child Care	Investing Early	Sustain the Gain	Youth and Family Homelessness Prevention	Total
98030	\$1,170,000	\$3,001,000	\$1,278,000	\$77,000	\$5,701,000
98031	\$767,000	\$600,000	\$786,000	\$77,000	\$3,227,000
98032	\$767,000	\$2,101,000	\$1,868,000	\$231,000	\$5,163,000
98033	\$121,000	\$0	\$98,000	\$0	\$430,000
98034	\$242,000	\$600,000	\$197,000	\$0	\$1,076,000
98035	\$0	\$0	\$0	\$0	\$0
98038	\$161,000	\$0	\$197,000	\$0	\$645,000
98039	\$0	\$0	\$98,000	\$0	\$108,000
98040	\$161,000	\$600,000	\$197,000	\$0	\$861,000
98041	\$0	\$0	\$0	\$0	\$0
98042	\$686,000	\$600,000	\$688,000	\$0	\$2,797,000
98045	\$0	\$300,000	\$393,000	\$0	\$538,000
98047	\$161,000	\$0	\$0	\$0	\$430,000
98050	\$0	\$0	\$0	\$0	\$0
98051	\$0	\$0	\$98,000	\$0	\$108,000
98052	\$363,000	\$300,000	\$98,000	\$77,000	\$1,291,000
98053	\$242,000	\$0	\$0	\$0	\$645,000
98054	\$0	\$0	\$0	\$0	\$0
98055	\$444,000	\$300,000	\$295,000	\$0	\$1,613,000
98056	\$161,000	\$900,000	\$295,000	\$77,000	\$1,183,000
98057	\$121,000	\$3,901,000	\$197,000	\$154,000	\$2,151,000
98058	\$726,000	\$0	\$688,000	\$77,000	\$2,797,000
98059	\$323,000	\$300,000	\$98,000	\$0	\$1,076,000
98062	\$0	\$0	\$0	\$0	\$0
98063	\$0	\$0	\$98,000	\$0	\$108,000
98064	\$0	\$0	\$0	\$0	\$0
98065	\$40,000	\$300,000	\$197,000	\$0	\$430,000
98068	\$0	\$0	\$0	\$0	\$0

ZIP Code	Child Care	Investing Early	Sustain the Gain	Youth and Family Homelessness Prevention	Total
98070	\$121,000	\$900,000	\$197,000	\$0	\$861,000
98071	\$0	\$0	\$0	\$0	\$0
98072	\$161,000	\$0	\$197,000	\$0	\$645,000
98073	\$0	\$0	\$0	\$0	\$0
98074	\$0	\$0	\$0	\$0	\$215,000
98075	\$0	\$0	\$98,000	\$0	\$215,000
98077	\$0	\$0	\$98,000	\$0	\$108,000
98082	\$0	\$0	\$0	\$0	\$0
98083	\$0	\$0	\$0	\$0	\$0
98089	\$0	\$0	\$0	\$0	\$0
98092	\$524,000	\$300,000	\$197,000	\$77,000	\$1,829,000
98093	\$0	\$0	\$98,000	\$0	\$108,000
98101	\$0	\$300,000	\$197,000	\$77,000	\$430,000
98102	\$0	\$0	\$98,000	\$77,000	\$430,000
98103	\$121,000	\$1,200,000	\$492,000	\$77,000	\$1,398,000
98104	\$161,000	\$1,200,000	\$786,000	\$0	\$1,721,000
98105	\$242,000	\$0	\$393,000	\$0	\$1,076,000
98106	\$767,000	\$600,000	\$1,180,000	\$0	\$3,550,000
98107	\$0	\$0	\$0	\$0	\$323,000
98108	\$767,000	\$1,800,000	\$885,000	\$0	\$3,657,000
98109	\$40,000	\$0	\$197,000	\$0	\$323,000
98111	\$0	\$0	\$0	\$0	\$0
98112	\$0	\$0	\$393,000	\$0	\$538,000
98113	\$0	\$0	\$0	\$0	\$0
98114	\$0	\$0	\$0	\$0	\$0
98115	\$403,000	\$300,000	\$590,000	\$0	\$1,829,000
98116	\$0	\$0	\$295,000	\$0	\$323,000
98117	\$81,000	\$900,000	\$98,000	\$0	\$645,000

ZIP Code	Child Care	Investing Early	Sustain the Gain	Youth and Family Homelessness Prevention	Total
98118	\$1,009,000	\$7,202,000	\$2,752,000	\$0	\$8,283,000
98119	\$40,000	\$0	\$0	\$0	\$108,000
98121	\$0	\$1,800,000	\$393,000	\$0	\$1,076,000
98122	\$40,000	\$300,000	\$786,000	\$0	\$1,076,000
98124	\$0	\$0	\$0	\$0	\$0
98125	\$605,000	\$300,000	\$786,000	\$0	\$2,582,000
98126	\$605,000	\$300,000	\$492,000	\$154,000	\$2,474,000
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	\$363,000	\$1,200,000	\$983,000	\$0	\$2,474,000
98134	\$0	\$0	\$197,000	\$0	\$215,000
98136	\$0	\$300,000	\$0	\$0	\$323,000
98138	\$0	\$0	\$0	\$0	\$0
98139	\$0	\$0	\$0	\$0	\$0
98141	\$0	\$0	\$0	\$0	\$0
98144	\$282,000	\$2,101,000	\$1,475,000	\$231,000	\$3,442,000
98145	\$0	\$0	\$0	\$0	\$0
98146	\$444,000	\$300,000	\$983,000	\$154,000	\$2,582,000
98148	\$242,000	\$600,000	\$492,000	\$0	\$1,398,000
98154	\$0	\$0	\$0	\$0	\$0
98155	\$242,000	\$300,000	\$197,000	\$0	\$968,000
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

ZIP Code	Child Care	Investing Early	Sustain the Gain	Youth and Family Homelessness Prevention	Total
98166	\$161,000	\$900,000	\$393,000	\$0	\$1,183,000
98168	\$928,000	\$1,800,000	\$1,278,000	\$154,000	\$4,733,000
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	\$0	\$0	\$98,000	\$0	\$108,000
98178	\$282,000	\$900,000	\$1,081,000	\$0	\$2,259,000
98181	\$0	\$0	\$0	\$0	\$0
98185	\$0	\$0	\$0	\$0	\$0
98188	\$1,130,000	\$1,500,000	\$983,000	\$307,000	\$5,056,000
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	\$300,000	\$98,000	\$0	\$215,000
98198	\$605,000	\$1,200,000	\$885,000	\$231,000	\$3,335,000
98199	\$161,000	\$0	\$0	\$0	\$430,000
98224	\$0	\$0	\$0	\$0	\$0
98288	\$0	\$0	\$98,000	\$0	\$108,000
Unknown/missing	\$1,654,000	\$1,200,000	\$590,000	\$77,000	\$2,689,000

Notes

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/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%2021.ashx?la=en&hash=72D1641D8C28C5BC664474AB214B9118)

³ KCC 2A.300.510 and KCC 2A.300.521. [https://aqua.kingcounty.gov/council/clerk/code/05 Title 2A.htm](https://aqua.kingcounty.gov/council/clerk/code/05%20Title%202A.htm)

⁴ 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

⁵ Ordinance 19861. <https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=6872221&GUID=984B4D1E-D397-4497-85A8-C886918ED955>

⁶ DCHS Provider Inflation Policy. [https://cdn.kingcounty.gov/-/media/king-county/depts/dchs/ASD/DCHS Inflation Policy](https://cdn.kingcounty.gov/-/media/king-county/depts/dchs/ASD/DCHS%20Inflation%20Policy)

⁷ Ordinance 19861. <https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=6872221&GUID=984B4D1E-D397-4497-85A8-C886918ED955>

⁸ Ordinance 19956. <https://kingcounty.legistar.com/LegislationDetail.aspx?ID=7418969&GUID=023E7F82-DFBE-4536-9DB2-A79493A435CB>

⁹ Ordinance 20023. <https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=7680373&GUID=B4E9E09C-A982-4A8C-A0DA-6CC195D69EE0>

¹⁰ 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/best-starts-kids-dashboard>

¹¹ 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).

¹² 2022 – 2027 Best Starts for Kids Implementation Plan.

[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%2021.ashx?la=en&hash=72D1641D8C28C5BC664474AB214B9118)

¹³ **Capital Projects** improves and creates physical community spaces to equitably expand access to high-quality programs and services for children, young people, and families. **Child Care** offers subsidies for families so that more families can afford this essential service and invests in the child care workforce so that workers are well-compensated and supported. **Communities of Opportunity** builds community power to create equitable conditions in housing, health, economic opportunity, and community connections. **Investing Early** 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** provides school- and community-based opportunities for young people to enhance their social-emotional development and mental well-being, and connect with peers and supportive adults in and out of school. **Technical Assistance and Capacity Building** offers assistance to community organizations applying for Best Starts funding and strengthens funded partners' organizations and programs. **Youth and Family Homelessness Prevention Initiative** provides concrete resources and case management to prevent families and young people from losing stable housing.

¹⁴ **Promotion** is defined as increasing positive opportunities available to babies, children, young people and their families. **Prevention** is defined as decreasing factors that may prevent babies, children, young people from growing up to be healthy and happy. **Early intervention** is defined as intervening early to support children and young people who need additional resources to succeed. **Policy and systems change** is defined as working to change systems and policies so that all communities in the region can thrive and prosper regardless of race or place.

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

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- ¹⁵ Corvo, L., Pastore, L., Mastrodascio, M., & Cepiku, D. (2022). The social return on investment model: a systematic literature review. *Meditari Accountancy Research*, 30(7), 49–86. <https://doi.org/10.1108/MEDAR-05-2021-1307>
- ¹⁶ McGovern, R., Balogun-Katung, A., Artis, B., Bareham, B., Spencer, L., Alderson, H., et al. (2024). The Effectiveness of Preventative Interventions to Reduce Mental Health Problems in at-risk Children and Young People: A Systematic Review of Reviews. *Journal of Prevention* 2024 45:4, 45(4), 651–684. <https://doi.org/10.1007/S10935-024-00785-Z>
- ¹⁷ 2025 The Children’s Funding Institute. <https://childrensfundingproject.org/wp-content/uploads/2025-Childrens-Funding-Institute.pdf>
- 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 Best Starts for Kids Implementation Plan, p. 58. [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)
- ²¹ 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 2025. Best Starts staff and Cardea Services created this report in collaboration, using performance measures, narrative reports, and focus area-level discussion group findings.
- ²² 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/best-starts-kids-dashboard>
- ²³ Number of people impacted refers to the sum of the number of people reached, served, and receiving workforce training.
- ²⁴ Programs reached fewer people in 2025 for multiple reasons, including contracts ending, shifts in program focus that resulted in more tailored outreach, and community fear resulting from increased immigration enforcement activity.
- ²⁵ This measure includes all participants who exited the program in 2025 and remained housed as of January 2026. While the methodology for this measure changed in 2023, every year since 2017, 93% or more of families exiting Youth and Family Homelessness Prevention Initiative remained housed at the time of follow-up.
- ²⁶ See also the Capital Projects Dashboard for current information on status of projects. <https://kingcounty.gov/en/dept/dchs/human-social-services/community-funded-initiatives/best-starts-for-kids/dashboard-data-reports/best-starts-capital-projects-dashboard>
- ²⁷ Culturally rooted services refer to services connected to a specific culture’s traditions, values, and beliefs.
- ²⁸ Social support is one of five protective factors that Best Starts measures. 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://cdn.kingcounty.gov/-/media/king-county/depts/dchs/best-starts/documents/survey-data/families-thrive_final.pdf?rev=45997c11975e4db08ee7b81326b83f23&hash=17349C6B1FBE4FF17A67BA2BB6EA8AF5
- ²⁹ Best Starts for Kids Blog. <https://beststartsblog.com/our-investments/youth-family-homelessness-prevention-initiative>
- ³⁰ This measure includes all participants who exited the program in 2025 and remained housed as of January 2026. While the methodology for this measure changed in 2023, every year since 2017, 93% or more of families exiting Youth and Family Homelessness Prevention Initiative remained housed at the time of follow-up.

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- ³¹ Best Starts for Kids Blog. <https://beststartsblog.com/our-investments/help-me-grow>
- ³² Best Starts for Kids Blog. <https://beststartsblog.com/our-investments/child-care-subsidy-program-child-care-worker-wage-boost>
- ³³ Best Starts for Kids Blog. <https://beststartsblog.com/our-investments/home-based-services-2>
- ³⁴ Best Starts for Kids Blog. <https://beststartsblog.com/2025/11/16/community-based-parenting-supports-cbps/>
- ³⁵ 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://cdn.kingcounty.gov/-/media/king-county/depts/dchs/best-starts/documents/survey-data/families-thrive_final.pdf?rev=45997c11975e4db08ee7b81326b83f23&hash=17349C6B1FBE4FF17A67BA2BB6EA8AF5
- ³⁶ Youth Thrive: A Framework to Help Adolescents Overcome Trauma and Thrive. <https://acypjournal.pitt.edu/ojs/jcycw/article/view/70/54>
- ³⁷ Best Starts for Kids Blog. <https://beststartsblog.com/our-investments/positive-family-connections>
- ³⁸ Family Ways. <https://kingcounty.gov/en/dept/dph/health-safety/health-centers-programs-services/maternity-support-wic/family-ways>
- ³⁹ 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 to stop and reflect about how work is being done, how policies are created, and families are being served.
- ⁴⁰ Warm connections are provider referrals paired with navigation and peer support.
- ⁴¹ 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/>
- ⁴² Public Health – Seattle & King County, 2024/2025 Community Health Needs Assessment. <https://kingcounty.gov/en/dept/dph/about-king-county/about-public-health/chna>
- ⁴³ Best Starts for Kid Implementation Plan, pg. 64. 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
- ⁴⁴ Best Starts for Kids Blog. <https://beststartsblog.com/2025/11/16/universal-developmental-screening-uds/>
- ⁴⁵ Best Starts for Kids Blog. <https://beststartsblog.com/our-investments/early-support-for-infants-and-toddlers>
- ⁴⁶ Best Starts Blog. <https://beststartsblog.com/our-investments/school-based-screening-brief-intervention-and-referral-to-treatment-services>
- ⁴⁷ These numbers represent students served through braided Best Starts and MIDD funds.
- ⁴⁸ Brief interventions are structured conversations designed to address alcohol and/or drug use among youth who are using substances, but do not need specialty SUD treatment. They are intended to be used when a young person screens positive for substance use or the need to discuss substance use emerges some other way. <https://www.schoolhealthcenters.org/resource/sbirt-quick-guides/brief-interventions/>
- ⁴⁹ Research on middle school SB-SBIRT found that students reported positive experiences with Brief Intervention and increased connection to adults at school after participating. Read more here: <https://doi.org/10.1016/j.jadohealth.2022.05.019>
- ⁵⁰ Best Starts for Kids Blog. <https://beststartsblog.com/our-investments/school-based-health-centers>
- ⁵¹ SBHC Enhancement expands on the core SBHC Operations by improving access to and provision of equitable and culturally relevant SBHC mental/behavioral health services through interventions and the individual, policy, and/or systems level. SBHC Enhancement includes partnerships between SBHCs, schools, and community agencies to advance health and educational equity.

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- ⁵² Best Starts Blog. <https://beststartsblog.com/2025/11/16/liberation-and-healing/>
- ⁵³ In 2025, Community Well-Being Initiative launched the Centering Diverse Healers program in partnership with MIDD. The program was fully funded by MIDD in 2025 but will receive Best Starts funding in 2026-2027.
- ⁵⁴ Best Starts for Kids Blog. <https://beststartsblog.com/our-investments/child-and-adolescent-immunizations>
- ⁵⁵ Best Starts for Kids Blog. <https://beststartsblog.com/2025/11/16/infant-and-early-childhood-mental-health/>
- ⁵⁶ Youth Development programs used several methods to assess healthy social connections and relationships, including survey questions adapted from the [Best Starts Youth Development Measurement Tool](#), talking circles, and case notes from mentors or counselors. Social support is one of five protective factors that Best Starts measures. 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. Research shows that high quality youth development programs improve social behaviors, peer relationships, and emotional skills, which are linked to improved education outcomes, physical and mental well-being, and decreased social isolation. Learn more here: <https://www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf>
- ⁵⁷ Best Starts for Kids Blog. <https://beststartsblog.com/2025/11/16/transitions-to-adulthood/>
- ⁵⁸ Best Starts for Kids Blog. <https://beststartsblog.com/2023/12/18/new-report-understanding-the-reach-of-king-county-school-to-work/>
- ⁵⁹ National Core Indicators In-Person Survey 2023-2024 Data At a Glance. <https://idd.nationalcoreindicators.org/wp-content/uploads/2025/07/NCI-IDD-IPS-2023-24-At-a-Glance.pdf>
- ⁶⁰ Best Starts for Kids Blog. <https://beststartsblog.com/our-investments/stopping-the-school-to-prison-pipeline-sspp>
- ⁶¹ Clarke, A. T., Grassetti, S. N., Brumley, L., Ross, K. Y., Erdly, C., Richter, S., Brown, E. R., & Pole, M. (2024). Integrating trauma-informed services in out-of-school time programs to mitigate the impact of community gun violence on youth mental health. *Journal of Prevention & Intervention in the Community*.
- ⁶² D'Agostino, E. M., Frazier, S. L., Hansen, E., Patel, H. H., Ahmed, Z., Okeke, D., et al. (2019). Two-year changes in neighborhood juvenile arrests after implementation of a park-based afterschool mental health promotion program in Miami–Dade County, Florida, 2015–2017. *American Journal of Public Health*, 109(S3), S214–S220.
- ⁶³ Best Starts for Kids Blog. <https://beststartsblog.com/our-investments/youth-development>
- ⁶⁴ Best Starts for Kids Blog. <https://beststartsblog.com/our-investments/expanded-learning>
- ⁶⁵ Overall, Expanded Learning is serving fewer youth than last year, though an increase from 2023. This may be due to a few factors - some partners collected data differently from last year and reported higher numbers than usual, but the strategy also had fewer contracts in the second half of this year as they opted not to extend through 2027. Partners are also expressing challenges with enrollment and attendance as families are impacted by the political climate.
- ⁶⁶ Best Starts for Kids Blog. <https://beststartsblog.com/our-investments/innovation-supports>
- ⁶⁷ Best Starts for Kids Blog. <https://beststartsblog.com/technical-assistance-capacity-building/>
- ⁶⁸ Capacity Building recipients reported being more effective in their work through increased ability to prevent burnout; develop tools, systems or policies that strengthen decision making; and improve operations, governance, and strategic planning.
- ⁶⁹ Best Starts for Kids Blog. <https://beststartsblog.com/our-investments/workforce-development>
- ⁷⁰ Best Starts for Kids Blog. <https://beststartsblog.com/2025/11/16/child-care-subsidy-program-child-care-worker-wage-boost/>

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- ⁷¹ Narrative change refers to an effort to "shift cultural mindsets by introducing or amplifying counter-narratives, which have the form and features of stories... [involving] collective, extended efforts to create and diffuse stories to broadly reshape public discourse, thinking, and decisions on a particular topic." Learn more here: <https://www.frameworksinstitute.org/app/uploads/2024/12/Guiding-Narrative-Change-Considerations-for-the-Philanthropic-Field.pdf>
- ⁷² Best Starts for Kids Blog. <https://beststartsblog.com/our-investments/child-care-health-consultation>
- ⁷³ 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.
- ⁷⁴ Communities of Opportunity Website. <https://www.coopartnerships.org/>
- ⁷⁵ Solidarity economy is a global movement to build a just and sustainable economy that values people and planet over profit and growth, grounded in principles of cooperation, equity, social and economic democracy, sustainability, and pluralism. Learn more here: <https://neweconomy.net/solidarity-economy/>
- ⁷⁶ Liberatory Leadership is a framework developed by Leadership Learning Community, which they define as the practice of “taking responsibility for collectively transforming our freedom dreams into reality by freeing ourselves from oppressive and limiting self-beliefs and harmful interpersonal practices, as well as divesting from and changing systems of harm that rely on domination and extraction”. Learn more here: <https://nonprofitquarterly.org/liberatory-leadership-a-transformative-model-for-a-changing-world/>
- ⁷⁷ Economic emancipation refers to exploration of alternative economic systems and tools to dream and build an economy that centers care, relationship, and liberation.
- ⁷⁸ Best Starts for Kids Blog. <https://beststartsblog.com/2025/12/10/capital-projects/>
- ⁷⁹ See also the Capital Projects Dashboard for current information on status of projects. <https://kingcounty.gov/en/dept/dchs/human-social-services/community-funded-initiatives/best-starts-for-kids/dashboard-data-reports/best-starts-capital-projects-dashboard>
- ⁸⁰ Best Starts for Kids Blog. <https://beststartsblog.com/our-investments/environmental-supports-lead-toxics>
- ⁸¹ Several Lead and Toxics programs that focused on community events and education ended contracts in 2024, while 2025 projects focused on building training programs.
- ⁸² Best Starts for Kids Blog. <https://beststartsblog.com/our-investments/healthy-safe-environments-hse>
- ⁸³ Best Starts for Kids Implementation Plan. 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
- ⁸⁴ Child Opportunity Index (COI) 3.0 Zip Code Data. <https://www.diversitydatakids.org/child-opportunity-index>
- ⁸⁵ Child Opportunity Index (COI) 3.0 Zip Code Data. <https://www.diversitydatakids.org/child-opportunity-index>
- ⁸⁶ Washington State Office of Financial Management, Small area estimates program, November 2025. <https://ofm.wa.gov/washington-data-research/population-demographics/population-estimates/small-area-estimates-program>
- ⁸⁷ Child Opportunity Index (COI) 3.0 Zip Code Data. <https://www.diversitydatakids.org/child-opportunity-index>
- ⁸⁸ 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/best-starts-kids-dashboard>
- ⁸⁹ Ordinance 19861. <https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=6872221&GUID=984B4D1E-D397-4497-85A8-C886918ED955>

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- ⁹⁰ Ordinance 19956. <https://kingcounty.legistar.com/LegislationDetail.aspx?ID=7418969&GUID=023E7F82-DFBE-4536-9DB2-A79493A435CB>
- ⁹¹ 2024 Best Starts for Kids Annual Report. <https://cdn.kingcounty.gov/-/media/king-county/depts/dchs/best-starts/documents/BSK-Reports/Attachment-A-2024-Best-Starts-for-Kids-Annual-Report>
- ⁹² Best Starts for Kid Implementation Plan. 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
- ⁹³ Best Starts Reallocation Council Notification, April 2026. <https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=7975863&GUID=F3153F3A-B93A-441B-B49E-C2A658B11B1C&Options=Advanced&Search=>
- ⁹⁴ For more information on the DCHS Provider Inflation Rate Adjustment Policy: <https://dchsblog.com/2024/09/16/king-county-dchs-addresses-inflation-and-provider-wages/>
- ⁹⁵ 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/best-starts-kids-dashboard>
- ⁹⁶ Budgeted amounts shown for 2025 include prior-year underspend approved for carry forward to spend in 2025.
- ⁹⁷ Ordinance 19861. <https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=6872221&GUID=984B4D1E-D397-4497-85A8-C886918ED955>
- ⁹⁸ House Bill 2044. <https://lawfilesexternal.wa.gov/biennium/2023-24/Pdf/Bills/Session%20Laws/House/2044.SL.pdf#page=1>
- ⁹⁹ Ordinance 20023. <https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=7680373&GUID=B4E9E09C-A982-4A8C-A0DA-6CC195D69EE0>
- ¹⁰⁰ Best Starts for Kid Implementation Plan, pg. 88. 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
- ¹⁰¹ DCHS offered a general provider fiscal best practices training at the beginning of 2025 that Best Starts partners were invited to attend. In the fall of 2025, Best Starts hosted a similar training with items tailored to the 2025 DCHS audit as well as general compliance lessons, as requested by partners.
- ¹⁰² 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/best-starts-kids-dashboard>
- ¹⁰³ Communities Count Health Equity Timeline. <https://www.communitiescount.org/health-equity-timeline#:~:text=1452-Communities%20Count%20Health%20Equity%20Timeline,the%20history%20of%20King%20County>
- ¹⁰⁴ Ordinance 19267, Section 4.D. <https://aqua.kingcounty.gov/Council/Clerk/OldOrdsMotions/Ordinance%2019267.pdf>
- ¹⁰⁵ The Best Starts for Kid Implementation Plan (pg. 84-5) establishes six criteria for selecting priority areas for evaluation: high interest from stakeholders, high potential to improve equity, high potential to see short-term changes, novel implementation, providing new evidence, and providing high quality sustainable data sources. 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
- ¹⁰⁶ <https://kingcounty.gov/en/dept/dchs/human-social-services/community-funded-initiatives/best-starts-for-kids/dashboard-data-reports/reports#toc-Evaluation-and-Technical-Reports>
- ¹⁰⁷ <https://www.urban.org/research/publication/data-walks-innovative-way-share-data-communities>

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- ¹⁰⁸ <https://dchsblog.com/2026/01/16/how-our-developmental-delays-and-disabilities-services-are-making-an-impact/>
- ¹⁰⁹ <https://cdn.kingcounty.gov/-/media/king-county/depts/dchs/briefs-reports/2025-sspp-learning-cycle-report.pdf?rev=458f99ea8049470d84ef98f98a1c705b&hash=589881FADA86F4404681FEB05B64D117>
- ¹¹⁰ Best Starts for Kids Instagram page. <https://www.instagram.com/beststartskc/?hl=en>
- ¹¹¹ Best Starts for Kids Blog. <https://beststartsblog.com/category/data-evaluation/>
- ¹¹² The Youth Healing Project and Centering Diverse Healers for Youth Well-Being, a new Best Starts/MIDD partnership, decided to focus their funding/RFPs on BIPOC and LGBTQ populations as a result of the data in the Youth Mental Health Brief around disparities affecting BIPOC and LGBTQ young people.
- ¹¹³ Learn more and read the Youth Mental Health Brief here: <https://beststartsblog.com/2025/01/21/data-brief-release-youth-mental-health-and-substance-use-in-king-county/>
- ¹¹⁴ https://cdn.kingcounty.gov/-/media/king-county/depts/dchs/best-starts/documents/bsk-reports/familyways_processevaluationreport.pdf?rev=d23cc690b8c94020a4a40020545af87a&hash=DBFD0CC1395D452F6F67FE3135F1F2CF
- ¹¹⁵ https://cdn.kingcounty.gov/-/media/king-county/depts/dchs/best-starts/documents/bsk-reports/familyways_processevaluationreport.pdf?rev=d23cc690b8c94020a4a40020545af87a&hash=DBFD0CC1395D452F6F67FE3135F1F2CF
- ¹¹⁶ To learn more about Community-Led Data: <https://beststartsblog.com/2024/12/30/celebrating-community-led-data/>
- ¹¹⁷ Learn more and read the reports here: <https://beststartsblog.com/2026/02/17/in-their-own-words-community-led-data-partners-share-new-reports/>
- ¹¹⁸ <https://beststartsblog.com/2024/04/02/culturally-responsive-measurement-tool-protective-factors-updated-report-and-in-language-tools/>
- ¹¹⁹ <https://onlinelibrary.wiley.com/doi/10.1111/jora.70043>
- ¹²⁰ <https://www.urban.org/projects/evaluation-best-starts-kids-child-care-wage-boost-pilot>
- ¹²¹ <https://www.urban.org/research/publication/compensation-king-county-child-care-workforce>
- ¹²² <https://www.commerce.wa.gov/new-report-staggering-staff-turnover-rate-emphasizes-urgent-need-to-support-child-care-workforce-in-order-to-increase-access-and-affordability-of-quality-care/>
- ¹²³ <https://beststartsblog.com/2025/04/22/new-survey-how-the-best-starts-for-kids-child-care-subsidy-helps-families/>
- ¹²⁴ KCC 2A.300.510 and KCC 2A.300.521. [https://aqua.kingcounty.gov/council/clerk/code/05 Title 2A.htm](https://aqua.kingcounty.gov/council/clerk/code/05_Title_2A.htm)
- ¹²⁵ 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/best-starts-kids-dashboard>
- ¹²⁶ Formerly known as Child Care Workforce Demonstration Project
- ¹²⁷ Formerly known as Maternal and Child Health Services
- ¹²⁸ 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/best-starts-kids-dashboard>



King County | Office of the Executive

Executive Girmay Zahilay

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July 15, 2026

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

Dear Councilmember Perry:

I am pleased to transmit the 2025 Best Starts for Kids Annual Report as required by Ordinance 19354, and an accompanying proposed Motion that would, if enacted, acknowledge receipt of the report. This is the fourth annual report for the second Best Starts for Kids levy (2022-2027).

This report reflects the accomplishments of funded partners and shares data that highlights Best Starts' success in making positive changes for individuals and the community. The report represents the overall impact, learnings, and integration of Best Starts' work across strategies through the following five focus areas:

- Meeting Families' Needs
- Prioritizing Well-being and Mental Health
- Cultivating Opportunities for Children and Young People
- Strengthening the Workforce
- Building Community Power

From its inception, Best Starts has reflected both community wisdom and research about what we know babies, young people and families need to have the best opportunity to be happy, healthy, safe, and thriving. As described in this report's focus areas, Best Starts addresses these issues holistically, across ages and various program delivery methods.

In 2025, Best Starts partnered with 376 community-based organizations operating 614 programs, of which 195 new programs resulted from Best Starts' 17 requests for proposals (RFPs) during the year. Overall, Best Starts directly served 167,978 children, youth, and caregivers. It also reached another 119,080 community members through activities and supported 1,637 members of the early childhood workforce across King County during the year.

The Honorable Sarah Perry

July 15, 2026

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The 2025 Best Starts for Kids Annual Report links to an updated data dashboard on the Best Starts for Kids website. The [Best Starts for Kids Data Dashboard](#) provides additional measures for Best Starts for Kids programs, customizable data views, and greater geographic and financial detail.

As required, the annual report provides information about expenditures, services, and outcomes for Best Starts for Kids activities, including geographic data by ZIP code consistent with Ordinance 19267. In addition, the report includes recommendations from providers for service improvements as well as in-depth evaluations Best Starts for Kids completed in 2025.

The King County Council directed the Children and Youth Advisory Board (CYAB) members provide input on the Best Starts for Kids annual report. CYAB members and the Communities of Opportunity Advisory Board members received a draft copy of the 2025 Annual Report in April 2026. The final report reflects their input and feedback.

Thank you for your review of this report and your consideration of the proposed Motion, and for your strong support for children, young people, and families across King County. If you have any questions, please contact Dr. Susan McLaughlin, Director, Department of Community and Human Services, at 206-477-9309.

Sincerely,

A handwritten signature in black ink, appearing to read 'Girmay Zahilay', with a stylized flourish at the end.

for

Girmay Zahilay
King County Executive

The Honorable Sarah Perry

July 15, 2026

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Enclosure

cc: King County Councilmembers

ATTN: Stephanie Cirkovich, Chief of Staff

Melani Hay, Clerk of the Council

Karan Gill, Deputy Executive, Office of the Executive

Jasmin Weaver, Chief of Staff, Office of the Executive

Hyeok Kim, Chief Operating Officer, Office of the Executive

Sierra Howlett Browne, Director of Government Relations, Office of the Executive

Garrett Holbrook, Council Relations Manager, Office of the Executive

Dr. Susan McLaughlin, Director, Department of Community and Human Services

Dr. Sandra Valenciano, Director, Public Health – Seattle & King County