Attachment A

Public Dashboard with Contract Outcomes Feasibility Analysis Report

October 20, 2025

King County

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II. Background

Department Overview

King County's Department of Community and Human Services (DCHS) provides equitable opportunities for people to be healthy, happy, and connected to community. DCHS envisions a welcoming community that is racially just, where the field of human services exists to undo and mitigate systemically inequitable structures. The Department coordinates the County's human services investments, through direct services and a network of contracted providers, to serve 477,000 individuals annually. DCHS stewards County revenue from the Veterans, Seniors and Human Services Levy (VSHSL), Best Starts for Kids Levy (BSK), the MIDD behavioral health sales tax fund (MIDD), the Crisis Care Centers Levy (CCC), the Health Through Housing sales tax (HTH), and the Puget Sound Taxpayer Accountability Account (PSTAA), along with other state and federally-directed revenues.[1,2,3,4,5]

Legislative History and Current Context

In January 2025, by Motion 16723, the King County Council adopted a work program for the King County Auditor's Office (KCAO) that included plans to conduct an audit of DCHS' management of juvenile diversion services.[6,7] In August 2025, the Auditor's Office released its report that showed during a period of rapid growth and after the COVID-19 pandemic, DCHS' internal controls and compliance standards did not keep up with the demand for its services. The audit stated, "DCHS took on greater financial risk as a strategy to reduce barriers to contracting among organizations with limited government experience." The KCAO identified 10 recommendations to help DCHS strengthen its financial stewardship and build a robust internal control framework. [8]

The Executive and DCHS take the KCAO findings, and the duty to be strong financial stewards of public resources, seriously. DCHS is working to implement the audit's recommendations by strengthening internal policies and procedures, increasing staff capacity to achieve contract management and compliance monitoring standards, and training contracted providers on contract and invoicing

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[1] Veterans, Seniors, and Human Services Levy. https://kingcounty.gov/en/dept/dchs/human-social-services/community-funded-initiatives/veterans-seniors-human-services-levy

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

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

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

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

[6] Motion 16723. https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=7030493&GUID=9F12AB5C-3AF3-4096-A7C4-A33CAA52FC5B&Options=Advanced&Search=

[7] Initial calls for the audit in 2024 focused on the Restorative Community Pathways (RCP) youth diversion program. The audit did not contain any findings related to RCP, but the final scope of the audit encompassed a broader range of youth programs.

[8] King County Auditor's Office (August 26, 2025, updated September 10, 2025). Department of Community and Human Services Needs to Strengthen Financial Stewardship. https://cdn.kingcounty.gov/-/media/king-county/independent/governance-and-leadership/government-oversight/auditors-office/reports/audits/2025/dchs-contracts/dchs-contracts-2025.pdf?rev=de1da047b6c94b9d9ac69aebf3b4de4f&hash=A3D1D5746BFA9C7911E02029536AA559

requirements.[9] DCHS is implementing these changes with the support of the Executive, the Finance and Business Operations Division (FBOD) of the Department of Executive Services, and external consultants.

DCHS is committed to strengthening financial stewardship. The following efforts are already underway to do so:

- In the summer of 2025, before the Auditor's Office issued its report, DCHS adopted a new Contract Compliance Monitoring Policy that strengthens oversight, supports coordination among program and fiscal compliance staff, and ensures proper documentation and reporting.[10]
- DCHS is working on completing a risk mitigation assessment of its use of a hybrid payment model for some contracts.[11] Meanwhile, the department has implemented additional approval measures for new contracts using this payment model.
- In September, an external financial consulting firm began working directly with DCHS to help assess the department's current state, identify any additional gaps and risks, and support implementing the report's recommendations.
- DCHS prioritized anti-fraud training for finance staff and staff with purchase cards in May 2025 and intends to begin expanding these trainings for all relevant staff in 2026. DCHS is developing three new trainings for contracted providers that are expected to launch in early 2026: DCHS Contracting, Financial Management and Best Practices, and DCHS Contract Compliance.
- The Executive's proposed 2026-2027 biennial budget includes $10 million in targeted investments to strengthen the department's internal controls and enhance contract oversight. Some investments in the proposed budget specifically address audit recommendations, while others support broader improvements aligned with the audit's key themes, including contract compliance, contract management, and financial stewardship.[12]

DCHS is putting in place stronger internal controls to make sure staff and contracted providers have what they need to succeed. This work also requires systems that are equitable to help achieve the results communities need. Importantly, the department will build capacity to implement updated contracting and fiscal management policies and procedures, and to enhance staff and providers' foundational knowledge, through trainings and other supports by increasing staff in compliance and finance.

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[9] King County DCHS (September 5, 2025). Cultivating Connections: Doing Right by Communities: Our Commitment to Accountability and Transparency. https://dchsblog.com/2025/09/05/doing-right-by-communities-our-commitment-to-accountability-and-transparency/

[10] King County DCHS Contract Compliance Monitoring Policy. (2025) https://cdn.kingcounty.gov/-/media/king-county/depts/dchs/contracts/contract-requirements/dchs-contract-compliance-monitoring-policy.pdf?rev=b3ad858210cf42c7b92aeb48fda22c8d&hash=CF67D08936C88EFEA7894E48FCAC3619

[11] A hybrid payment model refers to a payment approach where DCHS pays set monthly amounts based on contract budgets. (For example, if an organization had a 12-month contract with a $120,000 budget, DCHS would pay $10,000 per month.) Organizations using this model submit expense reports quarterly. DCHS reconciles payments to expense reports after three months or more. The hybrid model directs staff to reconcile payments to expenses starting in the fourth month of a one-year contract and the second year of a multi-year contract. Organizations paid under the hybrid model also submit quarterly budget-to-actuals reports. These reports compare actual expenses, by category, to budget line items and payments to date.

[12] Proposed Ordinance 2025-0288. The most directly responsive proposed investments are new compliance staff to achieve monitoring targets, as well as new finance staff to support the Children, Youth, and Young Adults Division (that helps administer Best Starts for Kids) to have more capacity to review and validate documentation and reconcile payments. https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=7680373&GUID=B4E9E09C-A982-4A8C-A0DA-6CC195D69EE0&Options=Advanced&Search=

In late September 2025 Ordinance 19978 was adopted, requiring DCHS to undertake certain actions as part of its fiscal stewardship responsibilities.[13] These actions include implementing the use of best practices in contract management and compliance monitoring; performing regular risk assessments of contract agencies; and instituting financial management training for contract agencies. The Ordinance also calls for DCHS to provide information to the Council about its response to several of the audit's recommendations through a series of reports, letters, and briefings.

DCHS' Work to Build Robust Data Infrastructure and Establish Dashboards

A robust data infrastructure is foundational to creating and using data dashboards. This subsection outlines DCHS' work over the past decade to build such a data infrastructure that gathers and communicates data about its programs and outcomes. As discussed below, much of the information included in these dashboards is derived from data shared by contracted providers with DCHS as required by contracts. This subsection concludes that expanding outcome data beginning with the next DCHS Impact Dashboard update in 2026 is feasible.

Foundational Investments in Data and Reporting Infrastructure

Over the past decade, King County has made transformative investments in data and reporting infrastructure to enable better understanding and communication of the impact of DCHS's work.[14,15,16] For example, DCHS created the Client Outcomes Reporting Engine (CORE), which enables many contracted providers to submit participant-level demographics and outcomes data for people who participate in DCHS-managed programs[17] directly to King County. More than 100 DCHS contracted programs have transitioned from aggregate to individual-level reporting, supported by the department-wide adoption of the Results-Based Accountability (RBA) framework.[18] These reporting efforts have been further strengthened by the development of the Integrated Data Hub (IDH), which allows joining of different individual-level data sources.[19] DCHS' secure Azure cloud environment allows data analysts to manage and share resources efficiently and securely. In summary, these three foundational systems have enabled DCHS to collect and consolidate individual-level data across all relevant programs, integrate disparate data systems, and identify unique individuals served.

Department-Wide Data Integration and Reporting

The DCHS Impact Dashboard was designed from the outset to evolve into a comprehensive, public-facing tool that provides a department-wide view of investments and services.[20] This vision builds upon

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[13] Ordinance 19978. https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=7638134&GUID=6C08433A-B1B7-4E54-A3F9-C512CD12E80D&Options=Advanced&Search=

[14] Ordinance 18409. https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=3307620&GUID=D5F273E9-C87F-40F1-97FE-C668F5DAA261&Options=&Search=

[15] Motion 15081. https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=3307620&GUID=D5F273E9-C87F-40F1-97FE-C668F5DAA261&Options=Advanced&Search=

[16] Ordinance 18835. https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=4283598&GUID=6DEFE491-DF3C-4788-9700-2E504F498DCE&Options=Advanced&Search=

17 DCHS managed programs are ongoing and include treatment services, case management, skill development, and wrap-around services.

[18] Clear Impact. What is Results Based Accountability? https://clearimpact.com/results-based-accountability/

[19] AISP Network: King County Health & Human Services Integrated Data Hub. https://aisp.upenn.edu/network-site/king-county/

[20] DCHS Dashboard. https://kingcounty.gov/en/dept/dchs/about-king-county/about-dchs/data-reports/impact-dashboard

the consolidated human services reporting plan outlined in a 2018 report responding to Ordinance 18409, Section 66, Proviso P2, and acknowledged by Motion 15081.[21,22] As of 2025, the DCHS Impact Dashboard includes data from all five divisions and department initiatives, offering a broad view of systemwide impact. However, it only reflects programs that submit client-level data directly to DCHS, so not all contracted services are represented. Program results that are not collected at the client-level include activities that are one-time or short-term (such as outreach, screening, trainings, and referrals). Additional outcomes are reported through annual initiative-specific dashboards and quarterly updates provided by the Performance Measurement and Evaluation team as requested and if available.

Advancing Toward Cross-Cutting Outcomes

The DCHS Impact Dashboard was established to offer transparent, department-wide insights and is now expanding to include outcome measures that reflect service impact. The next step for the evolution of the DCHS Impact Dashboard is to incorporate outcome metrics spanning multiple funding streams and programs that reflect sizeable investments or services that reach large populations. DCHS refers to these metrics as "cross-cutting outcomes." Focusing on cross-cutting measures allows DCHS to assess the broader impact of its programs across divisions and funding streams, rather than evaluating each in isolation. These shared outcomes – such as housing stability or improved behavioral health – help identify systemwide progress, support more strategic decision-making, and strengthen accountability to the public. Cross-cutting outcomes and other program-specific outcomes are often derived from contracts, which define the intended impact of funded services at the program level, while some outcomes are shaped by strategic priorities or informed by evaluation findings or performance data. These outcomes guide how effectiveness is assessed across programs and help to ensure that services are aligned with established goals. By focusing on outcomes aligned with contract expectations, DCHS is able to demonstrate program effectiveness and financial stewardship of public funds.

DCHS utilizes both short-term and long-term outcomes to assess program impact. Short-term outcomes are closely tied to the activities and outputs of a program and may include measures like treatment for substance use disorder, housing placement, or access to crisis services. Long-term outcomes reflect longer-term changes and may include measures such as reduced use of emergency departments, or housing stability. Most data collection in DCHS-funded programs focuses on short-term engagement, beginning at participant enrollment and ending at program exit. Some programs are intentionally designed to influence longer-term outcomes over time. However, tracking impact over extended periods, beyond the immediate service window, requires stronger data infrastructure and practices, including sustained staffing and technology investments not currently typical for DCHS. DCHS tracks long-term outcomes in select cases, when these results are essential to a program's policy goals and when data access and capacity allow. This work is supported by contracted consultants. For example, DCHS contracts with an external consultant to obtain data on emergency department use over three-year periods for people served by MIDD-funded programs that have a goal of reducing emergency department use.

[21] Ordinance 18409. https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=3307620&GUID=D5F273E9-C87F-40F1-97FE-C668F5DAA261&Options=&Search=

[22] Report on Consolidated Human Services Reporting, acknowledged by Motion 15081. https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=3307620&GUID=D5F273E9-C87F-40F1-97FE-C668F5DAA261&Options=Advanced&Search=

Logic models guide DCHS' approach to outcome identification, mapping the pathway from program activities to short-term, intermediate, and long-term results.[23,24,25,26] This framework helps clarify which outcomes are most appropriate to measure, given the department's service delivery focus.

Overcoming Data System Complexity and Integration Challenges

DCHS's contracted providers submit program performance data into one of five data systems. DCHS integrates this data with data from over 15 additional sources, such as jail bookings, emergency department visits, and Medicaid claims. See Appendix B for a list of DCHS data systems and sources used for performance measurement and evaluation. Differences in data definitions, reporting timelines, and technical formats across these data systems and sources create structural limitations that make it difficult to link records, compare outcomes, and generate consistent insights. To address these challenges, DCHS has worked to strengthen its data infrastructure, developed shared data standards, and built internal capacity to clean, match, and analyze disparate datasets. This work enables DCHS to answer more complex questions about service impact and outcomes, even within the fragmented data systems and sources.

III. Report Requirements

This report responds to the requirement of Ordinance 19978, Section 3.A.3, for DCHS to provide a report by October 20, 2025, on the feasibility of establishing an expanded public dashboard that provides information on contract outcomes to demonstrate appropriate and effective use of contract award moneys.[27] Specifically, the Ordinance calls for the report to include a list of recommended contract outcomes to include in the public dashboard, a recommended timeline and implementation plan, and an assessment of associated costs.[28] This section is organized to respond to these three requirements.[29]

Feasibility of Establishing an Expanded Public Dashboard with Information on Outcomes to Demonstrate Appropriate and Effective Use of Contract Award Moneys

The department is positioned to expand its reporting on cross cutting outcomes in the 2026 DCHS Impact Dashboard, building on work already underway to identify shared outcomes and develop standard definitions and metrics across programs with aligned goals, as described later in this section. Over the next few years, DCHS intends to further align strategies and outcome measures, update

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[23] Ladd, S., Jemigan, J., Watkins, N., Farris, R., Minta, B., & Brown, S. (2005). *Logic model development guide*. Centers for Disease Control and Prevention, National Center for Chronic Disease and Health Promotion, Division for Heart Disease and Stroke Prevention. https://www.cdc.gov/library/media/pdfs/2024/10/logic_model.pdf

[24] Taylor-Powell, E., Jones, L., & Henert, E. (2002). *Enhancing program performance with logic models*. University of Wisconsin-Extension. http://lmcourse.ces.uwex.edu/

[25] Renger, R., & Hurley, C. (2006). From theory to practice: A logic model approach to the strategic planning of a statewide health improvement initiative. *Journal of Public Health Management and Practice, 12*(4), 365–369. https://doi.org/10.1097/00124784-200607000-00006

[26] McLaughlin, J. A., & Jordan, G. B. (1999). Logic models: A tool for telling your program's performance story. *Evaluation and Program Planning, 22*(1), 65–72. https://doi.org/10.1016/S0149-7189(99)00042-1

[27] Ordinance 19978. https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=7638134&GUID=6C08433A-B1B7-4E54-A3F9-C512CD12E80D&Options=Advanced&Search=

[28] Ordinance 19978 further identifies "housing, treatment completions, recidivism reductions, hospital emergency room and jail touchpoints" as examples of contract outcomes.

[29] Consistent with Ordinance 19978, the other requirements of Ordinance 19978, Section 3.A, are addressed in separate concurrent reports.

contracts and performance measurement plans, and evolve its data systems. This marks an intentional shift toward incorporating cross-cutting metrics that support system-level learning and demonstrate appropriate and effective use of investment, while continuing to prioritize program-specific measures developed in close partnership with providers.

Over the past few years, DCHS has begun identifying cross-cutting outcomes and working toward standard definitions and consistent metrics across programs that share a common goal of improving a particular outcome. This shift takes time, as it requires balancing data standardization with the flexibility needed to reflect the goals of individual programs.

Addressing both scale of DCHS' data infrastructure and practical constraints is essential to ensure that any dashboard expansion is both meaningful and manageable. DCHS manages data from more than 550 contracted providers with distinct reporting systems, service models, and outcome frameworks. Practical limitations, such as inconsistent data formats across programs, limited access to long-term outcome data, and the time and resources required to link and analyze data from multiple systems can slow down data integration, reduce comparability across programs, and limit the ability to report outcomes consistently and accurately.

Expanding the list of cross-cutting outcomes will require ongoing work that will be handled by current DCHS staff, including adjustments to contract requirements and the data providers are asked to collect and report. Providers may need additional technical assistance and capacity building to support expanded reporting expectations.

In the near term, DCHS will continue tracking short-term outcomes, which are typically tied to contract requirements and provider reporting. At the same time, DCHS will identify and incorporate long-term outcomes when it is appropriate (i.e. clearly linked to the program's intended impact), feasible (i.e. supported by available data and analytic capacity), and aligned with broader department or countywide priorities like equity, well-being, or cost-effectiveness. This approach is balanced, ensuring accountability, supporting program learning, and reflective of the diversity and complexity of DCHS-funded services. Both the short-term and long-term outcomes that meet the definition of cross-cutting, as outlined earlier, will be explored for inclusion in the DCHS Impact Dashboard.

DCHS is currently tracking several cross-cutting outcomes in 2025 and intends to share the results beginning with the 2025 DCHS Impact Dashboard update to be published in 2026.

List of Recommended Departmental Contract Outcomes, such as Exits to Housing, Treatment Completions, Recidivism Reductions, Hospital Emergency Room and Jail Touchpoints, to Include in the Expanded Public Dashboard

Expanding the DCHS Impact Dashboard to include cross-cutting outcome measures in 2026 aligns with the requirements of Ordinance 19978 to demonstrate the appropriate and effective use of resources.[30,31] DCHS has already laid substantial groundwork, including identifying initial opportunities

[30] Ordinance 18409. https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=3307620&GUID=D5F273E9-C87F-40F1-97FE-C668F5DAA261&Options=&Search=

[31] Report on Consolidated Human Services Reporting, acknowledged by Motion 15081. https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=3307620&GUID=D5F273E9-C87F-40F1-97FE-C668F5DAA261&Options=Advanced&Search=

for cross-cutting outcomes and adjusting program-level performance measures and data collection requirements where feasible.

Recommended Outcome Measures for 2026 DCHS Dashboard Update

Table 1 below presents a combined analysis of potential outcome measures referenced in Ordinance 19978 and those identified by DCHS as priorities for inclusion in the 2026 public-facing DCHS Impact Dashboard based on program scale, investment level, and population reach. The table includes the department's rationale for including or excluding each measure from the dashboard, notes whether further analysis is needed to make a final determination and provides information on where relevant data may be found if not incorporated directly into the dashboard.

DCHS plans to explore disaggregation of these outcomes to provide a more nuanced understanding of who is most impacted. The DCHS Impact Dashboard will include wayfinding features to help users locate outcomes for other areas where the County invests significantly through DCHS to advance equity, improve outcomes, and address critical community needs. These results are often tracked in separate dashboards or reports that DCHS produces in response to legislative requirements.

Additional potential measures under consideration for inclusion in the dashboard in 2027 and beyond are discussed in the next subsection.

Table 1. Potential 2026 Outcome Measures: Source, Determination, and Rationale

Potential Outcome Measure	Source of Measure	2026 Dashboard Determination	Rationale
1. Change in crisis services utilization after program enrollment	Identified by DCHS	Will be included	• Help to assess whether DCHS-funded services are reducing reliance on crisis interventions such as emergency departments or psychiatric inpatient care.
2. Exits to Housing	Listed in Ordinance 19978	Will be included	• Number of people who exited to permanent housing or maintained housing. • Aligns with program goals and data infrastructure. • A cross-cutting measure that reflects the impact of multiple housing-related investments and services.
3. Hospital Emergency Department Visits	Listed in Ordinance 19978	Will be included	• Change in emergency department (ED) visits following program enrollment is a strong cross-cutting outcome that reflects health system impact and service effectiveness.

Potential Outcome Measure	Source of Measure	2026 Dashboard Determination	Rationale
4. Jail Touchpoints	Listed in Ordinance 19978	Not included	• For MIDD programs where this metric is relevant, outcomes are tracked via the MIDD Dashboard.[32] • Data limitations such as lack of access to records from neighboring counties' jail systems or state or federal prison, and inability to distinguish new bookings from transfers or old warrants, further complicate data gathering and reporting. • The Department of Adult and Juvenile Detention provides annual population reports for adult and youth detention as well as alternatives to secure detention.[33]
5. Medicaid behavioral health service utilization rates among people enrolled in Medicaid	Identified by DCHS	Will be included	• Reflects the impact of DCHS's behavioral health investments and service access efforts for Medicaid-enrolled populations.
6. Number of newly created income-restricted housing units	Identified by DCHS	Will be included	• Reflects DCHS's capital investments and long-term commitment to expanding affordable housing.
7. Recidivism Reductions	Listed in Ordinance 19978	Not included	• DCHS does not have access to PAO recidivism data for to track against client-level reporting.
8. Total number of income-restricted housing units	Identified by DCHS	Will be included	• Reflects the scale and sustained impact of DCHS' investments in affordable housing.
9. Treatment Completions	Listed in Ordinance 19978	Needs further analysis	• Additional analysis needed in order to make final determination. • Definition of "completion" varies across programs making standardization for reporting it as a cross-cutting outcome difficult. • For some programs and participants, ongoing

[32] MIDD Dashboard. https://kingcounty.gov/en/dept/dchs/human-social-services/community-funded-initiatives/midd-behavioral-health-tax/midd-behavioral-health-sales-tax-dashboard

[33] Adult and Juvenile Detention Statistical Reports (2025). https://kingcounty.gov/en/dept/dajd/courts-jails-legal-system/data-reports/population-information

Potential Outcome Measure	Source of Measure	2026 Dashboard Determination	Rationale
			engagement is a more accurate measure of improvement or recovery than completion. • DCHS will continue to explore short- and long-term engagement with treatment options with the goal of incorporating a more nuanced measure in future dashboard updates.

Note: Measures shown in green in Table 1 will be included in the 2026 DCHS Impact Dashboard. Measures shown in blue will not be included. Measures shown in yellow require further analysis.

Additional Outcome Measures Under Consideration for 2027 and Beyond

Looking ahead to 2027 and beyond, DCHS intends to explore additional cross-cutting outcomes and expand reporting in the DCHS Impact Dashboard where feasible. Potential measures under consideration to include in future dashboards, but are not limited to:

- Access to basic needs
- Improved health and/or well-being
- Improved financial stability
- Increased interpersonal connections (such as family and/or community)
- Increased positive identity development
- Increased sense of safety and/or security
- New enrollment in behavioral health treatment
- New connections to services
- Positive educational outcomes
- Positive employment outcomes

Incorporating these outcomes may require updates to current reporting requirements for eligible contracted providers, including revisions to contracts, performance measurement plans, provider data systems, and DCHS data models, and will become available to incorporate into dashboards and other reporting only after a period of data collection has occurred. This phased approach supports implementation and ensures that new cross-cutting outcome measures are meaningful (reflecting outcomes that are relevant to program goals and useful for decision-making), accurate (based on reliable, complete, and validated data), and technically feasible (able to be collected, processed, and reported using existing systems and resources).

DCHS also expects to expand direction on desired outcomes in its requests for proposals (RFPs), enabling cross-cutting measures to be embedded in contract requirements from the outset and therefore enhancing opportunities for data dashboard presentation.

Recommended Timeline and Implementation Plan

As outlined in Table 2, DCHS intends to begin expanding the annually updated public-facing DCHS Impact Dashboard at its next update, which is scheduled for summer 2026, to include outcome measures for

the first time. This initial rollout will focus on incorporating the select set of six cross-cutting outcomes shown in green in Table 1 above. This timing of this update is fixed because data for the fourth quarter of 2025 will not be available until Q1 2026; DCHS receives contracted data, such as emergency department use, in the second quarter of 2026. Time is needed to clean, analyze, and integrate these data. The dashboard also follows required annual reporting for initiatives like Best Starts and MIDD, which must be completed first to ensure consistency and alignment.

Beginning in 2027, the department plans to continue to expand the DCHS Impact Dashboard to include additional cross-cutting outcomes when possible. These additions will be guided by feasibility, program relevance, and data accuracy, as defined above. DCHS will evaluate each potential new featured measure to ensure it reflects a sizeable investment across multiple program areas, that it aligns with departmental goals, and that it can be supported by existing or updated data infrastructure. This approach allows for future refinement as areas of departmental investment may evolve.

Table 2: DCHS Dashboard Expansion Timeline

Anticipated Timeframe	Milestone
Q4 2025	• Begin infrastructure and reporting planning for 2026 dashboard (delivered in 2027).
Q1 2026	• Receipt of Q4 2025 data by contracted providers. • Combine Q1 2025-Q4 2025 performance measurement data for analysis. • Launch feasibility analysis for possible new outcomes on 2027 dashboard.
Q2 2026	• Begin collecting 2026 performance data. • Receipt of contracted data for annual reporting (e.g., emergency department use). • Combine contracted data with 2025 performance measurement data and complete analyses. • Implement updates to contracts, performance measurement plans, provider systems, and internal data models for collection of 2027 performance data.
Q3 2026	• Launch updated DCHS Impact Dashboard with initial cross-cutting outcome measures (change in crisis services utilization after program enrollment; exits to housing; Hospital emergency department visits; Medicaid behavioral health service utilization rates among people enrolled in Medicaid; number of newly created income-restricted housing units; number of people who exited to permanent housing or maintained housing; and total number of income-restricted housing units in service funded by DCHS).
Ongoing	• Continue to refine data systems, align measures, and identify meaningful cross-cutting measures to add to the DCHS Impact Dashboard as investments evolve.

Assessment of Associated Costs

At this time, DCHS does not anticipate additional associated costs for expanding the 2026 dashboard to include the recommended six cross-cutting outcome measures, as this work aligns with ongoing efforts already underway. Future expansions, however, may require standardized definitions, updated reporting requirements, contract adjustments, data system enhancements, staffing resources, or iterative development cycles – depending on the scope and complexity of the measures. Implementation timelines could range from one to three years, with more complex outcomes potentially requiring dedicated staff or external support. Additional needs will be evaluated as part of future implementation planning via standard budgeting venues.

IV. Conclusion

The expansion of the DCHS Impact Dashboard to incorporate cross-cutting departmentwide outcome data, including but not limited to the outcomes described in this report, marks a pivotal step in advancing King County's commitment to transparency, equity, and data-informed decision-making. By incorporating cross-cutting outcome measures beginning in 2026, DCHS is building on a decade of strategic investments in data infrastructure and aligning with Executive priorities to deliver innovative, accountable public services.

This initiative is grounded in a balanced and responsible approach to performance measurement. By prioritizing short-term outcomes and selectively incorporating long-term measures where feasible, DCHS ensures that reporting remains meaningful, actionable, and rooted in contract-defined expectations that clarify the intended impact of funded services.

DCHS' phased implementation of new cross-cutting outcome tracking ensures that new measures are embedded thoughtfully into contracts, data systems, and funding strategies, allowing for responsible scaling of corresponding outcome reporting. Currently, no additional costs are anticipated, as this work builds on existing plans and infrastructure. However, DCHS will continue to assess resource needs as the dashboard evolves.

As DCHS continues to refine and expand its outcome reporting, it will do so with a clear focus on what matters most: delivering meaningful results for King County residents and ensuring that public investments are effective and transparent. The DCHS Impact Dashboard is more than a reporting tool. It is a reflection of the department's values, a vehicle for learning, and a foundation for building trust across the communities DCHS serves.

Appendix A: Full Text of Ordinance 19978

AN ORDINANCE relating to contract management and compliance monitoring protocols for the department of community and human services; and amending Ordinance 11955, Section 5, as amended, and K.C.C. 2.16.130.

STATEMENT OF FACTS:
1. On August 26, 2025, the King County auditor's office produced an audit report titled Department of Community and Human Services Needs to Strengthen Financial Stewardship, outlining the department's contract management practices for youth programs from 2022 to 2025.
2. The department has awarded more than $1.8 billion in grant funding in 2023 and 2024 combined, up from $922 million in 2019 and 2020.
3. Amid rapid growth in grant funding, the department of community and human services took on greater financial risk as a strategy to reduce contracting barriers among organizations with limited government experience.
4. The auditor's office found that the department could do more to manage its financial risk of these programs by applying internal controls more consistently.
5. The audit report revealed gaps in several areas including enforcement of contract terms, validation of invoices, and communication of expectations to staff and grantees.
6. The report noted that the department runs its own procurement processes to award those moneys, resulting in contracts known as community grants. Unlike other contracts, community grants are outside the scope of King County's central procurement group, limiting independent oversight. In this environment, the department of community and human services faces a higher risk of fraud, waste, and abuse as it allocates public moneys.
7. Ten recommendations were mentioned in the county auditor's report that highlight where improvements can be made and how they should be addressed.
8. The King County council supports the department of community and human services in its mission to provide equitable opportunities for individuals to be healthy, happy, and connected to community. In alignment with the mission, the council affirms a guiding principle: restoring public trust and addressing the contracting crisis through financial accountability, transparency, and the responsible use of public moneys. The principle is essential to supporting nonprofit partners and the communities they serve, while upholding rigorous standards of accountability.
9. The King County council is dedicated to supporting the department of community and human services's commitment to safeguarding public resources, by creating legislation that will provide more tangible measures to strengthen that work.
10. The council intends to make additional investments in the county's auditing and oversight functions in the 2026-2027 biennial budget, appropriating at least two full-time equivalent positions to support an internal audit function. The council will explore whether these additional investments can be achieved through reprioritization of existing budgetary resources.
11. The council acknowledges that additional opportunities exist to improve contracting practices across all county agencies and will explore ways to effectively implement improvements countywide. Special attention will be paid to implementing structural, organizational improvements to enhance accountability, including separation of program design and advocacy from grant administration and oversight.
BE IT ORDAINED BY THE COUNCIL OF KING COUNTY:
SECTION 1. Ordinance 11955, Section 5, as amended, and K.C.C. 2.16.130 are each hereby amended to read as follows:

A.1. The department of community and human services is responsible to manage and be fiscally accountable for the children, youth, and young adults division, the behavioral health and recovery division, the developmental disabilities and early childhood supports division, the adult services division, and the housing and community development division.
2.a. As part of its fiscal stewardship responsibility, the department shall develop, document, implement, and adhere to best practices regarding contract management and compliance monitoring, including, but not limited to, the department's current contract compliance monitoring policy, to ensure that publicly-administered moneys are being used in a manner consistent with contract terms and conditions, while concurrently engaging in supportive contracting practices and partnerships with its contract agencies.
b. The department shall establish protocols and procedures for monitoring multiyear contract agencies' time spent on contract compliance activities and evaluating the effectiveness and efficiency of contract processes and requirements.
c. The department shall at least annually perform a risk assessment of its multiyear contract agencies receiving county-administered moneys and, in addition to general contract management and compliance monitoring activities, perform an in-person site visit of each multiyear contract agency at least once every three years. Site visits conducted in response to a complaint of suspected fraud, waste, or abuse of public moneys shall be prioritized by the department for scheduling and initiated as soon as possible. For the purposes of this section, "multiyear contract agency" means an agency whose contract with the department spans more than one calendar year in duration.
d. Beginning July 1, 2026, the department shall require multiyear contract agencies receiving more than fifty thousand dollars in county-administered moneys during a single biennium to complete a financial management and best practices training developed by the department. The training must be completed by December 31, 2026, or within one hundred eighty calendar days of the effective date of any new contract entered into by the department after July 1, 2026. This training requirement may be waived at the discretion of the department director, or designee, in any one or more of the following circumstances:
(1) the multiyear contract agency has completed the department-designated financial management and best practices training within the three years before the effective date of the contract;
(2) the multiyear contract agency provides to the department a copy of audited financial statements that were prepared by an independent certified public accountant for the two most recent fiscal years and include an unqualified opinion on the statements and no indication of material weakness in the agency's internal controls;
(3) the multiyear contract agency provides to the department a copy of two single audits, also referred to as an A-133 audit, that were prepared by an independent certified public accountant and completed within the two most recent fiscal years and that do not contain an indication of material weakness in the agency's internal controls;
(4) the multiyear contract agency has been identified as a low-risk grantee through the risk assessment required by subsection A.2.c. of this section;
(5) the multiyear contract agency received an in-person site visit from the department during the prior calendar year with no negative findings; or
(6) any other criteria that may be established and documented in written policy in the future by the department.
B. The duties of the children, youth, and young adults division shall include the following:
1. Working in partnership with communities and other funders to develop, support, and provide human services that emphasize prevention, early intervention, and community education, and that strengthen children, youth, young adults, families, and communities in King County; and
2. Managing programs that promote healthy childhood development, enhance youth resiliency, reduce justice system involvement, strengthen families and communities, and ensure all children, youth, and

young adults have the opportunity to achieve their full potentials. The division shall also provide staff to support the King County children and youth advisory board.
C. The duties of the behavioral health and recovery division shall, subject to available resources and to its exercise of discretionary prioritization, include the following:
1. Managing and operating a comprehensive continuum of behavioral health services including prevention, mental health, substance use disorder, and co-occurring disorder treatment services for children, youth, and adults who meet eligibility criteria;
2. Managing and operating a twenty-four-hour crisis response system, including civil commitment as a last resort;
3. Selecting appropriate agencies for the provision of behavioral health services and developing, implementing, and monitoring the provision and outcomes of contracted services;
4. Being responsible for resource management of a comprehensive behavioral health system including provision of staff support to appropriate advisory boards, and serving as liaison to federal, state, and other governments and relevant organizations in carrying out planning and allocation processes;
5. Facilitating the continuing availability of appropriate treatment services for eligible individuals with a diagnosis of a mental illness, substance use, or co-occurring disorder; and
6. Developing and maintaining a continuum of appropriate treatment services for eligible individuals.
D. The duties of the developmental disabilities and early childhood supports division shall include the following:
1. Managing and operating a system of services for infant mental health, early childhood development screening, and a system of services for persons with developmental disabilities in accordance with relevant state statutes and county policies and to provide staff support to the King County board for developmental disabilities; and
2. Negotiating, implementing, and monitoring contracts with community agencies for the provision of developmental disabilities and early childhood support services.
E. The duties of the adult services division shall include the following:
1. Working in partnership with communities to develop, support, and provide human services and programs that emphasize health and safety, self-sufficiency, and healthy aging. The programs are to include, but not be limited to, providing employment and training for adults to achieve self-sufficiency, providing supports to survivors of abuse and trauma, and providing health, socialization, and wellness services to promote healthy aging in place;
2. Providing assistance to indigent veterans and their families as authorized by chapter 73.08 RCW; and
3. Providing staff support for the women's advisory board as specified in K.C.C. 2.30.040 and for the veterans, seniors, and human services levy advisory board and its committees consistent with state and county requirements.
F. The duties of the housing and community development division shall include the following:
1. Managing programs that address housing and community development needs, and helping implement improvements identified in subarea and neighborhood plans for low-and-moderate income communities;
2. Administering the county's federal housing, homelessness, and community development moneys and other housing, homelessness, and community development moneys;
3. Developing housing, homelessness, and community development policies and programs to implement the growth management policies throughout King County to provide affordable housing to low-and moderate-income residents; and
4. Providing staff support for the renter's commission as specified in K.C.C. chapter 2.150.
SECTION 2. The department of community and human services shall offer, no later than March 31, 2026, to provide a briefing to the committee of the whole, or its successor, to update the committee on the status of the department's contract management and compliance monitoring activities, including,

but not limited to, activities initiated consequent to any recommendations from the King County auditor's office, as well as a summary of previous recommendations from prior county audits that identified similar challenges with financial oversight of county-administered grants and a report of what has been learned and implemented from those recommendations, including why any recommended actions were not implemented.

SECTION 3. A. The department of community and human services shall provide, by no later than October 20, 2025, the following reports to the council:

1.a. A report analyzing the feasibility of establishing a services provider capacity and fiscal partnership program that makes available to all department multiyear contract agencies ongoing technical assistance and capacity building services. Examples of technical assistance and capacity building services may include, but not be limited to, contract compliance training, financial management services, or any other best practices financial advisory services.

b. The report should also identify an estimated implementation timeline, with a goal of program implementation beginning January 1, 2026, as well as any resources needed for enabling program implementation.

c. Additionally, the report should include a recommendation regarding whether a services provider capacity and fiscal partnership program would be more suitable for administration by the department, an external service provider, or both;

2. A report detailing the feasibility of implementing the auditor's recommendations and proposed amendment concepts. The report shall include, but not be limited to:

a. an evaluation of whether reforms can be achieved within existing resources;

b. a recommended timeline and implementation plan;

c. an assessment of associated costs; and

d. identification of structural changes required to ensure lasting oversight improvements; and

3. A report analyzing the feasibility of establishing an expanded public dashboard that provides information on departmental contract outcomes to demonstrate appropriate and effective use of contract award moneys. The report shall include, but not be limited to:

a. a list of recommended departmental contract outcomes, such as exits to housing, treatment completions, recidivism reductions, hospital emergency room and jail touchpoints, to include in the expanded public dashboard;

b. a recommended timeline and implementation plan; and

c. an assessment of associated costs.

B. The executive shall electronically file the reports required by subsection A. of this section with the clerk of the council, who shall retain an electronic copy and provide an electronic copy to all councilmembers.

SECTION 4. A. By November 30, 2025, the department of community and human services shall provide a status update letter to the council responding to the auditors' recommendations and any available plans for implementation of improvements to contract management and compliance monitoring activities.

B. The executive shall electronically file the letter with the clerk of the council, who shall retain an electronic copy and provide an electronic copy to all councilmembers.

SECTION 5. A.1. The department of community and human services shall provide an electronic notification letter to the council, which should also be made available in any department dashboard reporting, on or before March 31 of each year, beginning in 2026, that includes, but is not limited to, the following information:

a. the percentage of its multiyear contract agencies that received an in-person site visit from the department during the prior calendar year;

b. a status update on the department's contract management and compliance monitoring activities; and
c. a summary of data for the prior calendar year regarding monitoring of contract agencies' time spent on contract compliance activities and evaluating the effectiveness and efficiency of contract processes and requirements.
2. The executive shall electronically file the letter with the clerk of the council, who shall retain an electronic copy and provide an electronic copy to all councilmembers.
B. In addition to the annual notification letter required in subsection A. of this section, if the department identifies credible evidence of contractor agency fraud, waste, or abuse of county-administered moneys, the department shall provide an electronic notification letter to the clerk of the council that provides a summary of any substantiated findings within thirty calendar days of any substantiated findings. The clerk of the council shall retain an electronic copy of the electronic notification letter and provide an electronic copy to all councilmembers.
SECTION 6. A. To aid in supporting the department of community and human services's commitment to fiscal accountability and safeguarding public resources, the King County auditor's office, in collaboration with the King County ombuds, is requested to provide a written report to the council that includes, but is not limited to the following information:
1. Analysis on the feasibility of, and anticipated timeline, recommended structure and powers, and associated costs for, adding an inspector general position or positions within the auditor's office, or within a department outside of the department of community and human services, who would be responsible for auditing, investigating, and receiving public concerns and complaints of suspected contracting agency fraud, waste, or abuse of county-administered moneys;
2. Analysis of the feasibility of, and anticipated timeline and associated costs for, creating a qui tam program relating to department of community and human services-administered moneys that is administered within or external to the auditor's office; and
3. Analysis of the feasibility of, and anticipated timeline and associated costs for, creating an independent contract review process for department of community and human services-administered contracts that are administered within or external to the auditor's office.
B. Where warranted, analysis included in the report requested by subsection A. of this section may recommend that new functions, positions, programs and reviews not be limited in scope to the department of community and human services.
C. The report requested by subsection A. of this section should be electronically provided to the clerk of the King County council by June 1, 2026, with a status report provided by March 1, 2026, who shall retain a copy and provide an electronic copy to all councilmembers.

Appendix B: List of DCHS Data Sources and Systems

Name	Description
Data System	
Capital Housing Asset Management Pipeline (CHAMP)	Data system that collects current, developing, and proposed income-restricted housing data in King County.
Client Outcomes Reporting Engine (CORE)	Data system that providers use to submit participant-level demographics, services, and outcomes data to King County.
CMIS	Case management system used by the King County Veterans Program (KCVP) to track client-level demographics and outcomes.
Homeless Management Information System (HMIS)	A local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families as well as persons at risk of homelessness.
PHP96	The live database that tracks administration of BHRD programs and services.
Data Source	
ADSA Web Access "AWA"	Case management system used by the Washington State Department of Social and Health Services Developmental Disabilities Administration (DSHS DDA).
Competency Evaluation (Court) Data	Data received from DSHS, Health Care Authority (HCA), King County Superior and District Courts, and Seattle Municipal Court on court orders for competency evaluation and/or competency restoration.
Collective Medical Technologies (CMT)/Point. Click. Care.	Data received from an outside contractor on emergency department visits and inpatient hospitalization.
Washington State Department of Corrections (DOC)	Database of all offenders under DOC jurisdiction since January 2011.
The Early Support for Infants & Toddlers Data Management System (ESIT DMS)	Case management system used by the Washington State Department of Children, Youth & Families (DCYF) to track federally required data about infants, toddlers, and their families and resources in the early intervention system.
Evictions Database	Database of all evictions filed, pending, or resolved in King County since 2015.
Health and Human Services Analytic Workspace (HHSAW)	The shared Azure SQL database that provides a common access point to identified data across DCHS and PHSKC.
Income Restricted Housing Database	Database of all income-restricted housing units in King County.
Integrated Data Hub (IDH)	The growing master client linkage providing centralized enterprise level linkage between DCHS and Public Health – Seattle King County individual-level data sources.
Juvenile Referrals and Charges	Juvenile criminal referrals and charges from the King County Prosecuting Attorney's Office. New data has not been received since 2024.

Name	Description
King County Jails (DAJD)	Inmate data from King County's two correctional facilities (King County Correctional Facility [KCCF; Downtown Seattle] and Maleng Regional Justice Center [MRJC; Kent]).
Medicaid Claims	Monthly extract from HCA, all Medicaid enrollment and claims.
Municipal Jails	The collected booking data received from our local municipal jails.
Netsmart	System to record BHRD programs and services. The first programs began switching to this system from PHP96 in early Q3 2021.
Youth and Family Homelessness Prevention Initiative (YFHPI) Database	Client-level data for households enrolled in the initiative.
Report Card	Report Card is view of CMS database that stores aggregate reporting spreadsheet data for some Adult Services, EER Youth, and Homeless Housing Services programs. As of 2022, most Report Card users have transitioned to CORE with only a small number of long-time contractors continuing to use it for reporting.
VIBE	A case management system for several DCHS direct service providers (King County Veterans Program [KCVP], Career Connections, and King County Jobs Initiative [not VSHSL funded]). Transition to CMIS took place in 2022.