

# 2021 REVIVE AND THRIVE RECOVERY PLAN



This project is being supported, in whole or in part, by federal award number SLFRP0152 awarded to King County, Washington by the U.S. Department of the Treasury.

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## Executive Summary

King County, Washington was the epicenter of COVID-19 in the United States. The first known case occurred in King County, and the first large outbreak followed shortly thereafter. Public Health – Seattle & King County led the initial response to the pandemic with strong support from state and federal agencies. King County officials were among the first to call for restrictions to help contain COVID, and County Public Health leaders have played major roles in the state and national response.

As the County launched its response to the public health impacts, it also rapidly responded to the acute economic impacts of the pandemic. Social distancing requirements and stay-at-home orders resulted in a large realignment of daily life that affected every resident, causing widespread financial distress and anxiety. For communities that already faced inequitable access to health care, education, and employment opportunities, these impacts were devastating.

King County, along with the state and federal government, began deploying resources to rapidly respond to these changing conditions, even as it swiftly moved to retool its operations so that workers could safely continue to deliver essential services while working in socially distanced or remote situations. In addition to its pandemic response, the county also began laying the groundwork for a safe and equitable reopening and recovery.

With the passage of the American Rescue Plan Act, the county moved decisively to initiate its recovery plan. King County Executive Dow Constantine and the King County Council enacted an emergency supplemental budget to launch a portfolio of programs designed to continue funding the COVID response and make equitable economic recovery investments in the community, with a focus on the people and places disproportionately impacted by the pandemic. Under the banner “Revive and Thrive Together,” these programs are designed to create a permanent and positive difference for all people in the county.

The Revive and Thrive Recovery Plan outlines the scope of these programs, which are largely still in development. It highlights the ways in which equity and community engagement have guided the allocation of the federal funding and will be central to measuring the success of these efforts. Finally, the plan is intended to communicate with the people and communities within the county about the how the county intends to utilize these funds and leverage them into a lasting, sustainable, and meaningful recovery.

## Uses of Funds

The county's response to the pandemic, and its utilization of federal funding, has spanned several phases. Initially, the county was focused on providing a rapid response that prioritized the most urgent and acute needs. With the passage of the CARES Act in 2020, the county was able to capitalize on the influx of federal funding to amplify these programs, expand its response, and adapt to the changing demands of the pandemic. Finally, with the passage of the American Rescue Plan Act, the county has been able to provide for a continuance of its COVID-19 response and fund equitable recovery activities.

## Coordinated Response

King County's COVID response has been led by the Office of Emergency Management (OEM), Public Health, and the Department of Community and Human Services (DCHS). The County employed its incident command structure to coordinate responses across agencies. Many new programs and facilities were developed, including expanded testing and contact tracing through Public Health, a comprehensive public

education campaign with particular emphasis on immigrant and Limited English Proficiency populations, a coordinated vaccination campaign, and establishment of a call center. The Facilities Management Division (FMD) led the effort to acquire or site facilities for individuals to isolate and quarantine if they could not do so at home. DCHS worked with FMD to lease hotels and provide hotel vouchers so homeless individuals previously housed in large shelters could have individual rooms. OEM made major purchases of personal protective equipment (PPE) and masks, and the County distributed masks through several partner organizations and community locations.

Other parts of King County government also have been substantially affected by COVID. The County Executive ordered all employees who can to telework. County office buildings are largely vacant, and most office employees have quickly adapted to a new way to work.

Metro Transit experienced a decline in ridership of about 75 percent and had to develop ways to ensure employee safety and to create social distancing on buses and trains. The courts expanded electronic services and temporarily suspended jury trials. The Department of Adult and Juvenile Detention (DAJD) applied principles of the Lean management system to reduce the jail population and ensure social distancing, helping protect the health of inmates and staff. The County Council switched to virtual meetings and has passed all legislation remotely.

## Economic Impacts

The need to respond to COVID-19 led to a recession throughout almost the entire world. The U.S. economy has been rebounding quickly, driven by rapid vaccine distribution and the passage of the American Rescue Plan. King County's economic conditions also continue to improve, and the outlook for county revenues and local economic indicators is positive. Currently, more than 75% percent of eligible County residents (ages 12+) are fully vaccinated. County employment levels have recovered nearly 100,000 jobs since April 2020, though there are still 70,000 fewer jobs compared to pre-COVID levels. Most of these jobs are in education, leisure and hospitality, and other services that are likely to return as the economy continues to recover. Real estate prices continue to rise, and transactions have been strong. Inflation levels have been elevated relative to the recent past, but the high values are expected to be largely transitory.

## American Rescue Plan Act (ARPA) Spending

King County received \$437 million in flexible funds, referred to locally as Coronavirus Local Fiscal Recovery (CLFR) funds, from the American Rescue Plan Act. The King County Council began appropriating these funds in May, with a focus on the County's public health response, economic recovery with a new program that promotes access to jobs and housing supports, and community supports and anti-racist work.

Given the urgency of needs in the community and the timelines needed to stand-up new programs to respond, the county's appropriation process was initiated prior to issuance of the Interim Final Rule by US Treasury. An eligibility review process is underway to ensure that programs meet the eligibility requirements set out by Treasury and that program elements comply with other federal regulations, such as 2 CFR 200.

## Public Health

- **Core COVID-19 Response Activities:** Core activities include testing, isolation and quarantine, and vaccination programs. The majority of these costs have been funded through the Washington State Department of Health, which is distributing federal FEMA dollars to local government. This funding is tied to the federal declaration of disaster and will no longer be available should that declaration end.

Therefore, we have set aside a portion of CLFR funds to be available to fund remaining activities that might need to continue after that declaration and will complete the eligibility review process so that these programs will be eligible for CLFR funding when needed.

- **COVID-19 Prevention Strategies:** The county has engaged in several strategies to prevent the spread of COVID-19 in its facilities and high-risk places. These include deintensification of shelters, moving to remote work or utilizing separate spaces for work in places like courtrooms, providing for more intensive cleaning and testing protocols in congregate settings like detention facilities, and the purchase of personal protective equipment (PPE).
- **Behavioral Health Services:** The COVID-19 pandemic increased demand on the behavioral health system. The county has earmarked funds for several programs to increase investment in these services and meet critical needs. This includes additional services to those living in supportive housing and new programs focused on youth and rural residents.
- **Deployed Staff:** Meeting the increased needs for public health and safety has required that the county deploy existing staff and hire new staff to respond to the pandemic. It is anticipated that CLFR funding will be used to cover these costs. Because the compliance burden on internal staffing costs is very low, the county plans to prioritize the use of federal dollars for these costs. This will allow funding from other sources, with less of a compliance burden, to be used in instances where the federal requirements would be more burdensome or time-consuming, such as for small dollar-value contracts or programs for non-profits or community-based organizations where the administrative cost would be high relative to the organization's capacity.

### Negative Economic Impacts

- **Small Business Grants:** The county has initiated a \$4.5 million grant program for small businesses in unincorporated King County.
- **Business and Economic Resiliency Fund:** The county is planning to create a business and economic resiliency fund, a concept that came out of the County's Racism as Public Health Crisis effort. These funds will be allocated through a community-led process and will invest in supporting an equitable economic recovery.
- **Creative Economy Grants:** The county intends to provide several programs to address the impacts to the creative economy, include a fund focused on restarting events and festivals and grant programs to support artists and local arts, science, and cultural institutions. The focus of this funding is to aid recovery in creative economy sector, as well as providing stimulus for the tourism and hospitality industry.
- **Job Training Programs:** The county intends to allocate a significant portion of CLFR-funding to provide new job training programs, including a new construction apprenticeship and job training program that support cities, school districts, and colleges in creating local hire programs in underserved areas throughout King County, and start-up funding for a statewide behavioral health apprenticeship program to help tackle chronic workforce issues,
- **King County Jobs and Housing Program:** This program will create over 400 new temporary jobs across several conservation, environmental, and unincorporated service areas. Participants will be recruited from County shelter or emergency and supported housing programs. The program will provide housing, transportation, and other supports to program participants to assist in their transition.

- **Regional Economic Recovery:** The county intends to partner with community-based organizations to support local job retention and recovery efforts. This includes supporting local industries, such as aerospace and tourism, and more broadly focused efforts as well.
- **Food Security:** The county is considering several programs related to food security in the region, including grant programs for food banks and other organizations that aid people experiencing food insecurity, and investments in food infrastructure such as co-packing spaces and farmers markets. These programs will be calibrated to serve residents and areas where needs are greatest and focus on providing culturally appropriate foods and increased accessibility in the community.
- **Rehiring Public Sector Staff:** The county has identified several agencies that were unable to backfill for positions during the pandemic due to financial constraints, which have negatively impacted service levels for the public. The county intends to use CLFR-funds to rehire staff to pre-pandemic levels.

### Services to Disproportionately Impacted Communities

- **Equitable Economic Recovery:** The county is creating a recovery program centered on disproportionately impacted areas in unincorporated King County. This program will rely on partnerships with community-based organizations to assist local businesses and residents with COVID-19 recovery.
- **Childcare Providers:** The county intends to provide grants to childcare providers, including formally licensed businesses and informal providers. This sector was particularly impacted by the pandemic, which stressed an already under-resourced industry that is vital to workforce participation. In addition to the grant program, the county will continue funding the childcare voucher program for essential workers.
- **Housing Supports:** A major focus of the county's CLFR funding will be providing increased housing support to people experiencing homelessness in the region. This includes new shelter beds, increased outreach, enhanced shelter services, permanent supportive housing, and investments in other housing solutions.
- **Disproportionate Health Impacts:** The county intends to utilize CLFR funding to expand its public benefits navigator program, in order to increase access to health care in disproportionately impacted communities. It also intends to partner with a community-based organization to increase vaccination rates in underserved communities.
- **Increased Equity:** The county is planning to provide ethnic media grants to community-based organizations to provide in-language communications on COVID-related issues and promote Racism as a Public Health Crisis efforts. The county's Office of Equity and Social Justice (OESJ) will oversee several internal grant programs to augment its existing disability equity work to expand access in emergent situations and in the county's emergency response, advance equitable communication strategies in coordination with agencies and CBOs, increase funding for the anti-hate and bias response and support the Coalition Against Hate and Bias, and provide available digital equity grants to CBOs to provide digital access and fluency services to vulnerable populations.
- **Community Violence Prevention:** The county intends to create a youth workforce development program for youth impacted by regional gun violence.
- **Youth Sports Programs:** The county intends to direct funding to youth sports programs, including a community-directed grant fund focused on increased equity in youth sports.

## Other Uses

- **Enhanced Wireless in Parks:** The county intends to add public wireless services at several local parks as a “last mile” infrastructure project.
- **Administrative Costs:** To support CLFR-funded activities, the Office of Performance, Strategy and Budget (PSB) and the Financial, Business, and Operations Division (FBOD) have added staff to administer new programs and provide compliance support. The county is in the process of assessing its current capacity for meeting the burden of federal requirements and may need to further augment or redeploy staffing levels to administer program compliance.

## Promoting equitable outcomes

For many in our region, King County is a great place to live, learn, work and play. We have some of the most prosperous communities in the world. However, a closer look at the distribution of resources and wealth reveals that we have deeply entrenched social, economic, and environmental inequities—by race and place—that in many cases are worsening and threaten our collective prosperity.

An array of historical and societal factors drives these inequities including unequal access to the determinants of equity, institutional and structural racism, as well as gender and socioeconomic bias. These factors, while invisible to some of us, have profound and tangible impacts on all of us—both in the community and within our own organization.

## Equity Vision and Strategies

King County’s [Equity and Social Justice Strategic Plan](#) is a blueprint for change, mutually created by King County employees and community partners. From the outset, the planning process was designed to hear from people across sectors, geography, and populations before developing a draft. More than 600 County employees and 100 local organizations—including community organizations, education, philanthropy, labor, business, and local governments—shared their insights and expertise on where we have made progress, persistent challenges that exist, and solutions toward achieving equity.

The shared vision developed out of this process is consistent with the overall vision of King County’s Strategic Plan: A King County where all people have equitable opportunities to thrive. Our four strategies as One King County to advance Equity and Social Justice are to invest:

- Upstream and where needs are greatest
- In community partnerships
- In employees
- And we do this with accountable and transparent leadership.

Being “pro-equity” requires us to dismantle deeply entrenched systems of privilege and oppression that have led to inequitable decision-making processes and the uneven distribution of benefits and burdens in our communities. Similarly, we must focus on those people and places where needs are greatest to ensure that our decisions, policies, and practices produce gains for all.

## Theory of Change

Race and place impact quality of life in King County. People of color, low-income residents and immigrants and refugees persistently face inequities in key educational, economic and health outcomes. Our responsibility to remedy these conditions is not only a moral imperative; inequities undermine our collective prosperity and threaten our region's ability to remain globally competitive. As long as race and place are predictors of well-being, our vision for a King County where all people have equitable opportunities to thrive remains elusive.

We also recognize that many of our government policies and practices have historically been designed to react to problems and crises in our communities after they arise. Using a "stream" metaphor, these problems are the downstream results of inequities that exist in social, physical, and economic conditions in our community (also known as our "determinants of equity"). Moving upstream allows us to examine the root causes of these conditions and create solutions that operate at a systems and structural level, ultimately preventing crises and problems from occurring and leading to healthier, more equitable outcomes.

As people are not all situated the same, with the same opportunities to thrive, pro-equity policies and practices are designed to account for these differences. Focusing on the people and places where needs are greatest leads to improved outcomes for everyone.

## Impacts of the COVID-19 Pandemic

The emergence of the COVID-19 pandemic increased existing inequities. While the effects of the pandemic were far-reaching and universally felt, the impact of those effects were disproportionately distributed. For groups that lacked access to quality health care, the pandemic increased existing barriers. For low- and moderate-income households that already faced greater economic insecurity, the pandemic magnified these challenges. Essential workers, whose jobs required in-person, public-facing interactions, faced greater risks of contracting COVID-19. Workers in industries such as hospitality, tourism, and food service suffered high rates of unemployment. And in each of these categories, BIPOC communities were overrepresented compared to the overall share of the population.

The pandemic multiplied the effect of existing inequities and created new and stark disparities in impact. To track these effects, King County & Seattle Public Health created several dashboards to identify and quantify the disproportionate impact of the pandemic. The Social and Economic Inequities and COVID-19 Outcomes dashboard utilized the social and economic risk index (SERI) to consider how six different factors (race/ethnicity/language/place of birth, number of occupants per household, percentage of adults in essential healthcare-related occupations, percentage of adults in essential non-healthcare occupations, percentage of adults 25+ with less than a college degree, and percentage of households with income less than 200% of federal poverty limit) effected key COVID outcomes, such as testing, positivity rates, hospitalization, and death rates varied among these groups.

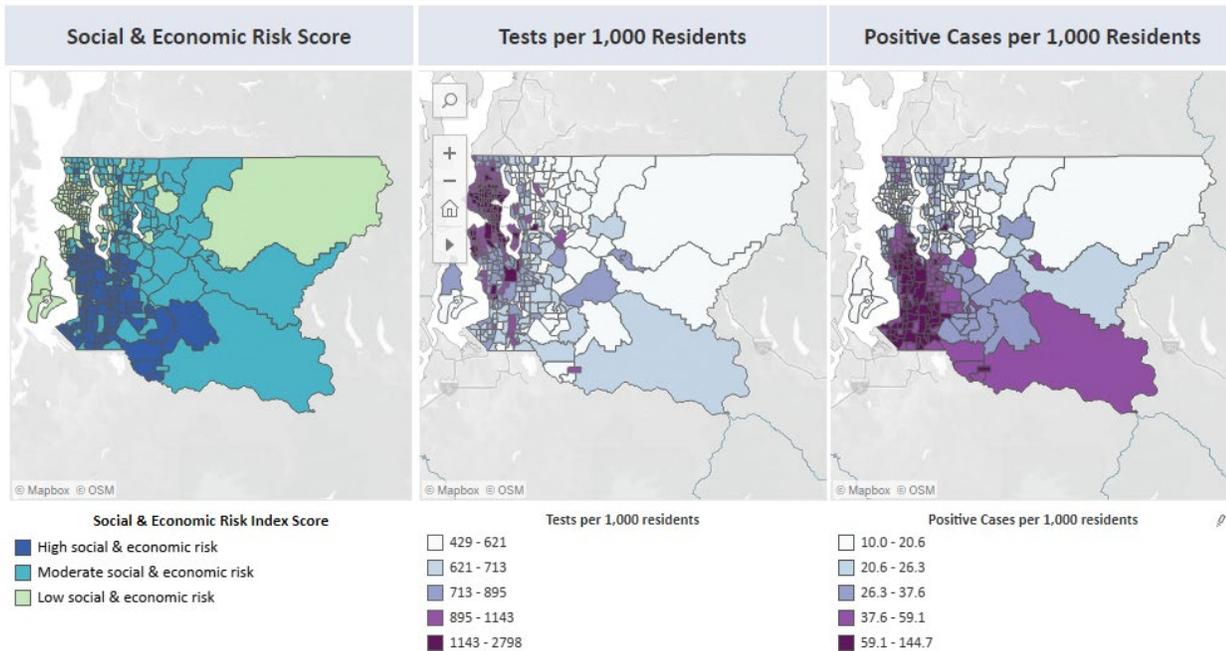


Figure 1 - SERI Dashboard results from March 2021

The dashboard shows that rates of COVID-19 cases, hospitalization, and deaths were greatest for people of color, those without a college degree, and low-income individuals. At the same time, these communities had the lowest rates of testing. Disparities in vaccination rates persist in Black and Latinx communities, and South King County, the region with the lowest SERI score, has the lowest rate of vaccination. While making inequities visible is a key first step in furthering County's pro-equity initiatives, progress cannot be made without a realignment in vision and policy.

## Racism is a Public Health Crisis

On June 11, 2020, Public Health –Seattle & King County and King County government declared that racism is a public health crisis and committed to implementing a racially equitable response to this crisis, centering on community. In acknowledging this, King County acknowledged its own complicity in perpetuating structural racism and committed to dismantling systems that are rooted in white supremacy.

This commitment includes a commitment to working in stronger and better-resourced partnerships with community organizations and leaders, using quantitative data, and the know-how of community leaders and residents to get to solutions that work. In order to facilitate this work, King County will drive resources toward where they are most needed as indicated by those in that community.

This declaration, coming in the midst of a pandemic which exacerbated and magnified the inequities faced by BIPOC-communities, has informed how the county intends to use its CLFR funding, not only in terms of public health related programs but across the full spectrum of Revive and Thrive programs. As the SERI data makes clear, the public health effects of COVID-19 are inextricable from the economic impacts of the pandemic, which are in turn driven by long-standing inequities in education, jobs, and housing for people of color. The Revive & Thrive effort is centered on fostering an equitable recovery that addresses the

disproportionate impact of the pandemic on communities by developing and sustaining meaningful partnerships with those communities.

## Pro-Equity Tools for Program Design

King County has developed or identified pro-equity tools for program design. This inventory includes:

- a. [Equity Impact Review Tool](#)
- b. Office of Equity and Social Justice (OESJ) Consultation
- a. [OESJ Demographic Map](#)
- c. [Determinants of Equity Report](#)
- d. [ESJ Strategic Plan](#)
- e. [Communities Count Population Dashboard](#)
- f. [Public Health COVID 19 Dashboards](#)
  - i. [Social and economic inequities and COVID-19 Outcomes](#)
  - ii. [Economic, social, and overall health impacts](#)
  - iii. [Race and ethnicity](#)
- g. [Washington State Report Card](#) – Information on K-12 schools
- h. King County Executive Order – [Pro-Equity Contracting](#)

Program designers are encouraged to utilize these assets to identify those most in need and manage county resources to further equity in the community. These tools are being employed to ensure that all communities and residents benefit from Revive & Thrive programs and that there is an equitable recovery from the COVID-19 pandemic.

## Community Engagement

Community engagement is central to King County's pro-equity agenda. Several programs are intended to be largely community directed, and many programs will rely on partnerships with community-based organizations for implementation.

King County recognizes the need and urgency for more direct investments for BIPOC communities to improve economic opportunity and wellbeing. King County's Office of Equity and Social Justice is working diligently to establish the Racism as a Public Health Crisis Community Oversight Committee, which will equitably direct the use of \$25 million for pandemic-related economic recovery of communities that have been disproportionately impacted by the pandemic. The Community Oversight Committee will be responsible for establishing and leading the decision-making processes for the fund. The committee will focus on community priorities and advancing economic justice for residents of King County. In the coming months, the committee will engage with community partners to develop the governance structure and will listen and adapt to community feedback. That feedback will be used to inform the approaches to be used by the committee.

The Community Mitigation and Recovery program was launched early in the pandemic, with a focus on community engagement. Anticipating that COVID-19 would inevitably disproportionately impact underserved communities, Public Health launched this initiative to leverage community engagement to mitigate that impact. Very early on, CMR established a power-sharing structure that was composed of BIPOC community members, staff, and leadership to advise and hold the department accountable to its

commitment to community and equity principles. These programs were non-standard governmental operations that required task force leaders to be reflective of underserved communities and to be able to tap into trusted relationships. As a result, they were able to authentically partner with community and to bring their skills and knowledge to the forefront of the department's response efforts. The strategies and activities have been co-created with community partners with an eye to address both the immediate needs and historic challenges faced by marginalized groups as a result of systemic racism. Moreover, staff and leadership have established mechanisms for reconciliation and restorative practice when the department and/or county has erred. This has helped in developing trust and strengthening relationships with our partners.

As an example, the Community-Based Organizations (CBO) task force was established, and it created and managed the Community Navigator program, a new approach to effectively sharing county resources, knowledge, and information by collaborating with our underserved communities and gathering timely feedback on community needs. Community Navigators share COVID-19 information and resources in culturally and linguistically appropriate ways for their respective communities, for example: calling people on the phone or using social media to provide the latest COVID-19 information, delivering supplies to the most vulnerable community members, assisting community members with filling out forms, and facilitating online meetings. Navigators also provide liaison support and surface concerns from underserved communities to County officials regularly.

In addition, King County is working to develop a timeline and process for phased grantmaking and contracting opportunities for direct investments in communities for the funding allocated through CLFR. The first phase of funding and contracting opportunities will likely be available to community in late summer 2021. The goal of the grant program is to align grantmaking with communities' priorities for an equitable recovery and strategically positioning these resources to meet the urgent needs of the communities now.

## Labor Practices

The County's Office of Labor Relations (OLR) negotiates, implements, and administers 81 collective bargaining agreements with 33 unions covering the terms of employment for the County's approximately 12,000 represented employees. We accomplish this by negotiating agreements that contribute to King County's goals of service, excellence, financial stewardship, public engagement, and quality workforce. King County strives to optimize labor management partnerships that embrace innovation and stewardship of resources.

King County explores the use of a project labor agreement (PLA) for county projects when appropriate. PLAs are considered for projects that have a complex scope, a multi-year schedule, a budget of significant size, and/or a clear public benefit. When a PLA is implemented, the general contractor and relevant trade unions shall execute the PLA in a form acceptable to the county.

The county also considers including community workforce elements in PLAs to include targeted hiring goals. In addition to providing direct benefits to workers, community workforce elements support local and regional economic growth through hiring and support of small business, increase job access for disadvantaged workers, provide workers with job training, develop a skilled workforce to support local contractors, and increase the capacity of small minority- and women-owned business to compete and participate in public works contracts.

Washington State requires contractors to pay prevailing wage when a project is funded by public dollars or is a turn-key project, meaning a private construction resulting from government agency agreements to rent, lease, or purchase and the project involves construction, reconstruction, maintenance, or repair.

## Use of Evidence

As King County staff undertake program design, they use existing data, research, and best practices to inform programmatic development. Community data is used to understand the varying needs of communities and to conduct equity analyses to prioritize service investments. When practicable and cost-effective, the county incorporates evidence-based interventions into its programs. The decisions to adopt evidence-based models in programmatic interventions lives with program staff who are the subject matter experts and closest to understanding the population’s needs.

Evidence-based interventions refer to processes, procedures, programs, or policies that have been rigorously studied and proven effective. In order to utilize evidence-based interventions, programs must follow evidence-based models with fidelity and must closely monitor fidelity during implementation to ensure that program will produce the desired outcomes. Thus, while the county’s practices are informed by the available evidence, it is not always feasible or desirable to utilize evidence-based interventions. At times, those models may not be the best fit for the populations being served. In which case, program leadership decides to customize the program to better meet existing community needs.

The U.S. Treasury encourages jurisdictions to consider conducting program evaluations on new or innovative programs in order to build evidence of efficacy. While this approach can magnify the long-term impact of a program, it requires intensive oversight, significant cost, and careful planning in order to include program evaluations in program design. The investment of time and resources for program evaluation must be weighed against the acute and immediate need of the community for recovery and relief programs.

The county’s SLFRF-funded programs are largely still in design, so how the use of evidence, evidence-based interventions, and program evaluations will be incorporated remains to be decided. At this point, it is anticipated that most programs will take an evidence-informed rather than an evidence-based approach, and it appears unlikely that most will elect to dedicate funding to the substantial effort of program evaluation.

## Table of Expenses by Expenditure Category

Category		Cumulative expenditures to date (\$)	Amount spent since last Recovery Plan
1	Expenditure Category: Public Health		
1.2	COVID-19 Testing	\$2,148	\$2,148
1.4	Prevention in Congregate Settings	\$1,236,533	\$1,236,533
1.8	Other COVID-19 Public Health Expenses (including Communications, Enforcement, Isolation/Quarantine)	\$2,168,920	\$2,168,920

Category		Cumulative expenditures to date (\$)	Amount spent since last Recovery Plan
1.9	Payroll Costs for Public Health, Safety, and Other Public Sector Staff Responding to COVID-19	\$2,768,965	\$2,768,965
2	Expenditure Category: Negative Economic Impacts		
2.10	Aid to nonprofit organizations	\$318.08	\$318.08
2.14	Rehiring Public Sector Staff	\$144,466.75	\$144,466.75
3	Expenditure Category: Services to Disproportionately Impacted Communities		
3.14	Social Determinants of Health: Community Health Workers or Benefits Navigators	\$7,587.88	\$7,587.88
7	Administrative and Other		
7.1	Administrative Expenses	\$60,979.50	\$60,979.50
<b>Total</b>		<b>\$6,399,906</b>	<b>\$6,399,906</b>

Categories omitted from the table have no cumulative expenditures to date.

## Project Inventory

An overview of the programs and projects that have entered implementation or established their eligibility for federal CLFR-funding is provided in the following inventory.

CSGER-DPH-ACA	Health Care Access and Outreach
<b>Funding Amount:</b>	\$500,000
<b>Expenditure Category:</b>	3.14 Social Determinants of Health: Community Health Workers or Benefits Navigators
<b>Overview of Program:</b>	The program seeks to reduce the uninsured rate in the community by enrolling individuals in health care insurance through the ACA Special Enrollment period. Remote and socially distant in-person events will focus on the underserved and disproportionately impacted communities, including Black, Indigenous, and People of Color (BIPOC) community. In addition to increasing access to health care, the program seeks to build relationships with these communities to increase access, eliminate health disparities, and increase equity in all health care services. The program will run from May-December 2021. The primary delivery mechanisms include health fairs, trainings, and other enrollment events. The enrollment activities are also being paired with pop-up testing and vaccination events. King County provides the outreach, education, scheduling, location, tents, and other supplies. Partners will vary depending on location. Some examples include Skyway Fire Station, Grocery Outlet store, Cierra Sisters, HealthPoint, and Harborview.
<b>Use of Evidence:</b>	This program utilizes a “data-informed” approach rather than an evidence-based intervention. Data was used to identify populations that have existing health disparities and are underserved from a public health perspective. These communities were disproportionately impacted by the COVID-19 pandemic, increasing the need for outreach.

## CSGER-DCHS-JustCare JustCARE Extension

**Funding Amount:** \$4,450,000

**Expenditure Category:** 1.4 Prevention in Congregate Settings

**Overview of Program:** Street outreach combined with hotel-based lodging is one component of King County's response to the COVID-19 pandemic. The goal of the services procured herein is to reduce COVID-19's impact on homeless populations by providing temporary housing and wraparound supports to adults living unsheltered in the Pioneer Square, Chinatown/International District and other downtown neighborhoods. By providing non-congregate temporary housing options, these services will have the first order effect of preventing and/or reducing community transmission of COVID-19 and may also work to reduce the impact of tent encampment sweeps and other law enforcement responses to homelessness which carry their own public health risks, COVID-19 and otherwise. The program is currently underway and is expected to continue through June 2022. The Public Defenders Association (PDA) is the contractor, and along with subcontractors, provides hoteling and case management services to people experiencing homelessness in the Pioneer Square/International District neighborhoods of Seattle.

**Use of Evidence:** This program utilizes a "data-informed" approach rather than an evidence-based intervention. The Housing First model has been shown to be effective in addressing homelessness and supporting people with behavioral health disorders. This program implements this approach but does not replicate existing methodologies with fidelity.

## CSGER-DLS-SBAP Unincorporated King County Small Business Support

**Funding Amount:** \$4,500,000

**Expenditure Category:** 2.9 Small Business Economic Assistance

**Overview of Program:** This program provides grants of up to \$25,000 to reimburse costs associated with COVID-19 restrictions and the continuity of business operations for eligible small businesses in unincorporated King County. Grants to businesses can be used to reimburse a wide variety of business expenses disrupted by COVID-19 closures and impacts. This program seeks to distribute funds to small businesses who are most at risk due to the impacts of COVID-19 and those for whom business losses have the greatest impact on the owner(s)' and employees' quality of life. This program will focus its efforts in areas with historic inequities, including investment in census tracts designated as QCTs by HUD. To support this goal, the program adopted a broad outreach strategy that incorporates on-the-ground events, direct outreach to previously identified eligible businesses, social media advertising, and in-language radio interviews. To ensure equitable access, the program fully translated the website and application in the five languages most prevalent in our service area. Applications were collected July-Aug 2021, with award determinations occurring late August. Disbursement is expected from August-November 2021.

**Use of Evidence:** The program does not employ evidence-based interventions.

**CSGER-DPH-Food Food Security Program**

**Funding Amount:** \$5,000,000

**Expenditure Category:** 2.10 Aid to Nonprofit Organizations

**Overview of Program:** The program will provide Food Security Assistance for Food Programs for approximately 6,600 households. The program will engage one agency or organization to manage the contracts with approximately twenty community-based organizations (CBOs). The CBOs will purchase, store, and distribute culturally appropriate foods and other food items as part of the program. The program will prioritize but is not limited to purchasing food from locally owned/operated grocery stores, farms, catering companies, restaurants, growers, hunters, and fishers. The program will prioritize but will not be limited to supporting community-based organizations who serve populations disproportionately affected by food insecurity to sustain their food distribution models that have been key to meeting community cultural food needs. This program is in development and timeline and partners have yet to be identified.

**Use of Evidence:** This program utilizes a “data-informed” approach rather than and evidence-based intervention. Data is used to identify groups and/or areas most likely to experience food insecurity and ensure that program resources are accessible to those most in need.

**KCOPS-DCHS-COVIDops DCHS COVID-19 Program Staff Support**

**Funding Amount:** \$8,000,000

**Expenditure Category:** 7.1 Administrative Expenses

**Overview of Program:** The King County Department of Community and Human Services (DCHS) manages a range of programs and services to help our county's most vulnerable residents while working to strengthen our communities. The department's COVID-19 focused programs are an extension of its central mission. This program will fund staff support in DCHS for administration, monitoring, and evaluation of COVID-19 programs. This program is internally focused and is ongoing.

**Use of Evidence:** The program does not employ evidence-based interventions.

**KCOPS-DLS-Permit Permitting Division Support**

**Funding Amount:** \$4,125,000

**Expenditure Category:** 2.14 Rehiring Public Sector Staff

**Overview of Program:** The King County Permitting Division provides land use, building, and fire, regulatory, and operating permits, code enforcement, and a limited number of business licenses in unincorporated areas of the county. Since the pandemic, the division has experienced a large backlog of building permit applications. The backlog was a direct result of COVID-19 social distancing policies, which required immediate operational changes such as shifting staff to remote work, and logistical conversion of many paper-based permit application processes into an online tool. The conversion was successful but required several months to complete, during which time productivity was reduced. Unanticipated staff attrition in 2020 due to

COVID-19 further reduced permit review capacity, creating bottlenecks, especially in the residential drainage engineering workgroup, where all five engineers left county employment or transferred to other positions. Until additional resources are allocated for temporary staff, overtime for existing staff, hiring of consultants, and the purchase of workflow management software to increase productivity, the building permit backlogs will continue and slow the economic recovery initially caused by the public health emergency. The implementation of this program is ongoing and is expected to continue through 2022. No external partners have been identified.

**Use of Evidence:** The program does not employ evidence-based interventions.

**KCOPS-KCSC-Backlog King County Superior Court Backlog**

**Funding Amount:** \$10,896,000

**Expenditure Category:** 1.9 Payroll Costs for Public Health, Safety, and Other Public Sector Staff Responding to COVID-19

**Overview of Program:** This program provides funding for existing court functions, to mitigate backlogs created by COVID-19. It is intended to restore pending trials and the wait time for hearings to pre-COVID levels. It will also respond to higher demand for court services and greater complexity of utilizing technology and new procedures necessitated by remote/video participation. Expenditures include additional staffing and infrastructure, such as technology for remote jury selection. Other expenditures include training and intranet/website to allow court activity to continue in a standardized manner utilizing new processes and procedures that were adopted during COVID and continue to be necessary due to changing and unpredictable requirements for assembling large groups of people in small areas. Expenditures for court activity that are not trial related, such as family law, allow those matters to continue at pre-COVID capacity, which would accommodate increased demand, increased complexity of remote participation, or would mitigate a necessity to reallocate those existing resources to criminal matters. Funding has been provided March 2021 - December 2022, however, some of the program activities will most likely extend beyond then. This work is internally focused, and no external partnerships are planned.

**Use of Evidence:** The program does not employ evidence-based interventions.

**PHR-DCHS-Dsites Shelter Deintensification Program**

**Funding Amount:** \$6,000,000

**Expenditure Category:** 1.8 Other COVID-19 Public Health Expenses (including Communications, Enforcement, Isolation/Quarantine)

**Overview of Program:** Shelter deintensification took what were formerly congregate shelters for people experiencing homelessness, with individuals sleeping in very close proximity, and moved them to hotels. This included both moving entire shelters to hotels and moving some units of a shelter to hotels. This was undertaken to reduce shelter density for purposes of the physical distancing and health measures, including private restrooms and showers,

required to limit the transmission of the virus and protect vulnerable individuals experiencing homelessness – a population otherwise deemed by the CDC as at high risk of COVID-19. This program serves a population disproportionately impacted by COVID-19, and particularly those with health conditions making one more vulnerable to COVID, and age. The program includes leasing of hotels and contracting with not-for-profit providers where entire shelters moved. Where units were reduced, the county has contracted with not-for-profit providers that rented hotel rooms. Partners include Catholic Community Services and Downtown Emergency Services Center.

**Use of Evidence:** A team of researchers from the University of Washington and the King County Department of Community and Human Services was engaged to study the impacts of this programmatic intervention. This study, published in November 2020, used a mixed methods approach to understand the effects and outcomes on individuals who were moved to non-congregate hotel settings. See [Impact of Hotels as Non-Congregate Emergency Shelters](#).

**PHR-DCHS-IQSiteOps Isolation and Quarantine Site Operations**

**Funding Amount:** \$3,300,000

**Expenditure Category:** 1.8 Other COVID-19 Public Health Expenses (including Communications, Enforcement, Isolation/Quarantine)

**Overview of Program:** The isolation and quarantine sites serve to reduce the spread of illness and keep hospital beds available for people with acute healthcare needs. While most people will isolate and recover in their own homes, temporary housing is needed for those who cannot safely isolate and recover in their homes and for those who do not have homes. The facilities are open to families with children, individuals, essential workers, people living in multigenerational households, first responders, travelers and people experiencing homelessness. Expenditures cover congregate care facilities that will provide public health supervised care to symptomatic or COVID positive adults who are not able to follow public health guidance for isolation, quarantine, or recovery in their own home, or do not have a home. Examples include travelers, symptomatic or COVID-positive people who cannot safely isolate away from a medically fragile or high-risk individuals (senior, immune-compromised child) in their home, or people experiencing homelessness. It can also provide flex space for hospitals to discharge non-emergency COVID cases, freeing up space for more acute patients. At a minimum, the Isolation and Quarantine capacity will need to exist until the end of the declared public health emergency.

**Use of Evidence:** The program does not employ evidence-based interventions.

**PHR-DPH-CMR Community Mitigation and Recovery**

**Funding Amount:** \$4,239,843

**Expenditure Category:** 1.8 Other COVID-19 Public Health Expenses (including Communications, Enforcement, Isolation/Quarantine)

**Overview of Program:** Anticipating that COVID-19 would inevitably disproportionately impact underserved communities, the CMR program sought to engage these communities in the development of COVID-19 response. These programs were non-standard governmental operations that were able to authentically partner with community and to bring their skills and knowledge to the forefront of the department’s response efforts. The program facilitated two-way communication with key sectors, such as government, small businesses, faith-based organizations, school and childcare, and higher education, and helped to bridge relationships and provide technical assistance. The program also established teams and liaisons focused on accessibility, language access, community organizations, immigrants, and refugees, and the Latinx and LGBTQ+ communities. Examples of two key and impactful community-facing teams are the Pandemic & Racism Community Advisory Group (PARCAG) and the Community Navigator program. The program has three outcomes: 1) to minimize inequities in disease and utilization of interventions that are community-informed; 2) community participation and partnerships drive desired outcomes, decisions, resource allocation, program design, and results across the determinants of equity; and 3) community systematically drives pro-equity structural changes that increase equitable access to the determinants of equity and reduce health, social, and economic inequities.

**Use of Evidence:** This program utilizes a “data-informed” approach rather than and evidence-based intervention. Data was used to identify populations that have existing health disparities and are underserved from a public health perspective. These communities were disproportionately impacted by the COVID-19 pandemic, increasing the need for outreach.

**PHR-DPH-HMACODIR    HMAC and PICC**

**Funding Amount:** \$9,499,388

**Expenditure Category:** 1.9 Payroll Costs for Public Health, Safety, and Other Public Sector Staff Responding to COVID-19

**Overview of Program:** HMAC is the incident management system for ongoing departmental COVID-19 response coordination and accountability and ensures alignment with national practices and compliance with federal requirements. HMAC provides consistent coordination and support for all major response activities across the department and serves as a central coordination and support entity. Major activities: staffing all PH COVID activity meetings; coordinating resources; coordinating and convening briefings; producing situation reports and incident action plans; centralized document collection; transition planning and intra-action review. The PICC (Public Information Contact Center) is the call center operated by King County to answer our community's questions regarding the COVID-19 pandemic. This call center helped public find and register for testing and vaccination appointments, answered medical questions regarding COVID, provided Isolation and Quarantine intake, and interfaced with Communicable Disease during outbreaks. At a minimum, this program will need to continue until the end of the public health

emergency, but is dependent on other COVID activities in department, as this program provides back-bone and incident management support. This is an internally focused program.

**Use of Evidence:** The program does not employ evidence-based interventions.

**CSGER-DCHS-Cole ad Co-LEAD South King County**

**Funding Amount:** \$750,000

**Expenditure Category:** 1.12 Other Public Health Services

**Overview of Program:** Co-LEAD South King County operates in Burien and utilizes an adapted Law Enforcement Assisted Diversion (LEAD) model to deploy a rapid response to homelessness and public safety amid COVID-19. Co-LEAD outreach responders receive referrals from Burien Police Department and conducts street outreach as an entry point to services. Expenditures include case management to place individuals in hotel rooms to support social distancing, hazard pay premiums for case managers working directly with participants, personal protective equipment purchases, and additional case management costs associated with moving to a 24/7 case management model during the crisis. The program support allows law enforcement to meet the objective of having no one living in the parks, without booking people into SCORE while also following CDC guidelines regarding not scattering encampment residents but rather providing individualized lodging/housing. The program is expected to continue through at least December 2022. The Public Defender Association (PDA) is the main partner who works with the Sheriff's Office.

**Use of Evidence:** This program utilizes a “data-informed” approach rather than and evidence-based intervention. Data is used to track and measure the program outcomes.

**PHR-EH-Vent Safe Start - Ventilation Program**

**Funding Amount:** \$2,500,000

**Expenditure Category:** 1.9 Payroll Costs for Public Health, Safety, and Other Public Sector Staff Responding to COVID-19

**Overview of Program:** To reduce the spread of COVID-19 during the reopening and recovery phase, this program will focus on expanding ventilation technical assistance (TA), community education and supply distribution to those most in need in the priority sectors (e.g., childcares, schools, public buildings, religious institutions, event venues, and other congregate settings and vulnerable households). Our TA will focus on ventilation but will also include water, sanitation, and hygiene; creating safe outdoor space; and responding to other emerging environmental health issues to help reduce COVID-19 transmission and other disease risks. The EHS Division’s staff and community-based contractors will provide technical assistance and community education related to indoor air quality, ventilation, and other building health issues. Part of this effort will also be to procure and distribute portable HEPA air purifier units and box fan filter kits to high priority sites based on equity, COVID-19, vaccination rates, and air pollution data. The program is projected to last until December 2022.

The program is partnering with CBOs to conduct targeted outreach about the ventilation technical assistance service and HEPA and box fan filter supply distribution. We also are providing communications (e.g., e-newsletter) to outreach about the program.

**Use of Evidence:** This program is developing an evaluation plan, but we anticipate it to be a mixed-methods approach (e.g., survey and key informant interviews) and cover the evaluation of the program’s process, reach (demographics, geographic, etc.) and short-term outcomes assessed through follow-up post-surveys (e.g., intention to adopt at least one recommendation and change in awareness). The study will not be a randomized or quasi-experimental design, and therefore will not be generalizable or require statistical power. We anticipate completing the evaluation after the program activities have been completed. This program does not specifically include interventions based on evidence from the public health literature. Rather, we are supporting the distribution of ventilation supplies recommended by CDC and our small pilot work in 2020.

**PHR-DPH-EHSSTART Safe Start - Tavern and Restaurant Program**

**Funding Amount:** \$2,165,662

**Expenditure Category:** 1.9 Payroll Costs for Public Health, Safety, and Other Public Sector Staff Responding to COVID-19

**Overview of Program:** The Safe Starts for Taverns and Restaurants (SSTAR) Program provides technical assistance, community outreach, and enforcement for food establishment compliance with COVID-19 transmission risk reduction measures outlined in Governor Inslee’s Safe Start Reopening Plan and the subsequent Washington State Roadmap to Recovery. Major activities of the program include: conducting food establishment site assessments to determine compliance with COVID-19 prevention measures; provisioning of technical assistance to increase compliance rates; distributing of educational materials in multiple languages; compliance enforcement and temporary suspension of food establishment operating permits for facilities in gross non-compliance; mobile outreach to provide technical assistance and resource distribution to assist facilities with compliance; and allocating of financial assistance funding to assist food establishments cope with increased operational costs associated with compliance with COVID-19 prevention measures. The program is projected to continue through December 2022. The SSTAR program has engaged in contracts with community partners (e.g., community-based organizations, business neighborhood associations and local Economic Development Offices) that prioritize education and outreach in high-needs or highly impacted geographic areas in King County (as guided by disparity data on COVID-19 transmission rates, vaccination rates, social, health, and economic inequities, and air pollution disparities).

**Use of Evidence:** A program evaluation for the SSTAR Financial Assistance program, funded under CRF, was completed in April 2021. The purpose of this evaluation was to determine the importance, challenges, lessons learned, and successes of the program; to determine if financial assistance was

distributed equitably to businesses with non-English speaking and minority-owned businesses; and to provide recommendations for future financial assistance programs for small businesses. Future evaluation of the newly expanded effort to provide ventilation/indoor air quality technical assistance, community education, and HEPA supplies to small food establishments and other sectors will be conducted.

### KCOPS-FMD-CubeRSVP Cube Reservation Technology

**Funding Amount:** \$380,000

**Expenditure Category:** 1.8 Other COVID-19 Public Health Expenses (including Communications, Enforcement, Isolation/Quarantine)

**Overview of Program:** The program will enable employees working from home to have a reliable means to reserve an office workspace when they come into the office to work. It is anticipated that many employees will remain on at least partial telecommute status through the duration of the pandemic, and many departments and divisions have retooled their office footprint to support more hybrid work, assuming that some employees may remain offsite while others will be gathered in the office. Cube reservation software will be a critical tool in ensuring the productivity of that model. The funds will be used to procure and implement a software solution. These programs are internally focused.

**Use of Evidence:** The program does not employ evidence-based interventions.

## Performance Report

King County is currently engaged in program design and eligibility determinations for most ARPA-funded programs and identifying performance metrics is an ongoing activity. Subsequent Recovery Plan Performance Reports will include a more complete list of metrics and data. The initial performance report will focus on King County approaches to performance measurement—both broadly and for this funding specifically.

### Background on King County's Performance Measurement Approach

King County has been at the forefront of performance measurement, working on enterprise-level performance measurement since 2003. The County has been recognized for this work on numerous occasions, most recently as the recipient of the 2019 Center for Accountability and Performance Organizational Leadership Award, given by the American Society of Public Administration.

The County's performance measurement approach began with KingStat in the early 2000s. In 2013 the Executive Branch leadership updated the approach across all departments to reflect the County's incorporation of Lean management principles. It started implementing organizational performance discussions using visual management tools called *tier boards* and management review sessions called *roundings* or *operations review* meetings. The identification of performance measures has been required in the biennial business planning process and investment monitoring. In addition, some departments have performance measurement and evaluation units to support comprehensive reporting to funders across a variety of health and human services and transportation functions.

<p><b>Performance measures:</b> Organization's collection and use of performance data and development and use of performance measures</p>	<ul style="list-style-type: none"> <li>• Performance measures begin to be defined.</li> <li>• At least one of the three types of measures (process, output, outcome) are used.</li> <li>• Performance data is available for some measures.</li> <li>• Data is collected on income, race, and place, where applicable, and includes adequate data protections.</li> </ul>	<ul style="list-style-type: none"> <li>• At least two of the three types of measures (process, output, outcome) are used.</li> <li>• Performance measures begin to cascade between some tiers.</li> <li>• Performance data are: <ul style="list-style-type: none"> <li>- available for key performance measures and updated on a frequent schedule</li> <li>- used to monitor progress towards targets</li> <li>- available to leaders</li> <li>- disaggregated by income, race, and place, where applicable, and includes adequate data protections</li> </ul> </li> <li>• Performance targets: <ul style="list-style-type: none"> <li>- are identified for key performance measures</li> <li>- are measurable</li> <li>- are time-bound</li> <li>- direct work</li> <li>- are determined in consultation with multiple levels within the organization</li> <li>- aim for equitable results</li> <li>- are disaggregated by race and place, where applicable</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Performance measures are transparent to customers.</li> <li>• Performance measures and supporting data are understood, owned by, and available to employees.</li> <li>• Performance measures drive engagement, learning, and improvement activities.</li> <li>• All three types of measures (process, output, outcome) are used.</li> <li>• There are separate measures focused on people, cost, and service.</li> <li>• Performance measures drive equity.</li> <li>• Disaggregated data is routinely used.</li> </ul>	<ul style="list-style-type: none"> <li>• Performance measures in the organization cascade down.</li> <li>• Performance measures are connected across the line of business.</li> <li>• Targets are reassessed periodically based on changing customer needs, continuous improvement progress, and disaggregated data.</li> <li>• Performance data, including outcomes, is available to the public.</li> <li>• Data is routinely examined to identify structural bias.</li> </ul>
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performance measurement work is aligned to King County's Lean Maturity Model, which departments are using to develop their Lean management maturity in variety of areas (see below for the levels of maturity for performance measurement). The model encourages the use of data disaggregation, performance targets, equity performance reviews, and aligned sets of process, output, and outcome measures. PSB has trained nearly 700 staff across the organization by offering training courses quarterly since 2016.

## Regional Indicators

While measurement of individual programs is key to producing meaningful outcomes for the region, the overall success of these programs cannot be understood without a clear picture of the regional economic, social, and health indicators. The Office of Economic and Financial Analysis (OEFA) produces economic and revenue forecasts for King County budgeting purposes and guidance. This office utilizes both national and regional data to inform decision making by county leaders. Public Health – Seattle and King County tracks social indicators of well-being in various dashboards. Public Health also has several dashboards related to the pandemic, which are essential to understanding where resources are needed for recovery. These include tracking of testing, positive cases, hospitalization rates, deaths, and vaccination rates.

## Key Indicators of COVID-19

Public Health – Seattle and King County maintain several dashboards related to the pandemic. The [Daily COVID-19 Outbreak Summary](#) tracks a variety of various output measures, including the number of cases, positivity rates, hospitalizations, and deaths due to COVID-19. The [Key Indicators of COVID-19 Activity](#) utilizes these data points to calculate community transmission levels and trends in hospitalizations and deaths to monitor both the pandemic and the capacity for regional response. Currently, the region is experiencing another wave of transmission, largely due to prevalence of the delta variant. While the high rate of community spread is concerning, the risk of death from COVID-19 and the hospitalization rates remain below levels from other times of peak COVID-19 spread.

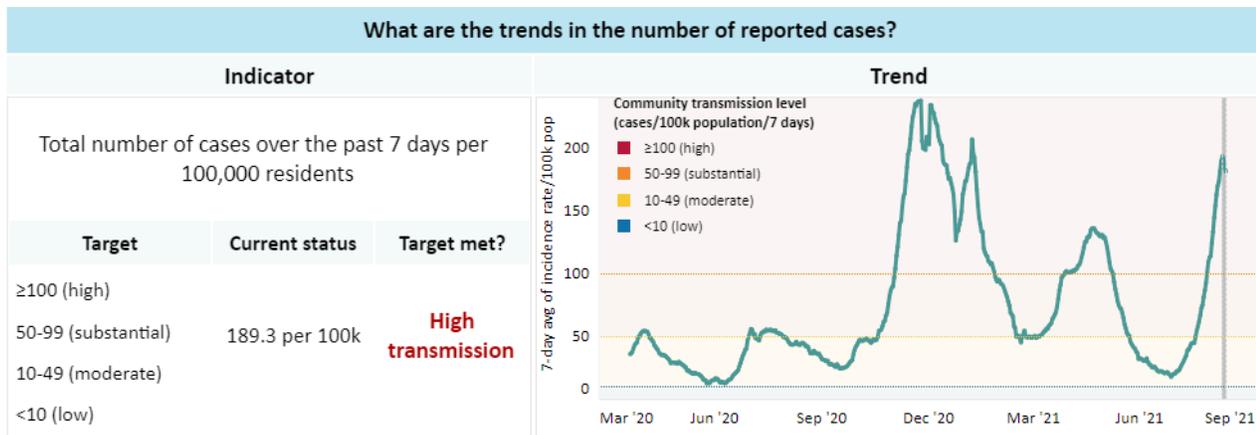


Figure 2 - Visual from the "Key Indicators of COVID-19 Activity" dashboard

[Vaccination rates](#) are tracked separately and allow policy makers to closely track local efforts, including viewing disaggregated data by race, age, gender, and geography. At this time, over three million doses have been administered, and over 75% of the eligible population has completed their vaccine series. The relatively high rate of vaccination in the region has buffered the impacts of the delta variant on hospitalization and death rates.

### Economic Indicators

The Office of Economic and Financial Analysis tracks several key economic indicators related to the local economy, including job growth, house prices, taxable sales, and inflation. OEFA shares this information in the [EconoPulse](#) newsletter. For the first quarter of 2021, house prices, taxable sales and inflation all showed considerable growth over the first quarter of 2020, suggesting the local economic recovery was continuing.

However, job growth remained well below pre-pandemic levels. Certain sectors, such as hospitality, experienced more precipitous losses and continue to have lag the overall levels of employment growth.

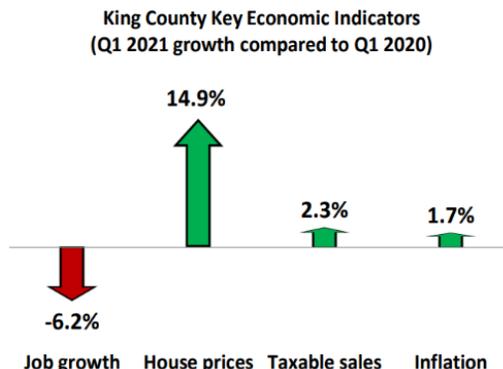
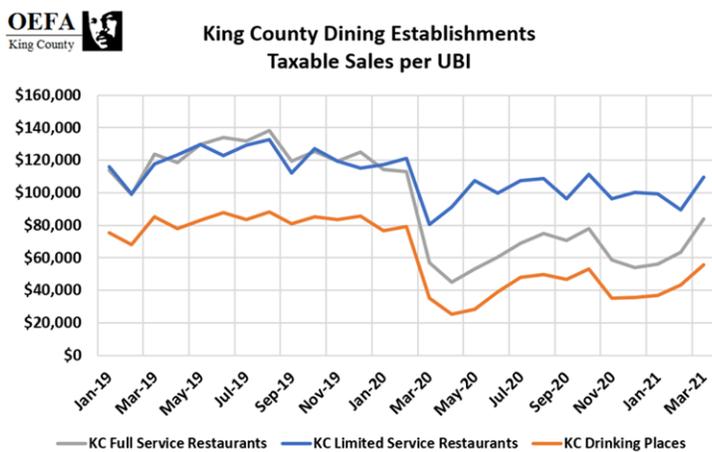


Figure 3 - Key Economic Indicators from Q1 2021 EconoPulse



To further understand how the economic recovery differs by sector, OEFA began measuring taxable retail sales by sector using the 6-digit NAICS code and tracking the count of taxpaying businesses by utilizing the unified business identifier number (UBI) issued by Washington State Department of Revenue. This allowed OEFA to develop a "[taxable sales per UBI](#)" metric that measures the average taxable sales of all taxpaying businesses in a given sector each month.

A visualization of this measure is shown for dining establishment. It shows that the pandemics effects were felt most sharply by bars, followed by full-service restaurants. All three types of establishments show a sharp increase from February to March.

Finally, OEFA publishes an [Economic Forecast](#) twice a year, which is used by policy makers and agencies for fiscal planning. This forecast model tracks employment, personal income, the consumer price index, housing permits, population, and taxable retail sales. Because much of King County’s revenue is directly related to these metrics, the forecast is vital to determining the levels of available funding for government to spend.

Summary Forecast				
Q2 2021				
Annual Percent Change				
	Actual		Forecast	
	2019	2020	2021	2022
<b>King County</b>				
Employment	2.5%	-5.6%	2.5%	4.0%
Personal Income (cur. \$)	5.3%	6.6%	6.0%	0.4%
Consumer Price Index	2.8%	1.5%	2.9%	2.4%
Housing Permits	17.8%	-21.8%	12.0%	-3.0%
Population	1.6%	1.6%	1.4%	1.0%

### Other Economic, Social and Health Indicators

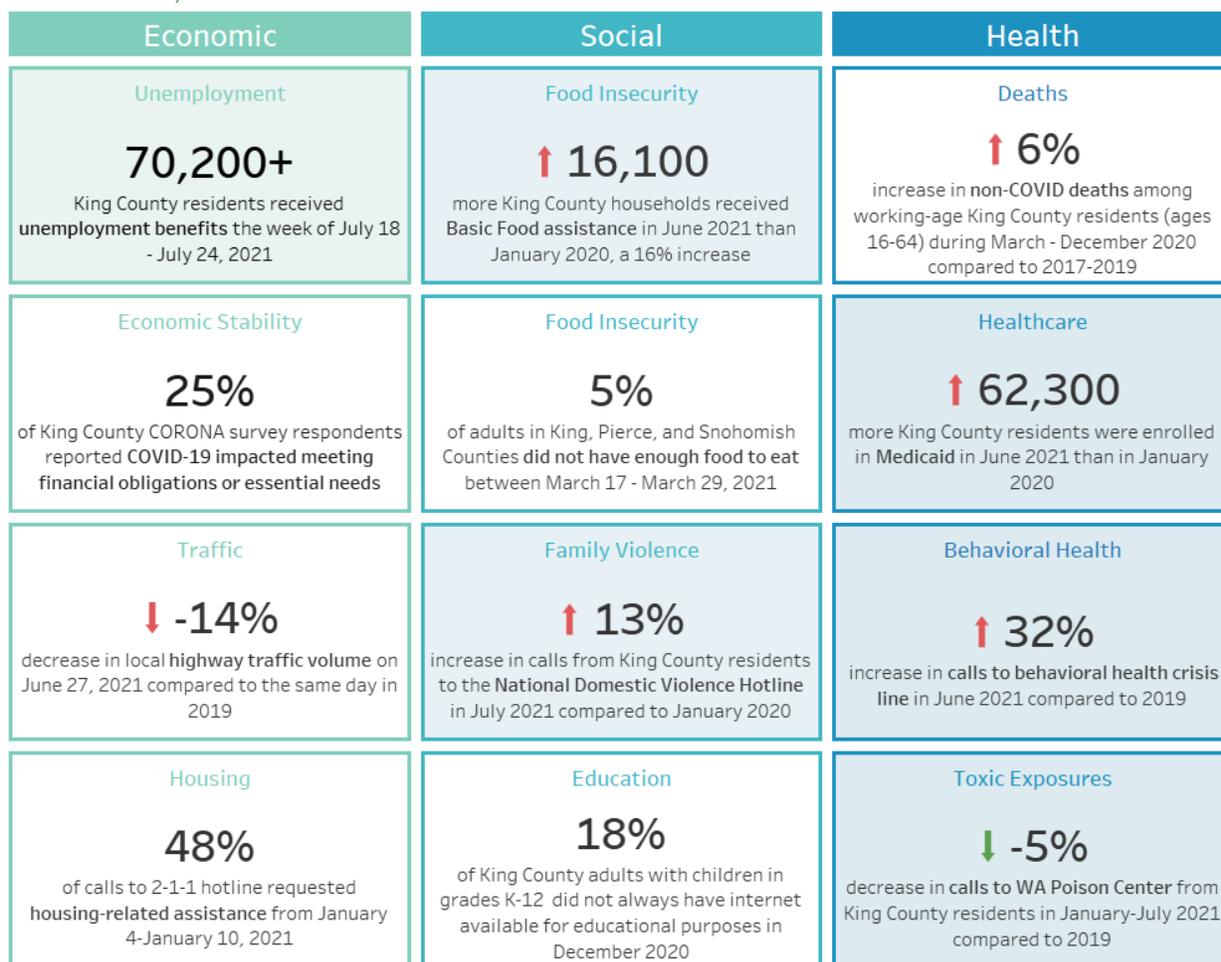


Figure 4 - "Key Economic, Social, and Overall Health Impacts"

Public Health – Seattle and King County assembled a [dashboard](#) to monitor several indicators of economic, social, and overall health impacts. These indicators include measures related to economic stability, housing, food insecurity, education, health care, behavioral health, and overall health. These indicators provide a

more holistic view of the pandemic and allow policy makers to access demographic and other detailed data in order to focus programs where the needs are greatest in the community.

## **SLFRF Funded Programs**

To support this initial phase, King County is first sharing the performance measurement requirements and expectations with program staff so they may incorporate them into their program design and contract development.

Coupled with this communication, King County's Performance and Strategy team is providing program staff with tools to promote logic model development and identification of associated process, output, and outcome metrics. The team is also encouraging programs to collect data on these metrics that are disaggregated by programmatically meaningful demographics such as race, place, gender, income status, among other categories. The team has developed tip sheets on performance metrics and logic models and is offering customized training and technical assistance upon request.

King County will first rely upon the subject matter expertise of program staff to identify meaningful output and outcome performance metrics that are able to be disaggregated. Next, the team will look for opportunities for alignment in related bodies of work to form "portfolios" for more aggregate reporting within King County's ARPA-funded bodies of work. The need to balance the number and complexity of performance metrics with the data collection capacity of community-based organizations most appropriate for equitable service provision will be kept under consideration as metrics are developed.

King County staff have also begun conversations with the City of Seattle to coordinate portfolio metrics, enhancing the ability to report on the impact of the ARPA funds in the Seattle-King County region in recognition that the collective goal is to improve outcomes for residents. This alignment will begin once programs move out of the program design phase into implementation.

Development of performance measures is ongoing, and none of programs have finalized measures. Programs that fall into an expenditure category with a required measurement will incorporate those measures into the program design.