



HEALTHY CHILDREN'S FUND TWO YEAR PROCESS EVALUATION

2022-2024

WHATCOM COUNTY HEALTH AND COMMUNITY SERVICES

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FOREWARD: A MESSAGE FROM THE COUNTY EXECUTIVE

The Healthy Children's Fund (HCF) represents the power of the voters to enact a generational investment in the future of our children. The unprecedented voter approved fund secured millions of dollars for the purpose of improving the health and wellbeing of the community's children. But even in electoral action, our community was divided. The ballot measure passed by 20 votes out of 111,791, or .02%. As the County Executive, I acknowledge the extraordinary community efforts and energy around the HCF, both positive and negative.

Looking at the data, it is clear that Whatcom County government is delivering on the promises made to the voters. The County Executive's office has been dedicated to the success of the HCF since its inception. We are confident that moving into years 3 and beyond, we have put the structures in place for continued success and life changing benefits for families and young children.

In the first 24 months, the county employees focused on this work, accomplished a significant amount of progress including but not limited to:

- Formally establishing the fund and services supported by them
- A new team of staff were hired
- New programs were designed and new community partners entered into contracts to provide the services

As of May 9th, 2025

- 38 contracts and \$7,901,309 out the door providing funding to programs to deliver on the HCF promises.
- Current contract development represents another \$1,270,000 pending.

Any organizational leader either public or private would characterize the implementation as overly ambitious, but the HCF staff have succeeded. I specifically would like to thank, Sarah Simpson, Allison Williams, Amy Rydel, Allyson Halverson, Kathryn DeFilippo, Hunter Pluckebaum, Janie Oliphant, Jessie Thomson, Ann Beck, the Health Business Office Staff & Marie Junek for their dedication to this work.

COUNTY EXECUTIVE'S PRIORITIES FOR THE NEXT PHASE OF THE HEALTHY CHILDREN'S FUND IMPLEMENTATION

Moving forward, I am taking several steps to build on our success so far and ensure the HCF fulfills its promise to the voters.

1. ROLE DEFINITION

One of the key stumbling blocks that has slowed progress on the HCF goals has been a lack of clarity around roles. Moving forward, the executive office will ensure clear lines of responsibility and accountability.

Whatcom County Executive is responsible for all county operations including the Health and Community Services Department. This office ensures that the fund administration is effective at carrying out the HCF, that it is used exclusively for legal, eligible services described in the ordinance, that anyone receiving funds complies with county purchasing procedures, and funds are administered effectively and efficiently.

Whatcom County Health and Community Services Department Director is responsible for overall operations of the fund administration.

Whatcom County Health and Community Services Staff (a department within Whatcom County Government) serves as the fund administrator of the Healthy Children's Fund. This department is responsible for developing the infrastructure and processes needed to ensure successful fund implementation. This role includes convening subject matter experts; proposing fund allocation strategies, processes, and logistical operations; ensuring community partners have the resources necessary to access and utilize funding successfully; partnering with community organizations and leaders in key areas; contract development; program and project evaluation; ensuring reliable and timely communication; and building relationships with underserved communities.

Whatcom County Council serves as the budget authority of the Healthy Children's Fund. Per the HCF specific ordinance, the council will also approve implementation plans presented by the County Executive, approve all contracts per County procedures, receive evaluations and performance audits, and work with the Executive's Office on implementing recommendations.

The Healthy Children's Fund Implementation Team was formed in September 2024 by the Whatcom County Health and Community Services Department with Executive's Office approval. This team is composed of parents and community members, early learning & care and vulnerable children program experts, Child & Family Well-being Task Force members, and Whatcom County Health & Community Services staff. The Implementation Team works in collaboration with the Child and Family Well-Being Task Force to recommend the policy direction and ensure the evaluation process is in line with Ordinance AB2022-303. This team serves as the Fund's central body, holding the "bigger picture" of funding recommendations, goals, and priorities and ensuring these funds are allocated effectively.

The Child & Family Well-Being Task Force (CFWBTF), established by the Whatcom County Council, collaborates with the Whatcom County government regarding the Healthy Children's Fund as required by the Healthy Children's Fund ordinance. It is tasked with a strictly advisory role by collaborating on the Implementation Plan every two years, consulting with a qualified independent auditor on an audit process every two years, and writing and delivering an annual report to the public and County Council.

Independent Auditors and Evaluators will, in collaboration with the Whatcom County Executive's Office and the Child & Family Well-being Task Force, be contracted to provide an independent, third-party evaluation of the fund administration, key funded programs, and the effectiveness of the fund overall.

2. ANNUAL HCF WORK CALENDAR:

The HCF was passed without an implementation plan in place, and as codified, gave the County Executive and staff a mere 3 months to work with the volunteer taskforce to complete a plan and bring it forward for adoption. This timeframe created unrealistic expectations and outcomes. Moving forward, clear expectations will be achieved by planning an annual cycle of work, which will be included in the annual 'Implementation Plan' process incorporated into the Whatcom County budget cycle each year.

3. PROCUREMENT REFORM:

Much of the Children and Families Well-Being Task Force concern over the last few years has been related to the County's contracting process. Whatcom County's procurement is governed by code, County charter, and by law - staff cannot deviate from that process. Rapid growth of services during the pandemic significantly strained the County's administrative backbone. Moving forward, the county is focused on building streamlined processes to address the challenge. Additionally, the HCF roll out highlighted the need for significant procurement reform and a need to modernize the County's finance systems through County Council and the Executive's Office. The Executive's Office is already engaged with the County Council to ask for streamlined code and policy changes to increase efficiency in these areas as well as increasing staffing with the County's Finance department.

4. STRONGER COMMUNICATION ON PROGRESS MADE:

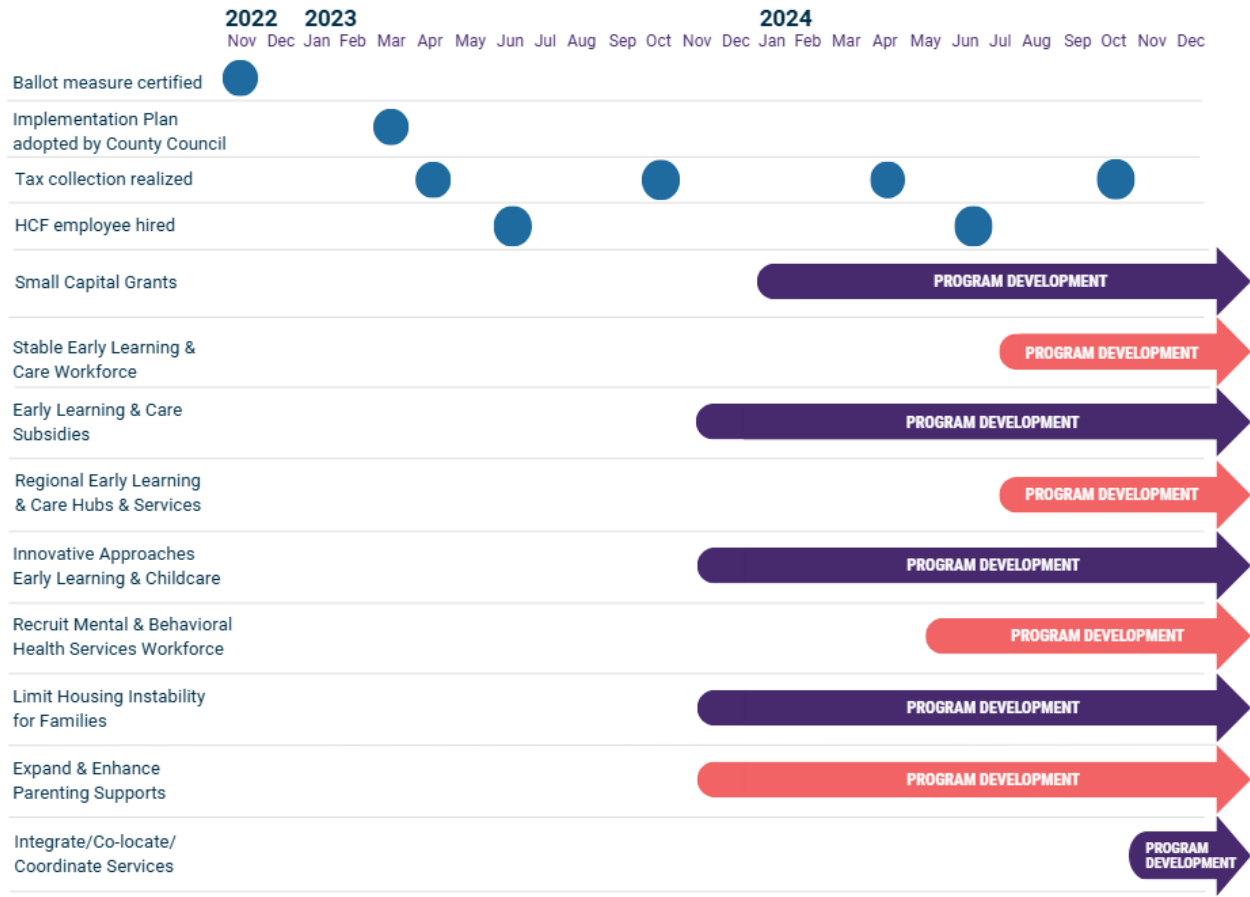
As we move into the next 2 years of the fund, the community will better see the impact of these programs and the outcomes of this hard work to launch the fund.



This progress will not happen quietly. Our professional and dedicated staff will be compiling data, measurements, and outcomes and sharing them with the public and Council regularly and through various communication channels.

The following graphic outlines the work accomplished.

HEALTHY CHILDREN'S FUND TIMELINE 2022-2024



5. EVALUATION:

The County is preparing for the first performance audit to be completed by December 31, 2025. An independent firm will be engaged and staff have already identified some initial areas of focus for the evaluation, such as contracting procedures.

“A performance audit of the HCF’s internal administration, performed by an independent, external auditor, is mandated by ordinance. WCHCS will also use process evaluation to assess fund recipients’ and applicants’ experience, barriers, and possible improvements. To perform the performance audit, the Whatcom County Executive’s Office, with consultation from the Child & Family Well-being Task Force, will retain an external government audit organization for a multi-year contract to perform performance audits. A key component of the external audit will be to analyze the effectiveness of fund administration on the success of the Healthy Children’s Fund and identify areas for improvement and development, especially in the early years of implementation.” 2022 Implementation Plan, Page 58

INTRODUCTION

Like many communities across the nation, Whatcom County has recognized that early childhood well-being depends on the broader ecosystem in which a child lives—because no child exists in isolation. In response to this need, Whatcom County voters approved the Healthy Children’s Fund (HCF) in 2022 to make a nearly \$100 million investment over ten years (2023-2032). These funds are being used to support strategies focused on improving early learning and care, supporting vulnerable children, and reducing disparities and inequities for young families.

This report presents findings from a process evaluation of the first two years of HCF implementation. The evaluation focuses on how the fund has been administered, challenges encountered, and lessons learned, with recommendations for improving implementation moving forward.

METHODS

This process evaluation assesses the extent to which HCF is being implemented as planned by Whatcom County Health and Community Services (WCHCS) and provides recommendations for improving implementation going forward based on feedback from staff and key partners.

This evaluation report relies on the following data:

- HCF administrative and financial records
- Interviews with 7 WCHCS staff
- Written feedback from 16 community partners
- Contractor reporting data

This report examines the HCF’s implementation and progress in four key areas:

1. Funding and strategy alignment in accordance to the implementation plan;
2. Timeliness and transparency of fund disbursement;
3. Scope and intended reach of funded strategies across organizations and populations;
4. Partner and staff satisfaction and lessons learned.

This evaluation was designed around a series of evaluation questions presented at the beginning of each section of the report, following a summary of key findings and associated recommendations.

SUMMARY OF KEY FINDINGS & RECOMMENDATIONS

The first two years of the Healthy Children's Fund (HCF) implementation were largely focused on establishing internal structures, developing funding mechanisms, and navigating county contracting processes. While significant progress was made in allocating funds and launching programs, key challenges emerged that impacted timeliness, transparency, and strategic alignment of the funds. Below are key findings from the evaluation, along with recommendations where appropriate

- 1. Fund disbursement and implementation have gained momentum in the last six months of the cycle.** 21 of the 23 contracts were executed in the final six months, indicating improved internal processes, strengthened interdepartmental coordination, and increased efficiency.

Recommendation: Continue leveraging the lessons learned in the last six months to streamline contracting and fund distribution. Identify remaining barriers and develop internal benchmarks for Request for Proposals (RFP) development and contract turnaround time to sustain momentum.

- 2. The complexity of contracting especially for first-time grantees and approval processes contributed to delays and frustrations.** Staff reported that there was a lack of clear guidance in the contracting and approval process, which when paired with the inexperience of new vendors, fund disbursement was slower than anticipated.

Recommendation: Develop a contractor support system, continue to provide and tailor technical assistance, create clearer RFP instructions, and a tracking system that allows organizations to monitor their contract progress.

- 3. Inability to fill Health and Community Services Department staff vacancies, and countywide staffing shortages in supporting divisions, and unclear leadership expectations created bottlenecks in fund disbursement and contract execution.** The HCF was a new initiative and service structure that required hiring and training four staff to manage the fund while simultaneously navigating competing community demands, complex and overburdened county organizational and approval structures.

Recommendation: Work closely with the County Executive's office to bring forward resources, clear leadership, collaborate with the Finance & Legal Departments to gain efficiencies. Use recommendations obtained through external audit to improve internal infrastructure county wide.

Recommendation: Increase administrative staffing dedicated to contracting and financial oversight to decrease burden, especially as more and more contracts are anticipated to come out of this fund.

Recommendation: Establish clearer procedural and role clarity around contracting by defining who has decision-making authority at each stage of the contracting process and ensuring that people operate within those roles to minimize confusion, streamline workflows, and prevent conflicting directives.

-
- 4. Many newly funded organizations had never contracted with the county before, increasing access to funding but requiring additional support.** HCF successfully expanded funding to new organizations, including private doulas and smaller community-based providers. However, many of these organizations struggled with county contracting requirements, requiring significant staff time for technical assistance.

Recommendation: Strengthen existing technical assistance efforts for first-time county grantees, and consider building in new support like pre-application workshops, simplified RFP instructions, and ongoing support during the contracting process after award notification.

- 5. HCF funding reached a diverse range of service areas, addressing key needs in early learning, housing stability, perinatal support, and mental health.** HCF funds supported 23 contracts across childcare stabilization, housing assistance, early childhood mental health, perinatal services, and essential family needs. The fund helped increase access to culturally responsive care and supported initiatives such as early learning workforce development, emergency housing services, and mental health provider expansion.

Recommendation: Continue monitoring the reach and equity of funding, ensuring that resources are distributed fairly and align with community needs and gaps.

- 6. Fund disbursement timeline and misinformation affected public perception of HCF's effectiveness.** Some key partners and community members perceived HCF as being too slow in achieving tangible results, particularly around childcare expansion and workforce investment. This contributed to misunderstandings about how funds were being used.

Recommendation: Implement clearer and more proactive public communication strategies to ensure key partners and community members better understand how funds are allocated and correct misinformation when it arises.

Recommendation: Improve internal tracking and public-facing reporting on contract progress, fund disbursement, and impact measurement to increase accountability and transparency

- 7. Individual-level impact evaluations were not yet feasible.** Because most programs were implemented less than six months before the end of the evaluation period, it was too early to assess intermediate outcomes for children and families. Evaluating program impact requires sufficient time for implementation, participant engagement, and measurable change.

Recommendation: Continue conducting process evaluations to determine when programs have stabilized enough to warrant participant-level evaluations. Establish clear criteria for determining when an initiative is ready for impact assessment, based on the duration and consistency of service delivery.

SECTION 1

FUNDING AND STRATEGY ALIGNMENT TO IMPLEMENTATION PLAN



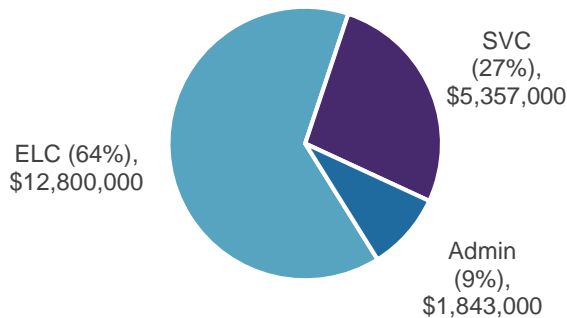
Evaluation Questions:

1. How was the HCF money used?
2. Were activities funded by the HCF implemented as intended? What challenges or delays were experienced?

OVERVIEW OF FUNDING ALLOCATION

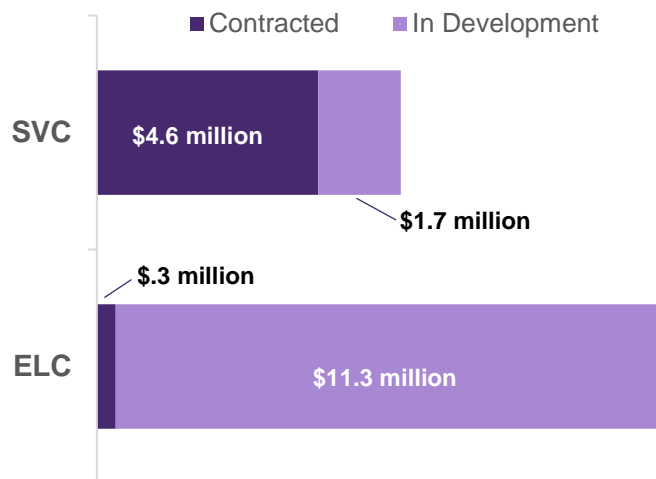
The Healthy Children's Fund (HCF) was designed to invest in strategies that improve early learning and care while providing support for vulnerable children and families. The initial two-year Implementation Plan specified that funding be distributed across ten core strategies, with at least 55%–66% allocated to early learning and care (ELC) and 20%–35% allocated to supporting vulnerable children (SVC).

Projected 2023-2024 Funds for the \$20 Million-Dollar Budget



By the end of the two-year period, 7% of the total ELC funds and 86% of SVC funds had been contracted. An additional \$13 million was in development for upcoming funding opportunities, meaning that while the full budget had not been contracted, the funds had been allocated to specific strategies and projects. If all funds in development are awarded as planned, the allocation will be 59% to ELC and 32% to SVC, which remains within ordinance guidelines and closely matches the Implementation Plan's budget.

Funding Allocation for ELC and SVC



10 CORE STRATEGIES

Early Learning and Care (ELC)

1. Provide funds for small capital projects to expand, renovate, or repurpose buildings to increase early learning & care slots in a mixed-delivery system.
2. Coordinate current and develop additional pathways to ensure a stable early learning & care workforce to deliver high-quality programs for children.
3. Improve access to early learning & care through subsidies that reduce the cost of programs for children from families which are cost-burdened.
4. Ensure access to early learning and care by promoting the expansion and retention of the early learning & care workforce.
5. Create regional early learning & care hubs that include shared administrative services, colocated early learning and other services for children and families, and support for smaller providers in the County
6. Support innovative approaches to meet various Healthy Children's Fund goals related to Early Learning & Care.

Supporting Vulnerable Children (SVC)

7. Recruit Mental & Behavioral Health Workforce to Whatcom County.
8. Develop and/or expand resources and programs for families who disproportionately experience housing instability.
9. Expand and enhance early parenting supports.
10. Integrate and co-locate services via coordinated access to resource navigation using the Help Me Grow model.

ALIGNMENT OF FUNDED PROJECTS WITH IMPLEMENTATION STRATEGIES

In 2023 and 2024, 23 contracts were executed, funding projects related to both ELC and SVC. These projects fell under multiple categories that aligned with HCF's strategic priorities for ELC and SVC:

Early Learning and Care Projects (ELC)		
Childcare Capital	1 Contract	\$67,000
Fund the renovation of an existing childcare facility to create eight new infant slots.		
Childcare Stabilization	1 Contract	\$199,417
Braided funding through HCF and ARPA dollars, to provide business training, workforce development scholarships, and emergency childcare vouchers to 75 families.		
Education Career Development Center Pilot Project	1 Contract	\$6,960
Support Bellingham Technical College (BTC) in developing a proposal for a professional development hub for early learning and childcare providers serving low-income families.		

Supporting Vulnerable Children (SVC) Projects		
The Doula Project	9 Contracts	\$296,270
Expand access to prenatal, labor, birth, and postpartum doula services for Medicaid-eligible families, serving an estimated 151 families.		
Mental Health Workforce Expansion	6 Contracts	\$1,961,871
Increase early childhood mental health services, workforce training, and therapy access, with an anticipated impact of expanding or enhancing services for an estimated 800-900 children.		
Infant Basic Needs	3 Contracts	\$999,999
Provide diapers, formula, hygiene products, and transportation assistance to low-income families through food banks, housing programs, and community resource centers.		
Limiting Housing Instability	2 Contracts	\$1,531,940
Provide rental assistance, case management, and housing stability services for families at risk of homelessness.		

Each of these projects addressed the priorities set forth in the Implementation Plan, demonstrating overall alignment with HCF's strategic goals.

PLANNED FUNDING FOR FUTURE HCF INVESTMENTS IN 2025

The following table outlines planned funding allocations for the remain \$13 million. These investments focus on expanding early learning and care, strengthening family supports, and improving systems infrastructure. As these projects are still in development, some details may evolve over time.

Planned Investment	Description
Childcare Capital Grants	Fund capital projects aimed at expanding childcare capacity and improving facilities.
CRECC - Support for Child Care Expansion*	Investment in regional childcare expansion efforts through system-wide infrastructure support to increase access to quality childcare.
Meridian Early Learning Center Hub	Funding to purchase office space for integrated early childhood services, including OT, PT, speech therapy, and shared classroom space for provider training and family support programs.
Bellingham Technical College: Scholarships and Professional Development	Scholarships and training support for childcare workers and business owners to enhance workforce skills and retention. This initiative will continue throughout HCF implementation.
Childcare Payment Subsidies for Income-Eligible Families (up to 85% SMI)	Monthly subsidies (up to \$300 per child) to help families afford early learning and care, targeting those making up to 85% of the state median income (SMI).
Subsidy + Rate Augmentation Administration	Administrative support for implementing childcare subsidies and increasing provider reimbursement rates.
Rate Augmentation to Providers	Direct financial support to early learning providers to enhance care quality and stabilize operations, targeting children in families ages 0-3 who are utilizing WA State Working Connections Child Care Subsidy.
Innovation Projects	Funding for pilot projects that expand access, affordability, and quality of early learning and care in underserved (low-income and rural) areas of Whatcom County.
Training & Resources for Parent Peer-to-Peer Groups	Develop a coordinated system for parent support networks across the county.
Hospital-Based Social Worker for Families with Complex Medical Needs during pregnancy and postpartum.	Place a dedicated social worker and community health worker in hospital settings to assist families with emerging and urgent medical needs who are pregnant and newly postpartum.
Compass Mental Health Crisis Center – Baby/Child Visiting Room Expansion	One-time funding to enhance visiting spaces for families in crisis settings, ensuring a child-friendly environment for parents in treatment.
Network of Countywide Drop-in Childcare Options*	Investment in a countywide system of safe, quality drop-in childcare facilities to address urgent care gaps for families.
System for Childhood Wellbeing Development	Establish infrastructure that strengthens early childhood systems coordination and support.

**These contracts were executed in Q1 2025. However, for the purposes of this 2-year evaluation report they are listed under planned funding as the contract finalization occurred outside of 2023-2024.*

STAFF PERCEPTIONS OF STRATEGY ALIGNMENT

Staff broadly agreed that funding was allocated in a way that aligned with the Implementation Plan, though practical adjustments had to be made due to administrative and legal constraints. Key staff perspectives included:

- 1. Pacing and Prioritization:** Staff were affected by the pressure from community expectations for nearly instant roll out of services. However, not all services could be realized this early in the development of the program. This meant that priorities had to shift, with some projects delayed while others moved forward based on readiness, opportunity, and feasibility. For example, the doula pilot project aligned with existing state-level efforts to expand early parenting supports, making it an opportune initiative for HCF investment.
- 2. Legal Constraints:** Retaining and expanding the ELC workforce was a core priority, but legal constraints around government funding created barriers to directly implementing this strategy as originally envisioned. While this specific initiative may not be realized as the community expected, staff remain dedicated to identifying alternative ways to support, expand, and retain the ELC workforce through HCF funds.
- 3. Opportunistic vs. Strategic Investments:** Some staff raised concerns that funding decisions were occasionally driven by immediate opportunities rather than a long-term funding strategy. While leveraging these opportunities has been beneficial, like in the case of the doula program, staff expressed concern that some funding decisions felt more like sporadic investments rather than part of a cohesive and sustainable long-term strategy.
- 4. Translation of Strategies into Contracts:** Staff described challenges in translating broad strategies into specific RFPs and contracts, often requiring adjustments based on legal review, community input, and feasibility assessments.

Overall, staff viewed these first two years as a critical learning and adaptation period for WCHCS. However, moving forward, there is an opportunity to align the strategic vision for HCF investments with community expectations to ensure sustainability and impact.

Recommendations:

1. Move remaining allocated funds into contracts while ensuring alignment with long-term strategic goals.
2. Improve public-facing documentation on funding allocations and decision-making timelines.
3. As funding allocations move forward, implement a structured process for reviewing the impact of funded strategies and adjusting as needed - including routine check-ins with partners, data tracking to assess progress, and flexibility to shift resources toward the most effective initiatives.

SECTION 2

Timeliness and Transparency of Fund Disbursement



Evaluation Questions:

1. How efficient was the process of dispersing funds? What processes and policies supported or hindered timeliness and transparency?
2. To what extent are the county's RFP and contracting processes accessible, clear, standardized and timely?

OVERALL FUND DISBURSEMENT

From the outset, both the community and the implementation plan held high expectations for immediate outputs from the Healthy Children's Fund (HCF). In reality, the rollout of a fund of this size—paired with the simultaneous development of entirely new programs and infrastructure—proved to be far more complex and time-intensive than anticipated. The timeliness and transparency of fund disbursement were persistent sources of frustration for internal staff, contractors, and partners during the first two years. One staff member described the process as “building the car while driving it,” because teams were learning county procedures and working through implementation questions around the fund in real time with partners in the finance and legal department while simultaneously negotiating contract, reviewing RFPs, and funding initial community projects.

Importantly, delays in fund disbursement should be understood in the context of three key constraints that shaped the early timeline:

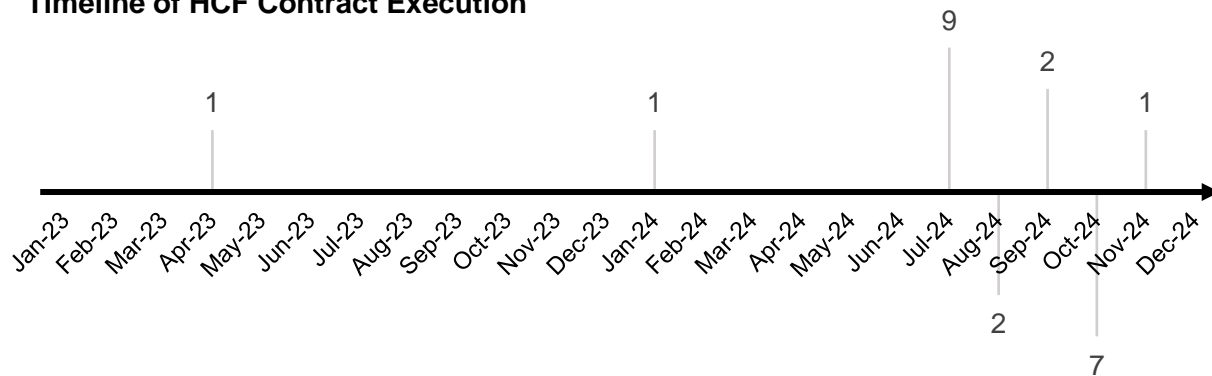
1. **Access to HCF Funds did not start with the passing of Proposition 5.** Although Proposition 5 was passed by voters in November 2022, the county did not begin collecting property tax revenue until May 2023, and a full year of revenue was not realized until November 2023. The county had no funding to disburse until this revenue began to materialize. This lag may not have been well understood by the public, contributing to some of the early dissatisfaction with the perceived pace of implementation.
2. **Staffing shortages.** The HCF team operated under significant staffing constraints throughout the first two years, and as of late 2024, the team remained incomplete. Hiring within county government typically requires 4–6 months per position, accounting for job classification, budget approval, recruitment, and selection processes. These timelines were further exacerbated by a county-wide hiring freeze in 2024. As a result, the team faced considerable pressure to meet ambitious expectations with limited capacity.
3. **Length contract process development.** Even under standard conditions, the county's contracting process generally takes 6 to 9 months from RFP development to contract execution. This timeline includes drafting, legal review, public advertisement, proposal evaluation, negotiations, and County Council approval for contracts over \$40,000. Many HCF-funded programs were new to county contracting, adding complexity and increasing the need for technical assistance.

Given the timeline for revenue collection and the complexity of building new programs, the pace of implementation during the first two years was not delayed, but rather reflective of the scale and systems change required.

Encouragingly, the second half of 2024 marked a turning point. Of the 23 contracts executed in the first two years, 21 were finalized in the final six months. This acceleration reflected improvements in internal processes, interdepartmental coordination, and institutional support for the fund. Staff cited this shift as a key milestone—most notably, the unanimous 7-0 vote by the County Council to approve the childcare subsidy program—which reinforced the legitimacy and momentum of HCF efforts. The improvements

were made possible by the development of new contract templates, regular check-ins with finance staff, and a more coordinated approach to technical assistance for providers.

Timeline of HCF Contract Execution

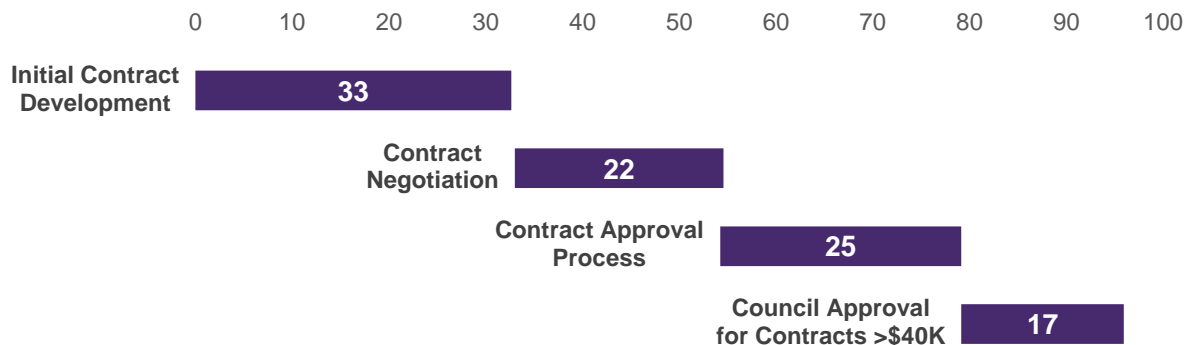


At the same time, the need to address persistent system slowdowns remains critical. Structural inefficiencies in contracting and administrative workflows continue to delay fund disbursement for some providers, and must be a focus of ongoing improvement efforts. Additionally, public perception of slow progress—regardless of internal explanations—underscores the importance of clearer, more proactive communication about realistic timelines and milestones. Improving transparency and managing expectations will be essential for maintaining public trust and accountability as the fund moves forward.

CONTRACTING TIMELINESS

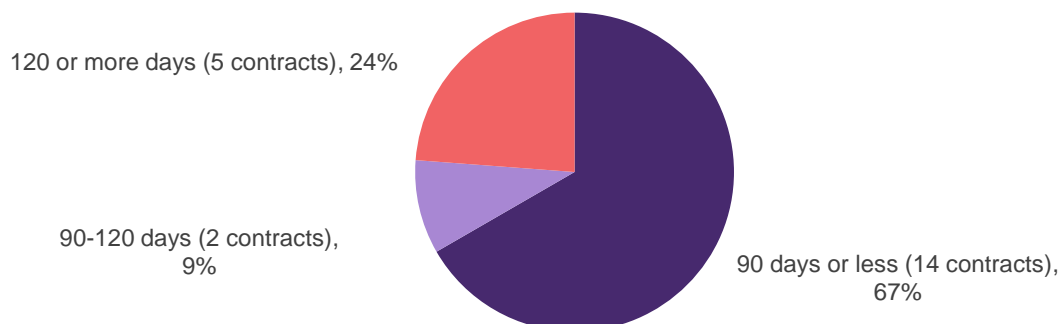
The average contract execution time was 96 days from when the award letter was sent to the awardee, closely aligning with the three-month target set in the 2025 County Council resolution. However, contract processing times varied widely, ranging from as little as 38 days to as long as 188 days. Contracts over \$40,000, which required County Council approval, took an average of 17 additional days to finalize.

Average Number of Days Spent in Each Phase of Contract Development



Overall, 67% of HCF contracts were executed in under 90 days. However, 24% or five contracts took more than 120 days to complete.

Distribution of HCF Contract Execution Times by Duration Window



Staff identified several factors contributing to these delays:

- Staffing capacity:** Staff consistently reported that limited capacity in key departments—particularly finance, legal, and procurement—created persistent bottlenecks. With a high volume of contracts and limited personnel, delays were inevitable. Staff frequently had to monitor progress to move contracts forward, and despite these efforts, bottlenecks persisted. Additionally, staff expressed concerns that these inefficiencies could compound over time as more contracts emerge from the fund and it will add additional strain an overworked system. Further staff recognized that HCF contracts are just one part of the overall.
- Lengthy review and revision cycles:** As a new initiative, HCF frequently encountered misalignment between its internal timelines and the expectations or procedures of other county departments. Staff described a recurring cycle of revisions and back-and-forth, as contract language and program design were interpreted differently by legal and fiscal reviewers. This iterative process, while sometimes necessary, slowed momentum and highlighted the need for clearer cross-departmental alignment and guidance on compliance standards from the outset.
- Novelty of funded programs:** Many HCF-funded projects were entirely new initiatives, requiring extra time for contract development, legal review, and alignment with county policies. Some contracts also involved first-time county grantees who required additional technical assistance to navigate government contracting requirements. While this extended processing time, staff noted that these investments in program integrity were necessary to ensure sustainable implementation.

Balancing Efficiency with Compliance and Quality

While there is broad agreement among staff that contract processing must improve, they also recognize that certain delays were necessary to ensure program integrity and compliance. Staff cautioned that prioritizing speed over quality could lead to compliance risks, poorly structured agreements, legal challenges or unintended disruptions to other county operations.

Speed is important, but so is getting it right.”

Staff Quote

Moving forward, the challenge will be striking the right balance between efficiency and quality. Lessons learned from these early implementation years should inform process refinements, including more standardized contract procedures, increased administrative staffing, and clearer communication between departments. Additionally, improving technical assistance for first-time grantees and developing a more transparent contract tracking system could further streamline future funding cycles. While work remains, staff remain optimistic that continued refinements, increased staffing, and stronger interdepartmental coordination will lead to a more efficient and transparent fund disbursement process.

Recommendations:

1. Fully staff the HCF team and consider expanding internal administrative support to account for the additional strain the volume of HCF contracts puts on WCHCS.
2. Conduct the county-wide audit that was outlined in the HCF ordinance to look for ways to reduce bottlenecks and increase cross-departmental communication and transparency in the contracting process - such as creating standardized contracts, checklists, and built in check ins with contractors during the process.

SECTION 3

Scope and intended reach of funded strategies across organizations and populations



Evaluation Questions:

1. Who received money? What barriers and/or enabling factors did those trying to seek funds experience?
2. Which organizations received money, what are their attributes, and what are the demographics of the people they reach?
3. What type of services and resources were provided to children and families by recipients of HCF money?

ORGANIZATIONS FUNDED AND INTENDED REACH TO THE COMMUNITY

During the first two years of implementation, HCF funding was allocated across a diverse set of programs aimed at improving access to early learning and care, stabilizing families, and supporting the well-being of young children. These investments focused on key areas including childcare stabilization, mental health services, housing security, perinatal support, and basic needs assistance. The 23 contracts were awarded to a total of 20 contractors which were a mix of established service providers, 12 first-time county grantees, and small private entities - broadening the reach of county funds to a wider range of organizations than in past funding cycles.

While initial funding has been awarded and programming is underway, many of these projects were launched within the last three to six months of this reporting period. As such, it is too early to fully assess the impact and reach of these programs, particularly at the participant level. Future evaluations will focus on measuring the long-term outcomes of these investments, ensuring that HCF-funded programs are meeting their intended goals and providing meaningful support to families and children in Whatcom County. The table on the following page provides an overview of each funded project area and its intended reach.

Project Area	Project Description and Intended Impact
Childcare Capital	This project funded the renovation of an existing childcare facility to create a licensed infant room through the Washington State Department of Children, Youth, and Families (DCYF). The contract covered construction costs and essential equipment necessary for licensing approval. Once completed, the facility added eight new infant slots , expanding access to early learning and care for families in Whatcom County.
Childcare Stabilization	Funded through a combination of HCF and ARPA dollars, this initiative sought to stabilize the childcare sector by providing direct financial relief to providers and support for families. Partnering with the Opportunity Council, the project distributed 75 emergency childcare vouchers to help families retain stable care and supported providers through business training and workforce development scholarships. The initiative focused on assisting childcare businesses at risk of closure while ensuring families could continue accessing care.
Education Career Development Center Pilot Project	This pilot project supported Bellingham Technical College (BTC) in developing a proposal for an Early Learning and Childhood Education Career Development (ECE) Center to strengthen the early learning workforce. The initiative aimed to expand access to early childhood education credentialing for providers serving low-income families by offering scholarships, mentoring, work release time, and childcare for students while attending classes. BTC conducted research, community engagement, and action team meetings to develop a long-term infrastructure plan to support professional growth in the early learning sector.
The Doula Project	This initiative expands access to prenatal, labor, birth, and postpartum doula services for up to 151 Medicaid-eligible families in Whatcom County. Doulas provide physical, emotional, and educational support, including prenatal visits, continuous labor support, and postpartum care to improve birth experiences and early parenting outcomes. The project aligned with Washington State's Medicaid expansion efforts to integrate doula care as a covered benefit. The initiative contracted with nine community-based doulas to offer culturally responsive, patient-centered care.
Mental Health	This initiative addresses critical gaps in early childhood mental health services by expanding direct therapy, parent coaching, and specialized training for providers working with children ages 0-5. The project includes hiring new mental

Workforce Expansion	health professionals, funding internship programs, and offering evidence-based training for early childhood service providers. The initiative particularly focuses on supporting neurodivergent children and those at risk of abuse or neglect, increasing access to diagnostic services, play therapy, and care coordination. The estimated reach of this initiative includes 800-900 children and families receiving expanded or enhanced services.
Infant Basic Needs	This project provides diapers, wipes, infant formula, hygiene products, and transportation assistance to low-income families with children ages 0-5 across Whatcom County. Resources are distributed through a network of food banks, community resource centers, and housing programs , ensuring accessibility for families in underserved, marginalized, and rural communities. By reducing financial stress associated with purchasing essential baby supplies, this initiative helps families prioritize expenses such as rent and utilities.
Limiting Housing Instability for Families	This initiative focuses on stabilizing low-income families with young children facing severe housing cost burdens by providing rental assistance, case management, and supportive services. Two contracts were awarded to support up to 100 families with up to three months of direct housing assistance, flexible funds for essential expenses, and case management services to ensure financial stability. The program partnered with local school districts and service providers to assist families in transitioning out of unsafe housing situations, reducing the long-term impacts of housing instability on young children.

STAFF INSIGHTS ON THE SCOPE AND INTENDED REACH OF FUNDED ORGANIZATIONS

Staff provided valuable insights into the barriers and enabling factors that influenced which organizations received funding and how effectively they were able to implement their programs. One of the most frequently cited challenges was the complexity of the county's contracting and reimbursement processes, which posed particular difficulties for smaller organizations and first-time grantees. Many providers lacked experience with government contracts and required significant technical assistance to complete applications and meet contract requirements.

“A lot of smaller organizations simply don’t have the capacity to manage the level of paperwork and reporting required, even though they are doing important work that aligns with HCF priorities”

Staff Quote

Despite these challenges, staff also identified enabling factors that helped some organizations successfully secure and utilize HCF funding. Technical assistance and individualized guidance were key to supporting first-time grantees, though staff acknowledged that further process improvements are needed to reduce administrative burdens and streamline application and reporting requirements. Organizations with prior experience contracting with the county or with strong internal administrative capacity were better equipped to navigate the system and move through the contracting process more smoothly.

Additionally, staff emphasized the importance of continued outreach to organizations that have historically been underrepresented in county funding opportunities. Expanding technical assistance, providing clearer guidance on the application and contracting process, and reducing procedural barriers will be critical to ensuring that HCF funds continue reaching a broad and diverse range of community partners.

While HCF funding reached new partners in its first two years, staff acknowledged that there may still be providers who were eligible but did not apply due to capacity constraints, lack of familiarity with government funding processes, or other barriers. Moving forward, staff recommend proactively identifying

and engaging these organizations to ensure that all eligible providers have an equitable opportunity to access HCF resources.

Recommendations:

1. Continue to expand technical assistance—such as grant writing support, administrative guidance, and one-on-one coaching— to ensure that a broader range of organizations, especially those serving marginalized communities, can successfully access HCF funding.
2. Build on existing outreach efforts to small or historically underrepresented organizations that may be eligible for funding. Proactively engaging these organizations through targeted outreach, application workshops, and pre-RFP networking sessions can help ensure that funding opportunities are more equitably distributed across the community.
3. Conduct the county-wide audit to look for ways to reduce the complexity of county contracting and reimbursement processes that pose challenges for new grantees. Simplifying application materials, streamlining reporting requirements, and integrating user-friendly digital tools could reduce administrative burdens and make it easier for community partners to participate in HCF-funded programs.
4. As more program- and participant-level data become available, HCF should use this information to evaluate reach, impact, and areas for improvement.

SPOTLIGHT OF FUNDED ACTIVITY: THE DOULA PILOT PROJECT

Doulas are trained professionals who provide emotional, physical, and informational support to birthing people before, during, and after childbirth. Their presence can reduce stress, improve birth outcomes, and promote stronger early bonding between infants and caregivers. In line with the Healthy Children's Fund's goal to support the health and well-being of young children and their families, doula care addresses critical gaps in maternal health and infant development—particularly for low-income and underserved families.

The Doula Pilot Program was one of the first initiatives launched under the Healthy Children's Fund, with the goal of expanding access to culturally responsive, patient-centered perinatal support for Medicaid-eligible families in Whatcom County. The program contracts with nine community-based doulas, many of whom reflect the cultural and linguistic backgrounds of the families they serve. Services include prenatal visits, labor and birth support, and postpartum care, all designed to improve maternal confidence, reduce health disparities, and create stronger starts for babies.

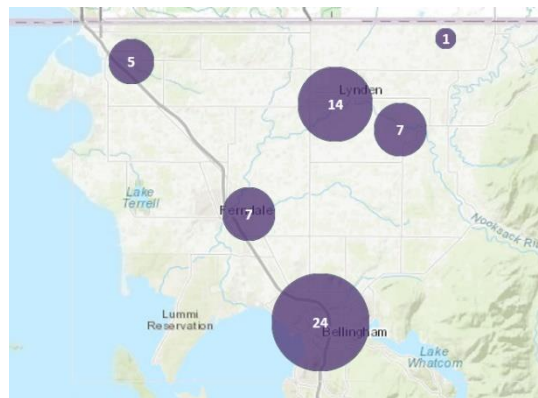
From September to December in 2024, the program made significant strides in reaching families and providing critical services:

- **61 people referred**, with 93% referred for both birthing and postpartum support
- **44 clients enrolled** and paired with a doula, with 30 actively receiving services
- **185 total visits** provided, averaging 6 visits per client
- **15 births** supported with 100% babies were born at a healthy birth weight and 93% initiating breastfeeding immediately postpartum.

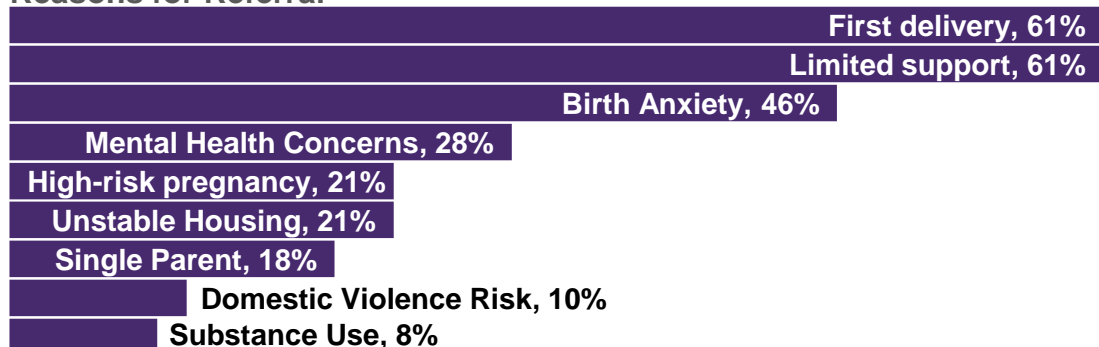
Referrals & Enrollment Reasons

Referrals primarily came from Bellingham and Lynden, suggesting early engagement with urban centers. As the program expands, additional outreach may be needed in rural areas. Additionally, 10% of all referrals spoke Spanish as a primary language, indicating a need for multilingual doulas.

Clients referred to doula services often reported multiple reasons for the referral, citing an average of three risk factors that may complicate their birthing and postpartum experience. As seen below, the most common reasons across all clients was that this is their first delivery, they have limited support, and are anxious about giving birth.



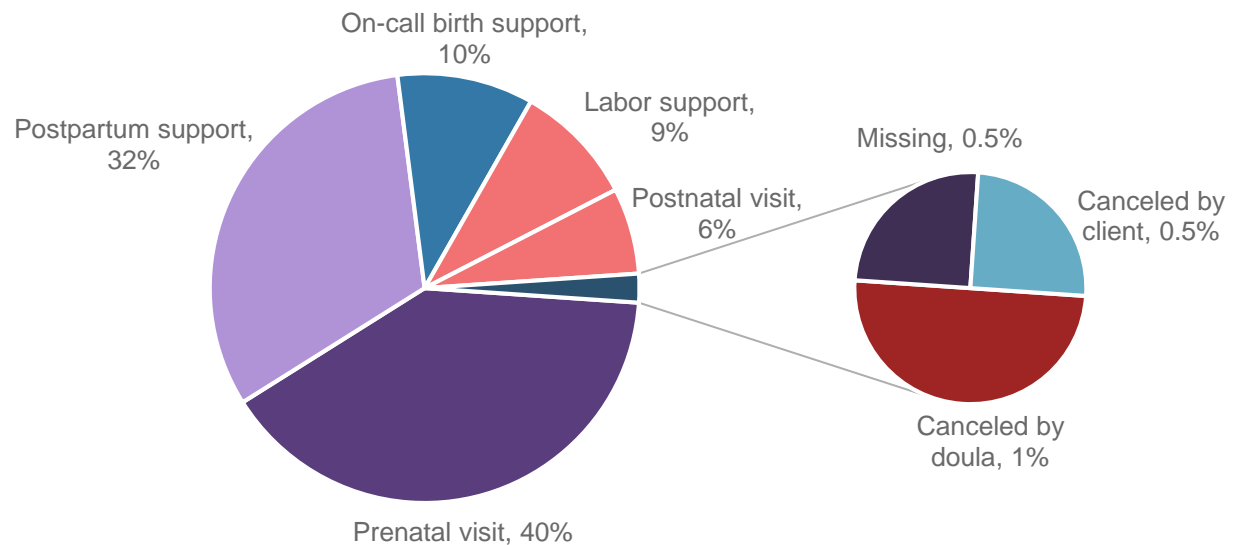
Reasons for Referral



Services and Supports Provided to Clients

Doulas provided comprehensive, client-centered care throughout the prenatal and postpartum experience, with most visits occurring prenatally. High engagement was demonstrated by a low cancellation rate, with less than 2% of scheduled visits canceled.

Type of Visit Reported by Doulas



Each visit - regardless of visit type - included emotional care and support in addition to other services and support. See the table below for a full breakdown of the support's doulas offered to clients across the visits.

Category	Type of Support	Percent of clients who received support	Percent of total visits where support was given
Mental & Physical Wellness	Emotional care and support	100%	100%
	Physical support	71%	47%
	Postpartum mental health support and resources	50%	24%
Labor & Support Planning	Labor and birth expectations, including comfort measures and medical interventions	82%	42%
	Discussion of medical and pregnancy history	82%	42%
	Support plans recommended by medical practitioners	32%	42%
Infant Care Education	Parenting education	64%	31%
	Techniques for soothing and caring for baby	46%	27%
	Assistance in developing family sleep strategies	43%	17%
	Infant social-emotional development	39%	21%

Resource & Collaboration	Connection to resources about parent/infant bonding	64%	25%
	Collaboration with other provider supporting family	25%	10%
Feeding	Infant feeding	61%	34%
	Techniques for breastfeeding/chestfeeding, milk expression, and bottle feeding	43%	26%
Labor & Recovery	Labor and birth healing/recovery	50%	26%
	Client-centered communication support during labor and delivery	50%	18%
Household Care	Laundry, dishwashing, and light housekeeping	29%	30%
	Caring for baby/babies so clients can sleep	29%	20%
	Preparing meals	11%	8%

Early Trends and Next Steps

While still preliminary data, the high volume of referrals within the first six months of program implementation underscores the critical need for perinatal support in Whatcom County, particularly for Medicaid-eligible families facing multiple risk factors. The program's strong engagement—evidenced by a low visit cancellation rate and an average of six visits per client—suggests that doulas are effectively filling a gap in maternal and infant care. Additionally, the 100% healthy birth weight rate and high rate of immediate breastfeeding initiation point to positive early health outcomes. Moving forward, further evaluation will incorporate client feedback and doula input to assess long-term impact and identify opportunities for program expansion and refinement.

SECTION 4

PARTNER AND STAFF SATISFACTION AND LESSONS LEARNED



Evaluation Questions:

1. How is the HCF functioning from administrative, organizational, and/or personnel perspectives?
2. How well did the first two years of implementation go? What could be improved in subsequent years?

KEY-PARTNER FEEDBACK ON HCF IMPLEMENTATION

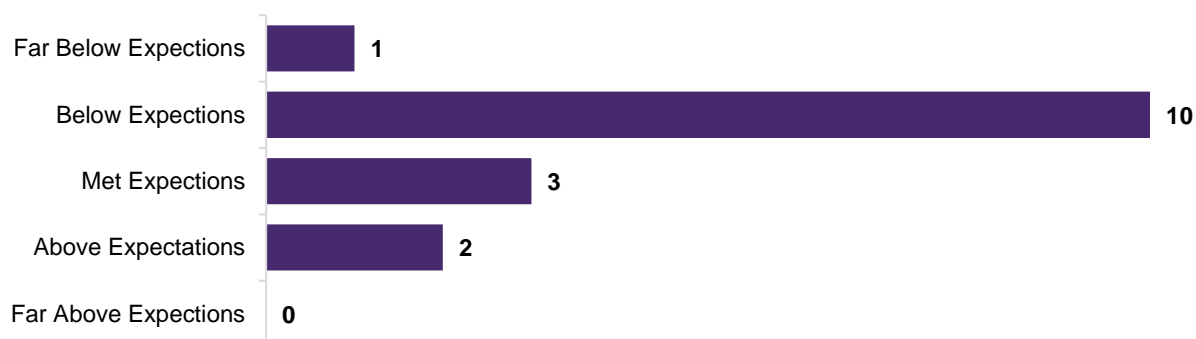
To better understand the successes, challenges, and opportunities for improvement in the first two years of HCF implementation, feedback was gathered from 16 key partners representing a range of roles, including members of the Child and Family Wellbeing Taskforce, the Healthy Children's Fund Implementation Team, the HCF Evaluation Advisory Group, and evaluators for HCF-funded RFPs. These individuals provided insights based on their engagement in the fund's strategic planning, oversight, and evaluation.

"The foundation has been built, but now it's time to deliver on the promise - families are counting on us"

Key Partner Survey Quote

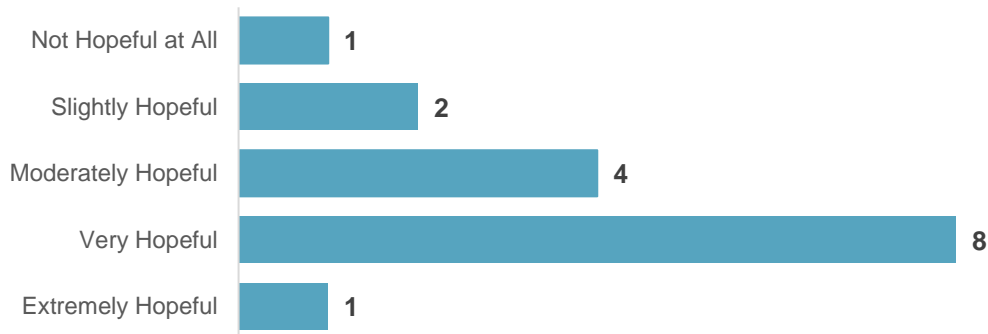
Participants were also asked to reflect on how well HCF has performed relative to the expectations outlined in the ordinance and their level of optimism for the fund moving forward. Responses revealed a mix of perspectives, with a majority of partners indicating that the fund was performing below expectations due to slow fund disbursement and administrative hurdles.

Feedback on how well HCF implementation preformed relative to the ordinance



However, despite these challenges, many respondents expressed moderate to high levels of hope for the future of HCF, citing recent progress in implementation and the potential for increased efficiency in future funding cycles.

Level of hope for the future of HCF implememation



Similarly, overall staff feedback on the first two years of HCF implementation reflected a mix of satisfaction with foundational achievements and recognition of areas needing improvement. From an administrative and organizational perspective, staff expressed pride in the groundwork laid to establish

the fund, emphasizing that while the process was slow, it was essential for creating sustainable structures. At the same time, staff acknowledged the ongoing challenges related to staffing, process inefficiencies, and balancing the urgency of community needs with the complexities of government systems.

The tables below present a side-by-side comparison of key themes identified in staff and partner feedback around overall implementation, highlighting areas of alignment, differing perspectives, and recommendations for improvement.

IDENTIFIED SUCCESSES

Key-Partner	WCHCS Staff
<p>Strong Community Engagement: Partners widely recognized that HCF has engaged the community more than other funding streams, ensuring that funded projects align with local needs and priorities. Many respondents highlighted the inclusion of diverse perspectives, including providers, families, and individuals with lived experience. One partner noted, “a diverse group of professionals and engaged community members have shaped this work, making sure that implementation reflects real needs.” Others expressed appreciation for the opportunity to contribute ideas and provide feedback, with one respondent stating, <i>“there has been a real effort to include voices that have historically been left out of decision-making.”</i></p>	<p>Commitment to HCF’s Mission and Impact: Staff expressed a strong sense of dedication to HCF’s mission, recognizing the fund as a transformative resource for early childhood services in Whatcom County. The opportunity to support innovative projects like the doula pilot program and workforce development initiatives reinforced the fund’s potential to address longstanding service gaps. Staff felt energized by the tangible impacts these investments could have on families and young children.</p>
<p>Critical Funding for Families and Children: Many partners praised early investments in critical services such as mental health expansion, doula services, and infant basic needs programs, noting that these funds were among the first to be disbursed and were already meeting urgent community needs. One respondent emphasized, <i>“the investment in birth doulas for Medicaid families is a huge win - this will improve maternal and infant health outcomes.”</i> Others noted that while delays have been frustrating, the programs that have received funding are making an immediate difference, with one partner highlighting, <i>“families are already benefiting from increased access to mental health services and basic needs support, which wouldn’t have been possible without HCF.”</i></p>	<p>Early Program Implementation Demonstrating Impact: Staff echoed that while the initial pace of implementation was slow, programs that have been funded are already making a difference. Staff cited the doula pilot program, basic needs assistance, and early mental health investments as examples of areas where HCF has already begun to improve services for families. One staff member noted, <i>“There are programs that wouldn’t exist without HCF, and we’re seeing real benefits for families who need them most.”</i></p>
<p>Building Infrastructure for Future Success: Partners acknowledged that while the initial years have been slow, much of this time has been spent building the necessary administrative and funding structures to ensure long-term success. Some</p>	<p>Learning and Adaptation as Integral to the Process: Staff recognized that the first two years of HCF were a critical learning period. Establishing a new fund within existing government systems required a steep learning</p>

<p>stakeholders emphasized that while the slow pace has been frustrating, it was an unavoidable part of launching a new county fund. One respondent shared, <i>“We’ve had to lay the groundwork – developing processes, clarifying roles, and setting up communications. This phase is critical for ensuring that funds are spent wisely and efficiently moving forward.”</i></p>	<p>curve, especially around legal compliance, contract development, and aligning processes with county regulations. Staff emphasized that while the process has been time-consuming, the work done in these early years has been necessary to set up HCF for long-term success. One staff member stated, “We’re learning and improving with each contract. This is the foundation that will help HCF be more efficient in future years.”</p>
<p>Innovation and Flexibility in Funding Approaches: Several partners noted that HCF has pushed the county to be more flexible than previously, creating opportunities for innovative solutions to early childhood challenges. One respondent described this as a major shift, saying, <i>“HCF has taken a more flexible approach, allowing providers to think outside the box rather than being locked into rigid government funding structures.”</i> While challenges remain, many partners expressed optimism that embracing this adaptability will help address long-standing service gaps in early learning and family support.</p>	<p>Increased Collaboration and Internal Process Refinements: Staff reported that despite early delays, there have been significant improvements in internal processes, particularly in collaboration across departments. One staff member highlighted, <i>“We’ve seen big shifts in how teams work together, and we’re ironing out inefficiencies.”</i> Staff also noted that contracts are moving through the system more quickly, reflecting a growing understanding of the fund’s processes.</p>

IDENTIFIED CHALLENGES

Key-Partner	Staff
<p>Delays in Fund Disbursement: The most frequently cited challenge among key partners was the slow rollout of funding, particularly for child care expansion projects. Many partners expressed frustration with bureaucratic hurdles, unclear processes, and lengthy approval times that have delayed essential services. One respondent described the situation as <i>“excruciatingly slow, especially when the need is urgent.”</i> Another noted, <i>“We keep hearing that funding is coming, but the actual movement of money has taken far longer than expected.”</i> Many partners emphasized the need for a more efficient and transparent process to ensure funds reach providers and families in a timely manner.</p>	<p>Capacity Constraints and Staffing Shortages: One of the most consistent challenges staff identified was insufficient staffing capacity to support HCF activities. Limited personnel in contracting, financial oversight, and technical assistance created bottlenecks that slowed fund disbursement and increased the workload on existing staff. Staff noted that ongoing staffing shortages continue to affect timeliness, and there is a pressing need to hire additional support to sustain the fund’s operations. One staff member noted, <i>“The work is growing, but the capacity to support it isn’t.”</i></p>
<p>Lack of Transparency in County Processes: Several partners reported difficulty in tracking where contracts were in the approval process, with inconsistent updates on delays. Some stakeholders expressed concern that county departments do not always share information openly, making it hard to set realistic expectations for when funds will be disbursed.</p>	<p>Inefficient Processes and Infrastructure: Staff consistently described the contracting and RFP processes as cumbersome. The reliance on paper-based RFPs, slow payment processing (e.g., mailed checks instead of direct deposits), and rigid compliance requirements made it difficult to move funds efficiently, especially for smaller providers. While some process improvements have been</p>

<p>One partner noted, <i>“There’s a lot of confusion around what’s holding things up. More transparency would help us better plan for implementation.”</i> Others emphasized the need for a clearer, standardized process to track contract approvals and provide regular status updates to funding recipients.</p>	<p>made, staff emphasized that further modernization and standardization are needed to improve timeliness and accessibility.</p>
<p>Perception of HCF Being Childcare-Only: While HCF funds a wide range of programs beyond child care, some partners noted that public perception has been heavily focused on child care investments, leading to misunderstandings about broader funding priorities. One respondent explained, <i>“There’s a widespread belief that HCF is just for child care, which has made it harder to highlight the important work being done for mental health, housing stability, and basic needs.”</i> Some partners suggested that more strategic public communication is needed to ensure that the community fully understands the breadth of HCF’s impact.</p>	<p>Lack of Internal Communication and Timeline Transparency: A recurring issue was the lack of transparency between departments regarding where contracts were in the approval process and what was causing delays. Staff reported difficulty tracking the status of contracts once they left the HCF program staff, making it challenging to provide updates to partners or set realistic expectations. These delays were likely exacerbated by budget and staffing shortages that impacted all layers of the county.</p>
<p>Misalignment Between Ordinance and Implementation: Several stakeholders raised concerns that the actual implementation of HCF has not always aligned with the original campaign promises, particularly regarding child care expansion and workforce stabilization. One respondent stated, <i>“The public was told we’d see a major expansion of child care, but so far, very little has happened. That’s a problem.”</i> Others noted that while efforts have been made to meet funding targets, implementation challenges and legal constraints have prevented some key strategies from moving forward as intended.</p>	<p>Time-Intensive Setup of Internal Structures: Establishing the internal structures required to manage HCF took significantly more time than anticipated. Staff training, process development, and aligning with legal and financial requirements were slow but essential tasks in the first two years. While this foundational work was necessary, it created initial delays that frustrated both staff and external partners. Staff acknowledged that while this phase was challenging, it was critical to ensuring the fund’s long-term sustainability. One staff member reflected, <i>“We had to build the infrastructure from scratch—it wasn’t going to happen overnight.”</i></p>
<p>Gift of Public Funds and Wage Supports: Many partners pointed to the ongoing legal uncertainty surrounding the Gift of Public Funds issue as a significant barrier to progress, particularly in addressing early learning workforce challenges. Several respondents noted that the inability to supplement child care wages has prevented much-needed investments in workforce sustainability. One partner explained, <i>“If we can’t find a way to support early learning professionals financially, we won’t have a workforce to staff the very programs we’re trying to expand.”</i> Others emphasized the urgency of resolving this issue, with one stating, <i>“This has been kicked down the road for two years—it needs to be settled so we can move forward.”</i></p>	<p>Clarifying Roles and Decision-Making Authority: Another challenge staff identified was unclear role delineation in decision-making processes, which sometimes contributed to confusion and inefficiencies in fund implementation. While collaboration across departments is essential, staff noted that multiple stakeholders, including individuals outside of HCF’s direct oversight, frequently provided input on funding decisions or contracting processes without clear alignment on their role in decision-making. This led to instances where differing opinions on procedures, compliance requirements, or program priorities created delays, required additional rounds of review, or introduced conflicting directives that had to be resolved before moving forward.</p>

KEY PARTNER PRIORITIES FOR THE NEXT PHASE OF HCF IMPLEMENTATION

Key partners also provided valuable insights into their priorities, recommendations, and hopes for the next phase of HCF implementation. While many expressed appreciations for the foundation that has been built, they also emphasized the need for greater efficiency, transparency, and alignment with community expectations. The following themes emerged from partner feedback:

More Timely and Transparent Fund

Disbursement: A consistent concern among partners was the need for faster and more transparent funding processes. Many emphasized that while establishing internal systems was necessary, future implementation should focus on streamlining contracting and ensuring that money reaches providers and families without excessive delays. Others suggested the implementation of clear timelines and tracking systems to improve accountability.

“More transparency around the contracting process would help set expectations and reduce frustration.”

Key Partner Survey Quote

“We need to move the very deserving proposals forward in a more timely manner– the community is waiting for these services.”

Key Partner Survey Quote

“We need to see tangible movement on childcare expansion–parents are still struggling to find care, and providers are still struggling to stay open.”

Key Partner Survey Quote

“If we don’t figure out a way to make early learning jobs viable, there won’t be a workforce to expand.”

Key Partner Survey Quote

Increased Investment in Childcare Expansion and Workforce Support:

Many partners emphasized the urgent need to expand childcare capacity and support the early learning workforce—a key promise of HCF. Several partners pointed out that while funds have been allocated to childcare initiatives, the direct impact on increasing childcare slots and stabilizing the workforce has yet to be fully realized.

Additionally, partners urged county leadership to resolve legal questions around wage augmentation, stating that sustainable childcare expansion cannot happen without financially supporting the workforce.

Strengthening Long-Term Planning and Strategy

Alignment: Several key partners recommended shifting to a longer-term implementation plan, rather than updating it every two years. Some expressed frustration that frequent revisions to the plan create uncertainty for providers and partners looking to build sustainable programs.

Others emphasized the need for clearer alignment between the ordinance, public expectations, and actual implementation decisions, stating that HCF leadership should articulate a stronger strategic vision moving forward.

Write a five- or six-year implementation plan instead of changing it every two years—it would give more stability to programs and providers.”

Key Partner Survey Quote

“More and more families are caught in the gap—too much income to qualify for help, but not enough to afford childcare or other essential services.”

Key Partner Survey Quote

Ensuring Equitable Access and Support for Families:

Many partners highlighted the importance of ensuring HCF funds reach families who are most in need, including those who may not qualify for traditional public assistance but still face significant financial strain. A common theme was a desire to increase support for ALICE families (Asset-Limited, Income-Constrained, Employed), who often fall just above income eligibility limits for public benefits.

Partners urged HCF leadership to explore flexible funding strategies to better support these families while maintaining compliance with legal funding restrictions.

Improved Public Communication and Community Engagement:

While partners appreciated the emphasis on community input, they also noted a need for better public communication about HCF's impact. Some respondents expressed concern that the public perception of HCF remains overly focused on childcare, leading to misunderstandings about the full scope of investments. One participant stated:

Others emphasized the need for continued community engagement, particularly with those most impacted by HCF programs, ensuring that the fund remains responsive to evolving community needs.

“There’s still a misconception that HCF is only about childcare—we need more storytelling about the broader work being done.”

Key Partner Survey Quote

CONSIDERATIONS

This evaluation was a process evaluation focused on assessing the operations of WCHCS and the lessons learned in the first two years of the Healthy Children's Fund (HCF), which is a narrowed scope of the original evaluation plan. Due to the relatively short duration of project implementation and not yet having an external evaluator to oversee the evaluation in its entirety, it was not feasible to conduct an in-depth evaluation of participant-level outcomes at this time.

Most contracts were executed within the final six months of the evaluation period, meaning many programs were still in their early stages of implementation. As outlined in the evaluation plan, participant-level evaluations are designed to answer the key Results-Based Accountability (RBA) question: Is anyone better off? However, this level of evaluation can only be conducted once activities or strategies have been implemented consistently and long enough for reasonable expectations of outcome changes. While this time range can vary, we anticipate waiting six-months after contract execution to give contractors time to stand up their program before collecting and analyzing participant-level data. Given these factors, this evaluation prioritizes an assessment of HCF's operational processes, funding strategies, and early implementation challenges.

Moving forward, future evaluations will assess participant-level outcomes as programs reach the necessary maturity for meaningful measurement and population-level outcomes as appropriate. This process evaluation will also help identify the appropriate timing for deeper impact evaluations by tracking program stability, service consistency, and participant engagement over time.

It is also important to note that this evaluation is not intended to serve as an audit of county processes. The HCF ordinance explicitly outlines that a formal audit conducted by an external auditor is required as part of the fund's oversight. However, the findings of this evaluation may serve as a resource for the auditor at their discretion, providing insights into operational challenges, implementation barriers, and areas for improvement identified during this review.

CONCLUSION

The first two years of the HCF have laid a strong foundation for investing in early learning, family stability, and community well-being. While the initial implementation period required deliberate planning, infrastructure development, and necessary process refinements, it also presented challenges in fund disbursement, administrative efficiency, and communication clarity.

Despite these challenges, recent progress in contracting, program implementation, and interdepartmental coordination signals a positive trajectory for the fund's future. As HCF moves into its next phase, sustaining momentum, strengthening transparency, and ensuring timely disbursement will be critical to maximizing impact for families and children in Whatcom County.

By implementing the recommendations outlined in this report—including streamlining contracting, expanding technical assistance, improving public communication, and prioritizing equity in funding access—HCF can continue to evolve into a more efficient and responsive funding mechanism.

Moving forward, a detailed evaluation of participant-level outcomes will be necessary to assess the long-term effectiveness of HCF investments. As programs mature and stabilize, future assessments should shift from process-focused evaluations to impact-driven analyses to answer the fundamental question: Are children and families in Whatcom County better off because of the Healthy Children's Fund?