



Healthy Children's Fund External Evaluation

Whatcom County Council | December 9, 2025



SEVA WORKSHOP

Inclusive planning to improve places for people

- Creativity
- Humility
- Integrity



Vivien Savath
Project Manager



Hannah Rubens
Analyst



Diana Haring
Data Manager

Scope and Process Overview

Key Themes

Recommendations

Ordinance 2022-045

Section 3 Eligible Expenditures

4. Independent Performance Audits and Oversight: **Ensure that taxpayer money is well spent achieving the goals adopted** by the County Council in this ordinance and endorsed by the voters through passage of the levy.

Section 5 Independent Performance Audits and Oversight

Every other year, a qualified independent auditor shall conduct a performance audit of the Healthy Children's Fund. The auditor shall be selected in compliance with County purchasing procedures. **The auditor shall develop the audit process in consultation with the Child and Family Well-Being Taskforce, which shall also provide feedback on the draft audit before its submission to the County Council.**

The audit shall:

- a) Collect and review data and evaluate progress towards achieving the goals and strategies adopted in section 3;
- b) Collect and report on feedback from stakeholders, including users and providers;
- c) Include qualitative and quantitative sources; and
- d) Include recommendations for improvements or adjustments.

RFP and Contract Objectives

1. a **performance audit** to measure the effectiveness and use the Healthy Children's Fund monies and,
2. a **process evaluation** to assess fund recipients' and applicant's experience, barriers, and possible improvements.

Findings from both will inform improvements to fund administration, program design, and strategic investments.

Notes:

The audit and evaluation period is January 1, 2023 to July 31, 2025

How Much Did We Do?

- *What was the total percentage and dollar amount of funds disbursed or encumbered?*
- *What types of services and resources were delivered using HCF funds?*
- *How many children, parents, expecting parents, and caregivers received HCF-funded services or supports?*

How Well Did We Do It?

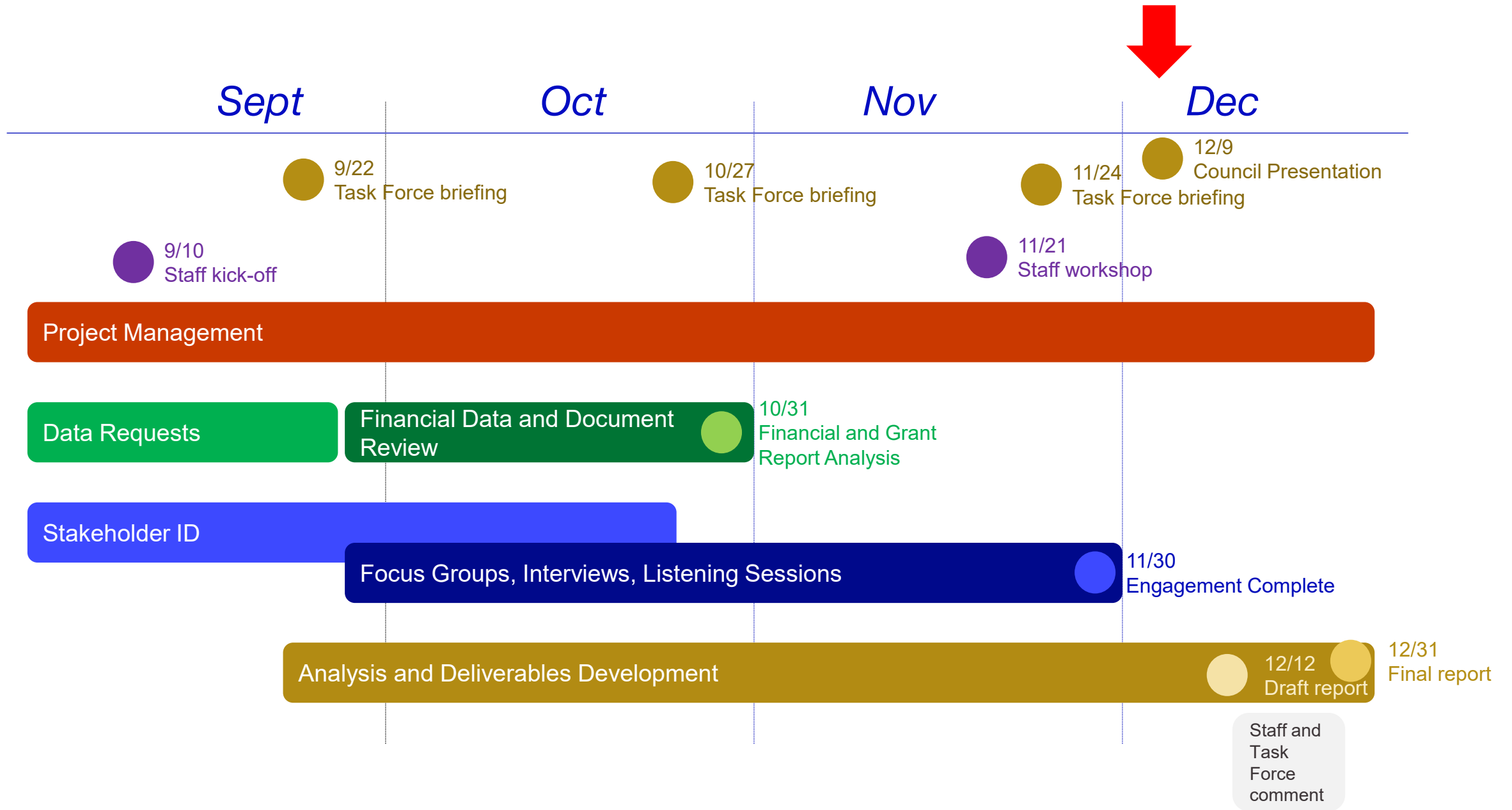
- *What amount was budgeted? What amount was contracted? What amount was spent?*
- *Were contractors selected in compliance with County purchasing procedures?*
- *How equitably were resources distributed across ZIP codes, communities of focus, and organization types?*

Is Anyone Better Off?

- *Are wraparound services and mental health supports more accessible and available?*
- *Did the early childhood workforce expand or stabilize?*
- *Were families able to access basic needs (e.g., food, diapers, housing stability supports)?*

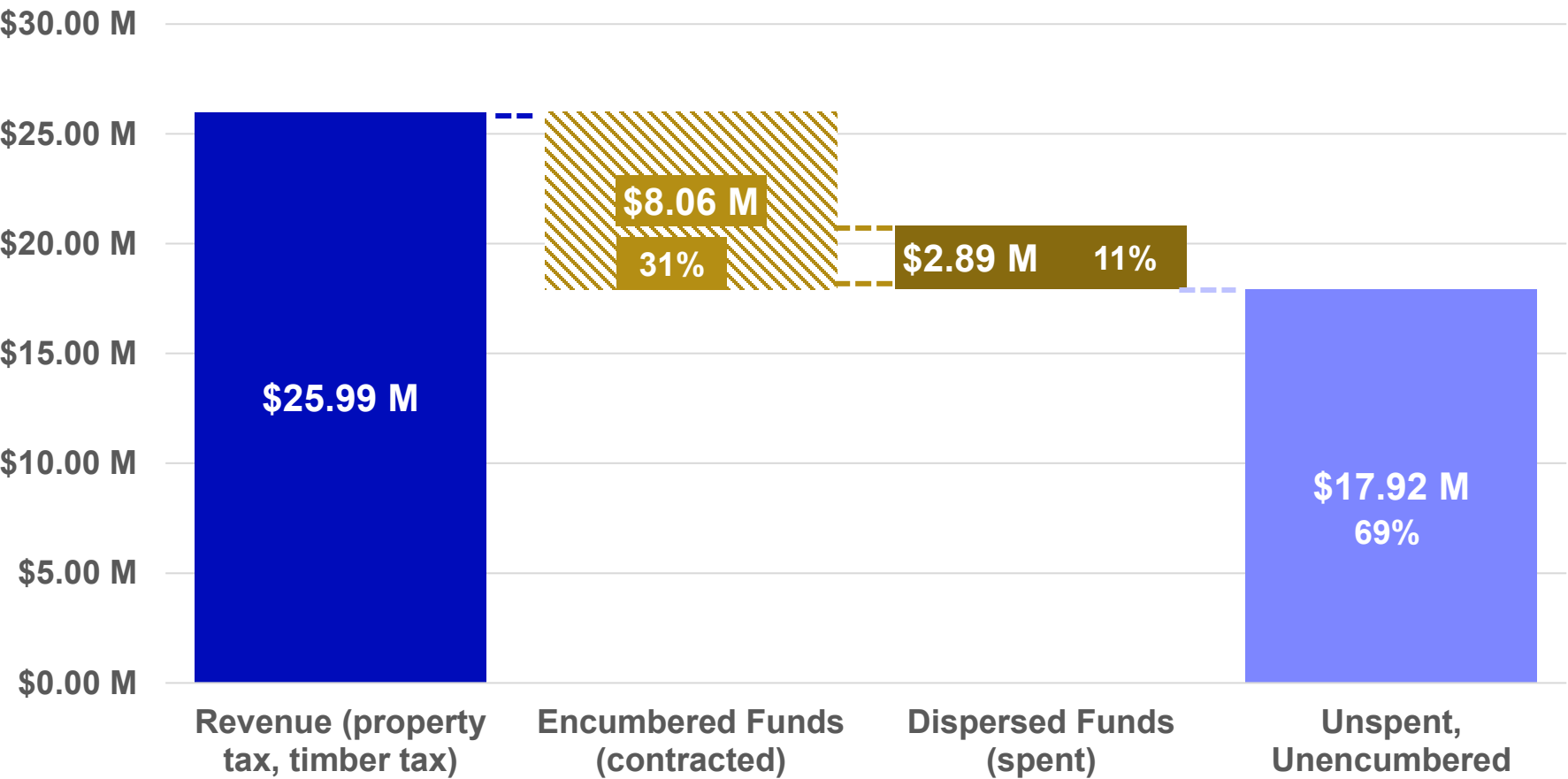
Stakeholder Feedback

- *What were providers' experiences with accessing and implementing HCF-funded activities?*
- *Did morale, workload, or job satisfaction change following HCF investments?*
- *What changes did families experience due to receiving HCF-funded services?*



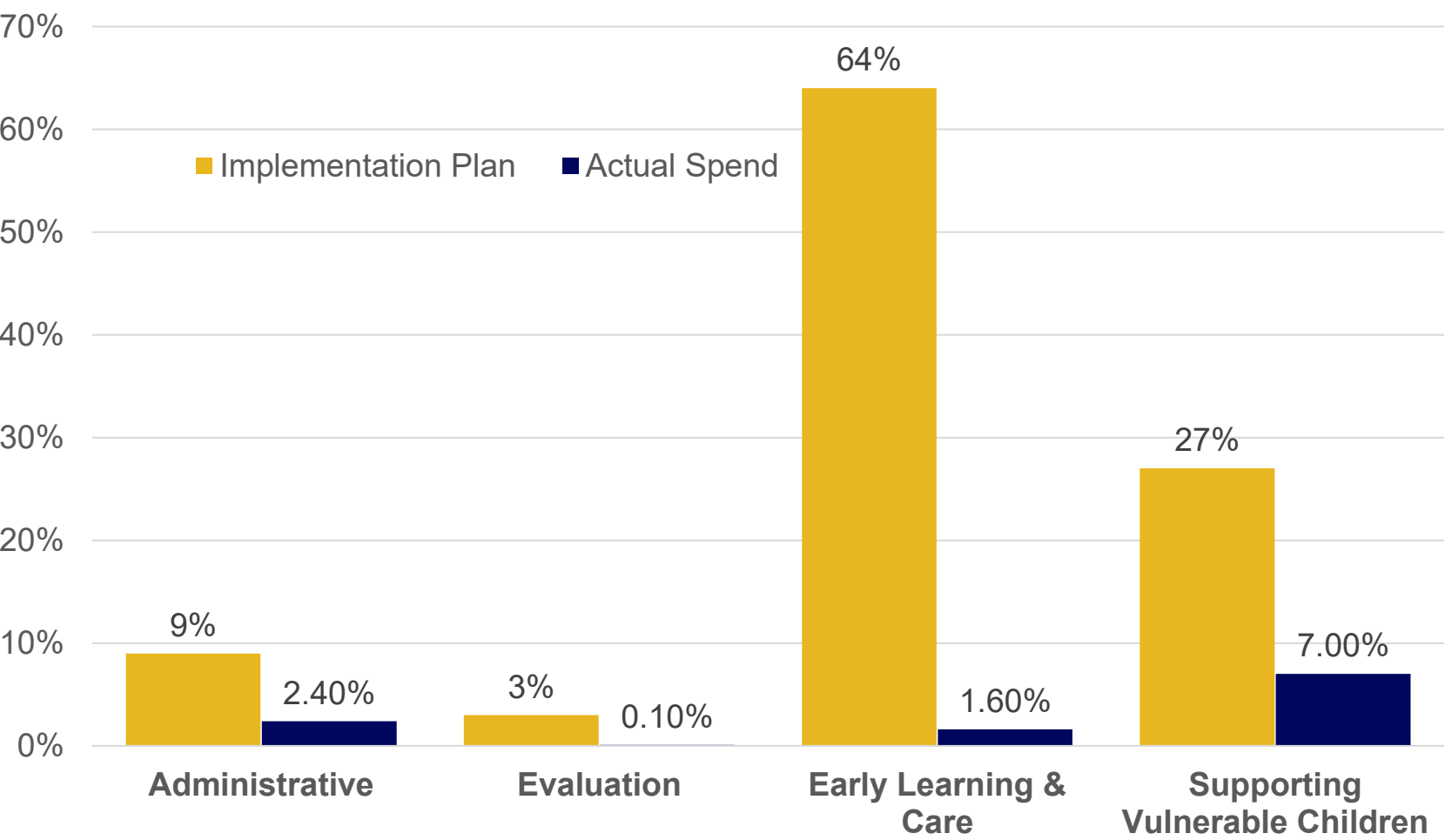
\$26 million in revenue has been collected in the HCF. As of July 2025, 31% was encumbered and 11% had been dispersed. There is a significant unspent balance.

HCF Revenue and Spend - 1/1/2023-7/31/2025



Actual spending has been much lower than planned. The HCF stayed well within the 9% administrative spend cap, but is underspending in program areas.

HCF Fund Allocations - Planned vs Actual as a % of Levy Proceeds



By July 31, 2025, the HCF awarded 38 contracts worth \$8.06 million to 28 unique organizations impacting over 41,000 clients¹ with new and expanded services and child care slots.

Focus Area	Children	Expecting Parents	Caregivers	Households	Total Served
Early Learning & Care	677	-	-	-	677
Supporting Vulnerable Children	2,058	439	385	37,719	40,601
Total	2,735	439	385	37,719	41,278

Strategy	Children	Expecting Parents	Caregivers	Households	Total Served
1 Small Capital Grants	14	-	-	-	14
5 Create Regional ELC Hubs & Services	71	-	-	-	71
6 Innovative ELC Approaches	592	-	-	-	592
7 Recruit Mental & BH Workforce	251	-	385	-	636
8 Limit Housing Instability for Families	137	-	-	115	252
9 Expand & Enhance Early Parenting Supports	-	77	-	37,604	37,681
10 Integrate/Co-locate Services	1,670	362	-	-	2,032
Total	2,735	439	385	37,719	41,278

ELC Slots Created

192

Flexible monthly
drop-in slot-days

8

Regular low-
income infant slots

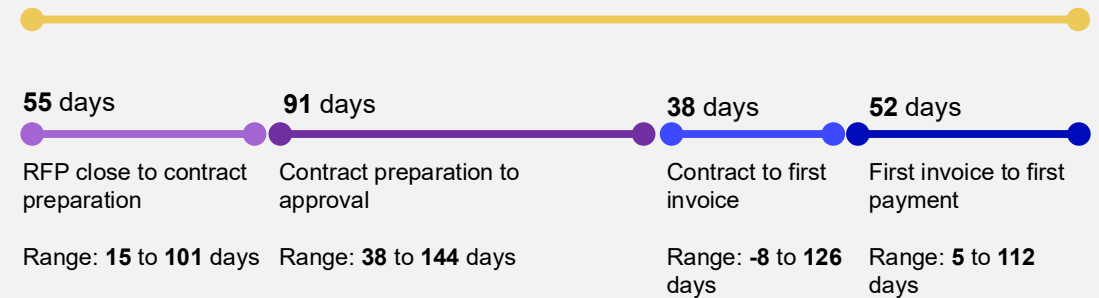
¹ Reporting formats vary among implementing strategies. Available data could include duplicate beneficiaries, for example if a family works with multiple HCF-funded providers. Available data also undercounts investments for which there is not reporting, such as playground users benefitting from capital funds

How Well Did We Do It?

- Initial planning for the HCF did not adequately include legal and operational perspectives, leading to downstream administrative challenges
- None of the sampled contracts were found out of compliance with purchasing procedures.
- Given available data, the funds have been distributed equitably, but there is room for improvement in data collection and focus on underserved areas and populations¹.
- Start-up and contracting timelines were longer than expected.

Based on a review of intentionally sampled contracts¹, the average length of time from RFP close to first payment averaged 237 days.

237 days

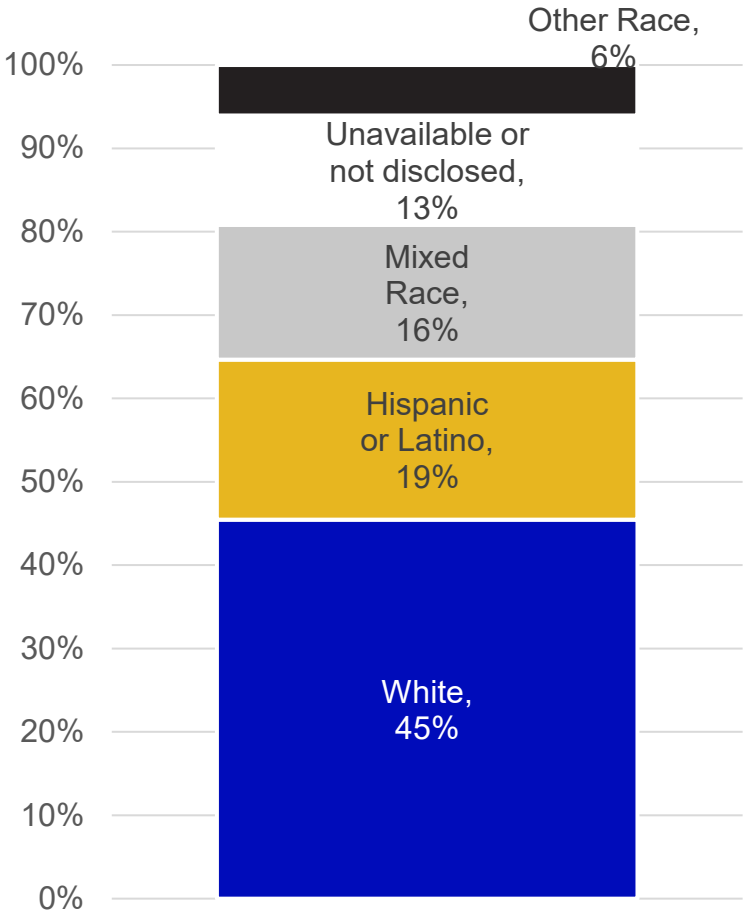
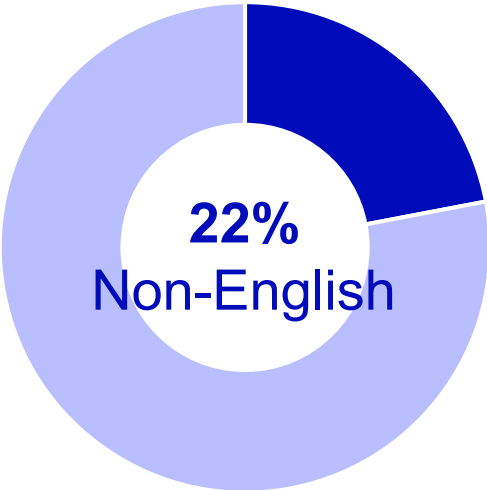
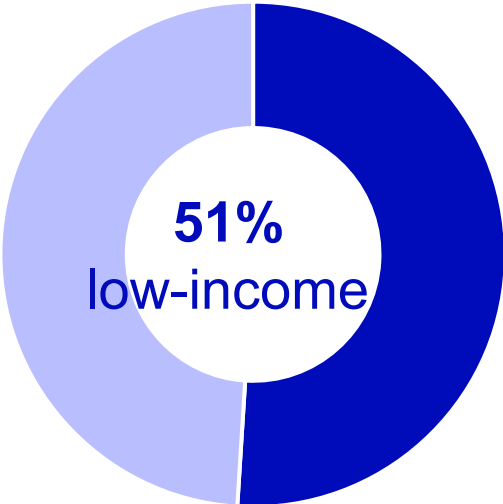


Council Resolution 2025-004 Goals



¹ Contracts sampled to represent the earliest contract, the most recent contract, the largest by award amount, the smallest by award amount, two County selections, and two Seva Workshop selections. The sample includes contracts from all strategy areas.

Based on available data², HCF clients are about half low-income, represent diverse racial groups, and about 1 in 5 speak a language other than English (15% Spanish)



2 Reporting formats vary among implementing strategies. Data on income was available for 563 individuals. Data on race and language was available for 2,193 individuals

Is Anyone Better Off?

- With most awards happening in late 2024 to 2025, it is too early to assess population-level impact on key indicators
- Providers shared anecdotal and project-level evidence of impact including:
 - Uptake of new services – especially among populations that would not have been able to access services before
 - Reductions in waitlists
 - Improvements of staff morale
 - New child care slots and flexible slots

Stakeholder Feedback

- Families expressed a great deal of gratitude, but shared that there is a lack of community awareness about what HCF funds and how to access services.
- Providers shared an overall positive experience and good communication with WCHCS, but were frustrated by contracting and payment timelines, administrative barriers, and unclear guidance
- Several noted that outreach appeared to be a gap, surprised to be sole bidders or part of a small pool.

“It's actually totally moving the needle in Whatcom County. This is the first time since my inception in 20XX that we don't have a waiting list, especially for Medicaid-enrolled clients.”

“we have seen, just in the past couple years, a huge increase in Spanish-speaking referrals and families”

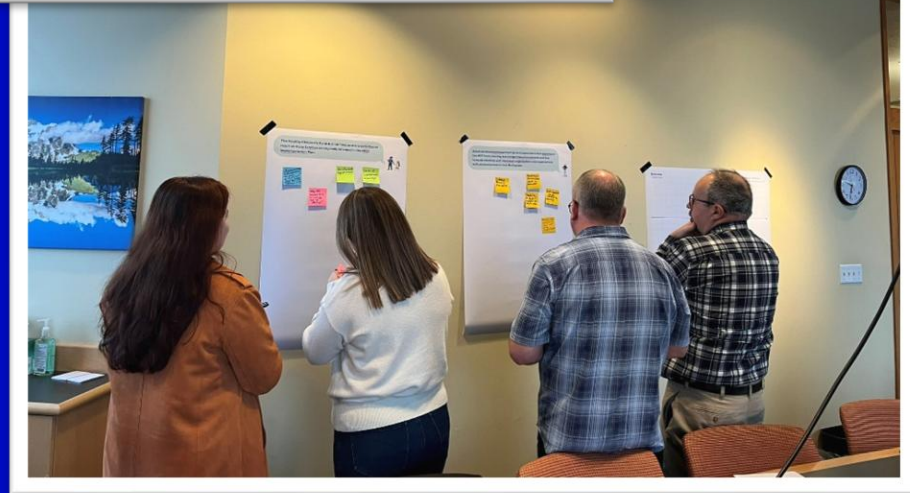
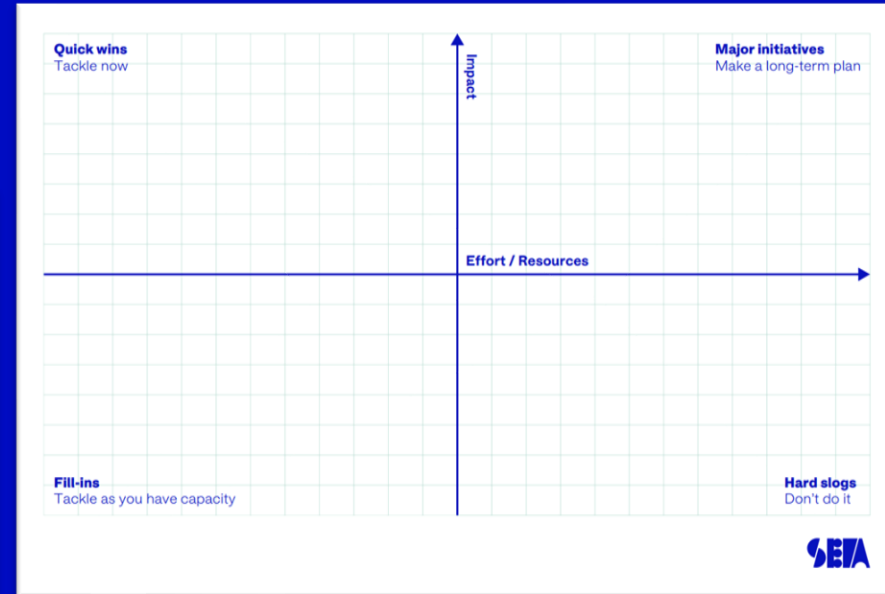
“[we have been able to] support [Spanish-speaking] families in ways that we haven't been able to before”

“even in light of all that [earlier challenges], we are accomplishing so much, so much...”

“[there are] quality people over there who are committed to the Healthy Children's Fund... and they are just...hustling on all fronts”

“this has been one of my favorite things that has come out of this, is I feel a lot more confident that the organizations...are willing to collaborate and share resources and support each other towards the goal of helping these children and families. So, I feel like we're really on the... Whatcom County is on the right path”

Recommendations



Planning

- Clarify the long-term vision and Theory of Change
- Use the Implementation Plan to build towards the long-term vision – engaging community and internal offices
- Align evaluation activities

Processes

- Workshop routine processes across departments (e.g., Swim Lane, Kaizen)
- Document and/or update templates and guidance

Policy

- Clarify policy-making roles and frequency (RACI)
- Address key policy questions, including TOC and HCF role in overall child and family health landscape

Communications and Engagement

- Plan and coordinate communications for public transparency, access to services, and provider outreach in advance of RFPs
- Consider possible new liaison role (external partnerships, Council liaison, provider outreach)
- Strengthen internal communications

Capacity

- Fully staff implementation and administration (9%)
- Invest in training and team-building across departments (contract review, internal policy) to build trust and skills
- Consider technological investments (e-bid, payroll, direct deposit) to modernize the process

Discussion

- *Any questions or surprises?*
- *What are ways that this group can support improvement?*