



King County

1200 King County
Courthouse
516 Third Avenue
Seattle, WA 98104

Meeting Agenda Board of Health

Metropolitan King County Councilmembers: *Teresa Mosqueda, Chair; Jorge Barón, Reagan Dunn*
Alternate: Sarah Perry

City of Seattle Members: *Joy Hollingsworth, Robert Kettle, Sara Nelson*
Alternate: Bruce Harrell

Sound Cities Association Members: *Amy Lam, Vice Chair; Cheryl Rakes*
Alternates: Amy Falcone and Barb de Michele

Public Health, Facilities, and Providers: *Butch de Castro, PhD, MSN/MPH, RN, FAAN;*
Lisa Chew, MD, MPH; Katherine Gudgel, MS
Alternate: Patricia Egwuatu, DO

Consumers of Public Health: *Quiana Daniels, BS, RN, LPN, Vice Chair;*
Mustafa Mohammed, MD, MBCHB, MHP, LAAC, AAC
Alternate: LaMont Green (Gullah), DSW

Community Stakeholders: *Christopher Archiopoli, Victor Loo*
Alternate: Francoise Milinganyo

American Indian Health Commission: *Jolene Williams, Councilmember, Snoqualmie Indian Tribe*
Alternate: Angela Young, Councilmember, Snoqualmie Indian Tribe

Dr. Faisal Khan, Director, Seattle-King County Department of Public Health
Staff: *Joy Carpine-Cazzanti, Board Administrator - KCBOHAdmin@kingcounty.gov*

1:00 PM

Thursday, April 17, 2025

Hybrid Meeting

REVISED AGENDA

Hybrid Meetings: Attend Board of Health meetings in person in Council Chambers (Room 1001), 516 3rd Avenue in Seattle, or through remote access. Details on how to attend and/or provide public comment remotely are listed below.

	Sign language and interpreter services can be arranged given sufficient notice (206-848-0355). TTY Number - TTY 711. Council Chambers is equipped with a hearing loop, which provides a wireless signal that is picked up by a hearing aid when it is set to 'T' (Telecoil) setting.	
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HOW TO PROVIDE PUBLIC COMMENT:

1. In person: You may attend the meeting in person in Council Chambers.
2. Remote attendance on the Zoom Webinar: You may provide oral public comment at the meeting by connecting to the meeting via phone or computer using the ZOOM application at <https://zoom.us/>, and entering the Webinar ID below.

Join by Telephone**Dial: US : +1 253 215 8782****Meeting ID: 836 2614 2088**

If you do not wish to provide public comment, please help us manage the callers by using one of the options below to watch or listen to the meeting.

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- 1) Stream online via this link <https://king-county-tv.cablecast.tv/> or input the link web address into your web browser.
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To show a PDF of the written materials for an agenda item, click on the agenda item below.

1. **Call to Order**
2. **Roll Call**
3. **Announcement of Any Alternates Serving in Place of Regular Members**
4. **Approval of Minutes of March 20, 2025** **pg 5**
5. **Public Comments**
6. **Chair's Report**
7. **Director's Report** **pg 10**



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Discussion and Possible Action

8. Resolution No. 25-04 **pg 15**

A RESOLUTION honoring Mary Selecky for her decades of dedicated public health leadership and mentorship in Washington State, including her efforts to curb smoking, raise childhood vaccination rates, and prepare for emergencies.

Briefings

9. BOH Briefing No. 25-B12 **pg 16**

Food Safety Program Update - Streamlining Food Business Permitting

Dr. Eyob Mazengia, Assistant Division Director, Environmental Health, Public Health – Seattle & King County

Dr. Atar Baer, Food & Facilities Section Deputy, Environmental Health, Public Health – Seattle & King County

Ian Miller, Food & Facilities Technical Senior, Environmental Health, Public Health – Seattle & King County

10. BOH Briefing No. 25-B13 **pg 29**

Youth Mental Health and Substance Use in King County: Needs Across a Continuum

Sarah Wilhelm, Strategic Advisor – Best Starts for Kids /Community Well-Being Initiative, Public Health – Seattle & King County

Sara Jaye Sanford, Epidemiologist, Public Health – Seattle & King County

Jennifer Wyatt, SBIRT and Recovery High School Coordinator, Department of Community and Human Services/Behavioral Health and Recovery Division

Erin MacDougall, School Based Partnerships Program Manager, Public Health – Seattle & King County

Althea Haug, Senior Program Manager Centralized Client Services, YouthCare.

11. BOH Briefing No. 25-B14 **pg 49**

Regional Office of Gun Violence Prevention Update

Eleuthera Lisch, Director, Regional Office of Gun Violence Prevention, Public Health – Seattle & King County

Rafael Padilla, Chief of Police, City of Kent

Mark Rivers, Deputy Director, Community Passageways



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12. BOH Briefing No. 25-B15 **pg 65**

State Legislative Session Update

Simon Vila, Government Relations Officer, Public Health – Seattle & King County

13. BOH Briefing No. 25-B16 **pg 69**

Creating a Template Document for Establishing Board of Health Workgroups

Quiana Daniels, Vice Chair

14. Board Member Updates**15. Other Business****Adjournment**

If you have questions or need additional information about this agenda, please call (206) 263-0365, or write to Joy Carpine-Cazzanti, Board of Health Administrator via email at KCBOHAdmin@kingcounty.gov



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Meeting Minutes Board of Health

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Mosqueda, Chair; Jorge Barón, Reagan Dunn
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Tribe*

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Public Health
Staff: Joy Carpine-Cazzanti, Board Administrator -
KCBOHAdmin@kingcounty.gov*

1:00 PM

Thursday, March 20, 2025

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DRAFT MINUTES

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1. **Call to Order**

The meeting was called to order at 1:01 p.m.

2. **Roll Call**

Present: 13 - Archiopoli, Barón, Chew, Daniels, de Castro, Dunn, Gudgel, Lam, Loo, Mohammed, Mosqueda, Williams and Perry

Excused: 4 - Hollingsworth, Kettle, Nelson and Rakes

3. **Announcement of Any Alternates Serving in Place of Regular Members**

Boardmember Perry served in place of Boardmember Barón.

Also in attendance were Boardmember de Michele and Boardmember Milinganyo.

4. **Approval of Minutes of February 20, 2025**

Boardmember Daniels moved to approve the minutes of the February 20, 2025, meeting as presented. Seeing no objection, the Chair so ordered.

5. Public Comments

*The following person spoke:
Alex Tsimmerman*

6. Chair's Report

The Chair briefed the Board on the upcoming agenda.

7. Director's Report

Dr. Faisal Khan, Director, Public Health - Seattle & King County, briefed the Board on funding foundational Public Health services, guidance on choosing a pet care facility, and the measles outbreak.

Briefings**8. [BOH Briefing No. 25-B08](#)**

Hazardous Waste Management Program Update

Maythia Airhart, Program Director, Hazardous Waste Management Program, briefed the Board and answered questions.

Dave Ward, Project/Program Manager IV, Policy and Planning, briefed the Board and answered questions.

This matter was Presented

9. [BOH Briefing No. 25-B09](#)

Public Health Workforce Recruitment and Wellbeing

Elisha Mackey, Human Resources Manager II, Public Health - Seattle & King County, briefed the Board and answered questions.

Ma-Eyongerie Frambo, Human Resources Supervisor, Public Health - Seattle & King County, briefed the Board and answered questions.

Emily Emerson, Wellbeing Manager, Public Health - Seattle & King County, briefed the Board and answered questions.

Linda Burbank, Nurse Representative for the Washington State Nurses Association, made remarks.

Tara Barnes, Nurse Representative for the Washington State Nurses Association, made remarks.

This matter was Presented

10. BOH Briefing No. 25-B10

Improving Health of People Experiencing Homelessness Through Neighborhood-level Interventions

Marcus Johnson, Clean and Safe Outreach Program Manager, University District Partnership, briefed the Board and answered questions.

Chloe Gale, REACH Program Director, Evergreen Treatment Services, briefed the Board and answered questions.

Carolanne Sanders Lundgren, Chief Campaigns Officer, Purpose. Dignity. Action., briefed the Board and answered questions.

Nichole Alexander, Director of Outreach & Special Initiatives, CoLEAD, Purpose. Dignity. Action., briefed the Board and answered questions.

Links referenced by Chair Mosqueda:

<https://tinyurl.com/boh2018homelessnessguidelines>

<https://tinyurl.com/boh2024encampmentstatement>

This matter was Presented

11. BOH Briefing No. 25-B11

State Legislative Session Update

Simon Vila, Government Relations Officer, Public Health - Seattle & King County, briefed the Board and answered questions.

This matter was Presented

12. Board Member Updates

No updates were given.

13. Other Business

Chair Mosqueda announced that local elected officials are welcome to sign on to a letter to the Washington State Legislature related to new revenue tools for local jurisdictions.

Adjournment

The meeting was adjourned at 3:12 p.m.

If you have questions or need additional information about this agenda, please call (206) 263-0365, or write to Joy Carpine-Cazzanti, Board of Health Administrator via email at KCBOHAdmin@kingcounty.gov

Approved this _____ day of _____.

Clerk's Signature



King County
King County Board of Health
Director's Report

Date: April 17, 2025

Prepared by: Dr. Faisal Khan, Director, Public Health – Seattle & King County

Stay current on Public Health trends and news:

I invite King County Board of Health Members and Alternates to stay updated on important news, local health trends and funding opportunities through Public Health – Seattle & King County's blog and online dashboards:

The Public Health Insider blog:

[PUBLIC HEALTH INSIDER – Official insights from Public Health - Seattle & King County staff](#)

Data dashboards:

- [Data dashboard: The impact of firearms in King County - King County, Washington](#)
- [Respiratory virus data dashboards: COVID-19, Influenza, and RSV - King County, Washington](#)
- [Overdose data dashboards - King County, Washington](#)
- [Climate Impacts on Health - King County, Washington](#)

Funding opportunities – RFPs, RFQs, RFAs and others:

[Funding opportunities - King County, Washington](#)

Public Health Officer Update

I want to share the latest developments in our work to select Public Health's next Health Officer. I'm pleased to share that the recruitment and interview process has gone well, with many highly competitive candidates. I look forward to announcing soon our new permanent Health Officer.

I also want to thank Dr. Eric Chow, who has so graciously served these past few months as Interim Health Officer on top of his duties as our Chief of Communicable Disease Epidemiology and Immunization. Eric will be going on leave starting in April for a few months, so I am naming a new Interim Health Officer, Dr. Alice Tin, starting April 1st to serve until our new permanent hire is in place.

Dr. Tin most recently served as a Regional Medical Officer for the Washington State Department of Health. She is trained as a full spectrum family medicine doctor at Swedish Cherry Hill and provided culturally and linguistically concordant care to Mandarin and Cantonese speaking patients at International Community Health Services. She continues to serve a diverse community of patients and helps train and mentor resident physicians. Her interests include the intersection of animal, environment and human health, medication assisted treatment for substance use, and using data visualization to guide communication and intervention in public health issues. I'm most grateful for Dr. Tin stepping into this role and look forward to working with her.

Learn more online: [Interim Health Officer of Public Health – Seattle & King County - King County, Washington](#)

Funding Foundational Public Health Services

Foundational Public Health Services (FPHS) are a core-set of government-delivered services that provide a strong, stable and adaptable backbone for the governmental public health system in Washington state. FPHS are delivered by local health jurisdictions (LHJs), the State Department of Health, the State Board of Health and sovereign Tribal nations and Indian Health Programs. Over the past ten years, these four parts of the governmental public health system have worked together to define a set of public health services that every Washingtonian should receive. Over time, the Legislature began to fund these foundational services, though they are not fully funded yet.

With the budget deficit in Olympia, FPHS is at risk for reductions. Governor Ferguson's recent proposed plan cuts nearly \$60m per biennium from FPHS statewide. While we don't know what the final budget will be, and moreover, how much of the cuts will be passed on to LHJs including ours, it will be a very difficult cut. FPHS provided \$19M in funding to PHSKC in 2024. It is a critical slice of our already shrinking revenue pie as Public Health has been assigned its share of the County's General Fund target reductions.

Losing FPHS funding will mean that all sorts of foundational programming -- from disease detectives who track down measles cases, emergency preparedness staff who help us plan for bird flu, data scientists that help our communities make sense of what's making us sick, and communicators who provide public education that people need to stay safe -- will be at risk.

Watch a video and explore FPHS: kingcounty.gov/FPHS

Free medical, vision, and dental care returns in April with Seattle/King County Clinic!

Seattle/King County Clinic returns for the tenth year to Seattle Center on April 24-27, 2025 with free medical, dental, and vision services for anyone who struggles to get the healthcare they need! This volunteer-driven event, led by Seattle Center and Seattle Center Foundation, brings together healthcare organizations, civic agencies, non-profits, businesses, and thousands of volunteers, including our Public Health Reserve Corps and many of our staff. We're proud to be a part of it!

Learn more online: [Free medical, vision, and dental care returns in April with Seattle/King County Clinic! – PUBLIC HEALTH INSIDER](#)

Measles case identified in Snohomish County infant

The Snohomish County Health Department was notified April 1, 2025, of a new positive measles case in a Snohomish County infant. The infant was likely exposed to measles during recent travel abroad. People who were at certain locations in Snohomish and King counties may have been exposed to measles. People who are vaccinated are well protected. Exposed individuals should check to make sure they have immunity against measles. If people were at the locations and are not immune to measles, the most likely time they would become sick would be between April 3 and April 21, 2025.

As of April 7, this is the second case of measles in an infant, and third case overall, in Washington State since January 1, 2025. Fortunately, the measles vaccine is highly effective. Two doses of the measles, mumps and rubella (MMR) vaccine provides about 97% protection against getting infected by measles. That protection lasts a lifetime.

Learn more online: [New measles case identified in Snohomish County infant – PUBLIC HEALTH INSIDER](#)

Mental health services expand at Seattle school-based health centers

Public Health will be able to significantly expand mental health services at [school-based health centers](#) in Seattle thanks to an annual \$5.6 million investment from the City of Seattle beginning in school year 2024-2025. This expansion includes hiring 21 new mental health therapists to provide counseling to students, doubling the staffing capacity of the mental health services at school-based health centers in Seattle's middle and high schools.

Outside of the school-based health centers, the funding has been used to contract with community organizations to staff schools with behavioral health care coordinators, a new position that will help students navigate the behavioral healthcare system and match them with appropriate care within the school and community.

Learn more online: [Mental health services expand at Seattle school-based health centers – PUBLIC HEALTH INSIDER](#)

Guidance on Choosing a Pet Care Facility

Public Health's Pet Business Program has published a blog giving guidance to pet owners about choosing a pet care facility that will keep their pets safe, healthy, and happy.

- Pet owners should make sure that a facility has a Public Health permit, they have adequate health requirements, and enough staff to supervise all the pets safely.
- If a business isn't meeting standards, Public Health works with them to make improvements but - in rare cases - the program may need to suspend a facility's permit to keep pets safe.
- Pet owners can sign up to receive alerts to learn when Public Health suspends a pet care facility's permit.

Learn more online: [How to choose a pet care facility – PUBLIC HEALTH INSIDER](#)

Early testing, treatment, and diagnosis for TB stops spread, saves lives

In 2023 and 2024, tuberculosis (TB) re-claimed its long-held status as the world's deadliest infectious disease. Globally, [10.8 million people developed TB disease in 2023](#), including 1.25 million people who died of TB disease.

In King County, an estimated 100,000 people are living with latent TB, and there were 110 cases of active TB disease in 2024. Most TB disease cases are in those who have had latent TB for an extended period of time and progress to active disease.

Our TB Program at Public Health works hard to care for and support those with active TB disease and their close contacts. People with active TB disease receive high quality medical care, visits at home, consults with their other doctors, and referrals to supportive resources. We also have opportunities to get ahead of the disease, including screening more people for latent TB, and quickly diagnosing and treating cases of active TB, before more people are infected.

Learn more online: [Early testing, treatment, and diagnosis for TB stops spread, saves lives – PUBLIC HEALTH INSIDER](#)

Respiratory Illnesses

Influenza levels have been decreasing since early March, although levels continue to be elevated. We experienced a high severity flu season, with emergency department visits in February surpassing all prior seasons since 2018 except for the 2022-2023 season.

While COVID rates are currently low, it's a good time for people to make sure they are up-to-date on their COVID vaccine. Most people less than age 65 who already got a COVID-19 vaccine in the fall do not need to get another dose until this fall. However, if you're 65 or older, make sure to get 2 doses of the updated COVID-19 vaccine, spaced 6 months apart. If you got vaccinated in mid-October, then 6 months would be in mid-April.

If you are moderately/severely immunocompromised, talk to your doctor about getting additional COVID-19 doses. If needed, you can get the second dose as soon as two months after the first for extra protection before things like travel, life events, or future medical appointments.

Learn more about respiratory illnesses and prevention: [Respiratory illnesses - King County, Washington](#)

Overview of H5N1 bird flu

Bird flu is widespread in wild birds worldwide. Beginning in 2024, bird flu has caused outbreaks among US dairy cows and continued to cause infections among poultry in the U.S. Several recent human cases were identified in the setting of exposure to sick poultry or dairy cows. Here in King County, bird flu has been detected in wild birds, backyard chickens, pet cats and other animals in the last 2 years, but it has not been identified in dairy cows or people.

As of February 25, two pet cats in King and Snohomish counties were infected likely after eating contaminated raw pet food: [News Releases | Washington State Department of Agriculture](#)

There has been no evidence of human-to-human transmission and the current risk to the general public remains low. However, as of February 28, 2025, the CDC has assessed the risk for those in contact with potentially infected animals to be at "moderate to high risk. Those who interact with animals like dairy or poultry farm workers are at higher risk and should wear protective equipment. People should avoid touching sick or dead birds or other animals, avoid unpasteurized dairy products (such as raw milk or raw milk products) and raw pet food.

Keep an eye on backyard chickens and report any sick or dead backyard birds to the Washington State Department of Agriculture at 1-800-606-3056. If you come across dead or sick wild birds, report to the Washington Department of Fish and Wildlife at [WDFW.wa.gov](#).

H5N1 bird flu prevention

While the outbreak of bird flu is currently considered primarily an animal health issue, Public Health – Seattle & King County continues to monitor the situation closely. We have ramped-up preparedness planning to respond should a human exposure or outbreak occur in King County.

We are providing bird flu information to the public through social media channels. [This recent post](#) provides the key points about what public health agencies are doing and what the public should know.

We are actively updating our response plan specific to bird flu to guide preliminary decision-making and response activities. This includes procuring resources such as antiviral medications and personal

protective equipment to quickly and equitably respond in the event of human cases in King County. The plan aligns with Public Health's broader pandemic preparedness plan.

Recently, the CDC issued a recommendation to expand laboratory surveillance for bird flu among hospitalized patients with influenza. Public Health has distributed this health advisory and is connecting with medical and laboratory directors in King County hospitals to enhance testing.

More information from Public Health: [Avian influenza - King County, Washington](#)



KING COUNTY

1200 King County Courthouse
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Signature Report

Resolution

TITLE ONLY

Proposed No. 25-04.1

Sponsors

- 1 A RESOLUTION honoring Mary Selecky for her decades
- 2 of dedicated public health leadership and mentorship in
- 3 Washington State, including her efforts to curb smoking,
- 4 raise childhood vaccination rates, and prepare for
- 5 emergencies.

KING COUNTY BOARD OF HEALTH
KING COUNTY, WASHINGTON

Teresa Mosqueda, Chair

ATTEST:

Melani Hay, Clerk of the Board

Attachments: None

Streamlining Food Business Permitting

King County Board of Health

April 17, 2025

Dr. Eyob Mazengia

Food & Facilities - Assistant Division Director

Dr. Atar Baer

Food & Facilities - Section Deputy

Ian Miller, MPH

Food & Facilities - Technical Senior

Environmental Health Services Division





Contents

- ❖ Food Safety Program goal
- ❖ Current landscape
- ❖ Food business permitting challenges
- ❖ Initiatives to improve food business permitting
- ❖ Update on the food safety rating expansion

Food Safety Program Goal

Ensure food safety measures are in place to protect the public from foodborne illnesses

We accomplish this objective by:



Completing
plan reviews



Conducting
regular inspections



Providing
food safety trainings



Responding to
complaints



Taking
enforcement actions

Current Landscape

Permitted Vending

- 12,500 permanent food businesses
- ~800 mobile food units
- ~3,500 temporary food permits
- 50 Farmers Markets



Board of Health

Unpermitted Vending

- Mainly street food vendors selling cut fruit and food cooked on site
- Increased trend locally (109 vendors closed in 2024 vs. 27 vendors in 2023)
- Increased trend nationally
- Increased frustration among permitted street vendors
- Difficult to trace foodborne illnesses
- Increased media/public attention



April 17, 2025



Permitting Challenges

- Financial barriers
- Difficulty navigating the permitting process across multiple agencies (City/State business licenses, PHSKC, L&I approval, street use permits, fire)
- Commissary kitchen access/cost
- Access to sanitation facilities
- Street use access/restrictions
- Language barriers
- Turnaround time to get permitted



Initiatives to remove barriers: Improve access to commissary kitchens

Completed

Upcoming



Project: Offer commissary kitchen vouchers for up to 6 months to new and unpermitted street food vendors

Benefits: Reduces upfront cost; reduces likelihood of unsafe home preparation

Timeline for Initiating: Q3-Q4 of 2025

Impacts on program: Will require resources to manage the voucher program. We have success offering a similar kitchen access voucher during the COVID pandemic response.

kingcounty.gov/commissary

Initiatives to remove barriers:

Increase permitting options

Completed

Expanded catering: Created a pathway for caterers to sell food to consumers from a commissary kitchen.



Upcoming

- **Project:** Pilot options for seasonal pop-up permits for street vendors to sell low-risk foods without having to be at a temporary event/farmers market.
- **Benefit to customers:** Provides a pathway for start-up food businesses.
- **Timeline for Initiating:** Q3-Q4 of 2025
- **Impacts on program:** We expect a significant number of requests for “pop-up” permits, requiring additional staffing to issue permits and conduct inspections. If the pilot is successful, the EH Program may propose to the Board a code change.

Initiatives to remove barriers:

Close knowledge/information gaps



Completed

- **Multilingual staff**
- **Increased access to staff:** Increased direct customer support via Environmental Health Sanitarian on Duty
- **Publications/media**
- **Increased community engagement:**
 - 11/19/2024 at Rainier Beach Library
 - 2/3/2025 at El Centro de la Raza
 - 3/25/2025 at El Centro de la Raza
 - Upcoming session planned for April 2025 at El Centro de la Raza
 - About 150 individual businesses supported so far

Board of Health

Upcoming

- **Project:** Contract with Community Based Organizations to conduct outreach and support street food vendors with the permitting process.
- **Benefits:** Reduce time and effort needed to obtain street food permits.
- **Timeline for Initiating:** Will establish contracts in Q2 of 2025, program will run through summer 2026
- **Impacts on program:** Will require establishing contracts and use of program resources.

April 17, 2025

Initiatives to remove barriers:

Reduce financial barriers

Completed

Proration of Permit Fees: BOH Rule Change 2/15/24

Opening Date/Risk III	In 2023	In 2024
April 1 – June 30	\$927	\$927
July 1 – Sep 30	\$927	\$695
October 1 – Dec 31	\$463	\$463
Jan 1 - March 31	\$463	\$231

Upcoming

- **Project:** Pilot a one-time 50% reduced fee for new street food vendors with carts selling low-risk foods (e.g., cut fruit, shaved ice). The reduced fee includes 50% off plan review and annual permit fees.
- **Benefits:** Reduces upfront cost (\$790 - \$1093); reduces likelihood of unsafe home preparation.
- **Timeline for Initiating:** Q2-Q3 of 2025
- **Impacts on program:** Reduced revenue (\$40,000 - \$55,000); however, the pilot will test whether the cost will be offset by reduced time/effort spent on enforcement related to unpermitted vending, which is not covered by permit fees.

Initiatives to remove barriers:

Reduce permitting wait time

2024/2025	Number of plans in queue	Turn around time in days
1st Quarter/2024	160	74
2nd Quarter	112	55
3rd Quarter	39	24
4th Quarter	48	26
1st Quarter/2025	68	26

Ongoing Challenges

A multi-agency, sustained approach is needed to address:

- Lack of affordable commissary kitchens that are geographically accessible county-wide (\$800-\$1500/month)
- Costly and limited access to locations where permitted vendors are allowed to operate
- Permitting requirements from other agencies
- Staffing capacity constrained by the fee for service model
- Viable/effective options to bring unpermitted vendors into compliance

Expansion of The Food Safety Rating System

(1) BOH rule change to expand the food safety rating system to include ~2,000 additional food establishments

Increases access to food safety information to customers and incentivizes operators to improve food handling practices



Caterers



Food trucks and carts



Bakeries



Meat/seafood shops

(2) Updated description of emojis on our placards



Board of Health



April 17, 2025



Board of Health

Questions?

Contact

KCBOHAdmin@kingcounty.gov

April 17, 2025

Youth Mental Health and Substance Use in King County: Needs Across a Continuum



Department of Community Health Services and
Public Health – Seattle & King County
King County Board of Health
April 17, 2025

Agenda

- Youth behavioral health data brief
- Continuum of supports for youth mental health and substance use
- Update on policy and strategic planning efforts
- Future policy strategies
- Questions and discussion



Future Aims

All young people need access to the appropriate supports and services to help develop their strengths and identities, build healthy relationships with adults and peers, and access a range of developmentally and culturally appropriate supports when they experience challenges.

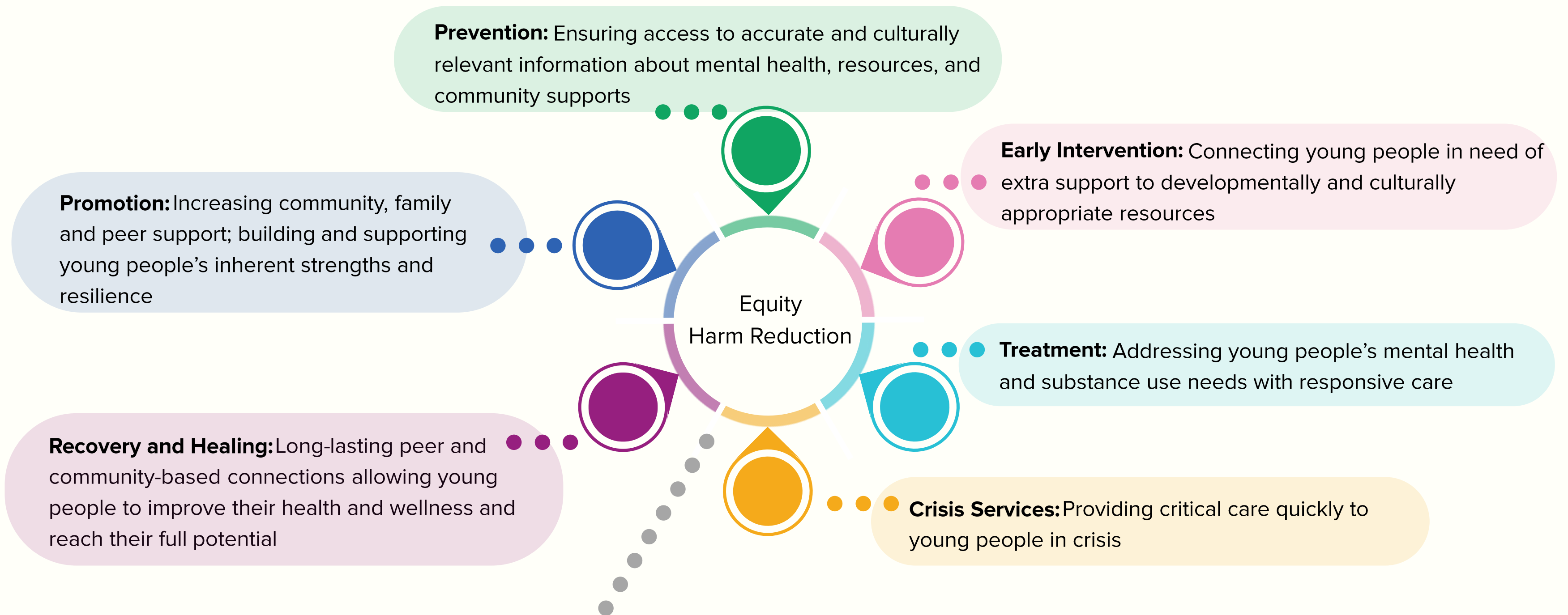
Current reality:

Young people are still experiencing youth mental health and substance use challenges that need additional supports at the program, policy, and systems levels.

Mood disorders are the leading cause of hospitalization for King County youth

- 788 hospitalizations each year on average for mood disorders among King County residents ages 1-17 (2017-2021)
 - This is a rate of **186 hospitalizations per 100,000** King County residents in this age group
 - This rate is **3 times higher** than the second most common cause of hospitalizations for youth (unintentional injury: 60 hospitalizations per 100,000)
 - This is about **16% of all hospitalizations** for this age group.
 - This rate is even higher among girls in this age group (277 per 100,000)

Data source



Equity and harm reduction are values held across each domain. Valuing equity means promoting culturally relevant approaches meeting the specific needs of diverse communities. Harm reduction means providing developmentally appropriate information and resources to help young people stay as safe as possible when experimenting, taking risks, or experiencing more significant challenges.

Recovery and Healing

“

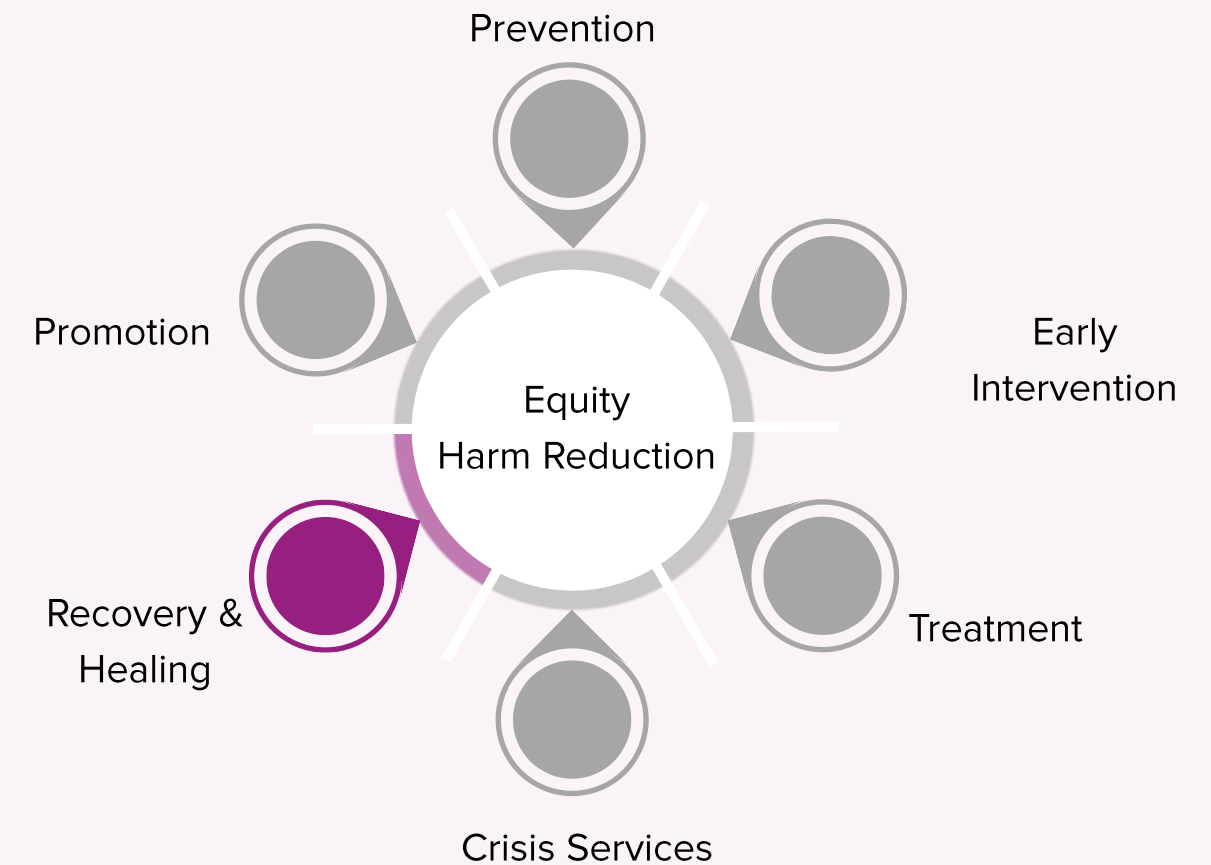
“We believe that healing doesn’t happen in isolation. Healing happens in community, with connection, joy, art, food, and music...”

- [Youth Healing Project](#) participant

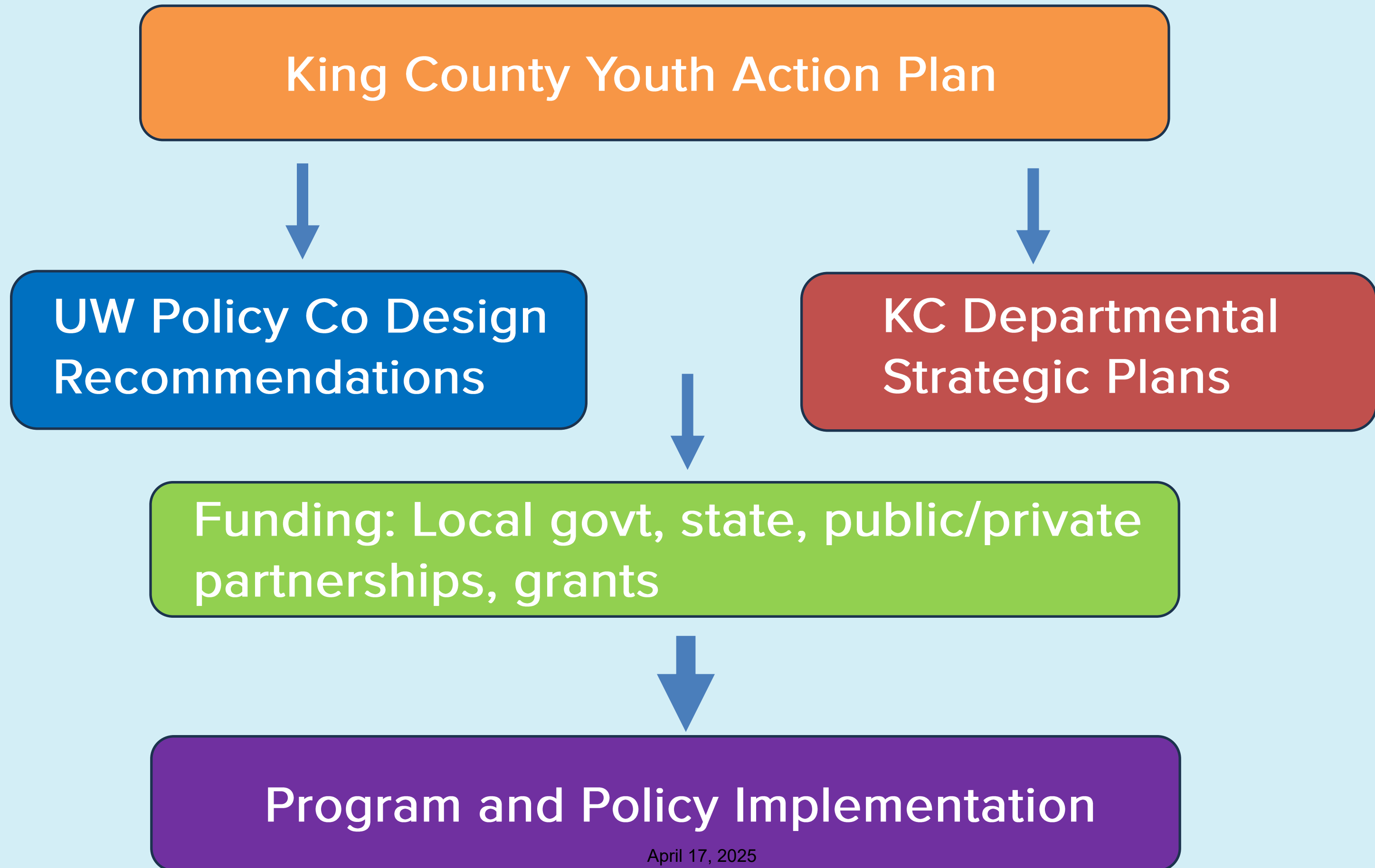
*“The Recovery Campus gave me a place to fit in and find comfort in a sober lifestyle that not many people my age were doing. It gave me an environment **where my ideas were valued, and my problems met with solutions rather than dismissal.**”*

- Seattle Public Schools [Interagency Recovery Campus](#) student

[For full brief with citations, click here](#)



Youth Mental Health and Substance Use Policy and Systems Components



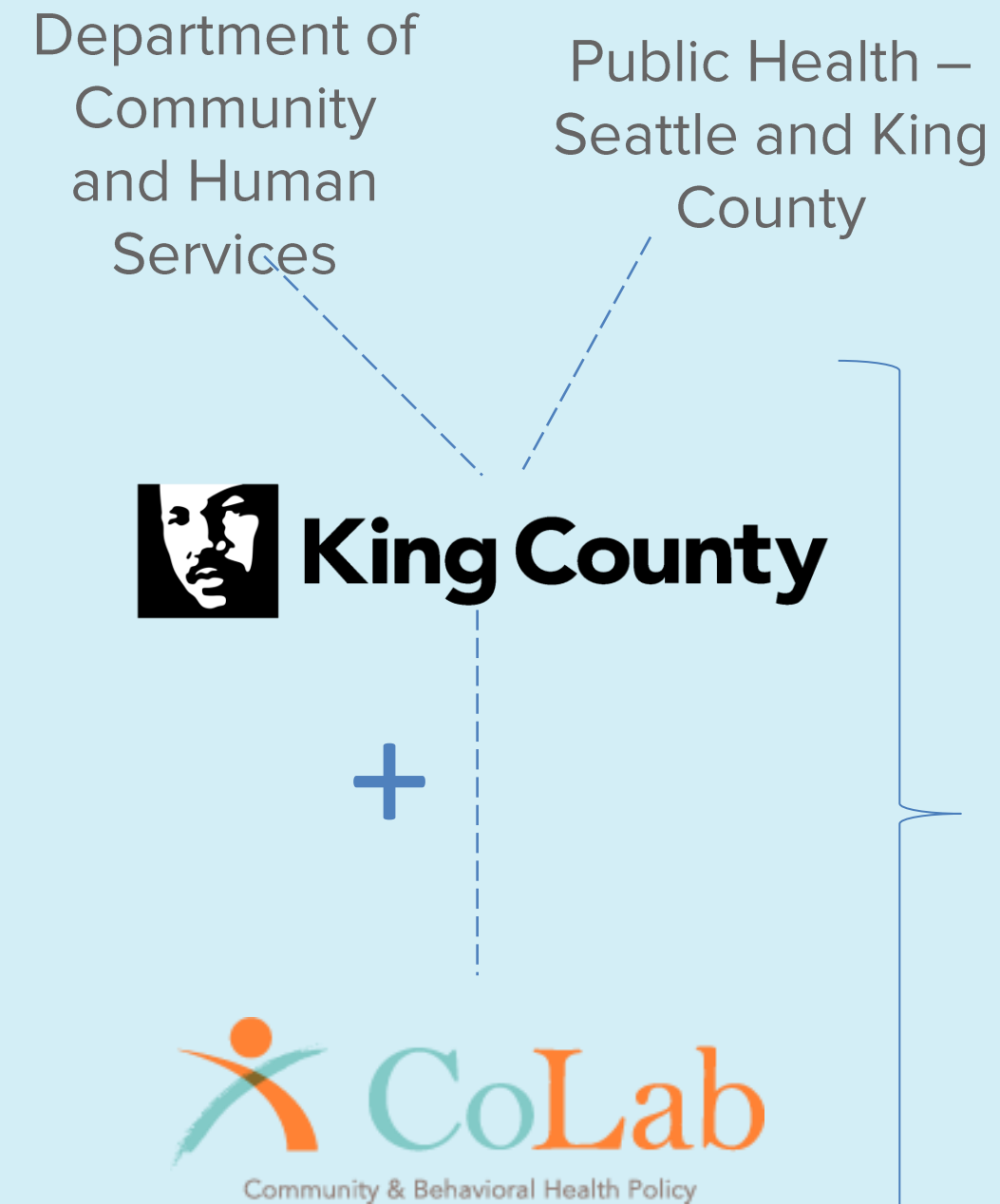
King County Youth Action Plan

- [First iteration of the Youth Action Plan \(YAP\) was adopted in 2015](#)
- DRAFT youth behavioral health recommendations from updated YAP, to be transmitted to Council later this year:
 - Expand definition and delivery of youth behavioral health supports
 - Foster youth empowerment and leadership in behavioral health & create “By and For” opportunities for BIPOC and LGBTQ youth
 - Ensure a range of treatment options for mental health and substance use disorders are available
 - Develop and support places and services for recovery, healing, and reentry

University of Washington CoLab Policy Co-Design

Recommendations

- Participatory, creative community policy co-design process aiming to improve youth mental health and substance use prevention
- Recommendations focused on:
 - County government strategies
 - Network contracts and relationships
 - Local programs and services
- Two-page policy brief and full report available [here](#)



**Policy
Codesign**



Public Health — Seattle & King County 2024 – 2029 Strategic Plan



Board of Health

Public Health
Seattle & King County



April 17, 2025

Community Well Being and Youth Behavioral Health

- Policy and program planning
- Communications strategy
- Workforce development
- Implement strategies

[PHSKC Strategic Plan](#)

Funding streams: potential supports for youth behavioral health programs

- MIDD Behavioral Health Sales Tax
 - Renewal process underway through 2027 for implementation starting in 2028
- Best Starts for Kids (BSK) Levy Renewal
 - Expected on ballot 2027, implementation starting in 2028
- Seattle Families, Preschool, and Promise (FEPP) Levy
 - Expected on ballot Nov 2025, implementation starting in 2026
- State funding (ongoing)
- Private or philanthropy (ongoing)

APPLYING POLICY RECOMMENDATIONS TO KING COUNTY INVESTMENTS

- Investment across the continuum – we need focus and resources from promotion to crisis, to meet young people where they are with the support they need
- Focused investments for BIPOC and LGBTQ young people who are disproportionately experiencing disparities
- Intentional investment in school-based health services to effectively meet young people where they are
- Flexible and youth-valued approaches to talking about substance use informed by prevention, harm reduction, and recovery

Questions and Discussion

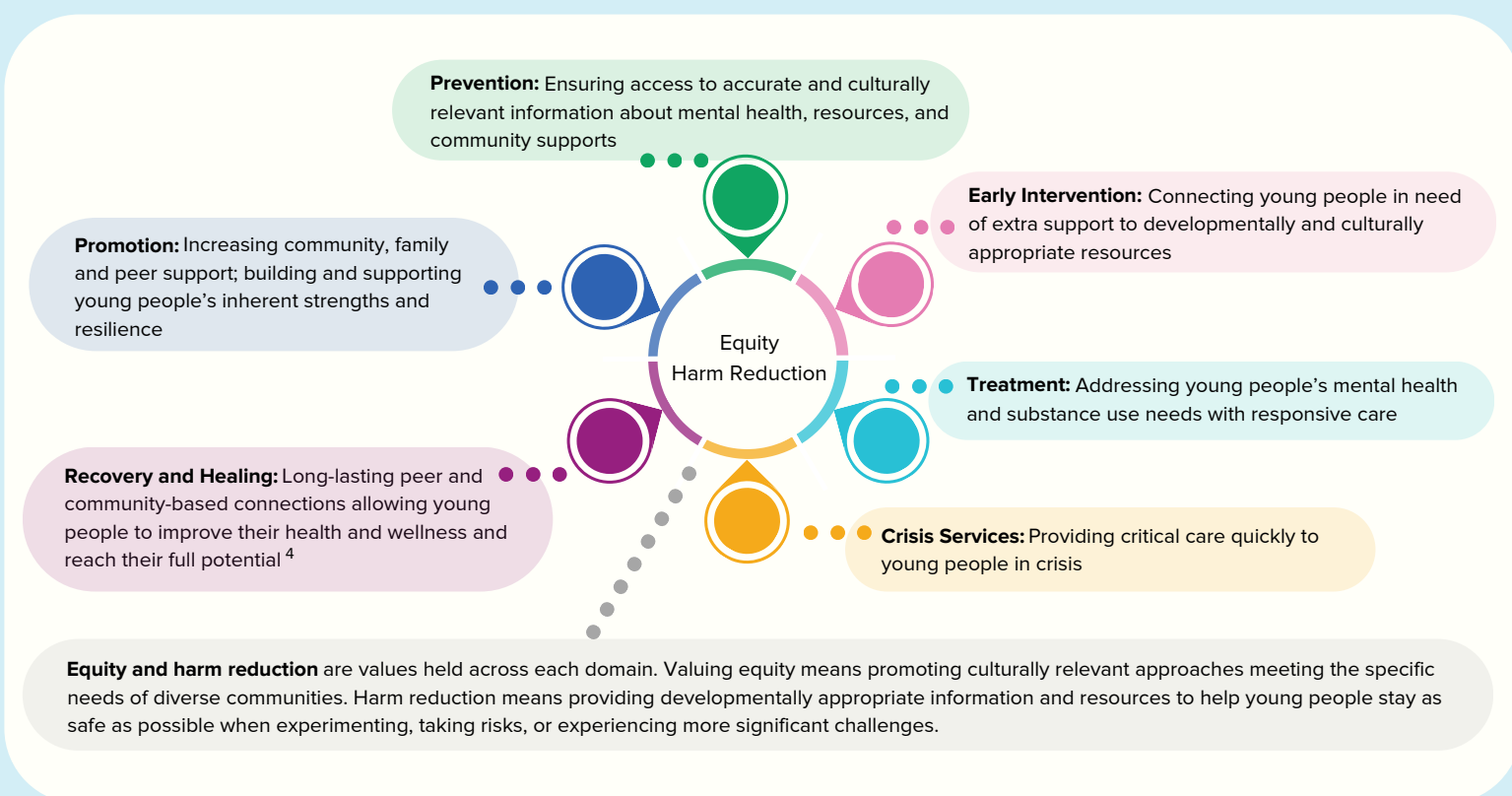


For any follow up questions or
comments please email
KCBOHAdmin@kingcounty.gov

Youth Mental Health and Substance Use in King County: Needs Across a Continuum

As they grow, young people need opportunities to develop their strengths and identities, build healthy relationships with adults and peers, and access a range of developmentally and culturally appropriate supports when they experience challenges. Young people who are Black, Indigenous, or People of Color (BIPOC) and lesbian, gay, bisexual, transgender, queer or questioning, or Two Spirit (LGBTQ2S+) face unique challenges to their mental health and well-being associated with racism, homophobia and other forms of oppression.^{1,2} They also face added barriers to accessing culturally appropriate support and care.

Young people may have varying needs for information, care, and support at different points in their development, so rather than focusing on just one area of support, our communities need investment in all domains across the continuum illustrated below.³



The continuum above spans different needs: from creating positive spaces for young people to grow into their strengths, responding to crises, to ensuring that young people have safe and supportive school, home, and community spaces. Local data, including the voices of young people, can help us understand young people's current relationship to this continuum and highlight areas where they need more supports.

This brief was created in partnership with Seattle Children's whose staff provided subject matter expertise and data related to their services.

1 Castro-Ramirez, F., Al-Suwaidi, M., Garcia, P., Rankin, O., Ricard, J. R., & Nock, M. K. (2021). Racism and Poverty are Barriers to the Treatment of Youth Mental Health Concerns. *Journal of Clinical Child & Adolescent Psychology*, 50(4), 534–546. <https://doi.org/10.1080/15374416.2021.1941058>

2 Green, A.E., Price-Feeney, M. & Dorison, S. (2020). Breaking Barriers to Quality Mental Health Care for LGBTQ Youth. New York, New York: The Trevor Project. <https://www.thetrevorproject.org/research-briefs/breaking-barriers-to-quality-mental-health-care-for-lgbtq-youth/>

3 The Institute of Medicine, Center for Substance Abuse Prevention Technical Assistance Center, Substance Abuse and Mental Health Services Administration. <https://www.samhsa.gov/sites/default/files/research-and-statistics/2014/continuum-of-care.pdf>

4 SAMHSA's Working Definition of Recovery. Substance Abuse and Mental Health Services Administration. <https://store.samhsa.gov/sites/default/files/ncj22-recdef.pdf>

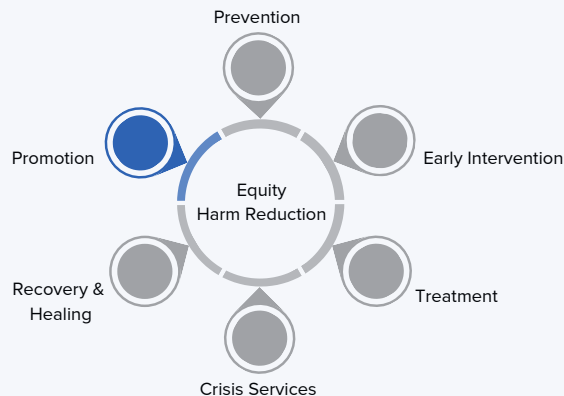


Promotion

Supporting young people's inherent strengths in positive environments and communities where they can thrive

Mental health promotion supports young people's inherent strength and resilience by increasing access to protective factors such as healthy family and peer relationships, supportive community environments, and support for positive identity development.¹ We can promote young people's mental health and well-being by providing opportunities for them to build strong and healthy relationships with peers and adults, explore identity and develop a positive sense of self worth, cultivate community connections, and develop healthy coping strategies when challenges arise.²

When families are surrounded by supportive communities, children can thrive. Currently, only about **one in three children in 5th grade and younger live in families where their caregivers report having support from family, friends, and neighbors**. Families of color experience even less access to social support networks.³ Among teens, having a positive connection with a supportive adult like a coach, teacher, mentor, or extended family member is an important protective factor. 7 in 10 teens in King County have such an adult in their lives, and similarly, youth of color have less access to adult support.⁴



"...the future is the youth, no matter how they grew up or what they're doing now. With the right mentors and people to help them going, they are able to challenge the system, learn leadership and find something they're passionate about."

- Youth Healing Project Awardee⁵

"[A gay-straight alliance club is] important because it gives people like a break from... like having to perform... it takes down a couple walls at least...it's a lot easier to talk to like people that are similar to me, or like queer people, so it's like nice to have that kind of place, too."

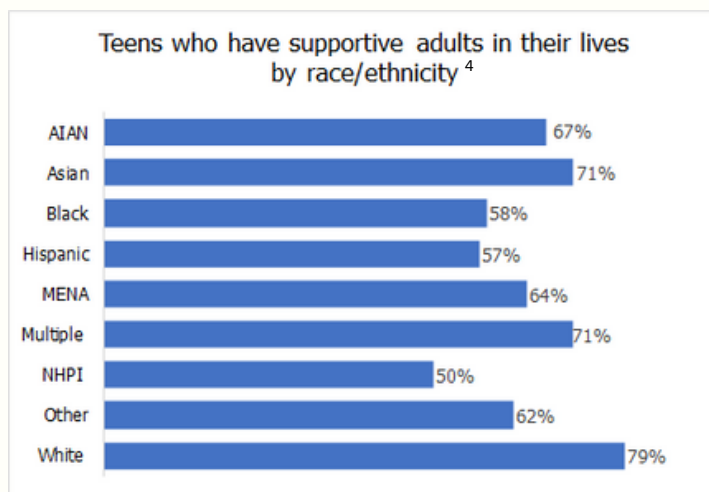
- Middle School Youth Listening Session Participant⁶

"Fight racism in school. Don't encourage it and teachers should stand up against racism."

- Middle School Youth Listening Session Participant⁶



7 in 10 King County teens have supportive adults in their lives⁴



¹ Risk and Protective Factors for Youth. Youth.gov. <https://youth.gov/youth-topics/youth-mental-health/risk-and-protective-factors-youth>

² Office of the Surgeon General. Protecting Youth Mental Health: The U.S. Surgeon General's Advisory. 2021. <https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf>

³ Best Starts for Kids Health Survey, 2021 & 2023. Public Health – Seattle & King County. <https://kingcounty.gov/en/dept/dchs/human-social-services/community-funded-initiatives/best-starts-for-kids/dashboard-data-reports/combined?shortname=Protective%20factors%5c%3a%20social%20supports>

⁴ Healthy Youth Survey, 2023. Public Health – Seattle & King County. <https://kingcounty.gov/en/dept/dph/about-king-county/about-public-health/data-reports/population-health-data/community-health-indicators/healthy-youth-survey?shortname=Adult%20connection>

⁵ Best Starts for Kids Health Survey, 2021 & 2023. Public Health – Seattle & King County. <https://beststartsblog.com/2024/03/19/awardees/>

⁶ King County Middle School Youth Share Their Experiences and Perspectives on Emotional Safety and Well-being at School. Public Health – Seattle & King County. <https://cdn.kingcounty.gov/-/media/king-county/depts/dph/documents/about-public-health/data-reports/middle-school-emotional-safety-well-being.pdf>

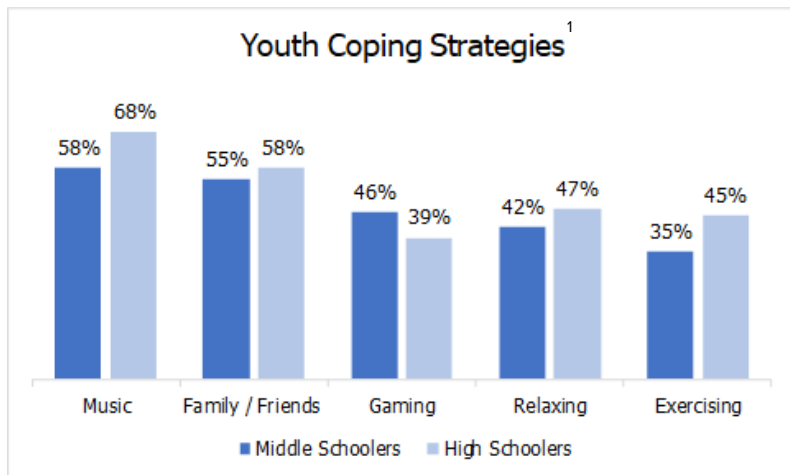
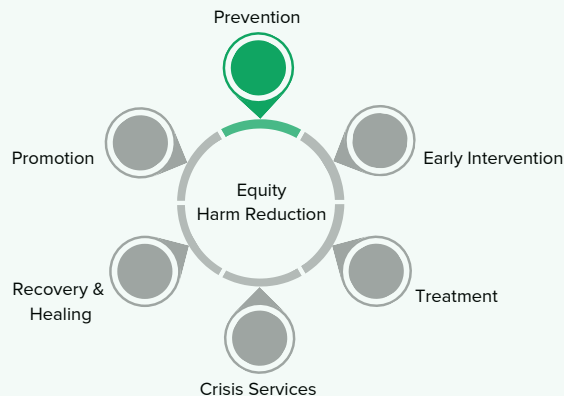


Prevention

Ensuring access to information about mental health, resources, and community supports

Young people need access to information about mental health, substance use, and harm reduction including where to turn when they or their peers need help. Reducing stigma and opening conversations about mental health and substance use with young people helps to ensure they have access to the information they need to make informed decisions about their health and well-being.

Having coping skills can help young people manage the challenges they experience, and fortunately, most youth in King County report having at least one coping strategy, with listening to or making music being the most popular followed by spending time with family or friends. Most youth in King County also abstain from substance use; **86% of teens report not using alcohol, cannabis, or other drugs in the past month.**² Building on these strengths is an important way to prevent young people from experiencing more serious challenges with their mental health.



“The process of getting mental health resources can be intimidating. **When I was going through a rough time in my life I wasn’t comfortable to go from being alone and struggling to sharing all my issues...** Having resources that are more casual - here are some healthy coping mechanisms. Something that people can work on by themselves because coping isn’t going to be the same for everybody.”

- Youth Mental Health Cafe Participant³

Over 14,000 students participated in the School-Based Screening, Brief Intervention, and Referral to Treatment/Services (SB-SBIRT) program in the 2023-2024 school year.

98% of high schoolers and **96%** of middle schoolers who participated have **at least one coping strategy** they use to get through tough times like exercising or spending time with family or friends.

¹ School-based Screening, Brief Intervention, and Referral to Treatment (SB-SBIRT) Year 6 (2023-2024) Data Summary. Seattle Children’s Research Institute. 2024.

² Healthy Youth Survey, 2023. Public Health – Seattle & King County. <https://kingcounty.gov/en/dept/dph/about-king-county/about-public-health/data-reports/population-health-data/community-health-indicators/healthy-youth-survey/23-formname-11c1%20drugs>

³ Community Café. Interviewed and transcribed by [Name] at King County.



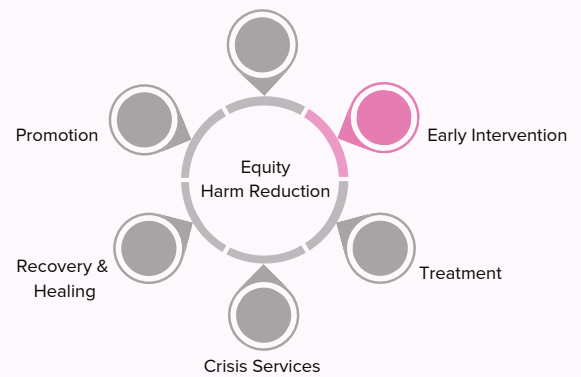
Early Intervention

Identifying young people who need support and connecting them to resources

Early interventions can provide young people with the support they need to prevent more serious challenges, symptoms or crises. Sometimes early intervention is all that's needed - brief touch points with a caring adult or connection to other types of timely support for positive identity development and relationship building can help young people move towards healthy coping strategies and well-being.

School-based health centers are one resource that provides these services to students in schools, where they spend a majority of their time. In King County, **1,985 students received mental health services at 37 school-based health centers** in the 2023-2024 school year.¹

Many schools also participate in the School-Based Screening, Brief Intervention, and Referral to Services/Treatment program (SB-SBIRT). Of the 2,931 high school students who participated during the 2023-2024 school year, 56% met with school staff and participated in a brief intervention to talk about additional supports they might need to continue to thrive. Of those students, 60% were referred to further resources, like mental health counseling, academic tutoring, or other social supports in the community, receiving care earlier instead of waiting until a crisis.²



“We want more accessible and less intensive resources available to us, to make it seem less scary or less intense.”

- Youth Mental Health Cafe Participant³

“We have started student groups including study skills and grief therapy. The program has also allowed our counseling center staff to have a more intentional approach to working with students.”

- School-Based SBIRT Awardee



SB-SBIRT

2,931

high schoolers participated in screening

56%

of students who were screened had a brief intervention

60%

of those who had a brief intervention received a referral to additional resources

¹ Public Health – Seattle & King County, King County School Health.

² School-based Screening, Brief Intervention, and Referral to Treatment (SB-SBIRT) Year 6 (2023-2024) High School Data Summary. Seattle Children's Research Institute. 2024.

³ Community Café Collaborative and Public Health – Seattle & King County.

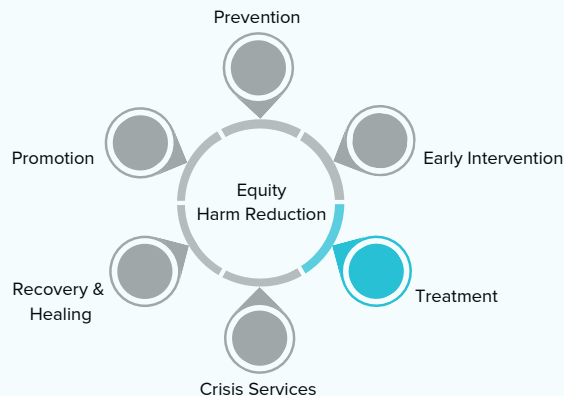
Treatment

Addressing young people's behavioral health needs with responsive intervention and care

Equitable and timely access to mental health and substance use services ensures youth receive evidence-informed, culturally-relevant, and recovery-oriented treatment in alignment with their goals and values. There are a variety of treatment types for children, youth, and families through school-, community-, and hospital-based services and programs.¹ Many behavioral health conditions develop between the ages of 14-24 and treatment can be effective in helping youth thrive and live healthy lives along with preventing crises or long-term health impacts.²

Many youth may benefit from some form of treatment, with 25% of teens in King County experiencing serious symptoms of depression. This is higher among lesbian, gay, bisexual, queer, and questioning (LGB+) teens at 47%, and transgender teens at 53%.³ Over 12,000 young people (ages 0-25) in King County are enrolled in Medicaid benefits for behavioral health services annually.⁴ Yet, among all King County youth ages 0-25 who receive Medicaid benefits, **38% with a mental health treatment need did not receive any mental health services**, inclusive of services provided by both primary care and behavioral health providers.⁵

Young people are at higher risk for more adverse outcomes involving harm to themselves and/or others if they don't receive adequate and effective treatment. In 2023, Emergency Medical Services in King County responded to **868 non-fatal opioid overdoses** among youth aged 11-24, with 15% of overdoses occurring in those under 18.⁶ In 2023, there were 53 fatal overdose deaths among those age 11-24, largely driven by fentanyl. Over a five-year period from 2018-2022, an average of 46 people under age 25 died by suicide each year.⁷ These numbers demonstrate the need for better access to a range of mental health and substance use disorder treatment strategies.



1 in 4 youth in King County experienced depression³



2 in 4 LGBTQ+ youth in King County experienced depression



— “

“Treatment allowed me to not only understand and cope with my mental health struggles, but also empowered me to learn to talk about them and ask for what I need.

While it took me a while to finally open up to treatment and the idea that I was worth fighting for, it is the reason I am here today!”

- Young adult who received treatment as a teen

— ”

¹ Substance Abuse and Mental Health Services Administration. Screening and Treatment of Substance Use Disorders among Adolescents. 2021. <https://store.samhsa.gov/sites/default/files/pep20-06-04-008.pdf>

² National Institute on Drug Abuse. The Adolescent Brain and Substance Use. <https://nida.nih.gov/research-topics/adolescent-brain-substance-use>

³ Healthy Youth Survey, 2023. Public Health – Seattle & King County. <https://kingcounty.gov/en/dept/dph/about-king-county/about-public-health/data-reports/population-health-data/community-health-indicators/healthy-youth-survey/shortname-Depression>

⁴ King County Department of Community and Human Services, Behavioral Health and Recovery Division. 2024.

⁵ Medicaid claims in Washington State Health Care Authority. Prepared by Public Health – Seattle & King County.

⁶ Emergency Medical Services, Public Health – Seattle & King County.

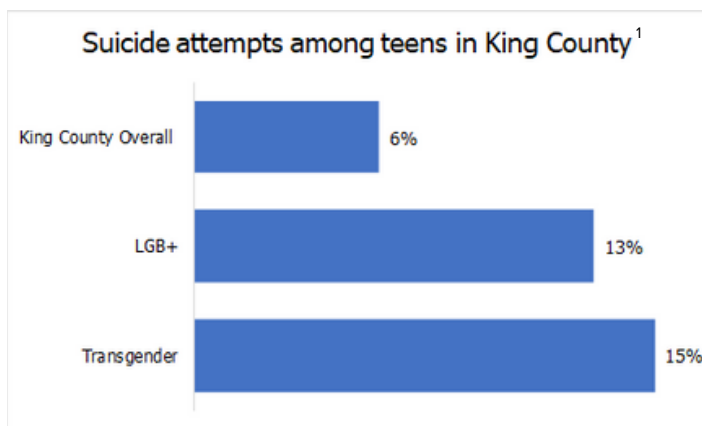
⁷ Overdose Data Dashboards. Public Health – Seattle & King County. <https://kingcounty.gov/en/dept/dph/health-safety/safety-injury-prevention/overdose-prevention-response/data-dashboards>



Crisis Services

Providing critical care quickly to young people in crisis

Young people and caretakers need access to resources that can help a young person in crisis get immediate care to prevent and mitigate harm, while also creating opportunities for the young person in crisis to access treatment and recovery supports. Access to crisis services can prevent worse outcomes, including suicide, overdose and other serious health issues.



Crisis services are expanding in 2025 to continue to respond to the growing needs of all young people in our region, regardless of insurance. 6% of teens report having attempted suicide in the past year. Lesbian, gay, bisexual, transgender, and queer (LGBTQ+) teens are over twice as likely as King County teens overall to have experienced a suicide attempt. 13% of LGB+ teens and 15% of transgender teens have attempted suicide in the past year.

In 2023, the Children’s Crisis Outreach Response System (mobile crisis response) received nearly 1,000 referrals and **engaged over 840 youth in crisis.**² 84% of families served felt better able to face future challenges as a result. That year, Seattle Children’s Emergency Department had over 2,700 visits related to youth (ages 18 and under) experiencing a mental health crisis. Over 1,770 of those visits were residents of King County.³

“

*“While I wish we could get to everyone before they were in a serious crisis, the reality is we can’t. But this is why it is so important to have adequately trained and supported crisis services and resources especially with youth who might not really understand why they are feeling the way they feel. **If the crisis services can help them see that treatment can help, that there is hope, and help them come down from crisis, I personally think we could save a lot of lives.**”*

- Young adult who received treatment as a teen

”

¹ Healthy Youth Survey, 2023. Public Health – Seattle & King County. <https://kingcounty.gov/en/dept/dph/about-king-county/about-public-health/data-reports/population-health-data/community-health-indicators/healthy-youth-survey?shortname=Suicide%20attempts>

² King County Department of Community and Human Services, Behavioral Health and Recovery Division. 2024.

³ Seattle Children’s. 2024.

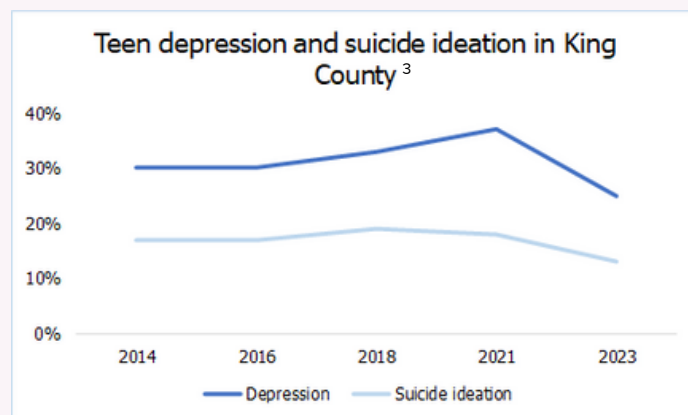
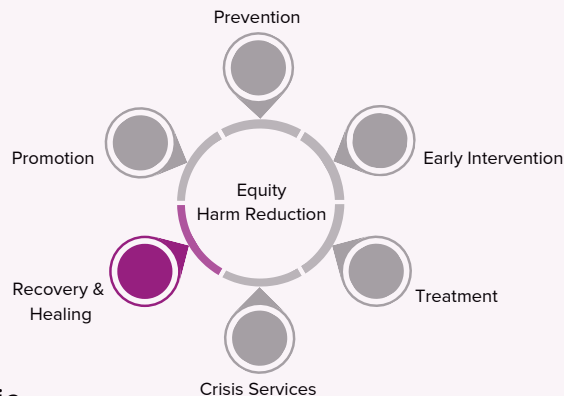
Recovery and Healing

Long-lasting supports that promote sustainable recovery, growth and development

Young people across King County have faced numerous challenges and demonstrated resilience. Through the pandemic, social upheaval and uprisings, and the associated increasing rates of depression and substance use disorder in King County, young people are striving to look out for each other and their own well-being. When it comes to recovery, King County seeks to meet young people where they are with the resources they find most useful.

Whether recovering from substance use disorder or mental health conditions, young people benefit when they have access to peer connections, a safe place to grow, and sustainable committed supports. [Recovery High Schools](#), Alternative Peer Groups, and other community-based mental health and substance use recovery supports are essential components of the healing process for youth and families. These resources are especially important because only 1 in 4 young people in Washington State who participated in publicly-funded substance use treatment graduated high school, and even fewer youth with co-occurring mental health disorders.¹ But among students at the Seattle Public Schools Interagency Recovery Campus, **63% earned or were working towards graduation** and 18% transferred to continue their education elsewhere.²

Among teens, the rates of depression and suicide ideation have started to decline from their peaks, but they remain too high and young people continue to navigate challenging environments.³



“

*“We believe that healing doesn’t happen in isolation. **Healing happens in community, with connection, joy, art, food, and music...**”*

- Youth Healing Project participant⁴

*“I’m happy that nothing really really bad happened and I’m here today. **I know it sounds so cliché but things really do get better.** What I’m doing, the people whose life I make a contribution to, I have actually helped people and been there for people. After that [suicide attempt] happened, it kind of drives me to helping other people.”*

- Youth mental health cafe participant⁵

*“The Recovery Campus gave me a place to fit in and find comfort in a sober lifestyle that not many people my age were doing. It gave me an environment where **my ideas were valued, and my problems met with solutions rather than dismissal.**”*

- Seattle Public Schools Interagency Recovery Campus student

”

If you or someone you know is in crisis, you can access help at www.crisisconnections.org and 866-427-4747.

1 Kohlenberg L, Lucenko B, Mancuso D et al. Behavioral Health Needs and School Success: Youth with Mental Health and Substance Abuse Problems are at Risk for Poor High School Performance. Washington State Department of Social and Health Services, Research and Data Analysis Division. 2013. <https://www.dshs.wa.gov/sites/default/files/rda/reports/research-11-194.pdf>

2 King County Department of Community and Human Services. Interagency Recovery Campus in the spotlight following visit from the National Association of Counties. <https://dchsblog.com/2024/11/14/interagency-recovery-campus-in-the-spotlight-following-visit-from-the-national-association-of-counties/>

3 Healthy Youth Survey, 2023, Public Health – Seattle & King County. <https://kingcounty.gov/en/dept/dph/about-king-county/about-public-health/healthy-youth-survey/population-health-data/community-health-indicators/healthy-youth>

4 Best Starts for Kids. Announcing the 21 Youth Healing Project Awardees! <https://beststartsblog.com/2024/03/19/announcing-the-21-youth-healing-project-awardees/>

5 Community Café Collaborative and Public Health – Seattle & King County.



Regional Office of Gun Violence Prevention **Board of Health Presentation**

**Eleuthera Lisch, Director- Regional Office of Gun Violence
Prevention**

**Chief Rafael Padilla, City of Kent Police Department Mark
Rivers, Deputy Director- Community Passageways**

April 17, 2025





A Public Health Approach

Gun violence is a fatal epidemic and the leading cause of death for children and teens in the U.S. Public Health – Seattle & King County takes a public health approach to preventing gun violence by utilizing robust strategies that engage multi-sector support and fostering partnerships with community leadership to develop and implement lasting solutions. This approach focuses on understanding the root causes of gun violence and addressing these factors to prevent violence before it occurs.





Regional Office of Gun Violence Prevention

Mission:

Taking a public health approach, the Regional Office of Gun Violence Prevention collaborates with community and across systems to collectively address gun violence in King County.

Goal: Coordinate a Regional Approach to Address Gun Violence By

- Analyzing data to direct services to individuals at highest risk of involvement in gun violence
- Partnering with directly impacted communities and survivors
- Funding and technical assistance for Community Violence Intervention (CVI) service providers and Hospital-based violence prevention services
- Strategic guidance and technical assistance for municipal leaders
- Convening and collaborating with community leaders, law enforcement, criminal legal system and government agencies on joint approaches to addressing gun violence
- Developing and disseminating public education/awareness campaigns
- Conducting safety activities and events (i.e. Firearm Safe Storage Distribution and Stop the Bleed Training promotion)
- Measuring Impact through results-based accountability evaluation and data sharing with key partners to inform strategies and initiatives

Current Initiatives:

- Community Violence Intervention (CVI)
- Hospital-based Violence Intervention Program (HVIP)
- Community Violence Intervention (CVI) Training Academy



Coordination Framework





A Spotlight on Kent



Rafael Padilla
Chief of Police
City of Kent Police Department



Mark Rivers
Deputy Director
Community Passageways

A Spotlight on Kent

- Gun Violence trends in Kent, WA
- City of Kent Police Department's Response
- Community Collaboration

Year to Year 2023 / 2024 As of 11/25	YTD 2023	YTD 2024	% Change	2023 Crime rate per 1000 in Pop	2024 Crime rate per 1000 in Pop	Change
Robbery	238	186	- 21%	1.72	1.35	- 0.37%
Vehicle Prowl	846	809	- 4%	6.14	5.87	- 0.27%
Vehicle Theft	2063	1242	- 39%	14.98	9.01	- 5.97%
Vehicle Recovery	1584	1069	- 32%	11.50	7.76	- 3.74%
Residential Burglary	209	187	- 10%	1.51	1.35	- 0.16%
Commercial Burglary	681	495	- 27%	4.94	3.59	- 1.35%
Aggravated Assaults (Not DV)	189	177	- 6%	1.37	1.28	- 0.09%
Shootings	159	138	- 13%	1.15	1.00	- 0.15%



A Spotlight on Kent

- Community's Role in Public Safety Efforts
- How We Do Our Work in Kent
- How We Work With Young People



A photograph of the Paramount Theatre marquee in Los Angeles, featuring the text 'PARAMOUNT', 'TRAE', 'TRAEANNA HOLIDAY', and '100 DAYS OF ACTION'. The image has an orange tint and a large white title is overlaid.

100 Days of Action

100 Days of Action Highlights

- Provided expanded support for **181 patients** involved in gun violence, including increased referrals, and emergency short-term resources for victims and families awaiting victim support services awards through Harborview Medical Center.
 - The most frequent types of support provided were **hospital meal vouchers, gift cards, and self-care bags and/or clothing.**
- Distributed over **5,000 gun lockboxes.**
 - One-third of people who took a lockbox and completed an anonymous feedback survey indicated they had no other form of firearm security at home.
- Conducted **strategic community engagement** with underserved communities experiencing increases in gun violence, including the East African, LatinX, LGBTQIA+, and Veterans communities.
- Developed **joint legislative agenda** for Washington State legislative session.

As a violence interrupter, I meet the young people where they're at, emotionally and physically. Whether at home, on the street, or at school, it's my mission to make sure they have what they need to navigate whatever they're going through.



Mark Rivers, Violence Interrupter



100 Days of Peace

Impact

400 youth and community members served to date	13 safety events (including safety patrols)
700 community members served	11 safety events

Increased Community Violence Intervention programming over summer months including community-led safety patrols and safe passages, expanded crisis response operations and interventions, provided more resources to help meet youth/young adult basic needs (e.g.food, overnight housing), prevention programming, provided increased outreach in South King County, as well as staff/employee training.



100 Days of Action Report



[100 Days of Action Report](#)



Upcoming Events

- Together We End Gun Violence: Crisis Response Summit
 - Date: **June 5, 2025**
- National Gun Violence Awareness Day Gun Lockbox Giveaways
 - Date: **June 6, 2025**
- Summer Safety Events/Trainings (*i.e. Stop the Bleed*)
 - Date: **To be announced soon**



Public Health - Seattle & King County Resources & Data Sources

King County Regional Office of Gun Violence Prevention Community-based Resource Guide

<https://kingcounty.gov/rgv>

Public Health - Seattle & King County Firearm Data Dashboard

<https://kingcounty.gov/en/dept/dph/about-king-county/about-public-health/data-reports/firearms-data-dashboard>

Data for Office of City Auditor annual report on gun safe storage

*Annually since 2019, PHSKC has collaboratively worked with the City of Seattle's Office of City Auditor to provide them data on firearm mortality and morbidity for the City of Seattle. This involves provision of summary data, interpretation, technical review, and explanation of methodology changes across reporting years for annual reports produced as part of **Ordinance 125620**.*

[Gun Safe Storage Ordinance: Statistical Report on 2023 Data](#)

[Gun Safe Storage Ordinance: Statistical Report on 2021 and 2022 Data](#)

[Gun Safe Storage Ordinance: Statistical Report for 2020](#)

[Gun Safe Storage Ordinance: Statistical Report on 2019 Data and Updated 2017 Data](#)

[Gun Safe Storage Ordinance: Baseline Statistical Report](#)



Additional Data Sources

King County Prosecuting Attorney's Office Gun Violence Data

<https://kingcounty.gov/en/dept/pao/about-king-county/about-pao/data-reports/gun-violence-data>

Washington State Department of Commerce Firearm Data Dashboard

https://public.tableau.com/app/profile/ofsvp.community.safety/viz/2025InjuryDashboard_Final1/InjuryDashboard

Everytown For Gun Safety EveryShot

https://everytownresearch.org/labs/everyshot/?zoom=-8.0&lat=36.68612&lng=-103.38847&compare=main&view=map&lview=incident&incident=&city1=&city2=&state1=&state2=&compt=1*January*2025_9*April*2025





Contact

Questions? Contact KCBOHAdmin@kingcounty.gov



2025 State Legislative Session Update

King County Board of Health

April 17, 2025

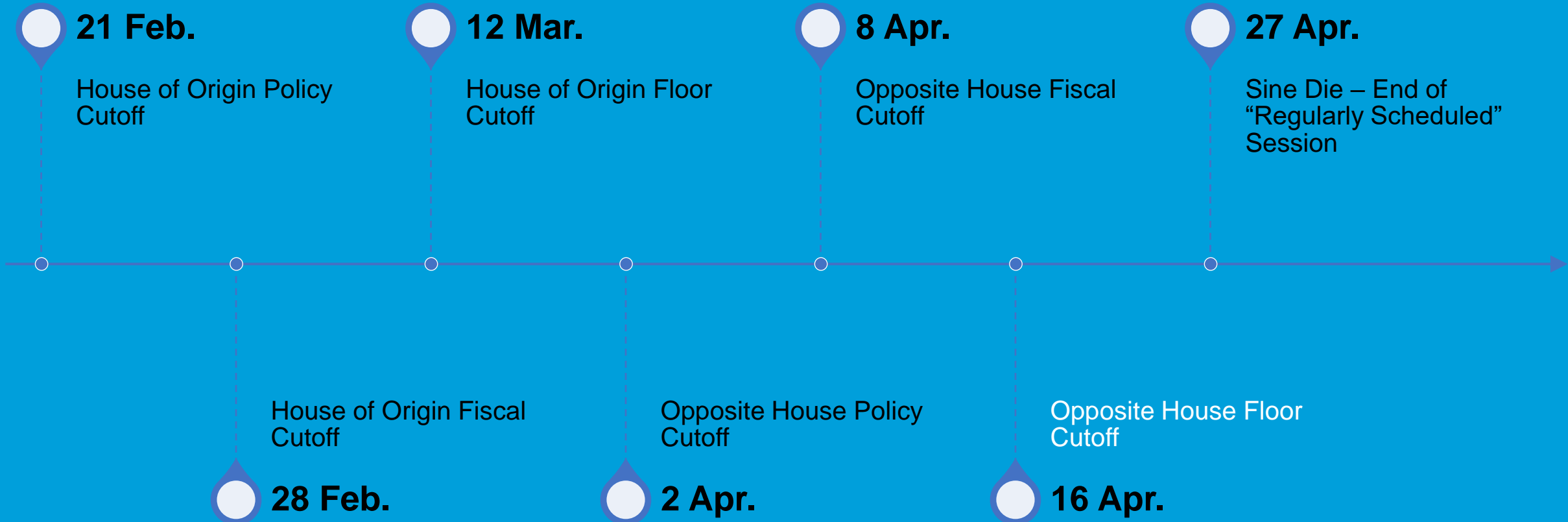
Simon Vila

Government Relations Officer

Public Health – Seattle & King County



Key Dates





State Budget and Revenue Proposals

Foundational Public Health Services (FPHS)

Local Government Revenue



Questions?

Contact:

KCBOHAdmin@kingcounty.gov

KING COUNTY BOARD OF HEALTH WORKGROUP TEMPLATE

April 17, 2025

I. PURPOSE STATEMENT

The Chair of the King County Board of Health may create standing and ad hoc committees, or workgroups, to recruit and recommend new Boardmembers and Alternates or provide focused forums for Board members to collaboratively examine critical public health topics. Through balanced, data-informed discussions and a commitment to cultural competence, these workgroups aim to develop impactful recommendations, and align their activities with the Board's overarching strategic goals to promote health equity and well-being for all King County communities.

II. OBJECTIVES

1. Workgroup Topic Focus and Balanced Analysis

- Concentrate on the chosen workgroup topic, examining the issue from multiple angles.
- Encourage thoughtful debate and discussion that includes diverse perspectives.
- Emphasize cultural competence and equitable access in all considerations.

2. Recommendations

- The Workgroup should identify what action will result from the Workgroup's efforts – a proposed rule and regulation, proposed guidelines and recommendations, a proposed resolution, a briefing, a letter or another deliverable.
- If applicable, identify potential external funding opportunities and resource needs to support recommended actions.
- Recommended actions should promote equity and address disparities within the community.

3. Performance Monitoring

- Report back as needed to the full Board on findings and proposed actions, ensuring transparency and accountability.

III. MEMBERSHIP & LEADERSHIP

A. Membership

1. Eligibility and Size

- Per BOH Code 2.04.035, Rule 2 section E: The chair may create standing and ad hoc committees of boardmembers and may appoint boardmembers and other persons to any committee to facilitate the performance of the board's functions. If the chair is not leading the committee or workgroup, the group may select a lead or co-leads.
- Each workgroup is limited to a maximum of 8 Board of Health members, ensuring the group does not trigger a quorum of 9 members.
- Board of Health Alternates count towards quorum only if the member they represent is not present.

2. Resignation and Inactive Status

- **Voluntary Exit:** Members may leave at any time by emailing the Chair and the Board Administrator.
- **Inactive Members:** Any member who misses two or more consecutive meetings should be contacted by the Chair to confirm their continued interest.

IV. SUGGESTED MEETING STRUCTURE

1. Frequency and Duration

- Workgroups meet as often as needed and agreed upon by the workgroup or as requested by the Chair.
- Standard meeting length is 1 hour to respect members' time, or as agreed upon to accomplish specific tasks.

1. Suggested Meeting Agenda

1. Call to Order and Welcome (2–3 minutes)
2. Approval of Agenda (1 minute)
3. Review of Previous Meeting's Notes or Actions (5–10 minutes)
4. Old Business / Ongoing Projects (10–15 minutes)
5. New Business / Main Discussion Topic (20–25 minutes)
6. Action Items and Assignments (5 minutes)
7. Additional Comments or Announcements (2–5 minutes)
8. Confirm Next Meeting Date & Adjourn (1–2 minutes)

2. Reporting to the King County Board of Health

- The Chair, a designated member or the Board Administrator provides updates to the King County Board of Health.

V. COMMUNICATION & TIMELINE GUIDELINES

1. Minimal Email Usage

- **Email Use:** Limit email communications to essential updates (e.g., meeting invites, major action items) to respect members' time and diverse language backgrounds.
- **Virtual Meetings:** Workgroups meet virtually unless otherwise agreed upon.

2. Workgroup Timing

- Workgroup activities begin or resume in February or later, allowing time for new Board leadership (elected in January) and any newly appointed members to join or settle in.
- Workgroup discussions should aim to wrap up or pause by or before the last King County Board of Health meeting in November. This ensures that outstanding topics are concluded before the holiday season and Board membership transitions.

3. Respect for Cultural and Linguistic Differences

- Keep messages and discussions clear and concise, considering varied language backgrounds.
- Maintain a welcoming environment that values diverse perspectives.
- Interpretation or translation services are available upon advance request to the Board Administrator.