



# King County

1200 King County  
Courthouse  
516 Third Avenue  
Seattle, WA 98104

## Meeting Agenda Board of Health

**Metropolitan King County Councilmembers:** *Teresa Mosqueda, Chair;*  
*Reagan Dunn, Rhonda Lewis, Pete von Reichbauer*  
*Alternate: Vacant*

**City of Seattle Members:** *Dionne Foster, Vice Chair; Debora Juarez, Alexis Mercedes Rinck*  
*Alternate: Rob Saka*

**Sound Cities Association Members:** *Amy Falcone, Victoria Schroff, Vacant;*  
*Alternates: Hugo Garcia, Satwinder Kaur, Cheryl Paquette*

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

**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: Françoise Milinganyo*

**Muckleshoot Indian Tribe:** *Jaison Elkins;* *Alternate: Andrea N. Thomas, MHA*

**Snoqualmie Indian Tribe:** *Jolene R. Williams, MMC, or*  
*Steve de los Angeles;* *Alternate: Quintina Bowen*

**Seattle Indian Health Board:** *Esther Lucero;* *Alternate: Meriah Gille*

**Dr. Sandra Valenciano, Health Officer and Acting Director, Seattle-King County Department of Public Health**  
**Staff: Joy Carpine-Cazzanti, Board Administrator - KCBOHAdmin@kingcounty.gov**

**1:00 PM**

**Thursday, May 21, 2026**

**Hybrid Meeting**



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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**Join by Telephone**

Dial: US : +1 253 215 8782

Meeting ID: 836 2614 2088

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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 19 and April 29, 2026** pg 5
5. **Public Comments**



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6. Chair's Report

7. Director's Report **pg 14**

**Briefings**

8. BOH Briefing No. 26-B12 **pg 18**

PHSKC Preparations for the FIFA Men's World Cup

*Nick Solari, Preparedness Director, Public Health – Seattle & King County*

*Dr. Sandra Valenciano, Health Officer and Acting Director, Public Health – Seattle & King County*

9. BOH Briefing No. 26-B13 **pg 19**

Impact of inequitable access to massage licensure on workers and public safety

*JH Chen, Organizer, Massage Parlor Organizing Project (MPOP)*

*JM Wong, Organizer, MPOP*

*D Dian, Organizer, MPOP*

10. BOH Briefing No. 26-B14 **pg 31**

Overdose Prevention and Response

*Brad Finegood, Strategic Advisor, Public Health – Seattle & King County*

*Julia Hood, Epidemiologist, Public Health – Seattle & King County*

*Semone Andu, Regional Health Administrator, Health Care for the Homeless Network, Public Health – Seattle & King County*

*David Sapienza, Pathways Clinic Lead Physician, Public Health – Seattle & King County*

*Callan Fockele, Lead Physician, DESC*



*Rachel Marhill, Medical Department Senior Operations Manager, DESC*

11. BOH Briefing No. 26-B15 **pg 51**

Innovations in Sexual Health

*Christopher Archiopoli, Member, King County Board of Health*

*Dr. Chase Cannon, Assistant Professor, Division of Allergy/Infectious Diseases, Dept. of Medicine, University of Washington; Medical Director, PHSKC Sexual Health Clinic; Medical Officer, PHSKC HIV/STI/HCV Program, PHSKC Prevention Division*

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12. Board Member Updates

13. 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](mailto:KCBOHAdmin@kingcounty.gov)



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**Dr. Sandra Valenciano, Health Officer and Acting Director, Seattle-King County Department of Public Health**

**Staff: Joy Carpine-Cazzanti, Board Administrator - [KCBOHAdmin@kingcounty.gov](mailto:KCBOHAdmin@kingcounty.gov)**

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1:00 PM

Thursday, March 19, 2026

Hybrid Meeting

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1. **Call to Order**

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

2. **Roll Call**

**Present:** 17 - Archiopoli, Chew, Daniels, de Castro, Dunn, Falcone, Foster, Gudgel, Lewis, Loo, Mohammed, Mosqueda, Schroff, von Reichbauer, Williams, Gille and Thomas

**Excused:** 5 - Elkins, Juarez, Lucero, Rinck and de los Angeles

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

*Boardmember Gille served in place of Boardmember Lucero.*

*Boardmember Thomas served in place of Boardmember Elkins.*

*Boardmember Garcia and Boardmember Milinganyo were also in attendance.*

4. **Approval of Minutes of February 19, 2026**

*Councilmember Daniels moved to approve the minutes of the February 19, 2026, meeting as presented. Seeing no objection, the Chair so ordered.*

5. **Public Comments**

*The following people spoke:  
Janine Barber  
Alex Tsimerman*

6. **Chair's Report**

*The Chair briefed the Board on the upcoming agenda.*

7. **Director's Report**

*Dr. Sandra Valenciano, Director, Department of Public Health - Seattle & King County, gave an overview of the 2024-2029 Strategic Plan, the organizational structure, mission support functions, and online resources.*

## Briefings

8. **BOH Briefing No. 26-B05**

Overview of the Public Health - Seattle and King County's Tuberculosis Program

*Dr. Caitlin Reed, Tuberculosis Medical Officer, briefed the Board and answered questions.*

**This matter was Presented**

## Discussion and Possible Action

9. **Resolution No. 26-04**

A RESOLUTION recognizing March 24, 2026, as World Tuberculosis Day in King County, Washington.

*Kevin Baker, Health Services Administrator for the Tuberculosis Program, briefed the Board and answered questions.*

**A motion was made by Boardmember Daniels that this Resolution be Passed. The motion carried by the following vote:**

**Yes:** 15 - Archiopoli, Chew, Daniels, de Castro, Falcone, Foster, Gudge, Lewis, Loo, Mosqueda, Schroff, von Reichbauer, Williams, Gille and Thomas

**Excused:** 7 - Dunn, Elkins, Juarez, Lucero, Rinck, Mohammed and de los Angeles

## Briefings

10. **BOH Briefing No. 26-B06**

Update on the Hazardous Waste Management Program in King County

*Maythia Airhart, Program Director, briefed the Board and answered questions.*

**This matter was Presented**

11. **BOH Briefing No. 26-B07**

Public Health - Seattle & King County's Efforts to Address Unpermitted Food Vending in King County

*Dylan Orr, Director, Environmental Health Division, briefed the Board and answered questions.*

*Dr. Eyob Mazengia, Assistant Division Director, briefed the Board and answered questions.*

**This matter was Presented**

12. **BOH Briefing No. 26-B08**

State Legislative Session Wrap Up

**This matter was Not Held**

13. **Board Member Updates**

*No updates were given.*

14. **Other Business**

*No other business was presented.*

**Adjournment**

*The meeting adjourned at 3:13 p.m.*

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Approved this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Clerk's Signature



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**Dr. Sandra Valenciano, Health Officer and Acting Director, Seattle-King County Department of Public Health**  
*Staff: Joy Carpine-Cazzanti, Board Administrator - KCBOHAdmin@kingcounty.gov*

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1:00 PM

Wednesday, April 29, 2026

Hybrid Meeting

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**SPECIAL MEETING**  
**-Draft Minutes-**

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**1. Call to Order**

*The meeting was called to order at 1:03 p.m.*

**2. Roll Call**

**Present:** 13 - Archiopoli, Daniels, de Castro, Dunn, Falcone, Foster, Gudgel, Lewis, Loo, Mohammed, Mosqueda, von Reichbauer and Williams

**Excused:** 7 - Chew, Elkins, Juarez, Lucero, Rinck, Schroff and de los Angeles

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

*Also in attendance were Boardmembers Garcia, Kaur, Paquette, Hartfield, Thomas, and Gille.*

**4. Public Comments**

*The following people spoke:  
Alex Tsimerman*

**5. Chair's Report**

*The Chair briefed the Board on the upcoming agenda.*

**6. Director's Report**

*Sandra Valenciano, Acting Director, Public Health - Seattle & King County, provided an update on Public Health Week, FIFA preparations, and Employee Recognitions.*

**Briefings****7. BOH Briefing No. 26-B09**

State Legislative Session Wrap Up

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

**This matter was Presented**

**8. BOH Briefing No. 26-B10**

Regional Office of Gun Violence Prevention Update

*Eleuthera Lisch, Director, Regional Office of Gun Violence Prevention, briefed the Board and answered questions.*

*Chief Rafael Padilla, City of Kent, briefed the Board and answered questions.*

*Mark Rivers, Deputy Director, Community Passageways, briefed the Board and answered questions.*

**This matter was Presented**

**9. BOH Briefing No. 26-B11**

Update on Implementation of BOH25-02

**This matter was Not Held**

**10. Board Member Updates**

**Adjournment**

*The meeting was adjourned at 3:20 p.m.*

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Approved this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Clerk's Signature



**King County**  
King County Board of Health  
Director's Report

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Date: May 21, 2026

Prepared by: Dr. Sandra J. Valenciano, Health Officer and Interim Director, Public Health – Seattle & King County

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**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, social media and online dashboards:

The Public Health Insider blog:

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

Social media: [Instagram](#) and [Public Health - Seattle & King County | Facebook](#)

Data dashboards:

- [Public Health data - King County, Washington](#) – Explore population-level health outcomes, communicable disease data and more
- [Data dashboard: The impact of firearms in King County - King County, Washington](#)
- [Overdose data dashboards - King County, Washington](#)
- [Medical Examiner's Office data](#)
- [Climate Impacts on Health - King County, Washington](#)

Funding opportunities – RFPs, RFQs, RFAs and others:

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

Please share these stories with your networks:

**Three King County residents connected to international cruise ship in public health monitoring for hantavirus**

May 12, 2026: Public Health – Seattle & King County was notified by Washington State Department of Health and the Centers for Disease Control and Prevention that three King County residents were potentially exposed to the Andes type of hantavirus linked to the *MV Hondius* cruise ship.

Two King County residents were sitting on an airplane near an ill cruise ship passenger who was removed from the aircraft before takeoff and later tested positive. Both residents have returned to King County. They are both asymptomatic and are monitoring for symptoms at home in coordination with Public Health – Seattle & King County.

Public Health is also aware of a third King County resident who was a passenger on the *MV Hondius* cruise ship. This resident is currently asymptomatic and is being monitored for symptoms along with other American passengers at the national quarantine center at the University of Nebraska Medical Center.

Currently, no one in King County has symptoms of hantavirus and there are no cases of the virus in King County. The risk to the public remains low.

Learn more online:

- [Three King County residents connected to international cruise ship in public health monitoring for hantavirus – PUBLIC HEALTH INSIDER](#)
- View a video statement on [Instagram](#) and [Facebook](#).
- A video statement in Spanish will be posted by May 14 on Public Health’s [Spanish language Instagram](#) and [Spanish language FB](#).

### **What’s the risk of hantavirus in King County?**

The outbreak of hantavirus on an international cruise ship has put this rare disease in the headlines. WHO is leading the [investigation of that situation](#) involving a specific type of hantavirus that has not been found in the United States.

Hantavirus is a rare but potentially deadly disease that affects the lungs. It primarily spreads from contact with wild rodents, especially when people are exposed to their urine, droppings, and saliva. It can also spread through a scratch or a bite by a wild rodent, but that’s even more rare.

There are many types of hantavirus around the world, but the Andes hantavirus is the only one known to spread person-to-person, and only if there is prolonged close contact with someone who is ill. Andes hantavirus is the type that was found in the cruise ship outbreak. Andes hantavirus is a low risk for people in King County or for people who have travel planned.

In Washington state, hantavirus is carried only by deer mice, and it does not spread person-to-person. There have been six cases in King County since 1997.

*Hantavirus information in additional languages:* [Spanish](#) | [Chinese, Simplified](#) | [Chinese, Traditional](#)

Learn more online: [What's the risk of hantavirus in King County? – PUBLIC HEALTH INSIDER](#)

### **New data dashboard shows closures of unpermitted food vendors**

Public Health – Seattle & King County now has an online dashboard showing closures of unpermitted street food vendors. This interactive dashboard shows statistics about Public Health’s closures of unpermitted street food vendors since 2024, including the total closures by year, the year-to-date closures, vendor types, percentage of closures in Seattle compared to other cities, a map with closures by city, and a spreadsheet with detailed vendor information by closure date.

You can view the dashboard online – scroll down toward the bottom of the page: [Unpermitted food businesses - King County, Washington](#)

Unpermitted food businesses operate without a food permit from Public Health—Seattle & King County. Eating food from these vendors could make you sick.

Unpermitted food vendors do not handle food safely, and they unfairly compete with the permitted food vendors who work to follow the rules and safely serve food.

Anyone can submit a complaint online about possible unsafe food handling or unpermitted food vending, and a food inspector will follow up: [Create Incident - Service Request Access | King County Public Health](#)

Report possible foodborne illness here: [Report a possible foodborne illness - King County, Washington](#)

## **Health and safety information for international visitors to Seattle and King County**

Ahead of hundreds of thousands of people coming to our region for FIFA Men's World Cup activities, Public Health's website shares health and safety information on these topics:

1. Top five health and safety tips
2. How to get health care in King County
3. Paying for health care in the U.S.
4. Language and interpretation help
5. Food safety in King County
6. Severe weather and outdoor safety
7. Keep children safe
8. How to avoid getting sick during your visit
9. Illegal drugs and fentanyl
10. Sexual health resources
11. King County health resources
12. More resources for visitors

Learn more online: [Health and safety information for international visitors to Seattle and King County - King County, Washington](#)

## **Heat Modeling Project in Auburn featured in *Health Affairs* Journal**

An article on extreme heat in the City of Auburn was just published in the *Health Affairs* May 2026 issue dedicated to the effects of climate on health and health systems. The article provides the primary results of Public Health's participatory modeling project focused on extreme heat in Auburn. We worked with 15 community members and the City of Auburn Mayor's office. The article summarizes the research process and resulting community determined solutions, highlighting the policy context and opportunities for implementation.

You can read it here along with related articles, events, and podcasts: [Climate And Health | Health Affairs Publishing](#)

## **Recovery moves forward together – hosted by Boardmember Reagan Dunn, Public Health and partners**

The 6th Annual King County Substance Use Recovery Conference will bring together policy makers, advocates, providers, recovery experts, and community members for a day of collaboration, learning, and meaningful conversation.

Come to Renton Technical College on Thursday, July 23 to:

- Learn about local recovery efforts and resources
- Engage in policy discussions
- Build partnerships across sectors
- Explore new ways to support recovery in King County
- Hear from keynote speaker Regina LaBelle.

Complimentary lunch and refreshments will be provided for registered attendees.

6<sup>TH</sup> ANNUAL KING COUNTY  
**Substance Use  
RECOVERY  
CONFERENCE**  
*Forward Together*



**RSVP Today!**

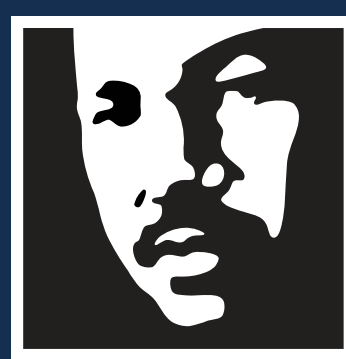
**THURS, JULY 23**  
9 AM – 3 PM  
RENTON TECHNICAL COLLEGE  
RENTON, WA

**KEYNOTE SPEAKER** **Regina LaBelle**  
Professor of Addiction Policy  
Georgetown University  
Former Acting Director, White House  
Office of National Drug Control Policy



Register here:

[2026 King County Substance Use Recovery Conference - Keynote Regina LaBelle Tickets, Thursday, July 23 • 9 AM - 3 PM | Eventbrite](#)



# For SAFER food, buy only from **PERMITTED VENDORS** with a posted **Food Safety Rating sign**

 **FOOD SAFETY RATING**

 <b>EXCELLENT</b> Had <b>NO</b> or <b>MINOR</b> unsafe food handling practices	 <b>GOOD</b> Had <b>A FEW</b> unsafe food handling practices	 <b>OKAY</b> Had <b>SEVERAL</b> unsafe food handling practices	 <b>NEEDS TO IMPROVE</b> Was either <b>CLOSED</b> within the last year or needed <b>MULTIPLE RETURN INSPECTIONS</b> to correct unsafe food handling practices
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## MORE INFORMATION

Más información  
Pour plus d'informations  
Để biết thêm thông tin  
更多資訊  
更多信息

برای اطلاعات بیشتر  
للمزيد من المعلومات



[kingcounty.gov/foodsafetyrating](https://kingcounty.gov/foodsafetyrating)

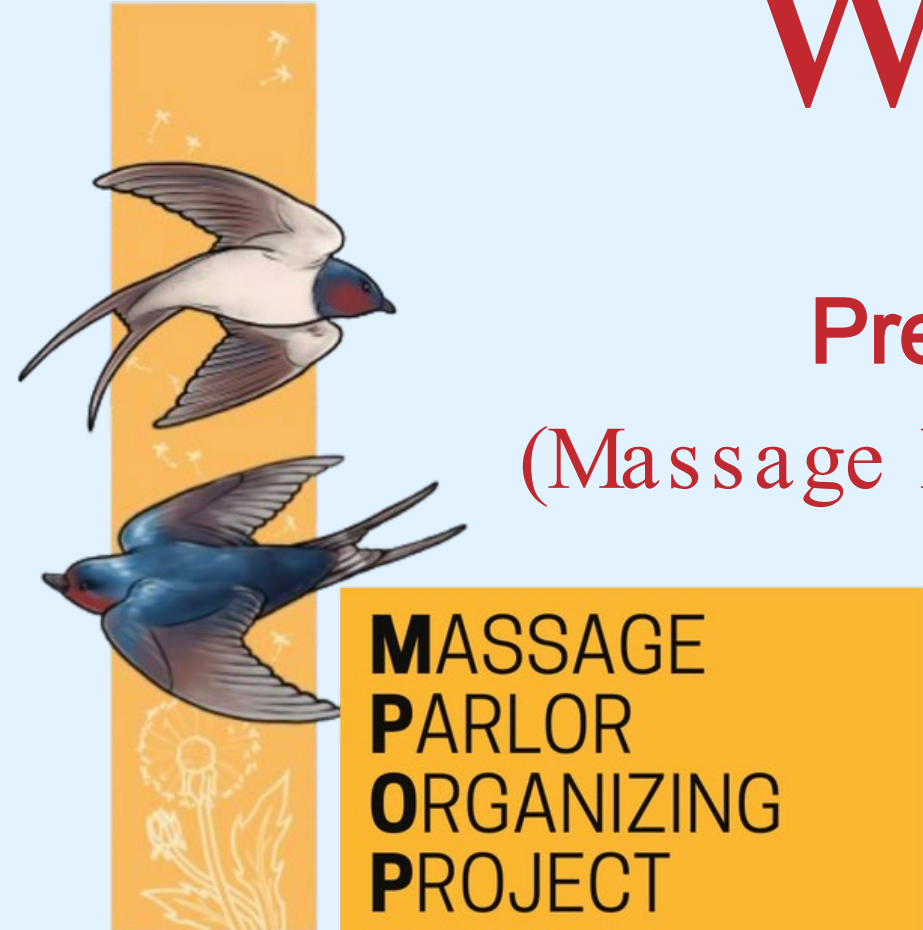


Seattle  
Department of  
Transportation

# Addressing Barriers to Massage Licensure for Asian Workers

Presented by: MPOP

(Massage Parlor Organizing Project)

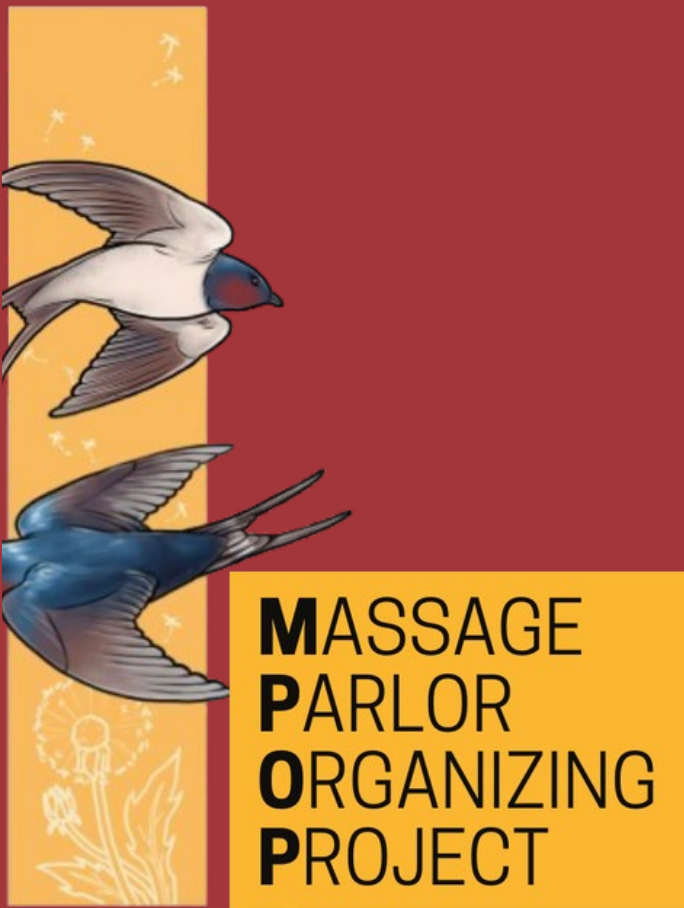


# AGENDA

- 01 Introduction
- 02 Framing the Issue: From Anti - Trafficking Approach to Labor Approach
- 03 Inaccessibility in Massage Licensure
- 04 Solutions

# 01. INTRO WHO IS MPOPOP

We are a grassroots organization based in the Chinatown -ID that supports the needs of migrant Chinese massage workers.



MPOPOP is an **immigrant workers' rights** organization.

We support the **safety** of all workers.

We **oppose** all forms of trafficking & forced labor.

We believe in the need to **address conditions** that make people **vulnerable to exploitation and forced labor**.

We believe in **labor protections and workers' power** as **protective factors** against trafficking and exploitation.

**Raids in all forms, increase the vulnerability of**

# Raids Timeline

## 2018-2019 CID

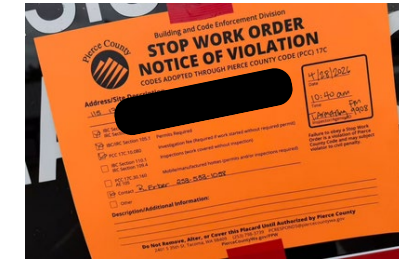
- 6 arrested
- Owner charged with: \$ laundering , promoting prostitution
- 26 workers questioned by police
- Police narrative : “Rescued 26 women”

FIFA (6/15 - 7/6) Risks: police sweeps, ICE presence justified by “anti -trafficking” prevention

April 2026 Oregon

## April 28, 2026 Tacoma

- at least 45 Asian parlors shut down by fire dept



## May 6, 2026 Kirkland, Bellevue

- 20 parlors inspected by police, 3 raided

July 2025 Yakima

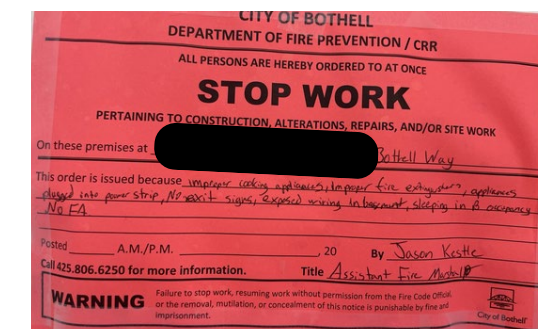
Jan 2026 Everret and Marysville

May 2023 White Center

Feb 2026 Shoreline

- 5 Asian parlors violently raided by police + fire dept. for “potential trafficking”
- 1 owner arrested, released the next day (insufficient evidence),
- at least 3 workers lost jobs

## April 14, 2026 Bothell



Feb 2025 Kennewick

6 arrested

May 21, 2026

# 02. FRAMING THE ISSUE: WORKERS RIGHTS AS PROTECTIVE FACTORS

## TWO NIGHTS AGO,

FIVE ASIAN MASSAGE PARLORS IN BOTHELL WERE RAIDED BY POLICE, CITING "FIRE CODE VIOLATIONS" AND "POSSIBLE CONNECTIONS" TO HUMAN TRAFFICKING.



DO YOU KNOW WHAT THE **REAL FIRE** IS?

- POLICE RAIDS AND ICE
- CARCERAL ANTI TRAFFICKING
- INACCESSIBLE MASSAGE LICENSURE
- NO WORKER RIGHTS

# TERMS & DEFINITIONS

Trafficking

Exploitation

Sex Work

Unlicensed Massage

Worker's Rights & Labor Protections

# 'Illicit Massage': Conflating Trafficking, Sex Work, and Unlicensed Massage

## Trafficking

- carceral law - enforcement led anti -trafficking  
→ increased vulnerability of workers to labor exploitation due to fears of criminalization

## Sex Work

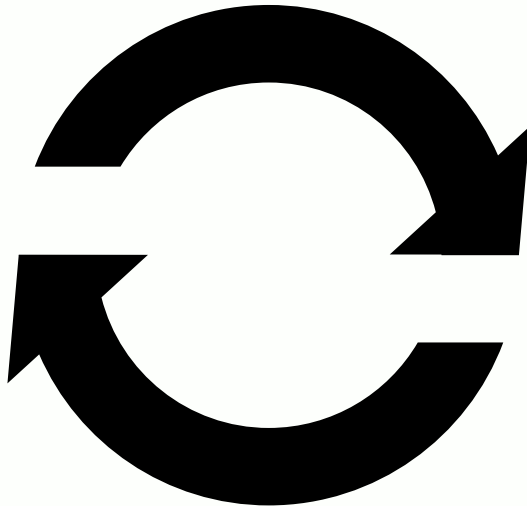
- criminalizing aspects of sex work
  - sting operations
  - prostitution charges vs. trafficking

## Unlicensed Massage

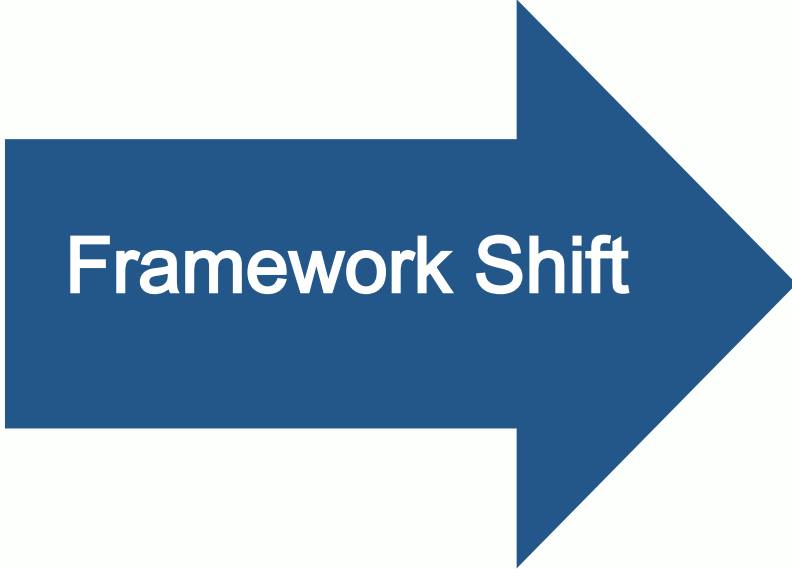
- used as 'evidence' of trafficking  
→ disregards the systemic barriers to massage licensure for non-English-speaking workers

Carceral approaches exacerbate risks of crimmigration

Unlicensed workers  
confronted with **potential  
of criminalization vs  
rescue binary**  
(unlicensed conflated with  
sex work **vs** trafficking  
victims)



This binary drives workers  
deeper into precarious  
work/living conditions that  
**increase their vulnerability  
to exploitation**



# LABOR, WORKERS' RIGHTS ISSUE

Address root causes

Centers worker autonomy

Anti-carceral approach

Preventative framework better  
serves both autonomous workers  
& potential trafficking survivors

# 03. INACCESSIBILITY IN MASSAGE LICENSURE

## BARRIERS

- Lack of language accommodations (licensure exam, training schools)
  - Vulnerability to scams
- Cost: \$13- 17K tuition, 625+ hours

## IMPACTS

Criminalization → Economic Hardship, Deportation

Unsafe working conditions → Exposure to trafficking, labor exploitation

Barriers to autonomy, safety, & health

# 04. SOLUTIONS

## ALTERNATIVE CERTIFICATION AS PUBLIC HEALTH STRATEGY

- Recreational body work, relaxation & wellness practice
- Precedents:
  - Birth doula licensing ([ESHB 1881](#))
  - successful completion of congruent ancestral practices
  - alternatives to demonstrating competencies for licensing, eg. massage workers' years of experience and client testimony
- [Other states](#) have alternative licensure for body work

## ADDRESSING EXISTING INEQUITIES IN MASSAGE LICENSURE PROCESS

- language access for exams
- scholarships for training schools

# THANK YOU.

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# Overdose Prevention & Response: Innovation & Partnerships in MOUD Access

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**David Sapienza**, Pathways Clinic Lead Physician, PHSKC

**Callan Fockele**, Lead Physician, Downtown Emergency Service Center (DESC)

**Rachel Marhill**, Medical Department Senior Operations Manager, DESC

King County Board of Health

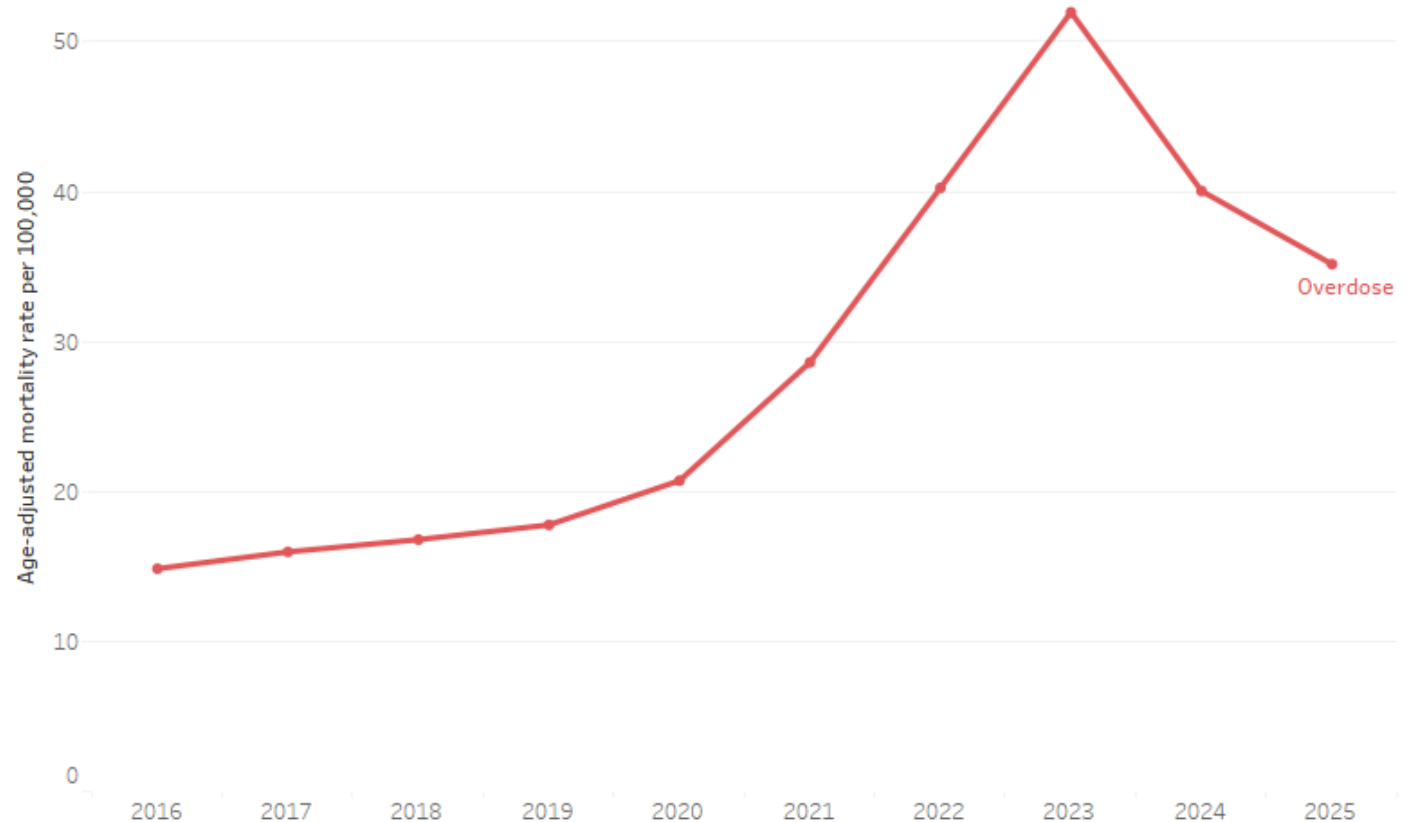
May 21, 2026

# Overview

- Data overview
- Low barrier Medications for Opioid Use Disorder (MOUD) clinical models
  - PHSKC Healthcare for the Homeless Network (HCHN)/Street Medicine
  - PHSKC Pathways & Mobile Team Pilot
  - DESC Opioid Recovery & Care Access (ORCA) Center & Patient Outreach Division (POD)

# The overdose mortality rate in King County more than tripled between 2018-2023 and has since declined

- Fentanyl fueled the rapid increase in overdose deaths
- Overdose mortality rates **decreased 32% from 2023-2025**
- Nonetheless, 2025 overdose rates remain elevated relative to historical (pre-2022) data



For more data and information visit: [www.kingcounty.gov/overdose/data](http://www.kingcounty.gov/overdose/data)

Data source: King County Medical Examiner's Office, 2016–2025

May 21, 2026

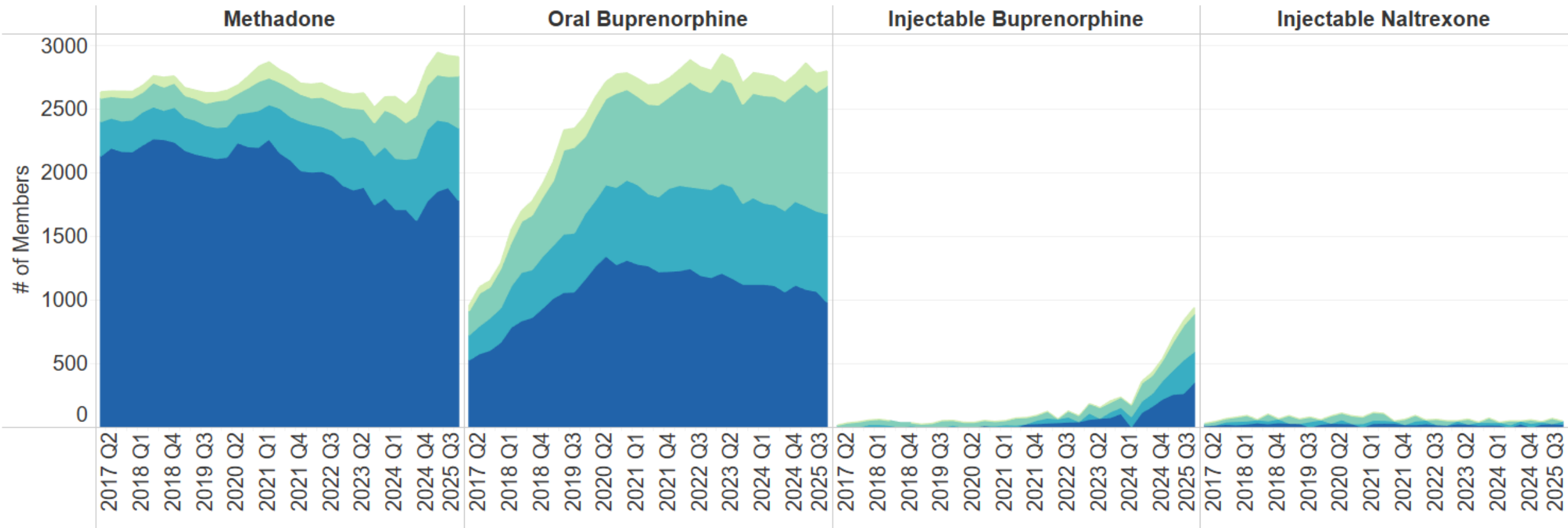
# Key disproportionately affected populations

- Housing status:
  - Almost half (47%) of all 2025 fatal overdoses occurred among people who were unhoused (22%), at a housing service site (21%), or other temporary arrangement (4%)
- Race/ethnicity:
  - Black/African American people experience a rate of opioid overdose three times higher than people of all other racial/ethnic groups and are significantly less likely to receive MOUD and possess naloxone
  - Overdose rates measured for American Indian/Alaska Native people are also elevated compared to other groups

# Medicaid OUD & MOUD Indicators, Stratified by Medication Type

Number of Days Covered by MOUD Prescription(s)

■ 1-6 days    
 ■ 7-30 days    
 ■ 31-60 days    
 ■ >60 days



# Evolution of Care

- Care and treatment for substance use disorder has evolved over time, focusing more on low-barrier and mobile programs
- Collaborations across organizations to meet the needs of people with complex behavioral health needs
- Increasing access to long-acting injectable buprenorphine

## PHSKC Strategic Plan Overdose Prevention Objectives

Harm Reduction	Treatment
Increase equitable access to lifesaving tools and support for the people who use drugs	Improve equitable access to evidence-based and emerging treatments for substance use disorder that promote dignity and support individual well-being

# SUD Treatment & Harm Reduction Services for People Experiencing Homelessness

Street Medicine Teams & HCHN Community Network | 2025 Data

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- HCHN intentionally prioritizes engagement of clients with SUD needs
- Overdose crisis has had a well-documented, disproportionate impact on PEH
- 5,800+ clients provided with substance use disorder treatment, prevention, counseling, and/or case management services in 2025

# SUD Services Provided by HCHN

2,000+

Clients with an SUD diagnosis received services in 2025

## Substance Use Treatment

- Alcohol use disorder assessment & treatment
- Opioid use disorder (OUD) management: 600+ clients prescribed MOUD
- Other substance-related disorder care
- Referrals to MAT / MOUD programs

65%

of clients receiving SUD services have co-occurring mental health diagnoses or service needs

## Co-occurring Mental Health

- Depression & other mood disorders
- Anxiety disorders
- Post-traumatic stress disorder (PTSD)
- Integrated BH screening & brief intervention

15,000+

SUD outreach & case management visits in 2025

## Outreach & Enabling Services

- Street outreach by mobile teams
- Case management & care navigation
- Trust-building & relationship continuity
- Insurance eligibility assistance



# Harm Reduction: Street Med Approach & Challenges

## Harm Reduction Approach

### Meet patients where they are

Outreach to encampments, shelters, and street locations — no clinic visit required

### Non-judgmental, low-barrier care

Services available regardless of sobriety status or prior engagement with systems

### Relationship continuity

Consistent staff build trust over time, especially with patients who avoid formal systems

### Overdose prevention focus

Naloxone distribution, fentanyl awareness, and connection to OUD treatment

### Integrated physical + behavioral care

SUD services delivered alongside medical care for chronic conditions

## Key Challenges

### Premature mortality

Too many patients dying before age 60 — overdose crisis hits this population hardest

### Trust & system avoidance

Significant time investment required before patients will engage with care; cannot be easily quantified

### Patients in constant motion

Unsheltered patients move frequently, making follow-up and continuity exceptionally difficult

### Advanced-stage presentation

Patients often present with complex, late-stage conditions compounded by SUD

### Workforce demands beyond health care

Street teams must address shelter, food, and safety needs alongside clinical care



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# Pathways Clinic & Mobile Team Pilot

# Pathways Clinic & Mobile Team Pilot

## Pathways Clinic



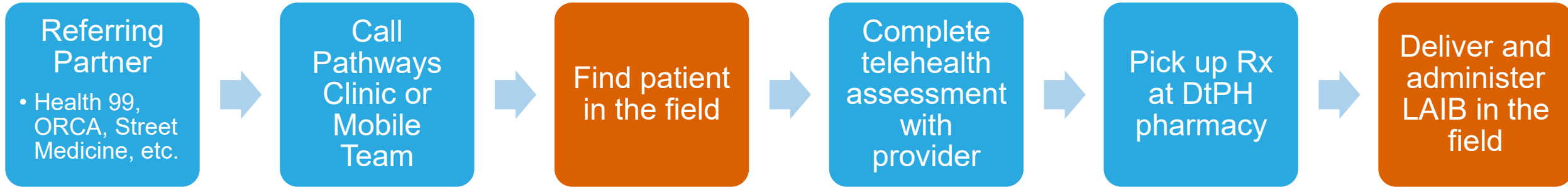
- Began in 2017 as a recommendation of the Heroin and Prescription Opiate Task Force
- Provides **low-barrier access to buprenorphine** in the Downtown Public Health Center in Belltown
- **Co-located** with a Syringe Service Program (SSP), primary care clinic, dental clinic, and pharmacy
- Offers a variety of **basic medical services and community referrals**
- MD, ARNPs, RNs, MSW, CHW (Community Health Worker), Substance Use Disorder Professional (SUDP)

## Pathways Mobile Team Pilot



- Funded by city of Seattle in 2025
- Provides access to **long-acting injectable buprenorphine (LAIB) in the field** for patients with significant barriers to accessing care in clinic
- Priority population is **patients experiencing unsheltered homelessness**
- High intensity outreach
- **Coordinates** closely with PHSKC Street Medicine, DESC/ORCA, and other HCHN providers
- 1 RN, 1 SSP (Social Services Professional), with support from Pathways Clinic providers and staff

# Pathways Clinic & Mobile Team Pilot



## Pathways Clinic

Sept 2025 – March 2026

- **1,868** Encounters
- **556** Unique patients
- **184** Patients on LAIB
- **519** Injections administered

## Mobile Team Pilot

Jan – March 2026

- **240** Outreach attempts
- **45** Injections administered in field
- **19** Patients started on LAIB in field

# Mobile Team Patient Example

- HCHN nurse referred 23-yo female living at a tiny home village.
- Mobile Team met patient at her tiny home and **began her buprenorphine injection** in the field.
- She received her second monthly injection but then **lost her tiny home placement** and returned to the streets.
- Mobile Team successfully found her living outside in Capitol Hill and **administered her 3rd monthly injection**.
- Received **her 4th injection in clinic**.
- Also **referred her to Ryther**, an organization serving young adults, so she can receive intensive case management including shelter/housing support, a phone, mental health treatment etc.
- Mobile Team **continues to outreach** her.





# DESC Opioid Recovery & Care Access (ORCA)

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ORCA Center + ORCA Patient Outreach Division (POD)

Rachel Marhill + Callan Fockele

# What is ORCA?

**ORCA Center** provides 24/7 post-overdose care and same-day medications for opioid use disorder (MOUD) access

**ORCA Patient Outreach Division (POD)** brings MOUD care to clients in DESC permanent supportive housing and emergency shelters

**Goal:** Create safe spaces to meet people where they are

# ORCA Center



- Safe space to recovery from overdose
- Start or continue MOUD
  - Sublingual and long-acting injectable **buprenorphine**
  - **Methadone** using the 72-hour rule → warm hand-off to opioid treatment program (OTP)
- Access to **showers, snacks, & laundry** during treatment
- Connections to **behavioral health, shelter, & housing navigation**

# ORCA POD



(Kim, Greg. 2024. Seattle Times)

- Brings care directly to people in **DESC permanent supportive housing and shelter**
- Provides **MOUD & peer support** in the setting that works best for each person

# ORCA Outcomes (Sept 2025-Mar 2026)

## Encounters

- **344** post-overdose admissions
- **5738** walk-in/outreach visits for MOUD care

## MOUD

- **542** clients started on MOUD
- **296** clients started monthly LAI buprenorphine

# Client Story



- Woman with a long history of OUD, previously treated with methadone, experienced an **overdose** in her apartment
- **SFD H99** self-dispatched and responded on scene
- Patient was initially hesitant to start buprenorphine due to prior experience with **precipitated withdrawal**
- H99 team used **motivational interviewing grounded in harm reduction principles** to explore concerns and build trust
- **Prehospital buprenorphine** was offered to treat withdrawal symptoms and support patient-centered decision-making
- Patient agreed to transport and stayed overnight at the **ORCA Center**, where she received monthly **LAI buprenorphine**
- **PHSKC Pathways team** provided ongoing outreach at her home, given **mobility limitations** (wheelchair use)

**Questions?  
Contact:  
KCBOHAdmin@kingcounty.gov**

# Progress and Innovation in HIV & STI Control

King County BOH

21 May 2026

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## Chase Cannon, MD, MPH

Assistant Professor, Dept. of Medicine, University of Washington  
Medical Director, PHSKC Sexual Health Clinic  
Medical Officer, HIV/STI/HCV Program, PHSKC Prevention Division

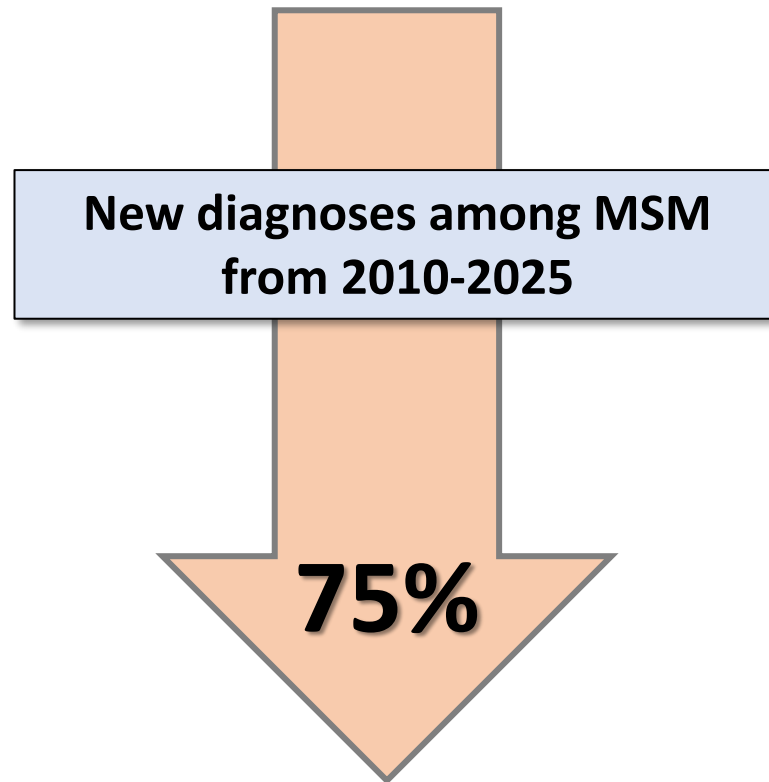
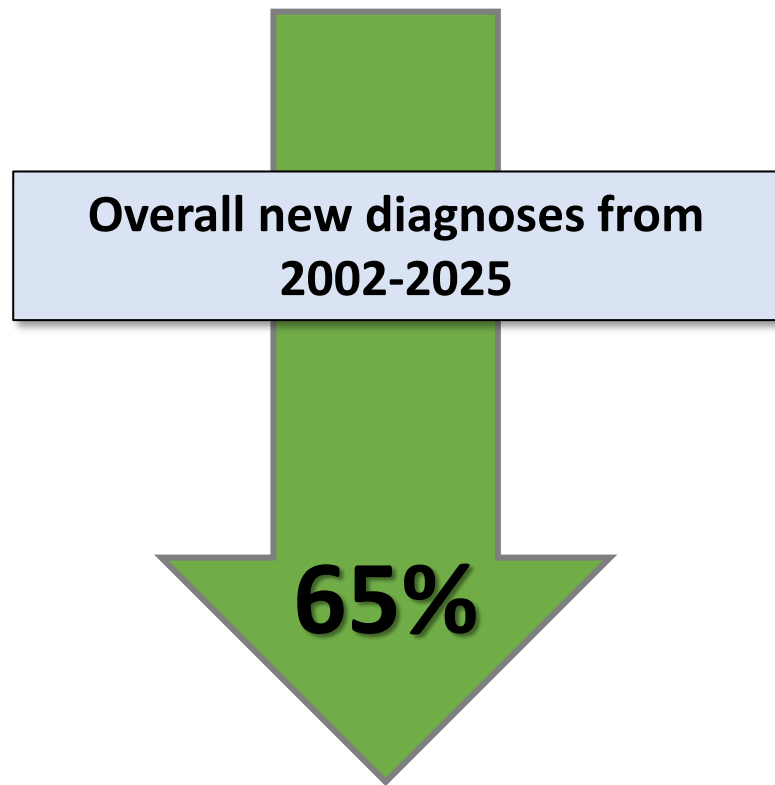
21 May 2026



# Overview

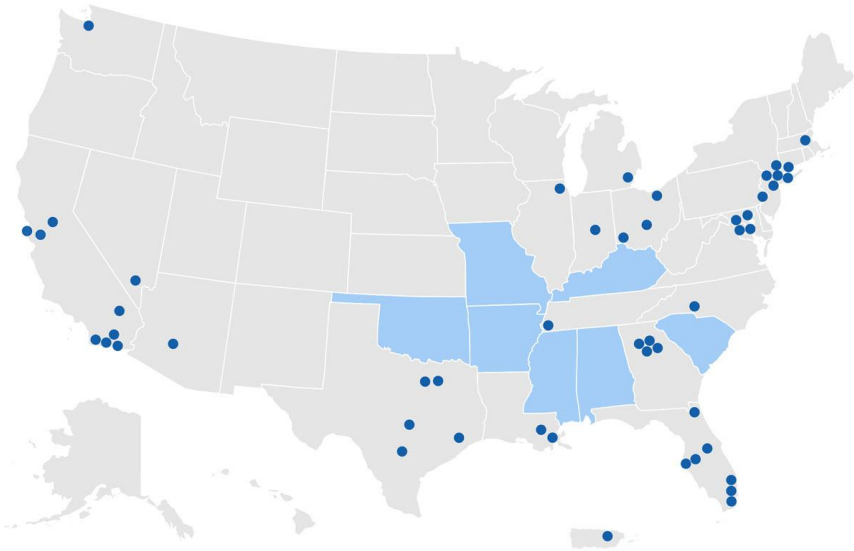
- State of HIV in Seattle-King County
- Progress on Ending the HIV Epidemic
  - Diagnose
  - Treat
  - Prevent
  - Respond
- Trends in Sexually Transmitted Infections
  - Syphilis and Congenital Syphilis
  - Doxycycline postexposure prophylaxis (doxy-PEP)

# Extraordinary progress reducing new HIV diagnoses in King County



***Lowest numbers since the start of the HIV epidemic in the 1980s***

# Ending the HIV Epidemic



**Diagnose** all people with HIV as early as possible.

**Treat** people with HIV rapidly and effectively to reach sustained viral suppression.



**Prevent** new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).

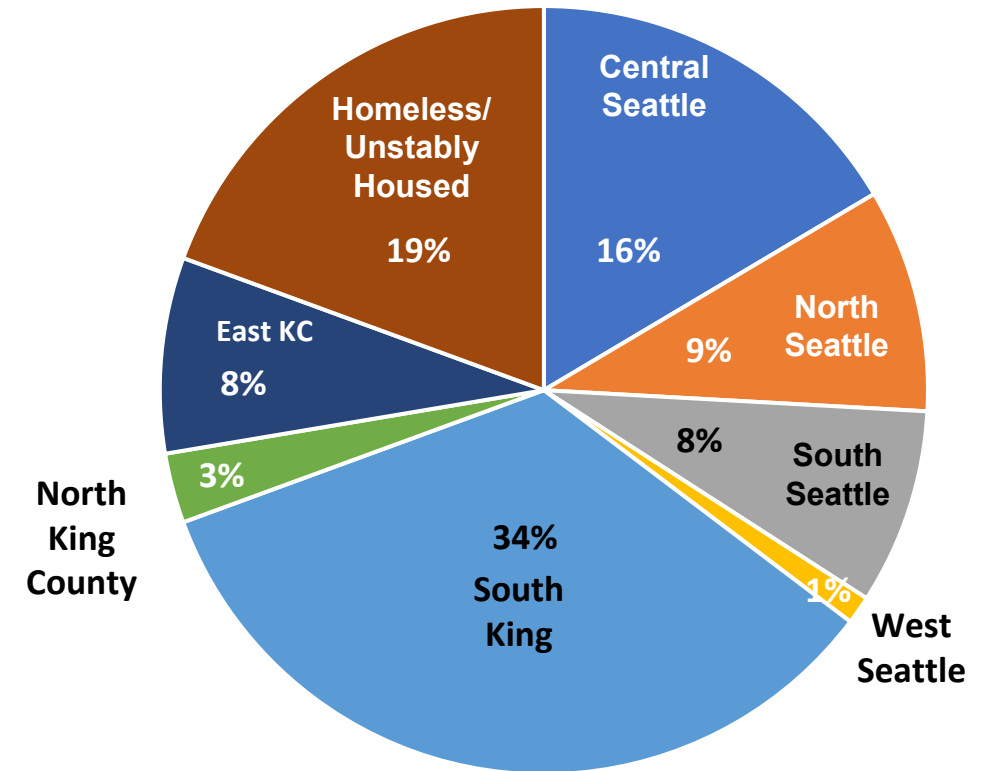
**Respond** quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.



**2025 King County and WA State HIV  
Epidemiology Report and Community  
Profile:** [kingcounty.gov/hiv/data](https://kingcounty.gov/hiv/data)

# #1 DIAGNOSE: HIV in King County populations

- Slight ↑ among women in 2024, now ↓ again (21% of all cases)
- Black residents: 36% new diagnoses in 2024-5
- Among MSM: 32% Latino (11% of KC pop.), 25% Black (7.5% of KC pop.)
- ↓ in % of new diagnoses in people with unstable housing since 2018 outbreak
  - >20% of new diagnoses in heterosexual people



# #2 TREAT: Expanded access to low-barrier care

- Differentiated care models – 10% of PLWH received HIV primary care in low-barrier clinics
- Mobile outreach, started in 2023 – improve engagement in care and viral suppression
- Focus on expanding injectable HIV medication (Cabenuva®, Sunlenca®) access for populations with highest need

Low Barrier Clinic	Number of PLWH
Aurora/SHE – North Seattle	13
MOD Clinic – Central Seattle	324
MAX Clinic – Central Seattle	276

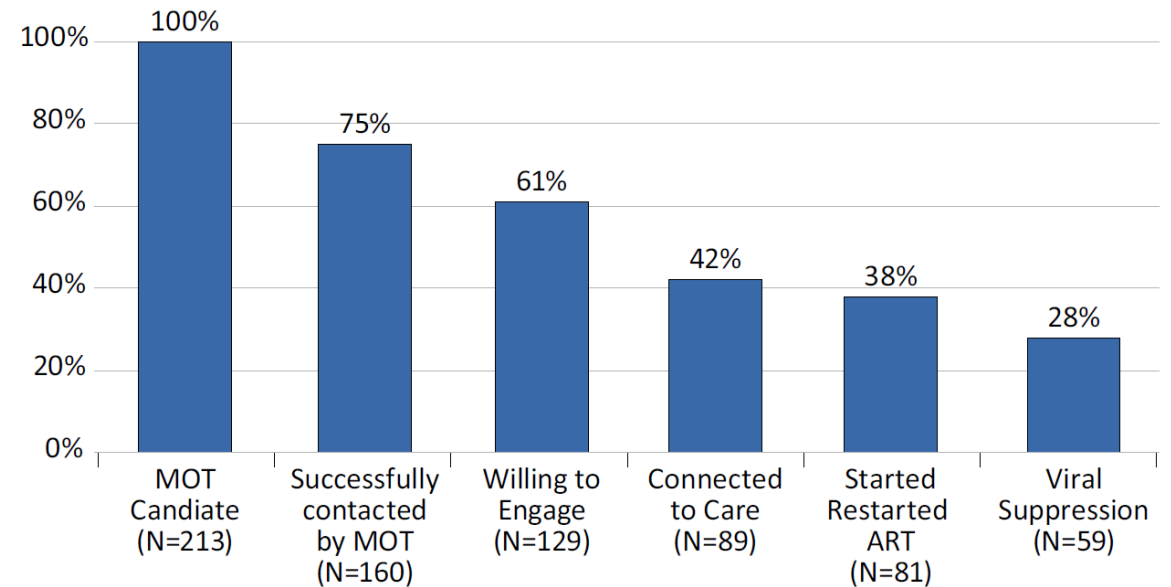


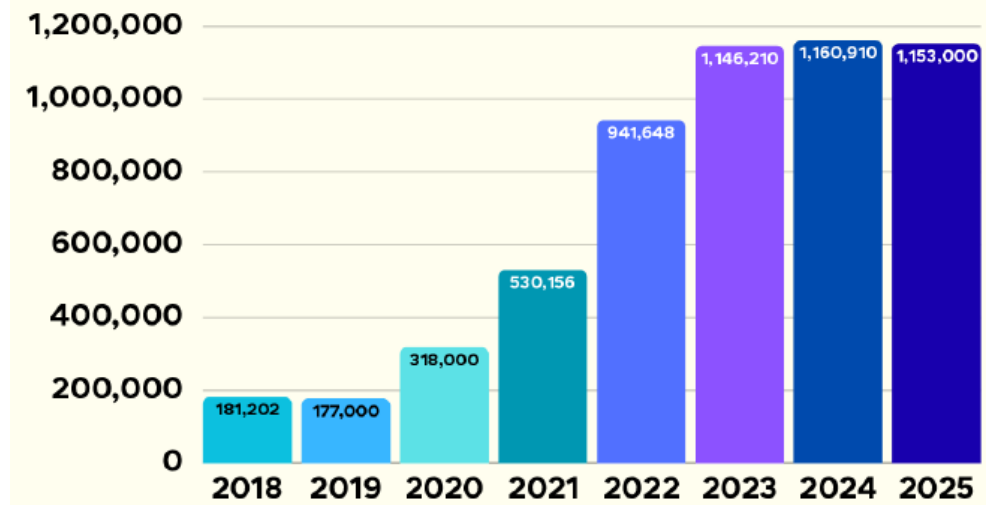
Figure 3-1. Engagement in Care, ART Uptake and Viral Suppression Among MOT Clients, 2024

# #3 PREVENT: Increased access to PrEP, condoms

- New and expanded low-barrier PrEP sites
- PrEP promotion - EHE Healthcare Collaborative
- Nearly 1,300,000 condoms distributed in 2025
- Injectable PrEP for populations with highest risk for HIV
  - Every 6-month injection (Yeztugo®)
  - Every 2-month injection (Apretude®)
- Navigating \$\$ challenges with WA DOH PrEP assistance program
- Harm reduction supplies, Narcan



Number of External Condoms Distributed by Year



# #4 RESPOND: Boost outbreak response capacity

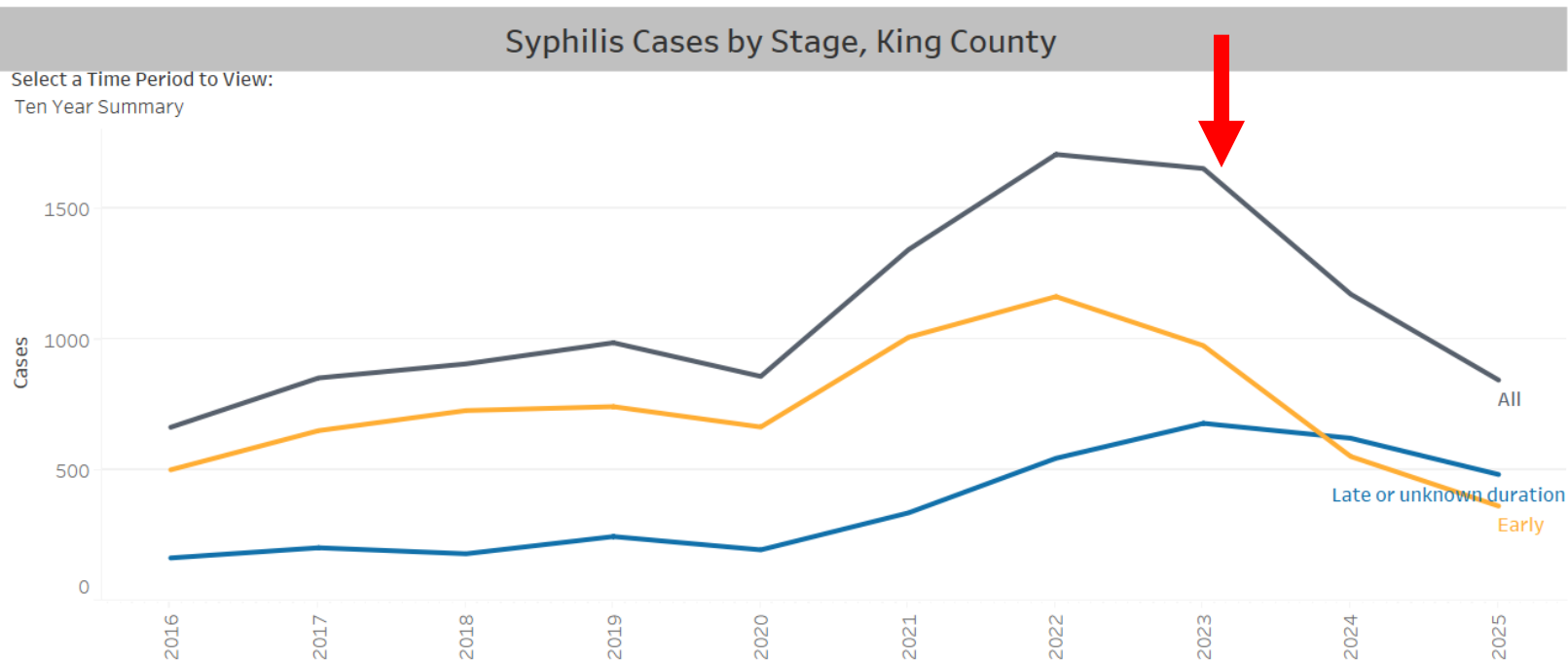
- Focus groups with community to explain cluster detection and response
- Expanded staff capacity to conduct outreach to cluster members, test them for HIV, and link them to PrEP or HIV care

Year of HIV Diagnosis	All		Individuals linked to linked to a rapid cluster growth	
	N	% (col)	N	% (row)
2020	132	20%	35	27%
2021	129	20%	32	25%
2022	138	21%	37	27%
2023	129	20%	30	23%
2024	129	20%	27	21%

# Evolving syphilis epidemic in King County

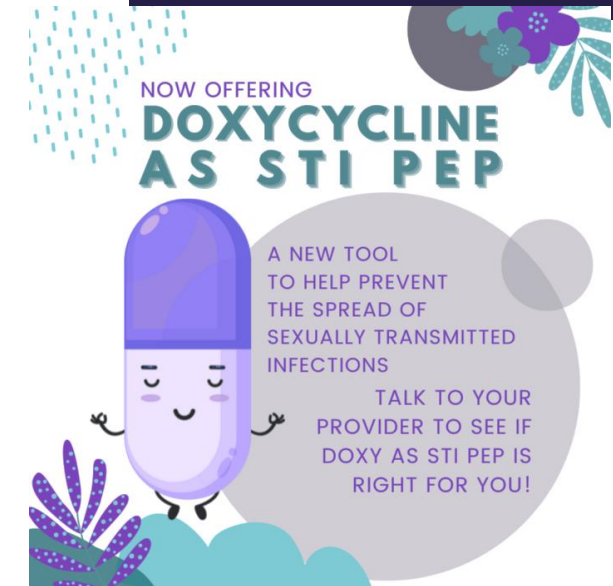
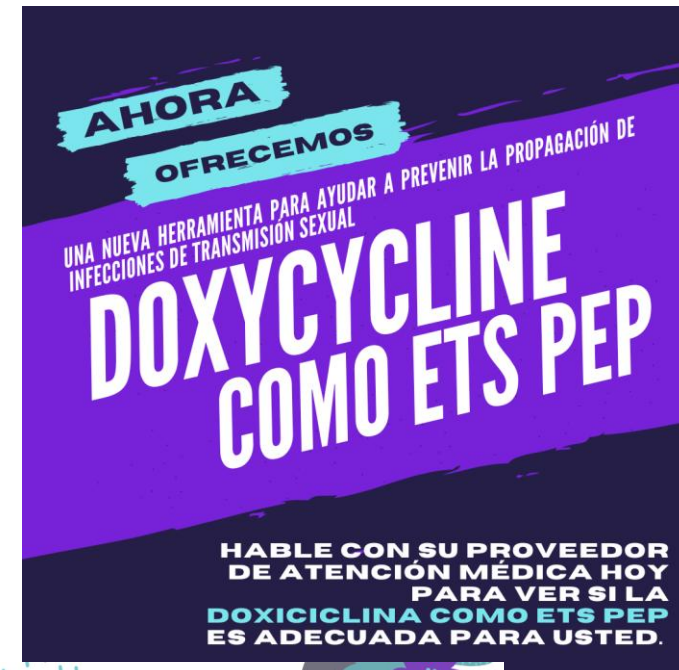
Syphilis cases ↓ in everyone **except** pregnant women, babies (congenital syphilis)

- Interviewees: 26% living homeless, 8% used substances, 68% in South County



# Doxycycline for STI prevention

- **Doxy-PEP (doxycycline post-exposure prophylaxis)**
  - 200mg doxycycline by mouth within 24-72 hrs after condomless sex *reduces chlamydia and syphilis risk by >80%*
  - Primarily studied in MSM and transgender women
  - Sex-positive, user-controlled tool for persons at increased risk for bacterial STI



Morbidity and Mortality Weekly Report (MMWR)

Search



## CDC Clinical Guidelines on the Use of Doxycycline Postexposure Prophylaxis for Bacterial Sexually Transmitted Infection Prevention, United States, 2024

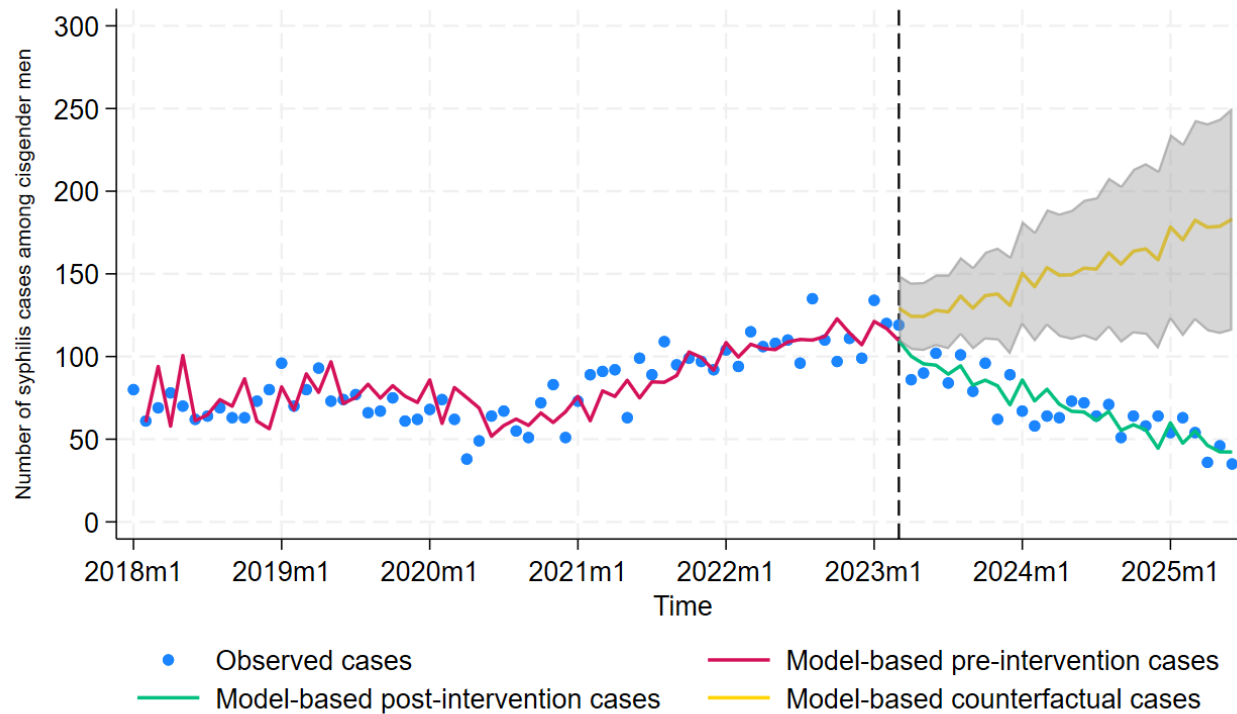
Recommendations and Reports / June 6, 2024 / 73(2);1-8

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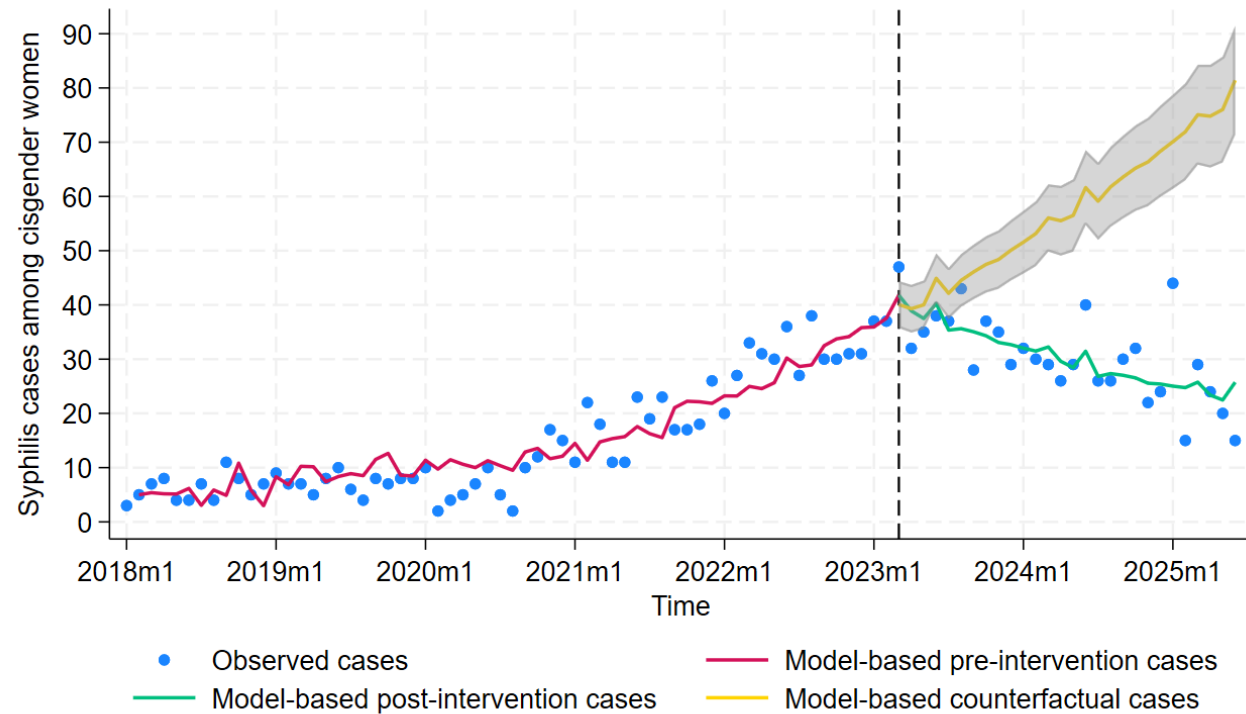
Laura H. Bachmann, MD<sup>1</sup>; Lindley A. Barbee, MD<sup>1</sup>; Philip Chan, MD<sup>1,2</sup>; Hilary Reno, MD<sup>1,3</sup>; Kimberly A. Workowski, MD<sup>1,4</sup>; Karen Hoover, MD<sup>5</sup>; Jonathan Mermin, MD<sup>6</sup>; Leandro Mena, MD<sup>1</sup> ([VIEW AUTHOR AFFILIATIONS](#))

# Syphilis has declined at population level in Seattle-King County after doxy-PEP implementation

Cisgender men – 53% decrease



Cisgender women – 47% decrease



# Summary

- King County has made tremendous progress in reducing HIV diagnoses
- Groups still disproportionately impacted: Black, Latino, Native Hawaiian/Pacific Islander people, South County, persons living unhoused
- Many ongoing activities to address to “End the HIV Epidemic”
- Overall syphilis rates are decreasing, but cases remain high in pregnancy and babies (congenital syphilis)
- Doxy-PEP prevents chlamydia and syphilis, and has contributed to declining syphilis cases in King County



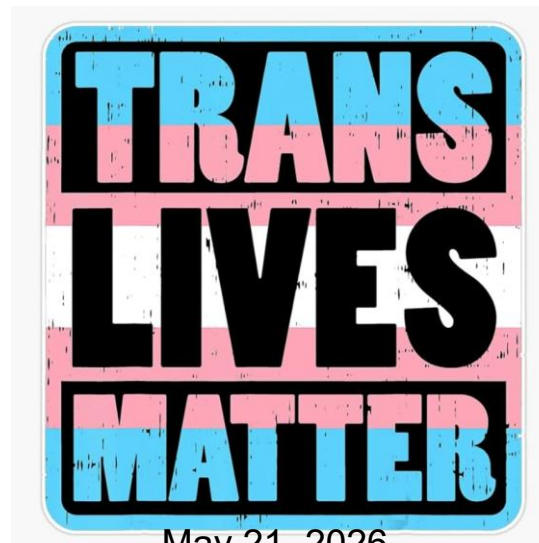
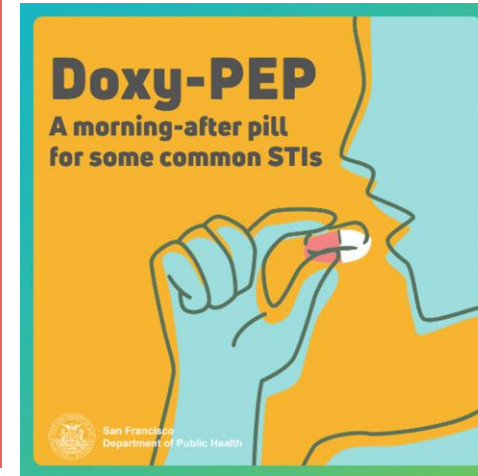
[www.uwptc.org](http://www.uwptc.org)

*Thanks!*

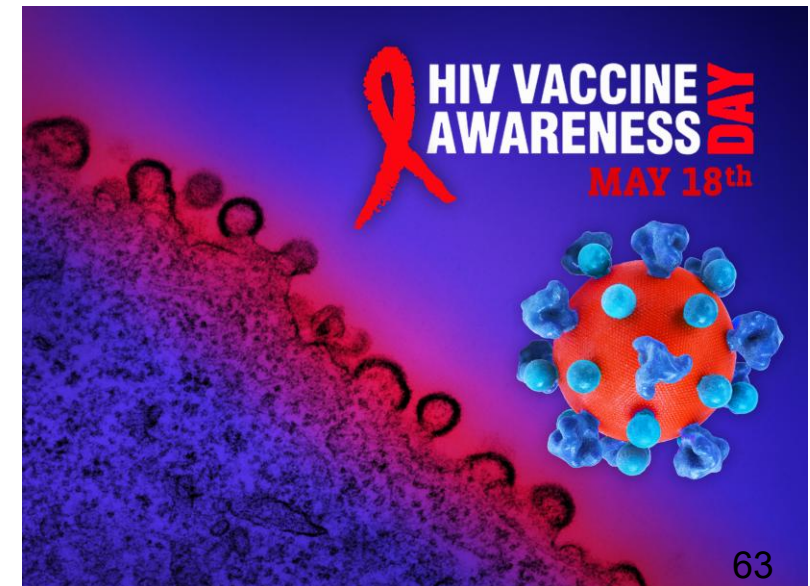
*Questions?*

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Board of Health



May 21, 2026



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