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, Hugo Garcia;
Alternates: Pierre Blosse, 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: Francoise 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, Director and Health Officer, Seattle-King County Department of Public Health
Staff: Joy Carpine-Cazzanti, Board Administrator - KCBOHAdmin@kingcounty.gov

1:00 PM **Thursday, July 16, 2026** **Hybrid Meeting**

REVISED AGENDA

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.

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.

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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 June 18, 2026** pg 5
5. **Public Comments**

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6. **Chair's Report**

7. **Director's Report** pg 10

Briefings

8. BOH Briefing No. 26-B18

Update on BOH membership plans and recruitment for 2027

Joy Carpine-Cazzanti, Board Administrator, Public Health – Seattle & King County

9. BOH Briefing No. 26-B19 pg 15

Pet Businesses & Public Health - Zoonotic Disease Code and Rates

Ryan Kellogg, Environmental Health Assistant Division Director, Public Health - Seattle & King County
Dr. Jocelyn Mullins, DVM, MPH, PhD, Public Health Veterinarian, Public Health – Seattle & King County
Leah Helms, RS, Solid Waste, Rodent, and Zoonotic Disease Program Manager, Public Health – Seattle & King County
Michael Perez, Finance and Administrative Services Manager, Public Health – Seattle & King County

10. BOH Briefing No. 26-B20 pg 52

Seattle/King County Continuum of Care

Victor Loo, Member, King County Board of Health
Jeff Simms, Chief Program Officer, King County Regional Homelessness Authority
Daniel Malone, Executive Director, Downtown Emergency Service Center (DESC)
Corinne Cosentino, Business Manager, Office & Professional Employees International Union Local 8 (OPEIU)
Regan McBride, Union Representative, Professional and Technical Employees Local 17 (PROTEC17)
Jane Hopkins, President, Service Employees International Union Healthcare 1199NW (SEIU 1199NW)
Lindsey Grad, Legislative Director, SEIU 1199NW

11. BOH Briefing No. 26-B21 pg 58

Impacts of the Current Political Environment on Gender Affirming Care

Christopher Archiopoli, Member, King County Board of Health
Ro Yoon, Community Engagement, Fred Hutch Vaccine Trials Unit

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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

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Meeting Minutes

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

1:00 PM | **Thursday, June 18, 2026** | **Hybrid Meeting**

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: 14 - Archiopoli, Daniels, Falcone, Foster, Gudgel, Lewis, Loo, Lucero, Mohammed, von Reichbauer, Garcia, Blosse, Hartfield and Bowen

Excused: 10 - Chew, de Castro, Dunn, Elkins, Juarez, Rinck, Mosqueda, Schroff, Williams and de los Angeles

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

Boardmember Blosse served in place of Boardmember Schroff. Boardmember Hartfield served in place of Boardmember de Castro. Boardmember Bowen served as the Snoqualimie Indian Tribe representative.

Boardmember Kaur, Boardmember Paquette, and Boardmember Green were also present.

4. Approval of Minutes of May 21, 2026

Boardmember Falcone moved to approve the minutes of the May 21, 2026, meeting as presented. Seeing no objection, the Chair so ordered.

5. Public Comments

The following person provided comment:
Alex Tsimerman

6. Chair's Report

Chair Daniels provided an update on a letter from the Board to the State Department of Health regarding improving access to massage licensure, and congratulated Dr. Sandra Valenciano, Director of Public Health, on her recent confirmation.

7. Director's Report

Dr. Valenciano reported on her recent confirmation as Director of Public Health, FIFA activities in Seattle, the recent extreme heat occurrence, Hantavirus cases, an Ebola outbreak, and a Measles update.

Briefings

8. **BOH Briefing No. 26-B16**

Board membership and recruitment for 2027

Joy Carpine-Cazzanti, Board Administrator, Public Health - Seattle & King County presented the briefing and answered questions.

This matter was Presented

9. **BOH Briefing No. 26-B15**

Innovations in Sexual Health

Christopher Archiopoli, Member, King County Board of Health and Dr. Chase Cannon, Assistant Professor, University of Washington Dept. of Medicine; Medical Director, Sexual Health Clinic, Public Health – Seattle & King County; Medical Officer, HIV/STI/HCV Program, Prevention Division, Public Health – Seattle & King County presented the briefing and answered questions.

This matter was Presented

10. **BOH Briefing No. 26-B17**

Findings and Recommendations from Washington's Maternal Mortality Review Panel Report

Quiana Daniels, Vice Chair, King County Board of Health, Deborah Gardner, Maternal Mortality Review Coordinator, Washington State Dept. of Health, and Anne McHugh, Maternal Mortality Review Coordinator, Washington State Dept. of Health presented the briefing and answered questions.

This matter was Presented

11. Board Member Updates

Boardmembers Gudgel and Mohammed provided briefings.

12. Other Business

Adjournment

The meeting was adjourned at 2:42p.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: July 16, 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, Facebook, YouTube, X (Twitter), LinkedIn, Condado de King en Facebook, King County en Instagram

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
- Food inspections and safety rating system - King County, Washington
- Search restaurant safety ratings - King County, Washington
- Food establishment closures by area in King County - King County, Washington
- Unpermitted food businesses - King County, Washington
- Foodborne illness outbreaks - King County, Washington

Funding opportunities – RFPs, RFQs, RFAs and others:
Funding opportunities - King County, Washington

Please share these stories with your networks:

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

If you are already registered, don't forget to join us on July 23rd at the 6th Annual King County Substance Use Recovery Conference!

Registration is full. If your plans have changed and you can't attend, please contact the organizer so that someone on the waitlist may attend.

We've recently finalized some exciting updates to our lineup! Be sure to review the Updated Conference Agenda to see our new speakers and breakout sessions.

Complimentary lunch and refreshments will be provided for registered attendees.

Solving septic system puzzles: Portraits of Public Health

When you think of the public health department, you might think of vaccines, clinics, and disease tracking—you probably don't think of septic systems. But where our wastewater goes and how it gets treated is foundational to public health!

This installment of *Portraits of Public Health* features one of our septic experts, Beau, who shares his passion for the importance of septic systems in protecting public health, safeguarding the environment, and allowing a property to function as a home.

"For homes that don't have access to the public sewer, a septic system is essential. Our program makes sure septic systems in King County are safe and aren't polluting the environment or putting people's health at risk. There are more than 85,000 septic systems across the county, so it's a big job. We provide permitting and inspection services and help property owners with educational resources and financial assistance. We also certify the professionals that work on septic systems."

Read online: [Solving septic system puzzles: Portraits of Public Health – PUBLIC HEALTH INSIDER]

Illustration by Meredith Li-Vollmer

Local solutions to food insecurity

Between the high cost of living and unprecedented cuts to federal food programs, many people in King County are struggling to put food on the table. In 2018-2022, 9.5% of all residents in King County reported that food they purchased sometimes or often did not last, and they did not have money to buy more. Food banks are having a hard time keeping up, and workers who help people find resources are overwhelmed by the growing number of people who need help.

The belief that we can do more when we work together inspired Public Health's recent convening of over 150 local food access leaders. "Food Access Now: Advancing Local Solutions to Food Insecurity" was King County's first large-scale food systems gathering and brought together non-profits, government agencies, farmers, producers, distributors, healthcare professionals, academics, and funders for a powerful day of action-oriented strategizing and collaboration.

Watch the video and learn more: Local solutions to food insecurity – PUBLIC HEALTH INSIDER

Maintaining Medicaid Retention in King County

As you may know, federal Medicaid changes mandated by Congress in the HR-1 bill are being implemented on a rolling basis, and threaten the coverage of more than 200,000 King County residents. In its role as the lead health insurance navigator for King County, Public Health's Access & Outreach team is working closely with state agencies and community partners to help as many Medicaid (Apple Health) clients as possible maintain their coverage and access to care. They are working closely with state agencies. Already, some immigrant populations are losing access to federal programs, and currently our teams are focused on upcoming changes for two key populations:

- On Oct. 1, refugees and asylees (not including children & pregnant women) will no longer be eligible for Medicaid, despite having legal status. However, there are other programs that can help them access health care. On June 26, Public Health is hosting a training to prepare community organizations to help clients enroll in programs if eligible and understand other pathways to accessing health care.
- This fall, adults ages 19-65 will begin getting notifications about new work requirements for Medicaid that go into effect Jan. 1, 2027. There are many exceptions to this requirement, including for anyone on Pregnancy Medical, and there are exemptions for enrolled students and for those caring for others. Public Health and other health care providers are identifying impacted clients and preparing strategies to help them demonstrate their eligibility. A convening and training related to the work requirements is scheduled for Aug. 28 (**see the flyer at the end of this report**).

Of concern, the new federal guidance for implementing the work requirements appears to make it much more difficult for clients to secure an exemption. If this guidance stands, it will increase the numbers of people who will become uninsured.

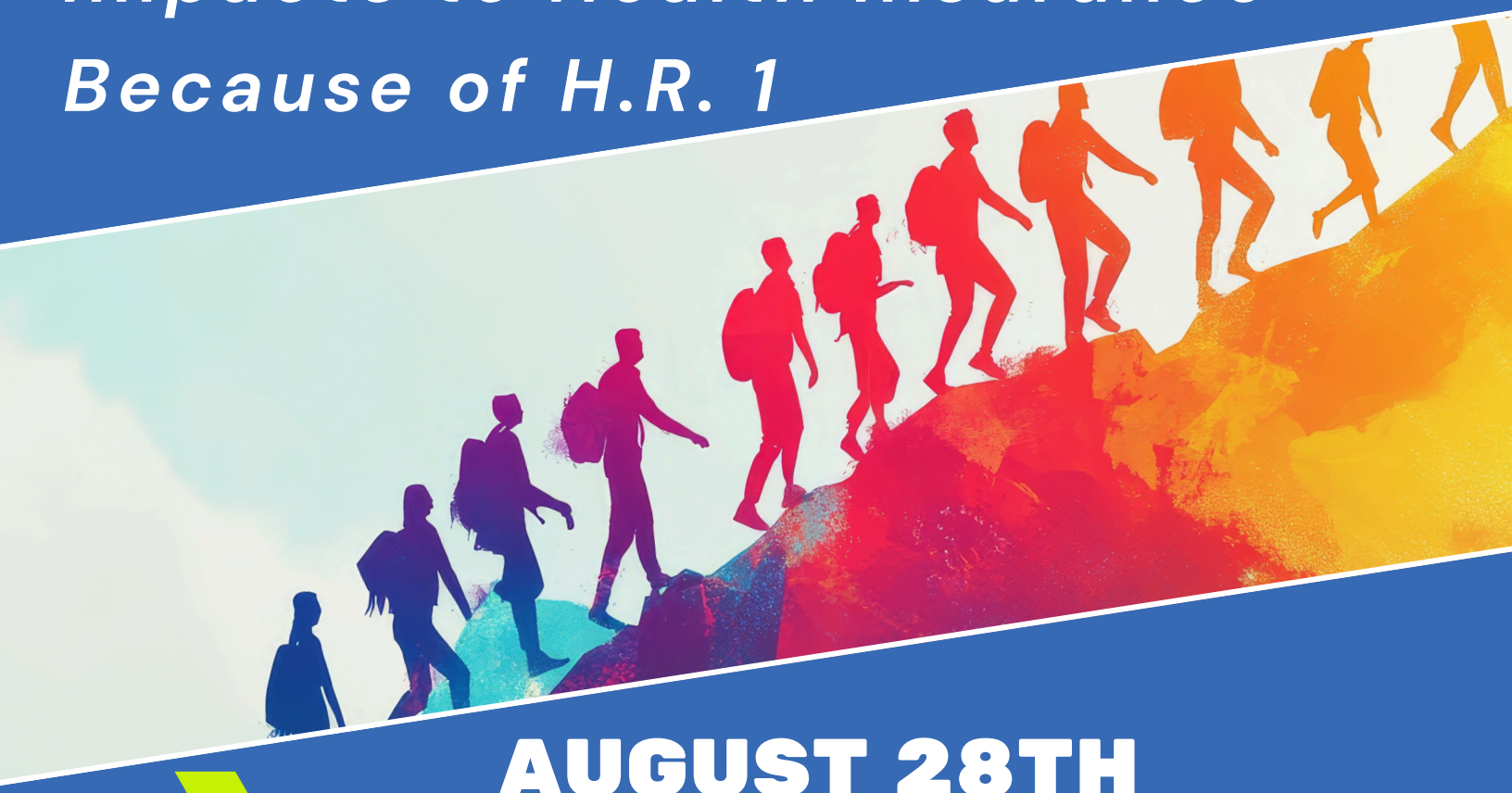
Read Public Health's report to the King County Council on maintaining Medicaid retention (click on Attachment 1): King County - File #: 2026-0111

Watch the video of the June 2 Health, Housing and Human Services Committee, with briefings on Public Health's Fiscal Outlook and Medicaid retention: Health, Housing, and Human Services Committee_20260602-REVISED

Learn more online about Public Health's Access and Outreach program: Access and Outreach program - King County, Washington

TRAINING ANNOUNCMENT

Impacts to Health Insurance Because of H.R. 1



AUGUST 28TH

Tukwila Community Center
12424 42nd Ave S Tukwila, WA 98168
10am-3pm

In Person
https://www.signupgenius.com/go/20F094DA5AF23A3FE3-64357555-impacts

Zoom
https://kingcounty.zoom.us/meeting/register/WlzgjjO7TF6UpgGFeYa_3g

*Breakfast and Lunch provided for In Person participants

For More Information Contact
King County CHAP
www.kingcounty.gov/FFF
800-756-54387

Public Health
Seattle & King County

Access & Outreach
Inclusive. Responsive. Equitable.

Pet Businesses & Public Health

Ryan Kellogg

Assistant Division Director – Environmental Health Services Division

Jocelyn Mullins, DVM, MPH, PHD

Public Health Veterinarian – Prevention Division

Leah Helms, RS

Program Manager - Solid Waste, Rodent and Zoonotic Disease Program

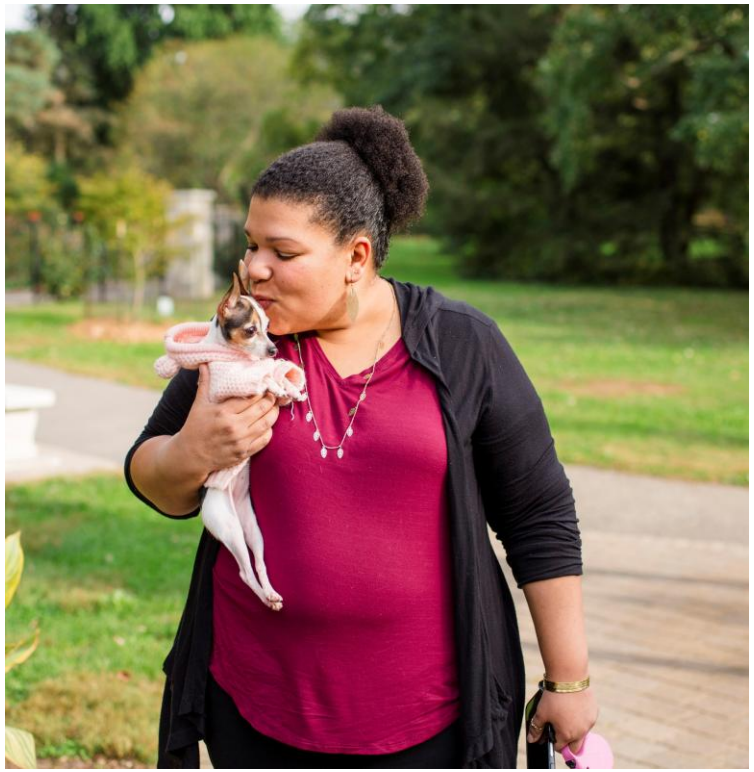
Michael Perez

Finance and Administrative Services Manager, Environmental Health Services Division

King County Board of Health Briefing
July 16, 2026

Public Health
Seattle & King County

OUTLINE



- WHY PUBLIC HEALTH SEEKS TO UPDATE THE CODES
- WHAT'S BEING PROPOSED
- HOW WE ARE ENGAGING BUSINESSES AND COMMUNITY MEMBERS
- NEXT STEPS

Pet Code and Rates are Outdated

- Code established in **2010**
  - Code merger project with City of Seattle, King County, and Public Health
- **No substantial reviews or revisions** since the code was established
- Environmental Health committed to return to the Board with a **full cost recovery fee proposal**.

Public Health
Seattle & King County

Objectives

BOH Title 8

BOH Title 2

- Improve animal health and worker safety
- Strengthen infection control and disease prevention
- Reduce risks of animals in public settings
- Update and streamline regulations
- Update rates to stabilize program, full cost recovery

Improve animal health and worker safety

Establishes enclosure size requirements that align with national and veterinary standards.

- e.g. Animals should be able to stand up, turn around and move normally, and avoid overcrowding.

Establishes group housing standards on dog/cat comingling for animal health and staff safety.

- e.g. Required staffing ratios and group size limits to ensure animals are properly supervised and safe. This also provides a safer environment for staff.

Requires facilities that house dogs overnight to provide an enclosure for each animal.

- Every facility should be able to individually house cats and dogs when needed. Kennel free facilities can still operate the same, but they will have enclosures available for emergencies or when needed. There are some exceptions for puppies, kittens and owner permission.

Strengthen infection control and disease prevention

- Updates requirements for the existing infection control plan.
- Improves worker safety with new requirement for staff training on zoonotic disease prevention and procedures for working with animals.
- Adds new requirement for an isolation plan for sick or injured animals.
- Updates requirements for documenting and reporting animal bites.

Reduce risks of animals in public places

Public animal contact health standards for permitted businesses.

- Handwashing or hand sanitizer is available to the public.
- Rabies vaccination records are maintained and current for eligible animals.
- Young animals not eligible for rabies vaccinations are restricted from open public contact areas.

Update and streamline

Simplified Clearer Codes.

- Removes outdated or redundant language.
- Consolidates animal enclosure requirements into one section.
- Updates definitions and clarifies which businesses are regulated (i.e., home-based businesses).
- Aligns with current state law (e.g., RCW prohibits sales of dogs and cats at retail pet stores).
- Updated permit requirements (removes low risk categories (fish shops), requires permit display, authorizes permit suspension if fee is not paid).

Fees & Administration (KCBOH Title 2)

Rate Update Objectives:

- Stabilize the pet business program revenue (note: small program scale – 1.5 FTE in total).
- Increase program fees to reflect actual service costs, consistent with Board of Health's policy for full cost recovery, while not reducing services.
- Continue to review and adjust rates annually to account for inflation, consistent with BOH authority in BOH Code Title 2 (CPI +1).

What are the pet businesses paying for?

- Public Health's Environmental Health Services (EHS) permits for pet businesses include:
  - Pet daycares/boarding
  - Pet shops
  - Animal shelters
  - Pet grooming services
  - Pet food retailers

- The permit fee is the cost pet businesses pay for EHS services:
  - Plan review for new or remodeled facilities
  - Inspections
  - Education and technical assistance

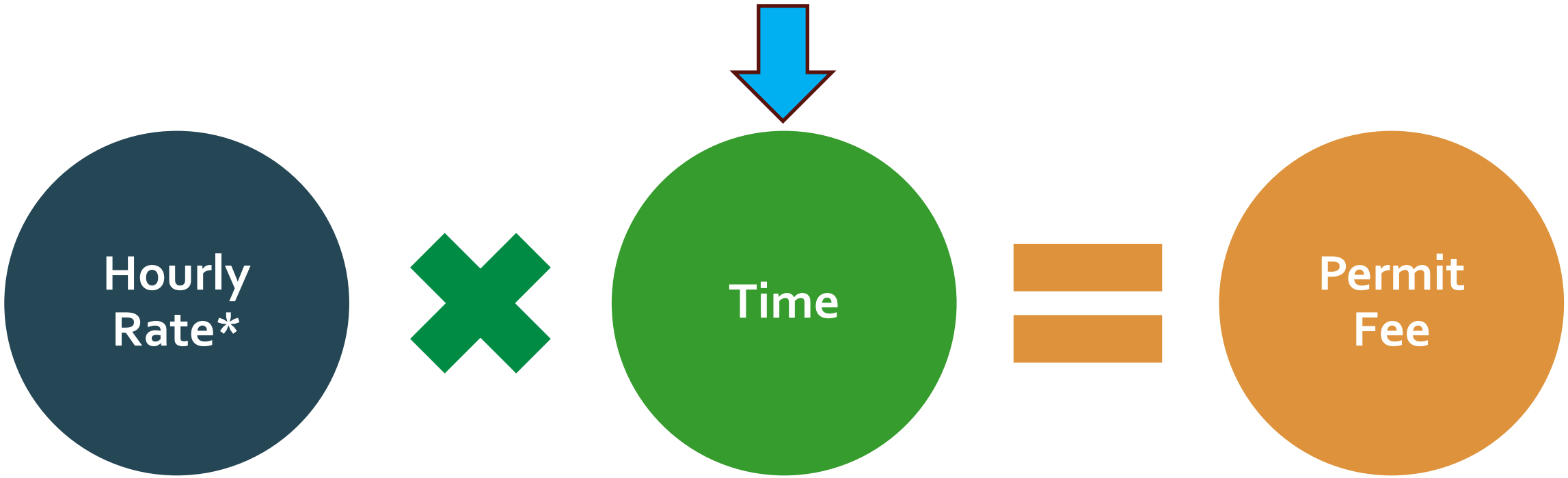
What is the permit fee?

Cost per hour for providing our services

Amount of time needed for the permit services

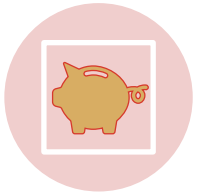
Cost paid by business for a permit

Focus of Title 2 Changes



*** 2027 fees depend on inflation/costs adjustments to the EHS hourly rate, which are not known until later in the year.**

Title 2 Proposed Changes: Overview



Upfront Plan Review Fee
Predictable, reduces delays

Adjusted Inspection/Permit Fees Time
Reflects actual level of effort

Tiered Pet Daycare/Boarding Permits (by size)

Unpermitted businesses.
New one-time 2x fee.

Updated Service Fees
Variances, re-inspections, return field visits

Title 2 Proposed Changes: Details

Assess a more realistic minimum plan review fee upfront.

- Change fee basis from 1 to 3 hours, improves transparency in costs upfront, minimizes need for secondary billing for additional hours.

Establish tiered fees for pet daycare and boarding facilities.

- Better aligns fees to scale of business/level of effort for pet daycare/boarding businesses.
- Based on number of animals/business complexity.
- Maintains lower fees for smaller businesses while increasing for larger and more complex operations.

Implement full cost recovery permit fees.

- Updates service hour basis for all permits, reflecting actual level of effort. Most current fees are based on initial 2010 estimates when Public Health started the program.
- Proposed increases from 0.25 to 1.75 service hours, with the latter for larger and more complex boarding facilities. (Net $ increases range from $57 - $394.)

Title 2 Proposed Changes: Details

Unpermitted businesses/establish a one-time unpermitted facility fee.

- Public Health estimates there are ~100 unpermitted establishments in King County based on public business records and complaints.
- We propose a double initial permit fee for unpermitted businesses that are non-responsive to outreach.
- High effort is needed to gain significant compliance. This is not built into proposed rates to avoid distributing costs to permitted businesses.

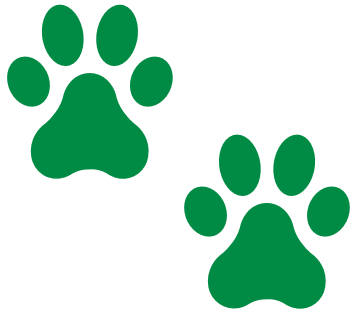
Update miscellaneous service fees.

- Similar to food establishment fees, Public Health proposes to update fees for miscellaneous services, including variance requests, re-inspections, etc.
- Helps ensure that businesses requiring an additional level of service are paying those direct costs rather than distributing broadly across all permitted businesses.

How will the changes impact pet businesses?

Example 1:

- Annual permit for a pet grooming service (most common permit type):
  - Current**: $281**
  - Proposed: **$450***



Example 2:

- Annual permits for pet daycare/boarding facilities:

Tier 1 (smallest)
  - Current: **$506**
  - Proposed: **$563***

Tier 4 (largest)
  - Current: **$506**
  - Proposed: **$900***

- **2027 fees depend on inflation/costs adjustments to the EHS hourly rate, which are not known until later in the year.**

Engagement

- Public Health engaged businesses and community members through:
  - Online presentations and input sessions, newsletters, social media, direct emails, and webpage.
  - General interest and code-specific feedback surveys (open through 7/13/26).
- Upcoming:
  - Industry specific engagement sessions.
  - Tailored outreach to small industry groups.
- Input will inform final code language, fee structure, and guidance.

How we will support businesses

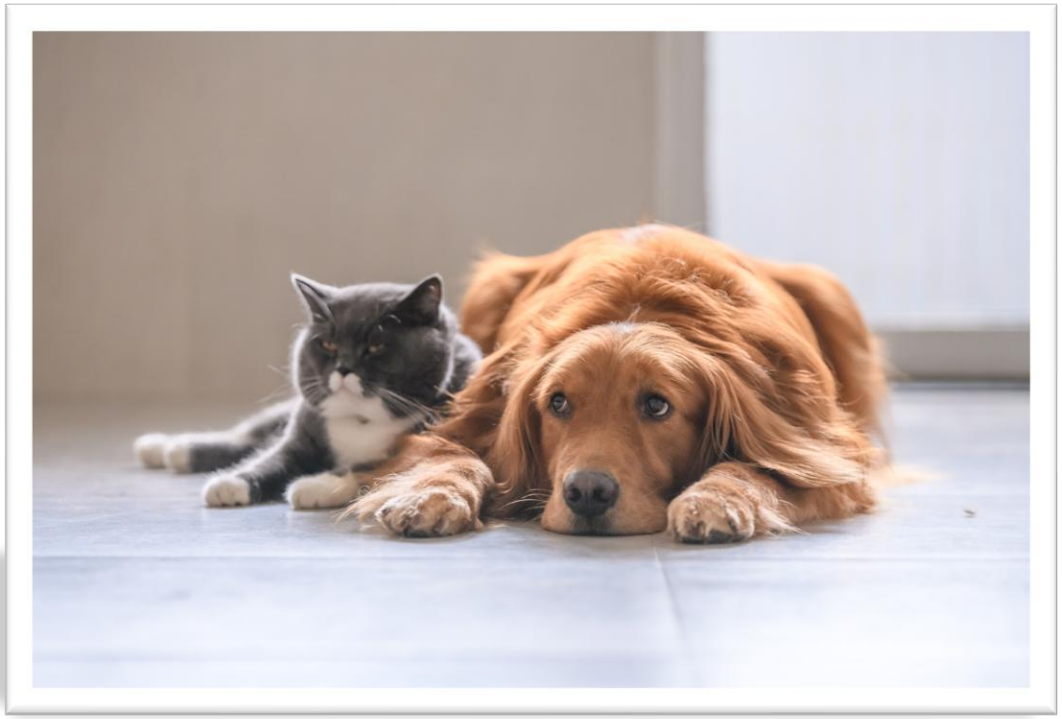
- Guidance
  - FAQ overview of all the changes will be available online after the changes are adopted.
  - Templates, guides, and resources provided to businesses.
- One year grace period to comply with new changes for existing businesses.
- Variances considered case-by-case.
- Onsite technical assistance upon request.

What comes next?

- **Summer:**
  - Continue to gather feedback from businesses and interested community members
  - Finalize proposed code and fee changes based on input
- **September**:
  - Present proposed code and fee changes to Board of Health
  - Potential Board of Health Vote
- **January 2027** (if approved):
  - Code implementation

Public Health
Seattle & King County

Thank you!



Questions? Contact:
KCBOHAdmin@kingcounty.gov

Environmental Health Services Division

Included in the meeting packet for Boardmember reference:

September 2025 Pet Business & Public Health briefing slide deck

Pet Businesses & Public Health

Healthy Pets, Healthy People

Ryan Kellogg
Assistant Environmental Health Director - Community Toxics, Science & Policy

Dr. Jocelyn Mullins
Public Health Veterinarian - Communicable Disease Epidemiology & Immunization Section

Leah Helms, RS
Program Manager - Solid Waste, Rodent and Zoonotic Disease Programs

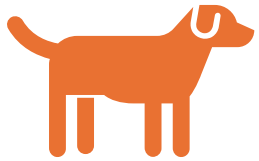
King County Board of Health Briefing
September 18, 2025

Public Health
Seattle & King County

Agenda

- What are Zoonotic Diseases?
- Zoonotic Diseases & Pet Businesses
- Public Health's Pet Business Program
- Planned BOH Code Updates
- Next Steps for Code Updates

Board of Health Title 8: Zoonotic Disease Prevention



Pet Business Regulations

Rabies

Rodent Control

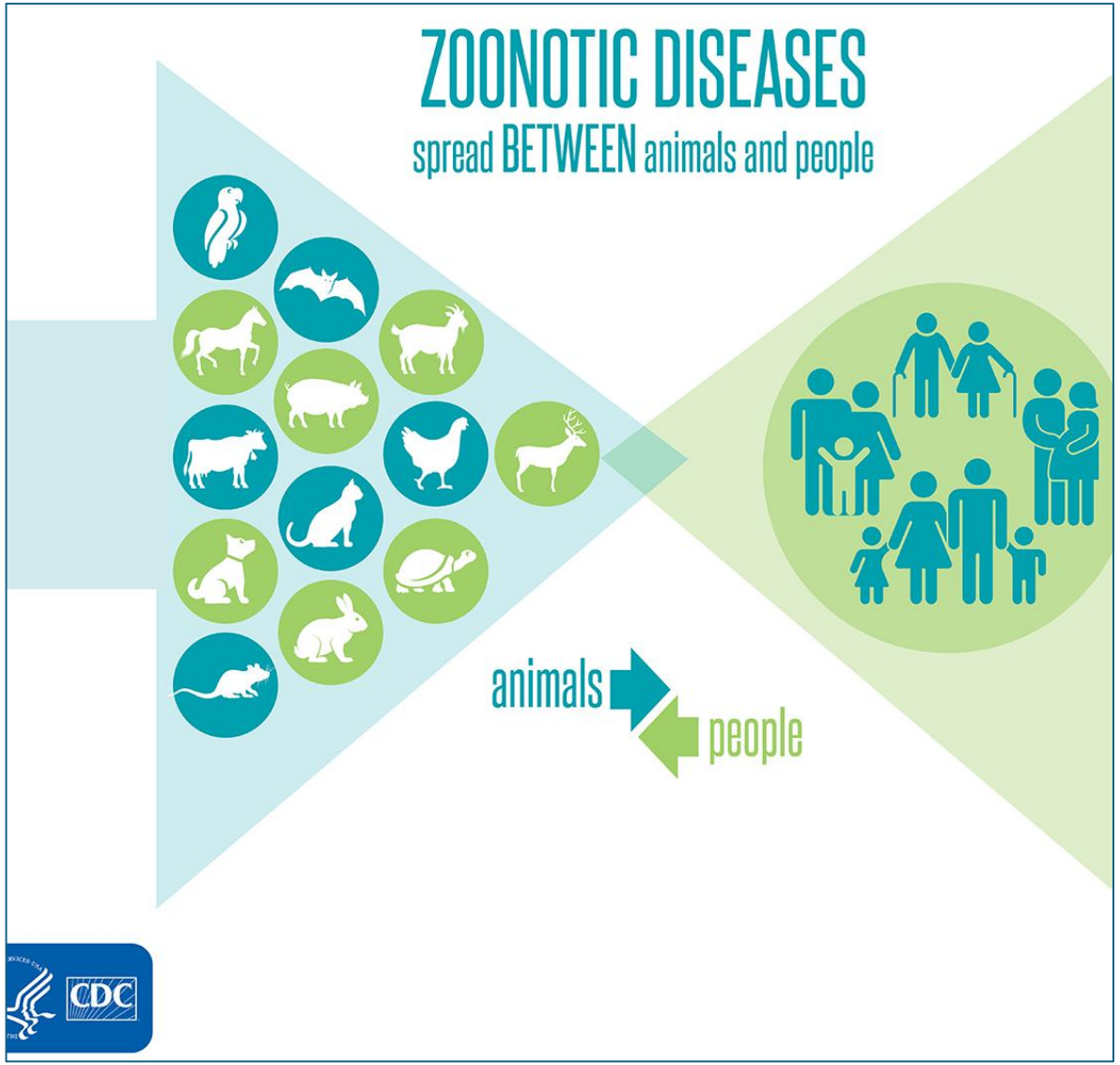
Zoonotic diseases – where they come from and why they matter

- **Animals that carry zoonotic diseases include** birds, poultry, dogs, cats, pocket pets (gerbils, hamsters, etc.), ferrets, reptiles.

  Pet food is also a source.

- **Examples of zoonotic diseases:** Salmonella, *E.coli*, ringworm, psittacosis, leptospirosis, parasites

- **Each year in the US, animal contact is associated with**
  - 450,000 gastro-intestinal illnesses, resulting in:
    - 5,000 hospitalizations
    - 70+ deaths



How zoonotic diseases spread

- Direct contact with animals
- From pet foods and treats
- Contaminated surfaces, environment
- Animals under stress

Importance for public health

- 75% of emerging diseases (bird flu)
- 61% of households own pets*
- 12% own exotic pets*
- Backyard (pet) poultry trend
- Emerging animal business models

Populations at higher risk

- Children younger than 5 years
- Adults older than 65 years
- People with weakened immune systems
- Pregnant people

*American Veterinary Medical Association 2024 Pet Ownership and Demographics Sourcebook

Why is this Public Health?

Housing, Supervision, Care: Reduce Stress

Infection Control and Isolation Plan

Cleaning, Sanitation, and Hygiene

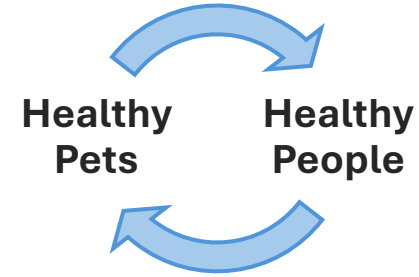
Training, Education and Signage

Reduce Zoonotic Disease Spread Among Animals

Promote Preventive Behaviors

Reduce Environmental Contamination

Protect Human Health



Pet Business Program

We provide regulatory oversight of pet business with a focus on disease prevention through performing:

- Plan review
- Inspections
- Technical assistance
- Complaint response
- Compliance for unpermitted businesses

Permitted Pet Businesses in King County

More than 500 pet business permits

Live Animal Retailers (48)

Pet Services (429)

Pet Shelters & Adoption Centers (32)

Note: We know there are a significant number of unpermitted businesses, as the industry is becoming more popular and gig economy apps make pet services more accessible.

Public Health Code Fills a Critical Gap

No single agency oversees the full scope of pet business operations

Agency Partners in Animal Health and Safety

PHSKC

- **Public health, sanitation, disease prevention, facility conditions**
- Applies to pet boarding, daycares, shelters, groomers, pet shops, etc.

Animal Control

- **Animal cruelty, dangerous dogs, pet licensing**
- Varies by city; not consistently applied countywide

WSDA

- **Animal import/export**
- Pet food labeling
- Does not regulate care or housing of pets in businesses
- Pet food retail oversight is limited

USDA

- **Imports and interstate pet sales (e.g., breeders shipping across state lines)**
- Animal exhibitors (birds and bunnies)
- Animal Welfare Act-Federal

Pet Business Resources

Webpages resources and guides

Survey of Customer Experience

J Public Health Manag Pract. 2016 May-Jun;22(3):301-8. doi: 10.1097/PHH.0000000000000272.

Acceptance, Benefits, and Challenges of Public Health–Oriented Pet Business Regulations in King County, Washington

Janelle Wierenga [1], Hanne Thiede, Leah Helms, Sharon Hopkins

Affiliations + expand

PMID: 26020600 DOI: 10.1097/PHH.0000000000000272

Abstract

Context: New regulations were implemented in King County, Washington, in 2010 requiring pet businesses to obtain a permit from Public Health-Seattle & King County (Public Health) and undergo

Blog guidance for pet owners

HOW TO CHOOSE A PET CARE FACILITY

March 18, 2025. Reading time 8 minutes.

We love our pets here in King County. With some of the highest pet ownership rates in the country,

Why update the code?

- Code established in **2010** code merger project with City of Seattle, King County, and Public Health codes.
- **No substantial reviews or revisions** since the code was established.

Pet Business Program Challenges

The program is not scaled to the number & complexity of King County pet businesses

Limited staffing

Education and outreach are underfunded

Pet industry is growing and evolving

Code Update: Priority Policy Areas

- Updating and Streamlining Regulations
- Strengthening Compliance and Enforcement
- New and Emerging Business Models
- Prioritizing Zoonotic Disease Prevention
- Enhancing Consumer Protection and Transparency
- Protecting Health through the Environment
- Financial Sustainability and Program Capacity

Engagement

Planned Engagement

Now

Monthly public office hours

2026

Industry specific and general engagement meetings

Targeted outreach to small industry groups

What we have heard

Concerns about cost

Confusion about definitions and requirements (e.g., Boarding and Daycare)

Strong interest in transparent communication

How we will use feedback

Informing proposed fee structure and guidance

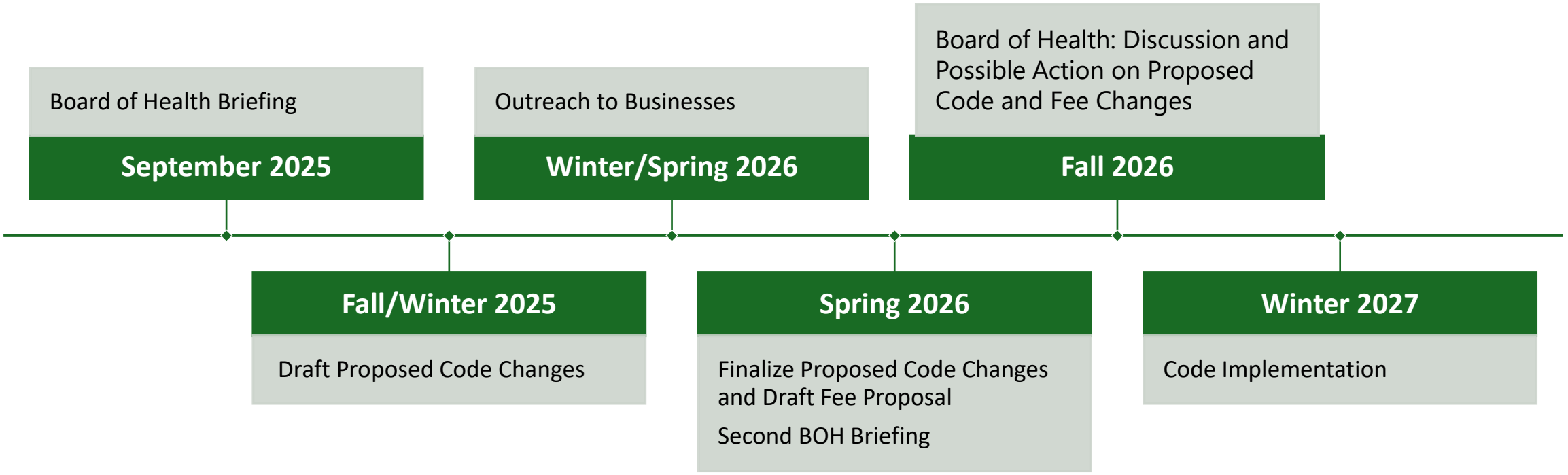
Adjusting code language for clarity

Equity

Reducing burden to business where feasible

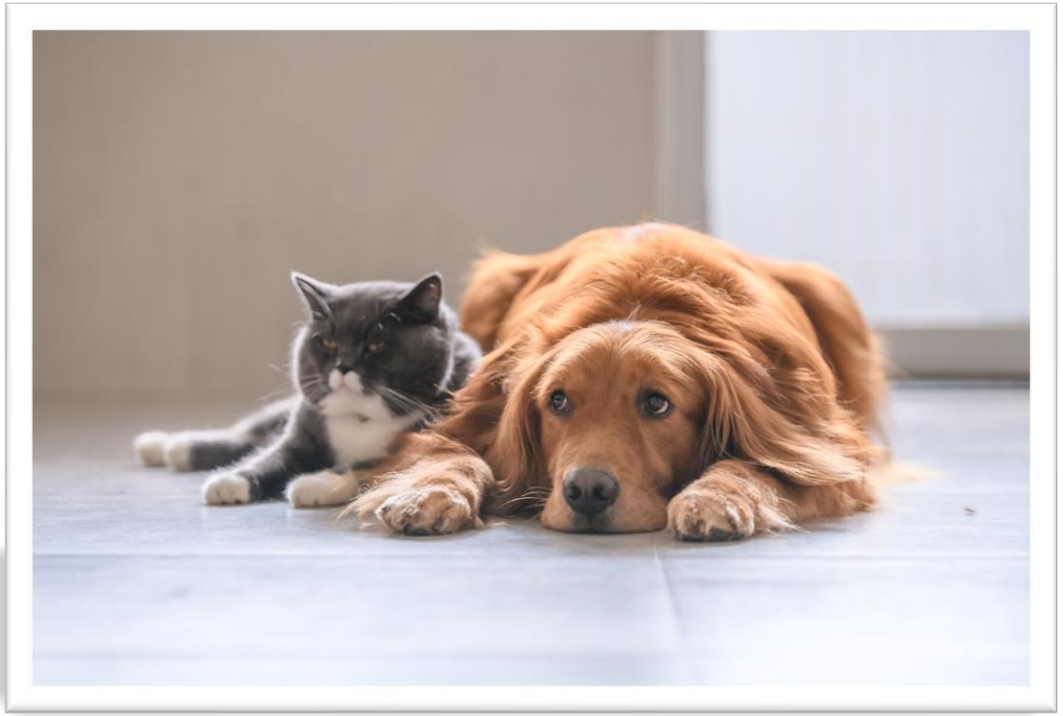
Centering voices from small businesses

Next Steps


Board of Health Briefing
September 2025
Outreach to Businesses
Winter/Spring 2026
Board of Health: Discussion and Possible Action on Proposed Code and Fee Changes
Fall 2026
Fall/Winter 2025
Draft Proposed Code Changes
Spring 2026
Finalize Proposed Code Changes and Draft Fee Proposal
Second BOH Briefing
Winter 2027
Code Implementation

Thank You!

Questions? Contact
KCBOHAdmin@kingcounty.gov



KCRHA
King County Regional Homelessness Authority

Federal Continuum of Care Funding

July 16, 2026

Jeff Simms, Chief Program Officer

Current FY25 Award Breakdown

Considered Permanent Housing by HUD

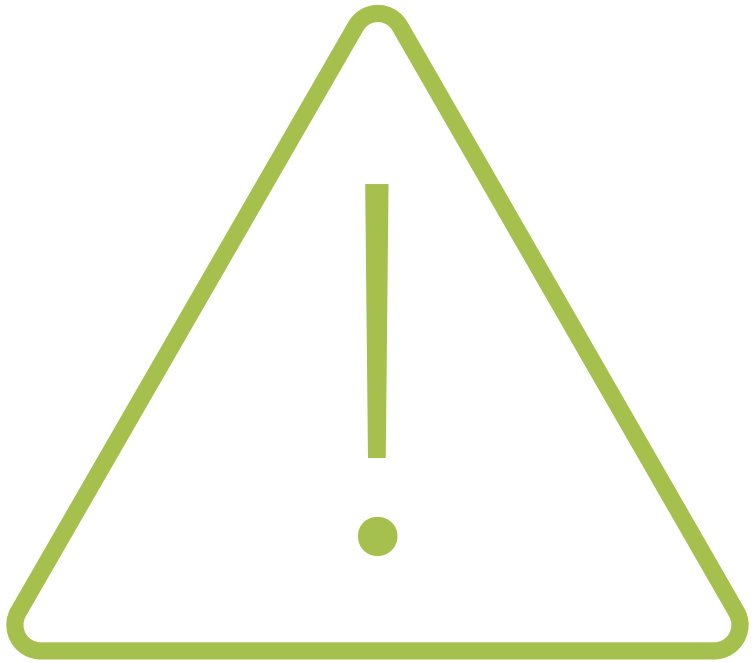
$60,729,627
92% of Total

Program Types	Current Amount
Permanent Supportive Housing (PSH)	$43,389,863
Rapid Re-Housing (RRH)	$12,855,842
Joint Component (JC)	$4,483,922
Transitional Housing	$1,691,356
Safe Haven	$849,156
Supportive Services Only	$109,452
Coordinated Entry	$2,444,037
HMIS	$459,390
Total	**$66,283,018**

Note: CoC Planning Grants ($1,500,000) are not included in the annual renewal demand.

Significant Changes

- Limit “Tier 1” to 60% award amount
- Funds new transitional housing and support services instead of permanent housing renewals
- Not advance “housing first”
- Reinterpretation of "self-sufficiency“
- Sex binary of humans
- Cooperate with Federal immigration enforcement
- Executive Order compliance
- Participation requirements
- Not distribute drug paraphernalia as harm reduction



Expected Local Impact

	Program Types	Current Amount
	Likely Renewed (Tier 1)	$39,769,811
Tier 2	Voluntary Changes or Efficiencies	$4,500,000*
Tier 2	Unfunded Existing Projects	$22,013,207
	Total	$66,283,018

* Estimate as of July 6, 2026. Amounts to be finalized over coming days.
Note: CoC Planning Grants ($1,500,000) are not included in the annual renewal demand.

FY26 CoC NOFO Timeline

KCRHA
King County Regional Homelessness Authority

Scan this QR code to sign up for KCRHA emails →

@KingCoRHA

@KCRHA

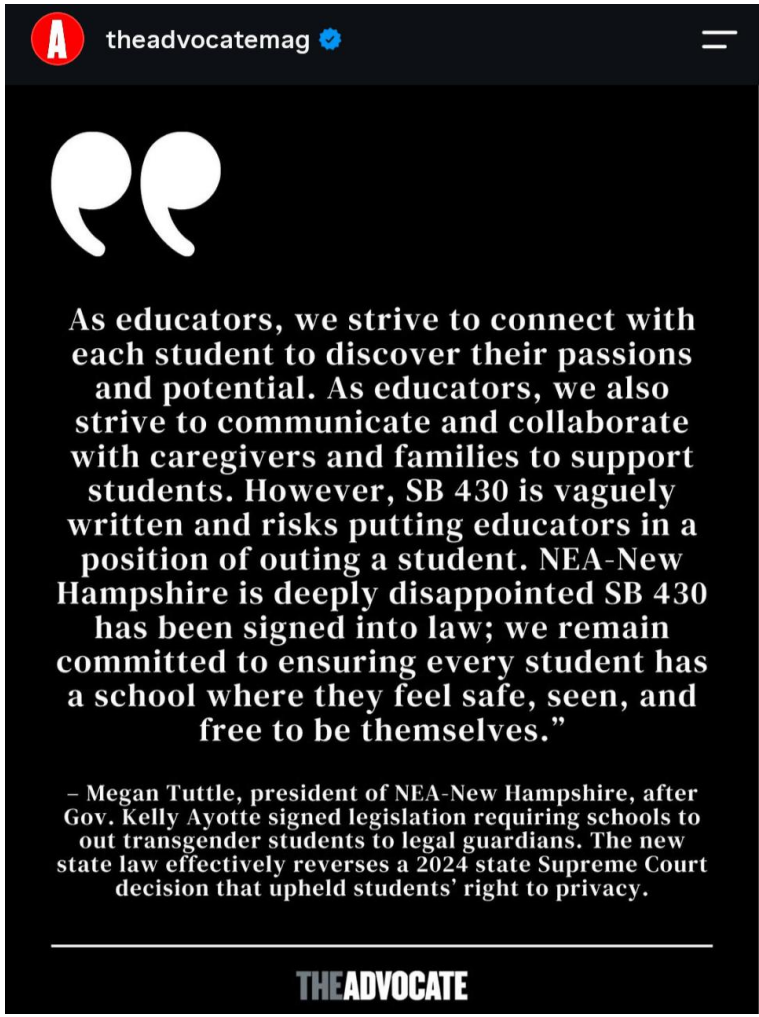
IMPACTS OF THE CURRENT POLITICAL ENVIRONMENT ON GENDER AFFIRMING CARE

Ro Yoon
Community Engagement
Fred Hutch Vaccine Trials Unit

Christopher Archiopoli, MBA
King County Board of Health
Community Stakeholder


theadvocatemag
THEADVOCATE
New Hampshire governor signs law forcing schools to out transgender students
By Jacob Ogles


theadvocatemag
2/3
Schools should be a place of learning, an environment for both studying curriculum and a place of critical self-examination. Placing educators into a role of monitoring and reporting removes the trust necessary for a thriving academic environment."
– Aimee Terravechia, executive director of 603 Equality, after New Hampshire Gov. Kelly Ayotte signed legislation requiring schools to out transgender students to legal guardians. The new state law effectively reverses a 2024 state Supreme Court decision that upheld students' right to privacy.
THEADVOCATE

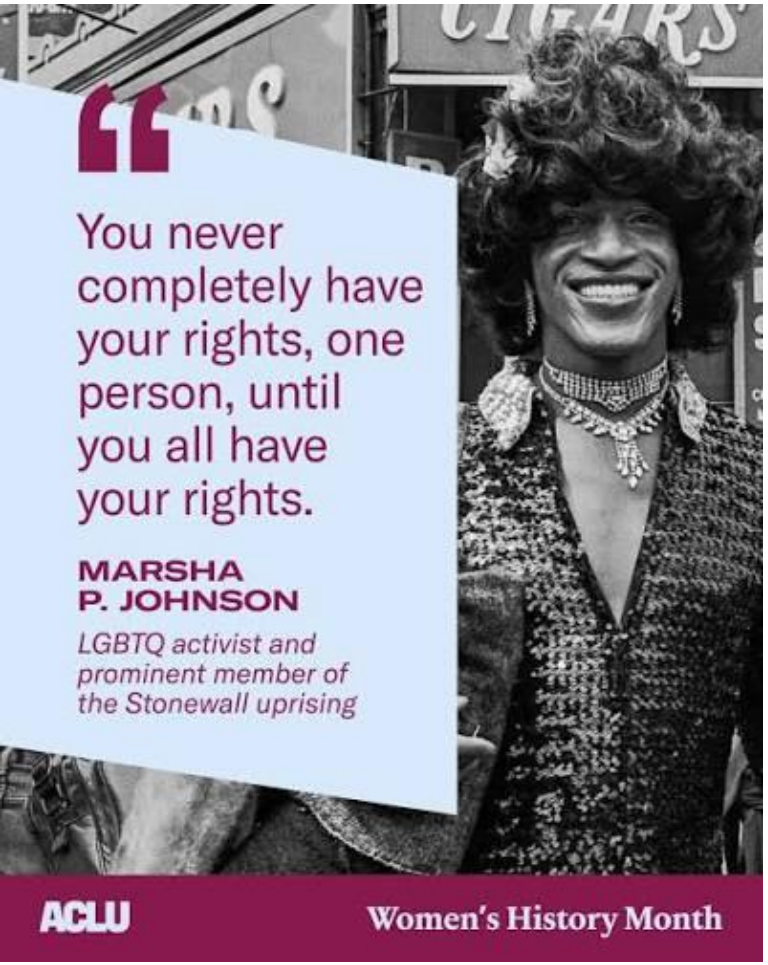

theadvocatemag
As educators, we strive to connect with each student to discover their passions and potential. As educators, we also strive to communicate and collaborate with caregivers and families to support students. However, SB 430 is vaguely written and risks putting educators in a position of outing a student. NEA-New Hampshire is deeply disappointed SB 430 has been signed into law; we remain committed to ensuring every student has a school where they feel safe, seen, and free to be themselves."
– Megan Tuttle, president of NEA-New Hampshire, after Gov. Kelly Ayotte signed legislation requiring schools to out transgender students to legal guardians. The new state law effectively reverses a 2024 state Supreme Court decision that upheld students' right to privacy.
THEADVOCATE

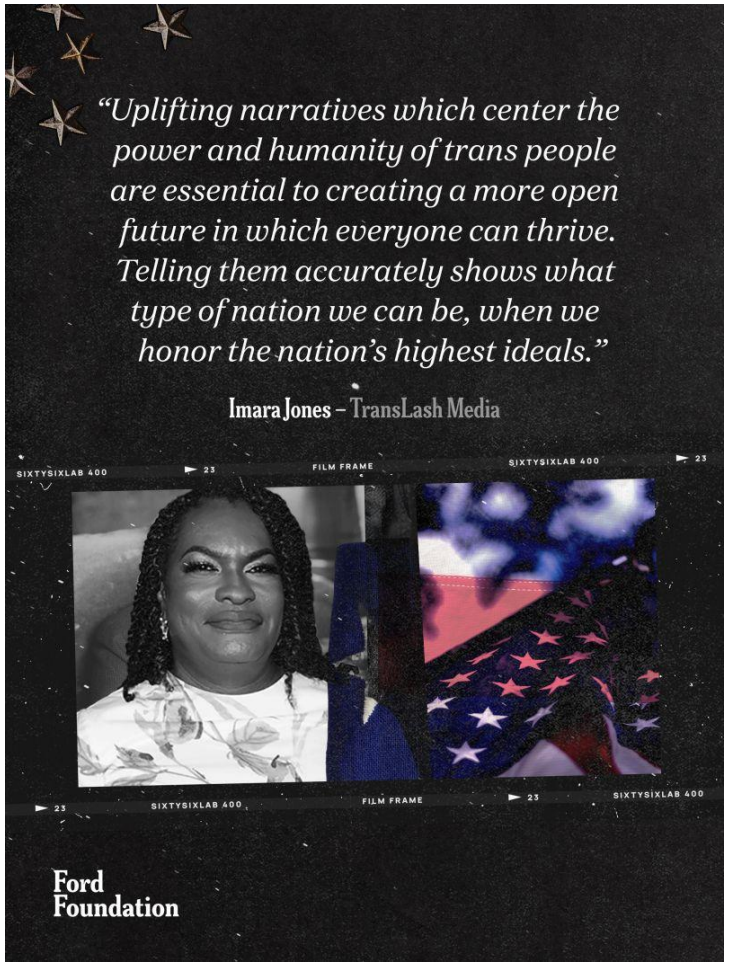

STONEWALL
INN


“ ”
THE RIOTS
BECAME PROTESTS
THE PROTESTS
BECAME A MOVEMENT
THE MOVEMENT
ULTIMATELY BECAME
AN INTEGRAL PART OF
AMERICA
- President Obama,
announcing the Stonewall
National Monument


STOP ATTACKS
ON LESBIANS & GAYS

TRANSGENDER LEADERS





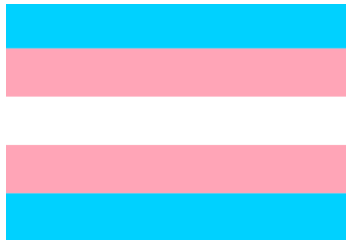
Marsha P Johnson | Sylvia Rivera | Imara Jones | Janet Mock | Laverne Cox | Gavin Grimm | Ro Yoon | Oliver Snow | Sarah McBride | Jacob Tobia | Celia Daniels | Frances Thompson | Alan Hart | Caroline Cossey | We'wha | Lucy Hicks Anderson | Michael Dillon | Renee Richards | Christina Jorgensen | Coccinelle | Raquel Willis | Mila Hellfyre | Reverend Debra J Hopkins | Toni-Michelle | Taylor Alxndr | Olivia Hill | Murray Hill | Jackie Shane | Lou Sullivan | Chaz Bono | Jaelynn Scott

Ro Yoon

Community Engagement

Fred Hutch Vaccines Trial Unit

CURRENT POLITICAL LANDSCAPE AFFECTING GENDER AFFIRMING CARE



TRANSGENDER POPULATION IN THE UNITED STATES

- Approx. 2.8 million Americans 13+yo identify as transgender, representing 1% of U.S. population
- 2.1 million adults (18+) and 724,000 youth (13-17)

HEALTHCARE DISCRIMINATION

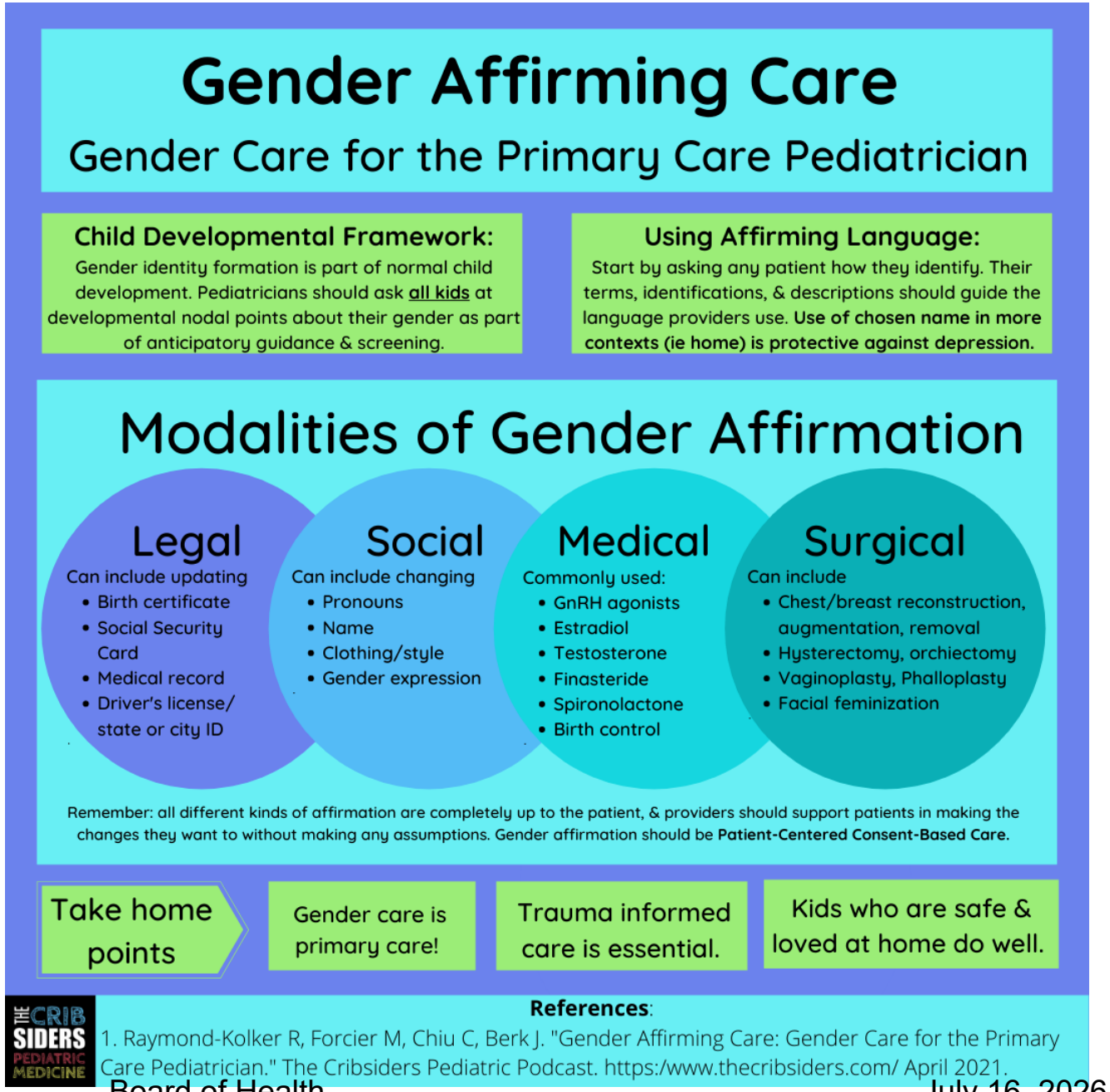
- 19% denied care due to gender identity
- 28% experienced harassment in healthcare settings
- 50% reported educating providers about transgender care

(Injustice at Every Turn, 2011)

NATIONAL POLITICAL ENVIRONMENT

- Wide variation in state laws restricting or protecting care
- Ongoing federal and state court challenges
- Legislative activity increasing focus on youth care restrictions
- Policy uncertainty affecting long-term care planning and practice

(UCLA Williams Institute, 2025)



Gender Affirming Care Pearls

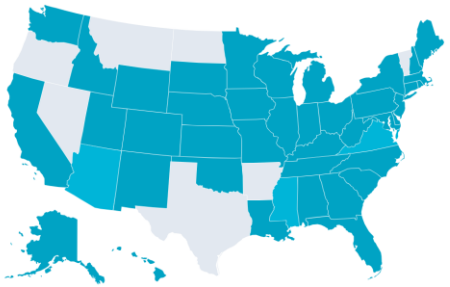
- Gender care is primary care!
- Gender describes an internal sense of self and who a person is. Gender is part of normal development and gender diversity is normal and expected.
- Pediatricians should be asking **all kids** at developmental nodal points about their gender as part of anticipatory guidance and screening.
- Gender affirmation may consist of some combination of legal, social, medical, and/or surgical affirmation.
- Patient-Centered Consent-Based Care helps us offer care that meets patients' goals safely.
- Supportive families are protective. Kids who are safe and loved at home do well.

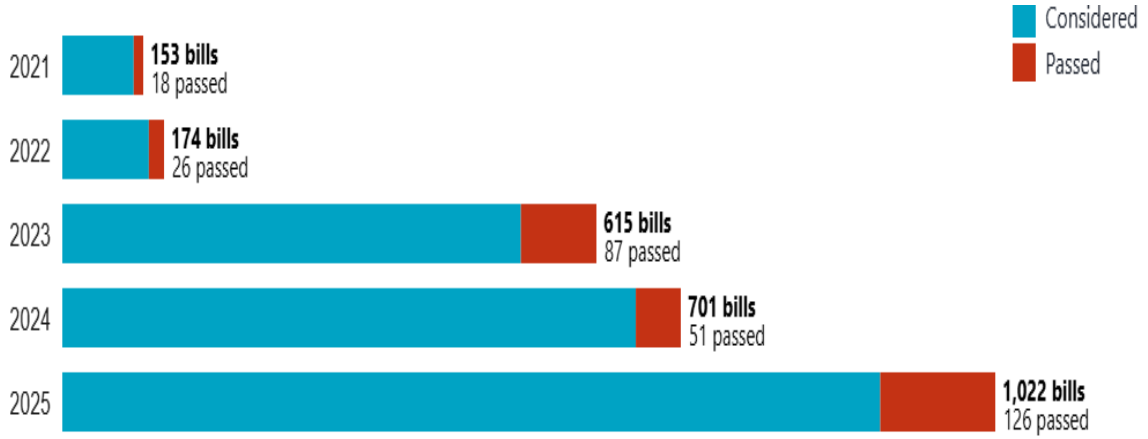
2026 anti-trans bills tracker

In 2026, anti-trans bills continue to be introduced across the country. We track legislation that seeks to block trans people from receiving basic healthcare, education, legal recognition, and the right to publicly exist.

804 bills **43 states**

63 passed 267 active 474 failed





Anti-trans bills under consideration and passed, 2021-2025

IMPACTS on Patients, Providers and Systems

- Access delays and care interruptions in restrictive states
- Cross-state travel increasing demand in access states like WA
- Provider workforce strain and legal risk considerations
- Health equity concerns and mental health implications

Gender-Affirming Care Barriers

- Youth: parental consent barriers, limited specialized providers
- Adults: cost, insurance exclusions, provider bias

(UCLA Williams Institute, 2025)

Credit: ACLU / Jordana Bermudez

WASHINGTON STATE

- WA maintains legal protections for gender-affirming care access
- Shield laws limit out-of-state legal interference
- Insurance coverage mandates support access to care Gender Affirming Treatment Act
- Regional demand increasing as patients travel from restrictive states

QUESTIONS?

Please contact KCBOHAdmin@kingcounty.gov

Ro Yoon
Community Engagement
Fred Hutch Cancer
Research Center

Christopher Archiopoli, MBA
King County Board of Health
Community Stakeholder