



SEATTLE CITY COUNCIL

Human Services, Labor, and Economic Development Committee

Agenda

Special Meeting

Friday, May 29, 2026

9:30 AM

Council Chamber, City Hall
600 4th Avenue
Seattle, WA 98104

Alexis Mercedes Rinck, Chair
Dionne Foster, Vice-Chair
Joy Hollingsworth, Member
Debora Juarez, Member
Rob Saka, Member

Chair Info: 206-684-8808; AlexisMercedes.Rinck@seattle.gov

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Council Chamber Listen Line: 206-684-8566

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SEATTLE CITY COUNCIL
**Human Services, Labor, and Economic
Development Committee**
Agenda
May 29, 2026 - 9:30 AM
Special Meeting

Meeting Location:

Council Chamber, City Hall, 600 4th Avenue, Seattle, WA 98104

Committee Website:

<https://seattle.gov/council/human-services-labor-and-economic-development>

This meeting also constitutes a meeting of the City Council, provided that the meeting shall be conducted as a committee meeting under the Council Rules and Procedures, and Council action shall be limited to committee business.

Members of the public may register for remote or in-person Public Comment to address the Council. Please register in advance in order to be recognized by the Chair. Details on how to register for Public Comment are listed below:

Remote Public Comment - Register online to speak during the Public Comment period at the meeting at <https://www.seattle.gov/council/committees/public-comment>. Online registration to speak will begin one hour before the meeting start time, and registration will end at the conclusion of the Public Comment period during the meeting.

In-Person Public Comment - Register to speak on the public comment sign-up sheet located inside Council Chambers at least 15 minutes prior to the meeting start time. Registration will end at the conclusion of the Public Comment period during the meeting.

Please submit written comments no later than four business hours prior to the start of the meeting to ensure that they are distributed to Councilmembers prior to the meeting. Comments may be submitted at Council@seattle.gov or at Seattle City Hall, Attn: Council Public Comment, 600 4th Ave., Floor 2, Seattle, WA 98104. Business hours are considered 8 a.m. - 5 p.m. Comments received after that time will be distributed after the meeting to Councilmembers and included as part of the public record.

Please Note: Times listed are estimated

A. Call To Order

B. Approval of the Agenda

C. Public Comment

Members of the public may address items on the agenda and matters within the purview of the committee. Please register in advance to be recognized by the Chair.

D. Items of Business

1. [Appt 03497](#) **Appointment of Sandra J. Valenciano as Director of Public Health - Seattle and King County.**

Attachments: [Appointment Packet](#)
[Written Questions and Responses](#)

Briefing, Discussion, and Possible Vote (30 min)

Presenter: Mark Ellerbrook, Mayor's Office

2. **Overview of Resolution Updating Policies for Establishing and Managing Parking and Business Improvement Areas (BIAs)**

Supporting Documents: [Draft BIA Policies Resolution](#)
[Draft BIA Policies Resolution Summary and Fiscal Note](#)
[Presentation](#)

Briefing and Discussion (30 min)

Presenters: Theresa Barreras, Isaac Horwith, and Casey Rogers, Office of Economic Development; Jasmine Marwaha, Council Central Staff

3. **King County Crisis Care Center Levy Implementation Update**

*Supporting
Documents:* [Presentation](#)

Briefing and Discussion (40 min)

Presenters: Katie Rogers, Kelly Tongg, and Asha Venkataraman,
King County Department of Community and Human Services

E. Adjournment



Legislation Text

File #: Appt 03497, **Version:** 1

Appointment of Sandra J. Valenciano as Director of Public Health - Seattle and King County.

The Appointment Packet is provided as an attachment.

Department Director Confirmation Materials

City of Seattle



Sandra J. Valenciano

Director,

Public Health – Seattle & King County

April 21, 2026



April 21, 2026

The Honorable Joy Hollingsworth
President, Seattle City Council
Seattle City Hall, 2nd Floor
Seattle, WA 98104

Dear Council President Hollingsworth:

It is my pleasure to transmit to the City Council the confirmation packet for my appointment of Dr. Sandra J. Valenciano as Director of Public Health - Seattle & King County (PHSKC). This packet contains Dr. Valenciano's appointment, oath of office form, resume, press release, and background check. Dr. Valenciano's appointment is subject to confirmation by both the Seattle city Council and King County Council, and this appointment reflects our shared vision of building a healthier, more equitable region. Our Public Health Department plays a critical role in advancing community well-being, reducing health disparities, and promoting health equity for all residents of Seattle and King County.

Dr. Valenciano is a board-certified physician in internal medicine with a Master of Public Health, and currently serves as the department's Acting Director and primary medical expert (Health Officer), guiding policy and practice with scientific rigor and deep commitment to equity. Before joining Public Health – Seattle & King County, she led DeKalb County Public Health in Georgia as Medical Director and District Health Director/CEO—overseeing services for more than 780,000 residents in a richly diverse community. During the COVID-19 pandemic, she served as Incident Commander, ensuring equitable vaccine access and improved operational efficiency, while guiding a department-wide strategic vision focused on equity, efficiency, and engagement. Dr. Valenciano also brings national public health expertise from her service as an Epidemic Intelligence Service officer at the CDC, where she led outbreak responses and strengthened national surveillance system. A seasoned educator, she has served as an adjunct faculty at Emory University School of Medicine and trained future public health leaders. She holds degrees from Brown University (Community Health), Tulane University School of Public Health and Tropical Medicine (MPH), and Boston University School of Medicine (MD), and completed clinical training at Yale and preventive medicine residency at Emory.

This appointment underscores our commitment to advancing a public health agenda rooted in equity, collaboration, and resilience. As I mentioned in my inauguration speech, “I want a city where everyone has the basics of a dignified life, including healthy food, access to health care and supportive communities”, under Dr. Valenciano's leadership, we will continue to advance inclusive strategies to confront health disparities, strengthen disease prevention, and ensure our communities—especially historically underserved populations, have access to high-quality, culturally responsive public health services. Together, we will build a public health system that empowers individuals, supports families, and creates healthier neighborhoods for all.

I trust that after reviewing Dr. Valenciano's application materials, meeting with her, and following the thoughtful review of Councilmember Rinck's Human Services, Labor, and Economic Development Committee, you will find that she is the ideal leader for PHSKC.

The Honorable Joy Hollingsworth
Dr. Sandra J. Valenciano's Confirmation Letter
April 21, 2026
Page 2 of 2

If you have any questions about the attached materials or need additional information, Chief of Staff Kate Brunette Kreuzer would welcome hearing from you. I appreciate your consideration.

Sincerely,

A handwritten signature in black ink that reads "Katie B. Wilson". The signature is written in a cursive, flowing style.

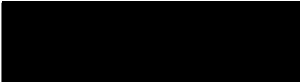
Katie B. Wilson
Mayor of Seattle



King County

Office of the Executive
Chinook Building
401 Fifth Avenue, Suite 810
Seattle, WA 98104

March 25, 2026

Dr. Sandra Valenciano


Dear Sandra:

I am writing today to formally convey your appointment to the position of Director/Health Officer of the Seattle-King County Department of Public Health, and to acknowledge receipt of your acceptance. This appointment is made with Seattle Mayor Katie Wilson's full agreement and consent. Please be advised that this appointment is subject to a vote of confirmation by the Metropolitan King County Council, as defined in the King County Code, 2.16.110 and the Seattle City Council.

The effective date of your appointment is Monday, March 30, 2026.

Your annual salary will be \$436,206.576 which is Range 109, Step 10 +5% of the 2026 King County 10 Step Annual/FLSA Exempt Squared Schedule. This position reports to me and is responsible for contributing to the delivery of the Executive's four main policy goals:

- Breaking the Cycle: Addressing homelessness, addiction, and incarceration
- Building More: Expanding housing, child care, transit, and infrastructure
- Be in Community: Making King County government more visible, connected, and community-driven
- Better Government: Delivering a government that is more transparent, efficient, and accountable

As a part of your compensation package, you will be awarded an additional 40 hours of executive leave on top of your current 2026 award of 80 hours. Starting in 2027, you will receive 120 hours of executive leave each year for the next four years (until 2031) when your vacation accruals will be commensurate with the workload and hours you are expected to perform and work.

King County values our diverse and vibrant community and ensuring the health of people in King County is our top priority. We strive to provide equity and opportunity for our employees through our Equity and Social Justice efforts and seek to be the best run government in the nation. Your position, Director/Health Officer, Seattle-King County Public Health, and the talents and skills you bring to it, will aid us in meeting those goals.

This is an exempt position, which is defined by the King County Personnel Guidelines as any position that is not a career service position. Exempt positions are positions to which appointments may be made

directly. Exempt employees serve at the pleasure of the appointing authority. Any future pay increases, excluding cost of living adjustments, will be at my discretion.

Your benefits represent a considerable percentage of your total compensation package and will continue in your new appointment.

I am delighted you have accepted this appointment. We strive to provide equity and opportunity for our employees through our equity and social justice efforts and seek to be the best run government in the nation. Your employment and the talent and skills you bring to it will aid us in meeting these goals. We look forward to your leadership and partnership in approaching public health with a commitment to race and social equity.

Below you will find additional details regarding your employment with King County. If you have any questions, please contact Brittany Hagen Croser at (206) 477-4035

Sincerely,


A handwritten signature in black ink that reads "Hyeok Kim". The signature is written in a cursive, flowing style.

Hyeok Kim
Chief Operating Officer

Cc: The Honorable Katie Wilson, Mayor, City of Seattle
Megan Pedersen, Chief People Officer and Interim Director, Human Resources, King County



City of Seattle Department Head Notice of Appointment

Appointee Name: <i>Sandra J. Valenciano</i>	
City Department Name: <i>Public Health – Seattle & King County</i>	Position Title: <i>Director</i>
<input checked="" type="checkbox"/> Appointment OR <input type="checkbox"/> Reappointment	City Council Confirmation required? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Appointing Authority: <input type="checkbox"/> City Council <input checked="" type="checkbox"/> Mayor <input checked="" type="checkbox"/> Other: <i>Joint appointment with King County</i>	Term of Position: * Council Confirmation To King County Executive’s discretion <input type="checkbox"/> <i>Serving remaining term of a vacant position</i>
Background: Dr. Valenciano is a board-certified physician in internal medicine with a Master of Public Health, and currently serves as the department’s Acting Director and primary medical expert (Health Officer), guiding policy and practice with scientific rigor and deep commitment to equity. Before joining Public Health – Seattle & King County, she led DeKalb County Public Health in Georgia as Medical Director and District Health Director/CEO—overseeing services for more than 780,000 residents in a richly diverse community. During the COVID-19 pandemic, she served as Incident Commander, ensuring equitable vaccine access and improved operational efficiency, while guiding a department-wide strategic vision focused on equity, efficiency, and engagement. Dr. Valenciano also brings national public health expertise from her service as an Epidemic Intelligence Service officer at the CDC, where she led outbreak responses and strengthened national surveillance system. A seasoned educator, she has served as an adjunct faculty at Emory University School of Medicine and trained future public health leaders. She holds degrees from Brown University (Community Health), Tulane University School of Public Health and Tropical Medicine (MPH), and Boston University School of Medicine (MD), and completed clinical training at Yale and preventive medicine residency at Emory.	
Authorizing Signature:  Date Signed: April 21, 2026	Appointing Signatory: <i>Katie B. Wilson</i> <i>Mayor of Seattle</i>

*Term begin and end date is fixed and tied to the position and not the appointment date.



CITY OF SEATTLE ▪ STATE OF WASHINGTON
OATH OF OFFICE

State of Washington

County of King

I, Sandra J. Valenciano, swear or affirm that I possess all of the qualifications prescribed in the Seattle City Charter and the Seattle Municipal Code for the position of Director of Public Health – Seattle & King County; that I will support the Constitution of the United States, the Constitution of the State of Washington, and the Charter and Ordinances of The City of Seattle; and that I will faithfully conduct myself as Director of Public Health – Seattle & King County.

Sandra J. Valenciano

Subscribed and sworn to before me

this ____ day of _____, 2026.

[Seal]

Scheereen Dedman, City Clerk

SANDRA J. VALENCIANO, MD, MPH

SUMMARY

Board-certified Internal Medicine physician and accomplished public health executive with over a decade of experience managing public health programs that address health equity, community engagement, and population-level outcomes. Expertise in integrating clinical knowledge with public health strategies to improve healthcare access and delivery. Proven track record of overseeing multimillion-dollar budgets, building cross-sector partnerships, advancing data-informed solutions, and leading public health initiatives that bridge gaps in health disparities. Skilled in developing impactful policies, managing diverse teams, and fostering sustainable, community-centered solutions. Adept at emergency preparedness, epidemiological surveillance, and improving healthcare access through data-driven strategies. Passionate about advancing health equity and implementing policies that create healthier, more equitable communities and drive sustainable health outcomes.

EDUCATION

Doctor of Medicine (MD) - Boston University School of Medicine, Boston, MA, May 2014

Master of Public Health, Global Maternal and Child Health (MPH) - Tulane University School of Public Health & Tropical Medicine, New Orleans, LA, May 2010

Bachelor of Arts, Community Health (BA) - Brown University, Providence, RI, May 2008

POST-DOCTORAL TRAINING

Residency, Preventive Medicine - Emory University School of Medicine, Atlanta, GA, July 2019 – June 2020

Epidemic Intelligence Service Fellowship - Centers for Disease Control and Prevention, Atlanta, GA, July 2017 – June 2019

Residency, Internal Medicine Primary Care - Yale-New Haven Hospital, New Haven, CT, June 2014 – June 2017

LICENSES AND CERTIFICATIONS

Unrestricted Washington Medical License, April 2025 – Present

Unrestricted Georgia Medical License, April 2017 – Present

American Board of Internal Medicine Certified, August 2017

PROFESSIONAL EXPERIENCE

Health Officer and Interim Director of Public Health

Dec. 2025 – Present

Public Health – Seattle & King County (PHSKC), Seattle, WA

Hours per week: 40-60

Administrative leadership

- Serve as Interim Director of Public Health while continuing Health Officer duties
- Oversee \$1.2 billion dollars in state, county, and federal funding to ensure efficient operations of a large metropolitan health department serving over 2.3 million residents
- Direct strategic decision-making and implementation of 2024-2029 strategic plan
- Support a workforce of over 1700 employees, including prioritizing employee engagement, recruitment, and retention
- Supervise cross-cutting functions of the department including communications, emergency preparedness, equity and community partnerships, policy and governmental affairs
- Guide policy and strategy for six divisions (community health services, emergency medical services, environmental health, health sciences, jail health services, and prevention services)

Policy and government affairs

- Member of the King County Executive Cabinet and the City of Seattle Mayor's Cabinet
- Provide briefings to the Executive, Mayor, and council members as needed on public health programs and public health funding
- Attend and provide Director's updates at Board of Health monthly meetings
- Engage with local, state, and federal elected officials on relevant public health issues
- Testify during legislative session on critical legislative issues impacting public health
- Represent the department on the Washington State Association of Local Public Health Officials (WSALPHO) Executive Leadership Committee on administrative matters

Community engagement

- Build and sustain partnerships with academia, community-based organizations, and health systems
- Present public health data and information to community members at council member events or partner events to increase awareness and education of county health outcomes, challenges, and opportunities
- Represent PHSKC on the Big Cities Health Coalition, a forum for leaders of the largest metropolitan health departments, to exchange ideas and jointly strategize

Health Officer

Aug. 2025 – Present

Public Health – Seattle & King County (PHSKC), Seattle, WA

Hours per week: 40-60

Leadership, scientific guidance, and policy development

- Enforce state and local public health statutes, rules, and ordinances leveraging broad legal authority to safeguard community health
- Serve as chief scientific advisor to Public Health Director offering objective, evidence-based guidance on complex medical and public health issues
- Navigate the evolving landscape of public health policy, addressing emerging health threats and policy challenges
- Represent PHSKC on the WSALPHO Health Officer committee contributing to statewide public health strategy
- Inform policy decisions, educate policymakers, and advocate for equitable, data-driven public health policies

Communications and public speaking

- Act as public spokesperson on critical health and science topics, representing the department with credibility and clarity
- Deliver presentations and briefings to elected officials, media, and the public to foster transparency and understanding

Community engagement

- Oversee major outreach and education initiatives designed to support, inform, and empower residents across King County
- Promote public understanding of disease prevention and health promotion, focusing on reducing disparities and improving overall community well-being
- Engage with community-based partners including the Health Equity and Anti-Racism Community Advisory Group (HEARCAG) and Community Health Board Coalition to ensure inclusive and equity-centered public health efforts

Disease outbreak response

- Lead the prevention and control of infectious disease outbreaks, using legal authority and evidence-based strategies
- Communicate rapidly with healthcare providers and the public to provide timely updates and guidance during outbreaks
- Monitor disease trends and coordinate targeted response strategies based on real-time data and public health surveillance

Public Health Preparedness

- Oversee planning and preparedness for public health emergencies, including high-profile events such as the 2026 FIFA World Cup
- Collaborate with the Northwest Healthcare Response Network and health systems partners to strengthen regional emergency response capacity

District Health Director and Chief Executive Officer

July 2021 – July 2025

DeKalb County Board of Health/DeKalb Public Health, Decatur, GA

Hours per week: 40-60

Administrative leadership, policy compliance, workforce development, and infrastructure enhancement

- Managed over \$52 million dollars in state, county, and federal funding to ensure efficient operations of a major public health department
- Directed strategic decision-making and ensured adherence to federal and state regulations, including audit requirements
- Built and supported a diverse public health workforce, overseeing recruitment, retention, education, and training
- Developed partnerships with academia and other professional training programs to increase local public health capacity
- Strengthened IT systems for improved network capability, cybersecurity, and organizational infrastructure

Clinical Operations and Community Engagement

- Evaluated and optimized clinical services to enhance efficiency, quality of care, and equitable access for underserved populations
- Oversaw maternal and child health programs, chronic disease prevention, and health equity initiatives while mobilizing partnerships with local governments, schools, and community organizations

Communications and Disease Outbreak Response

- Served as spokesperson, delivering effective public health messaging to educate and engage the community
- Acted as Incident Commander, leading responses to public health emergencies and disease outbreaks
- Monitored population health trends and led responses to acute outbreaks and other health hazards for hundreds of notifiable diseases

Environmental Health and Public Health Preparedness

- Supervised food safety, led poisoning prevention, air quality assessments, and rabies control programs
- Ensured readiness of emergency plans and collaborated with local emergency management for disease response

Quality Improvement and Strategic Planning

- Led development of a 5-year strategic plan to guide public health initiatives and drive continuous quality improvement

Key Accomplishments:

- Served as Incident Commander for public health emergencies, leading responses to COVID-19 pandemic and Mpox outbreak, and effectively communicating with the public and various stakeholders
- Developed a 5-year strategic plan focused on continuous improvement, innovation, and measurable health outcomes to improve public health services and workforce capacity
- Strengthened community engagement by partnering with local government, school districts, faith-based organizations, and community-based organizations to enhance health programs
- Managed multi-million-dollar budget, oversaw agency wide operations, eliminated \$1.5 million funding deficit, and received over \$12 million in additional grant funding

Interim District Health Director / Chief Executive Officer

April 2021 – June 2021

DeKalb County Board of Health, Decatur, GA

Hours per week: 60-80

Emergency Preparedness and COVID-19 Pandemic

- Led COVID-19 testing and vaccination operations as Incident Commander
- Engaged with state leadership through bi-weekly health directors' meetings

Administrative leadership

- Oversaw budgets, contracts, grants, and personnel
- Ensured compliance with federal and state regulations and audit requirements
- Presented operational and financial updates to the Board of Health

Clinical and Operational Excellence

- Evaluated clinical operations to improve efficiency and quality of patient care
- Supervised response to public health emergencies and disease outbreaks

Community Engagement

- Fostered partnerships with local governments, school districts, and community organizations to address public health needs
- Provided accessible and multilingual communications to educate and engage the community
- Delivered clear, timely, and culturally appropriate messaging to inform the public about health services and initiatives

Environmental Health

- Directed food safety, air quality, lead prevention, and other environmental health programs

Performance Management & Quality Improvement

- Implemented quality improvement initiatives based on evaluations of COVID-19 response efforts

Adjunct Assistant Professor, Department of Family and Preventive Medicine Feb. 2021 – July 2025

Emory University School of Medicine, Atlanta, GA

- Contributed to the educational, research, and service missions of the School of Medicine
- Supervised Emory Preventive Medicine residents assigned to rotate at DeKalb Public Health
- Participated in didactic teaching sessions and presented on local public health in Georgia

Medical Director, Community Health and Prevention Services

July 2020 – June 2021

DeKalb County Board of Health, Decatur, GA

Hours per week: 60-80

Emergency Preparedness and COVID-19 Pandemic

- Led emergency preparedness, planning, and response efforts as Clinical Operations Section Chief in the Incident Command Structure
- Developed return-to-work guidelines and standardized clinical operating procedures for COVID-19 management
- Successfully reopened two health centers and managed COVID-19 testing site operations
- Directed COVID-19 vaccination programs, including staff training, logistics, vaccine supply management, and community outreach partnerships
- Partnered with DeKalb County Fire & Rescue to vaccinate elderly and homebound residents

Clinical Operations and Public Health Programs

- Oversaw six health centers and led the medical direction, policy formulation, and quality assurance of all clinical operations
- Provided clinical supervision for Maternal & Child Health programs and health promotion initiatives
- Managed CLIA-certified laboratory services and oversaw lab operations
- Received \$6 million in CARES act funding to update the electronic medical records system, implement telehealth services, and acquire 10 mobile health vans for COVID-19 vaccine and clinical outreach
- Supervised Emory COVID-19 Response Collaborative Epidemiology Fellows during their two-year placement

- Established a partnership with Emory University to integrate an Infectious Diseases Faculty member into epidemiologic research efforts.

Administrative, financial, and policy duties

- Directed Community Health and Prevention Services (CHAPS) Division, managing clinical and public health programs
- Played a key role in strategic planning, policy development, and executive decision-making in consultation with the District Health Director
- Managed a \$25M budget across clinical services and state/federal public health programs
- Supervised and evaluated assigned staff, setting performance expectations and priorities
- Represented the District Health Director at state, regional, and local levels, serving as a liaison with the Georgia Department of Public Health

Preventive Medicine Resident

July 2019 – June 2020

Emory University School of Medicine, Atlanta, GA

Hours per week: 40

Public Health Leadership & COVID-19 Response

- Collaborated with executive leadership on COVID-19 operations, logistics, and financial decisions at the DeKalb County Board of Health
- Established partnerships with local healthcare providers to expand COVID-19 testing in high-risk communities
- Led operations at DeKalb County Specimen Point of Collection (SPOC) sites, managing data clerks, registration staff, nurses, and volunteers
- Revised Standard Operating Procedures (SOPs) for COVID-19 testing sites and ensured adequate test kit inventory management
- Provided return-to-work medical guidance for clinical and non-clinical staff
- Ensured the availability of Spanish-language COVID-19 resources for underserved communities
- Served on the Georgia Department of Public Health COVID-19 Task Force, contributing to statewide pandemic response strategies

Clinical Operations and Infectious Disease Leadership

- Provided HIV primary care via telehealth for veterans at the Atlanta Veterans Administration Infectious Disease Clinic
- Conducted epidemiological analysis and summarized COVID-19 patient data at the Atlanta VA Medical Center
- Delivered preventive cardiology care for patients at Emory Preventive Cardiology
- Led efforts to evaluate influenza immunization rates among women's health providers at the Atlanta VA Women's Health Clinic
- Assisted in the development of a collaboration between the Georgia Department of Public Health and the Atlanta VA Women's Clinic to enhance access to telehealth services for women veterans
- Conducted a literature review on self-obtained vaginal swabs for STI and vaginitis screening

Epidemiology & Public Health Research

- Analyzed new HIV diagnoses data in Fulton County and created report summarizing findings for the Georgia Department of Public Health
- Conducted medical chart abstraction for an HIV mortality study
- Assisted with perinatal HIV pharmacy survey to improve treatment adherence

Global Health Experience

- Contributed to the CDC Travelers' Health Branch, redesigning public health communication on travel-related infectious disease
- Reviewed and updated epidemiological data for 31 priority infectious diseases, ensuring clear communication for clinicians and travelers
- Developed plain-language health information to improve accessibility for public inquiries and CDC website content

- Analyzed public inquiries to identify trends and proposed improvements for systematic handling of health-related questions
- Assisted with updating Travel Notice alerts to inform travelers and clinicians about international disease outbreaks

Leadership and Quality Improvement Training

- Completed CDC Preventive Medicine Residency/Fellowship Leadership Training, focusing on policy debate, negotiation, and situational leadership
- Participated in Atlanta VA Quality Scholars Boot Camp, engaging in case-based discussions on quality improvement and patient safety

Epidemic Intelligence Service Officer

July 2017 – June 2019

Respiratory Diseases Branch, Centers for Disease Control and Prevention, Atlanta, GA

Hours per week: 40-60

Surveillance

- Evaluated surveillance methods used for determining the incidence of noninvasive pneumococcal pneumonia in the Surveillance for Non-Invasive Pneumococcal Pneumonia (SNIPP) system
- Evaluated surveillance of Legionnaires' disease outbreaks in the United States using data collected by the National Outbreak Reporting System (NORS) and interviewed state stakeholders as part of the evaluation

Outbreak response

- Participated in investigation of an undetermined source of transmission of a cluster of Legionnaires' disease cases in a public senior housing facility in Washington, D.C. in collaboration with health department
- Led the investigation of an increase in reported injection drug use and homelessness among people with invasive group A *Streptococcus* infections in New Mexico in collaboration with state health department
- Assisted with investigation of an undetermined source of a community-associated outbreak of Legionnaires' disease in McHenry County, Illinois in collaboration with state and local health departments
- Led the investigation of an undetermined source of a community-associated cluster of Legionnaires' disease cases in Sioux Falls, South Dakota in collaboration with state and local health departments
- Developed technical reports on all outbreak responses

Analytic Projects

- Knowledgeable in SAS software
- Evaluated the long-term impact of 10-valent pneumococcal conjugate vaccine (PCV10) introduction in Mozambique on overall, vaccine-type, and non-vaccine type carriage rates and antimicrobial resistance of pneumococcal isolates among children less than 5 years old in Mozambique from 2012-2016
 - Developed analytic plan for project including descriptive analysis and estimation of prevalence ratios
 - Participated in site visit to Mozambique for monitoring of data collection and data quality
 - Cleaned data and performed data analysis
 - Collaborated with international partners on writing of abstracts and preparation of presentations to international conferences
 - Led writing of manuscript and submitted for publication
- Analyzed reported injection drug use and homelessness among persons with invasive group A streptococcal (GAS) infections using data reported to the Active Bacterial Core surveillance (ABCs) system from 2010-2016
 - Created analytic plan for descriptive analysis of project and estimation of trends of reported injection drug use and homelessness over time among persons diagnosed with invasive GAS
 - Cleaned data and performed data analysis
 - Presented preliminary findings to ABCs steering committee March 2018
 - Led writing of manuscript and submitted for publication

Technical assistance

- Provided technical assistance for ongoing meningitis surveillance to partners in Haiti

- Performed site visit to 4 participating surveillance sites to review data collection and methods

Communication

- On call to respond to questions from the public, healthcare providers, and laboratorians requesting public health advice
- Presented public health information at local, national, and international conferences to audiences that included public health community, health care and scientific community, policymakers, and public

Per Diem, Non-Attending Physician

Nov. 2015 – May 2017

Northeast Medical Group, New Haven, CT

Hours per week: 10

- Assessed 14 patients per shift with a supervising attending in a busy inpatient medicine hospitalist service
- Coordinated all aspects of patient care with multidisciplinary team
- Provided safe, high quality care and handled emergencies when they occurred

Internal Medicine Resident

June 2014 – June 2017

Yale-New Haven Hospital, New Haven, CT

Hours per week: 80

- Delivered outpatient and inpatient medical care at Yale-New Haven Hospital York Street Campus and Saint Raphael's Campus, and West Haven Campus of the VA Connecticut Healthcare System and provided longitudinal clinical care for patients of the Adult Primary Care Center
- Effectively communicated with patients, family members, and healthcare providers of diverse backgrounds
- Established and maintained collaborative relationships with multidisciplinary team members, including nurses, physical therapists, physician assistants, specialist physicians, care coordinators, social workers, and administrative staff
- Taught and advised junior residents, medical students, and pharmacy students during inpatient and outpatient rotations on matters specific to clinical care
- Supervised the clinical care provided by junior residents and medical students
- Coached and mentored junior residents and medical students
- Participated in six-week global health rotation as a Yale Johnson & Johnson Global Health Scholar in Kigali, Rwanda
 - Provided direct patient care including implementing team plan and following up on results
 - Engaged in all scheduled lectures, case-based learning sessions, and bedside teaching
 - Facilitated two-case based learning sessions for Rwandan residents
- Co-led the Yale Minority Housestaff Organization from February 2016 to June 2017
 - Established organizational vision and annual priorities in collaboration with the Executive Board
 - Served as liaison with hospital leadership and graduate medical education office
 - Coordinated Executive Board meetings and general body meetings
 - Hosted series of events focusing on community service, mentoring, and social gatherings in partnership with medical student organizations, faculty, and staff
- Advocated for continuation of Resident Support Group, a weekly safe space for junior and senior residents to discuss issues faced as doctors in training and co-led the support group during my third year of residency

Child Health and Advocacy Project (CHAP) Coordinator

March 2011 – May 2012

Boston University School of Medicine, Boston, MA

Hours per week: 10

- Researched funding opportunities and received the Alpha Omega Alpha Medical Student Service Award, a 3 year award totaling \$9,000 to sustain the project at Boston University School of Medicine
- Received additional funding from the Department of Pediatrics to fund a fourth summer participant

- Planned summer didactic sessions and fall symposium where summer participants presented their work to mentors, faculty, and students
- Distributed applications, interviewed applicants, and selected new CHAP coordinator and summer project participants for the 2012-2013 academic year

Executive Director

June 2009 – May 2010

504HealthNet, New Orleans, LA

Hours per week: 30

- Managed organization of community healthcare partners in Greater New Orleans providing care to underserved communities
- Organized and facilitated Executive Committee and Board Meetings
- Advocated on behalf of safety net providers to federal and state legislators
- Researched potential funding sources, wrote grant proposals, and received the following awards:
 - Kaiser Permanente Program Offices Community Benefit II \$75,000
 - Greater New Orleans Foundation Community IMPACT Program \$30,000
 - Gisela B. Hogan Charitable Foundation \$25,000
- Developed budgets and monitored financial planning and management

Fleur de Vie Clinic Public Health Coordinator

March 2009 – Feb. 2010

Tulane University School of Medicine, New Orleans, LA

Hours per week: 8

- Organized bimonthly student-run free clinic for uninsured and underinsured community members and provided access to holistic health care including medical care, patient education, mental health resources, and social work services
- Established an interpreter training program, recruited interpreters, and coordinated new program

AWARDS AND HONORS

-
- Atlanta Business Chronicle: 2025 Public Health Care Champion of the Year, 2025
 - National Center for Immunization and Respiratory Diseases Honor Award Certificate: For exemplary work investigating Group A Strep disease among people who inject drugs or who experience homelessness, 2019
 - Center for Surveillance, Epidemiology, and Laboratory Services Honor Award Excellence in Emergency Response: For exemplary multi-disciplinary partnerships across fellowships to improve CDC's response to public health emergencies, 2018
 - National Center for Immunization and Respiratory Diseases Honor Awards Ceremony Certificate of Excellence: For exemplary leadership of CDC's surveillance and response to cases and clusters of Legionnaires' disease, 2018
 - United States Public Health Service Excellence in Public Health Award, 2014
 - Julie Prize in Nutrition, 2014
 - Metropolitan Life Foundation Awards Program Scholarship for Academic Excellence in Medicine, 2013
 - Alpha Omega Alpha Medical Student Service Leadership Project Award. Valenciano (PI). "The Child Health Advocacy Project (CHAP) at Boston University School of Medicine." 2012-2015. Total award: \$9,000
 - R. Elise Magnus L. Memorial Achievement Award, 2010
 - Maternal and Child Public Health Leadership Training Program Scholar, 2008-2010
 - Brown University Harvey A. Baker Fellowship, 2008
 - Gates Millennium Scholar, 2004 – 2010
 - Hispanic Heritage Regional and National Youth Award Winner in Healthcare, 2004

PROFESSIONAL AFFILIATIONS

- American College of Physicians
- American College of Preventive Medicine
- American Public Health Association
- King County Medical Society
- National Association of County and City Health Officials
- Washington State Association of Local Public Health Officials
- Washington State Medical Association

SKILLS & EXPERTISE

- Health Policy & Administration
- Epidemiology & Disease Surveillance
- Public Health Preparedness & Response
- Clinical Quality Improvement
- Community Health Program Development
- Health Equity & Social Determinants of Health
- Data-Driven Decision Making
- Cross-Sector Collaboration
- Public Health Communications & Media Relations

LANGUAGE SKILLS

- Fluent in Spanish and French
- Proficient in Italian

PUBLICATIONS AND PRESENTATIONS

Publications:

- **Valenciano, SJ**, Moiane, B, Lessa, FC, Chauque, A, Massora, S, Pimenta, FC, Mucavele, H, Verani, JR, Carvalho, MG, Whitney, CG, Tembe, N, Siguaque, B. Effect of 10-valent pneumococcal conjugate vaccine (PCV10) on *Streptococcus pneumoniae* nasopharyngeal carriage among children less than 5 years old, 3 years post-PCV10 introduction in Mozambique. *Journal of the Pediatric Infectious Diseases Society* 2021; 10(4): 448–56.
- **Valenciano, SJ**, Onukwube, J, Spiller, MW, Thomas, A, Como-Sabetti, K, Schaffner, W, Farley, M, Petit, S, Watt, JP, Spina, N, Harrison, LH, Alden, NB, Torres, S, Arvey, ML, Beall, B, Van Beneden, C. Invasive Group A Streptococcal Infections Among People Who Inject Drugs and People Experiencing Homelessness in the United States, 2010-2017. *Clinical Infectious Diseases* 2021; 73(11): e3718–e3726.
- **Valenciano, SJ**, McMullen, C, Torres, S, Smelser, C, Matanock, A, Van Beneden, C. *Notes from the Field*: Identifying Risk Behaviors for Invasive Group A *Streptococcus* Infections Among Persons Who Inject Drugs and Persons Experiencing Homelessness — New Mexico, May 2018. *MMWR Morb Mortal Wkly Rep* 2019; 68: 205-206.

Oral Presentations:

- Fowler, R, Knebl, J, Ocasio, ME, Patimeteoporn, C, Nickens, E, **Valenciano, SJ**. #thatbites: Using social media to prevent animal bites and increase treatment compliance among bite victims. (*Accepted for virtual oral presentation*). Oral to be presented at 2025 NACCHO 360; July 14-18, 2025; Anaheim, CA.
- Jordan Jr., D, Fowler, R, Patimeteoporn, C, Cira, R, Bratton, T, **Valenciano, SJ**. Beyond old paint: Analyzing lead exposures in DeKalb County, Georgia's diverse population. (*Accepted for oral presentation*). Oral to be presented at 2025 NACCHO 360; July 14-18, 2025; Anaheim, CA.

- Montoya, M, Genias, I, Patimeteeporn, C, Valenciano, SJ. Analyzing COVID-19 and Mpox case investigation reports to improve data collection in DeKalb County, GA. (*Accepted for oral presentation*). Oral to be presented at 2025 NACCHO 360; July 14-18, 2025; Anaheim, CA.
- Liakakos, H, O'Reilly, L, Yoon Scott, J, Patimeteeporn, C, Charles, G, **Valenciano, SJ**. Screening America's new arrivals: Characterization of refugees seen at the DeKalb County Board of Health. Oral presented at: Council of State and Territorial Epidemiologists 2024 Annual Conference; June 9-13, 2024; Pittsburgh, Pennsylvania.
- Liakakos, H, O'Reilly, L, Yoon Scott, J, Patimeteeporn, C, Charles, G, **Valenciano, SJ**. Screening America's new arrivals: Characterization of refugees seen at the DeKalb County Board of Health. Oral presented at: Georgia Public Health Association Conference; May 1-3, 2024; Jekyll Island, GA.
- Bhai, SA, Siangonya, B, Carter, S, Xing, M, Patimeteeporn, C, **Valenciano, SJ**. Evaluating telehealth equipment's impact on access to virtual services for Babies Can't Wait (BCW) and Children's Medical Services (CMS) clients in DeKalb County, Georgia. Oral presented at: American Public Health Association; November 8, 2022; Boston, MA.
- Spivey, S, Xing, M, David, B, Brundage, D, Carter, S, Smith, B, Chance-Revels, R, **Valenciano, SJ**. Addressing inequities in COVID-19 vaccination access using a mobile health clinic (MHC) model in DeKalb County, Georgia. Oral presented at: American Public Health Association; November 7, 2022; Boston, MA.
- McDonald, RA & **Valenciano, SJ**. Preventing and comprehensively treating infections, including endocarditis and abscess, in people who inject drugs. Roundtable discussion facilitated by RA McDonald and **SJ Valenciano** at 12th National Harm Reduction Conference; October 20, 2018; New Orleans, LA.
- **Valenciano, SJ**. Invasive group A *Streptococcus* on the rise: Investigating risk factors — New Mexico, May 2018. Oral presented at: Epidemic Intelligence Service Tuesday Morning Seminar; August 14, 2018; Atlanta, GA.
- **Valenciano, SJ**, Onukwube, J, Spiller, MW, Cieslak, P, Como-Sabetti, K, Schaffner, MF, Petit, S, Watt, J, Spina, N, Harrison, L, Alden, N, Smelser, C, Ricaldi, J, Van Beneden, C. Characteristics of persons with invasive group A streptococcal infections reporting intravenous drug use — United States, 2000–2016. Oral presented at: 67th Annual Epidemic Intelligence Service (EIS) Conference; April 19, 2018; Atlanta, GA.
- **Valenciano, SJ**, Baidwan, S, Rosenbaum, JR, Rabin, T. The case for home visits. Oral presented at: 2016 New England Society of General Internal Medicine Regional Meeting; March 11, 2016; New Haven, CT.

Poster Presentations:

- Montoya, M, Genias, I, Patimeteeporn, C, Albanes, M, **Valenciano, SJ**. Un camino peligroso/A dangerous road: Motor vehicle crashes among Hispanic/Latino DeKalb County residents, 2018-2022 (*Accepted for poster presentation*). Poster to be presented at: American Public Health Association Conference; November 2-5, 2025; Washington, D.C.
- Fowler, R, Knebl, J, Ocasio, ME, Patimeteeporn, C, Nickens, E, **Valenciano, SJ**. #thatbites: Using social media to prevent animal bites and increase treatment compliance among bite victims. (*Accepted for poster presentation*). Oral to be presented at 2025 NACCHO 360; July 14-18, 2025; Anaheim, CA.
- Montoya, MM, Patimeteeporn, C, Albanes, M, Arroliga, D, **Valenciano, SJ**. Un DeKalb saludable: Presenting health concerns among Hispanic/Latino DeKalb County residents using an online dashboard. Poster presented at: Georgia Public Health Association Conference; May 1-3, 2024; Jekyll Island, GA.
- Yoon Scott, J, Patimeteeporn, C, **Valenciano, SJ**. Characterizing mpox in DeKalb and Fulton counties, Georgia, June 2022 – January 2023. Poster presented at: American Public Health Association Conference; November 13, 2023; Atlanta, GA.
- O'Reilly, L, Fowler, R, Schneider, Z, Bhai, SA, Patimeteeporn, C, Xing, M, **Valenciano, SJ**. Identifying DeKalb County's disparities in 2022 mpox cases versus vaccination rates to achieve vaccine equity. Poster presented at: Georgia Public Health Association Conference; May 3-5, 2023; Jekyll Island, GA.
- Le, T, Lawson, FS, Hicks, B, Otuata, A, Bullock, K, Fullum, DD, **Valenciano, SJ**. DeKalb strike team initiative: A model for providing COVID-19 vaccinations to vulnerable communities in DeKalb County,

- GA. Poster presented at: International Association of Emergency Managers Conference; November 15, 2022; Savannah, GA.
- Schneider, Z, Xing, M, Patimeteeporn, C, **Valenciano, SJ**. An analysis of the characteristics of COVID-19 patients reported by a metro Atlanta health department, DeKalb County, GA - March 2020 to April 2022. Poster presented at: American Public Health Association Conference; November 7, 2022; Boston, MA.
 - Yoon Scott, J, Xing, M, **Valenciano, SJ**. Characterizing COVID-19 breakthrough infections in DeKalb and Fulton Counties, Georgia, January 2021 – February 2022. Poster presented at: American Public Health Association Conference; November 7, 2022; Boston, MA.
 - Bhai, SA, Yoon Scott, J, Xing, M, Patimeteeporn, C, **Valenciano, SJ**. Socio-demographic characteristics of COVID-19 vaccine recipients at DeKalb County Board of Health (DCBOH) sites, March 2021- March 2022. Poster presented at: Emory COVID-19 Response Collaborative Conference; August 5, 2022; Atlanta, GA.
 - O’Reilly, L, Fowler, R, Schneider, Z, Xing, M, Patimeteeporn, C, **Valenciano, SJ**. Identifying racial gaps in Mpox case rates versus vaccination rates to advance vaccine equity in DeKalb County, GA, 2022. Poster presented at: Emory COVID-19 Response Collaborative Conference; August 5, 2022; Atlanta, GA.
 - DuPont, S, Paras, A, Spivey, S, Opeyo, A, **Valenciano, SJ**. Opportunity in times of challenge – Deploying a novel public health service delivery model during the COVID-19 pandemic. Poster presented at: NACCHO 360 Conference; July 20, 2022; Atlanta, GA.
 - DuPont, S, Paras, A, Spivey, S, Opeyo, A, **Valenciano, SJ**. Opportunity in times of challenge – Deploying a novel public health service delivery model during the COVID-19 pandemic. Poster presented at: American College of Preventive Medicine Conference; June 16, 2022; Denver, CO.
 - Schneider, Z, Ghiya, R, Lawson, F, Hicks, B, **Valenciano, SJ**. Evaluation of a local health department’s response to the COVID-19 pandemic. Poster presented at: American College of Preventive Medicine Conference; June 16, 2022; Denver, CO.
 - Schneider, Z, Ghiya, R, Lawson, F, Hicks, B, **Valenciano, SJ**. Evaluation of a local health department’s response to the COVID-19 pandemic. Poster presented at: NACCHO Emergency Preparedness Summit; April 6, 2022; Atlanta, GA.
 - Ghiya, R, Schneider, Z, Lawson, F, Hicks, B, **Valenciano, SJ**. Evaluation of a local health department’s response to the COVID-19 Pandemic. Poster presented at: Emory University COVID-19 Response Research Symposium; November 12, 2021; Atlanta, GA.
 - **Valenciano, SJ**, Lessa, FC, Moiane, B, Chauque, A, Massora, S, Pimenta, F, Mucavele, H, Verani, JR, Carvalho, MG, Whitney, CG, Tembe, N, Sigauque, B. Long-term impact of 10-valent pneumococcal conjugate vaccine (PCV10) introduction on carriage of vaccine-serotype and antimicrobial-resistant pneumococci among children less than 5 years old in Mozambique, 2012-2016. Poster presented at: International Conference on Emerging Infectious Diseases; August 29, 2018; Atlanta, GA.
 - Moiane, B, **Valenciano, SJ**, Massora, S, Chauque, A, Mucavele, H, Pimenta, F, Quinto, L, Santos, RT, Lessa, FC, Verani, JR, Mabombo, V, Tembe, N, Carvalho, MG, Sigauque, B. Long-term effect of 10-valent pneumococcal conjugate vaccine (PCV10) on vaccine-type pneumococcal carriage in children under five years old in Mozambique. Poster presentation given by B Moiane at: 2018 International Symposium on Pneumococci and Pneumococcal Diseases; April 17, 2018; Melbourne, Australia.
 - **Valenciano, SJ**, Baidwan, S, Rosenbaum, JR, Rabin, T. The case for home visits. Poster presented at: 2015 Fall Annual Scientific Meeting of the CT Chapter of ACP; October 30, 2015; Southington, CT.

INVITED PRESENTATIONS

11/15/2024	State of Metro Atlanta Health Symposium Panelist
10/5/2024	Lead DeKalb 10-year Celebration Presentation
9/25/2024	CDC Hispanic Heritage Presentation on Hispanic/Latino Health in Georgia
8/9/2024	Emory Rollins Epidemiology Fellowship Keynote Speaker
5/28/2024	DeKalb County Government Planning, Economic Development, and Community Services (PECS) Committee Presentation

4/24/2024	DeKalb Public Health Centennial Celebration Keynote Speaker
1/26/2024	Emory Preventive Medicine Didactics Lecture
10/26/2023	Agnes Scott College Department of Public Health Lecture
10/24/2023	DeKalb County Government Planning, Economic Development, and Community Services (PECS) Committee Presentation
10/17/2023	DeKalb County Government Committee of the Whole Presentation
9/17/2023	DeKalb County Government Planning, Economic Development, and Community Services (PECS) Committee Presentation
6/16/2023	Emory Preventive Medicine Residency Didactic Lecture
6/24/2022	Emory Preventive Medicine Residency Didactic Lecture
3/23/2022	Emory Revisited Faculty Panel 2022: Learning with US
2/22/2022	Humphrey Fellows Presentation
2/11/2022	DeKalb County State of Economic Development Growth Forum, Healthcare Panel
1/4/2022	DeKalb County Government Board of Commissioners Presentation
12/16/2021	4Seniors Event Presentation
12/4/2021	World AIDS Day Virtual Presentation
11/12/2021	Emory Preventive Medicine Residency Didactic Lecture
10/23/2021	NAACP DeKalb General Membership Meeting Presentation
10/22/2021	LatinX and AAPI Health Equity Round Table Presentation
9/23/2021	Vaccine Briefing for DeKalb County Government Presentation
9/22/2021	DeKalb County Court – Chief Justice Asha Jackson Presentation
8/17/2021	DeKalb County Government Committee of Whole Presentation
7/28/2021	State Court of DeKalb County – Judge Alvin Wong Presentation
7/2/2021	Ask the Expert Presentation
6/11/2021	Emory Preventive Medicine Didactics Lecture
6/4/2021	Leadership DeKalb Health Day Presentation
5/11/2021	DeKalb County Government Board of Commissioners Presentation
5/10/2021	Interview with Congresswoman McBath (Doraville COVID-19 Site)
5/4/2021	DeKalb County Government Board of Commissioners Presentation
4/20/2021	Latin American Association Presentation
4/17/2021	Commissioner Bradshaw Quarterly in the Fourth Community Meeting Presentation
4/13/2021	DeKalb County Government Board of Commissioners Presentation

MEDIA APPEARANCES

Broadcast Media (TV/Radio)

10/30/2025	KOMO News – Person unknowingly contagious with measles visited Disney on Ice event
8/22/2024	Decaturish – 2025 Leadership DeKalb Class announced
8/19/2024	11Alive – WIC operations changing in DeKalb County What to know (newscast video)
8/19/2024	Decaturish – DeKalb Public Health relocating Tucker WIC clinic in September
7/29/2024	WSB Radio - DeKalb Health Centers extending hours, accepting walk-ins for back-to-school rush
7/28/2024	Atlanta News First (CBS) -- DeKalb Health Centers extending hours, accepting walk-ins for back-to-school rush
9/5/2023	11Alive - New COVID resource program launches for residents in DeKalb, Fulton counties
2/7/2022	WABE (via Associated Press AP) – COVID-19 vaccination rises among Black Georgians
12/4/2021	CNN Español – Officials offer economic incentives to get vaccinated against covid-19 in the face of an increase in infections in the US
12/2/2021	11Alive - DeKalb County is offering \$100 to everyone who gets COVID-19 vaccine there
10/16/2021	La Raza 102.3/107.1 FM - Vaccination Event Interview - Doraville MARTA Station (no audio/no link)

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- 9/19/2021 DPH Stroke/COVID Interview with Univision 34 Atlanta – 6pm and 11pm (no video link)
 9/18/2021 DPH Stroke/COVID Interview with Univision 34 Atlanta – 6pm and 11pm (no video link)
 9/9/2021 11Alive - [At-home COVID test give users quick results, but aren't county in Georgia DPH data](#)
 8/9/2021 WSB-TV - [At-home COVID-19 tests are reliable -- but hard to find](#)
 8/9/2021 WSB Radio – [At-home COVID-19 tests are reliable – but hard to find](#)
 6/1/2021 WSB-TV Interview with Sophia Choi: DeKalb COVID Update (observed on-air, no video online)

Online/Print Media

- 10/4/2025 The Seattle Times – [Government shutdown reminds us what goes on in D.C. doesn't stay in D.C.](#)
 9/17/2025 The Seattle Medium – [COVID-19 ER Visits Rising, Especially Among Young Children](#)
 8/12/2024 On Common Ground News – [DeKalb Public Health Centers extend clinic hours and walk-in availability for back-to-school season](#)
 2/15/2022 Decaturish – [What's happening this week \(Tucker Constituent Conversations\)](#)
 2/7/2022 AJC – [Racial gap for COVID vaccinations narrowing in Georgia](#)
 2/17/2022 Facebook – [Alexis Weaver, Tucker City Council \(Constituent Conversations\)](#)
 1/13/2022 PSA Video for Commissioner Bradshaw
 10/14/2021 AJC - [New DeKalb vaccine event will target Latinos; \\$100 gift cards offered](#)
 10/8/2021 Decaturish - [City Schools of Decatur names former top CDC official to COVID-19 advisory team](#)
 9/30/2021 On Common Ground - [DeKalb, MARTA launch 'Get Vaxxed' public outreach campaign](#)
 9/20/2021 Decatur Patch - [DeKalb Schools Plans Virtual COVID-19 Medical Roundtable](#)
 9/13/2021 [DPH Stroke/COVID Facebook Live with Univision 34 Atlanta](#)
 8/31/2021 AJC - [DeKalb's new health director has overseen COVID-19 response for months](#)
 8/16/2021 AJC – [DeKalb's \\$100 incentive drives more than 1,100 vaccinations in one day](#)
 8/10/2021 AJC – [DeKalb cop survived COVID-19, makes pro-vaccination plea](#)
 7/28/2021 AJC – [DeKalb offering \\$50 gift cards for vaccinations again this weekend](#)
 4/13/2021 AJC – [Longtime DeKalb health director leaving for White House job](#)
 4/13/2021 Decaturish – [DeKalb Health Director Elizabeth Ford taking job with Biden administration](#)

REFERENCES

Available upon request.



Seattle



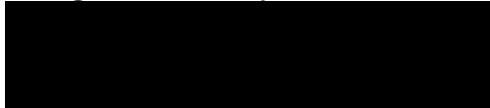
King County

Press Release

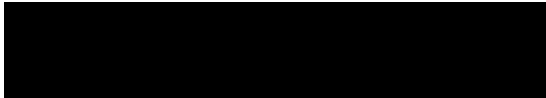
For Immediate Release

Contact Information

Sage Wilson, City of Seattle



Kris Abrudan, King County



King County Executive Girmay Zahilay and Seattle Mayor Katie Wilson Appoint Dr. Sandra Valenciano to Lead Public Health – Seattle and King County

Expert medical and community health professional and current Acting Director chosen to advance public health services for Seattle and King County residents

Today, King County Executive Girmay Zahilay and Seattle Mayor Katie Wilson appointed Dr. Sandra Valenciano to serve as the Director of Public Health – Seattle and King County. Dr. Valenciano currently serves as Acting Director for the department.

Pending confirmation by both the Metropolitan King County Council and Seattle City Council, Dr. Valenciano will advance the department’s work to protect and promote the health and well-being of more than two million

residents. The department works across a wide range of areas focusing on preventing illness and injury, responding to emerging health threats, and addressing the root causes of health disparities so that all communities have the opportunity to thrive.

“Dr. Valenciano is a well-known public health expert with an extensive medical and community health-oriented background and a deeply rooted commitment to improving the health and lives of the communities we serve,” said **Executive Zahilay**. “I’m proud to appoint her to lead the department as we continue our work in the public health arena within the region.”

“Dr. Valenciano brings the kind of leadership our region needs right now,” said **Mayor Wilson**. “Her work is grounded in science and community, and the need to address the root causes of health issues impacting our region. I’m grateful for Dr. Valenciano’s leadership at Public Health – Seattle & King County and know she will continue to ensure we are investing in prevention, addressing inequities, and building a public health system that works for everyone.”

As a board-certified physician (MD) in internal medicine with a Master’s in Public Health, Dr. Valenciano has more than a decade of experience working in both local and national settings. Dr. Valenciano was appointed Seattle and King County’s Health Officer in 2025 where she joined the department as the primary medical expert tasked with providing leadership on scientific and medical matters that shape department policy and practice and fostering strong relationships with the broader healthcare community.

“I’m deeply honored for the trust the Executive and Mayor have put in me to protect, support, and improve health for everyone in King County,” said **Dr. Valenciano**. “I cherish the opportunity to serve our remarkable community at this pivotal time and I’m inspired by public health staff and community partners who advance these values every day.”

Prior to joining the County, Dr. Valenciano was the District Health Director and CEO for DeKalb Public Health in metro Atlanta, Georgia. In that role, she managed public health services for over 780,000 residents in a diverse community where over 130 languages are spoken.

Prior to managing public health for DeKalb County, Dr. Valenciano served as an Epidemic Intelligence Service (EIS) officer at the Centers for Disease Control and Prevention (CDC) where she led domestic outbreak responses, evaluated national infectious disease surveillance systems, analyzed global immunization data, and collaborated with both domestic and international partners.

Dr. Valenciano received her bachelor's degree in Community Health from Brown University, her Master of Public Health degree from Tulane University School of Public Health and Tropical Medicine, and her Doctor of Medicine from Boston University School of Medicine. A board-certified physician in Internal Medicine, she completed her medical training in the Yale Primary Care Internal Medicine Residency Program and completed the Emory Preventive Medicine Residency Program and is board eligible in Preventive Medicine.

Dr. Valenciano's appointment as Public Health Director is subject to confirmation by the Metropolitan King County Council and the Seattle City Council. If confirmed as Director, Dr. Valenciano will also continue to serve as the department's Health Officer.

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King County

Department of Human Resources
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Suite 801
Seattle, WA 98104
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MEMORANDUM

DATE: April 9, 2026

TO: The Honorable Girmay Zahilay, King County Executive

FROM: Richard Moore, Human Resources Service Delivery Division Director
King County Department of Human Resources

RE: Sandra Valenciano – Background Check

I have received the law enforcement background check conducted on Sandra Valenciano, Director Designee of Public Health – Seattle & King County, by the King County Sheriff's Office. The report contains no adverse information nor revealed any prior criminal record that disqualifies Dr. Valenciano for this position.

Thank you.

Seattle City Council: Director Appointment Questions

Dr. Sandra J. Valenciano, Public Health – Seattle & King County

1. What drew you to public service and this important role?

Public service has always felt deeply personal to me. I grew up in a low-income household and experienced firsthand how inequities in education, housing, healthcare access, and economic opportunity shape long-term outcomes for individuals and communities. Those experiences instilled in me an early understanding that public institutions matter and that leadership within those institutions can profoundly impact people's lives. Throughout my career, whether in clinical medicine, public health, or academic settings, I have been motivated by the belief that everyone deserves the opportunity to live a healthy and dignified life, regardless of zip code, race, income, or background.

What draws me specifically to the Director role is the opportunity to combine science, systems leadership, and community partnership at a moment when public health is both more visible and more essential than ever. Public Health – Seattle & King County has a national reputation for innovation, equity, and evidence-based practice, and I am energized by the chance to help steward that work during a period of significant opportunity and challenge. I view this role not simply as an administrative position but as a responsibility to build trust, communicate clearly, protect vulnerable populations, and strengthen the long-term health and resilience of our region.

2. What do you see as the biggest challenges facing Public Health – Seattle & King County over the next four years and what is your approach to addressing those? What are some metrics you would use to evaluate the agency's performance?

Over the next four years, I believe the largest challenges facing Public Health – Seattle & King County will include rebuilding and sustaining public trust, addressing persistent health inequities, modernizing public health infrastructure, responding to substance use crises, preparing for future emergencies in an increasingly complex environment, and advocating for the resources and needed capacity to meet these challenges. We are also operating in a time when misinformation spreads rapidly, workforce burnout remains a concern, and many of the underlying drivers of poor health lie outside the influence of the healthcare system. These challenges require not only strong scientific leadership but also humility, transparency, and collaboration across sectors.

My approach will focus on strengthening community trust through clear communication, enhancing accountability and ensuring stewardship of public funds, investing in workforce development and modern data systems, and deepening partnerships with healthcare systems, schools, housing agencies, substance use providers, and community organizations. I would prioritize measurable outcomes and continuous quality improvement. Metrics I would use to prioritize to evaluate our Department's performance include vaccination rates and communicable disease response times, overdose and substance use prevention indicators, maternal and infant

health outcomes, chronic disease disparities, workforce retention, food permit inspection timeliness, emergency preparedness readiness metrics, and indicators of access to health care services. Importantly, I would disaggregate data by race, geography, and socioeconomic status to ensure we are truly advancing equity rather than masking disparities within aggregate data.

3. How will you ensure that both Seattle City Council and King County Council priorities are delivered?

Ensuring alignment between Seattle City Council and King County Council priorities begin with strong communication, proactive relationship-building, and a shared commitment to transparency. Public health sits at the intersection of many systems, and the Director must be able to translate complex scientific and operational issues into actionable information for policymakers. I believe it is important to engage councilmembers early, communicate frequently, and provide clear, evidence-based recommendations that connect public health initiatives to measurable community outcomes.

At the same time, I recognize that city and county leaders may at times have differing perspectives. I will ensure that public health remains grounded in science while also understanding the practical realities of governance, budget constraints, and constituent concerns. I will maintain open lines of communication with council leadership and staff. Ultimately, successful alignment depends on building trust and demonstrating that public health is a collaborative partner committed to delivering meaningful results for residents across the region.

4. How will you ensure that the Public Health – Seattle & King County supports data driven and evidence-based approaches and decision making?

Data and evidence must remain foundational to every major public health decision. That means investing not only in strong epidemiologic and analytic capacity, but also, in the infrastructure and culture necessary to use data effectively across the organization. I would prioritize strengthening surveillance systems, improving interoperability between agencies and healthcare partners, and ensuring timely access to reliable, actionable information. Just as importantly, I would work to ensure data is translated into clear insights that can inform policy, operations, and community action.

Evidence-based decision making also requires humility and adaptability. Public health guidance must evolve when new evidence emerges, and we must be willing to evaluate what is working and what is not. I will promote a culture of continuous learning and quality improvement where staff are empowered to assess outcomes, test innovations, and refine strategies based on data. I also believe evidence should include both quantitative metrics and community-informed perspectives. Numbers matter, but so does lived experience. The strongest public health decisions emerge when rigorous science is paired with meaningful community engagement.

5. How would you modernize public health infrastructure?

Modernizing public health infrastructure requires investment in the workforce, technology, communications, and operational systems. Many public health agencies across the country continue to rely on fragmented data systems and outdated processes that limit speed, coordination, and responsiveness. I would prioritize strengthening data modernization efforts, improving interoperability with healthcare and emergency management systems, and expanding the use of real-time analytics to support rapid decision making.

Equally important is workforce modernization. Public health agencies need staff with expertise in data science, communications, behavioral health, informatics, and community engagement in addition to traditional public health disciplines. I would focus on recruitment, retention, leadership development, and partnerships with academic institutions to build sustainable talent pipelines. Finally, modernization also means improving how we engage the public. We continue to improve our communication strategies to make them even more culturally responsive, multilingual, digitally accessible, and capable of reaching communities quickly and credibly during both emergencies and routine public health work.

6. What opportunities do you see to improve public health in Seattle and King County?

Seattle and King County have tremendous strengths, including world-class healthcare systems, strong academic institutions, innovative community organizations, and a population that values public health. One major opportunity is to deepen integration across sectors such as housing, education, transportation, healthcare, and behavioral health. Public health outcomes improve when systems work together, and this region is uniquely positioned to model that kind of collaboration nationally.

I also see significant opportunity in deepening our work to advance upstream prevention efforts. We have the ability to invest even more intentionally in maternal and child health, behavioral health, chronic disease prevention, environmental health, and youth well-being before crises emerge. Expanding community partnerships and leveraging data more strategically can help target interventions where they are needed most. Additionally, major regional events such as the 2026 FIFA World Cup create opportunities to strengthen emergency preparedness infrastructure and showcase innovative approaches to population health and regional coordination.

7. Can you speak to the social determinants of health and the role of PHSKC can take in partnering with other institutions to address them?

The social determinants of health are among the strongest predictors of health outcomes. Factors such as housing stability, educational opportunity, income, transportation access, food security, environmental conditions, and systemic racism often shape health more profoundly than medical care alone. Public health agencies cannot, and should not, address these issues independently, but they play a critical leadership role in convening partners, aligning strategies, and ensuring that health equity remains central in policy discussions.

The role of public health is to serve as a scientific authority and a strategic convener across sectors, and Public Health – Seattle & King County is uniquely positioned to play this role. By bringing together and partnering with schools, housing agencies, healthcare systems, philanthropy, employers, and community-based organizations, the department can help align investments and interventions around shared outcomes. I believe public health should help bring data, equity frameworks, and prevention strategies into policymaking and broader civic decision making while also elevating community voices in those conversations. Sustainable improvements in health require long-term, cross-sector collaboration grounded in trust and shared accountability.

8. What are your specific plans to address unpermitted street food vending? What do you see as the proper balance between compliance education and enforcement actions?

Unpermitted street food vending is a public health issue, but it is also a broader economic and public safety issue, and it requires a balanced, practical, and culturally informed approach. For Public Health’s part, food safety standards exist to protect the public from foodborne illness and other health risks, but enforcement strategies must also recognize that many vendors are operating to support themselves and their families, often within communities that have historically faced barriers to formal permitting systems.

My approach would prioritize education, outreach, and pathways to compliance first. That includes multilingual education campaigns, technical assistance, simplified permitting processes where appropriate, and collaboration with community organizations that can help vendors navigate regulations. Enforcement remains important, particularly when there are significant health risks or repeated noncompliance, but it should be proportionate and focused on protecting public safety rather than punitive action alone. The goal should be creating a system where safe participation in the local economy is accessible, understandable, and achievable while still maintaining strong public health protections. Public Health – Seattle & King County is part of the Seattle Inter-Departmental Team convened by the Mayor’s Office and is working closely in partnership with Seattle agencies on this issue as it relates to the City of Seattle.



Legislation Text

File #: Inf 2899, **Version:** 1

Overview of Resolution Updating Policies for Establishing and Managing Parking and Business Improvement Areas (BIAs)

The City of Seattle

Resolution _____

..title

A resolution adopting updated policies regarding the establishment and management of Parking and Business Improvement Areas for The City of Seattle; and superseding Resolution 31657.

..body

Recitals:

Chapter 35.87A RCW authorizes the establishment of Parking and Business Improvement Areas, commonly referred to as business improvement areas or BIAs, to aid general economic development and neighborhood revitalization, and to facilitate cooperation of merchants, businesses, and residential property owners to assist trade, economic viability, and livability.

Parking and Business Improvement Area assessments can provide clean and safe services, marketing and promotion, business and economic development planning, appearance and pedestrian environment/urban design, advocacy, and organizational development/administration associated with the management of the BIA for the benefit of the area.

As of the date of this resolution, The City of Seattle has established, and currently administers, 11 BIAs, and may be petitioned to establish additional BIAs.

BIAs have been very beneficial to the areas in which they have been established.

The current policies do not define or describe the administrative requirements for different types of BIA processes such as modifications, re-establishment of existing BIAs/renewals, or boundary or rate changes. Therefore,

Be it resolved by the City Council of The City of Seattle, the Mayor concurring:

Section 1. Resolution 31657 is superseded, and the attached Citywide Business Improvement Area (BIA) Policies (Attachment 1) are adopted. In so doing, The City of Seattle reaffirms its support of the use of BIAs as effective tools for economic development and neighborhood revitalization.

Attachments:

Attachment 1 – Citywide Business Improvement Area Policies

Adopted by the City Council and signed in open session in authentication of its
adoption on _____.

President _____ of the City Council

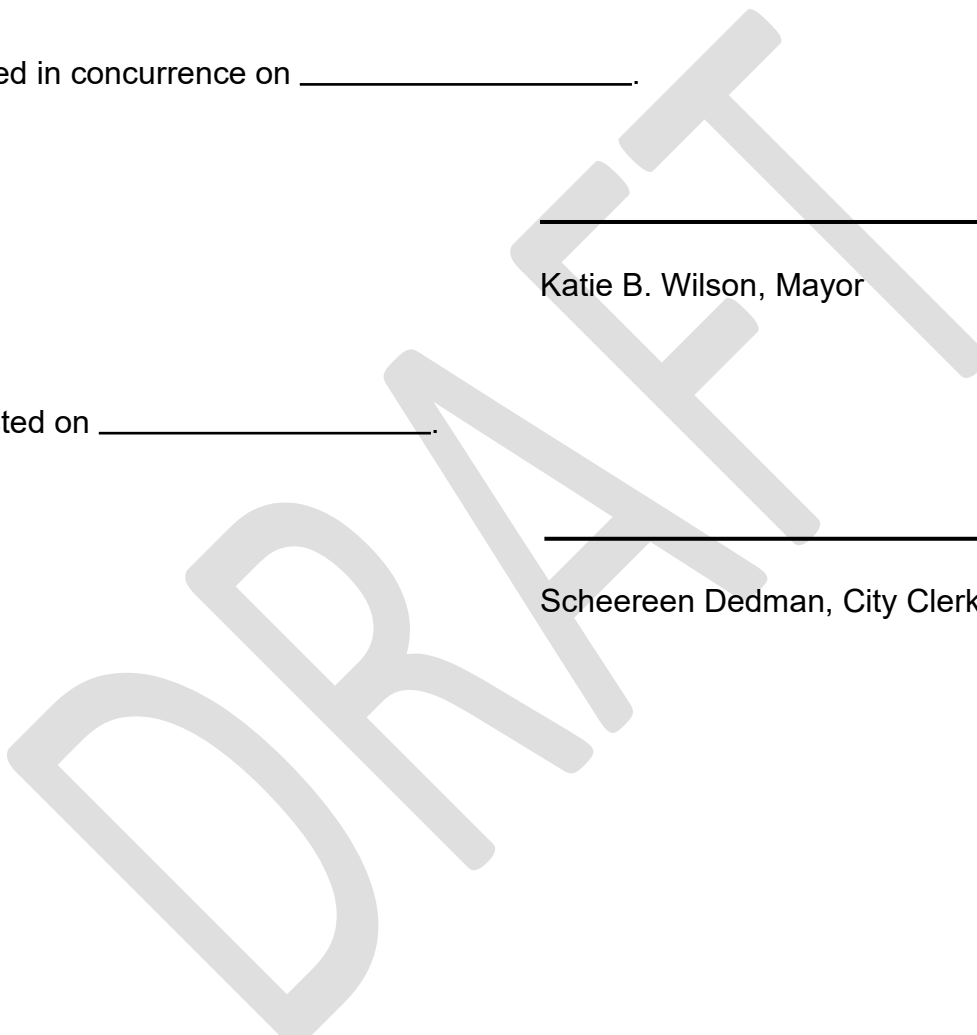
Signed in concurrence on _____.

Katie B. Wilson, Mayor

Attested on _____.

Scheereen Dedman, City Clerk

Seal



Introduction

Parking and Business Improvement Areas (BIAs) are special assessment areas that are established to “aid general economic development and neighborhood revitalization, and to facilitate the cooperation of merchants, businesses, and residential property owners which assists trade, economic viability, and liveability[sic]” (RCW 35.87A.010). Specifically, the mechanism for improvements is an assessment collected from property owners and/or business owners within defined boundaries. The funds collected are used to provide enhanced services and place management for the benefit of the businesses and properties being assessed.

The legal authority for the establishment and management of BIAs is set forth in the Revised Code of Washington (RCW), Chapter 35.87A. RCW Chapter 35.87A authorizes all counties, cities, and towns to establish a BIA and to levy and collect assessments on all businesses and multifamily residential or mixed-use projects that specially benefit from the BIA.

Purpose

The Citywide BIA Policies provide guidance for the City and for BIA proponents. The purpose of these BIA policies is to provide consistency, equity, and predictability in submission or consideration of proposals to establish, renew, modify or disestablish a BIA.

City of Seattle Policies Related to BIAs:

Policy 1. Establishment

Pursuant to RCW 35.87A, the City Council must approve establishing a BIA via ordinance. The Office of Economic Development (OED) will work closely with current and prospective BIAs as they develop and submit a proposal for approval. OED will coordinate City review of materials, draft legislation, and schedule the City Council review and approval process.

Typically, an exploration effort to establish a BIA is led by a community-based organization and/or a group of potential ratepayers/engaged community members. An existing BIA may seek changes to its ordinance in ways that require disestablishing the current BIA and establishing a new BIA. Changes to an existing BIA that require disestablishing the existing BIA and establishing a new BIA include:

- a. Significant changes to the BIA boundary (See Policy 5 for more detail) and
- b. Changes to services provided by the BIA (as categorized by RCW 35.87A.010.1)

Efforts to disestablish and reestablish a BIA shall follow the procedures outlined in Policy 14 (Disestablishment), Policy 1 (Establishment), and Exhibit A (BIA Checklist for Establishment).

The BIA or organizing group must prepare and submit a proposal following the process and requirements outlined in this policy document and the attached Exhibit A. Key requirements for an establishment proposal include:

- a. A description of how each ratepayer classification will benefit from the services relative to the

assessment and how assessments will be proportional in relation to benefit received across ratepayers in each classification,

- b. Signed petitions in favor of formation,
- c. A map of the proposed boundaries,
- d. An assessment methodology,
- e. Proposed uses of assessments and their cost,
- f. A list of the potential rate payers,
- g. Outreach details, and
- h. An Interim BIA Advisory Board.

Policy 2: Modification

A BIA may choose to propose modifications to its ordinance for City Council approval. The City may modify an existing BIA in accordance with state law.

A modification is a change to one or more elements of an existing BIA that do not require using the establishment process described in Policy 1, including the following changes:

- a. Extension or elimination of the sunset date,
- b. Small changes to the BIA boundary (See Policy 5 for more details),
- c. Changes to the assessment methodology or rates, and
- d. Other programmatic or administrative amendments that are not addressed by RCW 35.87A.

Proposals to modify benefit zones within the BIA, a boundary expansion that is not adjacent to an existing boundary, or boundary modifications that affect an area that would produce an assessment value exceeding ten percent of the BIA's total assessment value, must be enacted using the establishment process as described in Policy 1 and Exhibit A.

Key requirements for a modification proposal include:

- a. Proposed changes to the BIA ordinance,
- b. An updated ratepayer list,
- c. Outreach details to affected current or prospective rate payers,
- d. Documentation of ratepayer support, and
- e. Changes to BIA Advisory Board Composition or Members.

Attached Exhibit B provides more detail on the requirements, steps in the process, and a checklist of required materials for BIA modification proposals.

Policy 3. City Review of Proposals

The proponents of a BIA proposal shall complete the related checklist and submit the required BIA materials to the Office of Economic Development for a preliminary review of the Draft Proposal and a formal review of the Final Proposal (see Exhibit A: Establishing a BIA and Exhibit B: Modifying a BIA).

The City will consider establishing or modifying a BIA if presented with a proposal that has



demonstrated support from different classifications of ratepayers within the boundary area, based on Policy 4. Support and Outreach. The City can help local stakeholders evaluate the proposal and to understand City policies and other best practices for BIAs. The City will provide information about the potential benefits and the process to establish a BIA to the best extent feasible.

BIAs are approved by the City Council, using the authority provided in State law (RCW 35.87A). The City will evaluate each BIA proposal individually for its adherence to State law, City policies and the administrative support it will need from the City. If a BIA proposal would, by nature of its size, structure and/or design, create an excessive administrative burden for the City, the City may require an adjustment to the proposal to reduce this burden.

The following section outlines the process by which a BIA submits a proposal for City approval.

City Review of Draft Proposal

To ensure BIA proposals meet City policies and State law before potential ratepayers are asked to support them, OED requires a preliminary review of the Draft Proposal. This step is intended to save time in the entire process and avoid any required rework after ratepayer outreach has been conducted. OED coordinates with other relevant City Departments and the Mayor's Office to review all elements of the proposal, including the materials that will be distributed to potential ratepayers, for compliance with City policies and State law. This process can take six weeks or longer depending on any questions or issues identified. The City may identify necessary changes to elements of the proposal. After OED confirms that the proposal is consistent with City policies, the proponents begin collecting documented support from ratepayers. OED will request updates on the status of outreach and support collected to prepare for the Final Proposal review and plan for the legislative process.

City Review of Final Proposal

Once the required support has been obtained, the Final Proposal materials are provided to OED. OED and City Finance will determine that the Final Proposal package is complete and begin the formal review by the Mayor and City Council. This includes petition validation when required, drafting formal resolutions for the Mayor's Office and City Council's review, referral to a Council Committee, scheduling and holding one or more public hearings when required or desired, a mailing of the proposed changes to affected ratepayers, a notice of public hearing when required, Committee recommendation, Full Council action, and referral to the Mayor for signature if the City Council approves the proposal. City staff will manage this process, but the BIA proponents should be prepared to attend Council Committee meetings, answer questions and provide additional information as needed.

Policy 4. Support and Outreach

The City will consider establishing a BIA when presented with a petition by those who represent more than 60 percent of the total assessment in the proposed BIA, or those representing the threshold established in RCW 35.87A.010, whichever is lower. The City will consider modifying existing BIAs when presented with documentation of outreach to affected ratepayers and recommends a BIA present documentation of support from those who represent 51 percent or more of the total assessment of the affected ratepayers.

If any single entity in support of the BIA represents more than 25 percent of the total assessment, the



City encourages BIA proponents to seek additional support from potential ratepayers, demonstrated by presenting a petition or documentation of support representing 65 percent or more of the total assessment in the proposed BIA. When this occurs, the City recommends that the BIA proponents notify all potential ratepayers in writing that they are seeking additional support because a single entity represents more than 25 percent of the total assessment.

The representatives of a proposed new, renewed, or modified BIA shall complete the checklist that corresponds to the request (see Exhibits A and B), all of which require a description of ratepayers, stakeholders and the outreach and notification conducted. All notification and outreach must be documented and tracked to demonstrate the numbers of ratepayers and stakeholders reached, the type of ratepayer, their classification, location in the area, etc.

The City recommends that all ratepayers receive notification of the BIA proposal from the BIA proponents either through email, mailing, individual meetings, or group meetings. Notification should occur when the proposal is final, or close to final, and should include clear contact information for comments and questions, a website address and physical location address if available where more information can be found, and the times, dates and locations of upcoming meetings organized by the BIA proponents as part of their outreach. At a minimum, one public forum should be held that includes information about the final BIA proposal. The BIA proponents should translate materials and provide interpretation as needed as well as consider other accessibility challenges for stakeholders.

When individual commercial or residential condominium owners are part of an Owner's Association that is the ratepayer of record, additional outreach materials should be made available to inform the individual owners about the proposed BIA. For example, postcards with the public forum information and website information could be delivered to each Owner's Association for distribution to its members, and proponents could present at an Owner's Association meeting, notifications could be posted in common areas of the owners' building, etc.

Policy 5. Boundaries

The boundaries of a BIA shall be drawn to represent all properties or businesses receiving direct benefits from the BIA. Public streets and alleys are typically the clearest way of demarcating boundary lines. The boundaries can specify if properties adjoining both sides of a street are included. If only the properties on one side of the street are included, the boundaries can be set at the midpoint of the street. A decision to put a boundary down the middle of the street must have a basis in benefits received. BIA boundaries may be non-contiguous.

Parcel boundaries can change over time and therefore should not be used to demarcate boundaries to the extent possible, particularly for BIAs with no sunset dates. Boundaries should not cut through an existing building. A boundary can include exempt properties that are intermixed with assessable properties. Properties exempt from assessment do not receive benefits or services.

For purposes of these policies, a proposal to modify a BIA boundary must be in accordance with Revised Code of Washington (RCW), Chapter 35.87A. A modification to an existing boundary may occur no more than once per year. Proposals to modify benefit zones within the BIA, a boundary expansion that is not adjacent to an existing boundary, or boundary modifications that affect an area that would produce an assessment value exceeding ten percent of the BIA's total assessment value, must be

enacted using the establishment process as described in Policy 1 and Exhibit A. Proposals to change the boundary that affect an area that would produce an assessment value that is less than ten percent of the BIA’s total assessment value may be enacted using the modification process as described in Policy 2 and Exhibit B.

All proposals shall include a map clearly illustrating the proposed BIA boundary. For a proposal to change an existing BIA’s boundaries, two maps are required. Map 1 should show the **current** boundary of the BIA, as depicted in the original establishing ordinance, with a dotted line showing the proposed change. Each of the two areas needs to be identified: “Existing BIA Boundary” and “Proposed Boundary Change.” Map 2 should show the **complete** boundary as it will be if the proposal is approved.

To evaluate proposed BIA boundaries, the City will consider whether:

- a. The proposed BIA area is suitable for economic development and/or neighborhood revitalization,
- b. The ratepayer classifications within the boundaries will receive benefits reasonably related to their assessments, and
- c. The boundaries create an area that is feasible for the City to administer.

The proposal must provide an explanation of the reasoning behind the boundaries proposed. The City will use the analysis provided by the BIA proponents as well as information gathered from public forums, public hearings and discussions with potential ratepayers when evaluating a BIA Proposal.

A ratepayer could pay an assessment in multiple BIAs and properties or businesses could be assessed by more than one BIA. If a proposal for a new BIA or modified BIA boundary includes a property or business that is currently located within a different BIA, the proposal shall describe how this property or business will receive increased or different and distinct benefits from each BIA.

Policy 6. Organizational Structure and Management

As allowed under RCW 35.87A.110, the City has sole discretion as to how the revenue derived from the BIA is to be used within the scope of the purposes stated in the BIA ordinance. The City’s policy is to create a BIA Advisory Board to oversee operations of the funds, approve an annual budget for use of BIA generated revenues and recommend a Program Manager. The City approves the Program Manager and will give preference to an organization operating primarily within the City and that is a local, non-profit organization able to manage funds and delivery of the services. The Program Manager administers the operations purchased by BIA-generated funds.

The City-approved BIA Advisory Board (Board) adopts bylaws and policy guidelines, provides advice to the Program Manager, consults with City staff, recommends an annual work program and budget, addresses ratepayer concerns and questions, reviews reports to be submitted to the City, and holds an annual ratepayers’ meeting. The composition of the Board will be representative of the varying sizes, locations within the BIA, and classifications of ratepayers. The Board is typically comprised of a broad representation of ratepayers. The Board may also include business tenants (who are tenants of ratepayers) and representatives from multi-family residential buildings (where the homeowners association is the ratepayer) or other stakeholders or individuals that provide insights or expertise. The City encourages BIA proponents to include a recommendation about the size and composition of the Board as part of the overall proposal to establish or modify a BIA. No one ratepayer may hold a

majority interest (51 percent) in the voting rights of the Board either through one or more Board members. The BIA Advisory Board and the Program Manager are distinct legal entities; however, the BIA Advisory Board can include members that also serve on the Program Manager’s board.

The City Council, when establishing a new BIA by ordinance, may authorize the Director of OED to appoint a Board. Initially, an interim Board will be appointed based on recommendations solicited from ratepayers. An inaugural Board will be recommended by the appointed interim Board to the Director. The Director may include additional members on the Board to ensure a broad representation of ratepayers, as well as decline a nominee to the Board for cause.

The Board will create and maintain bylaws governing the Board. The bylaws are subject to the approval of a majority of the Board members present at a membership meeting. The bylaws shall be submitted to the City for approval. At a minimum, the bylaws will:

- a. Establish the structure of the Board’s meetings, how decisions will be made, and when a Board can go into executive session;
- b. Include terms for Board membership and process for the changing of Board membership;
- c. Specify the process for approving any amendments to the bylaws;
- d. Describe the specific ratepayer comment, suggestions, and concerns process; and
- e. Establish the process for approving the annual budget, program services, and recommendation for the Program Manager.

The Board is required to hold an annual ratepayers’ meeting at which the Board shall present its work plan and budget for the next year (or other agreed-upon term with the City), and its recommendation regarding whether to continue with the current Program Manager. The work plan, budget, and recommendation regarding whether to continue with the current Program Manager shall be submitted to the City for review and approval.

All BIA Advisory Board meetings shall be subject to the Open Public Meetings Act. All ratepayers will have an opportunity to present their comments or concerns about Board actions and decisions to the Board for review and action. If they do not feel satisfied, they may then present their comments and concerns to the City.

Policy 7. BIA Programs and Services

The City intends to maintain the level of municipal services in areas where BIAs have been established and not supplant existing municipal services with those funded through BIA assessments. However, this policy does not limit the discretion of the City to determine whether, and at what level, municipal services will be provided as community needs, economic conditions, and other factors warrant.

Washington State law outlines a number of purposes for the use of BIA-generated funds (see RCW 35.87A.010(1)). The work plan, programs and activities proposed by BIA proponents and Boards shall reflect the allowable purposes listed under RCW 35.87A.010(1). Below are general descriptions of programs and services for which BIA funds can be used. This list is meant to be illustrative and does not encompass every allowable service or program for which BIA funds may be used:

- *Clean & Safe Programs*: Services such as regular sidewalk cleaning, additional trash pickup, graffiti removal, etc. This may also include services to increase safety such as block watches, coordination and communication with local police officers, safety ambassadors, etc.



- **Marketing and Promotion:** Activities that draw attention to the district and its amenities.
 - Examples of these activities include business district brand development, joint marketing and advertising of local businesses, public events that attract visitors, etc.
- **Business and Economic Development:** Strategies to support local businesses to stay and grow in the district as well as attracting businesses that bring new customers or add to the mix of offerings. These activities can include retail studies, business networking events, business consulting services, and facilitating connections between new businesses and property owners, etc.
- **Public Realm Improvements and Planning:** To maximize the appearance and accessibility of the district to customers, residents and employees. These activities can range from beautification and decoration such as flower baskets and banners; to improvements or enhancements to landscaping, lighting and street furniture; to developing plans to improve accessibility and wayfinding in the area.
- **Organizational Development/Management/Staffing:** Such as an Executive Director, Marketing & Events Programs Director, Outreach and Community Engagement Coordinator, Business Attraction and Retention Coordinator, Clean & Safe Coordinator, etc. BIAs require some staffing, at minimum a Program Manager, that engages in a variety of activities from advocating for district needs to organizing community leaders to support the neighborhood.
- **Advocacy:** To address economic development and neighborhood revitalization issues within the BIA boundaries.
- **Other Services:** The services described above are not an exhaustive list. BIAs can provide a wide range of services and programs within those described in State law that benefit the ratepayers and district overall.

BIA funds may not be used for the following:

- a. Contributions to, and/or endorsements of, candidates for elected public office,
- b. Improvements to private property that do not benefit all ratepayers, or
- c. Advocacy on issues that do not benefit the BIA as a whole.

The BIA proposal shall include a description of the proposed programs and services for which BIA revenues are to be used and how these activities will aid in economic development and neighborhood revitalization.

Policy 8. Assessments

The City will establish an assessment formula and rate that is reasonably related to the benefit that each ratepayer classification receives. As part of the application process, the BIA proponents shall propose an assessment methodology (including a proposed formula, rate and the data that will be used in the calculation). The proponents shall provide evidence and reasoning that describes how the assessment is reasonably related to the benefits received and a detailed description of the rationale for choosing the proposed methodology. Consideration will be given to existing assessment formulas and rates when a previously established BIA is proposed to be renewed or modified.

The City recommends that the assessment methodology include the procedures and schedule for updating data used in its calculations and accounts for increasing costs and other changes over time. This could include the application of an inflation factor, a regular process to update for new construction or other methods. Publicly available data that is independently verifiable is often a simpler and more accessible source of data to use in an assessment formula.

A ratepayer may voluntarily contribute an additional amount either directly to the City to be added to BIA funds collected or to the Program Manager of the BIA.

Some properties are not taxed, and King County records do not have a recorded taxable value. When taxable value is used in assessment formulas, an alternative basis should be considered that reasonably measures benefit to the property, such as using size/area of the property, linear or front footage of the property, an alternate valuation, or square footage of improvements to the property.

Policy 9. Ratepayers

A ratepayer classification is a specific category of ratepayers. As part of the application process, the proponents shall describe the proposed ratepayer classifications and how the classifications are reasonably related to benefits received.

BIA proponents may develop ratepayer classifications with different assessment formulas or rates. Different ratepayer classifications may receive different kinds of benefits from the BIA. As with all assessment formulas, the proponents must provide evidence and reasoning that describes how the assessment is reasonably related to benefits received. The BIA proposal shall include a description of the direct and indirect benefits received, the value of those benefits and the amount of assessments estimated for each ratepayer classification. Pursuant to RCW 35.87A.080, the City will consider whether there is a reasonable basis for the classification related to benefits received.

The federal government is generally exempt from assessment. However, other government entities located within a BIA can be assessable if they benefit from the BIA services, and they meet other qualifying conditions. As with all ratepayer classifications, the assessment of government entities should reflect the benefits they receive. The City, in consultation with the BIA proponents and the relevant governmental entity, will evaluate whether that entity qualifies to be assessed, the extent to which it benefits from BIA services, and, if appropriate, recommend an assessment level subject to final approval by the City Council.

When an existing BIA has a new ratepayer added during an assessment period, the City shall include this ratepayer in the most recent assessment billing cycle, as appropriate.

The City, through the Director of City Finance, will consider refund requests from ratepayers for billing or payment errors and be responsible for managing any assessment refunds. Refunds will be granted in accordance with the BIA's ordinance, considered for existing BIAs only, and limited retroactively up to a five-year time period including the current year.

Policy 10. BIA Assessment Periods

A BIA proposal may propose levying assessments for a specified number of years or propose a permanent assessment. The City requires a minimum five-year term length for any BIA, except that the City will consider an assessment period proposal for less than five years if the BIA is for a single purpose event or program. With limited exceptions, the City recommends new BIAs include a sunset date to occur within ten years of formation. While not required, sunset dates have helped build support for new BIAs and can provide a natural opportunity for the organization to re-evaluate and recalibrate over time. If the proponents believe that a sunset date is not appropriate for their specific effort, they must provide a detailed explanation to OED regarding any special circumstances that would warrant a permanent assessment period. Proponents should consult with OED before making a decision.

Policy 11. Formation Costs.

If expenses are incurred during an effort to form or renew a BIA, the proponents proposing the BIA formation or renewal are responsible for paying the expenses. If the BIA formation or renewal is successful, the BIA's Advisory Board can recommend to the City that BIA-generated funds reimburse reasonable, well-documented formation costs.

City departments, including the Office of Economic Development (OED) and the Department of Neighborhoods (DON), have grants that can fund exploration of the feasibility of a BIA and/or conducting the process to establish a BIA. These grants are not an indication of the City's opinion on the merits of the BIA proposal if it is proposed to the City.

Policy 12. City Department Support

The City of Seattle supports BIAs primarily through the Office of Economic Development (OED) and City Finance. The responsibilities for each Office or Department are outlined below, however, as needs and resources change, those responsibilities may be shifted as needed.

OED will:

- a. Be the first point of contact for individuals or groups requesting assistance in exploring the feasibility of forming a BIA, developing a BIA proposal and submitting it to the City;
- b. In consultation with City Finance, review and evaluate a BIA proposal (which includes the information required in the BIA Checklist – see Exhibit A, B and C);
- c. Prepare a report for the City Council analyzing the proposal. The report will include analysis of:
 - 1) Consistency with the Citywide BIA policies;
 - 2) How the proposed programs and services that BIA revenues would be used for will aid economic development and/or neighborhood revitalization in the proposed area;
 - 3) If the proposed boundaries are a reasonable area for economic development and/or neighborhood revitalization;
 - 4) How the ratepayer classifications within the boundaries will receive special benefits reasonably related to their assessments; and
 - 5) If the boundaries create an area that is feasible for the City to administer.
- d. Coordinate between City departments to ensure that BIA proposals and amendments have been thoroughly reviewed and analyzed by City staff;



-
- e. Approve the BIA Advisory Board;
 - f. Support City Finance in approving annual contracts with the Program Manager and BIA budgets;
 - g. Organize periodic BIA meetings for BIA Program Managers and City staff;
 - h. Work with BIA Program Managers and Boards on solutions to challenges they face; and
 - i. Provide technical assistance to existing BIA Program Managers and Boards on using best practices and completing projects that strengthen the economic climate of the business district.

City Finance will be responsible for:

- a. The BIA Notification and Petition Validation Process;
- b. Billing and collection of assessments;
- c. Customer service to ratepayers and BIA Program managers related to assessments;
- d. Administration of all ratepayer accounts, administering contracts and reimbursements;
- e. Attending meetings organized to bring BIA Program Managers and City staff together; and
- f. with support from OED, City Finance is also responsible for packaging BIA legislation and approving annual BIA budgets.

The City Attorney's Office (Law) will:

- a. Review and provide opinions to City staff on the legality of petitions, formulas, purposes, and boundaries presented by community groups interested in forming or expanding BIAs and
- b. Review the proposed BIA legislation.

If legal issues arise, Law will not provide legal advice to the BIA Advisory Board, Program Managers or their consultants.

Policy 13: Reporting and Evaluation

Program Managers and the BIA Advisory Boards shall periodically evaluate their BIA's program and services and shall report their findings to OED and the City Council. The BIA Program Manager shall provide a report to the City when a request to modify or renew a BIA is proposed. BIAs established with a permanent assessment (without an expiration date), or with an assessment period that is longer than five years, shall submit an evaluation report to the City every five years if there are no requests to modify the BIA during that five-year period.

Performance standards and performance measurements shall be described in the proposal to establish, renew, or modify a BIA that will be used in future evaluations. This could include, but is not limited to, establishing baseline data and a plan to monitor measurable results, such as changes in property values, lease rates, occupancy rates, crime rates, and ratepayer satisfaction surveys.

Policy 14. Disestablishment

Washington State RCW 35.87A.180 provides for the disestablishment of a BIA. Each BIA ordinance will include a section with the process to disestablish the BIA.

If a BIA is disestablished, after all outstanding liabilities are settled, the City will, within a reasonable amount of time, dispose of assets as provided in RCW 35.87A.190, and the Director of City Finance may

do so by one or more of the following actions:

- a. In the event of a renewal, transfer remaining special assessment funds into the new BIA that was created to replace the disestablished BIA;
- b. Provide for the expenditure of all or a portion of any remaining special assessment funds on services or improvements in the disestablished BIA area;
- c. Provide a refund or credit of all or a portion of any remaining special assessment funds to those who have paid their assessments, in proportion to the amounts paid; or
- d. If the above options have been completed and funds still remain, transfer any or all the remaining special assessment funds to the City's General Fund. Prior to determining the appropriate action, City Finance will seek input from the ratepayers.

Policy 15. Collections

When a ratepayer's account is unpaid, the City will take action to collect the assessment debt. Upon 90 days of an unpaid assessment, the City may refer the matter to a collection agency. In limited circumstances, the City may begin collection proceedings through the City Attorney's Office.

DRAFT

Glossary

Assessment: A BIA assessment is a fee that each ratepayer pays to support the programs funded by the BIA. The sum of all the individual assessments that ratepayers pay comprise the total yearly assessment of the BIA, and underwrite most, if not all, annual operating expenses. The total yearly assessment is unique to each BIA in Seattle.

Benefit Zone: The City defines benefit zones as identified areas within a BIA that have additional or unique assessments that pay for specific services. For example, many BIAs establish cleaning area zones in which ratepayers pay an additional assessment to receive more cleaning services than are provided to the rest of the BIA area.

BIA: “BIA” is an abbreviation of Business Improvement Area. A Business Improvement Area is a geographically defined area within the City of Seattle, in which services, activities, and programs are paid for through a special assessment which is charged to all eligible ratepayers within the area with the intention of reasonably distributing the benefits received and the costs incurred to provide the agreed-upon services, activities, and programs.

BIA Advisory Board: The BIA Advisory Board is initially established by the City to oversee operations and use of BIA generated revenues including recommending a Program Manager. The Board adopts bylaws and policy guidelines, provides advice to the Program Manager, consults with City staff, recommends an annual work program and budget, addresses ratepayer concerns and questions, reviews reports to be submitted to the City, and holds an annual ratepayers’ meeting. The BIA Advisory Board and the Program Manager are distinct legal entities; however, the BIA Advisory Board can include members that also serve on the Program Manager’s board.

BIA Notification and Petition Validation Process: Processes in which the City notifies potential ratepayers of the BIA proposal and validates the petitions signed in favor of a BIA proposal. The City’s policy is to send a letter to all potential ratepayers to notify them that the BIA proposal has been submitted to the City. The City also validates all signed petitions that have been submitted by the party or parties requesting to establish the BIA.

BIA Petition: A petition is a document signed by intended ratepayers of a BIA to demonstrate their support for a proposal to establish a BIA. The petition contains at least (1) a description of the boundaries of the proposed area; (2) the proposed uses and projects to which the proposed special assessment revenues shall be put and the total estimated cost thereof; (3) the estimated rate of levy of special assessment with a proposed breakdown by class of business and multifamily residential or mixed-use project if such classification is to be used. Petitions are required for BIA establishment proposals and optional for BIA modification proposals.

BIA Proposal: For purposes of these policies and the attachments, BIA Proposal includes all the required information gathered and prepared to present to the City for establishment or modification of a BIA at each stage in those processes. The Draft BIA Proposal is the information prepared and presented to the City for review and approval prior to gathering documented support via petition or other process. The Final BIA Proposal is the information prepared and presented to the City after the required support has been gathered and documented.

Boundary Modification: The boundaries of an existing BIA can be modified resulting in an expansion, reduction or change to the BIA assessment area. See Policy 5 for more information.

Establishment of BIA: the creation of a new BIA as set forth in the Revised Code of Washington (RCW), Chapter 35.87A. See Policy 1 for more information.

Modification of BIA: A modification is a change to elements of an existing BIA that do not require a “establishment” as defined in Policy 1 and the glossary definition above. Modifications include changes in assessment rates per RCW 35.87A.140, certain changes to BIA boundaries and changes or additions to language within the ordinance. See Policy 2 for more information.

Program Manager: The organization that administers the operations of the BIA. The Program Manager is recommended by the BIA Advisory Board to the City. The BIA Advisory Board approves an annual budget for use of BIA generated funds in alignment with the BIA ordinance. The Program Manager administers the funds in accordance with the approved budget through direct expenditures and/or contracts with service providers. The BIA Advisory Board and the Program Manager are distinct legal entities; however, the BIA Advisory Board can include members that also serve on the Program Manager’s board. The Program Manager’s administration will comply with all applicable provisions of law, with all county and City resolutions and ordinances, and with all regulations lawfully imposed by the state auditor or other state agencies.

Ratepayer: Those individuals, organizations or entities that are assessed, i.e. those that receive an assessment bill from the City as a result of establishing the BIA. Individuals, organizations or entities that receive an increase in their lease rates or other contractual agreement with ratepayers as a result of the establishment of the BIA are not, for purposes of City policies, considered ratepayers.

Ratepayer Classification: Ratepayers that are grouped into a specific category either for purposes of applying a unique assessment rate or formula or for distinguishing a unique type or level of benefit.

Renewal of BIA: The “renewal” of a BIA is a term that has been commonly used by the City and BIAs to refer to proposals that will continue the operations of a BIA with a *sunset* date (a date when the BIA will terminate assessments and operations), either in its current or an updated form. A proposal to renew a BIA may require submitting a proposal to disestablish and reestablish a BIA or to modify a BIA, depending on the nature of the proposed changes. See Policies 1, 2, and 5 for more detail on which proposals to renew a BIA are required to submit using the “establishment” or “modification” process.

Stakeholder: Individuals, organizations or entities that are located in or have a direct interest in the boundaries of the district. They can be ratepayers or non-ratepayers. They may include, but not be limited to, property owners, businesses, residents, government agencies, nonprofit agencies and other institutions. For example, a district could have the presence of manufacturing businesses, retail and service businesses, a private school, nonprofit service providers, condo associations, residential property owners, commercial property owners, etc.

Summary and Fiscal Note

1. Legislation Summary

Department: Office of Economic Development

Title: A resolution adopting updated policies regarding the establishment and management of Parking and Business Improvement Areas for The City of Seattle; and superseding Resolution 31657.

Background: Business and Improvement Areas (BIAs) are funding mechanisms that allow property owners located within the geographic boundaries of an area to assess themselves to fund enhanced services, programming, and management for the area. Local stakeholders oversee and fund the maintenance, improvement, and promotion of their commercial district. There are currently 11 established BIAs in Seattle. Procedures for establishing, amending, and operating a BIA are governed by Chapter 35.87A RCW. The City has its own non-binding BIA policies, most recently amended by Resolution 31567 in 2016, which provide more detailed guidance for existing and potential BIAs. This legislation updates the Citywide BIA Policies document (Attachment 1 to the resolution) by refining the policies for clarity and user-friendliness. The update also adds details and checklists for the process and requirements to establish or modify a BIA and adds details about the ongoing roles and responsibilities for the BIA, OED, and City Finance.

Notably, the updated BIA policies clarify that existing BIAs approaching their sunset dates, that have minor changes, may “renew” the BIA by extending the sunset date through a less-burdensome modification process. If the proposed changes go beyond the threshold for modification that are outlined in Chapter 35.87A RCW, then the BIA would have to disestablish the existing BIA and re-establish with a formal petition process and 60% approval among ratepayers. The policies explain when a BIA “renewal” requires either a modification of the BIA ordinance or dis-establishing and re-establishing the BIA. More specific policy changes include, but are not limited to:

- Policy 1: Establishment
 - Provides more detail and establishes specific requirements to establish a BIA.
- Policy 2: Modification
 - Provides more detail and establishes specific requirements to modify a BIA.
- Policy 3: City Review of Proposals
 - Provides more detail on the process to review and approve BIA proposals.
 - Strikes council request that OED and City Finance develop detailed BIA procedures regarding the process, time frame, and public hearing process for creating a BIA, which is implemented through this policy update and ongoing implementation.
- Policy 4: Support and Outreach

- Establishes a threshold of requiring demonstration of outreach and recommends securing support to modify a BIA from property owners or businesses representing 51 percent or more of the total assessment within the BIA.
- Policy 5: Boundaries
 - Establishes that a boundary expansion area must be contiguous and may not exceed ten percent of the BIA's total assessment value if adopted through the modification process.
 - Adds requirements to provide maps of changes to the BIA boundary.
- Policy 6: Organizational Structure and Management
 - Establishes that the City has sole discretion as to how the revenue derived from the BIA is to be used within the scope of the purposes stated in the BIA ordinance.
 - Adds that the City will give preference to, rather than require, an organization that operates primarily within the city.
 - Adds that the City must approve the Program Manager.
 - Adds other stakeholders or individuals that provide insights or expertise as types BIA Board members that may be included.
 - Clarifies that the BIA Advisory Board and the Program Manager are distinct legal entities but that the BIA Advisory Board can include members that also serve on the Program Manager's board.
- Policy 7: BIA Programs and Services

- Clarifies that the services described in this policy are not an exhaustive list.
- Policy 8: Assessments
 - Clarifies that the proposed formula must include the data that will be used in the calculation.
 - Adds that the City recommends the assessment methodology describe the procedures and schedule for updating the data used in its calculations.
- Policy 9: Ratepayers
 - Removes examples of BIA ratepayer classifications.
 - Clarifies that federal government properties are generally exempt from assessment and that the City, in consultation with BIA proponents and the relevant government entity, will evaluate whether that entity qualifies to be assessed, the extent to which it benefits from BIA-services, and, if appropriate, recommend an assessment level subject to final approval by the City Council.
 - Clarifies that the City Director of Finance, rather than the Department of Finance and Administrative Services (FAS), will consider refund requests.
- Policy 10: BIA Assessment Periods
 - Recommends new BIAs include a sunset date to occur within ten years of formation. If the proponents believe that a sunset date is not appropriate for their specific effort, they must provide a detailed explanation to OED regarding any special circumstances that would warrant a permanent assessment period.

- Policy 12: City Department Support
 - Clarifies that it is the Office of City Finance, rather than FAS, that will be responsible for:
 - The BIA Notification and Petition Validation Process;
 - Billing and collection of assessments;
 - Customer service to ratepayers and BIA Program managers related to assessments;
 - Administration of all ratepayer accounts, administering contracts and reimbursements;
 - Attending meetings organized to bring BIA Program Managers and City staff together; and
 - With support from OED, City Finance is also responsible for packaging BIA legislation and approving annual BIA budgets.
- Policy 13: Reporting and Evaluation
 - Adds that Program Managers and BIA Advisory boards shall report findings evaluating the BIAs program and services to OED and the City Council, rather than just the City Council.
- Policy 15: Collections
 - Increases from 60 to 90 days the length of time a ratepayer’s account may be unpaid before the City may refer the matter to a collection agency.
- Glossary:
 - Adds definitions for “BIA petition,” “BIA proposal,” “Boundary modification,” “establishment of a BIA,” and “modification of a BIA.”

- Creates separate exhibits outlining the process and requirements for review and approval of proposals to establish, modify, and renew a BIA.
- Makes non-substantive changes to improve readability.

Summary Attachments:

Summary Exhibit A –Business Improvement Area Proposal Checklist

2. Capital Improvement Program (CIP)

Does this legislation create, fund, or amend a CIP Project?

- Yes
 No
-

3. Summary of Financial Implications

Does this legislation have financial impacts to the City?

- Yes
 No

3d. Other Financial Impacts

a. Does this legislation create any other financial impacts for The City of Seattle, such as direct or indirect costs, one-time or ongoing, that aren't mentioned above? If yes, please explain these impacts.

The policy changes do not incur costs directly. They could result in BIAs forming, renewing and growing more quickly, which would have a related effect on City administrative costs for billing and collecting assessments. These costs will vary based on the specifics for each BIA, ranging from \$85k - \$170k (based on recent examples). In 2024, OED worked with CBO and City Finance to allocate a portion of City Finance's 2025-2026 budget to these costs, anticipating that the rate of BIAs would increase with our focused efforts.

b. If the legislation has costs that can be covered within the current budget, explain how. Does the department have extra resources in its budget to handle

these costs? Or does the department need to shift resources away from other work to handle these costs?

Not applicable.

c. What financial costs or other impacts might happen if this legislation is not implemented?

Not applicable.

d. How might this legislation affect other City departments besides the one that proposed it?

This legislation does not directly affect any City departments. However, the amendments to Policy 9 may increase the likelihood a City department may be assessed by a BIA, if appropriate. Additionally, adopting these policies could instigate more establishments or modification of BIAs, which would impact FAS and OED. This additional work could be accommodated within existing staff capacity.

4. Other Impacts

a. Does this legislation require a public hearing?

Yes

No

b. Does this legislation require a notice to be published in The Daily Journal of Commerce and/or The Seattle Times?

Yes

No

c. Does this legislation affect a piece of property?

No.

d. Race and Social Justice Initiative impacts:

1. How does this legislation affect vulnerable or historically disadvantaged communities? How did you come to this conclusion?

Please consider both impacts within City government (like employees and internal programs) and in the broader community.

Of the 11 BIAs in Seattle, only one, Chinatown-ID BIA, is serving a business district with a high score on the City's Race and Social Equity and Displacement Risk index (aka "equity districts"). In 2024 OED launched an initiative to support BIA exploration in more equity districts. Five are currently working on them and one (Chinatown-ID BIA) is working on an expansion. This policy change is intended to reduce the burden on new BIA proposals and could facilitate the expansion effort.

2. Please attach any Racial Equity Toolkits or other racial equity analyses used to develop or assess this legislation.

3. What is the Language Access Plan for communicating with the public about this legislation?

e. Climate change impacts:

1. Emissions: Will this legislation significantly increase or decrease carbon emissions? Attach any studies or materials that inform your answer.

Not applicable.

2. Resiliency: Will this legislation make Seattle more or less able to adapt to climate change? If it reduces resiliency, explain what can be done to lessen the impact.

Not applicable.

f. If this legislation creates a new program or expands an existing one, what are the long-term, measurable goals? How will this legislation help achieve those goals? What methods will be used to track progress?

Not applicable.

g. Does this legislation create a non-utility CIP that involves shared funding with a non-City partner or organization?

No.

Citywide Business Improvement Area Proposal Checklists

Exhibit A: Establishing a BIA

Steps in the Process of Establishing a BIA

This section provides a summary of the steps to establish a BIA. Refer to the checklists following this section for more details of the information needed at each step.

1. Understand the needs and interest in a given geographic area

The first step is connecting with local stakeholders to learn about their priority issues and interests. Typically, a BIA exploration effort is led by a community-based organization and/or a group of potential ratepayers/engaged community members who have experience with the community and have initially identified neighborhood priorities and decided to work on a proposal to provide services. It can also be helpful to talk to other BIAs to learn more about their formation and operations.

2. Draft the Proposal

- See the Draft Proposal Checklist below for items needed.
- Based on extensive community stakeholder outreach and engagement with OED, a potential district will collectively iterate and vet the elements of the BIA proposal.
- Consult with OED during this process to help design a proposal that will meet City and State requirements.

3. Obtain City Review of Draft Proposal

- Before sending the petition of support for signature to prospective ratepayers, provide the draft BIA proposal to OED using the Draft Proposal Checklist shown below.
- OED will review materials for compliance with state law and City policies, coordinate the City department review and provide feedback on the draft proposal. This process can take six weeks or longer.
- The City may respond to a draft proposal with questions or request more information.
- The City may require changes to the draft proposal and will communicate these changes to the proponents in writing.
- OED can meet to discuss comments and feedback with proponents.

4. Gather Petition Signatures and Solicit Feedback

- Start the petition gathering process.
- Hold at least one public meeting where the BIA proposal is discussed and there is opportunity for participants to ask questions and provide feedback.
- Provide information about the BIA proposal in multiple ways with consideration to accessibility. Example methods of outreach include:
 - creating a website with contact information and a clear way to provide feedback,
 - sending emails and post on social media,

Summary Ex A – BIA Proposal Checklist

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- holding community meetings that meet ADA guidelines,
- offering translation and interpretation,
- scheduling individual and targeted group meetings,
- sending bulk mailings, and
- handing out brochures.
- Keep OED informed on progress with petition signatures.

5. Provide the Final BIA Proposal Materials to the City for Review, Validation and Scheduling

- Once the required signatures are obtained, provide all items in the Final Proposal checklist below to OED.
- OED coordinates the City review of materials, drafting legislation and scheduling the process at City Council.
- The City will contact potential ratepayers to validate petitions and provide notice of the BIA proposal and public hearing.
- If everything is in order, the time to prepare for the City Council process can take 2-3 months. Additional questions, clarifications, or additional information requested can extend the process.

6. City Council and Adoption Process

- There will be a series of Council meetings scheduled, including a public hearing, over the course of 2-3 months. BIA proponents will be requested to attend some or all the meetings to present their proposal and answer questions.
- Adoption – if City Council approves the BIA legislation, it goes to the Mayor’s Office to sign within 15 days. OED can help to create a signing event where BIA proponents are present for the Mayor’s signature.
- The BIA goes into effect 30 days after the Mayor signs.

7. Setting Up BIA Operations

- Depending on the size and complexity of the BIA, it can take the City several months to set up billing systems.
- The City will send the first BIA assessment bills when ready and based on the intended launch date of the BIA.
- BIA proponents organize the interim BIA Advisory Board that proposes the members of the Inaugural Advisory Board to OED for review and approval (note this board may overlap partially or in its entirety with the program manager board).
- The Inaugural Advisory Board establishes BIA Bylaws and recommends the Program Manager of the BIA to the City for approval. Or, in some cases, the Program Manager is identified in the establishing ordinance. The Program Manager develops the operating and administrative systems to deliver services.

Summary Ex A – Business Improvement Area Proposal Checklist
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Draft BIA Establishment Proposal Checklist:

Provide the following items to OED before initiating petitions.

- Draft of the Petition** which includes:
 1. Boundary
 - One digital map of the boundaries of the BIA proposal, including any special benefit zones. Names of major streets and streets used for boundaries should be visible.
 - Written description of the boundaries.
 2. Assessment Rates and Formulas
 - Provide the formulas, rates and any rate caps, changes over time or other aspects of the assessment.
 - Show the different classifications of ratepayers, such as residential, commercial, tax exempt, government, etc., how the classifications were determined, and the formula applied to them.
 - Example: this is a hypothetical example. The actual classification descriptions, assessment and benefits descriptions for the proposed BIA should be provided.

Table 1: Example Template for Assessment Formula Based on Property Types/Uses

Ratepayer Classification	Assessment Methodology/ Formula	Types of Properties/Uses	Number of Ratepayers	Total Assessment	Average Assessment Amount	% of Total
Commercial		Office Buildings				
		Commercial Parking Lots				
Industrial/ Warehouse						
Multi-family Residential and Mixed Use		4-plex buildings				
		Mixed Use				
		Condos				
		Apartments				
Tax Exempt		Churches				
		Nonprofit housing				
		Social Services and other (list of the agencies)				
Government		Types of properties/uses and agencies that own them				

Summary Ex A – Business Improvement Area Proposal Checklist

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3. Proposed uses of BIA assessments and their cost
 - Total assessment revenues estimated to be generated in the first 12 months of assessment.
 - The types of services and the estimated cost for each type of service. The total cost shown should equal total assessment revenues in the first 12 months.

Table 2: Example Template for Benefit/Service, Cost, and % of Budget

Benefit/Service	Cost	% of Budget
Administration	\$XX	X%
District and business marketing	\$XX	X%
Business support and recruitment	\$XX	X%
Community events and festivals	\$XX	X%
Public plaza management	\$XX	X%
Sidewalk and street cleaning	\$XX	X%
Community forums and communication	\$XX	X%
Total (should equal total assessment revenues)	\$XX	100%

4. Term
 - The date the BIA is proposed to sunset or end or if it will be established without a sunset or end date.
- Ratepayer Roll** - Provide an electronic spreadsheet of intended ratepayers and their properties or businesses that are being assessed in an editable format that includes the following for each individual assessment:
- Names and mailing addresses of ratepayers.
 - Addresses, parcel numbers and classification of each property or business being assessed including all necessary data used to calculate the assessment. For example, if residential properties have rate caps or different rates, indicate which properties are residential, the rate charged, and the applied caps that have resulted in the assessment amount.
 - The calculation and amount of each individual assessment.
- Additional Materials Provided to Ratepayers** – Provide brochures, letters to ratepayers, and any other materials that will accompany the petition.
- Written Descriptions of the following:**
1. How the boundaries represent a reasonable area for economic development and/or neighborhood revitalization and how services will be distributed within the boundaries and special benefit zones. Describe reasoning for excluding particular parcels or portions of parcels.
 2. Assessment Rationale - describe in detail the rationale for choosing the assessment methodology and rates. Describe how different classifications of ratepayers will benefit from the BIA and explain how the assessment formula applied to them most closely correlates to the benefits they will receive. Explain the reasoning for any different rates applied to certain categories of ratepayers, exemptions, caps, benefit zones, etc.
 3. Services to be provided - Describe in more detail the different types of services that will be

Summary Ex A – Business Improvement Area Proposal Checklist

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- provided to ratepayers and why these additional services are needed in the BIA’s boundary area.
4. Intended composition of the BIA Advisory board - Describe the intended number of board members, representation from different classifications of ratepayers, and other stakeholder representatives.
 5. Description of the process to date - Describe the participants involved in the development of the BIA proposal, how information was gathered and outreach conducted to inform the BIA proposal elements. The City’s policies require that ratepayers and other identified stakeholders are provided with reasonable notice and the opportunity to provide feedback about the proposed BIA.
 6. Describe the different stakeholders (as defined in the Glossary) within the district and how they are affected by this BIA. Are there any stakeholders who are opposed to establishing the BIA?

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Summary Ex A – Business Improvement Area Proposal Checklist

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Final BIA Establishment Proposal Checklist

Provide the following items to OED after obtaining the petition signatures.

- Signed Petitions** - All signed petitions, the total of which should represent 60 percent or more of the total assessment value.

- Maps** – Provide one electronic copy of a map that meets these specifications:
 - Shows the boundaries of the BIA proposal, including any special benefit zones. Names of major streets and streets used for boundaries should be visible.
 - Do not caption the maps or add anything such as a distance scale or a north marker. The City will add map titles. See Section 2. Boundaries for further guidance on map specifications.
 - Provide the underlying GIS data used to create the map or provide a format that can be edited by City staff.

- Updated Ratepayer List** – Provide the same electronic spreadsheet of potential ratepayers that was provided for initial review in an editable format with the following updates for each individual assessment:
 - Note any changes to names and mailing addresses of ratepayers.
 - Note any updates to data used to calculate the assessment.
 - The calculation and amount of each individual assessment.
 - Whether or not the ratepayer signed the petition in favor.

- Outreach Details**

The City’s policies require that ratepayers and other identified stakeholders are provided with reasonable notice and the opportunity to provide feedback about the proposed BIA.

 1. Describe all outreach and communications conducted after the BIA proposal was approved by the City to begin petition process, including:
 - Dates and times of public meetings held about the proposal, number of attendees, and feedback received.
 - Dates and times of each group meeting held for specific stakeholders, geographic areas, ratepayer classifications, or other focus groups, with number of attendees, and feedback received.
 - How contact information, office hours, or other avenues for communication were provided to ratepayers or interested stakeholders.
 - Website, social media, posters, newsletters, mailings, door-to-door outreach conducted, etc.
 2. For each individual ratepayer (as defined in the Glossary), indicate the specific outreach conducted to them including.
 - Dates the petition packet was mailed, hand delivered, or emailed
 - Invitations sent to public, group or individual meetings
 - Other attempts to contact them
 - Any feedback, level of support or concerns communicated by the ratepayer during outreach

Summary Ex A – Business Improvement Area Proposal Checklist

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- Whether they signed the petition
- Any returned mailings, incorrect contact information or other difficulty reaching the right person for signing the petition

Interim BIA Advisory Board

- Provide a list of the names and affiliations of the intended Interim Advisory Board members.
- If the BIA is approved by City Council and signed by the Mayor, the Interim Advisory Board will need to be established within 30 days of the ordinance taking effect.
- The Interim Advisory board proposes the Inaugural Advisory Board to OED, which is approved within 90 days of the ordinance taking effect.

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Summary Ex A – BIA Proposal Checklist

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Exhibit B: Modifying a BIA

Steps in the Process of Modifying a BIA

The following summarizes the steps in the process to modify a BIA

1. Determine the Elements to be Modified - The following elements of a BIA can be changed through a BIA Modification:

- Extension or elimination of the sunset date
- Changes to BIA boundaries as set by RCW 35.87A.075 and Citywide BIA Policy 5.
- Changes to the assessment methodology or rates
- Other programmatic or administrative amendments that are not addressed by RCW 35.87A.

2. Develop and discuss changes and updates with the BIA Advisory Board and OED.

- Compile materials as described in the Draft Modification Checklist below.

3. Obtain City Review of Draft BIA Modification Proposal

- Before contacting affected ratepayers, provide to OED all items in the Draft Modification Checklist shown below.
- OED will review materials for compliance with state law and City policies, coordinate the City department review and provide feedback on the draft proposal.
- This process can take six weeks or longer.
- The City may respond to a draft proposal with questions or request more information.
- The City may require changes to the draft proposal and will communicate these changes to the proponents in writing.
- OED can meet to discuss comments and feedback with proponents.

4. Conduct Outreach to Existing and New Ratepayers

- Obtain approval for modifications from BIA Advisory Board.
- Conduct outreach and keep detailed records of contacts made, feedback received, and support for the changes.
- Keep OED informed on progress with outreach and support.

5. Provide Final Materials to the City for Review, Notification and Scheduling

- Once outreach confirms general support for the changes, provide all items in the Final Modification Materials checklist below to OED.
- OED coordinates the City review of materials, drafting legislation and scheduling the process at City Council.
- The City will send an announcement of the BIA proposal and public hearing, if required, to existing and new ratepayers.

Summary Ex A – BIA Proposal Checklist

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- Depending on the time of year, it can take several months to schedule the City Council process. Additional questions, clarifications, or additional information requested can extend the process.

6. City Council Review and Adoption Process

- There could be a series of City Council meetings scheduled, including a public hearing if required, over the course of 2-3 months. BIA representatives will be requested to attend some or all the meetings to present their proposal and answer questions.
- Adoption – if City Council approves the BIA legislation, it goes to the Mayor’s Office to sign within 15 days.
- The new ordinance and its changes go into effect 30 days after the Mayor signs.

7. Update BIA Billing and Other Changes

- For a modified BIA, the City will have systems in place but will need some time to make updates or changes.
- The City will send the BIA assessment bills incorporating any changes when ready and in consultation with the BIA.
- If the modification included changes to the BIA Advisory Board, the BIA provides list of the BIA Advisory Board members with any changes identified.

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Draft BIA Modification Proposal Checklist:

Provide the following items to OED before initiating outreach to affected ratepayers.

- If the Boundary is changing** - provide the following two digital maps:
 1. **Map 1:** A digital map of the current boundary before modification, with a dotted line showing the proposed new boundary. Include any special benefit zones. Names of major streets and streets used for boundaries should be visible. Each of the two areas needs to be identified: “Existing BIA Boundary” and “Proposed Boundary Change”
 2. **Map 2:** A digital map of the complete boundary as it will be if the modification is approved.

- If the Assessment Rates or Formulas are changing** - provide:
 - The formula, new rates and any rate caps, changes over time or other aspects of the assessment rate.
 - Show the different classifications of ratepayers, such as residential, commercial, tax exempt, government, etc., how the classifications were determined, and the new rate and formula applied to them.
 - Example: this is a hypothetical example. The actual classification descriptions, assessment and benefits descriptions for the proposed BIA should be provided.

Table 1: Example Template for Assessment Formula Based on Property Types/Uses

Ratepayer Classification	Assessment Methodology/ Formula	Types of Properties/Uses	Number of Ratepayers	Total Assessment	Average Assessment Amount	% of Total
Commercial		Office Buildings				
		Commercial Parking Lots				
Industrial/ Warehouse						
Multi-family Residential and Mixed Use		4-plex buildings				
		Mixed Use				
		Condos				
		Apartments				
Tax Exempt		Churches				
		Nonprofit housing				
		Social Services and other (list of the agencies)				
Government		Types of properties/uses and agencies that own them				

- If the total BIA revenues, services to be provided and/or their cost are changing because of the boundary and/or rate change, provide:**
 - Total assessment revenues estimated to be generated in the first 12 months of assessment.
 - If the modification includes a boundary change, demonstrate that the new area's assessment value does not exceed ten percent of the total BIA assessment.
 - The types of services and the estimated cost for each type of service. The total cost shown should equal total assessment revenues in the first 12 months.

Table 2: Example Template for Benefit/Service, Cost, and % of Budget

Benefit/Service (Examples)	Cost	% of Budget
Administration	\$XX	X%
District and business marketing	\$XX	X%
Business support and recruitment	\$XX	X%
Community events and festivals	\$XX	X%
Public plaza management	\$XX	X%
Sidewalk and street cleaning	\$XX	X%
Community forums and communication	\$XX	X%
Total (should equal total assessment revenues)	\$XX	100%

- Ratepayer Roll** - Provide an electronic spreadsheet of intended ratepayers and their properties or businesses that are being assessed in an editable format that includes the following for each individual assessment:
 - Names and mailing addresses of ratepayers
 - Addresses, parcel numbers and classification of each property or business being assessed including all necessary data used to calculate the assessment. For example, if residential properties have rate caps or different rates, indicate which properties are residential, the rate charged, and the applied caps that have resulted in the assessment amount..
 - The calculation and amount of each individual assessment
 - Which ratepayers are new to the BIA as a result of the proposed modification.

- Additional Materials to be Provided to Ratepayers** – Provide brochures, letters to ratepayers, and any other materials that will be provided to ratepayers.

- If there are changes to the following items, provide a written description as follows:**
 1. If the **boundaries** are changing, describe how the new boundaries represent a reasonable area for economic development and/or neighborhood revitalization and how services will be distributed within the boundaries and special benefit zones. Describe reasoning for excluding particular parcels or portions of parcels.
 2. If there are any changes to **assessment rates, classifications, caps, or other elements of the rate**, describe in detail the rationale for changing the assessment rates. Describe how different classifications of ratepayers will benefit from the BIA and explain how the assessment formula applied to them most closely correlates to the benefits they will receive. Explain the reasoning for any different rates applied to certain categories of ratepayers, exemptions, caps, benefit zones, etc.
 3. If the **services** are changing, describe what is changing and why these different services are

needed in the BIA's boundary area.

4. If there are changes to the **BIA Advisory board**, the **Program Manager**, or other parts of the **previous ordinance**, describe what is changing and the reason for the change.

Description of the process to develop the draft modification proposal

1. Describe the participants involved in the development of the BIA modification proposal, how information was gathered and outreach conducted to inform the BIA proposal elements.

Identify the specific areas of the current ordinance that you want to change.

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Final BIA Modification Proposal Checklist:

Provide the following items to OED after obtaining ratepayer support for the modification.

Documentation of Support - All documentation showing ratepayers in support of the modification

1. For each individual ratepayer (as defined in the Glossary), indicate their support including.
 - Provide a list of ratepayers in support with the date support was communicated, to whom it was communicated, and the method used. For example, if the ratepayer responded during a phone call or meeting, include the date of the call or meeting and who called or met with them. If the ratepayer sent an email indicating support, add the date and recipient of the email to the list and provide a copy of the email.
 - Provide any other documentation showing ratepayer support.
 - For all other ratepayers that did not indicate support, note all specific outreach conducted to them such as phone calls, emails, and meetings. Indicate if no contact was made or no response was received, if they communicated that they were not in support of the renewal, or if they gave another response like they are not sure, they will respond later, they are not sure if they have the authority to respond, etc. Also include any feedback or concerns communicated by the ratepayer during outreach.

Updated Ratepayer List

1. Provide the same electronic spreadsheet of potential ratepayers in an editable format that was provided for initial review with the following updates for each individual assessment:
 - Note any changes to names and mailing addresses of ratepayers
 - Note any updates to data used to calculate the assessment
 - The calculation and amount of each individual assessment if it has changed from the initial review.

Outreach Details

The City's policies require that ratepayers and other identified stakeholders are provided with reasonable notice and the opportunity to provide feedback about the proposed BIA modification.

1. Describe all outreach and communications conducted after the City approved the BIA Modification Proposal, including:
 - Dates and times of public meetings held about the proposal, number of attendees, and feedback received
 - Dates and times of each group meeting held for specific stakeholders, geographic areas, ratepayer classifications, or other focus groups, with number of attendees, and feedback received
 - How contact information, office hours, or other avenues for communication were provided to ratepayers or interested stakeholders
 - Website, social media, posters, newsletters, mailings, door-to-door outreach conducted, etc.
 - Any returned mailings, incorrect contact information or other difficulty reaching the right person for outreach

- Changes to BIA Advisory Board Composition or Members, and/or changes to BIA Program Manager**
 - Describe any changes to the current composition or members of the BIA Advisory Board and minutes from the BIA Advisory Board approving the changes.
 - If applicable, provide the name of the intended new BIA Program Manager and reason for the change.
 - If the BIA modification is approved by City Council and signed by the Mayor, any changes to the current BIA Advisory Board Composition or Members will be approved by OED within 90 days of the ordinance taking effect.

DRAFT

Update to Citywide Business Improvement Area (BIA) Policies

Office of Economic Development

Theresa Barreras, Director of Business Districts

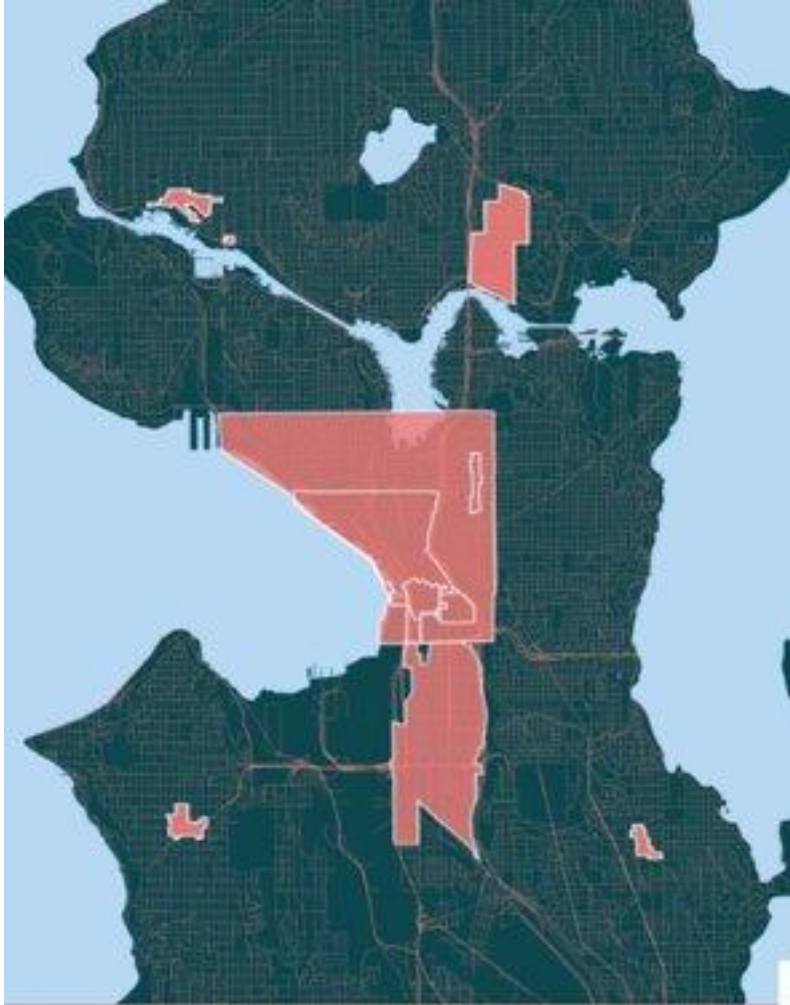
Isaac Horwith, Economic Policy Advisor

Casey Rogers, Business Districts Program & Policy Advisor

What are BIAs (Business Improvement Areas)?

- Funding mechanisms for business district revitalization and management
- Key activities include:
 - Clean and Safe Programs
 - Marketing and Promotion
 - Business and Economic Development
 - Public Realm Improvements and Planning
 - Advocacy
 - Professional Management and Organizational Development

BIAs in Seattle



- There are currently 11 BIAs:
 - 15th Avenue East
 - Ballard
 - Broadway
 - Chinatown/International District
 - Columbia City
 - Downtown
 - Pioneer Square
 - Seattle Tourism Improvement Area
 - SODO
 - University District
 - West Seattle Junction
- OED staff coordinating with district partners to form BIAs in:
 - Judkins Park
 - Phinney/Greenwood
 - Pike/Pine

Policy Background

- Citywide BIA Policies guide existing and potential BIAs
- Businesses or property owners pay annual assessments
- Governed by ratepayer Advisory Board
- Most BIA ordinances include a sunset date and undergo a “renewal” process, which has required 60% approval from ratepayers via petition process

Stakeholder Engagement

- OED worked with BIA Directors and city staff over 2025 to identify potential improvements to the Citywide Policies
- Key Feedback:
 1. The Citywide Policies could be restructured and clarified to make it easier to understand the city's process and requirements
 2. The petition process and 60% approval threshold is burdensome and doesn't make sense for minor changes or just extending the sunset date
 3. Interest in clarifying the policy for assessing government-owned properties that benefit from BIA services

Key Changes to Citywide BIA Policies

Refines the policies for clarity and user-friendliness:

- Adds details and checklists for the process and requirements to establish or modify a BIA
- Adds details about the ongoing roles and responsibilities for the BIA, OED, and City Finance
- Restructures the document, new definitions, and other non-substantive changes to improve readability

Key Changes to Citywide BIA Policies

Renewing BIAs:

- Adds recommendation, not requirement, to include a sunset date
- Explains when a “renewal” requires either a modification of the BIA ordinance or dis-establishing and re-establishing the BIA
- BIAs may extend the sunset date through the less burdensome modification process, as long as there are only minor changes
- Dis/re-establishment still required for:
 - Major changes in the BIA boundaries (noncontiguous or changes >10%)
 - Changes in a benefit zone

Questions?

SEATTLE
CITY HALL



Legislation Text

File #: Inf 2898, **Version:** 1

King County Crisis Care Center Levy Implementation Update

King County's Crisis Care Centers Implementation Status

City of Seattle Human Services, Labor, & Economic Development Committee

May 29, 2026

- [CCC Levy Implementation Plan: King County - File #: 2024-0011](#)
- [Crisis Care Center Newsletter Subscription](#)
- [Crisis Care Center Initiative Website](#)
- [Questions? Email: CCCLevy@kingcounty.gov](mailto:CCCLevy@kingcounty.gov)

 King County

DCHS
Department of Community
and Human Services

Agenda

- Overview of the Crisis Care Centers Levy
- Crisis Care Centers
- Early Impacts and Successes
- Implementation Status and Timeline
- Broadway CCC Implementation and Timeline
- Community Engagement

Crisis Care Centers Initiative

In 2023, voters approved the Crisis Care Center levy.



CRISIS CARE CENTERS

Levy Purposes

Paramount Purpose



CRISIS CARE CENTERS

Establish and operate a regional network of five crisis care centers in King County, with at least one in each of the four crisis response zones and one serving youth.

Supporting Purpose 1



RESIDENTIAL TREATMENT


Restore the number of mental health residential treatment beds to at least 355 and expand the availability and sustainability of residential treatment in King County.

Supporting Purpose 2



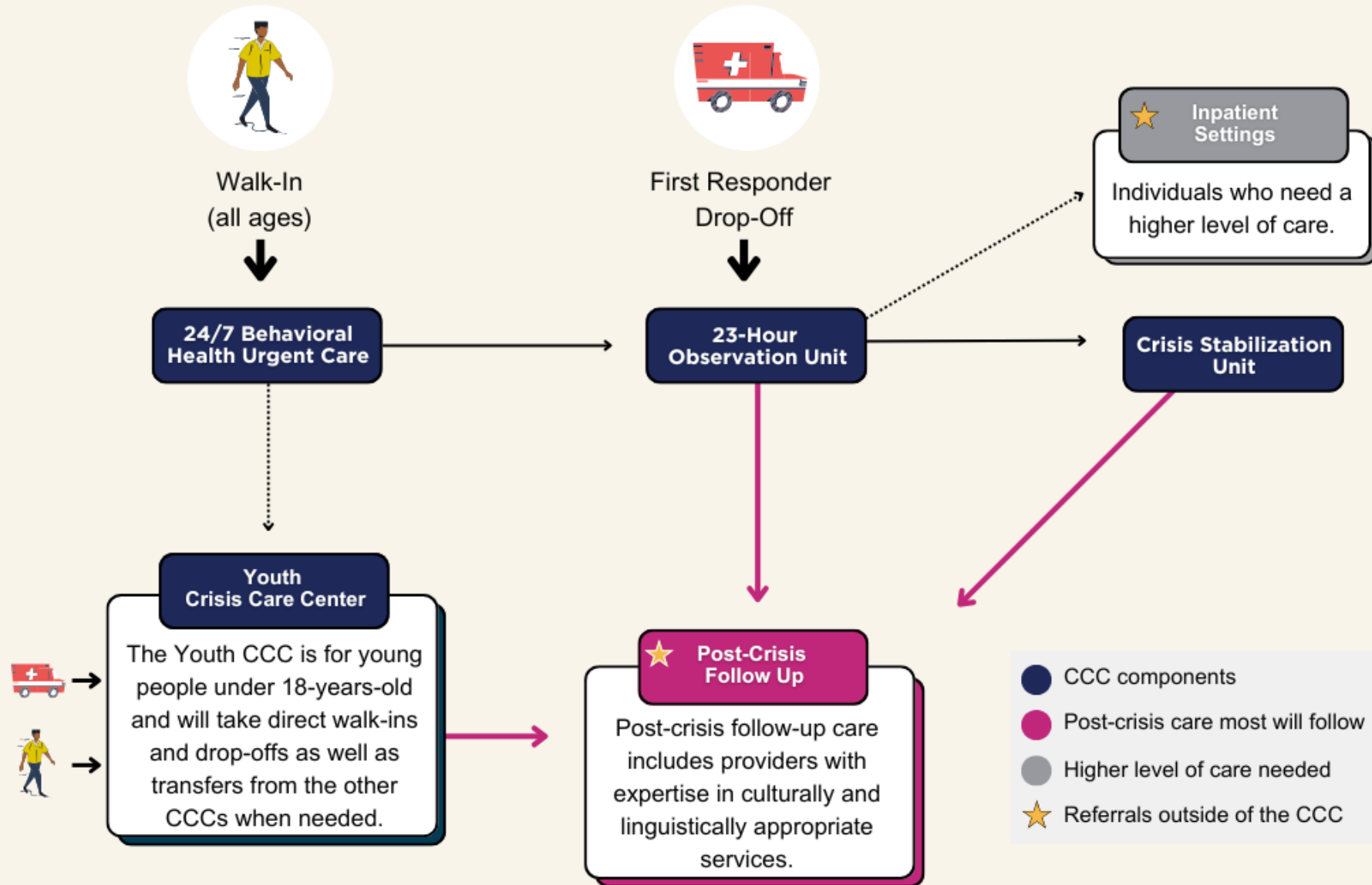
COMMUNITY BEHAVIORAL HEALTH WORKFORCE

Increase the sustainability and representativeness of the behavioral health workforce in King County.



Crisis Care Centers are a place anyone can go to receive immediate care for a wide range of mental health or drug and/or alcohol use challenges. They're staffed and **open 24/7**. You can walk-in, and don't need insurance.

CRISIS CARE CENTER MODEL



The First Crisis Care Center: Connections Kirkland

- **NEW:** Youth Urgent Care
- Growing number of patients
 - Self-referred/walk-in: 55%
 - First responders: 40%
- First responder drop-off takes less than 10 minutes.
- 12 local police departments are utilizing the center.

 King County

DCHS

Department of Community
and Human Services



**CCC
Insurance
Breakdown**

Program	Payor Mix*	Allocation**
Crisis Care Center non-service operating costs (e.g. transportation, pharmacy & lab costs not covered by insurance, etc.)	Levy	100%
Behavioral Health Urgent Care	Medicaid	48%
	Commercial	20%
	Medicare	7%
	Levy	45%
23-Hour Observation Unit	Medicaid	63%
	Commercial	10%
	Medicare	14%
	Levy	32%
Crisis Stabilization Unit	Medicaid	65%
	Commercial	10%
	Medicare	15%
	Levy	30%

*This is the indicated coverage by payor but not guaranteeing full or partial payment.

**As a result, the authorization may have more than one indicated type of payor so adding the allocations will not total to 100%.

What first responders are saying

“Prior to having this option, the emergency room was our only option and [it meant] potentially being there for hours. [The Crisis Care Center] frees us up for other emergency response. What has been the most beneficial and the feedback that I’ve received from the officers is how quick the turnaround is.” – **Police Chief Darrell Lowe, Redmond Police Department, [KING 5-TV](#), February 2025**

“This model is the future. It’s a lot more respectful of behavioral conditions than sending someone to the Emergency Room.” – **Sergeant David Sullivan, Seattle Police Department, [SPD Blotter](#), March 2025**

“Every day we respond and care for people experiencing these terrible problems. A persistent problem has been the lack of ‘landing zones,’ facilities to take people to where they can get the short and long term care and treatment that they need.” –**Kenny Stuart, President of the Seattle Fire Fighter’s Union, [The Stranger](#), May 2025**

“They are absolutely essential resources for us and unquestionably provide comprehensive, trauma-informed, wraparound crisis services. In a similar vein, they are also extremely important tools for diverting our clients away from unneeded hospital stays, thereby helping reserve emergency departments for critical patients.” –**Jon Ehrenfeld, who manages SFD’s Mobile Integrated Health Program, [The Stranger](#), May 2025**

Early Impacts

More people are getting the care they need and new capacity across the behavioral health system:

- More than **3,700+ people** were served through **5,400+ visits** to Connections Kirkland in 2025.
- Crisis teams for adults and youth conducted more than **5,500+ outreaches** in 2025—twice as many as in 2024.
- Vending machine users reported using naloxone they got from a vending machine to respond to nearly 800 overdoses to date, and more than 15,000 overdose prevention supplies have been distributed so far
- Crisis counselors from Crisis Connections embedded in South King County's 911 call centers **resolved 99 percent of calls diverted to 988**
- Workforce: 3,686 **staff benefited from wellness and career development programs.**
- **Residential Treatment:** Invested \$15 million to preserve beds in 6 facilities, and \$20 million to create new beds including at the Thunderbird facility on Vashon and Aristo in Renton.
- King County's Designated Crisis Responders are responding faster to community referrals, in less than 11 hours on average.

Free Crisis Services are available 24/7

We have more services and capacity to help even more people today.

1. Call or Text 9-8-8 for immediate support
2. Mobile Crisis Teams can respond in-person
3. First Crisis Care Center now open in Kirkland
4. Post-Crisis Follow-Up Teams launching in 2026



Someone to Contact: 988

Call or text 988: Counselors are always available to talk, listen and connect you to support.

What's New:

- Dispatching Mobile Crisis Teams
- Screening: location, physical description and assessment of the crisis
- Dispatching Mobile Crisis Teams to respond first to community calls for DCRs



Someone to Respond:

Mobile Response Teams

What's New:

- More teams for adults and youth
- Operators:
 - DESC in Seattle
 - Sound in the South and Northeast
 - YMCA for youth countywide, with hubs based in Seattle, Bellevue, Bothel, and Auburn
- Available via 988 for everyone in King County, regardless of insurance status
- Average response: 30 minutes for adults and 45 minutes for youth



What happens after a crisis?

Recovery

- 66% of people who walk into a Crisis Care Center have their needs met at the urgent care clinic

Everyone receives discharge and care coordination

- Transportation assistance
- Individualized support
- Culturally and linguistically appropriate services
- Connections to outpatient, residential treatment, recovery and other social services

Post-crisis follow-up teams: High-touch support for high-acuity needs



Post-Crisis Follow-Up Teams

- Providers include Consejo, PDA and Sound
- Launching in 2026
- Will serve Connections Kirkland and future centers
- Prioritizing culturally and linguistically appropriate services
- Learn more: [Cultivating Connections: Awards for Three Post-Crisis Follow-Up Teams](#)

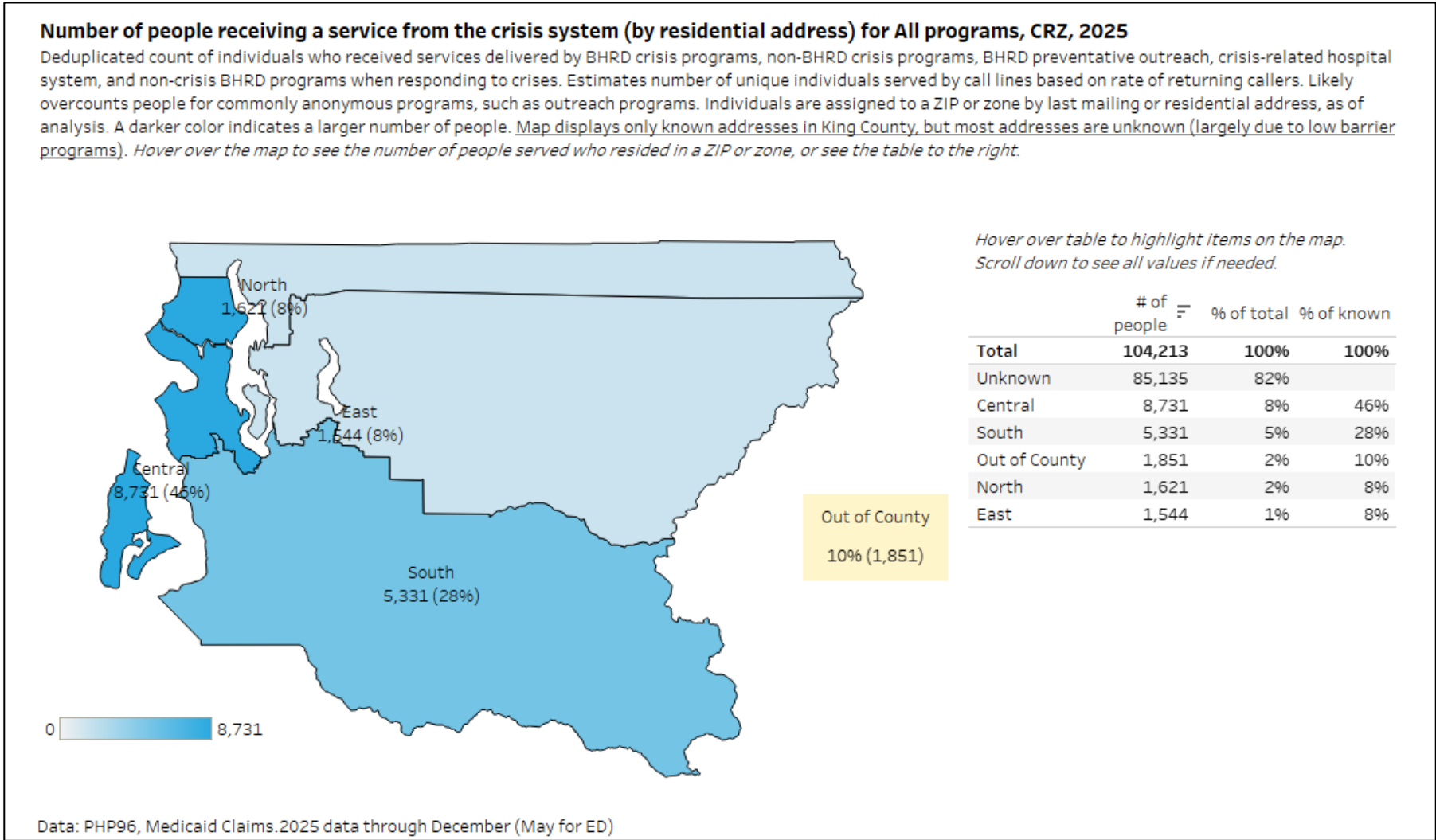


Residential Treatment

- Funding for renovations and repairs helped preserve beds at 6 local facilities in Seattle.
- Recent investments: King County Increases Number of Residential Treatment Beds
- Co-locating 16-bed facility at 1145 Broadway
- Future procurements:
 - RFP for capital funding to release in summer 2026
 - RFP for Mental Health Residential Treatment provider, end of 2026

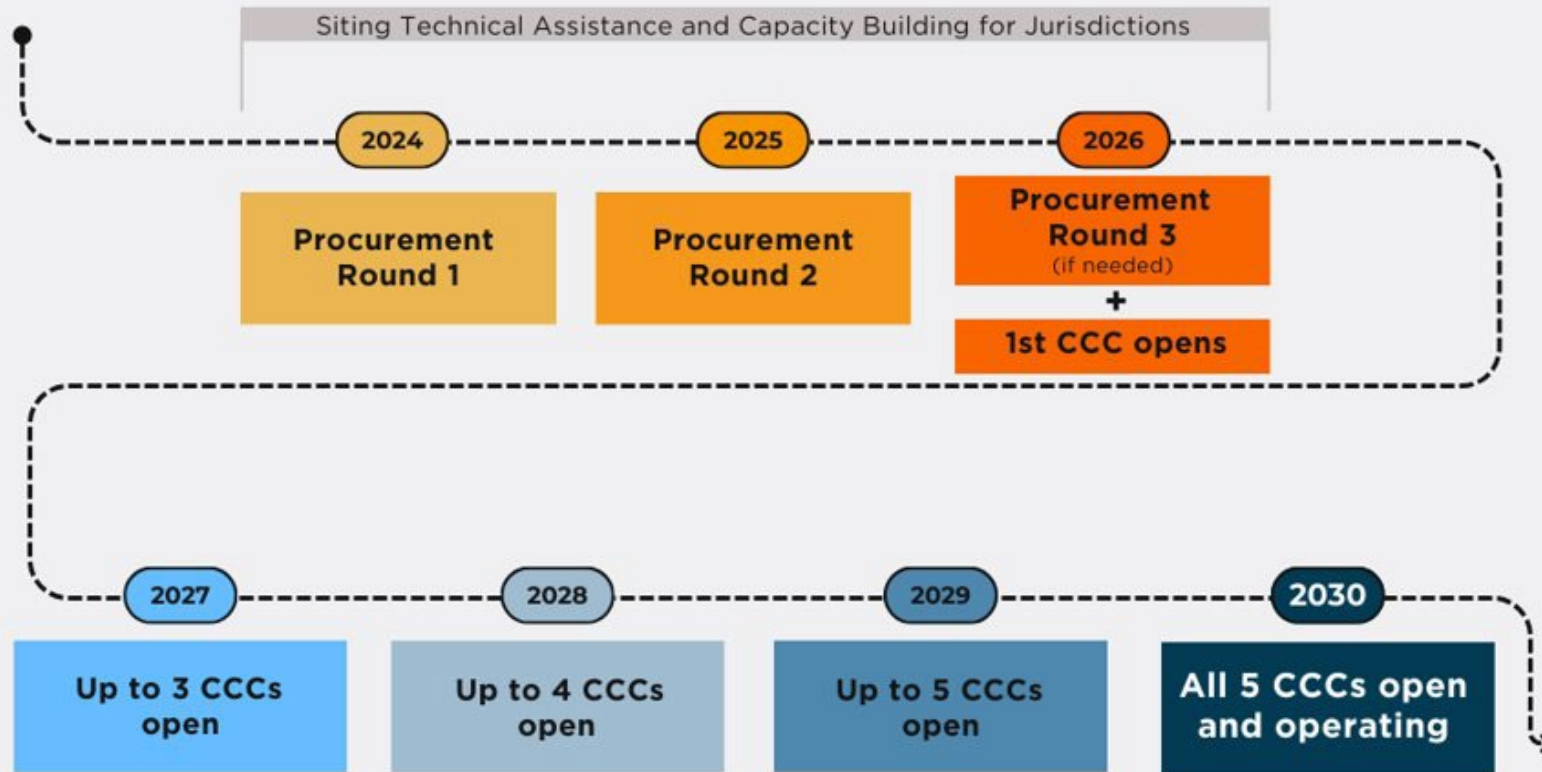


In 2025, the King County crisis system served more than 104,000 individuals with a majority, more than 85,000, served by crisis lines and certain low-barrier programs with unknown addresses.



CRISIS CARE CENTERS

Estimated Implementation Timeline



Crisis Care Centers Implementation Status

NORTH ZONE: Kirkland is open (August 2025)

- *Bothell, Duvall, Kenmore, Kirkland, Lake Forest Park, Shoreline, Skykomish and Woodinville, and unincorporated areas*

CENTRAL ZONE: To be located on First Hill in Seattle (anticipated opening late 2027)

- *Seattle, Vashon Island, unincorporated*

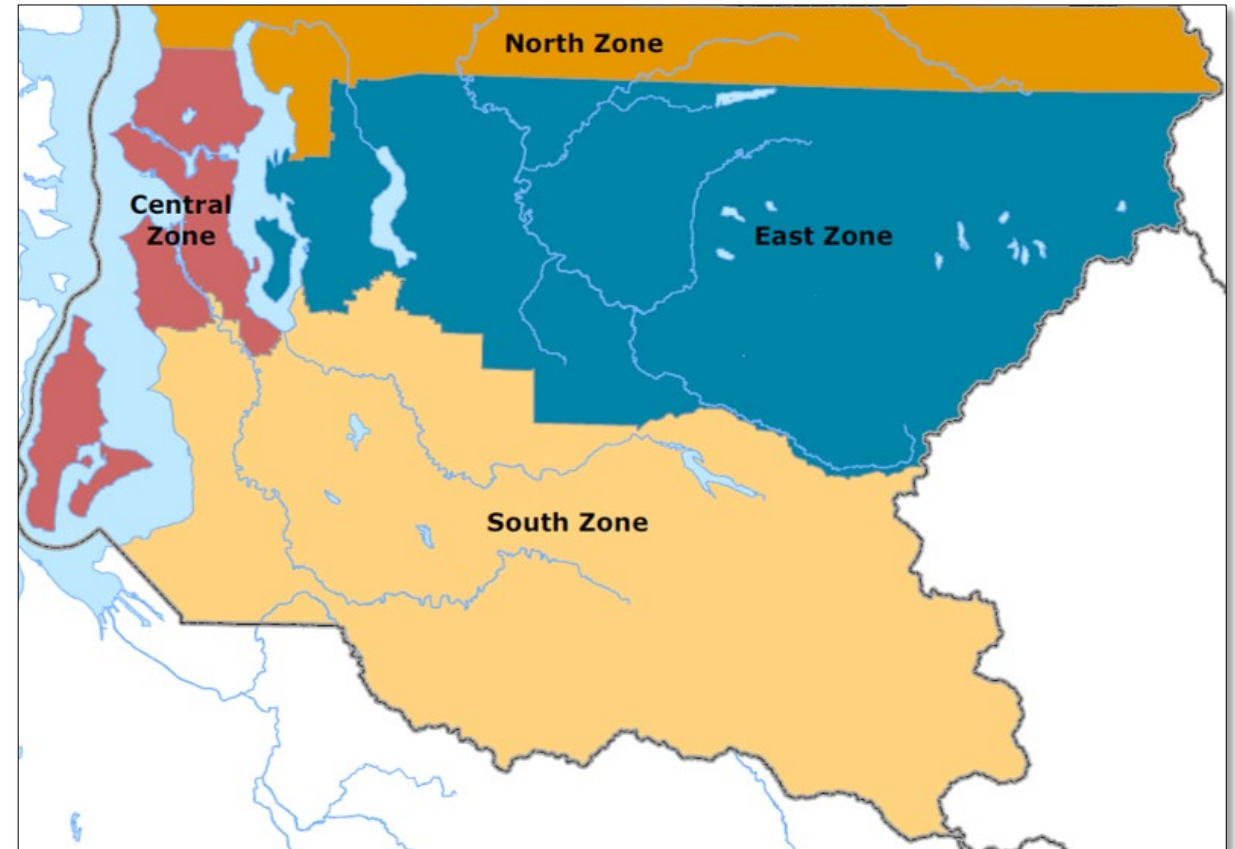
SOUTH ZONE: MultiCare to operate / siting in 2026

- *Algona, Auburn, Black Diamond, Burien, Covington, Des Moines, Enumclaw, Federal Way, Kent, Maple Valley, Milton, Normandy Park, Pacific, Renton, SeaTac, Tukwila and unincorporated*

EAST ZONE: RFP applications in review

- *Beaux Arts, Bellevue, Carnation, Clyde Hill, Hunts Point, Issaquah, Medina, Mercer Island, Newcastle, North Bend, Redmond, Sammamish, Snoqualmie and Yarrow Point*

YOUTH ZONE: RFP to release today at 4 pm



Central Regional CCC

2025

- Operator selected
- Building purchased
- Robust community engagement

2026

- Community engagement continues
- Initial Design Concepts—summer
- Safety assessment with Seattle PD—fall
- Design and renovations—end of year
- Community Advisory Group—through opening
- Good Neighbor Policy creation
- Mental Health Residential Treatment RFP

2027

- The soonest the center is expected to open
- Community Advisory Council—per the Implementation Plan



Central Regional CCC Capitol Development Timeline

Activity/Milestone	Tentative Start Date	Tentative End Date
Design	June 2026	September 2026
Permitting and design review	September 2026	March 2027
Construction	March 2027	November 2027
Certificate of Occupancy	November 2027	

Note, this is not strictly sequential, there is overlap and parallel process happening.

Community Engagement

- **100+** community conversations, presentations and other events
- **Posters in Community:** Placing posters in 200 street and retail locations around Downtown Seattle, Capitol Hill, First Hill, Bellevue, Kirkland and Redmond
- **CCC Toolkit:** Launched this Spring with businesses, online, jurisdictions, community partners, etc. [Crisis Care Centers Social Media Toolkit](#)
- **Video Tours and PSAs:** Launched this month featuring Executive Zahilay and Connections Health Solutions

Community Engagement: Coming Up

- Monthly virtual community meeting: June 10 at 2pm
- *How to Help Someone Having a Mental Health Crisis* for local businesses: June 3 5:30pm at GSBA
- *Seattle's Crisis Care Center Update* community event: July 21 at 5:30pm at the Polyclinic building

Letter of Support Conditions

- Crime Prevention Through Environmental Design (CPTED) analysis
- Good Neighbor Agreement/Policy
- Launch and safety planning
- Community engagement
- Seattle Community Advisory Group



How to Get Help in a Crisis

Call or Text 9-8-8 Anytime

Trained crisis counselors are always available to listen, support and connect you to help, including sending crisis teams to respond in person. **Call 911 for life-threatening emergencies.**

Mobile Crisis Teams

Trained mental health professionals and peers can help adults, families and children in moments of crisis anywhere in King County. Call or text 9-8-8 to get their help.

Crisis Care Centers

Anyone can walk into the first Crisis Care Center today for urgent mental health or substance use care.

Visit: 11410 NE 122nd Way, Kirkland, WA 98034

Crisis services are free and available 24/7 for everyone in King County.
Visit: kingcounty.gov/crisis



Como obtener ayuda en una crisis

Llame o envíe un texto a 9-8-8

Contamos con especialistas en crisis que prestan ayuda por teléfono, conectan con otros servicios o mandan equipos móviles para asistencia en persona.

Los equipos de crisis

Hay grupos de trabajadores formados en gestión de crisis que se desplazan a cualquier punto del condado de King para ayudar a adultos, familias y niños en crisis. Llame al 988 para solicitar su ayuda.

Los centros de crisis

El centro de Kirkland *Esta Abierto*

Vaya a 11410 NE 122nd Way, Kirkland, WA 98034

Abriremos cuatro centros más en los próximos años.

Si usted o alguien que conozca sufre una crisis de salud mental o por consumo de drogas o alcohol, puede pedir ayuda al condado de King las 24 horas del día, 7 días a la semana

STAY CONNECTED WITH US!



Department of Community
and Human Services



Instagram



Blog



LinkedIn



YouTube



Website



Data Dashboard