1200 King County Courthouse
516 Third Avenue
Seattle, WA 98104

KING COUNTY

Signature Report

Motion 16985

Proposed No. 2026-0155.1 **Sponsors** Fain

A MOTION approving the county legislative authority consultation form in support of the proposed opioid treatment program facility in council district 5.

WHEREAS, Therapeutic Health Services submitted an application to the Washington state department of health for certification of an opioid treatment program located at 24823 Pacific Hwy S, Kent, Washington, 98032, and

WHEREAS, the Washington state Department of Health is conducting a review of the proposed application as specified in RCW 71.24.590 and chapter 246-341 WAC, and

WHEREAS, RCW 71.24.590(1)(a)(b) requires the Washington state Department of Health to consult with the county and city legislative authorities in the area in which an applicant proposes to locate a program, and

WHEREAS, in early 2024, King County's behavioral health and recovery division and public health - Seattle & King County provided a letter of support for Therapeutic Health Services's Kent facility expansion, and

WHEREAS, this facility would be the sixth licensed medication-assisted treatment and medications for opioid use disorder facility operated by Therapeutic Health Services in the region, and

WHEREAS, the planned expansion would add critical treatment capacity in south King County for evidence-based strategies to address the fentanyl crisis by ensuring accessible opioid treatment programs, and

WHEREAS, the council wishes to express support of Therapeutic Health Services's application to the department of health to increase access to opioid treatment programs to south King County neighborhoods;

NOW, THEREFORE, BE IT MOVED by the Council of King County:

The council directs the council chair to submit Attachment A to this motion, county/city legislative authority consultation form, dated June 9, 2026, to the Washington state Department of Health expressing the council's support of Therapeutic Health Services's application for certification of an opioid treatment program located at 24823 Pacific Hwy S, Kent, Washington, 98032, in council district 5.

Motion 16985 was introduced on 6/16/2026 and passed by the Metropolitan King County Council on 6/23/2026, by the following vote:

Yes: 8 - Balducci, Barón, Dembowski, Dunn, Fain, Lewis, Perry and von Reichbauer
Excused: 1 - Mosqueda

KING COUNTY COUNCIL
KING COUNTY, WASHINGTON

Signed by:
Sarah Perry
062AC77E76FB49B...

Sarah Perry, Chair

ATTEST:

DocuSigned by:
Melani Hay
8DE1BB375AD3422...

Melani Hay, Clerk of the Council

Attachments: A. County-City Legislative Authority Consultation Form June 9, 2026

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
HEALTH SYSTEMS QUALITY ASSURANCE
PO Box 47850, Olympia, WA 98504-7850

May 18, 2026

Dear King County Legislative Authority,

The Department of Health (DOH) received an application for DOH certification of an Opioid Treatment Program (OTP). The applicant is Therapeutic Health Services (THS). The proposed location of the program is 24823 Pacific Hwy S Kent, 98032. This applicant submitted a Community Relations Plan, included with this letter, which documents the community outreach conducted by the applicant thus far.

DOH will conduct a review of the proposed OTP application as specified in Revised Code of Washington (RCW) 71.24.590 and Washington Administrative Code (WAC) 246-341. The department is required to issue a certification if the OTP meets requirements outlined.

When making a decision on an application for certification of an OTP, (RCW) 71.24.590 (1)(a)(b) requires DOH to:

- Consult with the county and city legislative authorities in the area in which an applicant proposes to locate a program.
- License or certify only programs that will be sited in accordance with the appropriate county or city land use ordinances.

Please complete the *County/City Legislative Authority Consultation Form* located at the end of this letter within 14 days of receipt and return the form to DOH with any additional supporting documents. Additional time for response to the consultation form may be requested if needed.

Your feedback is important to this process. If you have any questions about the DOH licensing process to approve an OTP application, please contact OCHSFacilities@doh.wa.gov and a staff member will respond.

Department of Health
Facilities Program
Health Services Quality Assurance Division

COUNTY/CITY LEGISLATIVE AUTHORITY
CONSULTATION FORM FOR PROPOSED OPIOID TREATMENT PROGRAM

Contact Information

Name of County/City Legislative Authority Completing Form **King County / Sarah Perry**		
Department Name King County Council	Title Council Chair	
Telephone Number (Include area code) (206) 477-6868	E-Mail Address Sarah.Perry@kingcounty.gov	
Street Address 516 Third Avenue		
City Seattle	State WA	Zip Code 98104
Mailing Address (If different than above)		
Street Address		
City	State	Zip Code
Name of Contact Person Authorized By County/City Authority for DOH Consultation (If different than above)		
Name of County/City Legislative Authority Completing Form **King County / Denille Bezemer**		
Department Name Department of Community and Human Services	Title Interim Deputy Director, Behavioral Health and Recovery Division	
Telephone Number (Include area code) (206)263-1106	E-Mail Address dbezemer@kingcounty.gov	
Street Address 401 Fifth Avenue		
City Seattle	State WA	Zip Code 98104-5037

Questions

1. Please comment on support or lack of support by city or county legislative authorities for proposed OTP services:
   King County supports expanding access to Opioid Treatment Programs (OTP) in South King County, including Therapeutic Health Services' (THS) proposed OTP expansion in Kent. A critical component of an evidence-based strategy to address the fentanyl crisis is ensuring easily accessible OTP services across all regions of King County, and this new location would significantly improve access for South King County communities west of I-5. Rising fentanyl-related overdose deaths and limited capacity among existing MAT/MOUD providers underscore the urgency of this expansion. We value our relationship with THS and the important role they play in the region's community behavioral-health system.

2. Has the proposed OTP communicated with the city and/or the county, as applicable, in order to secure a location that meets city or county land use ordinances? Yes ☐ No ☐

COUNTY/CITY LEGISLATIVE AUTHORITY
CONSULTATION FORM FOR PROPOSED OPIOID TREATMENT PROGRAM

Zoning and land use authority for this site rests with the City of Kent, not King County. THS has engaged with the City of Kent around zoning and land use.

3. Is the location of this OTP sited in accordance with appropriate city or county land use ordinances?
   Yes ☐ No ☐
   See #2 above.

4. Has the proposed OTP consulted with you when developing their community relations plan in order to minimize the impact of the program on the businesses and residential neighborhoods in which the program will be located? Yes ☒ No ☐

5. Please comment on outcomes related to the communication and consultation that has occurred between you and the proposed OTP:
   THS engaged with the Mayor's Office in the City of Kent regarding the proposed OTP and related community-relations plan. Outreach to surrounding businesses—including in-person visits and mailed notices—resulted in no major concerns. The area is primarily commercial and non-residential. At the Mayor's request, THS will incorporate a Community Liaison to support patient flow and maintain positive rapport with nearby businesses. THS also shared its community-relations plan with King County's Behavioral Health and Recovery Services Division and Public Health–Seattle & King County, both of which provided letters of support for the program.

Authorization

Signature of person from the County/City Legislative Authority completing this form

Type or Print Name	Date
Sarah Perry	6/9/2026

Please return the city/county legislative authority comments form
and any supporting documentation by 6/5/2026

Please return this material via mail, or e-mail to:

Department of Health
PO Box 47852
Olympia WA 98504-7852
E-Mail: mailto:OCHSFacilities@doh.wa.gov

Certificate Of Completion

Envelope Id: F288D27B-BEF1-888D-8052-00231EF7CD29
Status: Completed
Subject: Complete with Docusign: Motion 16985 Attachment A.docx, Motion 16985.docx
Source Envelope:
Document Pages: 3
Signatures: 2
Envelope Originator:
Supplemental Document Pages: 3
Initials: 0
Gavin Muller
Certificate Pages: 5
AutoNav: Enabled
401 5TH AVE
EnvelopeId Stamping: Enabled
SEATTLE, WA 98104
Time Zone: (UTC-08:00) Pacific Time (US & Canada)
gavin.muller@kingcounty.gov
IP Address: 198.49.222.20

Record Tracking

Status: Original
6/25/2026 11:15:05 AM
Holder: Gavin Muller
gavin.muller@kingcounty.gov
Location: DocuSign
Security Appliance Status: Connected
Pool: FedRamp

Signer Events	Signature	Timestamp
Sarah Perry sarah.perry@kingcounty.gov Chair, King County Council Security Level: Email, Account Authentication (None)	Signed by: Sarah Perry 062AC77E76FB49B... Signature Adoption: Pre-selected Style Using IP Address: 198.49.222.20	Sent: 6/25/2026 11:16:36 AM Viewed: 6/25/2026 11:20:39 AM Signed: 6/25/2026 11:20:48 AM
Electronic Record and Signature Disclosure: Accepted: 6/25/2026 11:20:39 AM ID: f6447e70-cc69-47da-9b5a-3537c621b0fb		
Melani Hay melani.hay@kingcounty.gov Clerk of the Council King County Council Security Level: Email, Account Authentication (None)	DocuSigned by: Melani Hay 8DE1BB375AD3422... Signature Adoption: Pre-selected Style Using IP Address: 198.49.222.20	Sent: 6/25/2026 11:20:49 AM Viewed: 6/25/2026 11:26:15 AM Signed: 6/25/2026 11:26:43 AM
Electronic Record and Signature Disclosure: Accepted: 9/30/2022 11:27:12 AM ID: 639a6b47-a4ff-458a-8ae8-c9251b7d1a1f		

In Person Signer Events	Signature	Timestamp

Editor Delivery Events	Status	Timestamp

Agent Delivery Events	Status	Timestamp

Intermediary Delivery Events	Status	Timestamp

Certified Delivery Events	Status	Timestamp

Carbon Copy Events	Status	Timestamp

Witness Events	Signature	Timestamp

Notary Events	Signature	Timestamp

Envelope Summary Events	Status	Timestamps

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	6/25/2026 11:16:36 AM
Certified Delivered	Security Checked	6/25/2026 11:26:15 AM
Signing Complete	Security Checked	6/25/2026 11:26:43 AM
Completed	Security Checked	6/25/2026 11:26:43 AM

Payment Events	Status	Timestamps

Electronic Record and Signature Disclosure

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

From time to time, King County-Department of 02 (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

Getting paper copies

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after the signing session and, if you elect to create a DocuSign account, you may access the documents for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a $0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact King County-Department of 02:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:
To contact us by email send messages to: cipriano.dacanay@kingcounty.gov

To advise King County-Department of 02 of your new email address

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at cipriano.dacanay@kingcounty.gov and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

To request paper copies from King County-Department of 02

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to cipriano.dacanay@kingcounty.gov and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with King County-Department of 02

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;

ii. send us an email to cipriano.dacanay@kingcounty.gov and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

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The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: https://support.docusign.com/guides/signer-guide-signing-system-requirements.

Acknowledging your access and consent to receive and sign documents electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

By selecting the check-box next to 'I agree to use electronic records and signatures', you confirm that:

- You can access and read this Electronic Record and Signature Disclosure; and
- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify King County-Department of 02 as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by King County-Department of 02 during the course of your relationship with King County-Department of 02.