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Seattle pilot program expands access to private substance use treatment

By David Kroman
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Stephen Dowd had been living homeless in Seattle for more than a year and a half, using fentanyl, when he was swept up in an Uber near Dick's Drive-In in Uptown and driven to a treatment center in Kirkland.

For months he'd been dowsing about for a path to kick his lifelong addiction, but the realities of street life and the services available to him had always gotten in the way.

Medicaid-funded centers are typically the only options for people like Dowd, but the chauffeur to the Eastside was courtesy of Lakeside Milam — a facility that only accepts private payment, so it usually serves those with the pocketbooks to afford it.

Unlike the delays that come with trying to enter a publicly funded option, Lakeside Milam's intake took 10 minutes over the phone and was immediately followed by Dowd's ride.

"That's critical," said Dowd, "because who knows what would happen if I had a day, you know? Who knows? Because things on the street, they change by the minute or by the hour. You don't know where you're going to be at the next day."



Stephen Dowd, whose path to sobriety from fentanyl has been assisted by a city of Seattle fund for private treatment, had tried low-income options for years.
(Nick Wagner / The Seattle Times)

Dowd's entry to Lakeside Milam was among the first as part of a \$300,000 Seattle experiment: giving out money to fund private treatment.

It's a simple concept, predicated on acknowledging what Cyn Kotarski of Purpose Dignity Action called the "socioeconomic tiers of treatment." In short, treatment tends to be more responsive and comprehensive for those with the means to pay for it.

“The thing that’s so important is to recognize that we have underutilized private health care and overutilized public health care,” Kotarski said.

More than just space, private options have more staff, more resources for exit planning and flexibility around when a person is discharged. Lakeside Milam has some of the highest accreditations possible for a treatment center, expanding the scope of what it’s qualified to do. There are walking trails there, meditation courses and legal support.

Dowd, of course, does not have the money to pay for his own time there — which can cost up to \$20,000 for a month — but the city of Seattle does.



Unlike Medicaid-funded treatment centers, there’s no wait time to get into Lakeside Milam, so long as patients can afford it.

(Courtesy of Lakeside Milam)

Better treatment, bigger cost

The pot of money comes from an effort from City Council President Sara Nelson during the 2023 budget session.

Nelson herself had gone to Lakeside Milam for alcohol use disorder and had the idea that it should be more available to everyone. When she decided she wanted treatment, she was able to get in hours later.

“To me it seems as though everybody deserves the same chance at recovery that I had,” she said.

A motivational poster hangs inside of the halfway house where Stephen Dowd lives, this month in Kirkland.

(Nick Wagner / The Seattle Times)



Nelson had pushed for the program in 2022 and had asked for \$1 million in 2023, but instead won the \$300,000.

Its rollout was delayed for more than a year, as the city struggled to find a facility to work with and staff brought possible outreach organizations up to speed. In the end, only Lakeside Milam was willing to go through the hoops necessary to contract with the city. Only in recent months have people started actually using the money.

Fewer than 10 people so far have been referred into Lakeside Milam. As is typical when it comes to drug treatment, not all of them finished the course.

For Dowd, 47, the timing was right. Originally from Detroit, he’d bounced around for years, struggling with an addiction that began with alcohol and ended up at fentanyl, which by 2022 was the only opiate being sold on the street.

He knew for months he wanted to change his position in life, but could only find short-term services — needle exchanges, medical help — or treatment centers he couldn’t get into.

Not until he crossed paths with a case manager from We Heart Seattle was he told about a possible opening to Lakeside Milam.

He found the facility respected his privacy far more than other detox centers he'd been to and he was given space and respect as he worked through withdrawal. As he pulled out of the most difficult days, he was quickly plugged into support groups.



Lakeside Milam's facilities include walking trails, meditation courses and legal support. (Courtesy of Lakeside Milam)

“They do everything there,” he said. “They don’t just say, ‘OK, now you’re out,’ and then you’re just off to fend for yourself. You just transition right into the recovery process.”

It was a similar story for Edward Elder, 48. He’d been a high-functioning user for many years, even getting sober for a few years in his 30s. But things fell apart during a relapse and he lost his job and home and ended up living under Interstate 5.

The whole time there, he knew he wanted to kick his addiction, but found wait times of up to 12 weeks at some Medicaid-funded facilities.

“When you’ve decided you’re going to make a decision to give that up, for an addict, you have to strike while the iron is hot, because if you don’t, you fall back into a rhythm,” he said.

Eventually, he formed a relationship with case managers from CoLEAD, one of the programs under the umbrella of Purpose Dignity Action that offer temporary housing and support. They offered him a spot in Lakeside Milam, which he readily accepted.

Who is referred matters

Both Dowd and Elder finished their courses and are living in temporary sober housing. Both also fit a certain mold: communicative, with a lengthy work history.

In the early days of the pilot, the city wanted to find people they could be relatively confident were ready for treatment and had a higher likelihood of success.

“It was widely understood that not everyone was going to be a good candidate,” Nelson said.

For Lakeside Milam, this would be a new clientele. Most of the people they work with have homes to return to. Julie Mitchell, vice president of operations at Lakeside Milam, said the organization is confident in its ability to manage those issues, but acknowledged, “Maybe they take a little more work in terms of the discharge planning.”



By partnering with the city of Seattle, the facility is accepting a clientele it doesn’t usually see — people living on the streets. (Courtesy of Lakeside Milam)

The program represents the city’s most formal relationship with We Heart Seattle, a sometimes controversial outreach organization, whose leader, Andrea Suarez, has been a fierce critic of harm reduction and low-barrier housing.

Her organization qualified because it had repeated contact with people living outside, said Ann Gorman, senior policy adviser in the Seattle Department of Human Services.

“There’s trust, there’s ongoing knowledge of what that person’s circumstances are like,” Gorman said.

The involvement of Purpose Dignity Action, REACH and We Heart Seattle as the organizations making the first referrals represents a spectrum of approaches to homelessness and addiction in Seattle. The former works with clients to achieve the goals they set out for themselves. Sometimes that’s sobriety, but often it’s reduction in use or a different personal goal that’s not necessarily tied to stopping the use of drugs or alcohol.

We Heart Seattle, on the other hand, has a history of pushing treatment and sobriety explicitly. Coupled with its independent approach — it has not directly partnered with the city before now — it’s an organization that has at times attracted controversy.

Suarez said her organization’s involvement shows the city is more open to tapping all resources.

“I’m no longer a flash in the pan, or, like, ‘This was a pandemic hobby,’ ” Suarez said. “I am seen as a professional organization, invited to the provider meetings.”

Lisa Daugaard, director of Purpose Dignity Action, said there’s a broad continuum of approaches to recovery.

“There’s a false binary between low-barrier options and structured treatment,” she said. “These are both aspects of most people’s journey.”

There’s so far no clear evaluation rubric for the pilot, said Gorman, of the city’s Human Services Department. Likely, the city will parse the per-person cost and decide if it’s worth the price. Nelson couldn’t say how large the program could go.

Although the pilot currently filters for people with ongoing case management who are viewed as well-suited to treatment, Kotarski, of Purpose Dignity Action, said the reality is everyone would benefit from more access to private resources.

In fact, she said, for some people it’s probably all that will help.

“When you look at tiered health care, would it benefit everyone? Pretty much,” she said. “I think there’s definitely a subsection of the population who, not only could they utilize this, but it’s their only path.”

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