



# King County

1200 King County  
Courthouse  
516 Third Avenue  
Seattle, WA 98104

## Meeting Agenda Board of Health

*Metropolitan King County Councilmembers: Rod Dembowski, Chair;  
Kathy Lambert, Vice Chair; Joe McDermott  
Alternate: Jeanne Kohl-Welles*

*Seattle City Councilmembers: Sally Bagshaw, Vice Chair; Lorena González, Debora Juarez  
Alternate: Bruce Harrell*

*Sound Cities Association Members: David Baker, Vice Chair; Largo Wales  
Alternates: Susan Honda, Shelley Kloba*

*Health Professionals: Ben Danielson, MD; Bill Daniell, MD  
Non-Voting: Christopher Delecki, DDS, MBA, MPH, Vice Chair*

*Director, Seattle-King County Department of Public Health: Patty Hayes  
Staff: Maria Wood, Board Administrator (206-263-8791)*

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1:30 PM

Thursday, January 19, 2017

Room 1001

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1. Call to Order
2. Roll Call
3. Announcement of Any Alternates Serving in Place of Regular Members
4. Approval of Minutes of November 17, 2016 **pg 5**
5. Public Comments
6. Director's Report

To show a PDF of the written materials for an agenda item, click on the agenda item below.



*Sign language and communication material in alternate formats can be arranged given sufficient notice (206-1000).*

*TDD Number 206-1024.*

*ASSISTIVE LISTENING DEVICES AVAILABLE IN THE COUNCIL CHAMBERS.*



## 7. Reappointment of Health Professional Member Dr. Ben Danielson for a third three-year term

### Discussion and Possible Action

#### 8. R&R No. BOH17-01 **pg 9**

A RULE AND REGULATION relating to food safety ratings for general food service establishments; amending R&R 05-05, Section 25, as amended, and BOH 2.10.080, adding new sections to BOH chapter 5.04, adding a new chapter to BOH Title 5 and prescribing penalties; enacted pursuant to RCW 70.05.060, including the latest amendments or revisions thereto.

*Becky Elias, Manager, Food & Facilities Section, Environmental Health Division, Public Health – Seattle & King County*

#### 9. Resolution No. 17-01 **pg 27**

A RESOLUTION endorsing the Heroin and Prescription Opiate Addiction Task Force Final Report and Recommendations and calling on local and state actors to implement the public health policies outlined in the report, including the establishment of at least two pilot community health engagement location sites.

*Jeff Duchin, Health Officer, Public Health - Seattle & King County  
Brad Finegood, Assistant Director, Behavioral Health and Recovery Division, King County Department of Community and Human Services*

### Briefings

#### 10. BOH Briefing No. 17-B01 **pg 41**

Secure Medicine Return Program - 2016 Annual Report

*Taylor Watson, Program Manager, Local Hazardous Waste Management Program, King County Department of Natural Resources and Parks*

#### 11. Chair's Report

#### 12. Board Member Updates

#### 13. Administrator's Report

14. Other Business

Adjournment

If you have questions or need additional information about this agenda, please call 206-263-8791, or write to Maria Wood, Board of Health Administrator via email at [maria.wood@kingcounty.gov](mailto:maria.wood@kingcounty.gov)

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# King County

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## Meeting Minutes Board of Health

*Metropolitan King County Councilmembers: Rod Dembowski,  
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Non-Voting: Christopher Delecki, DDS, MBA, MPH, Vice Chair*

*Director, Seattle-King County Department of Public Health: Patty  
Hayes  
Staff: Maria Wood, Board Administrator (206-263-8791)*

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1:30 PM

Thursday, November 17, 2016

Room 1001

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1. **Call to Order**

*The meeting was called to order at 1:35 p.m.*

2. **Roll Call**

**Present:** 9 - Dr. Daniell, Dr. Danielson, Mr. Dembowski, Ms. Gonzalez, Ms. Juarez, Ms. Wales, Ms. Kohl-Welles, Ms. Kloba and Dr. Delecki

**Excused:** 4 - Ms. Bagshaw, Mr. Baker, Ms. Lambert and Mr. McDermott

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

*Boardmember Kohl-Welles served in place of Boardmember McDermott and  
Boardmember Kloba served in place of Boardmember Baker.*

4. **Approval of Minutes of October 20, 2016**

*Boardmember Delecki moved to approve the minutes of the October 20, 2016 meeting as  
presented. Seeing no objection, the Chair so ordered.*

## 5. Public Comments

*The following people spoke:*

*Judy Kirkhuff*

*Doug Farr*

*Mark Lloyd*

*Queen Pearl*

## 6. Director's Report

*Patty Hayes, Director, introduced Dr. Jeff Duchin, Health Officer; who provided an update on the status of Acute Flaccid Myelitis, which has been in the news recently. He stated that this virus is not related to immunization and is not spread from person to person.*

*Ms. Hayes announced that Dr. Duchin has been invited to be on the Health and Human Services Advisory Committee at the federal level.*

## Discussion and Possible Action

### 7. R&R No. BOH16-02

A RULE AND REGULATION amending the fee for on-site sewage system monitoring and performance inspection before transfer of title to property; amending R&R 99-01, Section 2 (part); as amended, and BOH 2.18.020; enacted pursuant to RCW 70.05.060, including the latest amendments or revisions thereto.

*The following people spoke:*

*David Crowell*

*Mary Jane Goss*

*Katherine Cortes, Council staff, presented her staff report.*

*Boardmember Delecki moved Amendment 1. The motion passed unanimously.*

**A motion was made by Delecki that this R&R be Passed as Amended. The motion carried by the following vote:**

**Yes:** 9 - Dr. Daniell, Dr. Danielson, Mr. Dembowski, Ms. Gonzalez, Ms. Juarez, Ms. Wales, Ms. Kohl-Welles and Ms. Kloba

**Excused:** 7 - Ms. Bagshaw, Mr. Baker, Ms. Lambert, Mr. McDermott and Dr. Delecki

### 8. Resolution No. 16-09

A RESOLUTION calling on the Washington state legislature to recognize that public health is essential and to provide the critical down payment to support core services in all communities and allow public health to rebuild its statewide system with added efficiency.

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

**Yes:** 9 - Dr. Daniell, Dr. Danielson, Mr. Dembowski, Ms. Gonzalez, Ms. Juarez, Ms. Wales, Ms. Kohl-Welles and Ms. Kloba

**Excused:** 7 - Ms. Bagshaw, Mr. Baker, Ms. Lambert, Mr. McDermott and Dr. Delecki

**Briefings**

**9. BOH Briefing No. 16-B19**

Food Safety Rating: Update on Restaurant Grading

*Becky Elias, Food & Facilities Section and Damarys Espinoza, Community Outreach and Engagement Manager, both from Environmental Health Division, Public Health - Seattle & King County updated the Board on changes to the Restaurant Grading program.*

**This matter was Presented**

**10. Chair's Report**

*The Chair reminded boardmembers that the December Board of Health meeting is cancelled and congratulated Boardmember Kloba on her recent election to the Washington State House of Representatives.*

**11. Board Member Updates**

*Boardmember Danielson encouraged boardmembers to read the Surgeon General's report.  
Boardmember Daniell announced his retirement from the University of Washington, but shared that he will continue teaching there.  
Boardmember Lambert reported on Washington Association of Counties conference.*

**12. Administrator's Report**

*No report was given.*

**13. Other Business**

**Adjournment**

*The meeting adjourned at 3:25 p.m.*

**If you have questions or need additional information about this agenda, please call 206-263-8791, or write to Maria Wood, Board of Health Administrator via email at maria.wood@kingcounty.gov**

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

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

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- 20 3. Reinspection fee for temporary food \$160.00 per reinspection.  
21 establishments, farmers markets  
22 and temporary farmers market food  
23 establishments
- 24 4. Reinstatement of permit after 100 percent of applicable  
25 suspension permit fee.
- 26 5. Penalty for commencing 50 percent of applicable  
27 operation of a food establishment permit fee.  
28 without required permit or plan review.
- 29 6. Penalty for removing, obstructing 50 percent of applicable  
30 the view of or failing to post a food permit fee.  
31 safety rating placard at a general food  
32 service establishment - first violation  
33 within any two-year period.
- 34 7. Penalty for removing, obstructing 100 percent of applicable  
35 the view of or failing to post a food permit fee.  
36 safety rating placard at a general food  
37 service establishment - second violation  
38 within any two-year period.
- 39 8. Penalty for removing, obstructing 200 percent of applicable  
40 the view of or failing to post a food permit fee.  
41 safety rating placard at a general food  
42 service establishment - third and

43           subsequent violation within any  
44           two-year period.

45           B. The health officer is authorized to charge a fee equal to one-half of the  
46 applicable permit fee when he or she determines that a second inspection is necessary  
47 following a routine inspection or compliant investigation, and to adopt administrative  
48 policies to specify the terms and conditions upon which such reinspections are made, to  
49 be based upon the extent and severity of violations found.

50           C. The food establishment owner or operator shall pay fees, as applicable, for  
51 dishonored check submittal, permit replacement, permit transfer or name change,  
52 inspections outside regular department working hours, special services, and refunds, in  
53 accordance with the fee provisions of BOH chapter 2.06.

54           D. The health officer is authorized to charge penalty fees of fifty, one hundred,  
55 and two hundred percent of the applicable permit fee for the willful removal, obstruction  
56 of the public view or failure to post food safety rating placards at a general food service  
57 establishment after the first, second, third or subsequent violation, respectively, within  
58 any two-year period, and to adopt administrative policies consistent with this section to  
59 specify the terms and conditions under which placards shall be displayed.

60           NEW SECTION. SECTION 2. There is hereby added to BOH chapter 5.04 a  
61 new section to read as follows:

62           **Food safety rating.** WAC 246-215-01115 is supplemented with the following:  
63           Food safety rating (WAC 246-215-01115(49.1)).

64           "Food safety rating" means a food safety inspection performance score issued by  
65 the health officer following a routine inspection of a general food service establishment,

66 derived from up to the four most recent routine inspection results at the establishment and  
67 compared with establishments of similar food establishment risk category and geographic  
68 location as determined by the health officer.

69 NEW SECTION. SECTION 3. There is hereby added to BOH chapter 5.04 a  
70 new section to read as follows:

71 **Food safety rating placard.** WAC 246-215-01115 is supplemented with the  
72 following:

73 Food safety rating placard (WAC 246-215-01115(49.2)).

74 "Food safety rating placard" means a placard displaying the food safety rating  
75 score of a general food service establishment as determined by the health officer in  
76 accordance with this title.

77 SECTION 4. Section 6 of this rule should constitute a new chapter on food safety  
78 inspections in BOH Title 5.

79 NEW SECTION. SECTION 5. Food safety rating placards.

80 A. The requirements of this section apply to general food service establishments  
81 and not to any other category of food establishment.

82 B. The general food service establishment owner or operator shall post, at the  
83 establishment, a food safety rating placard or placards provided by the health officer.

84 Each placard must be posted:

85 1. Within five feet of the main public entrance or entrances of the general food  
86 service establishment, positioned conspicuously in a window or display case to ensure the  
87 placard is clearly visible to passersby and to patrons entering the establishment; or

88           2. In a conspicuous location at the general food service establishment as  
89 determined and directed in the discretion of the health officer to ensure the placard is  
90 clearly visible to passersby and to patrons entering the establishment.

91           C. After the conclusion of each routine food safety inspection, the health officer  
92 shall recalculate the food safety rating of the general food service establishment, and  
93 provide the establishment owner or operator one or more updated food safety rating  
94 placards for display at the establishment.

95           SECTION 6. Severability. If any provision of this rule or its application to any

96 person or circumstance is held invalid, the remainder of the rule or the application of the  
97 provision to other persons or circumstances is not affected.  
98

KING COUNTY BOARD OF HEALTH  
KING COUNTY, WASHINGTON

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Rod Dembowski, Chair

ATTEST:

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Melani Pedroza, Acting Clerk of the Board

**Attachments:** None



## King County

### King County Board of Health

#### Staff Report

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Agenda item No: 8  
Rule & Regulation No. 17-01

Date: January 19, 2017  
Prepared by: Becky Elias

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#### **Subject**

Food Safety Rating: Proposed Rule & Regulation relating to posting requirements for food safety rating signs.

#### **Summary**

Public Health - Seattle & King County's Food Protection Program in the Environmental Health Services Department is launching a new restaurant rating system in 2017. The rating system builds upon the King County's commitment to making information accessible to the public, and enabling people to make informed decisions. This system will promote good food safety practices and better deliver critical food safety information to the public while remaining equitable to food service establishments. The ratings restaurants receive will be posted on-line and on signs that will be placed in the windows of restaurants. Full inspection data will continue to be available on line.

The Food Protection Program is presenting proposed code language to the Board of Health. The proposed code language specifies posting requirements of the rating system. The intent of the rule and regulation is to ensure that the window sign is clearly visible to passersby and patrons entering the establishment. The proposed rule requires the posting of placards at the main public entrances of the establishments, displaying the food safety rating symbols based on the four most recent routine food safety inspections at the establishments and compared with the food safety ratings of other establishments of similar risk category and geographic location. The rule also establishes an incremental scale of penalties for noncompliance ranging from one-half the applicable permit fee for the first offense up to twice the applicable permit fee for the third or subsequent offense in any two year period.

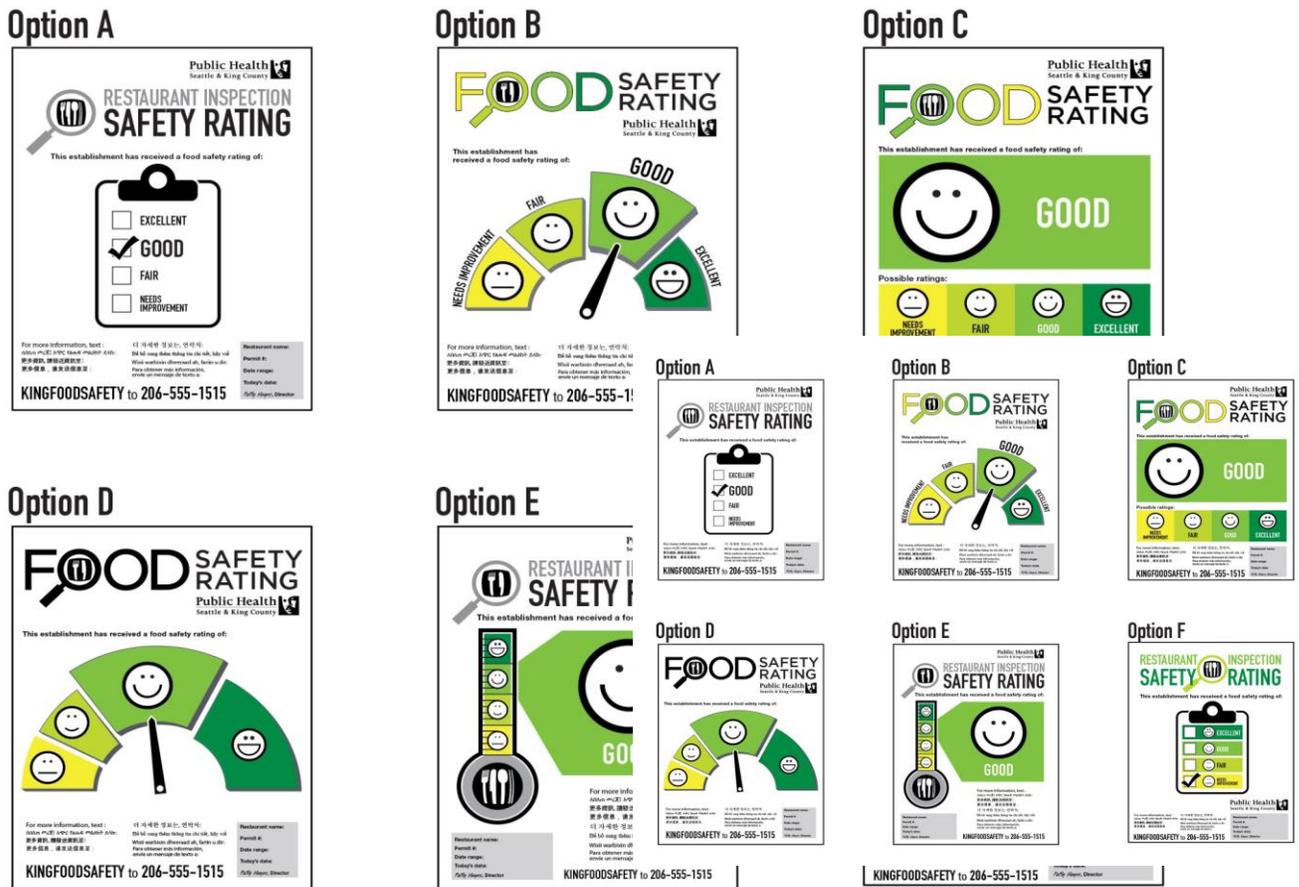
#### **Background**

In recent years, a number of King County residents and stakeholders have expressed a desire for restaurant inspection results to be visible to the public at restaurants. Public Health - Seattle & King County addressed this request by developing restaurant window signs as part of our new food safety rating system.

Public Health - Seattle & King County gathered recommendations, priorities and concerns from restaurant operators, communities, people who have been affected by foodborne illness, and food safety experts to develop the food safety rating system.

The three main components of this rating system designed to accurately and equitably portray how well a restaurant practices food safety are:

- **Trend of food safety practices over time.** Good food safety needs to be practiced every day. Restaurant window signs will reflect how well a restaurant has performed over time, not just on a single inspection.



## Analysis

The Food Protection Program will implement the rating system with a phased in approach to allow for ongoing evaluation of the system. The Program is partnering with Stanford Law Professor Daniel Ho on this evaluation effort. The Program is also partnering with community members throughout the evaluation process to provide open dialog and feedback mechanisms from the community the enable the program to make ongoing improvements.

## **Equity Impact Review**

The new Food Safety Rating System was designed to advance equity and fairness. Here are some ways we incorporated equity and fairness into our Food Safety Rating System.

- Our rating methods were designed to fairly measure a restaurant's food safety practices by focusing on trend over time, scale of performance and rating on a curve.
- We listened to the concerns of restaurant owners about food safety inspection consistency. To address this concern we led extra training and started peer review inspections where, once a month, staff conduct inspections side by side to learn from each other.
- The development of the Food Safety Rating System was a collaborative process which included extensive outreach to restaurants, communities, food safety experts and King County residents.
- Our food safety rating system will be evaluated in collaboration with community partners. We are committed to making changes based on evaluation results in order to advance equity and fairness.

## **Attachment**

1. Restaurant Window Signs: Community Priorities on Design, Graphics, and Rating Categories, 2016

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# Restaurant Window Signs: Community Priorities on Design, Graphics, and Rating Categories

In 2016, Environmental Health Services at Public Health Seattle & King County led community engagement and outreach across King County with a diverse group of stakeholders, including restaurant operators and staff, community members, and food safety experts. Our efforts included partnering with leaders from the Chinese, Ethiopian, Korean, Latinx, Somali, and Vietnamese communities to conduct four community meetings and 140 interviews. Additionally, we collected over 3,800 online survey responses from King County residents. With the data we collected through our in-depth community engagement and outreach, we aim to design a restaurant window sign that conveys information about a restaurant’s food safety practices in a clear, concise, and understandable format that is accessible to the general public.

Option A



Option B



Option C



Option D



Option E



Option F



## Findings

### *Design and Graphics*

Data collected from community meetings, interviews, and the online survey shows that in general, participants find **Option C** to most clearly convey information about a restaurant's food safety practices. Generally, participants explained that their preference for Option C was based on "how the words and images look on the page", stating frequently that the prominent rating display was "easy to read and understand". Additionally, a number of participants shared that they found Option C to be the sign that is most accessible to English language learners, a key equity factor for many participants.

Participants shared key suggestions for improving Option C, including:

- 1) Removing the utensils icon from the Food Safety Rating logo.
- 2) Making the Public Health Seattle & King County logo larger and more visible. This will make the sign appear more as an "official public health document".
- 3) Editing the emoticons so that they too appear more "official" and less "cartoonish".
- 4) Making "Food" (Food Safety Rating) larger and more visible, possibly in a different color. This will reduce the opportunity for confusion among English language learners who could misinterpret the sign as conveying information about building safety codes.

While the majority of participants preferred Option C, those who attended the International District community meeting preferred **Option B** as the sign that most clearly conveys information about a restaurant's food safety practices. For these participants, the dial graphic was a key feature of the design because it conveys a "hierarchy of who is the best." Additionally, participants stated that Option B was "easy to read and understand" for both English and English language learners. Finally, participants preferred Option B because it was the most "fair" and "equitable" option for business owners because it depicts "scale of performance" and shows customers that "restaurants can improve".

International District community meeting participants shared key suggestions for improving Option B, including:

- 1) Removing the utensils icon from the Food Safety Rating logo.
- 2) Making the Public Health Seattle & King County logo larger and more visible so that the sign appears to be more of an "official public health document".

## Restaurant Window Signs: Community Priorities on Design, Graphics, and Rating Categories

- 3) Editing the emoticons so that they too appear more “official” and less “cartoonish”.

While participants at the International District meeting preferred Option B, online survey responses in Cantonese, Mandarin, and Vietnamese (the language groups represented at the meeting) preferred Option C.

It is important to note that while Korean language interview participants preferred Option C (54%), they also highly favored Option B (46%) for reasons similar to those expressed by participants at the International District community meeting, most notably, the “scale of performance” feature that conveys a restaurant’s ability to improve, a key message they want customers to understand. Korean language online survey responses also preferred Option B.

Similarly, Spanish language online survey responses preferred Option B.

### ***Rating Categories***

The vast majority of participants preferred rating category **Option B (“Excellent”, “Good”, “Fair”, and “Needs Improvement”)**. However, participants from diverse language groups, most notably, Cantonese, Korean, Mandarin, and Vietnamese firmly requested that “Needs Improvement” be changed to “Needs to Improve”. Similarly, Amharic, Somali, and Spanish speaking participants requested that “Fair” be changed to “Okay”.

### **Recommendations**

Given that the vast majority of participants – both English language learners and English speakers, restaurant operators and the general public, as well as those who participated via community meetings, interviews, and the online survey – voiced their preference for restaurant window sign Option C, we recommend selecting Option C as the sign to be posted at restaurants throughout King County. Our recommendation is also based on the fact that participants named Option C as the sign that is most accessible to English language learners, a key equity factor.

We recommend that the following improvements be made to Option C, as per participants’ suggestions:

- 1) Removing the utensils icon from the Food Safety Rating logo.
- 2) Making the Public Health Seattle & King County logo larger and more visible. This will make the sign appear more as an “official public health document”.

3) Editing the emoticons so that they too appear more “official” and less “cartoonish”.

4) Making “Food” (Food Safety Rating) larger and more visible, possibly in a different color. This will reduce the opportunity for confusion among English language learners who could misinterpret the sign as conveying information about building safety codes.

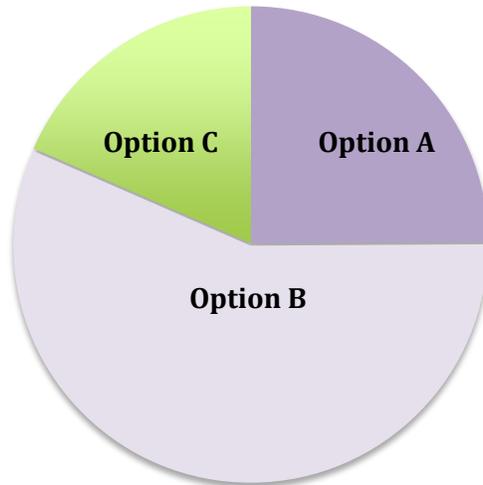
Additionally, our recommendation is that as a part of our project evaluation, we assess the effectiveness of Option C as the selected restaurant window sign.

For rating categories, our recommendation is that we use the following: “Excellent”, “Good”, “Okay”, and “Needs Improvement.”

## Community Engagement and Outreach

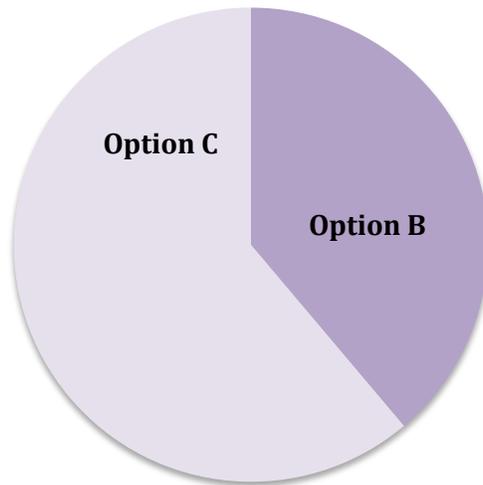


### International District Community Meeting



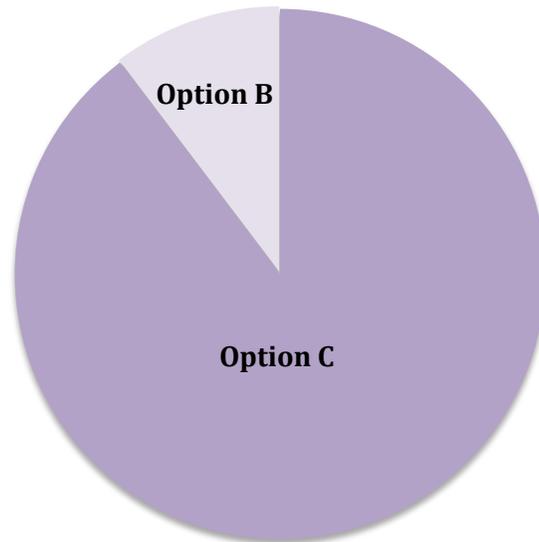
**Option A** 27%  
**Option B** 61%  
**Option C** 20%  
Total Participants  
Approximately 70

### Ethiopian and Somali Community Meetings



**Option B**  
Second Preference  
**Option C**  
First Preference  
Total Participants  
Approximately 77

## Spanish Lanugage Interviews

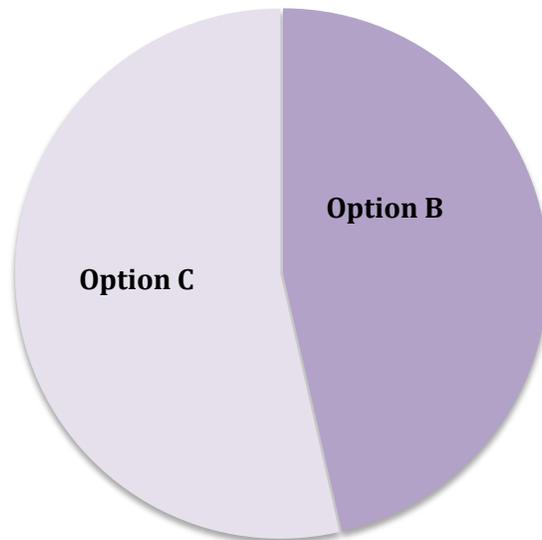


**Option B** 10%

**Option C** 87%

Total Interviews  
100

## Korean Lanugage Interviews

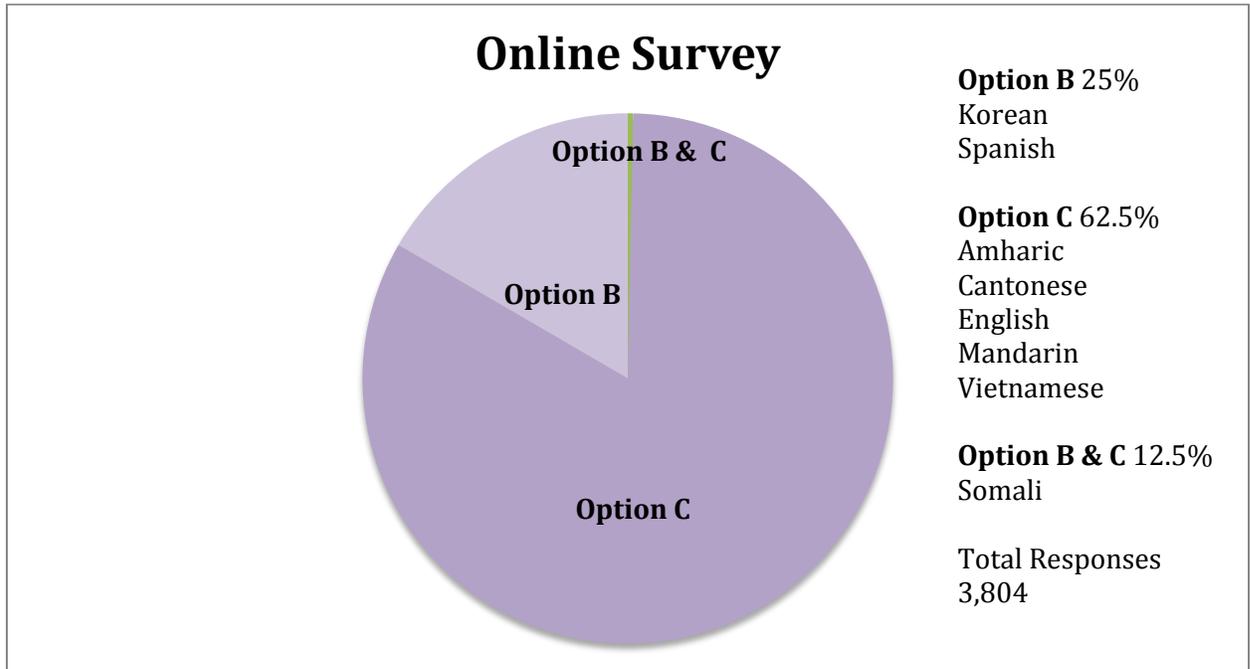


**Option B** 46%

**Option C** 54%

Total Interviews  
40

**Restaurant Window Signs: Community Priorities on Design, Graphics, and Rating Categories**



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**KING COUNTY**  
**Signature Report**

1200 King County Courthouse  
516 Third Avenue  
Seattle, WA 98104

**January 12, 2017**

**Resolution**

**Proposed No. 17-01.1**

**Sponsors**

1           A RESOLUTION endorsing the Heroin and Prescription  
2           Opiate Addiction Task Force Final Report and  
3           Recommendations and calling on local and state actors to  
4           implement the public health policies outlined in the report,  
5           including the establishment of at least two pilot community  
6           health engagement location sites.

7           WHEREAS, heroin and prescription opioid use constitute a public health crisis in  
8           King County, resulting in a growing number of deaths, and

9           WHEREAS, heroin overtook prescription opioids in 2013 as the primary cause of  
10          opioid overdose deaths, and

11          WHEREAS, two hundred twenty-nine individuals died from heroin and  
12          prescription overdose in King County in 2015, and

13          WHEREAS, heroin is the most common drug for which individuals seek  
14          treatment for substance use disorder in King County, and

15          WHEREAS, there is a high, unmet demand for opioid treatment in King County  
16          and treatment providers dispensing methadone and buprenorphine are working to expand  
17          their capacity, and

18          WHEREAS, treatment with methadone or buprenorphine for substance use  
19          disorders improves survival rates, increases retention in treatment, decreases illicit opioid

20 use and other criminal activity, increases patients' ability to gain and maintain  
21 employment, improves birth outcomes among women who are pregnant and contributes  
22 to lowering a person's risk of contracting HIV or hepatitis C by reducing the potential for  
23 relapse, and

24 WHEREAS, the majority of young adults who use heroin report being hooked on  
25 prescription-type opioids prior to using heroin, and

26 WHEREAS, the King County Board of Health in 2013 enacted secure medicine  
27 return regulations to combat the abuse of prescription-type opioids and other medications,  
28 and created a product stewardship program to dispose of unused medicines, becoming the  
29 second jurisdiction in the nation to do so, and

30 WHEREAS, the United States Surgeon General declared the heroin opioid drug  
31 epidemic a national crisis in a report titled Facing Addiction in America, and

32 WHEREAS, the King County Board of Health provides for and promotes the  
33 health, safety and welfare of the general public, and

34 WHEREAS, Washington state law grants local boards of health authority over the  
35 supervision of matters pertaining to the preservation of the life and health of the people  
36 within its jurisdiction, and

37 WHEREAS, the King County Board of Health held ten public briefings, from  
38 2012 to 2016, related to the epidemic of opioid misuse and abuse:

- 39 1. May 17, 2012, BOH Briefing 12-B06: Safe Disposal of Unused Medications;
- 40 2. September 20, 2012, Resolution 12-11: Calling on the Drug Enforcement
- 41 Administration to expedite its efforts to provide our communities with additional options

42 for operation of secure, accessible, convenient medicine take back programs that can  
43 safely dispose of all household medications, including controlled substances;

44 3. June 21, 2013, R&R BOH13-03: Relating to providing safe collection and  
45 disposal of unwanted drugs from residential sources through producer provided and  
46 funded product stewardship plans, for which there was a unanimous vote to establish a  
47 secure medicine return program;

48 4. March 20, 2014, BOH Briefing 14-B07: Secure Medicine Return Fees, for  
49 which there was an initial briefing;

50 5. April 17, 2014, R&R BOH 14-02: A Rule and Regulation relating to fees for  
51 the secure medicine return regulations, for which there was further discussion and the  
52 matter was deferred to the May 15, 2014 meeting;

53 6. May 15, 2014 R&R BOH 14-02: A Rule and Regulation relating to fees for  
54 the secure medicine return regulations, for which where was a unanimous vote to adopt  
55 the fees;

56 7. December 18, 2014, BOH Briefing 14-B28: Secure Medicine Return Program,  
57 Annual Report;

58 8. March 19, 2015, BOH Briefing 15-B05: Strategies for Responding to the  
59 Opioid Overdose Problem in King County;

60 9. March 19, 2015, Resolution 15-05: Calling on the Washington state  
61 Legislature to pass Engrossed Substitute House Bill 1671 to expand access to opioid  
62 antagonists such as naloxone for opioid overdose;

63 10. March 17, 2016, BOH Briefing 16-B06: Secure Medicine Return Program -  
64 Annual Report for 2015; and

65 11. October 20, 2016, BOH Briefing 16-B17: Heroin/Opioid Taskforce

66 Recommendations, and

67 WHEREAS, the King County Board of Health has called on the Washington state  
68 Legislature to expand access to opioid antagonists such as naloxone for opioid overdose  
69 reversals, and

70 WHEREAS, King County Executive Dow Constantine, Seattle Mayor Ed Murray,  
71 Auburn Mayor Nancy Backus and Renton Mayor Denis Law in 2016 formed the Heroin  
72 and Prescription Opiate Addiction Task Force made up of over thirty experts and  
73 stakeholders to confront the epidemic of heroin and prescription opioid use disorder and  
74 overdose in King County, and

75 WHEREAS, the task force met over a six-month period from March to September  
76 2016 to review:

- 77 1. Current local, state and federal initiatives and activities related to prevention,  
78 treatment and health services for individuals experiencing opioid use disorder;
- 79 2. Promising strategies being developed and implemented in other communities;  
80 and
- 81 3. Evidence-based practice in the areas of prevention, treatment and health  
82 services, and

83 WHEREAS, the task force applied an equity and social justice lens to the work to  
84 ensure that recommendations do not exacerbate, but rather lessen, inequities experienced  
85 by communities of color as a direct result of the war on drugs, and

86 WHEREAS, the task force made extensive recommendations to prevent substance  
87 use disorder and overdoses and improve access to treatment for opioid use disorder in its

88 ninety-nine-page Heroin and Prescription Opiate Addiction Task Force Final Report and  
89 Recommendations, and

90 WHEREAS, the King County Board of Health has evaluated and was fully  
91 briefed on the task force report by Public Health - Seattle & King County Health Officer  
92 Dr. Jeff Duchin and King County Department of Community and Human Services  
93 Behavioral Health and Recovery Division Assistant Director Brad Finegood in October  
94 2016, and

95 WHEREAS, the task force recommended these specific prevention responses:

- 96 1. Raise awareness of the possible adverse effects of opioid use;
- 97 2. Promote safe storage and disposal of medications; and
- 98 3. Leverage and adapt existing screening practices to prevent and identify  
99 persons with opioid use disorder, and

100 WHEREAS, the task force recommended treatment expansion and improvement  
101 responses, specifically to:

- 102 1. Create access to buprenorphine in low-barrier models close to where  
103 individuals live for all people in need of services;
- 104 2. Develop treatment on demand for substance abuse treatment services; and
- 105 3. Alleviate barriers placed on opioid treatment programs, including the number  
106 of clients served, and

107 WHEREAS, the task force also recommended these specific evidence-based user  
108 health and overdose prevention responses:

- 109 1. Expand distribution of naloxone in King County; and

110           2. Establish, on a pilot program basis, at least two community health engagement  
111 locations where supervised drug consumption occurs and where medical care, behavioral  
112 health and social services and access to substance use disorder treatment are provided for  
113 adults with substance use disorders, in the Seattle and King County region, and

114           WHEREAS, supervised consumption sites have been in operation abroad since  
115 1988, and have successfully reduced overdose deaths and behaviors that cause HIV and  
116 hepatitis C infection, reduced unsafe injection practices, increased use of detox and  
117 treatment services, reduced public drug use and publicly discarded injection equipment  
118 and have not increased drug use, crime or other negative impacts in their areas, and

119           WHEREAS, the King County Board of Health previously adopted a resolution  
120 supporting a strategic and operational plan for HIV prevention in King County that  
121 included community health engagement location sites, in September 2007;

122           NOW, THEREFORE, BE IT RESOLVED by the Board of Health of King  
123 County:

124           A. The Board of Health endorses the Heroin and Prescription Opiate Addiction  
125 Task Force Final Report and Recommendations and recognizes that implementation of  
126 the recommendations will protect and preserve the health of King County residents by  
127 reducing overdose deaths, limiting the transmission of infectious disease and increasing  
128 public safety.

129           B. The Board of Health calls upon state, county and city actors, as well Public  
130 Health - Seattle & King County, to implement the public health policies outlined in the  
131 Heroin and Prescription Opiate Addiction Task Force Final Report and

132 Recommendations, including establishing, on a pilot program basis, at least two  
133 community health engagement location sites.  
134

KING COUNTY BOARD OF HEALTH  
KING COUNTY, WASHINGTON

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Rod Dembowski, Chair

ATTEST:

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Melani Pedroza, Acting Clerk of the Board

**Attachments:** None

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## King County

### King County Board of Health

#### Staff Report

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Agenda item No: 9  
Resolution No: 17-01

Date: January 19, 2017  
Prepared by: Steve Gustaveson, Maria  
Wood

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#### Subject

A briefing about a Resolution endorsing the King County Heroin and Prescription Opiate Addiction Task Force Final Report and Recommendations and calling on local and state actors to implement the public health policies outlined in the report, including the establishment of at least two pilot community health engagement location sites.

#### Summary

- Heroin and opioid use are at crisis levels in King County. In 2015, 229 individuals died from heroin and prescription opioid overdose in King County alone. To confront this crisis, in March 2016, King County Executive Dow Constantine, Seattle Mayor Ed Murray, Renton Mayor Denis Law and Auburn Mayor Nancy Backus convened the Heroin and Prescription Opiate Addiction Task Force.
- The Task Force, co-chaired by the King County Department of Community and Human Services and Public Health – Seattle & King County, was charged with developing both short and long-term strategies to prevent opioid use disorder, prevent overdose, and improve access to treatment and other supportive services for individuals experiencing opioid use disorder.
- In the course of its work, the Taskforce reviewed current local, state and federal initiatives and activities related to prevention, treatment and health services for individuals experiencing opioid use disorder. Promising strategies from other communities and evidence-based practice in the area of prevention, treatment and health service were reviewed and discussed.
- This report provides a summary of the group's recommendations to both prevent opioid addiction and improve opioid use disorder outcomes in King County. Those recommendations include:
  - **Primary Prevention:**
    - Raise awareness and knowledge of the possible adverse effects of opioid use, including overdose and opioid use disorder;

- Promote safe storage and disposal of medications; and
- Leverage and augment existing screening practices in schools and health care settings to prevent and identify opioid use disorder.
- **Treatment Expansion and Enhancement:**
  - Create access to buprenorphine in low-barrier modalities close to where individuals live for all people in need of services;
  - Develop treatment on demand for all modalities of substance use disorder treatment services; and
  - Alleviate barriers placed upon opioid treatment programs, including the number of clients served and siting of clinics.
- **User Health and Overdose Prevention:**
  - Expand distribution of naloxone in King County; and
  - Establish, on a pilot program basis, at least two Community Health Engagement Locations (CHEL sites) where supervised consumption occurs for adults with substance use disorders in the Seattle and King County region. Given the distribution of drug use across King County, one of the CHEL sites should be located outside of Seattle.

## Background

Opioid prescribing has increased significantly since the mid-1990s and has been paralleled by increases in pharmaceutical opioid misuse and opioid use disorder, heroin use, and fatal overdoses. These increases in morbidity and mortality were seen among those who were prescribed opioids and those who were not. When opioid prescribing began decreasing between 2005-2010, the number of teens in Washington State reporting use of these medicines to “get high” also decreased. As pharmaceutical opioids became less available, some people with opioid use disorder switched to heroin because of its greater availability and lower cost. Heroin, however, brings with it higher risks for overdose, infectious disease and, because it is illegal, incarceration.

While these dynamics have affected individuals of all age groups, the impact is particularly striking for adolescents and young adults, with research indicating that youth ages 14-15 years represent the peak time of initiation of opioid misuse. Since 2005, this young cohort has represented much of the increase in heroin-involved deaths and treatment admissions in King County and Washington State.

### *A leading cause of preventable death*

In King County, heroin use continues to increase, resulting in a growing number of fatalities. In 2013, heroin overtook prescription opioids as the primary cause of opioid overdose deaths. By 2014, heroin-involved deaths in King County totaled 156, “their highest number since at least 1997 and a substantial increase since the lowest number recorded, 49, in 2009.” Increases in heroin deaths from 2013 to 2014 were seen in all four regions of the County, with a total increase from 99 to 156. Heroin-involved overdose deaths in King County remain high with 132 deaths

in 2015. Although prescription opioid-involved deaths have been dropping since 2008, many individuals who use heroin, and the majority of young adults who use heroin, report being hooked on prescription-type opioids prior to using heroin.

According to the Centers for Disease Control and Prevention, more people die in the United States of drug-related overdose than from car crashes, a difference that has been growing since 2008. In 2000, there were more than 40,000 traffic-related deaths and fewer than 20,000 from drug overdose; in 2013 there were 43,982 overdose-related deaths and 32,719 traffic fatalities.

### *Opioid treatment programs*

From 2010 to 2014 the number of people who entered the publicly funded treatment system for heroin use disorders annually in King County grew from 1,439 to 2,886. This increase occurred while the number of people receiving treatment for all other primary drugs of choice declined (except for people with methamphetamine use disorders). In fact, for the first time, heroin treatment admissions surpassed alcohol treatment admissions in 2015. The majority of those entering treatment for heroin for the first time were ages 18-29; among this age group, half reported injecting and half reported smoking heroin, a pattern that began slowly emerging in 2009. Heroin is also the most commonly mentioned drug among callers to the County Recovery Help Line, totaling 2,100 in 2015, almost double the number in 2012.

Opioid treatment programs (OTP) that dispense methadone and buprenorphine in King County have been working to expand capacity, and the number of admissions to these programs increased from 696 in 2011 to 1,486 in 2014. As of October 1, 2015, there were 3,615 people currently maintained on methadone at an OTP in King County. Statutory capacity limitations have historically resulted in up to 150 people on a waitlist. Buprenorphine is another proven opioid use disorder medication that cuts the odds of dying in half compared to no treatment or counseling only. It can be provided at an OTP but, unlike methadone, it can also be prescribed by a physician in an office-based setting and obtained at a pharmacy. Requests for buprenorphine treatment by callers to the County Recovery Help Line have increased from 147 in 2013 to 363 in 2015. Treatment capacity for buprenorphine is limited and far exceeded by demand.

In addition to being the leading reason for entering a drug treatment program, heroin is now also the primary drug used by people seeking withdrawal management (detoxification) in the King County publicly funded treatment system, surpassing alcohol. Also, people seeking opioid withdrawal management are younger than in previous years. According to the King County Substance Abuse Prevention and Treatment Annual Report, “From the first half of 2008 through the second half of 2011, there was a steady increase in the number and percentage of young adults under 30 years old entering detoxification services. The numbers and percentages of young adults leveled off during 2012, and have remained at higher levels. Among all individuals admitted in 2014, 85% of those younger than 30 years old indicated opioids are their primary drug used compared to 41% of those 30 years or older.”

Syringe exchange services remain a readily accessible effective health intervention and the demand for this service continues to grow. Close to six million clean syringes are handed out

annually in King County. In a recent Washington State survey of syringe exchange users, 75% were interested in getting help reducing or stopping their use, yet only 14% were enrolled in treatment.

A variety of evidence-based interventions exist that have demonstrated effectiveness at helping individuals reduce opioid use and decrease related harms. Identifying creative ways to expand the use of, and access to, effective interventions is paramount to curbing the effects of heroin and other opioids in the community.

#### Equity and Social Justice Charge

Task Force members agreed that their work and recommendations must be directly influenced by equity and social justice considerations. The Task Force developed an equity and social justice charge to avoid the War on Drugs' disproportionate adverse effect on some communities of color. All recommendations by the Task Force were reviewed using a racial impact statement framework.

Another population with a disproportionate impact from heroin and opiates are homeless individuals. While the leading cause of death among homeless Americans used to be HIV, it is now drug overdose. A study in The Journal of the American Medical Association (JAMA) Internal Medicine found that overdoses, most of which involved opioids, are now responsible for the majority of deaths among individuals experiencing homelessness in the Boston area. The same trend is occurring locally, as documented in the death reports of individuals experiencing homelessness in King County. While the causes of homelessness are multi-faceted and complex, substance abuse is both a contributing cause and result of homelessness.

#### Recommendations of Task Force

Task Force recommendations were generated by the Primary Prevention workgroup, Treatment Expansion and Enhancement workgroup, and User Health Services and Overdose Prevention workgroup, in collaboration with Policy and Evaluation workgroups.

- **Primary Prevention:**
  - Raise awareness and knowledge of the possible adverse effects of opioid use, including overdose and opioid use disorder;
  - Promote safe storage and disposal of medications; and
  - Leverage and augment existing screening practices in schools and health care settings to prevent and identify opioid use disorder.
- **Treatment Expansion and Enhancement:**
  - Create access to buprenorphine in low-barrier modalities close to where individuals live for all people in need of services;
  - Develop treatment on demand for all modalities of substance use disorder treatment services; and
  - Alleviate barriers placed upon opioid treatment programs, including the number of clients served and siting of clinics.

- **User Health and Overdose Prevention:**
  - Expand distribution of naloxone in King County; and
  - Establish, on a pilot program basis, at least two Community Health Engagement Locations (CHEL sites) where supervised consumption occurs for adults with substance use disorders in the Seattle and King County region. Given the distribution of drug use across King County, one of the CHEL sites should be located outside of Seattle.

## **Board of Health Interest in Overdose Prevention**

The King County Board of Health has a history of supporting community health engagement locations as a harm reduction strategy. In September 2007, the Board of Health adopted a resolution supporting a strategic and operational plan for HIV prevention in King County that included community health engagement location sites.

In more recent years, the King County Board of Health held eleven public briefings, from 2012 to 2016, related to the epidemic of opioid misuse and abuse:

1. May 17, 2012 BOH Briefing 12-B06: Safe Disposal of Unused Medications;
2. September 20, 2012 Resolution 12-11: Calling on the Drug Enforcement Administration to expedite its efforts to provide our communities with additional options for operation of secure, accessible, convenient medicine take back programs that can safely dispose of all household medications, including controlled substances;
3. June 21, 2013 R&R BOH13-03: Relating to providing safe collection and disposal of unwanted drugs from residential sources through producer provided and funded product stewardship plans - Unanimous vote to establish a secure medicine return program;
4. March 20, 2014 BOH Briefing 14-B07: Secure Medicine Return Fees: Initial Briefing;
5. April 17, 2014 R&R BOH 14-02: A Rule and Regulation relating to fees for the secure medicine return regulations, for which there was further discussion and the matter was deferred to the May 15, 2014 meeting;
6. May 15, 2014 R&R BOH 14-02: A Rule and Regulation relating to fees for the secure medicine return regulations, for which where was a unanimous vote to adopt the fees;
7. December 18, 2014 BOH Briefing 14-B28: Secure Medicine Return Program, Annual Report;
8. March 19, 2015 BOH Briefing 15-B05: Strategies for Responding to the Opioid Overdose Problem in King County;
9. March 19, 2015 Resolution 15-05: Calling on the Washington state Legislature to pass Engrossed Substitute House Bill 1671 to expand access to opioid antagonists such as naloxone for opioid overdose;
10. March 17, 2016 BOH Briefing 16-B06: Secure Medicine Return Program - Annual Report for 2015; and
11. October 20, 2016 BOH Briefing 16-B17: Heroin/Opioid Taskforce Recommendations.

## **Analysis**

Responding to the direction of the sponsors of the 2016 Heroin and Prescription Opiate Addiction Task Force to confront the heroin and opioid epidemic with immediate action, the Task Force acted to expand treatment before the recommendations were finalized and submitted to the sponsors. Examples include developing a “buprenorphine first” model of care and examining the feasibility of incorporating into existing service sites; expanding the number of buprenorphine prescribers; reviewing barriers in existing federal, state and local laws to service and treatment expansion; increasing naloxone distribution; and supporting the implementation of secure medicine return in King County.

Attached Board of Health Resolution 17-01 endorses the King County Heroin and Prescription Opiate Addiction Task Force Final Report and Recommendations and calls on local and state actors to implement the public health policies outlined in the report, including the establishment of at least two pilot community health engagement location sites.

The 120-page report is available at <http://kingcounty.gov/depts/community-human-services/mental-health-substance-abuse/heroin-opiates-task-force.aspx>

## **Attachment**

1. Resolution No. 17-01



## King County

### King County Board of Health

#### Staff Report

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Agenda item No: 10  
BOH Briefing No. 17-B01

Date: January 19, 2017  
Prepared by: Taylor Watson

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#### **Subject**

Secure Medicine Return Program 2016 Annual Report

#### **Summary**

In June 2013, King County Board of Health passed Rule & Regulation 13-03 creating BOH Chapter 11.50 to protect the public's health, safety and welfare from improper handling and disposal of unwanted medicines. The regulations require an industry-funded product stewardship program to collect and safely dispose of unwanted household medicines from residents of the county. The program is funded and operated by drug producers selling medicines for residential use in or into King County.

Two product stewardship organizations were approved to operate, but one dropped out leaving King County MED-Project (MED-Project) as the sole program operator.

This staff report summarizes implementation activities over the past year, with a focus on implementation and operation of the approved stewardship plan. Implementation activities included:

#### **2016**

**March** King County MED-Project LLC (MED-Project) was approved to operate in King County.

**April** ReturnMeds LLC announced it would discontinue implementing its approved stewardship plan.

LHWMP presentation to King County Heroin and Opiate Addiction Task Force on the Secure Medicine Return program being developed in the county and reducing access to unwanted medicines in homes, including opioids.

**June** MED-Project implementation deadline extended to assure agreements with law enforcement, retail pharmacies and hospital/clinic pharmacies were finalized so that drop-boxes could be installed.

- September** MED-Project began operational phase of implementation. Pre-launch operations test quality assurance of collection system
- October** Collection of unwanted medicines at limited locations to test drop-box service provider system began.
- November** Starting in November, the Local Hazardous Waste Management Program (LHWMP) verified that drop boxes were installed as reported by MED-Project.
- December** MED-Project drop-boxes began to operate at 87 voluntary collection locations throughout the County. January 2017 Formal program launch is scheduled for the week of January 30, 2017.

**Program Launch**

Residents in King County now have a safe and convenient way to dispose of their unwanted, unused or expired medicines at no cost to residents. Starting on January 17, 2017 residents are able to drop-off unwanted medicines at collection sites located at pharmacies, clinics and hospitals locations throughout King County. Residents that are differentially-abled or homebound can now safely dispose of their unwanted medicines using mail-back services.

**Convenient and Equitable Collection**

MED-Project, the stewardship organization operating on behalf of the 378 drug companies participating in the program in King County, began installing drop-boxes throughout the county in October. Currently, there are 87 drop-boxes installed with an additional 13 drop-boxes scheduled for installation. Drop-box distribution follows the requirements of the convenience standard for a minimum of one drop-box plus an additional drop-box for every 30,000 residents in each city, town and unincorporated community service area.

Collection locations include local law enforcement offices, independent pharmacies, medical clinics and hospital pharmacies. The number of drop-boxes and an example of participating collectors with multiple locations include:

<b>Number of Drop-Boxes</b>	<b>Collection Locations</b>
<b>37</b>	<b>Retail Pharmacies</b> QFC Pharmacies (20)
<b>29</b>	<b>Medical Clinics</b> Group Health (13) Health Point (9)

	International Community Health Services (3)
<b>17</b>	<b>Law Enforcement Offices</b>
<b>4</b>	<b>Hospital Pharmacies</b> University of Washington Medical Center (3)

The goal is to have boxes in every area to meet the convenience standard. When that is not available, periodic collection events will be held to serve areas of the County. Where a drop-box is not available within a 5-mile radius, collection events could include partnering with regularly-scheduled King County Wastemobile collection location.

### **Program Marketing and Outreach**

This year, both MED-Project and LHWMP will provide information to residents and healthcare providers to promote the program to ensure widespread awareness of how to properly dispose of unwanted medicines using the program and the location of disposal sites. Ongoing outreach will also focus on educating residents about the risks associated with keeping unused medicines in the home. Print and electronic materials will be translated into multiple languages.

The MED-Project website provides information on available drop-box locations, collection events and how to request a mail-back envelope <http://med-project.org/>. MED-Project’s call center is also available to provide information on how to access collection services. This information will also be available on King County’s Secure Medicine Return website. <http://www.medicinereturn.org/>

### **Ongoing Operations and Oversight**

Public Health-Seattle & King County and LHWMP will oversee the program for safety and to ensure it is complying with the requirements and standards of the Regulations adopted by the King County Board of Health. Installation of drop-boxes currently in place was confirmed by LHWMP as installed and operational.

### **Drop-box Cost Reimbursement**

Per the Secure Medicine Return Regulation adopted in 2013, LHWMP funds in the amount of \$280,000 were to be used to pay for an initial purchase of the actual drop boxes. These funds were spent for drop boxes in 2016 thereby fulfilling this requirement.

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