



King County

1200 King County
Courthouse
516 Third Avenue
Seattle, WA 98104

Meeting Agenda Board of Health

Metropolitan King County Councilmembers:
Teresa Mosqueda, Chair; Jorge Barón, Reagan Dunn; Alternate: Sarah Perry

City of Seattle Members:
*Joy Hollingsworth, Robert Kettle, Sara Nelson
Alternate: Bruce Harrell*

Sound Cities Association Members:
*Heather Koellen, RN, BSN, CCRN, Vice Chair; Penny Sweet
Alternates: Amy Lam, Cheryl Rakes*

Public Health, Facilities, and Providers:
*Butch de Castro, PhD, MSN/MPH, RN, FAAN; Lisa Chew, MD, MPH; Katherine Gudgel, MS;
Alternate: Patricia Egwuatu, DO*

Consumers of Public Health:
*Quiana Daniels, BS, RN, LPN, Vice Chair; Robin Narruhn, PhD, MN, RN;
Alternate: Mustafa Mohammed, MBCHB, MHP, AAC*

Community Stakeholders:
*Christopher Archiopoli, Victor Loo
Alternate: Francoise Milinganyo*

American Indian Health Commission:
Esther Lucero (Diné), MPP; Alternate: Abigail Echo-Hawk (Pawnee), MA

Dr. Faisal Khan, Director, Seattle-King County Department of Public Health
Staff: Joy Carpine-Cazzanti, Board Administrator - KCBOHAdmin@kingcounty.gov

1:00 PM

Thursday, May 16, 2024

Hybrid Meeting

Hybrid Meetings: Attend Board of Health meetings in person in Council Chambers (Room 1001), 516 3rd Avenue in Seattle, or through remote access. Details on how to attend and/or provide public comment remotely are listed below.

	<p>Sign language and interpreter services can be arranged given sufficient notice (206-848-0355). TTY Number - TTY 711.</p> <p>Council Chambers is equipped with a hearing loop, which provides a wireless signal that is picked up by a hearing aid when it is set to 'T' (Telecoil) setting.</p>	
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HOW TO PROVIDE PUBLIC COMMENT:

1. In person: You may attend the meeting in person in Council Chambers.
2. Remote attendance on the Zoom Webinar: You may provide oral public comment at the meeting by connecting to the meeting via phone or computer using the ZOOM application at <https://zoom.us/>, and entering the Webinar ID below.

Join by Telephone

Dial: US : +1 253 215 8782

Meeting ID: 836 2614 2088



If you do not wish to provide public comment, please help us manage the callers by using one of the options below to watch or listen to the meeting.

HOW TO WATCH/LISTEN TO THE MEETING: There are two ways to watch or listen in to the meeting:

- 1) Stream online via this link <https://king-county-tv.cablecast.tv/> or input the link web address into your web browser.
- 2) Watch King County TV on Comcast Channel 22 and 322(HD) and Astound Broadband Channels 22 and 711(HD).

1. **Call to Order**
2. **Roll Call**
3. **Announcement of Any Alternates Serving in Place of Regular Members**
4. **Approval of Minutes of April 18, 2024** **pg 4**
5. **Public Comments**
6. **Chair's Report**
7. **Director's Report**

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

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Briefings

- 8. BOH Briefing No. 24-B12 **pg 8**

Ongoing Efforts to Address the Opioid Crisis, Part 2

Dr. Mia Shim, Chief Medical Officer for Community Health Services, Public Health – Seattle & King County
Brad Finegood, Strategic Advisor, Public Health – Seattle & King County
Esther Lucero, President and Chief Executive Officer, Seattle Indian Health Board
Caleb Banta-Green, Director, University of Washington Center for Community-Engaged Drug Education, Epidemiology and Research
Karen Hartfield, HIV/Sexually Transmitted Infections/Hepatitis C Virus Program Administrator, Public Health – Seattle & King County
Susan McLaughlin, Division Director, Behavioral Health and Recovery Division, King County Dept. of Community and Human Services

- 9. BOH Briefing No. 24-B13 **pg 33**

A Public Health Approach to Addressing Gun Violence

Eleuthera Lisch, Director, Regional Office of Gun Violence Prevention, Public Health – Seattle & King County
Aley Joseph Pallickaparambil, Senior Epidemiologist, Assessment, Policy Development & Evaluation Division of Health Sciences, Public Health – Seattle & King County
Karyn Brownson, Program and Community Safety Manager, Chronic Disease and Injury Prevention Division of Health Sciences, Public Health – Seattle & King County

- 10. BOH Briefing No. 24-B14

Board of Health Homelessness and Health Workgroup Update



Quiana Daniels, Board of Health Vice Chair

11. Board Member Updates

12. Other Business

Adjournment

If you have questions or need additional information about this agenda, please call (206) 263-0365, or write to Joy Carpine-Cazzanti, Board of Health Administrator via email at KCBOHAdmin@kingcounty.gov

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Meeting Minutes Board of Health

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

1:00 PM

Thursday, April 18, 2024

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DRAFT MINUTES

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1. Call to Order

The meeting was called to order at 1:02 p.m.

2. Roll Call

Present: 12 - Archiopoli, Barón, Chew, Daniels, de Castro, Dunn, Hollingsworth, Koellen, Loo, Mosqueda, Nelson and Sweet

Excused: 4 - Gudgel, Kettle, Lucero and Narruhn

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

Boardmembers Lam, Mohammed and Milinganyo were also in attendance.

4. Approval of Minutes of March 21, 2024

Boardmember Koellen moved to approve the minutes of the March 21, 2024 meeting as presented. Seeing no objection, the Chair so ordered.

5. Public Comments

The following people spoke:

Stacey Valenzuela

Karen Estevenin

Tina Wilbanks, aka Tina Marie Amsler Simmons

6. Chair's Report

Chair Mosqueda briefed the Board on the Homelessness and Health Workgroup's recent work and indicated that additional meeting materials were distributed, including an update from Dr. Faisal Khan, Director of Public Health, - Seattle and King County, and a written report recapping the 2024 Legislative session.

Briefings**7. BOH Briefing No. 24-B09**

Public Health Strategic Planning Update

Eva Wong, Strategic Planning Manager, Matias Valenzuela, Director of the Office of Equity & Community Partnerships, and Jessica Jeavons, Director of Policy & Strategy, Public Health- Seattle & King County, briefed the Board and answered questions.

This matter was Presented

8. BOH Briefing No. 24-B10

Preview of On-site Sewage/Septic Code Updates

Meagan Jackson, Interim Assistant Division Director of the Community Environmental Health Section of Public Health, briefed the Board and answered questions.

This matter was Presented

9. BOH Briefing No. 24-B11

Environmental Health Rate Study Preview

Dylan Orr, Director of the Public Health's Environmental Health Services Division, and Michael Perez, Finance and Administrative Services Manager of the Environmental Health Services Division, briefed the Board and answered questions.

This matter was Presented

10. Board Member Updates

There were no updates.

11. Other Business

Adjournment

The meeting was adjourned at 3:03 p.m.

If you have questions or need additional information about this agenda, please call (206) 263-0365, or write to Joy Carpine-Cazzanti, Board of Health Administrator via email at KCBOHAdmin@kingcounty.gov

Approved this _____ day of _____

Clerk's Signature

Ongoing Efforts to Address the Opioid Crisis, Part 2

Dr. Mia Shim, Chief Medical Officer, Community Health Services, PHSKC

Caleb Banta-Green, Director, UW Center for Community-Engaged Drug Education, Epidemiology and Research

Esther Lucero, President and Chief Executive Officer, Seattle Indian Health Board

Brad Finegood, Strategic Advisor, Overdose Prevention and Response, PHSKC

Karen Hartfield, HIV/Sexually Transmitted Infections/Hepatitis C Virus Program Administrator, PHSKC

Susan McLaughlin, Director, Behavioral Health & Recovery Division, Department of Community and Human Services

Overdose Prevention Approaches to Substance Use Disorder



Cross Cutting Capabilities: Communications, Data, Policy, Outreach and Engagement



How harm reduction, treatment & recovery work together

Caleb Banta-Green, PhD, MPH, MSW

Research Professor

Director- Center for Community-Engaged Drug Education, Epidemiology & Research
at the Addictions, Drug & Alcohol Institute

Department of Psychiatry & Behavioral Sciences, School of Medicine

Conflict of Interest Disclosure

I have no conflicts of interest to report.

I have never received funding from pharmaceutical companies.

Current funding includes

WA Health Care Authority (State funds & US DHHS SAMHSA)

State opioid response TA; Nurse care manager; Epi/OD education/Web; Drug checking

NIH National Institute on Drug Abuse

Paul G. Allen Family Foundation

Outline

- Care needs for people who use drugs
 - What do people say they want and need?
- How and why treatment, recovery, and harm reduction must co-exist
 - Recovery timelines for various substances
- Harm reduction and treatment co-location and staffing
 - Utilization of harm reduction and treatment services

**Findings from the 2023 Public Health – Seattle & King County
Syringe Services Program Survey
PHSKC HIV/STI/HCV Program
March 2024**

Key Findings

- The Public Health – Seattle & King County syringe services program (SSP) conducted a survey of 496 clients in December 2023.
- Methamphetamine use was reported by 86% of participants who used drugs, and fentanyl use was reported by 76%. Fentanyl was the most common “main” drug.
- 59% of participants who used drugs reported that they had only smoked drugs in the past seven days, while 35% reported any injection drug use.
- 45% of participants who used drugs reported any type of substance use treatment in the past year; 21% reported current methadone treatment, and 7% reported current buprenorphine treatment.
- 77% of participants were homeless or had unstable housing, and 71% of these participants said they would use less or quit their drug use completely if they had stable housing.

Questions? Contact:

Sara Glick, PhD, MPH
Epidemiologist, PHSKC HIV/STI/HCV Program
sara.glick@kingcounty.gov

Figure 6. How main drug use would change with stable housing among participants without permanent housing; 2023 PHSKC SSP Survey

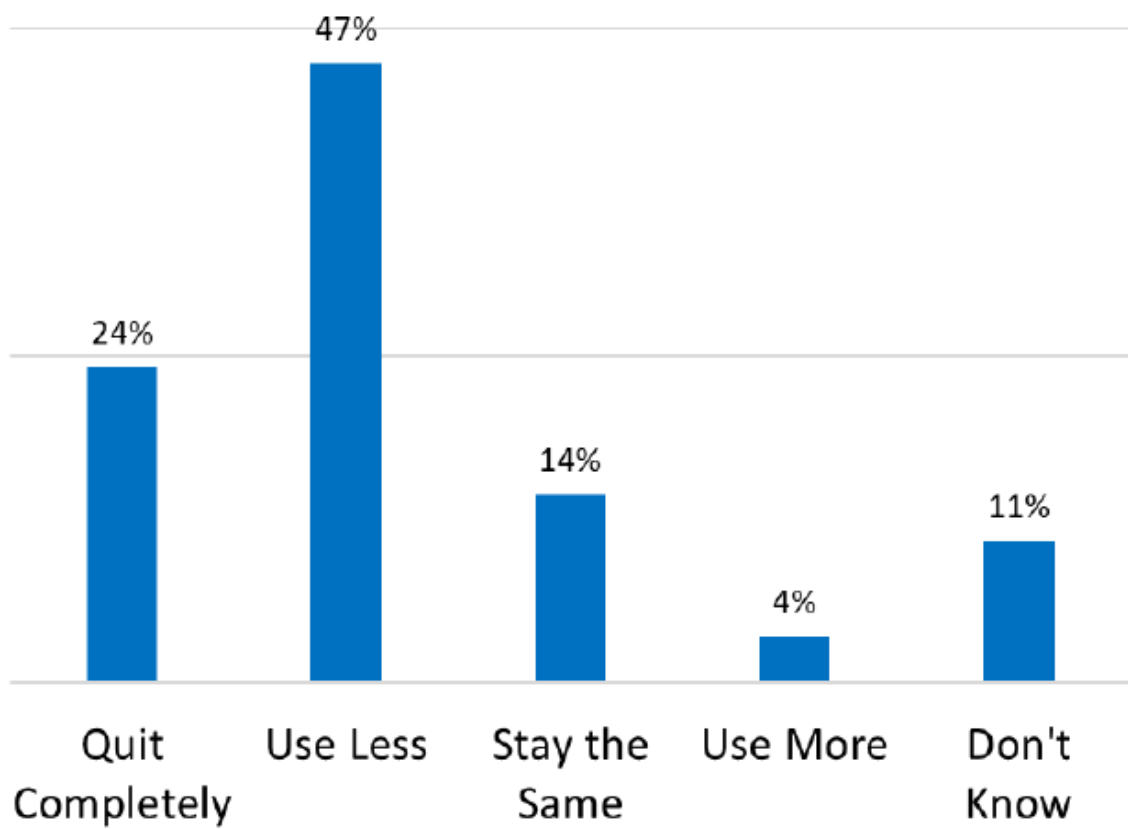


Figure 14. Interest in reducing or stopping drug use among participants who used opioids or stimulants; 2023 PHSKC SSP Survey

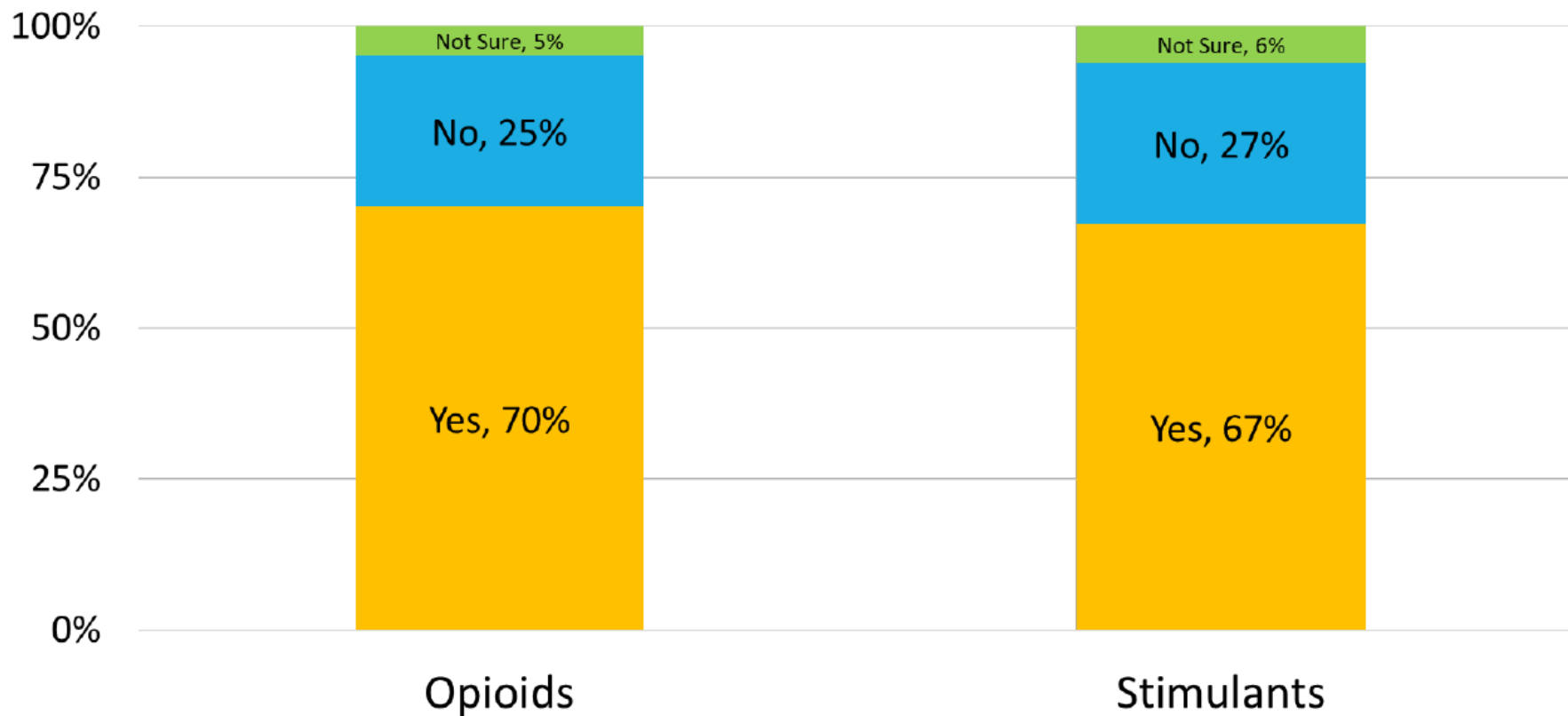
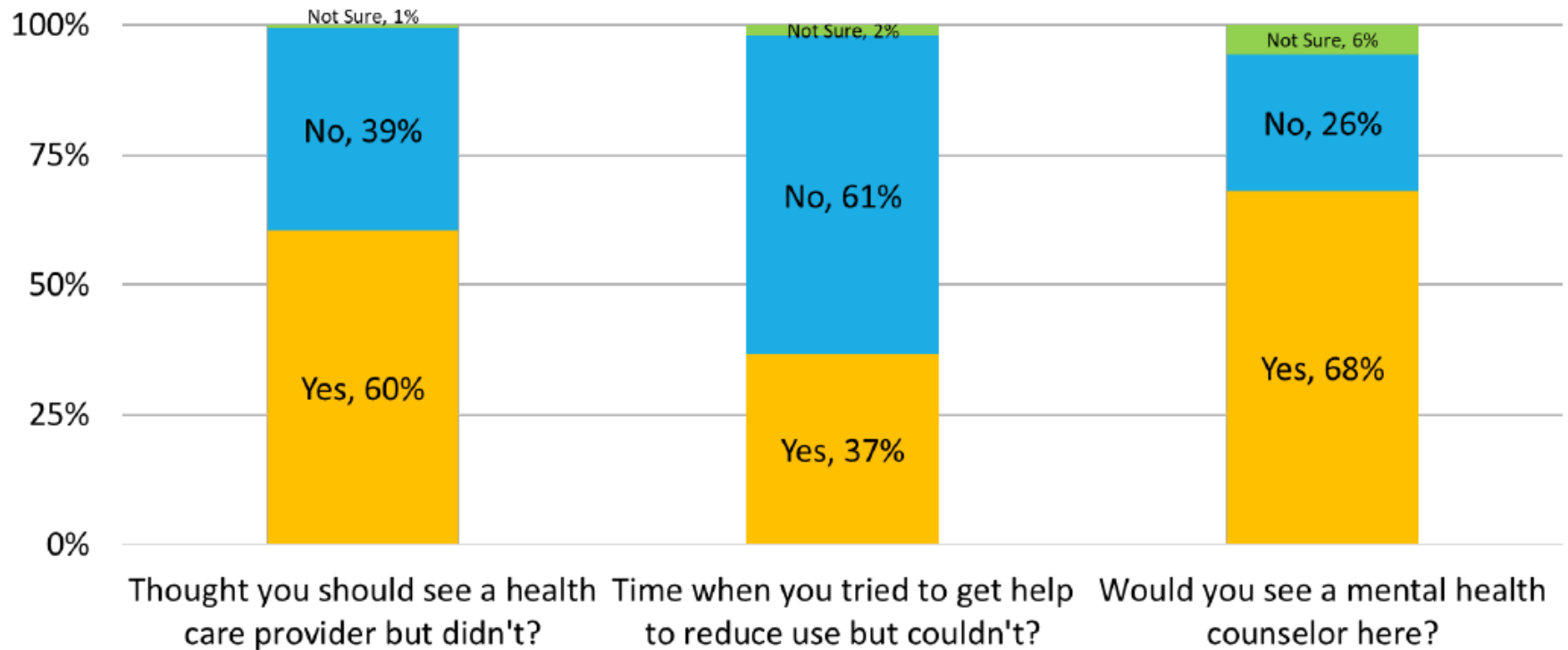




Figure 20. Unmet health needs among participants who used drugs in the past three months; 2023 PHSKC SSP Survey



Perspectives of People Who Use Meth

- June 2021, ADAI conducted qualitative interviews with syringe service program (SSP) participants (n=30)
- Most participants saw both benefit and harm from their methamphetamine use.
- Almost 2/3rds had interest in stopping their methamphetamine use, while others were interested in reducing their use or changing how they used methamphetamine.
- Many participants lacked stable housing, employment, or other practical needs like transportation, childcare, and primary health care.
- Regardless of their level of interest in reducing or stopping their methamphetamine use, participants wanted social and health care services *beyond* substance use disorder treatment to help them reduce or stop their methamphetamine use.

Perspectives of People Who Use Fentanyl

- 30 syringe services program (SSP) participants in WA State who reported recent fentanyl use. Interviewed in Q1 2023.
- **Rapid change in the drug supply** from heroin to fentanyl affected their substance use.
- **Complex motivations for using fentanyl** including physical pain, mental health issues, trauma, homelessness, opioid use disorder, and easy availability of fentanyl.
- The majority of respondents were unhoused for whom meeting basic needs like housing, food, and employment were a priority.

Perspectives of People Who Use Fentanyl

- The majority (70%) of participants were **interested in reducing or stopping their fentanyl use.**
- When asked about **the “ideal place” to receive medical care** and/or help with substance use, people described holistic and individualized care that was affordable and easy to access.
- Specific services of interest included: programs to help meet basic needs, medical care, mental health care, care navigation, and support from people with lived experience of substance use.

Perspectives of People Who Use Fentanyl

- Many respondents were interested in or had previous positive experiences with **methadone or buprenorphine** for opioid use disorder. However, administrative and other barriers limited access to these medications.
- The combination of healthcare barriers, social determinants of health, the strength and half-life of fentanyl, and individual physical and mental pain produce a **significant challenge for care systems** to respond to the complex needs of many people who use fentanyl.

Persistent treatment & harm reduction gaps

- The minority of people with substance use disorder are receiving any treatment, let alone evidence based treatment
- Treatment capacity has expanded recently including State Opioid Response projects (which can now also be used for stimulants). Many lessons learned during scale up.
- Methamphetamine use, use disorder, and fatal overdoses are increasing to new highs in the West & emerging in the Eastern US. Cocaine use and consequences persist.
- Fentanyl & methamphetamine use and consequences are increasing much faster than our services

Recovery gaps

- Recovery from opioid and stimulant use disorders takes significantly longer than for alcohol and cannabis (3 years vs 1 year)
- Many in recovery continue to use substances

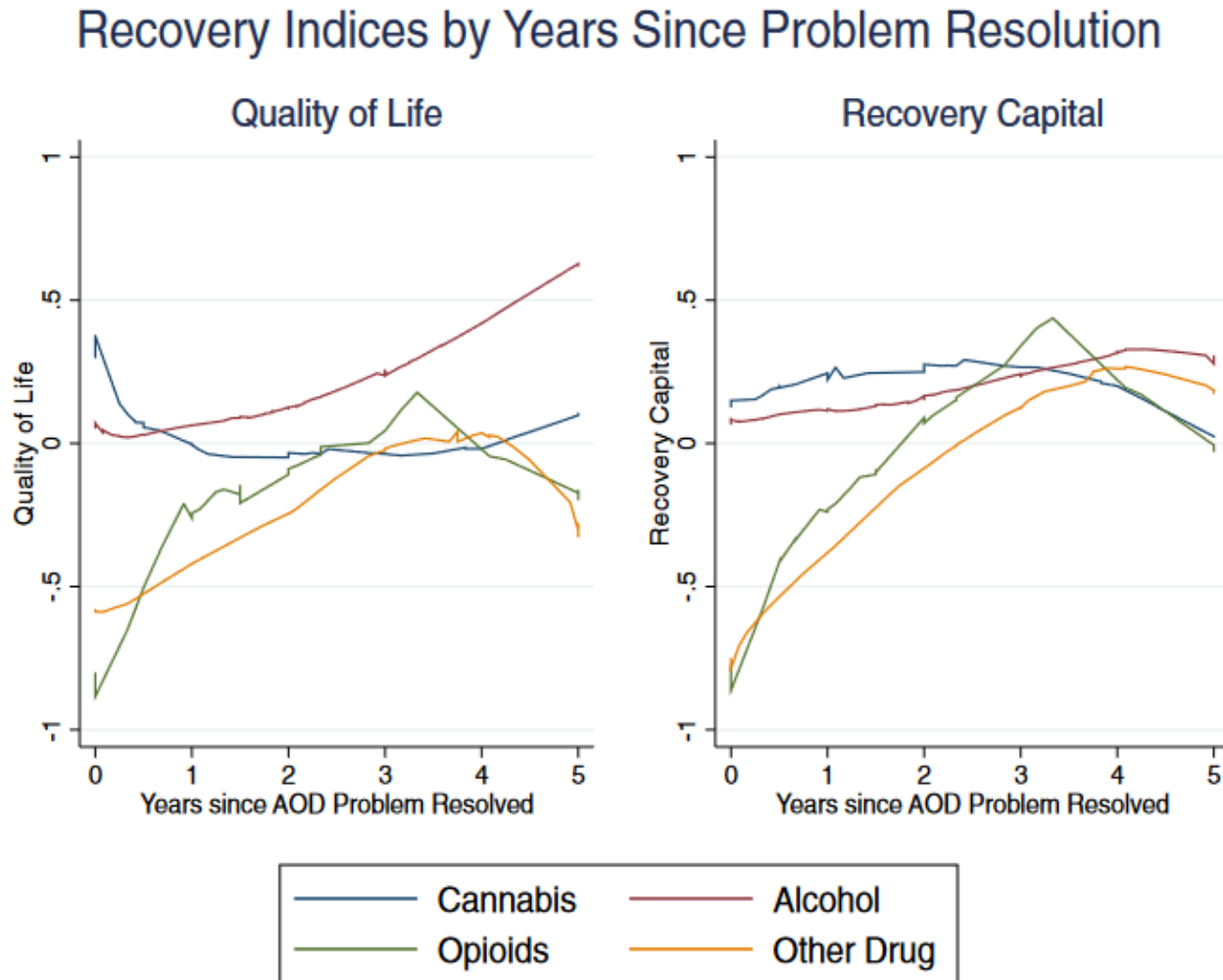


Fig. 5. Locally Weighted Scatterplot Smoothing (LOWESS) analysis of recovery indices by years since problem resolution stratified by primary substance.

Beyond Abstinence: Changes in Indices of Quality of Life with Time in Recovery in a Nationally Representative Sample of U.S. Adults
John F Kelly;M Claire Greene;Brandon G Bergman
DOI: 10.1111/acer.13604 Alcoholism: clinical and experimental research. , 2018, Vol.42(4), p.770-780

Catalysts for a new way

- People DO want to reduce chaos and often their use
 - They DO want effective care ^(1 2)
- Brief interventions in ED often have modest, short term impact ^(3 4)
- People who use drugs often do NOT feel welcome in traditional health care or SUD treatment settings ^(5 6 7)
- Mandated treatment is generally not effective ⁽⁸⁾
- Treatment, harm reduction, and recovery **can** overlap
- What about a new way that is truly person-centered, community-based care?

1 Frost et al. 2018 doi: 10.1097/ADM.0000000000000426

2 McMahan et al. 2020 doi: 10.1016/j.drugalcdep.2020.108243

3 D'Onofrio et al. 2017 doi: 10.1007/s11606-017-3993-2

4 Banta-Green et al. 2019 doi: 10.1136/injuryprev-2017-042676

5 Wakeman et al. 2018 doi: 10.1080/10826084.2017.1363238

6 Biancarelli et al. 2019 doi.org/10.1016/j.drugalcdep.2019.01.037

7 <http://adai.uw.edu/pubs/pdf/2017syringexchangehealthsurvey.pdf>

8 <https://adai.uw.edu/ask-an-expert-mandated-tx/> 23



Substance Abuse

ISSN: 0889-7077 (Print) 1547-0164 (Online) Journal homepage: <https://www.tandfonline.com/loi/wsub20>

Engaging an unstably housed population with low-barrier buprenorphine treatment at a syringe services program: Lessons learned from Seattle, Washington

Julia E. Hood, Caleb J. Banta-Green, Jeffrey S. Duchin, Joseph Breuner, Wendy Dell, Brad Finegood, Sara N. Glick, Malin Hamblin, Shayla Holcomb, Darla Mosse, Thea Oliphant-Wells & Mi-Hyun Mia Shim

To cite this article: Julia E. Hood, Caleb J. Banta-Green, Jeffrey S. Duchin, Joseph Breuner, Wendy Dell, Brad Finegood, Sara N. Glick, Malin Hamblin, Shayla Holcomb, Darla Mosse, Thea Oliphant-Wells & Mi-Hyun Mia Shim (2019): Engaging an unstably housed population with low-barrier buprenorphine treatment at a syringe services program: Lessons learned from Seattle, Washington, Substance Abuse, DOI: [10.1080/08897077.2019.1635557](https://doi.org/10.1080/08897077.2019.1635557)

Bupe Pathways Takeaways

- High client demand
- High needs population-82% homeless/unstably housed
- Most use multiple substances initially and ongoing
- Buprenorphine was almost always documented in urine drug screen- (increasing from 33% to 96%, $P < .0001$)
- Significant decrease in illicit opioid use (90% to 41%, $P < .0001$)

Community Based Meds First Study

- Adapted buprenorphine pathways
 - added care navigators to the nurse care manager role
 - 6 month duration-medication start and protracted stabilization
- 6 sites across WA State (3 each in Eastern and Western WA)
- Syringe services programs and/or services for unhoused people
- Extensive implementation support from UW clinician-researchers with site staff and administrators

Natural partners- Harm reduction & Treatment

Care Navigation at Harm Reduction Programs: Community-Based “Meds First” Buprenorphine Program Preliminary Data

06/22/2022



ADAI Report by Susan Kingston & Caleb Banta-Green

In 2019, the Addictions, Drug & Alcohol Institute (ADAI) at the University of Washington launched the “Meds First” program to provide onsite, low-barrier access to buprenorphine in partnership with six syringe services programs across WA State.

A key component of the Meds First service model was the addition of care navigation to support client engagement and retention in OUD treatment.



- **Key Findings**
- Care navigation fits flexibly and productively within community-based harm reduction programs.
- Participants of harm reduction programs want—and use—care navigation services, especially in-person support.
- Providing opioid use disorder treatment with a harm reduction orientation supports honest conversations about drug use.
- Care navigation services could be an important feature of a broader, low-barrier, “one-stop” model of health care available at harm reduction programs for people who use drugs and are not adequately served by traditional health care settings.

Health engagement hubs & ORCA

These models have evolved into:

- WA State supported Health engagement hubs
- ORCA- Overdose Recovery Care Access/ sub-acute stabilization program (UW ADAI NIDA Grant with PHSKC and DESC)
- These are a 3rd model of care alongside Specialty SUD care and Primary care
- SAMHSA issued a Dear colleague letter May 2023 in support of Medications First*

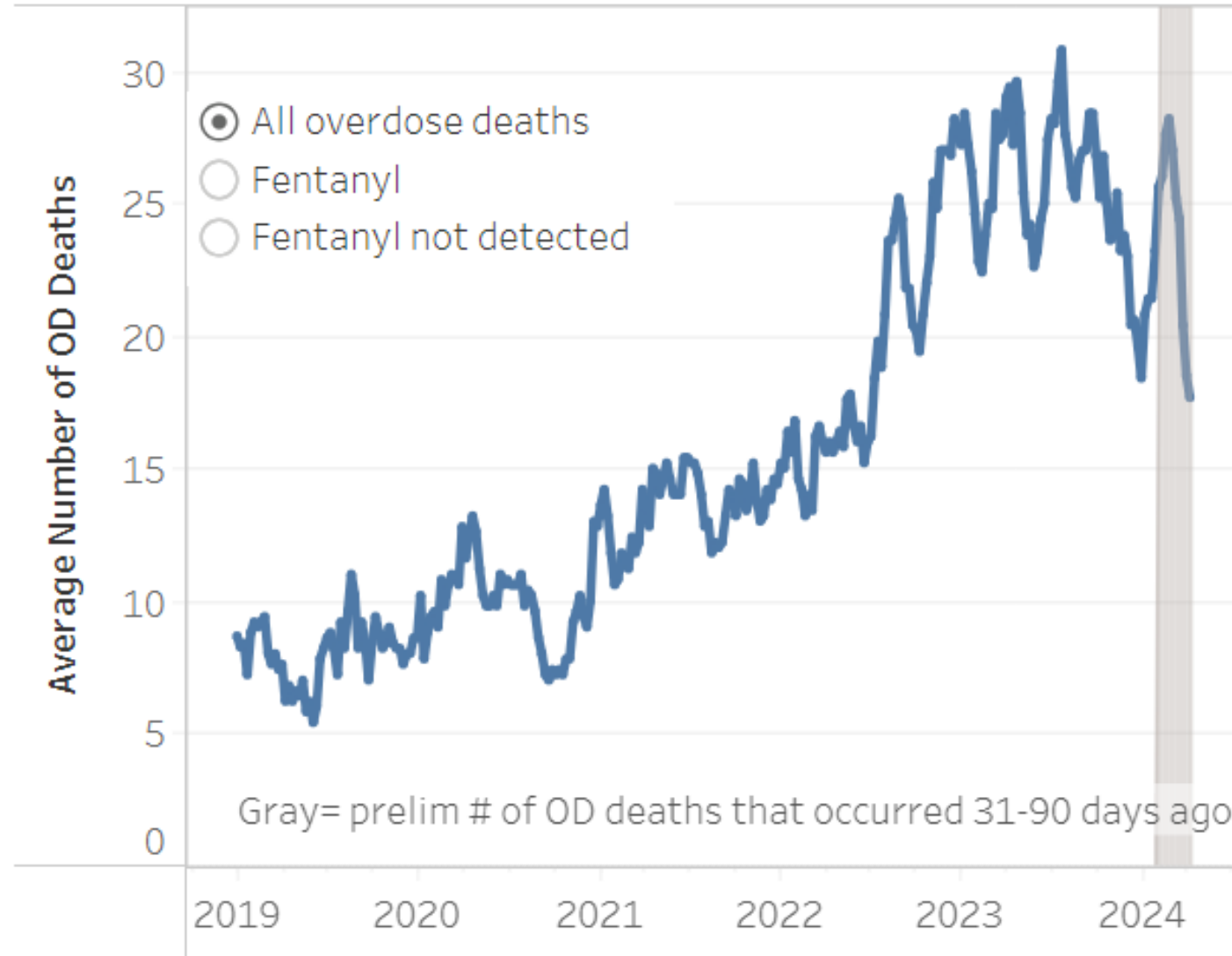
Key takeaway: Harm reduction + Treatment + Health care is where substance use services for opioids and stimulants are headed

Coming soon: Seattle Indian Health Board slides

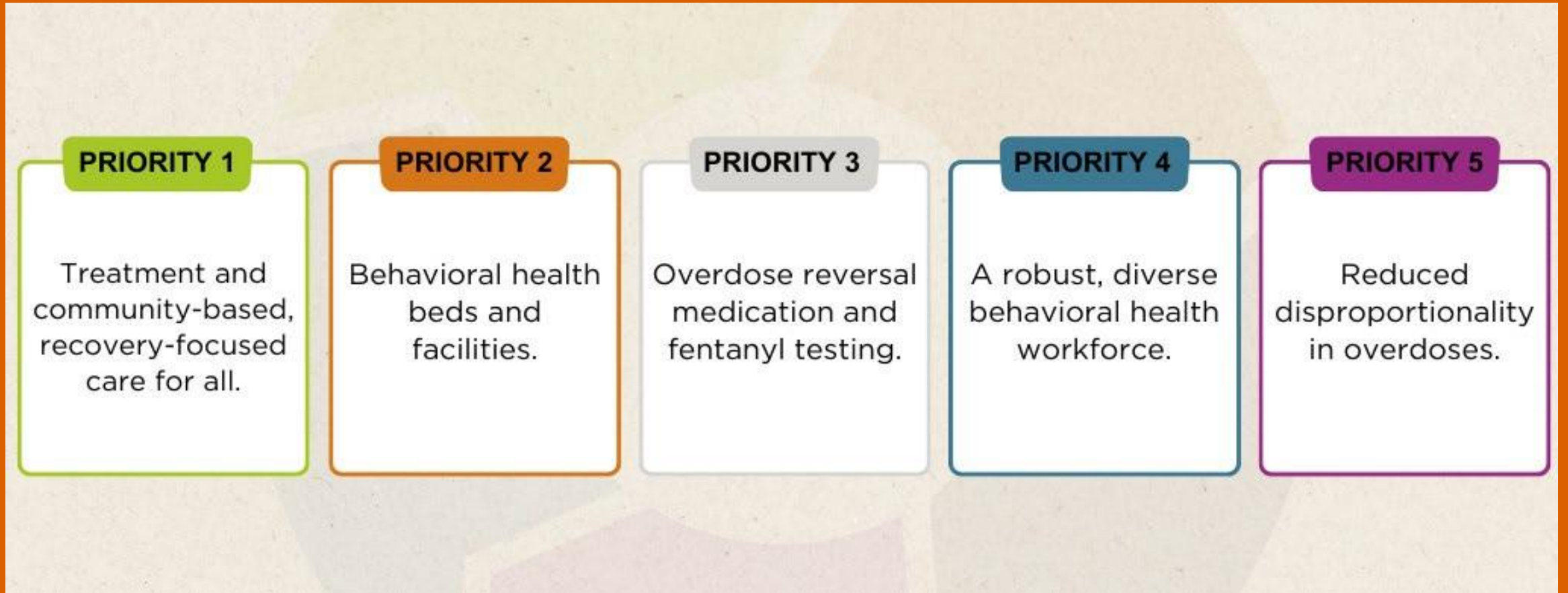
Ave Weekly # of Confirmed Overdose Deaths

Switch data view:

Overdose deaths by week (rolling average) ▼



Five Priorities for Action to Prevent Overdoses in 2024



Questions?

Contact Joy Carpine-Cazzanti
Board of Health Administrator
KCBOHAdmin@kingcounty.gov



A Public Health Approach to Gun Violence

King County Board of Health

May 16, 2024



Regional Office of Gun Violence Prevention

Mission:

Taking a public health approach, the Regional Office of Gun Violence Prevention collaborates with community and across systems to collectively address gun violence in King County.

Functions:

Coordinate a Regional Approach and Implement Key Initiatives

- Convene and collaborate with community leaders, local and state agencies, and national subject matter experts to identify, implement, and sustain effective gun violence prevention strategies.
- Partner with directly impacted communities, community providers, elders, youth, and survivors to grow and advance equitable community-led solutions.
- Work with service providers, advisory groups, and subject matter experts to enhance strategies, inform policy, review data, identify resources, and align services.
- Provide capacity building, training and technical assistance for community organizations, and key partners
- Measure impact through results-based accountability evaluation
- Co-design, implement, and bring to scale key initiatives

Current Initiatives:

- Regional Peacekeepers Collective (RPKC) - Community Violence Intervention (CVI)
- Hospital-based & Violence Intervention Program (HVIP)
- Community Violence Intervention (CVI) Training Academy



Collaboration Framework Descriptions

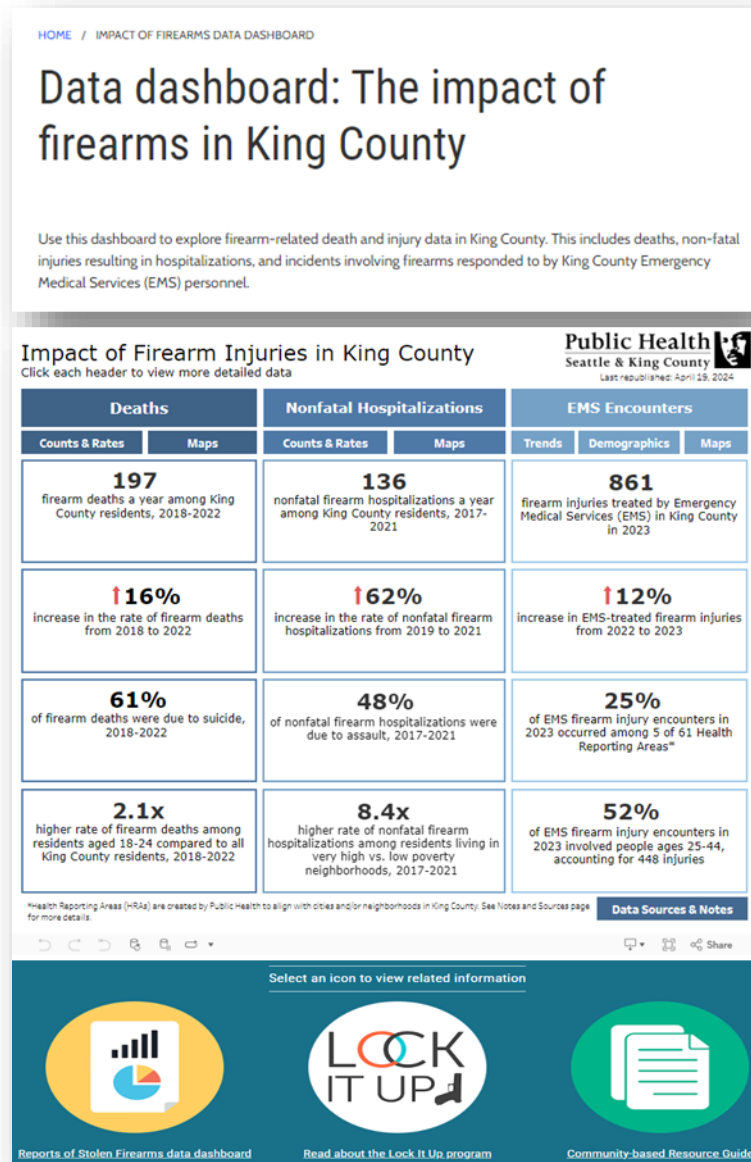
	DESCRIPTION
Regional Office of Gun Violence Prevention	<ul style="list-style-type: none"> Leads coordination of gun violence prevention efforts in King County Convenes & collaborates with key partners Co-creates with and elevates community-led solutions
Community Leaders & Community-based Organizations	<ul style="list-style-type: none"> Co-designs, implements and grows community violence intervention (CVI) strategies
Regional Youth, Survivors, and Elders Advisory Groups	<ul style="list-style-type: none"> Provides strategic advice for growth of regional gun violence efforts
Executive Advisory Group	<ul style="list-style-type: none"> Builds, leverages, and sustains political will Reviews and influences policy & advocacy Supports resource development, alignment and allocation
Intermediary Organization	<ul style="list-style-type: none"> Contracts with community organizations and provides capacity building, fiscal and contract management, data collection & reporting
Evaluation Partners	<ul style="list-style-type: none"> Evaluates impact of services in partnership with community organizations and provides capacity building Evaluates impact of collaboration & coordination Conducts ongoing data analysis and support research and evaluation to grow regional efforts
Medical and Public Health Partners	<ul style="list-style-type: none"> Provides hospital-based and community linked intervention Provides firearm injury, emergency services, shots fired and other data
Cross Systems Partners & Subject Matter Experts	<ul style="list-style-type: none"> Identifies strategies and supports innovation Supports community capacity building through technical assistance and opportunity development Collaborates to implement strategies
Government Partners (Local, State & Federal)	<ul style="list-style-type: none"> Aligns gun violence prevention strategies along a continuum of prevention, intervention and restoration Identifies resources and develops sustainable partnerships Collaborates to develop shared vision and goals



Summer Updates

- 2nd Annual Together We End Gun Violence Conference
- National Gun Violence Awareness Day Gun Lock Box Giveaways
 - Central District (23rd & Jackson)
 - Kent City Hall
 - White Center
 - Burien
 - Skyway Fire Station 20
 - Rainier Beach

Public Health Data on Firearm Impacts



- Leadership commitment to comprehensive assessment and surveillance of the impacts of firearm violence in King County
- Mixed working group of epidemiologists and program staff
- Build out new data partnerships, disseminate to ROGVP's network

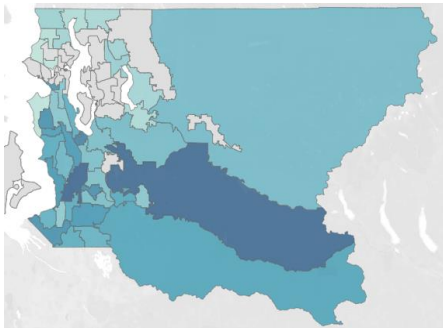
Ongoing Monitoring of Firearm-related indicators can shed light on vital insight

Using this dashboard and related data products, we can



→ Identify trends over time in firearm-related incidents, injuries and deaths

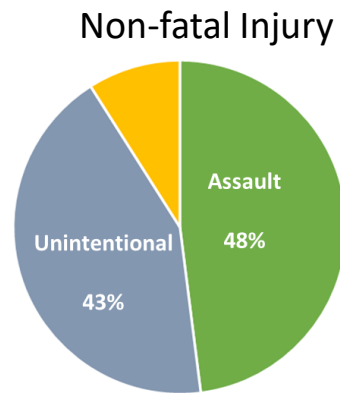
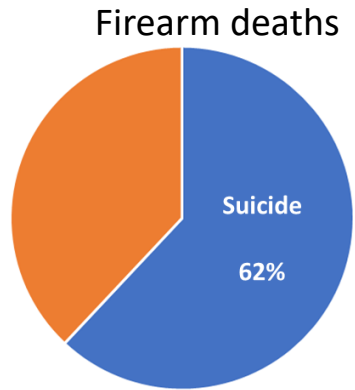
→ Drill down to causes and intents associated with firearm violence



→ Identify specific King County cities and neighborhoods where impacts are concentrated, as well as just within the City of Seattle

→ Can serve the needs of multiple audiences

Key Highlights from Data between 2017-2023



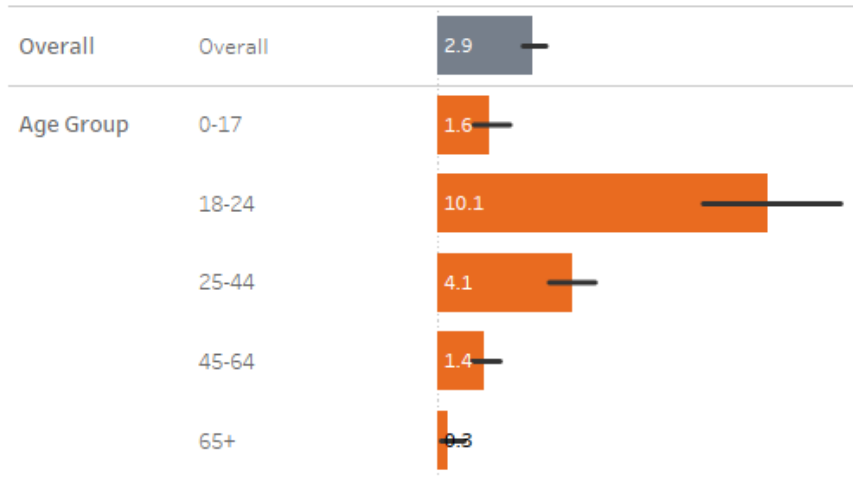
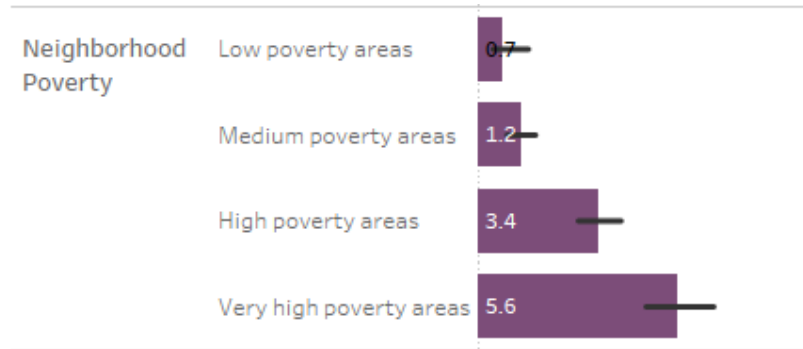
↑16%
increase in the rate of firearm deaths
from 2018 to 2022

↑12%
increase in EMS-treated firearm injuries
from 2022 to 2023

↑62%
increase in the rate of nonfatal firearm
hospitalizations from 2019 to 2021

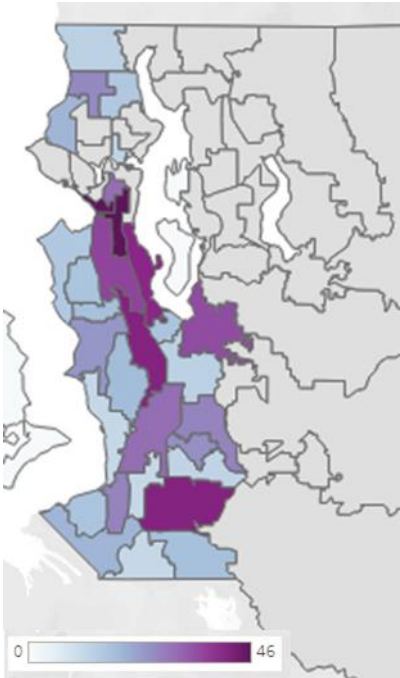
- **Suicide** accounts for more than 60% of firearm-related deaths (2018-2022)
- **Assault** accounts for the largest proportion of non-fatal injury ~ 48%, followed by **unintentional** (2017-2021)
- **Rising trends in injuries and deaths** identified across multiple data sources

Key Highlights from Data between 2017-2023

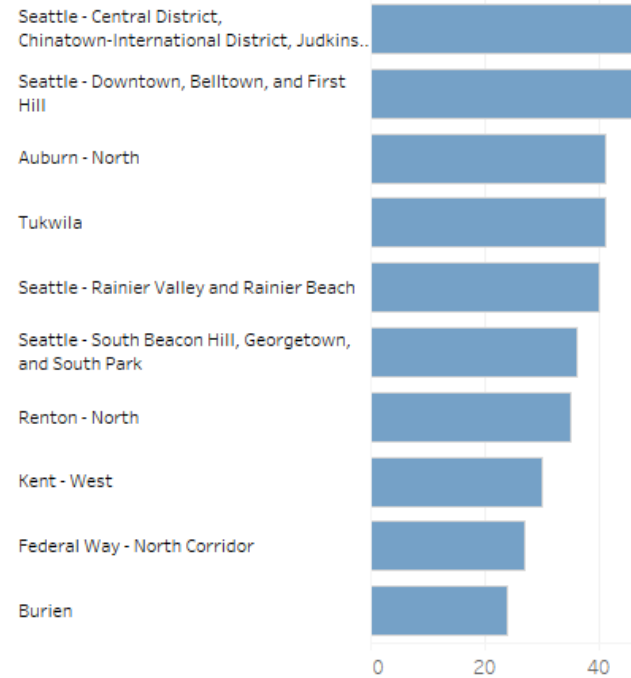


- Non-fatal hospitalization rates are **8.4 times as high** in 'very high poverty' areas v/s 'low poverty' areas (2017-2021)
- 18-24 year-olds have **3-3.5 times** the rate of **assault-related** injuries and **homicide** related deaths, compared to overall county rates (2017-2022)

Key Highlights from Data between 2017-2023



Top 10 cities/neighborhoods by number



- **Incidents are concentrated geographically: One quarter or 25% of incidents are in just 5 King county neighborhoods (2023)**

HOME / IMPACT OF FIREARMS DATA DASHBOARD

Data dashboard: The impact of firearms in King County

Use this dashboard to explore firearm-related death and injury data in King County. This includes deaths, non-fatal injuries resulting in hospitalizations, and incidents involving firearms responded to by King County Emergency Medical Services (EMS) personnel.

Impact of Firearm Injuries in King County
Click each header to view more detailed data

Public Health
Seattle & King County
Last published: April 18, 2024

Deaths		Nonfatal Hospitalizations		EMS Encounters		
Counts & Rates	Maps	Counts & Rates	Maps	Trends	Demographics	Maps
197 firearm deaths a year among King County residents, 2018-2022		136 nonfatal firearm hospitalizations a year among King County residents, 2017-2021		861 firearm injuries treated by Emergency Medical Services (EMS) in King County in 2023		
↑16% increase in the rate of firearm deaths from 2018 to 2022		↑62% increase in the rate of nonfatal firearm hospitalizations from 2019 to 2021		↑12% increase in EMS-treated firearm injuries from 2022 to 2023		
61% of firearm deaths were due to suicide, 2018-2022		48% of nonfatal firearm hospitalizations were due to assault, 2017-2021		25% of EMS firearm injury encounters in 2023 occurred among 5 of 61 Health Reporting Areas*		
2.1x higher rate of firearm deaths among residents aged 18-24 compared to all King County residents, 2018-2022		8.4x higher rate of nonfatal firearm hospitalizations among residents living in very high vs. low poverty neighborhoods, 2017-2021		52% of EMS firearm injury encounters in 2023 involved people ages 25-44, accounting for 448 injuries		

*Health Reporting Areas (HRAs) are created by Public Health to align with cities and/or neighborhoods in King County. See Notes and Sources page for more details.

[Data Sources & Notes](#)

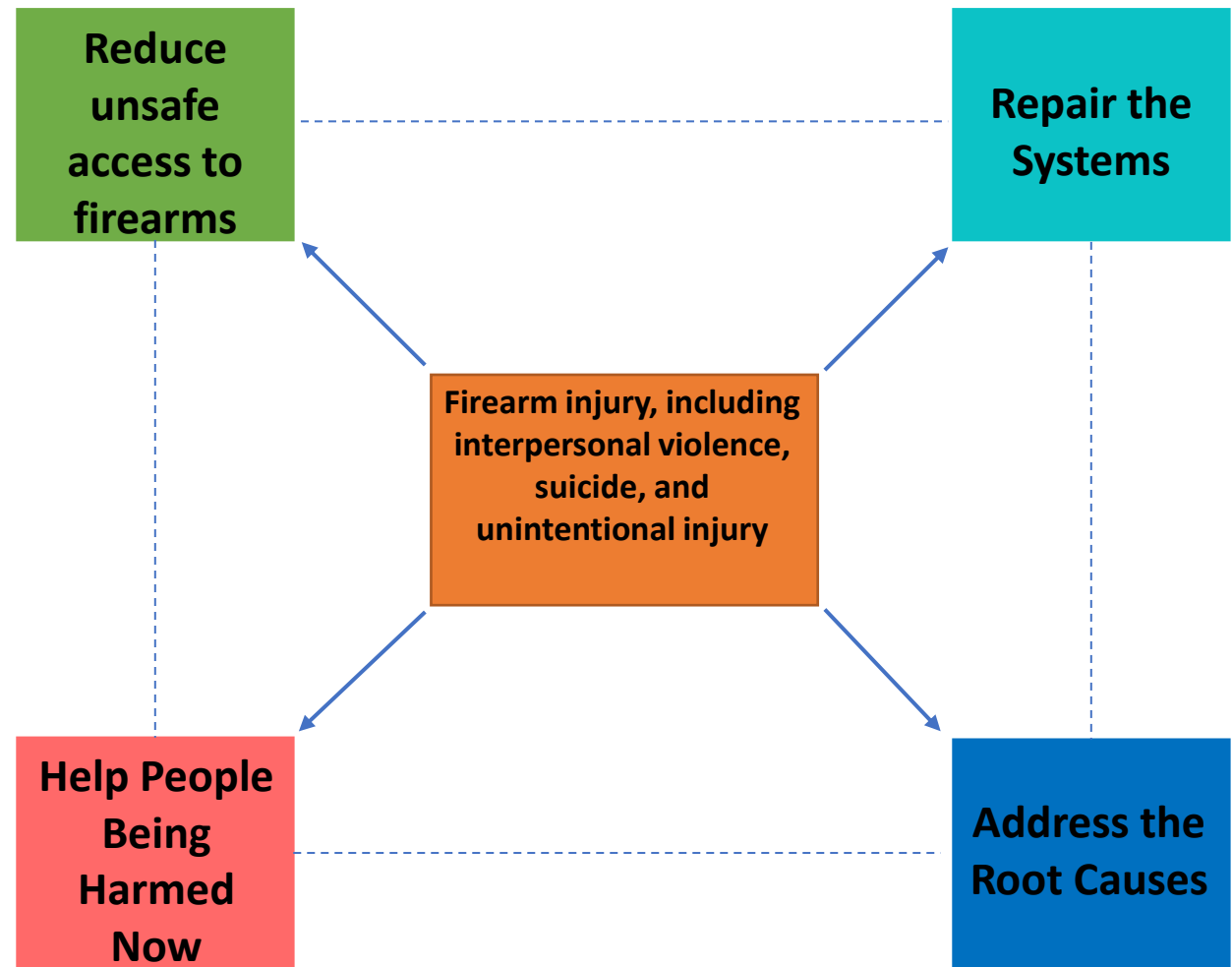
Select an icon to view related information

- Reports of Stolen Firearms data dashboard
- Read about the Lock It Up program
- Community-based Resource Guide



- **Leadership commitment to comprehensive assessment and surveillance of the impacts of firearm violence in King County**

Our firearm injury prevention work has several components.





The 2024 Legislative Session

HB 1903

Requires prompt, detailed reporting of lost and stolen firearms

SB 5444

Restricts possession of weapons in libraries, zoos, aquariums and transit facilities

HB 2118

Requires security infrastructure and practices for firearm dealer licensing

HB 2021

Mandates WSP to destroy confiscated firearms

These bills will not end all firearm violence, but they are part of a multifaceted solution.

The Lock It Up program promotes voluntary safe storage of firearms.



SIMPLE. SECURE. READY.

- Partnerships with firearm and safe storage device retailers and shooting sports facilities
 - Give a discount on storage devices to customers who mention the program; share information
- Partnerships with law enforcement
 - Share information with Concealed Pistol License applicants
- Public education
 - Health fairs, website, presentations, data dissemination
- Community partnerships
 - We are a resource and convener across the spectrum of gun violence prevention work.

Lock It Up Expansion



- Funding from the WA State Department of Commerce's Office of Firearm Safety and Violence Prevention - \$200,000 per year this state biennium for PHSKC
- Partnership with Seattle Children's
- Evaluation by UW Firearm Injury & Policy Research Program
- Statewide work on safe storage promotion rooted in racial and geographic equity

PHSKC/ Lock It Up's project

- Disseminating our Lock It Up program model to other local health jurisdictions
- Creating a training on firearm harm reduction and safe storage for community violence intervention programs
- Supporting small safe storage giveaways hosted by health departments or community organizations by providing devices, materials, and funding for costs
- Hosting and staffing a project advisory group

What we've done so far

- Program staff hired
- Partnerships established with LHJs, military partners, and community-based organizations across the state
- Program implementation guide and workplan created for other LHJs
- Advisory group with statewide membership convened
- Training on safe storage as harm reduction being developed for youth programs
- Safe storage devices purchased and distribution training created

Thank you!
Send questions to kcbohadmin@kingcounty.gov

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