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Title: A MOTION requiring that the executive prepare a report and workplan for the implementation of the Heroin and Prescription Opiate Addiction Task Force recommendation to establish community health engagement locations.

Sponsors: Jeanne Kohl-Welles

Indexes: Drugs

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Attachments: 1. 2017-00209_SR_CHEL_Plan.docx, 2. 2017-0209_ATT2_Excerpt from Task Force Recommendations.docx, 3. 2017-0209_ATT3_CHEL Resources.docx, 4. 2017-00209_SR_dated_06062017_CHEL_Plan_6-6.docx, 5. 2017-0209_ATT3_AMD1.docx, 6. 2017-0209_ATT4_AMD2.docx, 7. 2017-0209_ATT5_AMD3.docx, 8. 2017-0209_More_Written_Comments_from_SOS_Distributed_at_06062017_Meeting.pdf, 9. 2017-0209_Written_Comments_from_Seattle_LGTBQ_Commission_Distributed_at_06062017_Meeting.pdf, 10. 2017-0209_Written_Comments_from_SOS_Distributed_at_06062017_Meeting.pdf

Date	Ver.	Action By	Action	Result
6/6/2017	1	Health, Housing and Human Services Committee	Deferred	
5/16/2017	1	Health, Housing and Human Services Committee	Deferred	
5/15/2017	1	Metropolitan King County Council	Introduced and Referred	

Clerk 05/10/2017

A MOTION requiring that the executive prepare a report and workplan for the implementation of the Heroin and Prescription Opiate Addiction Task Force recommendation to establish community health engagement locations.

WHEREAS, opioid prescribing had increased significantly from the mid-1990s through at least 2010 and has been paralleled by increases in pharmaceutical opioid misuse and opioid use disorder, heroin use, and fatal overdoses, and

WHEREAS, these increases in morbidity and mortality were seen among those who were prescribed opioids and those who were not. Further, when opioid prescribing began decreasing after new limits were

placed on legal prescriptions, pharmaceutical opioids became less available and 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, and

WHEREAS, 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, according to medical examiner records, heroin-involved deaths in King County totaled one hundred fifty-six, "their highest number since at least 1997 and a substantial increase since the lowest number recorded, forty-nine, in 2009." Increases in heroin deaths from 2013 to 2014 were seen in all four regions of the county, and

WHEREAS, 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. The increase occurred while the number of people receiving treatment for all other primary drugs of choice declined, except for people with methamphetamine use disorders, and

WHEREAS, recognizing the extent of this public health 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, cochaired 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. The task force had representatives from forty different agencies representing all of King County, and

WHEREAS, task force recommendations were generated by four workgroups. The workgroup recommendations were presented to the full task force on two separate occasions for review, feedback and modification, culminating in a final vote on each recommendation. The final report and recommendations of the task force were unanimously adopted by the King County Board of Health in January 2017, and

WHEREAS, one of the task force's recommendations was to establish, on a pilot program basis, at least

two community health engagement locations where supervised consumption occurs for adults with substance use disorders in King County. The task force recommended that one site should be located outside of the city of Seattle, reflecting the geographic distribution of drug use in other King County areas, and

WHEREAS, the task force noted that these sites should provide harm reduction services where supervised consumption occurs for individuals with substance use disorders and that the primary purpose of these sites is to engage individuals experiencing substance use disorder using multiple strategies to reduce harm and promote health, including, but not limited to, overdose prevention through promoting safe consumption of substances and treatment of overdose and connection to a continuum of care that can foster health and reduce the harm associated with substance use;

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

A. The executive shall, in collaboration with the city of Seattle, the office of policy, strategy and budget, department of community and human services, department of public health and the facilities management division, after consultation with community experts who served on the Heroin and Prescription Opiate Addiction Task Force, transmit a report and workplan showing facility and siting options, implementation timeline and potential costs for implementing the task force recommendation to establish community health engagement locations.

B. The report shall include, but not be limited to

1. A review of the needed type of facility for a community health engagement location facility, including space needs, site needs and any other ancillary facility requirements such as proximity to public transit or parking availability. The report should include a review of whether the facility needs can be met with the use of temporary structures;
2. An analysis of potential sites for community health engagement location facilities; including potential city of Seattle sites and the regional King County sites;
3. An analysis of how any service provider, or providers, for the operation of the community health

engagement location facilities will be selected and the estimated timeframe for the selections process, including identification of the department that will be responsible for the selection;

4. An analysis of the operating and capital costs associated with identified options, including implementation timelines for each option; and

5. An analysis of potential funding strategies for the identified options.

C. The executive shall file the report required by this motion by September 1, 2017, in the form of a paper original and an electronic copy with the clerk of the council, who shall retain the original and provide an electronic copy to all councilmembers, the council chief of staff, the policy staff director and the lead staff for the health, housing and human services committee, or their successor.