



MEMORANDUM

DATE: February 28, 2018

TO: Councilmember Teresa Mosqueda, Chair  
Housing, Health, Energy, and Workers' Rights

VIA: Ben Noble, Budget Director

FROM: Fred Podesta, Department of Finance and Administrative Services Director  
Catherine Lester, Human Services Department Director

Subject: Response to Feasibility study for Siting a Safe Consumption Site – Statement of Legislative Intent 261-1-A-1

In adopting the 2018 budget, the City Council passed a Statement of Legislative Intent (SLI) asking for a feasibility study for siting a safe consumption site in Seattle as recommended by the Heroin and Prescription Opiate Addiction Task Force. In a separate action, City Council also approved \$1.3 million dollars of one-time funding for the creation of a safe consumption site; however, that money may not be appropriated until the Human Services Department conducts an assessment of the project and files a report of the assessment with the City Clerk. This response will not address the site assessment, although it is possible that a portion of the \$1.3 million could be used for outreach efforts in 2018.

As noted by Council, numerous stakeholders have been working together to respond to the heroin-related public health crisis. In March 2016, the King County Heroin and Prescription Opioid Addiction Task Force was convened. The goal of the Task Force was to develop “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.”<sup>1</sup> The Task Force developed eight recommendations for responding to the opioid crisis in King County. They divided the eight recommendations into three subcategories: primary prevention, treatment expansion and enhancement recommendations, and user health services and overdose prevention. Since the Task Force recommendations were published, a great deal of progress has been made on expanding treatment for individuals with opiate and other substance use disorders (SUD). Progress has been facilitated by King County Mental Illness and Drug Dependency (MIDD) funding, Federal Cures Act funding via the State of Washington and through Medicaid. Total budgeted dollars for services that work with people with SUD in King County exceeds \$225 million for the 2017/2018 biennium, the vast majority of which are Medicaid funds.

While there has been much investment in substance use disorder treatment, there are still many overdose deaths in Seattle and King County. In 2016 there were 352 drug-caused deaths in King County of which 64% were related to opioids. Compounding this statistic is at least nine (9) of these deaths involved illicit fentanyl and other synthetic opioids whose potency can be multiple times greater than heroin. At 31%, heroin is now the most common drug reported as primary for all treatment admissions in the County.

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<sup>1</sup> King County Heroin & Prescription Opiate Addiction Task Force. *Heroin and Prescription Opiate Addiction Task Force Final Report and Recommendations*. Available at [https://www.kingcounty.gov/~media/depts/community-human-services/behavioral-health/documents/herointf/Final-Heroin-Opiate-Addiction-Task-\\_Force-Report.ashx?la=en](https://www.kingcounty.gov/~media/depts/community-human-services/behavioral-health/documents/herointf/Final-Heroin-Opiate-Addiction-Task-_Force-Report.ashx?la=en)

Prevention and treatment expansion are critical to the success of the Task Force recommendations. Also critical to the success of the recommendations is providing health services and overdose prevention to current opiate users. The recommendations of the Task Force included establishing at least two Community Health Engagement Locations (CHEL sites) as pilot projects where supervised consumption occurs – one located in Seattle and one located outside of Seattle. A subcommittee of the Task Force has developed recommended guidelines for planning, implementing, and operating safe consumption sites (also called supervised consumption sites). While they did not recommend specific sites, their recommendations include several factors that should be considered upon siting a potential facility.<sup>2</sup>

The analysis that follows results from the prior work of the Heroin and Prescription Opioid Task Force and the King County Community Health Engagement Locations Design Team, with additional input from Public Health – Seattle & King County, the City’s Human Services Department, and the City’s Department of Finance and Administrative Services. Their efforts have been compiled to produce this response, organized by the areas identified in the SLI which states:

“This Statement of Legislative Intent (SLI) requires the Human Services Department and Finance and Administrative Services to provide a feasibility study for siting a safe consumption site in Seattle as recommended by the Heroin and Prescription Opiate Addiction Task Force. The study will address the following areas of concern:

- I. Description of community engagement process regarding siting, including time frames;
- II. Estimates for capital costs and initial costs and operation; and
- III. Narrative describing division of or shared responsibilities for items I and II among the City and King County in siting a safe consumption site; and
- IV. Narrative describing division of or share responsibilities among the City and King County in operating a safe consumption site.”

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<sup>2</sup> King County Community Health Engagement Location (CHEL) Design Team. *Community Health Engagement Locations in King County. Recommended Guidelines for Planning, Implementing, and Operating Supervised Consumption Sites.* Available at <https://www.kingcounty.gov/depts/community-human-services/mental-health-substance-abuse/task-forces/heroin-opiates-task-force/faqs.aspx>

## **Community Engagement Process**

Engaging the community to both understand and provide insights on the process of establishing a CHEL is paramount. Community engagement in Seattle will build upon the work that Public Health – Seattle & King County (PHSKC) has led through the work of the King County Heroin and Prescription Opioid Addiction Task Force. The City will work with our partners at King County to develop a community awareness campaign that expands public discussion on the health issues surrounding the opioid crisis. This process would start re-centering the nature of public policy conversations about health to consider the factors that create health, including and especially focused on racial disparities.

The key objectives of this community engagement process are:

- To elevate community discussion around the opioid crisis and the place of the CHEL in a continuum of life-saving measures being activated to fight the opioid crisis;
- To develop inclusive community outreach and engagement strategies that support public momentum and community networks, including leadership development to address the totality of the Task Force recommendations; and
- To develop a two-way communication path for community members to express ideas and considerations in partnership in addressing the opioid crisis.

### **Community Awareness:**

This involves neighborhood-level communications about the opioid crisis in Seattle, the holistic approach of a CHEL, including the purpose, operations and value of a CHEL, as well as criteria for siting a CHEL. The City will work with Seattle communities to familiarize stakeholders with the CHEL model, educate community members, prevent misunderstanding about service objectives and operations, alleviate concerns, correct misinformation, and promote a commitment to transparency and community responsiveness. This could include community meetings, use of social media, and other public awareness materials.

### **Establish 2-way Communications:**

Establishing a community-dialogue to invite the public into finding solutions to the opioid crisis and to share needs, concerns, and suggestions is an important part of addressing the opioid crisis in Seattle. The campaign would create a responsive mechanism by which community members receive timely information and consistent feedback on the project, perhaps through email list serve updates, a program website, or via community meetings. The approach is designed to meet members of the public around their thinking and move together to the response in support the life-saving opportunity that a CHEL could provide.

## **Estimates for Capital Costs and Initial Costs and Operation**

When reviewing these proposed criteria, the estimated square footage needed to accommodate the safe consumption site would likely be 2,000 square feet, with space for approximately 10 consumption stations, offices for the facility manager, clinical providers and social workers, needle exchange, reception, waiting rooms, restrooms storage and utility space. A variety of options exist that would accommodate a safe consumption site, such as:

- I. **Leasing an Existing Site:** The City and/or King County would lease an existing space from a private property owner.

Estimated Cost: At least \$30 per square foot, for an on-going annual lease cost of about \$720,000. In addition, there could be up-front costs for the tenant improvements to make a suitable space at approximately \$200-\$400 per square foot, for a one-time cost of between \$400,000 and \$800,000.

Estimated Timeline to Serving Clients: 6 months – 1 year

- II. **Acquiring an Existing Building:** The City and/or King County would purchase real property with an existing building at fair market value. While only about 2,000 square feet are needed for a safe consumption facility, there are few buildings which are less than 10,000 square feet.

Estimated Cost: Approximately \$400-600 per square foot, depending on the location and required tenant improvements, for a one-time cost between \$4 million and \$6 million.

Estimated Timeline to Serving Clients: 2 to 3 years

- III. **Siting in a Building Already Owned by the City or King County**

Estimated Cost: Depending on the property, capital costs to upgrade the facility would be approximately (\$200-400 per square foot), for an estimated one-time total cost of \$400,000 to \$800,000.

Estimated Timeline to Serving Clients: 6 months, assuming property is already vacant.

- IV. **Siting Portable Buildings on Vacant Land Already Owned by the City or King County:** The City and or King County would assess vacant land they already own and determine whether any existing spaces meet the criteria for a safe consumption site.

Estimated Costs: Portable buildings that would meet the criteria for a safe consumption site would cost approximately \$110,000 for the building itself. In addition, there would likely be additional costs depending on the extent of existing site development. If the site is relatively level, with existing utilities, and zoned for the use, the one-time cost to site would be approximately \$450,000.

Estimated Timeline to Serving Clients: 12 to 15 months, depending on zoning and land-use requirements.

- V. **Acquiring an Empty Lot and Siting Portable Buildings:** The City or the County would acquire a parcel of vacant lot and site a portable building on the lot.

Estimated Costs: Acquiring a vacant lot in an area that meets the criteria would cost approximately \$1.5 million to \$3 million. Costs for purchasing the portable building would be approximately \$110,000, with one-time site development costing approximately \$450,000.

Estimated Timeline to Serving Clients: 18 months

- VI. **Siting a Mobile Facility in the Right-of-Way and Housing Other Services in a Nearby Building:** Public Health – Seattle & King County would purchase a medical vehicle and equip it with space for safe consumption and recovery or rehabilitation. The vehicle would park either on the street or in a parking lot near a facility that would provide space for other CHEL services such as offices for the facility manager and social workers, needle exchange, reception, waiting rooms, restrooms storage and utility space. This model would require purchasing the vehicle and either leasing parking spaces or acquiring a street use permit, allowing the vehicle to remain on the street. This model would also require either leasing space for the other services or locating the vehicle near an existing facility that could provide space for the other services.

Estimated Costs: The cost to acquire a mobile facility is estimated to be \$350,000. The cost of a street use permit is dependent on the street use. In addition, this option would require acquiring space at another facility, as all of the services envisioned at the CHEL would need to be available nearby to allow users to access treatment and services. Leasing space would cost approximately \$30 per square foot, per month, ongoing.

Estimated Timeline to Serving Clients: 6 months to 1 year

## **Estimates for Initial Costs Outside of Capital Costs and Operation**

This budget covers estimated expenses for a full service CHEL including syringe exchange, naloxone distribution, supervised consumption services, primary medical care, social work/case management/behavioral counseling, security, medication assisted substance use treatment and facility management. The budget figures below assume the facility will be open 10 hours per day/7 days per week. In the budget estimates following, the operations are assumed to begin in 2019, but could begin as early as 2018, depending on siting.

## CHEL Siting Options and Cost Estimates

2/28/2018

Siting Options:		2018	2019 <sup>2</sup>						2020		
			I. Lease Existing Site (2000 sqft)	II. Acquire Existing Building (10,000 sqft)	III. KC or City Building (2000 sqft)	IV. Portable Building on KC or City-Owned Land	V. Acquire Empty Lot and Site Portable Building	VI. Mobile Facility Near Existing Clinic <sup>4</sup>	I. Lease Existing Site (2000 sqft)	II - V. Site Owned by KC or City	VI. Mobile Facility
<b>RESOURCES</b>											
	City of Seattle <sup>1</sup>	1,300,000	-	-	-	-	-	-	-	-	-
	King County MIDD	570,000	-	-	-	-	-	-	-	-	-
<b>Total Resources</b>		<b>1,870,000</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>COSTS</b>											
One - Time Costs	Community Outreach for Siting	Contracted outreach services	90,000	-	-	-	-	-	-	-	-
	Site acquisition	\$400-\$600/sqft	-	-	5,000,000	-	-	2,250,000	-	-	-
	Tenant Improvements	\$200-\$400/sqft	-	600,000	-	600,000	-	-	-	-	-
	Portable Buildings	Includes trailer (~1000 sqft), tenant improvements, site development, permitting	-	-	-	-	450,000	450,000	-	-	-
	Vehicle Acquisition	Medical van	-	-	-	-	-	-	350,000	-	-
	<b>Subtotal One-Time Costs</b>		<b>90,000</b>	<b>600,000</b>	<b>5,000,000</b>	<b>600,000</b>	<b>450,000</b>	<b>2,700,000</b>	<b>350,000</b>	<b>-</b>	<b>-</b>
Ongoing Costs	Lease	\$30/sqft per mo	-	720,000	-	-	-	-	540,000	730,000	550,000
	Staffing	14.0 FTE <sup>3</sup>	-	2,170,000	2,170,000	2,170,000	2,170,000	2,170,000	2,170,000	2,280,000	2,280,000
	Operating Expenses	Includes staff training, security, facilities, contract social worker, supplies and disposal costs	-	810,000	810,000	810,000	810,000	810,000	810,000	830,000	830,000
	Neighborhood Mitigation, Continued Outreach	Emphasis patrols, garbage sweeps and other ancillary costs	-	300,000	300,000	300,000	300,000	300,000	300,000	300,000	300,000
	<b>Subtotal Ongoing Costs</b>		<b>-</b>	<b>4,000,000</b>	<b>3,280,000</b>	<b>3,280,000</b>	<b>3,280,000</b>	<b>3,280,000</b>	<b>3,820,000</b>	<b>4,140,000</b>	<b>3,410,000</b>
<b>Total Costs</b>		<b>90,000</b>	<b>4,600,000</b>	<b>8,280,000</b>	<b>3,880,000</b>	<b>3,730,000</b>	<b>5,980,000</b>	<b>4,170,000</b>	<b>4,140,000</b>	<b>3,410,000</b>	<b>3,960,000</b>

<sup>1</sup> The one-time \$1.3m added by the City Council via Green Sheet 259-10-A-1-2018 for preparation of a CHEL site includes a proviso on funds, pending a site assessment.

<sup>2</sup> Cost estimates above for CHEL site operations are assumed to begin January 2019, but may be earlier or later, depending on the siting process and type of facility.

<sup>3</sup> Staffing Assumptions:

2.5 FTE Public Health Nurse (one nurse on site during all hours of operation) ☐

1.0 FTE Public Health Nurse (Buprenorphine or other Medication Assisted Treatment Provider)

1.0 FTE Advanced Practice Public Nurse Practitioner (primary care available 5 hours per day)

7.5 FTE Education specialists (one person to staff each of the reception/syringe exchange, the injection space and the recovery space during all hours of operation)

1.0 FTE Facility Manager

1.0 FTE Operation Lead

Facility is assumed to operate 10 hours per day, 7 days per week.

<sup>4</sup> While a mobile facility would be physically too small to house all of the office, medical, restroom and recovery spaces, these services would still need to be provided. ☐

The budget assumes an adjacent facility of 1500 sqft is leased for these services.



### **Division of or Responsibility for Siting a Safe Consumption Site**

The City of Seattle will work closely with Public Health-Seattle & King County to explore a potential site in Seattle. PHSKC will provide data about opioid-related deaths and overdoses. PHSKC will also provide qualitative data from possible clients of the clinic. Their expertise in developing and operating medical facilities will be critical to ensuring that any site meets the needs of potential clients. The City will provide guidance on areas and neighborhoods that meet the criteria for siting. The City will also ensure that our public safety departments are engaged as decisions about siting are made.

The City and PHSKC share responsibility for communicating with neighborhoods. Both are responsible for educating community members, informing them of the process and listening to input, developing community stakeholders, and creating support within the neighborhoods.

### **Division of or Responsibility for Operating a Safe Consumption Site**

PHSKC would be responsible for the operation of the facility, either directly operating the entire facility or directly operating core services and managing contracts with partner agencies for ancillary services (e.g. case management).

Ongoing funding has yet to be determined.