# Housing, Health, Energy and Worker's Rights Committee

Community Health Engagement Locations and Statement of Legislative Intent Response

March 8, 2018



### Context and Background

- Heroin and Prescription Opiate Addiction Task Force Recommendations
  - Primary Prevention
  - Treatment Expansion and Enhancement
  - User Health Services and Overdose Prevention
- Community Health Engagement Locations (Supervised Consumption Sites or Safe Injection Sites)
  - Board of Health Endorsement
  - Recommended Guidelines for Planning, Implementing and Operating
  - Initiative-27 and King County Superior Court Ruling
  - Seattle City Council Actions



I. Description of community engagement process

II. Estimates for capital and initial costs

III. Division of shared responsibilities for siting; City/King County

IV. Division of shared responsibilities for operations; City/King County



#### I. <u>Description of community engagement process</u>

- Objectives:
  - 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
  - Opioid crisis
  - Purpose and value of a CHEL
- 2-Way Communication
  - Timely information and feedback

Community engagement will operate in tandem with the siting process and will continue throughout selection and development.



#### II. Estimates for capital and initial costs

#### Assumptions:

- Non-mobile facility size is assumed to be 2,000 square feet with space for 10 consumption stations, staff offices, needle exchange, reception area, waiting room, restrooms and storage/utility room
- Facility is assumed to operate 10 hours per day/7 days per week to ensure consistency of use and prevent nearby outdoor drug consuming activity
- Staffing assumptions = 14 Full Time Equivalents (FTE's)
- Operating expenses include; staff training, security, facilities, contract staff, supplies and disposal
- Costs also include ongoing neighborhood mitigation and outreach
- Mobile Facility option assumes costs for a 1,500 foot leased space for other services, street-use permit and vehicle storage.



#### II. Estimates for capital and initial costs

Option	One-Time Cost	2019 Annual Cost
Leasing an Existing Site	\$600,000	\$4,000,000
Acquiring an Existing Building	\$5,000,000	\$3,280,000
Siting in a Building Already Owned by City/County	\$600,000	\$3,280,000
Siting Portable Building on Vacant Land Already Owned by City/County	\$450,000	\$3,280,000
Acquiring an Empty Lot and Siting Portable Buildings	\$2,700,000	\$3,280.000
Siting a Mobile Facility in the Right-of-Way and Housing Other Services in a Nearby Building	\$350,000	\$3,820,000



#### III. Division of shared responsibilities for siting; City/King County

- Public Health-Seattle & King County
  - Quantitative data to inform decisions
  - Qualitative date to inform decisions
  - Experiential knowledge of operating clinical facilities
- City of Seattle
  - Guidance on areas and neighborhoods for siting
  - Public safety engagement
- Both
  - Community engagement process



#### IV. Division of shared responsibilities for operations; City/King County

- Public Health Seattle & King County
  - Operation of facility; directly and potentially through partner agencies for ancillary services



#### Next Steps

- Community engagement work
- Collection of existing data for siting
- Begin investigating possible properties/sites
- Review "Recommended Guidelines for Planning, Implementing and Operating Supervised Consumption Sites"
- Provide response to the City Council Budget Proviso;
   Assessment of the Project

