Addressing Places in Seattle Where Overdoses and Crime are Concentrated: An Evidence-Based Approach

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Report Highlights

Background

Fatal and non-fatal overdoses continue to increase in Seattle and King County. While overdose events and crimes against persons occur all over Seattle, there are certain small geographic areas in the city where these events are co-occurring and concentrated. From July 2022 to July 2023, 10 continuous street segments had a combined count of crimes against persons and overdose incidents of 100 or greater, accounting for a disproportionate amount of co-occurrence.

What We Found

Overdoses and crimes are concentrated at certain places in Seattle due to specific local conditions that exist at those locations. Diagnosing and disrupting the unique characteristics that contribute to overdose and crime concentrations at a location is best accomplished using an established place-based problem-solving approach that includes implementing evidence-based strategies to address overdoses and crimes. As part of our audit, we examined the use of a place-based problem-solving approach to address overdoses and crime at a case study site in Seattle on Third Avenue from Virginia to Blanchard.

Recommendations

We recommend that the Mayor's Office designate a high-level project champion to oversee a place-based problem-solving approach that includes implementing evidence-based strategies to address overdoses and crime; working with the Seattle Office of Emergency Management and other departments to use a proven coordination system; seeking technical assistance from and collaboration with federal agencies; and regularly evaluating the City's efforts to address places where overdoses and crime are concentrated.

Mayor's Office and Council President's Responses

The Mayor's Office generally concurred with the recommendations and stated that they will continue collaborating with stakeholders to expand treatment options and public safety solutions (see Appendix A). City Council President Sara Nelson also provided a written response stating that she plans to support the recommendations legislatively and through collaboration with the Executive and external stakeholders (see Appendix B).

WHY WE DID THIS AUDIT

This audit was conducted in response to Mayor Bruce Harrell and former City Council President Debora Juarez's request for our office to prepare an audit that identifies and documents evidence-informed approaches for addressing areas in the city where crime and overdose incidents are concentrated.

HOW WE DID THIS AUDIT

In addition to our research of evidence-informed approaches, we used a case study methodology for this audit that examined a two-block area in Seattle's Belltown neighborhood, specifically Third Avenue from Virginia Street to Blanchard Street, to ensure that our audit findings and recommendations would be applicable and useful to the current conditions in Seattle. We also received technical assistance from the U.S. Department of Justice Bureau of Justice Assistance's Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP) and the Office of National Drug Control Policy's Northwest High Intensity Drug Trafficking Area (NW HIDTA).

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INTRODUCTION

Audit Overview

This audit was conducted in response to Mayor Bruce Harrell and former City Council President Debora Juarez's request for our office to prepare an audit that identifies and documents evidence-informed approaches for addressing areas in the city where crime and overdose incidents are concentrated.

In addition to our research of evidence-informed approaches, we used a case study methodology for this audit that examined a two-block area in Seattle's Belltown neighborhood, specifically Third Avenue from Virginia Street to Blanchard Street, to ensure that our audit findings and recommendations would be applicable and useful to the current conditions in Seattle. The following organizations participated in meetings and/or visits at our case study site during our audit:

- Plymouth Housing
- YWCA Seattle/King/Snohomish
- Harborview Third Avenue Clinic
- Evergreen Treatment Services-REACH
- King County Metro Transit
- Downtown Seattle Association
- Belltown United
- West Precinct Advisory Council
- Northwest High Intensity Drug Trafficking Area

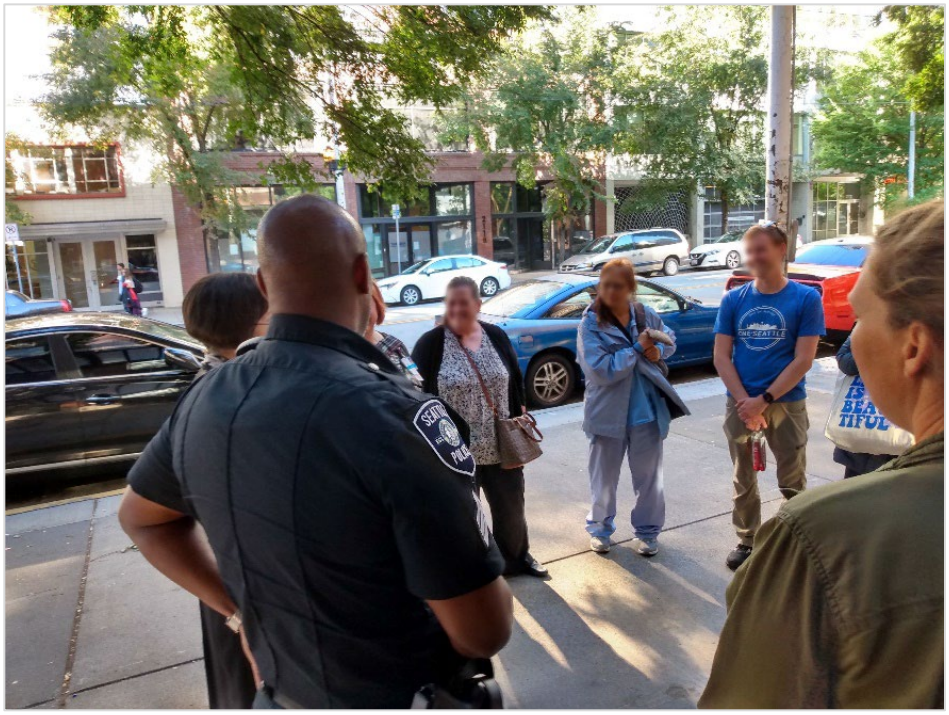


Photo: Staff from community organizations gather with the Office of City Auditor and the Seattle Police Department outside Plymouth Housing's Langdon and Anne Simons Senior Apartments during a walking tour at our audit case study site. Source: Office of City Auditor

Our audit approach followed two evidence-informed frameworks for community problem-solving from the Substance Abuse and Mental Health Services Administration:

- The Strategic Prevention Framework, and
- 2023 Guide for Engaging Community Coalitions to Decrease Opioid Overdose Deaths

For this audit, the Office of City Auditor received technical assistance from the U.S. Department of Justice Bureau of Justice Assistance's Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP) and the Office of National Drug Control Policy's Northwest High Intensity Drug Trafficking Area (NW HIDTA).

Landscape of Synthetic Drugs in Seattle

Synthetic Drugs Are Driving the Increase in Overdoses in Seattle and King County

As we reported in our 2022 audit, Action is Needed to Explore Ways to Offer an Evidence-Based Treatment for People Who Use Methamphetamine, fatal and non-fatal overdoses continue to increase in Seattle and King County. According to the King County Medical Examiner's Overdose Dashboard, there were 1,338 fatal overdoses in King County in 2023, which represents a 33 percent increase from 2022. In 2023, opioid overdoses (mostly nonfatal) treated by King County Emergency Medical Services (EMS) increased by 44 percent from 2022 to 8,341 overdoses in King County, according to Public Health – Seattle & King County. Seattle accounted for 57 percent (761) of the fatal overdoses and 51 percent (4,254) of the opioid overdoses treated by EMS in 2023 although Seattle made up just 32 percent of King County's population, according to 2020 census data.

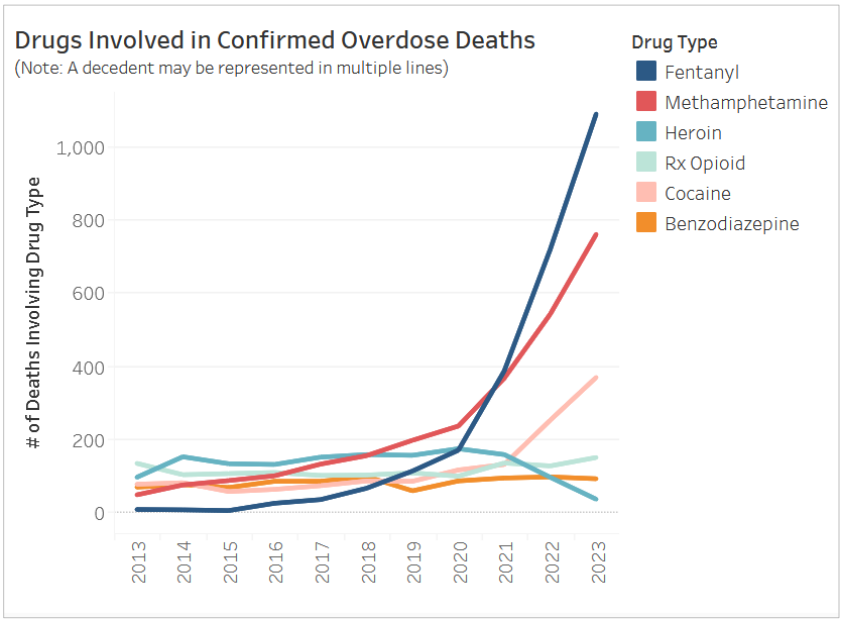
Also, as we reported in 2022, poly-substance use is increasingly contributing to fatal overdoses in King County, including Seattle. In 2023, the majority (60.3 percent) of all fatal overdoses involved the combination of an opioid (e.g., fentanyl) and a stimulant (e.g., methamphetamine, cocaine).

Fentanyl and heroin are both opioids. However, unlike heroin, fentanyl is a synthetic opioid, meaning that it can be produced in very large quantities without an agricultural component.[1] Fentanyl is also easier and less costly to make, distribute, and sell than heroin. Synthetic drugs have contributed significantly to the rising overdoses in our

[1] The U.S. Drug Enforcement Administration (DEA) indicates that synthetic drugs begin with precursor chemicals that are made in unregulated businesses in China and shipped to Mexico where the chemicals are synthesized into synthetic drugs, such as fentanyl, then distributed to the U.S., including Seattle.

area. In 2023, there were 1,087 fentanyl-involved deaths compared with 34 heroin-involved deaths in King County.

Exhibit 1: Public Health – Seattle and King County's Overdose Dashboard 2013 - 2023



Source: Public Health – Seattle & King County

Synthetic Drug Supply in Seattle

Drug seizures in King County in 2023 indicate that approximately 60 percent of fentanyl is in pill form and 40 percent is in powder form. According to Northwest High Intensity Drug Trafficking Area (NW HIDTA), smoking is the most widespread form of use[2] of synthetic drugs, including fentanyl and methamphetamine, in Washington state today.

According to NW HIDTA, synthetic drug prices demonstrated a notable drop between 2022 and 2023 in Washington state. One gram of methamphetamine that had an average street value of $8.48 in 2022 dropped to $5.88 in 2023. A fentanyl tablet that had a street value of $4.80 in 2022 dropped to $2.44 in 2023. Law enforcement officials reported to us that in 2024 the current street value of fentanyl in Seattle is less than $1 per tablet.

[2] Prior to the rise of synthetic drugs, intravenous heroin use had been a widespread form of use in Seattle. In our 2020 report, Five Steps the City of Seattle Should Take to Reduce Trash Around Unsanctioned Encampments, we noted that improperly discarded needles and syringes had required significant City resources to clean up. With the rise of synthetic drugs, injection drug use has now been largely replaced by smoking synthetic drug powder or smoking ground-up synthetic drug tablets, often on pieces of aluminum foil.

"I've been with the DEA over 25 years, and this is the worst drug crisis I've ever seen in my life."

- David Reames, Special Agent in Charge, Seattle Field Division, U.S. Drug Enforcement Administration (DEA)

Source: The Fight Against Fentanyl, Seattle Channel, October 30, 2023

Another change brought about in the current landscape of synthetic drugs is the frequency of drug use. According to law enforcement officials and behavioral health experts, fentanyl produces a high that is intense but short in duration. Therefore, people using fentanyl may use the drug frequently, up to 20 times per day. People who use fentanyl may also use it in combination with other synthetic drugs, such as methamphetamine, to alter or extend the effects of the fentanyl.

The daily routine of acquiring and using synthetic drugs many times per day has effects on neighborhood health and individual health. In a survey[3] of 138 people at our case study site on Third Avenue, 74 percent of respondents indicated that people are using drugs multiple times per day, and 67 percent noticed people selling drugs multiple times per day. And for some individuals seeking treatment, breaking the routine of acquiring and using drugs throughout the day has been a further challenge to their recovery. Some individuals in a pilot treatment program in Seattle have indicated that they struggle filling their time, and the lure of inexpensive and widely available street drugs hampers their recovery efforts.

[3] In January 2024, using the Housing Environment Survey tool, we gathered some preliminary data from 138 people who work or live at the Third Avenue case study site, including permanent supportive housing residents. The survey tool captures various indicators of neighborhood social climate, neighborhood quality, and neighborhood safety. For example, only 11 percent of respondents agreed or strongly agreed that they feel safe in their neighborhood.

Crime and Overdose Concentration in Seattle

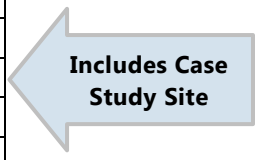
10 Continuous Street Segments Had 100+ Crimes Against Persons and Overdose Incidents Combined

While overdose events and crimes against persons occur all over Seattle, there are certain small geographic areas in the city where these events are co-occurring and concentrated. The Seattle Police Department analyzed data on crimes against persons and overdose incidents responded to by the Seattle Fire Department from July 2022 to July 2023. We found that 10 continuous street segments had a combined count of crimes against persons and overdose incidents of 100 or greater, accounting for a disproportionate amount of co-occurrence.

We selected a case study site for our audit that sits within the location that has the fourth highest concentration of crime and overdose within Seattle. Specifically, between July 2022 and July 2023, at the case study site there were 11 fatal overdoses (64 percent involved a combination of synthetic drugs). Data from the King County Medical Examiner's Office indicates 10 of the 11 fatal overdoses (91 percent) occurred in or outside of the three permanent supportive housing buildings at the location. During this period, there were also 30 overdose calls for service, and 34 crimes against persons (71 percent were assaults). Notably, between January 2023 and July 2023, four staff who worked for the partner organizations within the case study site were victims of these crimes.

Exhibit 2: Top 10 Continuous Street Segments with the Highest Number of Overdose Responses and Crime Incidents*

Street Names	Street Number	Joint Count
Pike St from 2nd to 5th	201 - 498	352
3rd Ave from Union to Pine	1400 - 1599	344
3rd Ave from Jefferson to Marion	500 - 899	282
3rd Ave from Virginia to Battery	2000 - 2399	195
Pine St from 2nd to 5th	201 - 418	148
Broadway from E Union to E Pine	1400 - 1599	119
9th Ave from Alder to Jefferson (Harborview)	300 - 499	113
4th Ave from Union to Pine	1400 - 1549	112
S Jackson St from 10th Ave S to Rainier Ave S	1001 - 1398	109
E Pike St from 9th to 11th	901 - 1098	104



* There are differences in the numbers of National Incident-Based Reporting System (NIBRS) Offenses/Codes included in Seattle Police Department (SPD) Data-Driven unit data and those included in the Office of City Auditor analysis of crime against persons in Appendix G.

Source: Data compiled by SPD Data-Driven unit based on request from the Office of City Auditor

Audit Case Study Site: Third Avenue from Virginia to Blanchard

For our audit case study, we focused on a two-block area in Seattle's Belltown neighborhood, specifically Third Avenue from Virginia Street to Blanchard Street, where overdoses and crimes against persons are highly concentrated. This area includes three permanent supportive housing facilities, a homeless shelter for women, a day shelter for women, a medical clinic that provides healthcare for homeless and at-risk patients, and the office for one of the region's largest outreach providers that provides integrated care management and connects people experiencing homelessness with needs including medical care, shelter, mental health, and substance use treatment. See Exhibit 3 on the next page for a map of the area.

This two-block area is an important service hub for many of Seattle's most vulnerable residents. The agencies at this location primarily serve people[4] who are homeless or recently homeless and who have complex needs including physical and mental health challenges, substance use disorder, trauma, victimization, and legal system involvement.

This case study site allowed us to further study the complex issue of fatal overdoses among people who are homeless or recently homeless. In Seattle, fatal overdoses are occurring at a disproportionate rate among people who are homeless or recently homeless. For those living unsheltered or in emergency shelters in King County, including Seattle, fatal overdoses have increased from 59 deaths (12 percent of the total) in 2020 to 316 deaths (24 percent of the total) in 2023.

Although housing is essential for addressing homelessness, new research suggests that housing alone does not sufficiently address overdose risk. Emerging research indicates that individual and environmental risk factors are likely driving high overdose rates in permanent supportive housing (Doran, et al., 2023). This is consistent with Seattle's experience with fatal overdoses in permanent supportive housing. In King County, including Seattle, for people who are recently homeless and living in permanent supportive housing, subsidized housing, or recovery housing, fatal overdoses increased from 73 deaths (14 percent of the total) in 2020 to 279 deaths (21 percent of the total) in 2023.

[4] The population demographics include individuals who reside at the location as well as individuals who are served at the location. For example, in 2023, among residents of Plymouth Housing's permanent supportive housing (n=146), 95 percent were aged 50 and up; 77 percent were male; 44 percent were Black, Indigenous, and People of Color (BIPOC); 21 percent reported a developmental disability; 26 percent reported a physical disability; and 61 percent reported mental health issues. Also, in 2023, 81 percent of the total unduplicated clients served at the Harborview Third Avenue Clinic (n =615) were homeless or had unknown housing status. Clients ranged in age from 18 to 96, and the median age was 54. 29 percent of the clients were Black/African American, and 11 percent were Hispanic or Latino/a/x; 51 percent were female, and two percent were nonbinary, genderqueer, or transgender.

Exhibit 3: Audit Case Study Site – Third Avenue from Virginia Street to Blanchard Street

Source: Office of City Auditor

USE A RESEARCH-INFORMED METHODOLOGY FOR PLACE-BASED PROBLEM SOLVING

Section Summary

Place-based problem solving is useful for both crime prevention and substance use disorder prevention. To effectively address the places in Seattle where overdoses and crime are concentrated, the City of Seattle (City) should follow an established place-based problem-solving methodology, such as the Substance Abuse and Mental Health Services Administration's (SAMHSA) Strategic Prevention Framework, and the City should assign a high-level staff person to oversee this work. SAMHSA provides technical support and funding opportunities for communities seeking to use its research-informed problem-solving methodology.

Why Place Matters

Place-based crime prevention efforts are grounded in decades of research, including research specific to Seattle, that shows that crime concentrates at micro-places or "hot spots." Hot spots occur when crime and/or disorder are concentrated in an area such as a street segment, an intersection, or a small cluster of blocks. A study of Seattle found that between 4 and 5 percent of street segments in the city accounted for 50 percent of annual reported crime incidents over a 14-year period.[5]

Crime hot spots occur because the specific local conditions at that place enable crime to concentrate there. One intersection or one block in Seattle does not have the same characteristics as the next block over, nor do they have the same crime problems. Diagnosing and disrupting the unique characteristics that contribute to crime at a hot spot is best accomplished using an established place-based problem-solving approach. As shown in Exhibit 2 earlier in this report, there are certain small geographic areas in the city where crime and overdose events are co-occurring and concentrated, and it would be essential for the City to use a place-based problem-solving methodology in addressing issues there.

[5] See (Weisburd, Bushway, Lum, & Yang, 2004). Further, a study that examined crime concentrations over time in eight cities (Weisburd, 2015), found strong support for a law of crime concentration. All eight cities experienced crime concentrating within a narrow percentage bandwidth of total street segments; and for the four cities that tracked data longitudinally, these concentrations remained stable over time (Weisburd, 2015).

The City Has Experience Using Place-Based Problem-Solving Methodology in Rainier Beach

Fortunately, the City successfully addressed concentrations of crime in Seattle's Rainier Beach neighborhood by using a place-based problem-solving methodology. In 2011, our office published a report regarding crime hot spots in Seattle and recommended that the City consider addressing these locations using an evidence-based problem-solving framework. Subsequently, the project, Rainier Beach: A Beautiful Safe Place for Youth (RB:ABSPY), was initiated in 2013 and funded until June 2016 through a grant to the City from the U.S. Department of Justice Bureau of Justice Assistance. Since 2016, the City has contributed approximately $500,000 annually toward continued project coordination and interventions, as well as ongoing evaluation by George Mason University.[6]

RB:ABSPY used a systematic problem-solving framework inspired by the Substance Abuse and Mental Health Services Administration's (SAMHSA) Strategic Prevention Framework.[7] After three years of implementation and four waves of data collection, a 2018 evaluation report showed that serious violent crime (e.g., homicide, rape, aggravated assault, and robbery) decreased in the hot spots at a higher rate (30 percent decline) than in the precinct as a whole (26 percent decline) (Gill, Jensen, & Prince, 2018). Another report showed significant longer-term improvements in perceptions of crime rates, collective efficacy, and police satisfaction and legitimacy (Gill, Vitter, & Weisburd, 2016) (Gill, Jensen, & Prince, 2018).[8]

Apart from Rainier Beach, the City has not applied a problem-solving framework to other places. In our 2023 Organized Retail Crime report, we recommended that the City should leverage its experience with place-based approaches to address illegal street markets where stolen goods are fenced, including the 12th and Jackson intersection. The City is just beginning to work on this approach with the place-based community-led crime prevention initiative in Little Saigon. The project, Phố Đẹp (Beautiful Neighborhood), is led by Friends of Little Saigon and community stakeholders in partnership with SPD and other City and government agencies.

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[6] See (Gill & Gross Shader, 2020) (Gill, Vitter, & Weisburd, 2016) (Gill, Jensen, & Prince, 2018)

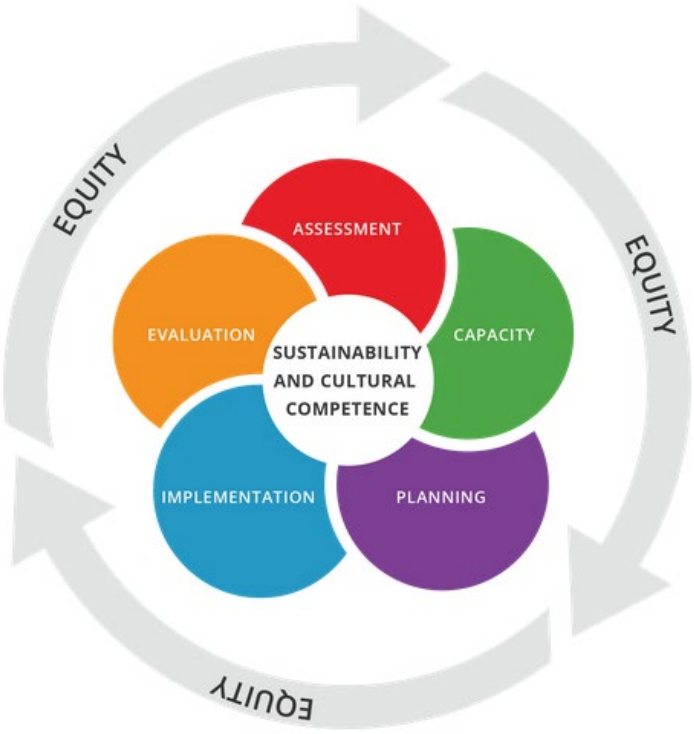
[7] See SAMHSA Strategic Prevention Technical Assistance Center (Substance Abuse and Mental Health Services Administration, 2019). In addition, RB:ABSPY also incorporated the Communities That Care prevention science model (Hawkins, et al., 2012) (Hawkins, Oesterle, Brown, Abbott, & Catalano, 2014) (Oesterle, et al., 2018), the SARA model (Eck & Spelman, 1987) and the problem-oriented policing model (Goldstein, 1990) (Hinkle, Weisburd, Telep, & Petersen, 2020) adapted for place-based rather than person-based issues.

[8] See Gill et al. (2016), Gill et al. (2018), Gill et al. (2024).

Strategic Prevention Framework for Substance Use Disorder

The Substance Abuse and Mental Health Services Administration's (SAMHSA) Strategic Prevention Framework (pictured below) is a research-informed comprehensive approach to understanding and addressing the substance misuse and related behavioral health problems facing communities, and to developing and sustaining programs and practices that reduce behavioral health inequities.

The Strategic Prevention Framework Has Five Elements



1. Assess needs based on data;
2. Build organizational capacity;
3. Develop a strategic plan;
4. Implement effective evidence-based programs, policies, and practices; and
5. Evaluate efforts for outcomes.

The Strategic Prevention Framework is also guided by two cross-cutting principles that are integrated into all five steps: cultural competence and sustainability. SAMHSA indicates that adherence to the principles in the framework increases the likelihood that prevention efforts will produce anticipated outcomes, reduce harmful behaviors, and keep communities healthier and safer. Evaluation in the SPF involves examining both process and outcomes of programs to enhance prevention practice.

SAMSHA provides technical assistance and funding opportunities for communities looking to implement the Strategic Prevention Framework to address substance use disorder. In addition, the U.S. Department of Justice Bureau of Justice Assistance's Comprehensive Opioid, Stimulant, and Substance Use Program also provides technical assistance and funding opportunities to local communities for building and sustaining multidisciplinary public safety and public health responses to the abuse of illicit substances.

Preliminary Findings from Case Study Site

At our case study site on Third Avenue from Virginia to Blanchard, we began to connect with the community organizations at the site in fall 2023, convening on-site meetings and walking tours. Following the Strategic Prevention Framework, we began collecting data regarding the overdoses, crime events, and the specific local conditions at the site. This included a Crime Prevention Through Environmental Design (CPTED) assessment conducted by SPD (see Appendix F) and a survey of 138 people who live, work, or live and work at the location, including residents of permanent supportive housing. In December 2023, we convened a community task force meeting that included community partner organizations, City staff (e.g., Department of Transportation, Mayor's Office), and other governmental agencies (e.g., King County Metro, NW HIDTA). This initial discussion included identifying other key stakeholders and the most effective ways to better connect with the residents of permanent supportive housing and others, including unhoused people who live or receive services at the site.

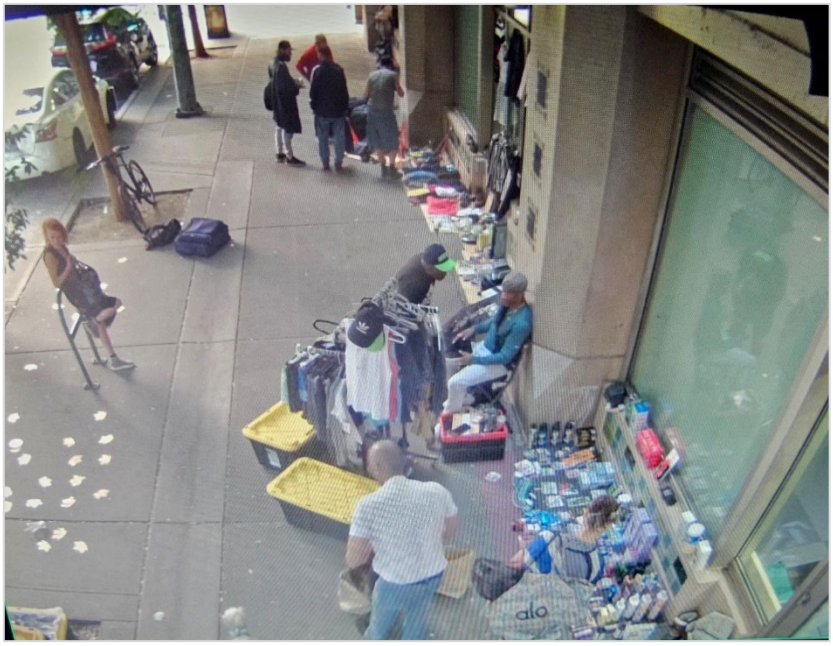


Photo: Near the corner of Third and Virginia, construction scaffolding and a vacant storefront in the YWCA building create a gathering place for illegal street vending and impede pedestrian access.
Source: Harborview Third Avenue Center

Per the Strategic Prevention Framework, we began to link the data on overdoses, crime, and the specific local conditions at the site with evidence-based strategies for preventing crime and overdose. Some initial opportunity areas that emerged from this process included:

- Activating vacant storefronts, including those in buildings owned by YWCA and Plymouth Housing, to increase guardianship.

- Providing more recovery supports, especially for permanent supportive housing residents participating in two pilot programs: Contingency Management for methamphetamine use disorder on-site, and a pilot program to deliver long-lasting Sublocade injections for opioid use disorder.
- Creating a framework for information-sharing and identifying shared values among the community partner organizations and people who live, work, or get services at the site.

In February 2024, we worked with the Mayor's Office, SPD, Plymouth Housing, and the YWCA to apply for a five-year, $1.8 million grant from SAMHSA to extend and strengthen the capacity of local community prevention providers to implement evidence-based prevention programs to help reduce the onset and progression of substance misuse and its related problems. The goals of our proposed approach are to reduce fatal overdoses and improve community safety in the two-block area on Third Avenue from Virginia to Blanchard.

Appendix G includes a draft of the Year 1 objectives for the grant. This includes 22 specific evidence-based strategies for reducing crime and overdoses at this site. The City will be notified regarding the funding decision in August 2024.

Recommendation 1

The Mayor's Office should lead the City in addressing places where overdoses and crime are concentrated using a proven problem-solving methodology (e.g., the Substance Abuse and Mental Health Services Administration's Strategic Prevention Framework). This should include continuing the problem-solving work on Third Avenue from Virginia to Blanchard.

Recommendation 2

The Mayor's Office should lead the City in seeking federal technical assistance and funding to address places where overdoses and crime are concentrated.

A High-Level City 'Project Champion' is Needed

The role of a high-level project champion who can convene City department partners and community stakeholder organizations is consistent with the research on what is effective for place-based problem-solving. This role is best suited for a central City agency that has existing authority to convene City departments, such as the Mayor's Office or its designee. In Snohomish County, for example, the county executive directed its Department of Emergency Management to convene and coordinate its Multi-Agency Coordination (MAC) Group to address the opioid crisis (See next section for more information on the MAC Group).

The City's SAMHSA grant application recognized the need for the City to serve in a convening and coordinating role for the effort. The grant application also recognized that the community partner organizations required additional funding support to participate meaningfully in the work. The application noted, "the heavy demands of the individual organizations' missions currently leave little capacity for coordination and collaboration with the other agencies at the site and with the City government to address the neighborhood conditions."

The grant application named a staff member in the Mayor's Office as the "project champion." This role would oversee the place-based problem-solving effort to address the concentration of overdoses and crime at the site (i.e., Third Avenue from Virginia to Blanchard) on behalf of the Mayor. The role of project champion includes facilitating information sharing and participation among the City agencies in the project and reporting on its progress to the Mayor and external parties.

Recommendation 3

The Mayor's Office should identify a "project champion" to oversee the City's efforts to address places where overdoses and crime are concentrated.

USE A PROVEN SYSTEM FOR COORDINATION AMONG AGENCIES

Section Summary

Without a systematic approach to coordinating and collaborating among City departments and other government agencies, the City might not be able to effectively address the places where crime and overdose incidents are concentrated. Snohomish County's MAC Group provides one model for a more coordinated approach, and the Northwest High Intensity Drug Trafficking Area (NW HIDTA) could be a resource to the City for greater coordination with other levels of government.

The City Needs a Coordination System with Clear Objectives and Goals

The City does not currently have a system for coordinating all the City departments, City-funded programs, and other government agencies focused on overdose prevention and crime prevention at locations where these events are concentrated. Our 2019 report on the City's approach to unsanctioned encampments noted a similar lack of coordination for the City's field operations related to unsanctioned encampments and recommended that the City consider implementing some of the components of the Federal Emergency Management Agency's (FEMA) standardized strategic coordination approach.[9] Without a consistent coordinating system, the City might not be able to address overdoses and substance use disorder with the level of urgency or comprehensiveness needed. A coordination system, such as the Multi-Agency Coordination (MAC) Group[10] used by Snohomish County, could help ensure that the City's investments are well-coordinated[11] and programs have similar objectives and goals.

A coordinating system should also include organizations with which the City has contracts (e.g., homeless services providers). This would allow the City to ensure better compliance with the City contract terms

[9] FEMA's National Incident Management System (NIMS) provides a consistent nationwide template to enable partners to work together to prevent, protect against, respond to, recover from, and mitigate the effects of incidents, regardless of cause, size, location, or complexity. FEMA's NIMS Guidebook indicates that "NIMS defines operational systems, including the Incident Command System (ICS), Emergency Operations Center (EOC) structures, and Multiagency Coordination Groups (MAC Groups) that guide how personnel work together during incidents. NIMS applies to all incidents, from traffic accidents to major disasters."

[10] On November 8, 2017, a joint resolution was approved and signed by the Snohomish County Executive, Sheriff, County Council, and Snohomish Health District Board of Health that affirmed their commitment to ending the opioid epidemic in Snohomish County through strong partnerships, coordination, and collaboration. Executive Somers also directed the Snohomish County Department of Emergency Management to partially activate the Emergency Operations Center to support this effort. The multiple agencies and governments in Snohomish County involved in that effort formed an Opioid Response MAC Group. In May 2023, Executive Somers issued a new Executive Directive that reemphasized the County's commitment to an urgent, robust, and collaborative response to the drug crisis and established a new Disaster Policy Group.

[11] Like Snohomish County's MAC Group, the City of San Francisco's multi-agency approach, the Drug Market Agency Coordination Center (DMACC), is also coordinated through their Department of Emergency Management.

and to improve contract terms as necessary. For example, our 2020 audit regarding trash accumulation around unsanctioned encampments found that the "Good Neighbor" provisions in City contracts with service providers did not include language about responsibility for trash accumulation around the facility and that other jurisdictions had "Good Neighbor" provisions that were more specific and robust.

Lessons Learned from Snohomish County MAC Group

In February 2024, members of the Snohomish County MAC Group met with our office and staff from the Mayor's Office to describe their structure and offer lessons learned from their experience with their coordination system to address the opioid crisis. The MAC Group is staffed with two positions from Emergency Management. MAC Group participants include the County Executive Office, County Sheriff, Human Services Department, Public Health Department, the Office of Neighborhoods (OON), and the Snohomish County Outreach Team (SCOUT).

MAC Group leaders indicated that they have been successful with information sharing. The MAC Group includes a multi-disciplinary data collection committee that includes representatives from Snohomish County's Human Services, the Health Department, Fire/Emergency Medical Services agencies, law enforcement agencies, the Medical Examiner's Office, and the Emergency Management Department. This committee provides near real-time data on overdoses and the synthetic drug landscape, including expedited toxicology reports. In 2023, the MAC Group developed a set of common goals and short-term strategies and long-term objectives that provide clarity of direction and accountability for the participating agencies.

In 2023, the MAC Group began doing more to identify and address "hot spots" that require potential intervention. They combined a quantitative Geographic Information Systems (GIS) analysis of 911 call types and volumes with qualitative feedback from residents and businesses to identify high priority areas. Once they identified the area of highest priority, they established a separate taskforce[12] of agencies and stakeholders to focus solely on that location. Depending on the nature of the location and the work necessary to address the issues, the taskforce has included representatives from several MAC Group participants, the County's Surface Water Management Division, its Solid Waste Division, its Parks Division, the Snohomish Public Utility District, and the Washington State Department of Transportation. Collaboratively, they developed specific strategies to address the site and meet every other week to monitor progress, including physical changes (e.g., reduction in graffiti), need for additional SCOUT and/or OON engagement, ensuring business and community engagement, and vacant space activation.

In response to community input that identified recovery supports as a current gap, the MAC Group is using opioid settlement funds to provide grant funding to community organizations that provide recovery services for people experiencing opioid use disorder in Snohomish County.

[12] DHS/FEMA defines a task force as, "Any combination of resources of different kinds and/or types assembled to support a specific mission or operational need." Snohomish County successfully modeled the task force for a similar purpose when it deployed "SAFE teams" during its response to the COVID-19 pandemic.

Recommendation 4

The Mayor's Office, in collaboration with the Office of Emergency Management, Seattle Fire Department, Seattle Police Department, and other stakeholders, should establish a coordination system such as the Multi-Agency Coordination Group. The group should have well-defined objectives, goals, and reporting mechanisms.

Leverage NW HIDTA for Coordination

The Office of National Drug Control Policy's Northwest High Intensity Drug Trafficking Area (NW HIDTA)[13] has provided our office with technical assistance during this audit, including information on best practices in other jurisdictions, identification of potential funding opportunities, and liaison with other federal agencies. This work has been coordinated out of NW HIDTA's Overdose Response Strategy (ORS) group.

The ORS is implemented by teams made up of drug intelligence officers and public health analysts who work together on drug overdose issues within and across sectors, states, and territories. The mission of the ORS is to help communities reduce fatal and non-fatal drug overdoses by connecting public health and public safety agencies, sharing information, and supporting evidence-based interventions. By sharing information across sectors, the ORS is growing the body of evidence related to early warning signs and prevention strategies.

While SPD is affiliated with NW HIDTA, the City of Seattle had not been working with ORS prior to our office engaging them for this project. The City would benefit from a formalized ongoing relationship with ORS to continue to receive technical assistance resources and coordination with other government agencies.

Recommendation 5

The Mayor's Office should formalize an ongoing City relationship with Northwest High Intensity Drug Trafficking Area's Overdose Response Strategy group to continue to leverage its technical assistance resources and coordination with other government agencies.

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[13] Created by Congress in 1988, the High Intensity Drug Trafficking Areas (HIDTA) program coordinates and assists federal, state, local, and tribal law enforcement agencies to address regional drug threats with the purpose of reducing drug trafficking and drug production in the United States. The HIDTA program oversees 33 regional HIDTAs in all 50 states, Puerto Rico, the United States Virgin Islands, and the District of Columbia. With HIDTA presence in over 600 counties across the country, an estimated two-thirds of Americans live in a HIDTA-designated county. Northwest HIDTA was created in 1997 and is responsible for supporting drug prevention, treatment, education, training, and enforcement efforts in Washington state.

USE MULTIPLE DATA SOURCES TO UNDERSTAND THE PROBLEM

Section Summary

Analyzing data from multiple sources is necessary to select the right evidence-based, place-based interventions. The City's ability to address places where overdoses and crime are concentrated would be improved by routinely analyzing data on concentrations of crime and overdose and participating in a free national information-sharing platform regarding overdose events.

Data Reveals the Specific Local Conditions That Contribute to the Problems at the Location

The place-based problem-solving process in the Strategic Prevention Framework requires gathering and analyzing data from multiple sources that will help identify the specific local conditions that are contributing to the problems that occur at the location. Understanding the specific local conditions will in turn help identify the evidence-based prevention strategies that are best suited to disrupt the problem behaviors.

For example, it can be important to analyze patterns in the times of day and days of the week. In Rainier Beach, the community task force identified that youth assault victimization was most likely to occur right after school dismissal. That information helped them implement strategies to best address that critical period. In addition to analyzing the data on crimes and overdose events that occur at the sites, it can be helpful to analyze data from other sources including:

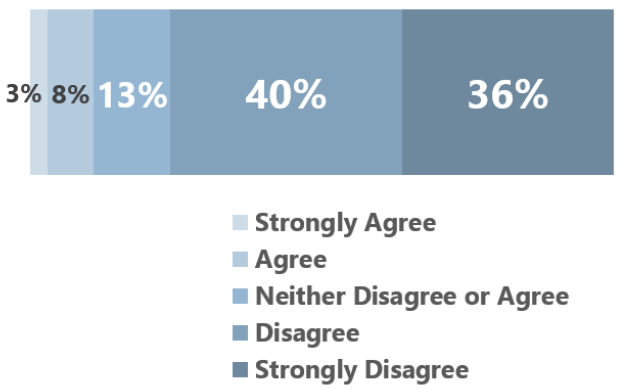
- Administrative data from schools or organizations at the site
- Observational data on physical conditions, activity patterns, or transit patterns
- Asset mapping
- Survey data from people who live or use the area
- Demographic data
- Economic data and local business surveys
- Buildings and physical infrastructure

For our audit case study site on Third Avenue, the blocks contain a mix of older office and commercial buildings with newer residential buildings including market-rate apartments and condos and the three permanent supportive housing buildings. The current vacancy rate in this area is 40 percent, nearly triple Seattle's current overall vacancy rate of 14 percent. The vacant street-level commercial spaces in this area reduce the natural guardianship and create opportunities for illegal street markets, drug markets, and unsanctioned tent encampments to form. Third Avenue is a major transportation corridor, and the focus blocks include stops for two King County Metro Transit Rapid Ride bus routes. This stretch of Third Avenue is busy throughout

the day with pedestrians and transit riders. For 2023, annual foot traffic for this two-block area was measured at approximately 278,300. A 2023 Crime Prevention Through Environmental Design (CPTED) report conducted by the Seattle Police Department highlighted the unpredictability of the street environment and the potential for violent disturbances to erupt. It also noted a lack of clear and cohesive signage, physical design features, and culturally relevant features that could welcome people to this location and provide clear guidance on the positive intended uses of the space (see Appendix F).

In January 2024, using the Housing Environment Survey tool, we gathered some preliminary data from 138 people who work or live at the Third Avenue case study site, including permanent supportive housing residents. The survey tool captures various indicators of neighborhood social climate, neighborhood quality, and neighborhood safety as shown in Exhibit 4 below.

Exhibit 4: Preliminary Survey Data for Audit Case Study Site Third Avenue from Virginia to Blanchard



Open-Ended Survey Responses

"Our neighborhood has the potential for so much greatness, yet the level of lawless behavior originating around the YWCA and all the bus stops makes it very unsafe and uninviting."

"I stay inside as much as I can to avoid street crime. I don't feel safe so I stay inside as much as I can."

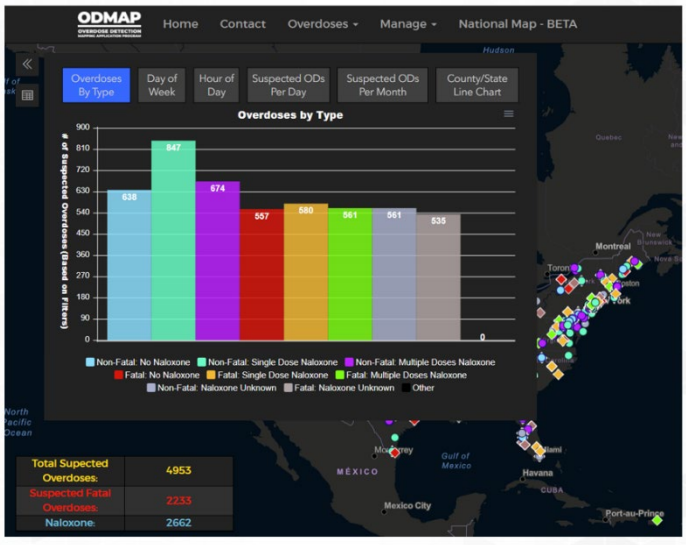
"The open air selling of stolen merchandise in front of the YWCA building at 3rd and Lenora makes this side of the street unwelcoming and challenging to traverse. The number of people who congregate in front of the Simon House, Plymouth's low-income housing, makes this side of the street unwelcoming and challenging. These examples are on city sidewalks."

Combine Data on Overdoses and Crime at the Location

Before our audit, the City had not conducted joint analysis of crime and overdose data to identify places where these incidents are concentrated.[14] While data staff from SPD and SFD indicated that they are aware of areas where crime and overdose responses are concentrated, the City has not combined these data for a spatial analysis. Identifying places where these events are concentrated could help the City develop tailored place-based solutions. The City could also request and analyze the overdose fatalities data from Public Health – Seattle & King County to better understand the relationship between the overdose response and overdose fatality. Understanding the problem and needs is the first step in the Strategic Prevention Framework.

Free Federal Overdose Mapping and Application Program Could Provide Real-Time Alerts and Information Sharing

The free federal Overdose Mapping and Application Program (ODMAP), developed by the High Intensity Drug Trafficking Area (HIDTA), is a tool that can provide City decision-makers with near-real-time access to overdose information. The system, which has been used in multiple jurisdictions, has functionalities such as the Spike Alerts that can be set up to notify agencies when the total overdoses in an area exceed a pre-determined threshold. ODMAP can also help facilitate the sharing of data across agencies. As of 2022, over 4,000 government agencies across all 50 states were using ODMAP. However, in 2023, the only agencies in King County participating in ODMAP are the King County Medical Examiner's Office and the Bothell Police Department.



We facilitated a meeting in November 2023 between NW HIDTA and the Mayor's Office to start exploring the implementation of ODMAP for the City. Northwest HIDTA assisted the City with the ODMAP access application and set up an Application Programming Interface (API) that enabled the City to contribute the Seattle Fire Department's overdose response data to ODMAP and utilize the functions of the system. The API connection was finalized in May 2024 and staff in the Mayor's Office now have access to ODMAP. In addition, the City would be able to set up accounts for key partners and overlay other datasets (e.g., crime data) onto ODMAP, which will offer the City greater benefit from the system.

[14] At our request for this audit, the Seattle Police Department Data-Driven unit analyzed data on crimes against persons and overdose incidents responded to by the Seattle Fire Department from July 2022 to July 2023.

Recommendation 6

The Mayor's Office should lead the City's implementation of the Overdose Mapping and Application Program (ODMAP).

The Mayor's Office implemented this recommendation in May 2024.

Multi-Agency Law Enforcement Task Forces Can Inform Prevention Efforts And Address Site-Specific Conditions

The City is missing opportunities to gather specific information about the circumstances of fatal overdoses at hot spots such as the exact location of the fatal overdoses (e.g., hallway, alley, etc.). This type of specific information would be important for in-depth case reviews and could help inform prevention activities.[15]

The Seattle Police Department does not currently investigate fatal overdoses. Therefore, the City is missing opportunities to gather information about the drug distribution organizations that operate in Seattle's overdose hot spots. This information could help the City address the specific local conditions at the site through investigation, and, in some cases, prosecution. For example, the Portland Police Bureau has noted recent changes in drug dealing with the rise of synthetic drugs, including frequently armed dealers who are not local, carry both tablets and powder, and work in groups.

Other jurisdictions investigate fatal overdoses through multi-agency collaborations. For example, the U.S. Drug Enforcement Administration (DEA) is partnering with jurisdictions around the country (e.g., San Diego, Denver, Washington D.C.) in task forces to investigate fatal overdoses. In 2018, the DEA in Los Angeles County started investigating opioid-linked deaths in certain hot spots. Subsequently, through partnerships with Los Angeles Sheriff's Department and local law enforcement, they now review all fatal overdoses to determine whether they can make a case. They have developed tools and trainings for patrol officers to help them quickly identify at the overdose scene whether they would be likely to be able to build a case. Since 2018, in LA County, the DEA and local law enforcement have done over 500 case evaluations. Of those, the DEA has initiated cases on 164. And of those, 108 have resulted in federal indictments. About 70 percent of those indictments were resulting from a death under federal drug distribution statute (U.S. Code 21.841(b)(1)(c)) the remaining indictments were related to other federal charges.

In late 2023, San Francisco established a similar task force with personnel from the San Francisco Police Department, the San Francisco District Attorney's Office, the California Highway Patrol, and the California National Guard. The task force will investigate opioid deaths in San Francisco similarly to homicide cases and employ standard operating procedures to document deaths, gather relevant evidence, and process intelligence to further map out the supply of fentanyl and large crime syndicates.

[15] See the Overdose Fatality Review guidance and case studies. Also, see the evaluation of homicide review report, The Milwaukee Homicide Review Commission: A National Model for Violence Prevention, by the Community Oriented Policing Services, U.S. Department of Justice.

Federal funding and support are available for these efforts. For example, the DEA supports the task force in San Diego with Special Agents. Also, in April 2024, Utah set up a statewide task force with funding for local law enforcement provided by the U.S. Department of Justice Organized Crime Drug Enforcement Task Force (OCDETF).

In March 2024, our office convened a meeting with the Mayor's Office, Seattle Police Department, NW HIDTA, the DEA, the U.S. Attorney's Office, and the King County Prosecuting Attorney's Office to discuss the possibility of creating a joint law enforcement task force for fatal overdoses in Seattle. The Mayor's Office agreed to take the lead on next steps.

Recommendation 7

The Seattle Police Department, in consultation with the Mayor's Office and federal partners, should explore the establishment of a joint law enforcement task force for fatal overdoses.

SELECT AND IMPLEMENT EVIDENCE-BASED STRATEGIES FOR REDUCING CRIME AND OVERDOSE

Section Summary

There are various evidence-based strategies that can reduce crime and overdose incidents at locations where they are concentrated. The evidence-based strategies should be carefully selected to address the specific local conditions that are contributing to problems at that location. The City should actively monitor the outcomes of these strategies and adjust to ensure that they are achieving the desired reductions in overdoses and crime.

Evidence-Based Strategies to Reduce Crime at Places

The research on preventing crime at problem places indicates that just as bridge engineers survey the landscape and select a well-tested bridge design that fits the specific needs of the space, public sector practitioners "should understand the crime problem at place before looking for solutions, and then pick solutions that fit" (Eck & Guerette, 2012, p. 368).

Decades of research[16] about place-based crime prevention have identified four groups of evidence-based strategies to prevent crime at place. These place-based crime prevention strategies can also help law enforcement focus on investigating and supporting prosecutions, including drug trafficking and violent crimes:

1. **Increase Guardianship:** Guardians at a place can include staff who are employed to regulate conduct at that location, such as bouncers hired by a bar or nightclub. Guardianship can also be exercised informally by the users of a space, such as shoppers who can easily see from inside the location the activities on the sidewalk or street and would be willing to intervene (e.g., call 911) if needed.
2. **Change the Physical Environment:** This covers a wide range of evidence-based interventions. For example, improving street lighting and remediating vacant lots has strong research evidence for reducing crime at problem places. Crime Prevention Through Environmental Design (CPTED)[17] is a discipline that focuses on the physical design of a location to identify and address elements that may have the potential to attract crime.

[16] See for example (Eck & Guerette, 2012) (Gill, Weisburd, & Vitter, 2013) (Gross Shader, Gill, Zheng, & Carleton, 2024).
[17] SPD has several trained CPTED practitioners who can assess the physical environment and make recommendations. See this description of CPTED on SPD's website. See also this 2023 CPTED report for 12th and Jackson and Appendix F for a CPTED assessment conducted by SPD for the case study site.

3. **Change/Enforce Rules and Policies:** The use of code enforcement teams and civil nuisance abatement procedures can be effective for reducing crimes in certain locations. Similarly, enacting changes to building codes and alcohol licensing policies can also reduce crime in places. There are also opportunities for small policy changes that can make a big difference on crime. For example, in Rainier Beach, community task force members asked Seattle Public Schools to change the dismissal time for one school, and this change immediately coincided with a reduction in after-school assaults among youth. (See more on Rainier Beach below.)
4. **Build Capacity for Community Problem-Solving:** There is strong evidence that sustained community mobilization efforts, even those with other primary goals (e.g., reducing youth substance use) can result in reductions in crime at the places where these efforts are focused. Similarly, the creation of business improvement districts has been associated with reductions in crime.

Evidence-Based Strategies to Reduce Youth Crime and Victimization in Rainier Beach

As part of the problem-solving framework in Rainier Beach, community stakeholders for each of the hot spots used data from multiple sources to analyze the specific local conditions at the hot spot. They then identified interventions within these in four evidence-based broad categories that addressed the specific local conditions at each site. These included:

Photo: Corner Greeters with Rainier Beach: A Beautiful Safe Place for Youth. Source: Annie O'Neill

Increase Guardianship: Safe Passage team, which provides guardianship and helps students get safely to their after-school destinations

Change the Physical Environment: Corner Greeters – pop-up events and activities (e.g., origami, hula-hooping, etc.) led by students from Rainier Beach High School and planned to coincide with typically high-crime days and times in the hot spots

Change/Enforce Rules and Policies: Change in school dismissal time. Implement positive behavior supports and restorative practices to reduce formal discipline actions

Build Capacity for Community Problem-Solving: Business engagement, community town halls

Overdose Prevention Strategies

The U.S. Department of Health and Human Services has identified four categories of overdose prevention strategies: evidence-based treatment, recovery support, harm reduction, and primary prevention. An appropriate balance of investments in these evidence-based strategies is needed for an effective and efficient response to overdoses and substance use disorder (SUD). An established system of care model, such as the recovery-oriented systems of care, could help the City in identifying and effectively addressing the variety of needs related to SUD. According to the U.S. Centers for Disease Control and Prevention, recovery-oriented systems of care (ROSCs) are "coordinated systems that provide alternatives to acute care models to address the full range of concerns related to substance use in communities." ROSCs promote interagency and community collaborations to provide a wide spectrum of care and support from primary prevention and intervention to evidence-based treatment and recovery. An example is the Alberta Recovery-Oriented System of Care Model, which adopts a recovery-oriented approach for substance use disorder and mental health.

We included a summary of overdose prevention strategies as Appendix D and are summarized below:

1. **Enhanced Delivery of Evidence-Based Treatment:** Proven treatments for substance use disorders include both pharmacological and behavioral. We reviewed evidence-based resource guides from the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Centers for Disease Control and Prevention (CDC) to identify strategies with strong evidence of effectiveness in the treatment of substance use disorder. There are three Food and Drug Administration (FDA)-approved drugs—methadone, buprenorphine, and naltrexone—that have been proven to be safe and effective in treating opioid use disorder (OUD) in combination with behavioral therapies and psychosocial support.
2. **Recovery Support:** Recovery support includes services that assist individuals in their recovery journey. This is a key strategy in the recovery-oriented systems of care and includes psychosocial support and wraparound human services that enhance stabilization and facilitate recovery and wellness. Offering integrated services that support recovery can lead to better long-term outcomes for people with SUD. Examples of recovery support services are recovery housing, peer recovery support, and job placement programs. (See the callout on next page for example of services at the case study site.)
3. **Integrated Harm Reduction:** The role of evidence-based harm reduction principles and practices in reducing overdoses as a part of the continuum of care is well established. Keeping people who

use drugs alive and as healthy as possible while linking them to care and support is an essential component of overdose prevention framework. According to SAMHSA, harm reduction "emphasizes engaging directly with people who use drugs to prevent overdose and infectious disease transmission; improve physical, mental, and social wellbeing; and offer low barrier options for accessing health care services, including substance use and mental health disorder treatment." We highlighted two leading strategies from SAMHSA and CDC: Opioid Overdose Prevention Education and Naloxone Distribution (OEND) and Linkage to Care Initiatives. The logic model for Linkage to Care Initiatives is included as Appendix E.

4. **Data Monitoring and Primary Prevention:** This involves multidisciplinary prevention activities for substance use disorder that address both the demand and supply sides ranging from population-level strategies to targeted interventions. It also involves early intervention strategies and surveillance efforts, a key component of a public health approach, to understand the changing nature of the drug overdose crisis.

Improved Recovery Supports at Case Study Site

Thanks to a new collaboration between the Recovery Café and We Care Daily Clinics, residents in permanent supportive housing (Plymouth Housing and YWCA) at the audit case study site (Third Avenue from Virginia to Blanchard) can now receive free transportation to and from Recovery Café in SODO where they can get medication, spend time at Recovery Café in a drug- and alcohol-free space, and participate in programs, trainings, and community building.

Photo: Mosaic workshop at Recovery Café. Source: Recovery Café

Evaluate Outcomes and Adjust

The use of the Strategic Prevention Framework requires an element of evaluation. SAMHSA indicates that the evaluation step has a number of important benefits for communities, including:

- Systematically document and describe the prevention activities
- Meet the diverse information needs of stakeholders and funders
- Continuously improve prevention programs and practices
- Demonstrate the impact of a prevention program or practice on substance misuse and related behavioral health problems
- Identify which elements of a comprehensive prevention plan are working well
- Build credibility and support for effective prevention programs in the community
- Advance the field of prevention by increasing the knowledge base about what works and what does not

Activities to address crime and overdose events where they are concentrated should be monitored, evaluated, and improved based on evaluation findings. Evaluation should be incorporated into any strategies at the beginning of the planning process to ensure that it is well thought out. Evaluation can help ensure program efficiency, and the City should improve and innovate through evaluation, research, and continuous quality improvements.

Recommendation 8

The Mayor's Office should ensure that the City regularly evaluates its efforts to address places where overdoses and crime are concentrated as required by proven problem-solving methodologies (e.g., the Substance Abuse and Mental Health Services Administration's Strategic Prevention Framework).

OBJECTIVES, SCOPE, AND METHODOLOGY

Objectives, Scope and Methodology

To accomplish this audit's objective of identifying evidence-informed approaches for addressing areas in the city where crime and overdose incidents are concentrated, we sought and received technical assistance from the U.S. Department of Justice Bureau of Justice Assistance's Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP) and the Office of National Drug Control Policy's Northwest High Intensity Drug Trafficking Area (NW HIDTA).

We reviewed research literature on crime prevention and overdose prevention; we analyzed administrative data from Seattle Police Department, Seattle Fire Department, and Public Health – Seattle & King County on crime and overdoses; and we convened collaborative meetings between the City and federal agencies.

For this audit, we also conducted a case study of Third Avenue from Virginia to Blanchard. For the case study, we organized and participated in site visits and meetings with the following organizations:

- Plymouth Housing
- YWCA Seattle/King/Snohomish
- Harborview Third Avenue Clinic
- Evergreen Treatment Services-REACH
- King County Metro Transit
- Downtown Seattle Association
- Belltown United
- West Precinct Advisory Council
- Northwest High Intensity Drug Trafficking Area

This audit was written by Claudia Gross Shader, PhD, and IB Osuntoki, MPH, CIA. We received and incorporated input on this audit from reviewers in the Seattle Police Department, Mayor's Office, Department of Economic Development, Department of Neighborhoods, King County Metro, Belltown United, Plymouth Housing, YWCA, NW HIDTA, and Downtown Seattle Association.

We would especially like to acknowledge Dr. Charlotte Gill of the Center for Evidence-Based Crime Policy, George Mason University, and Dr. Michael McDonnell at the Elson S. Floyd College of Medicine, Department of Community and Behavioral Health at Washington State University for their review and comments on a draft of this report.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

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APPENDIX A

Mayor's Office Response

From:	Walton-Anderson, Natalie
To:	Myerberg, Andrew; Jones, DavidG; Burgess, Tim
Cc:	Gross-Shader, Claudia; Eder, Dan; Osuntoki, IB; Gerlach, Catherine; Smith, Sarah
Subject:	RE: Andrew/Tim: Executive Response to OD and Crime Audit
Date:	Friday, June 14, 2024 4:23:34 PM
Attachments:	image002.png image003.png

David/Claudia,

Thanks for allowing me time to review the draft and respond. I will be designated from the Mayor's Office and Director of Public Safety Director to lead the coordination efforts with the City Auditor related to the Overdose and Crime Concentration Audit report.

Here is a brief statement from the Mayor's Office below to be included in the report:

"The Mayor's Office is appreciative of the research and thoughtful work represented in the recommendations made by the City Auditor in the Overdose and Crime Concentrations Audit report. Many, if not all, of the recommendations call for continued collaboration with other public safety, behavioral health, and community partners, further building on our work to expand treatment options, service connections, and public safety solutions. We look forward to continuing our partnerships and focus on addressing fatal and non-fatal overdoses within our city and region."

Let me know if there is anything else.

Natalie

Natalie Walton-Anderson (she/her/hers)
Director of Public Safety
Office of Mayor Bruce A. Harrell, City of Seattle
206-549-0022 City Mobile
Working together to build *One Seattle*

APPENDIX B

Council President's Response

SEATTLE CITY COUNCIL | POSITION 9

COUNCIL PRESIDENT SARA NELSON

The complex and interrelated issues of synthetic drug use, crime, and victimization are taking a significant human and economic toll on Seattle and its people. It is imperative that we act swiftly and thoughtfully, and this audit offers our city a blueprint for positive change.

I thank the Office of City Auditor for its examination of the places in Seattle where overdoses and crime are concentrated and its recommendation that the City use a systematic, coordinated, evidence-based approach to tackle these issues. Since taking office in 2022, I've been laser focused on public safety issues and expanding access to on-demand comprehensive substance use disorder treatment. As President of the City Council, I will work to implement the audit's recommendations legislatively and through collaborative leadership with Mayor Harrell's administration and external stakeholders.

The audit notes that because the landscape of drug use in Seattle is rapidly evolving, our existing strategies to address its impacts must be rethought and recalibrated to meet current conditions more effectively. Fentanyl, a synthetic opioid 50 times more potent than heroin, is driving an exponential increase in addiction and overdose fatalities, making the drug crisis playing out on the streets of Seattle our most devastating public health emergency in generations.

According to Public Health Seattle & King County's 2022 Overdose Death Report, "(b)etween 2012 and 2019, the number of overdoses that occurred in King County increased by about 6% each year. ... Since 2019, the number of overdose deaths has grown on an exponential scale, jumping by 20% between 2019 and 2020 and jumping by an additional 39% between 2020 and 2021" and fentanyl was involved in 70% of all confirmed overdose deaths that occurred by its publication date of October 15, 2022. According to the King County Overdose Dashboard, there was a 33 percent increase in overdose fatalities from 2022 to 2023 (1,008 to 1,339 respectively). These trends reveal the limitations of relying on our current harm reduction approach to address a drug that is so cheap, ubiquitous, and deadly.

Furthermore, findings from a case study presented in the audit suggest that modifying our current low-barrier, housing first model for city-funded affordable housing projects may be appropriate. Out of the 11 overdoses that occurred on a segment of Third Avenue during the case study, "data from the King County Medical Examiner's Office indicates 10 of the 11 fatal overdoses (91 percent) occurred in or outside of the three permanent supportive housing buildings." And the widespread availability of drugs within and outside affordable housing hampers efforts of people trying to recover from addiction which indicates the need for more recovery-based services.

By using a place-based framework to map the overlapping concentrations of overdose and crime, the audit confirms what is obvious to many: that today's drug crisis is fueling property and violent crime and is inextricably linked to the persistence of chronic homelessness across the region and beyond.

We need not start from scratch to better tackle these interrelated problems. This audit identifies existing resources and evidence-based strategies that have proved effective in other jurisdictions. and it draws on research conducted by the Office of City Auditor informing the recommendations in previous audits on the City's response to Unsanctioned Encampments (2020), Methamphetamine Use Disorder (2022), and Organized Retail Crime (2023). Among the specific actions that we can and should implement right now are:

- Adopt the Substance Abuse and Mental Health Services Administration's (SAMHSA) place-based Strategic Prevention Framework to address crime and overdose hot spots.
- Use Snohomish County's Multi-Agency Coordination Group as a model framework for coordinating City agencies in a unified approach.
- Examine our current contracts with provider agencies and ensure they are meeting the "Good Neighbor" provisions.
- The Mayor's Office just recently joined the federal Overdose Mapping and Application Program, and we must now develop a coordinated plan for using that data in response to overdose spikes.
- Take the DEA and the U.S. Attorney up on their offer to help Seattle investigate and prosecute fatal overdoses as they do in many other jurisdictions including Los Angeles and San Diego.
- Engage in continuous evaluation of our efforts to best ensure that the new strategies and approaches the City adopts avoid unintentionally creating harm.

In sum, we know what we must do, so I urge the Executive and my Council colleagues to act quickly and collaboratively to implement these recommendations in order to improve the lives of everyone who lives, works, or visits the places in Seattle where overdose and crime are currently concentrated.

Sara Nelson, President
Seattle City Council

APPENDIX C

List of Recommendations and Department Response

Recommendation 1:

The Mayor's Office should lead the City in addressing places where overdoses and crime are concentrated using a proven problem-solving methodology (e.g., the Substance Abuse and Mental Health Services Administration's Strategic Prevention Framework). This should include continuing the problem-solving work on Third Avenue from Virginia to Blanchard.

Mayor's Office Concurrence: **Concur**

Recommendation 2:

The Mayor's Office should lead the City in seeking federal technical assistance and funding to address places where overdoses and crime are concentrated.

Mayor's Office Concurrence: **Concur**

Recommendation 3:

The Mayor's Office should identify a "project champion" to oversee the City's efforts to address places where overdoses and crime are concentrated.

Mayor's Office Concurrence: **Concur**

Recommendation 4:

The Mayor's Office, in collaboration with the Office of Emergency Management, Seattle Fire Department, Seattle Police Department, and other stakeholders, should establish a coordination system such as the Multi-Agency Coordination Group. The group should have well-defined objectives, goals, and reporting mechanisms.

Mayor's Office Concurrence: **Concur**

Recommendation 5:

The Mayor's Office should formalize an ongoing City relationship with Northwest High Intensity Drug Trafficking Area's Overdose Response Strategy group to continue to leverage its technical assistance resources and coordination with other government agencies.

Mayor's Office Concurrence: **Concur**

Recommendation 6:

The Mayor's Office should lead the City's implementation of the Overdose Mapping and Application Program (ODMAP).

Mayor's Office Concurrence: **Concur, Implemented May 2024**

Recommendation 7:

The Seattle Police Department, in consultation with the Mayor's Office and federal partners, should explore the establishment of a joint law enforcement task force for fatal overdoses.

Seattle Police Department Concurrence: **Concur**

Recommendation 8:

The Mayor's Office should ensure that the City regularly evaluates its efforts to address places where overdoses and crime are concentrated as required by proven problem-solving methodologies (e.g., the Substance Abuse and Mental Health Services Administration's Strategic Prevention Framework).

Mayor's Office Concurrence: **Concur**

APPENDIX D

Overdose Prevention Strategies

The strategies described below are not an exhaustive list of strategies to prevent overdoses and substance use disorder but are meant as a reference for decision-makers on evidence-based practices that could be implemented in the City of Seattle.

Enhanced Delivery of Evidence-Based Treatment

Treatment Category	Methadone	Buprenorphine	Naltrexone	Contingency Management (CM)	Community Reinforcement Approach (CRA)
Overview	Methadone is the most used medication to treat opioid use disorder (OUD) in the world. There is abundant evidence that show its effectiveness in reducing illicit opioid use, treats OUD, and retains patients in treatment.	Buprenorphine is a medication used to treat OUD and it is available in multiple routes of administration including sublingual film, buccal tablet, injection, and subdermal implants. It has been shown to be effective in retaining patients in treatment and reducing illicit opioid use.	Naltrexone is one of the three FDA-approved medications for the treatment of opioid dependence. Randomized controlled trials has shown its efficacy in reducing return to illicit opioid use, increasing treatment retention, and reducing opioid craving.	CM is a type of behavioral therapy grounded in the principles of operant conditioning. Operant conditioning is a method of learning in which desired behaviors are reinforced with prizes, privileges, or cash.	CRA is commonly used with CM and includes multiple elements such as analyzing clients' substance use, relationship counseling, vocational guidance, and job skills training. CRA therapy also focuses on building social and drug refusal skills.
Used for	Opioid use disorder	Opioid use disorder	Opioid and alcohol use disorders	Opioid and stimulant use disorders	Opioid and stimulant use disorders
Effectiveness	Reduces opioid cravings, illicit opioid use, risk of opioid overdose, and increases rate of treatment retention	Reduces opioid cravings, illicit opioid use, risk of opioid overdose, and increases rate of treatment retention	Reduces opioid cravings, illicit opioid use, and increases rate of treatment retention. Prevents return to opioid use after release from controlled environments	Reduces number of days of stimulant use, stimulant cravings, new stimulant use, and HIV risk behaviors	Reduces number of weeks of drug usage, frequency of use, and addiction severity
Available in Outpatient/ Community Settings	Yes	Yes	Yes	Yes	Yes
Available through	Opioid treatment program	Any prescriber with the appropriate waiver	Any healthcare provider with prescribing authority	Behavioral therapy and social services programs	Behavioral therapy and social services programs

Treatment Category	Methadone	Buprenorphine	Naltrexone	Contingency Management (CM)	Community Reinforcement Approach (CRA)
Route of Administration	Pill, liquid, and water forms	• Pill, sublingual film • Extended-release injectable • Implant (inserted beneath the skin)	• Oral • Extended-release injectable	Not applicable	Not applicable
Dosing frequency	Daily	• Daily • Monthly • Every six months	• Daily • Monthly	Not applicable	Not applicable
Combination with other treatment	Recommended in combination with counseling and behavioral therapies	Recommended in combination with counseling and behavioral therapies	Recommended in combination with counseling and behavioral therapies	Use in combination with pharmacological treatment	Used in combination with CM
Duration of Treatment	No maximum recommended duration, treatment may continue indefinitely	No maximum recommended duration, treatment may continue indefinitely	No maximum recommended duration, treatment may continue indefinitely	No prescribed time period, typically follow 12-week schedule	24-week schedule recommended
Opportunities for Low Barrier Treatment	• Mobile clinics	• Mobile clinics • Permanent supportive housing • Emergency Medical Services/ Overdose Response Team • Controlled environments	• Mobile clinics • Permanent supportive housing • Controlled environments (e.g., jails, prisons, residential rehabilitation programs)	• Mobile clinics • Permanent supportive housing	• Mobile clinics • Permanent supportive housing
Washington State Institute for Public Policy's (WSIPP) Benefit-Cost Result	Every dollar spent on a program participant generates $2.40 in gross benefit.	Every dollar spent on a program participant generates $1.85 in gross benefit.	Every dollar spent on a program (injectable for opiates) participant generates a negative $0.04 in gross benefit. However, WSIPP analysis assumes a duration of one full year of	Every dollar spent on the program generates $39.74 in gross benefit (for programs with high value contingencies) or $11.67 in gross benefit (for programs with lower value contingencies).	Every dollar spent on a program participant generates $7.62 in gross benefit.

Treatment Category	Methadone	Buprenorphine	Naltrexone	Contingency Management (CM)	Community Reinforcement Approach (CRA)
			treatment and one corresponding full year of effectiveness, which is not evidence-based.		

Sources: The Pew Charitable Trusts; US Food & Drug Administration; SAMHSA Medications for Opioid Use Disorder; SAMHSA Treatment of Stimulant Use Disorders; Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States; Washington State Institute for Public Policy;

Recovery Support

Strategy Category	Recovery Housing	Peer Recovery Support	Job Placement Programs
Overview	Recovery housing is a type of recovery supports service designed for those initiating and sustaining recovery from SUD. The recovery housing setting is the service been provided and recovery homes mindfully cultivate prosocial bonds, a sense of community, and a supportive social environment for recovery.	Peer recovery support is a range of activities between people who share similar experiences of SUD. Peer recovery support can vary depending on the program or setting and peer support workers can provide a wide range of services which include helping others develop personal goals and supporting them across the continuum of recovery.	Job placement programs for people with SUD or dual diagnosis help individuals work in jobs of their choosing. This includes evidence-based interventions like the Individual Placement and Support (IPS) and its variant, the customized employment supports (CES).
Effectiveness	Recovery housing has been associated with positive outcomes for residents including decreased substance use, reduced likelihood of return to use, lower rates of incarceration, higher income, increased employment, and improved family relationships.	There is developing evidence that the inclusion of standardized peer support programs in treatment and recovery services is beneficial as shown by positive findings on measures including reduced substance use and SUD relapse rates, improved relationships with treatment providers and social supports, increased treatment retention, and greater treatment satisfaction.	According to meta-analyses and systematic reviews, IPS is the only evidence-based employment intervention for adults with behavioral health conditions. IPS has been shown to increase competitive integrated employment compared to usual services in an opioid treatment program.

Strategy Category	Recovery Housing	Peer Recovery Support	Job Placement Programs
Types	The National Alliance for Recovery Residences has four levels of housing with different levels of support. • Level 1 (e.g., Oxford Houses) • Level 2 (e.g., sober living homes) • Level 3 (e.g., with standardized peer recovery support services) • Level 4 (e.g., therapeutic community)	There are different types of peer-based positions/programs including peer navigator, peer specialist, recovery specialist, recovery coach, peer practitioner, etc.	IPS offers supported education and technical skills that help individuals consider and pursue the training needed to achieve their work goals. Some programs also refer individuals to other organizations to help them meet their educational goals.
Washington State Institute for Public Policy's Benefit-Cost Result	Every dollar spent on a participant in sober living houses generates $6.50 in gross benefit.	Every dollar spent on a program participant generates $1.22 in gross benefit.	Not Available

Sources: SAMHSA Best Practices for Recovery Housing; Peer Recovery Supports; Substance Use Disorders Recovery with a Focus on Employment | SAMHSA Publications and Digital Products: U.S. Department of Labor Individual Placement and Support for People with Co-Occurring SUD(dol.gov); Washington State Institute for Public Policy;

Integrated Harm Reduction

Strategy Category	Opioid Overdose Prevention Education and Naloxone Distribution (OEND)	Linkage to Care Initiative
Overview	OEND is the distribution of overdose prevention and response education and naloxone rescue kits to people at high risk of overdosing. It could involve the proactive distribution to high-risk population and their social network or referring people to where such education and kits are available. There are multiple implementation strategies and sites for OEND programs including targeted naloxone distribution, distribution in treatment centers and criminal legal settings, "leave-behind" programs at sites of overdose, acute care/emergency department and primary care settings, and syringe service programs.	Linkage to care initiatives is a framework for coordinating care and services for people with OUD with core components of partnership development and sustainability; outreach activities and active follow-up; OEND; and active referral and wraparound services. It involves using non-fatal overdose and other data from different data sources to identify people who are at risk for overdose or have recently experienced a non-fatal overdose (i.e., program recipients) and link them with evidence-based treatment options and wraparound services (e.g., transportation to treatment, housing assistance, etc.)

Strategy Category	Opioid Overdose Prevention Education and Naloxone Distribution (OEND)	Linkage to Care Initiative
Effectiveness	Research shows that naloxone administration increases the odds of survival during an overdose and that communities enrolled in OEND programs distributing directly to people who use drugs had lower rates of opioid overdose deaths.	Linkage to care strategies have been proven to be effective in the initiation of medications for opioid use disorder treatment and engagement with peer support programs.

Sources: CDC Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States; SAMHSA Opioid-Overdose Reduction Continuum of Care Approach; CDC Linkage to Care Initiative; SAMHSA Harm Reduction | SAMHSA: CDC Linkage to Care Resource for Action

Data Monitoring and Primary Prevention

Strategy Category	Overview
Data Monitoring Programs	As we discussed on page 20, the City needs a data monitoring tool to be able to assess and analyze overdose data. Data monitoring is an important component in understanding the complex and changing nature of drug overdose. Accurate, comprehensive, and timely data on fatal and nonfatal overdoses can enhance prevention programmatic efforts. The City could use the free HIDTA's ODMAP as its data monitoring tool for identification of overdose spikes, automatic alert messaging to local stakeholders and community partners, post-overdose follow-up for care coordination, and targeting deployment of harm reduction services.
Prevention and Early Intervention Strategies	There are multiple evidence-based prevention and early intervention strategies that can be implemented in various settings. These strategies include universal programs, targeted programs for youth and young adults, and indicated programs that boost protective factors and eliminate or reduce risk factors for substance use disorder. SAMHSA's Focus on Prevention identified six broad strategies that can be used with the Strategic Prevention Framework to help communities shape their prevention plans. The combination of these strategies can improve their desired results. • Information dissemination • Prevention education • Positive alternatives • Environmental strategies • Community-based and school-based processes • Identification of problems and referral to services

Sources: SAMHSA Focus on Prevention; National Institute on Drug Abuse Preventing Drug Misuse and Addiction: The Best Strategy; CDC's Overdose Data to Action

APPENDIX E
Logic Model – Linkage to Care Initiatives
Centers for Disease Control and Prevention

OVERDOSE DATA2ACTION

INPUTS

Data Access

Accessibility of data (policies)

Data agreement to receive data from: EMS, ED/health system, justice system, harm reduction services, or others

Quality data

Data Management Plan[a]

Partnership

Established referral and procedures with healthcare, harm reduction, and other social service partners

Resources

Comprehensive list of available harm reduction, treatment, and social service resources in the jurisdiction

Overdose education curriculum

Staffing

Trained staff on active referral, case management, motivational interviewing, harm reduction strategies, and treatment options

Peer navigators supported with on-the-job coaching and additional support services

Friends and family of people at-risk for an overdose engaged and supported in recovery process

ACTIVITIES

Partnership

Outreach & develop new referral and wraparound service network, including people with lived experience with OUD or recovery

Provide trainings on OUD/wrap-around services resources as well as stigma reduction training for partners

Develop Standard Operating Procedures (SOP)[b]

Sustain and foster the referral network to address changing needs of people at risk for an overdose

Outreach Activities

Initial outreach, and active follow-up with individuals (e.g., unreachable the first time, ensure treatment initiation)

Assess readiness to change and provide brief motivational interviews

Overdose Education & Naloxone Distribution

Educate and train individuals (e.g., person at risk for an overdose, their friends, family or community members) on harm reduction strategies and provide naloxone[c] and train on use

Referral and Wraparound Services

Actively refer[d] individuals to treatment and wraparound services[e]

Initiate treatment

Provide active case management

OUTPUTS

Partnership

Active referral and wraparound service network

Tailored services provided to address needs

Outreach Activities

Active outreach and follow-up with people at risk for an overdose

Completed motivational interview to assess readiness

Overdose Education & Naloxone Distribution

Training provided on how to prevent, recognize, and respond to an opioid overdose (e.g., harm reduction strategies, provide naloxone kit and train on use)

Referral and Wraparound Services

Appointments scheduled for treatment

Assist in obtaining access to services (e.g., transportation, insurance)

Provide take-home buprenorphine until appointment with provider (within 72 hours)

Continuity of care

SHORT-TERM OUTCOME

System and Partners

Integrated infrastructure among partners to support active referral and case management

Timely coordination and responses of referral services

Individual-Level

Service providers and Clinicians

Increased knowledge of opioid use disorder, stigma reduction best practices, and evidence-based treatment (i.e., medication for opioid use disorder (MOUD)) among clinicians and service providers

Increased clinicians' capacity to provide treatment and wraparound services

Program Recipients

Increased knowledge & self-efficacy to recognize and respond to an overdose and to incorporate harm reduction strategies

Increased behavioral intention to enter treatment

Increase awareness of treatment options and wraparound services available

Active Referral & Linkage to Treatment

Increase number of individuals actively referred and linked to treatment

INTERMEDIATE-TERM OUTCOME

Behavioral Change

Increased retention in treatment and wraparound services

Decreased illicit opioid use

System Outcome

Enhanced access and continuity of linkage to care services

LONG-TERM OUTCOME

Morbidity

Decrease rate of opioid misuse, opioid use disorder, or non-fatal overdoses

Mortality

Decreased drug overdoses death rate, including prescription and illicit opioid overdose death rates

[a] CDC requires recipients who collect or generate data with federal funds to develop, submit, and comply with a data management plan (DMP) for each collection or generation of public health data undertaken as part of the award and, to the extent appropriate, provide access to and archiving/long-term preservation of collected or generated data. For more information please see CDC's DMP policy.

[b] SOP should include considerations about screening, development of an individualized plan, and who does the linkage. This should be developed in conjunction with a clinician or addiction specialist in decisions about appropriate care.

[c] The purchase of naloxone is prohibited with CDC's OD2A funds.

[d] Active referral includes directing clients to a service, such as making appointments; providing transportation; providing a "warm hand-off"; or using a peer navigator.

[e] Wraparound services may include arranging for transportation to treatment; assistance with insurance sign-up; securing appointments; HIV/Hep C testing; housing assistance; employment services; and others.

Centers for Disease Control and Prevention
National Center for Injury Prevention and Control

APPENDIX F

Crime Prevention Through Environmental Design (CPTED) Report

Crime Prevention Through Environmental Design (CPTED) "Snapshot" Summary: 3rd Ave Virginia to Blanchard (2000-2100 block)

December 2023

Final Draft

Prepared by: Barb Biondo, Seattle Police West Precinct Crime Prevention Coordinator
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The following **Crime Prevention Through Environmental Design** "Snapshot" Summary for **3rd Ave: Virginia-Blanchard (2000-2100 block)** was prepared to provide initial guidance for local government and community stakeholders on CPTED-based strategies that can reduce opportunities for crime to occur and create a safer environment. This report is provided in support of a case study being conducted by the Office of the Seattle City Auditor "... to identify and document evidence-informed place-based interventions for reducing substance use disorder-related crime, disorder, and overdose incidents among people using drugs in areas with high levels of concentrated crime to address escalating drug overdoses, fatalities, crime, and victimization." This CPTED Summary is provided as a public service of the Seattle Police Department and is based on CPTED observations and discussion with stakeholders on site: October 25 (daylight), and November 20 (dark).

CPTED Practitioners Present: Barb Biondo, Crime Prevention Coordinator, Seattle Police West Precinct

Disclaimer: This survey is intended to assist in improving the overall level of safety and is not intended to imply the existing security measures or proposed crime prevention approaches are absolute or perfect.

Confidentiality: All information sent to and from the Seattle Police Department is subject to the Washington Public Records Act, Chapter 42.56 RCW, and may be subject to disclosure to a third-party requestor.

Site Description

The focus blocks 2000-2100 of Third Ave which are in south end of the Belltown neighborhood, fall within two Seattle Police West Precinct patrol beats: Mary 1 and David 1. The blocks contain a mix of early Twentieth Century office - commercial buildings with newer residential buildings, ranging from luxury apartments to permanent supportive housing, some of which is dedicated to housing vulnerable

members of our society. Other land uses in the focus area include the YWCA Opportunity Place which provides a range of services for women including a day center, overnight shelter and permanent housing, and the headquarters for ETS Reach, the region's largest provider of outreach and case management services connecting those in need to housing and treatment for substance use disorder or mental/behavioral health issues. A high-rise condominium building is under construction on the southeast corner of 3rd and Virginia with scaffolding that narrows the pedestrian pathway.

Third Ave is a major transportation corridor[18] – the focus blocks include King County Metro Transit / Rapid Ride stops # 420 and #600. While this stretch of 3rd Ave is busy throughout the day with pedestrians and transit riders, Amazon's return-to-office policy, with campus located three blocks east, has likely added to the pedestrian and transit riders frequenting the area, though the overall volume of pedestrian traffic has likely impacted by closures of neighboring retailers, shuttered prior to or during the COVID 19 pandemic - Macy's, Bed, Bath & Beyond, Bergman Luggage.

Adjacent alleyways were not included in this CPTED summary.

Observed activity pattern: In addition to pedestrians and transit riders, individuals and groups were observed socializing outside YWCA's Opportunity Place on the east side of 3rd Ave and in front of Plymouth Housing Simon's Apartments on the west side of street. Also observed were several unpermitted street venders in the corner created by construction scaffolding which creates a nook on the public sidewalk where, removed from the flow of pedestrian traffic, black market venders set up shop, selling alcohol, shoes, clothing, and miscellaneous wares in front of a vacant storefront. People gathering in this area at times created a small crowd, leaving pedestrians the challenge of navigating a path through or around the group to pass or catch their bus. During one visit, yelling signaled an assault had just taken place and required police intervention, highlighting the unpredictability of the street environment and potential for violent disturbances to erupt.

[18] Pre-pandemic, the 3rd Ave corridor was the primary transit corridor for downtown Seattle and one of the busiest transit corridors in the US serving roughly 2,500 busses and 100,000 riders per day. King County Metro Transit reports average weekday ridership is 61% of pre-pandemic ridership and is hitting 80% of pre-pandemic ridership, with a dozen routes seeing higher ridership than pre-pandemic.

Land Use-West side of 3rd Ave (As identified in modified Google Earth map, above):

1. 2000 3rd Ave: Multi-family high-rise mixed-use building under construction, 459 units, estimated completion in 2024; First Light Seattle
2. 2024 3rd Ave: YWCA Opportunity Place 145 units permanent supportive housing, Work Source Center and Homelessness Employment center for women; 1 ground-level commercial space unoccupied* Asset Map
3. 2028 3rd Ave Harborview Third Ave Center acute and primary care, social services support for downtown residents *Asset Map
4. 2030 3rd Ave Angeline's Day Center services for women including meals, laundry, hygiene and storage and Overnight Shelter 55 beds, case management. Ground level commercial space occupied by Subway *Asset Map
5. 2100 3rd Ave: Multi-family high-rise, Royal Crest Condominium 132 units with 4 commercial ground level units
6. 2112 3rd Ave: Vacant commercial office building with parking, 4 units
7. 2118 3rd Ave: Commercial Office building occupied Skanska Construction
8. 2124 3rd Ave: Commercial Office Building occupied by Swenson, Say, Faget Engineering and Johnson Architecture and Planning
9. 2132 3rd Ave: Commercial Office Building occupied by Knack Co-Working

Land Use-East side of 3rd Ave:

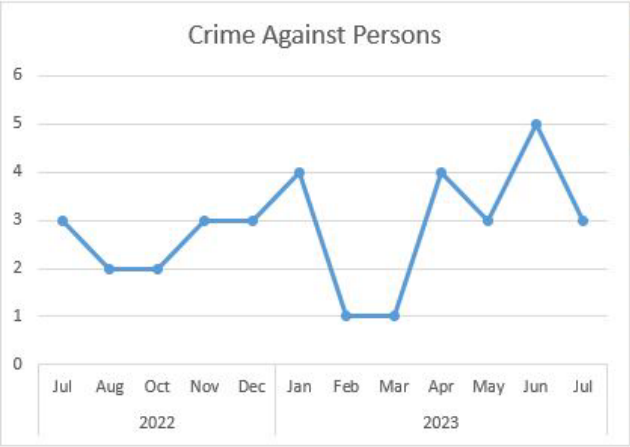
10. 2133 3rd Ave: Evergreen Treatment Services REACH Office- outreach and case management support for people experiencing homelessness, substance use, and mental health treatment. Also, LEAD (Let Everyone Advance with Dignity)
11. 2119 3rd Ave: Multifamily building Plymouth Housing Langdon & Anne Simons Senior Apartments, 95 apartments for seniors and veterans ages 55+
12. 2113 3rd Ave: Plymouth Housing Administrative building with ground-level commercial space (vacant)
13. 2107 3rd Ave: Army Building office/retail – Coastline Church on ground floor.
14. 2103 3rd Ave: Retail – Coffee Tab - not-for-profit café with training and employment opportunities for local youth/surface parking lot managed by Diamond Parking
15. 2031 3rd Ave: Multi-family high-rise, The Modern 221 units with office and vacant commercial ground-level units
16. 2017 3rd Ave: Multifamily building Plymouth Housing Sylvia Odom's Place Apartments, 65 apartments for independent adults and vacant ground level
17. 2001 3rd Ave: Commercial building housing Swifty Printing

Other Nearby Land Use:

Moore Theatre**:** 1932 2nd Ave - Historic and recently renovated music and theatre performance venue
Holocaust Center for Humanity**:** 2045 2nd Ave - Center provides support for continued teaching and honoring the history, stories, and lessons of the Holocaust
WA Department of Social and Health Services (DSHS) Belltown Center: 2106 2nd Ave – Provides the following services: Food, cash, medical benefits; Working Connections, Childcare services. Public computers in office lobbies for DSHS-related services
King County Downtown Public Health Center: 2124 4th Ave - Medical/Dental clinic, Women Infants and Children (WIC) nutrition program, health screening for newly arrived immigrants, needle exchange and low barrier buprenorphine clinic for treatment of Opioid Use Disorder

Crime Data Snapshot:

	July 2022 - Dec 2022	Jan 2023 - July 2023	Total
Assault	9	15	24
Harassment	4	1	5
Menacing Threat	0	2	2
Others (Hate Crime, etc.)	0	3	3
Total Crime Against Person	**13**	**21**	**34**



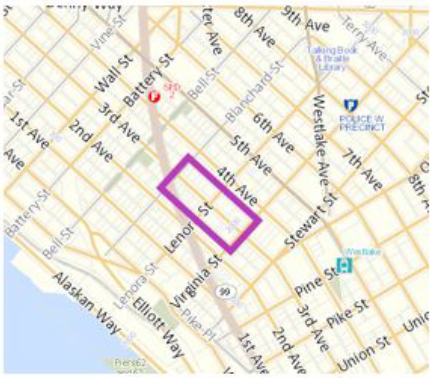


Figure 1: Source - Office of City Auditor analysis of publicly available from the Seattle Police Department's Crime Database.
*The Crime Against Person analysis was based on distinct count of Reporting Event Number and do not represent the total number of victims.

For a snapshot look at crime in the focus area, the crime data above shows the fluctuation in crime against persons over a 13-month period. Crime data can be influenced by many factors over time, including police emphasis efforts, the motivation of surrounding area to report crime and changes in the surrounding area.

CPTED Overview

Crime Prevention Through Environmental Design (CPTED) is a place-based and multi-disciplinary approach to crime prevention through the proper design and effective use of the built environment. CPTED focuses on the design of (or modifications to) the physical environment to reduce crime, increase a sense of safety and improve the quality of life. When proper design is implemented, the offender's perceived risk of being caught will outweigh the value of the reward. Researchers have found a diffusion of crime control benefits to the surrounding areas from applying place-based crime prevention and deterrence strategies. The five guiding CPTED principals are:

1. **Natural Surveillance:** Natural Surveillance is a design concept that promotes the ability to see and be seen. Natural Surveillance is promoted by features that maximize visibility of people in public areas such as parking lots, building entrances, lobby areas, and restroom access points: doors and windows that look out onto streets and parking areas, pedestrian-friendly sidewalks and streets, front porches, adequate nighttime lighting all support Natural Surveillance.

2. **Territorial Reinforcement:** This concept uses physical design to provide clear guidance on what the intended (positive) uses are as well as features that signal to potential offenders' predictable consequences for inappropriate (negative) uses. Territorial reinforcement is promoted by features

that declare who a space is managed by, defines property lines, and distinguishes private from public spaces using the landscape, pavement design, entryway treatments, and "CPTED" fences (fencing that provides unrestricted lines of sight).

3. **Natural Access Control:** This concept decreases the opportunity for crime to occur by denying access to crime targets and by creating a perception of risk. Natural Access Control is gained by designing streets, sidewalks, building entrances, and neighborhood gateways to clearly indicate public routes. Access to private areas is discouraged through the use of structural elements.

4. **Image and Maintenance:** Care and maintenance serves as an expression of ownership and supports the use of a space for its intended purpose. Deteriorated structures, accumulated litter, graffiti, and abandoned property indicate less control by place managers and signals tolerance of disorder. Well-maintained, clean places promote a positive image, inviting positive uses and discouraging negative use.

5. **Community Activation:** Where the first four CPTED strategies focus on the design of or modifications to the physical environment to reduce opportunities for crime and increase a sense of safety, Community Activation recognizes that the involvement and support of the people who use and have connections to the place is essential to creating and maintaining safe spaces.

Complimentary crime prevention strategies often recommended in conjunction with CPTED approaches include:

- **Lighting**: Lighting is the number one deterrent for crime during nighttime hours. Lighting helps an individual observe their surroundings and respond to a potential threat. While higher illuminance or greater luminance is often with safety, poorly directed light can reduce visibility and thereby reduce safety and security.

- **Guardianship:** Territorial Reinforcement and other CPTED principles are supported by a concept called guardianship. Informal guardians – people on site using the space or facility as intended – help establish and reinforce positive norms, attracting others to the space, with the potential to actively intervene to keep the place safe. This is considered positive guardianship. Guardians can also be negative. People engaged in illegal or intimidating behaviors also exert influence, attracting more unwanted activity and deterring others from using the space for its intended purpose. Many urban places also require the periodic presence of formal guardians – uniformed police or security officers – to reinforce positive uses and intervene for inappropriate or unsafe activity that occurs.

- **Wayfinding:** Wayfinding supports moving pedestrians and vehicles to and from buildings and the property using readily identifiable roadway transitions, sidewalks, clearly stated signage, and focal points. Wayfinding supports Natural Access Control and increases users' awareness of surroundings and the overall safety of pedestrians.

- **Activity Generators**: Places activities in strategic locations where natural surveillance is limited or unavailable. When the surrounding land use and conditions support it, Activity Generators, also called Place-Making[19], attract users and help to establish and support positive behaviors and may

[19] More Placemaking Resources: Five Placemaking Projects that Inspire Us; Citizen Lab; Seattle Office of Arts & Culture

deter unwanted behaviors. Organized activities, such as concerts in the park, or uses such as food trucks with benches or tables, dog parks, bike and walking trails, and community gardens encourage activities that increase guardianship of the built environment.

- **Target Hardening:** Target Hardening is accomplished by features that prohibit entry or access: window locks, dead bolts for doors, interior door hinges. A note of caution: Excessive target hardening may create a "fortressing" effect and could result in a business, home or park appearing as an unsafe or unwelcoming place.

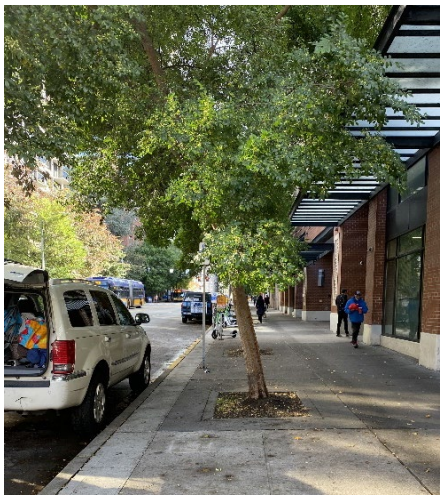
- **Organized and mechanical security measures:** CPTED focuses on design elements and natural modification of the built environment to accomplish its goals. Natural CPTED elements can be complemented and strengthened using **Organized Strategies,** which utilize the human element, sometimes called 'formal guardians', such as security guards, receptionists, and door greeters. **Mechanical Strategies** can also be built-in to further harden a target. Deadbolt locks, astragal plates, surveillance cameras, and alarm systems all contribute to the Mechanical Strategy of crime prevention.

Site-Wide Recommendations

1. **Natural Surveillance:**

Ideally, our public spaces afford reliable opportunities for natural surveillance to help us know if an area is safe to enter. If Natural Surveillance – the ability to see and be seen – is limited, pedestrians and other users of the space may feel unsafe and anxious, some may avoid the area entirely. Where there is poor Natural Surveillance, offenders may feel more comfortable.

Current conditions along the 3rd Ave corridor limit natural surveillance:



i. **Low tree canopies:** Street tree growth blocks sight lines. CPTED Landscape standards require shrubs and ground cover be maintained to a maximum height of 3 feet and tall shrubs and tree canopies are maintained to a minimum 6-8 feet from the ground.

Recommendation: Street trees along 3rd Ave and adjacent streets will benefit from pruning and maintenance. Check in spring when trees are leafing out and report through FIFI if canopy needs to be raised or pruning is needed to allow street lighting to shine through.

Figure 2-3: The above tree's canopy is lower than 6 ft. blocking the amount of the street and adjacent roadway a pedestrian can see. The tree in the image to the right has water shoots obstructing sight lines. Regular maintenance including raising tree canopies improves the ability to see and be seen and safety on the street. Consult SDOT Urban Forestry for resources and guidance.

ii. **Construction scaffolding and paneling impedes sight lines and provides an environment that supports illegal and unwanted activity:** The presence of scaffolding and a plywood panel wall on the public sidewalk at the construction site at 2000 3rd Ave creates a major impediment for sight lines along the sidewalk and Metro Bus stops. The pedestrian lane is narrowed at either end which can obscure potential threats, leaving pedestrians vulnerable at choke points. The scaffolding also creates conditions that support illegal and unwanted activities, including unpermitted street vending. (discussed below under Image, Maintenance/Reputation).

Recommendation: Work with the contractor Build Group, and Seattle Department of Construction and Inspections (SDCI), to explore opportunities to minimize the footprint of the scaffolding and obstruction of sightlines by using transparent materials or angling barricade to improve sight lines.

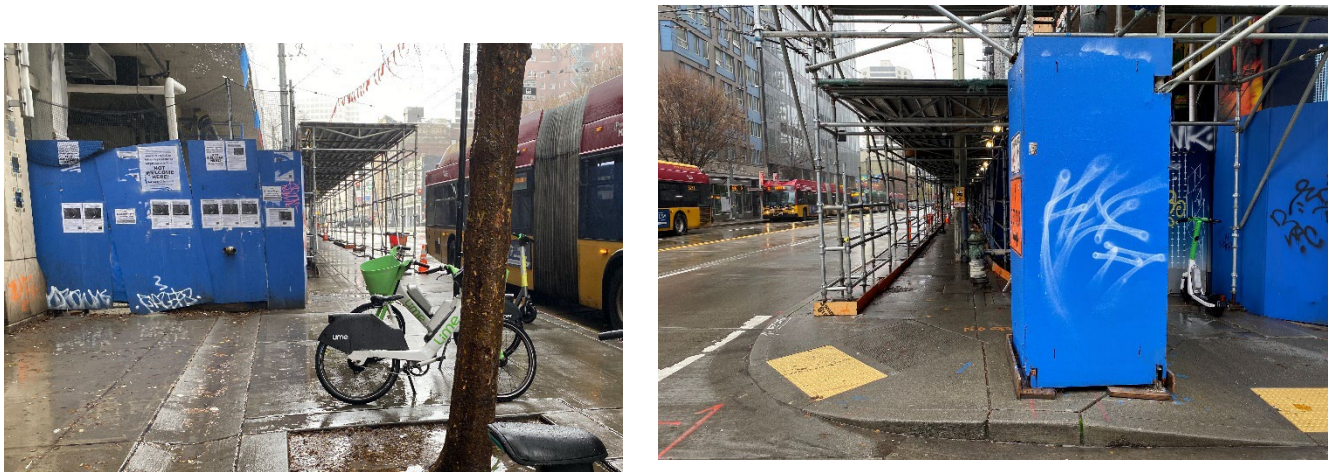


Figure 4-5: Construction scaffolding on the NE corner of 3rd Ave and Virginia St. narrows the pedestrian pathway, creating choke points that limit sight lines and options for pedestrians. Photo on the left shows the entry point from the north and on right, entry from the south.

Ideally, scaffolding will be removed as soon as possible to open full access to the public sidewalk.

iii. **Blocked windows and empty storefronts reduce opportunities for Natural Surveillance - "eyes on the street":** Many of the available, street level commercial space with storefront views onto in the 3rd Ave are vacant or have posters or privacy blinds covering storefront windows, removing opportunity for occupants to see activity on the street. Unobstructed views from windows of open, street level stores and businesses help create the perception of being seen which can deter unwanted activity from taking place while adding vibrancy to the street environment.

Recommendation: Explore opportunities to activate vacant businesses and storefronts with uses that benefit the local community with support of Seattle Office of Economic Development and programs like Seattle Restored. Temporary uses – such pop-up businesses, and other creative, place-making approaches have been used in urban neighborhoods for decades to establish and support positive behaviors and deter unwanted activity.

Businesses can limit ads and window displays to 10 percent of the window. Offices and clinics can look for opportunities to open blinds (where the need for privacy doesn't prohibit) or to reconfigure offices, including meeting space or break rooms, to maximize views of the street.

Figures 6-7-8: Exploring other strategies for marketing will provide an opportunity for the business in top left photo to remove ads from storefront windows, opening views to the street that can attract customers and deter criminal and unwanted activity. Top right and bottom photos depict businesses with open views, adding vibrancy and increasing informal guardianship on the street.

iv. **Parking on Blanchard limits sight lines down an already narrow sidewalk.**

Recommendation: Work with SDOT to explore changing back-in, angle parking to parallel to open sight lines down sidewalk.

v. **Natural light to public sidewalk and building entrances is impeded.**

Recommendation: Clean transparent awnings to allow more sunlight to pass through to brighten sidewalks and entrance ways during the day. Adding lighting of storefronts and under canopies will brighten the street during hours of darkness.

vi. **Assess lighting levels on building facades and entrances, add luminaires where needed to assure pedestrian pathways are evenly lit**. The focus blocks of 3rd Ave lack pedestrian scale lighting and while the cobra streetlamps do light the public sidewalk fairly well, light levels are uneven due to the presence of street trees and building awnings that block the light.

Recommendation: All properties should assess lighting levels, particularly at building entrances, to assure pathways are evenly lit (no dark patches) providing the pedestrian with the ability to see and be seen. Luminaires should be shielded to avoid hampering night vision, and carefully oriented toward pathways, lighting from 5-6 vertical feet, allowing a person to see and recognize a face 30ft ahead. Ensure the light source and color quality is optimized for obtaining quality

image where security cameras are used. Exterior lights are ideally equipped with photo sensors or timers to come on automatically at dusk, off at dawn. Adding lights under awnings that block light from overhead streetlamps will support even lighting along the pedestrian zone.

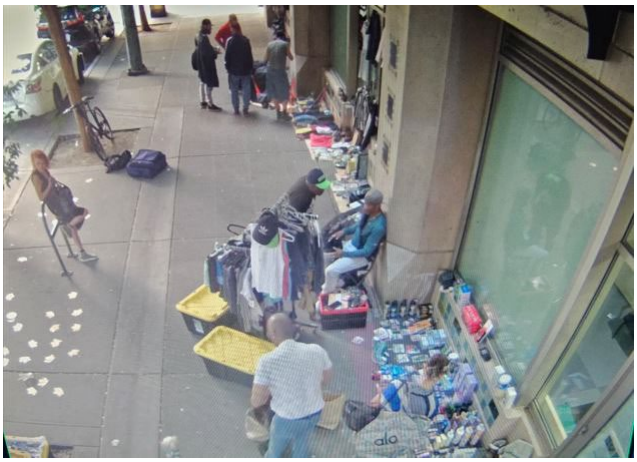
Lighting levels in alleyways adjacent to the focus area were not reviewed for this summary.

2. **Access Control & Territorial Definition/Reinforcement:**

Design features that delineate public spaces from transitional zones and private spaces help to reduce competing and conflicting use of space**.** In dense urban environments, Territorial Reinforcement is a key CPTED strategy and a two-part concept: First, it's essential to make clear the purpose of the different public and private places that make up an urban business district through use of physical design and culturally relevant features to provide clear guidance on what the intended (positive) uses and predictable consequences for inappropriate (negative) use. Second, in the advent of inappropriate use, it's important the appropriate intervention occurs in a timely manner.

Current conditions along the 3rd Ave corridor that will benefit from enhanced Access Control & Territorial Definition:

i. **The presence of tents and unpermitted street venders gathering in the "eddy[20]" or nook created on the public sidewalk by construction barricade at 2000 3rd Ave**. The persistent presence of illegal vendors at this location creates an environment where negative guardians - people engaged in illegal or intimidating behaviors exert influence on the street environment, attracting more unwanted activity and deterring others from using the space for its intended purpose. Illegal street vending has known nexus with narcotics activity / organized retail crime (ORC) /EBT Fraud and violent crime. Many "Boosters" engaged in theft and shoplift suffer from substance use disorder, stolen property is sold at illegal street markets, cash is then used to purchase narcotics, with drug dealers often in the vicinity. Drug transactions often lead to conflict, increasing chances for violent crime in the area. Illegal street vending is frequently observed near busy bus stops.



[20] Merriam Webster defines eddy as a circular current running contrary to the main current. The construction scaffolding obstructs the public sidewalk, creating an eddy, such as in a stream, that is contrary to flow of pedestrian traffic, making a convenient spot to set up an illegal market – location, location, location!

Figures 9-10: The photo on page 9 shows a security camera view of the array of items being sold at illegal street markets, a frequent presence on the SE corner of 3rd and Virginia. The above photo shows pedestrian and transit riders left to navigate a path through or around the market crowd to pass or catch their bus.

Recommendation: Work with SDOT Street and Sidewalk Vending program and local business advocacy organizations to develop strategies that deter unauthorized street vending, directing interested entrepreneurs to the street vending permit application process: Call 206.684.ROAD or 684-Road@seattle.gov or Find It / Fix It mobile app. Illegal street vendors in this CPTED focus area and in other locations in our city are often seen at KC Metro Transit bus stops.

Recommendation: Work with King County Metro Transit to increase patrol checks of bus stops and shelters and enforce the Ride Right Code of Conduct to increase guardianship and assure transit amenities are used for transit purposes. Request King County Metro Transit police/security increase the frequency of checks, particularly during peak use periods such as commute times and other times of day when vulnerable members of the community, such as the elderly and youth must access transit.

ii. **Businesses / medical clinics and agencies providing social services to the public would benefit from posting clear signage declaring the name and type of business as well as hours of operations and uses and behaviors that are permitted.**

Recommendation: Celebrate business entrances site-wide by clearly marking pedestrian and vehicle entry points to direct access/egress to these locations through use of landscape and design features, signage, and art to 'celebrate' or help draw attention and guide customers to your entrance.

Figure 11-12: The flyer and street sign above are from a pilot program in the C-ID's Little Saigon Neighborhood aimed at educating residents on the harmful impacts, for individuals and the community, of participating in illegal street markets. The program is a partnership of the C-ID BIA, Seattle Police and Department of Transportation.

iii. **Parking lots are frequent settings for criminal activity including car theft and prowl, and the sale and use of illegal drugs.**

Recommendation: Engage stakeholders surrounding surface lot on NW corner of 3rd and Lenora to collaborate on monitoring the lot and promptly reporting misuse, suspicious or criminal activity: King County Public Health, Coffee Tab, Diamond Parking.

Commercial businesses can sign up for the SPD Criminal Trespass Program**,** and post Conditions of Entry signs at all pedestrian and vehicle entrances and enforce consistently.
Connect with SPD Crime Prevention to schedule a security assessment for your business, office or residential building for practical ideas on reducing opportunity for crime to occur and enhancing safety: Barbara.biondo@seattle.gov or 206.233.0015

3. Image/Maintenance and Reputation:
Care and maintenance of public infrastructure and private facilities serves as an expression of ownership and supports use of a space for its intended purpose.

Current conditions along the 3rd Ave corridor that signals tolerance of disorder:

i. **In addition to the illegal street market activity described above, the presence of litter and graffiti on both private and public property undermines use of a space for its intended purpose.**

Recommendation: Promptly repair any damage, remove graffiti and tagging on private property and report damage graffiti on public property including Metro Transit bus stops and remove graffiti, report on the Find It/ Fix It mobile app.

ii. **Replace missing street trees:** Street trees provide important health, environmental and economic benefits for the whole community.

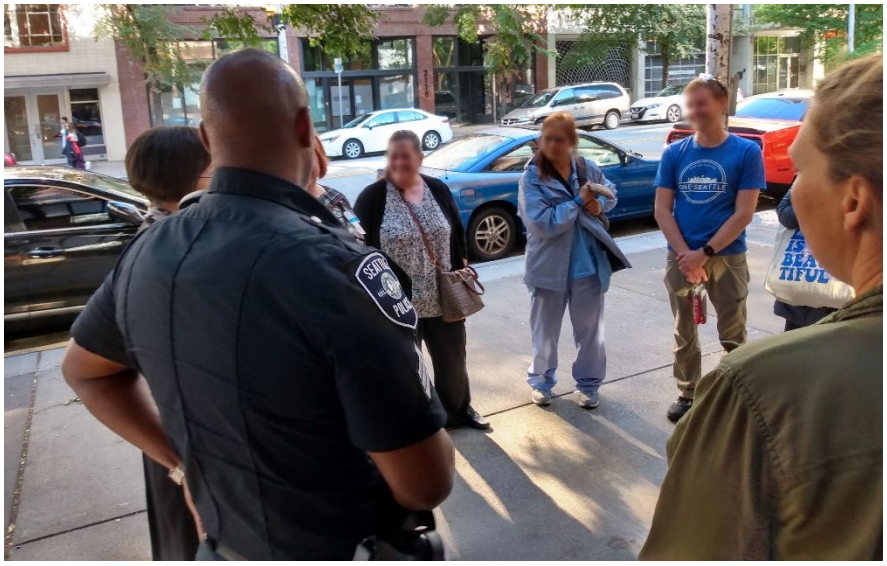
Recommendation: Engage business and property owners to collaborate with the SDOT's Trees for Seattle program to maintain healthy street trees. Street trees are missing in some locations, leaving vacant tree wells which create a pedestrian hazard and collect litter. Explore installation of SDOT approved tree well grates or porous covering for tree pits to provide ADA accessibility and sustainable conditions for street tree growth and longevity.

4. Community Activation:
The involvement and support of the people who use and have connections to the place is essential to creating and maintaining safe spaces.

The diverse stakeholders on these urban blocks of our city will benefit from establishing and maintaining connections that foster a sense of community and common cause regarding safety and maintaining conditions that create a welcoming and safe environment for all. Existing organizations, such as community councils, can assist but additional support may be required to engage the clinics and social service and permanent supportive housing communities' connection with other residents and

businesses in this southern section of the Belltown neighborhood. Active, community-based organizations in Belltown include the Belltown Community Council, the Belltown Business Association and Belltown United, a coalition of community volunteers, residential and business associations. More information on community groups, community grants, and upcoming events is available by contacting the Seattle Department of Neighborhoods Community Engagement Coordinators.

Recommendation: Support the informal guardians of this community exert more influence to establish positive uses as the norm for inside and outside their businesses, clinics, offices and residences and adjacent public areas. Strengthening connections, increasing communication across the sectors, and carefully assessing local assets and needs, will help identify areas where additional resources or support can increase capacity to work together for the betterment of the community and neighborhood.



Figures 13-14: Community activation can take many forms. The top photo shows a placemaking approach in Chicago IL. The mural was created by artist Molly Costello and reflects interviews with over 70 locals for inspiration. Source: Innovation Quarter: Five Placemaking Projects that Inspire Us. The bottom photo shows the interest and involvement of stakeholders of the 3rd Virginia-Blanchard community in the Fall of 2023, collaborating to create a safer street environment for all.

APPENDIX G

Case Study Information

Overview of the Case Study Area

Our case study area is geographically focused on a two-block area in Seattle's Belltown neighborhood, specifically Third Avenue from Virginia Street to Blanchard Street, where overdoses and crimes against persons are highly concentrated. This area includes three permanent supportive housing facilities, a homeless shelter for women, a day shelter for women, a medical clinic that provides healthcare for homeless and at-risk patients, and the office for the region's largest outreach provider that provides integrated care management and connects people experiencing homelessness with needs including medical care, shelter, mental health, and substance use treatment. This two-block area is an important service hub for many of Seattle's most vulnerable residents. The agencies at this location primarily serve people who are homeless or recently homeless and who have complex needs including physical and mental health challenges, substance use disorder, trauma, victimization, and justice system involvement. However, there is currently no shared vision for this space or a collective identity. In addition, the heavy demands of the individual organizations' missions currently leave little capacity for coordination and collaboration with the other agencies at the site and with the City government to address the neighborhood conditions.

The blocks contain a mix of older office and commercial buildings with newer residential buildings, including market-rate apartments and condos and the three permanent supportive housing Buildings. The current vacancy rate in this area is 40 percent, nearly triple Seattle's current overall vacancy rate of 14 percent. The vacant street-level commercial spaces in this area reduce the natural guardianship and create opportunities for illegal street markets, drug markets, and unsanctioned tent encampments to form. Third Avenue is a major transportation corridor, and the focus blocks include stops for two King County Metro Transit RapidRide bus routes. This stretch of Third Avenue is busy throughout the day with pedestrians and transit riders. For 2023, annual foot traffic for this two-block area was measured at approximately 278,300.

We began applying the Strategic Prevention Framework for our case study site and developed the preliminary assessment and asset map below.

Strategic Prevention Framework Step 1: Assessment – Using Multiple Data to Understand the Case Study Site

To understand the problems in the case study site, we analyzed multiple data for the case study site and conducted surveys of residents and workers in the case study site (Housing Environment Survey Results). We provided a summary of our analyses below.

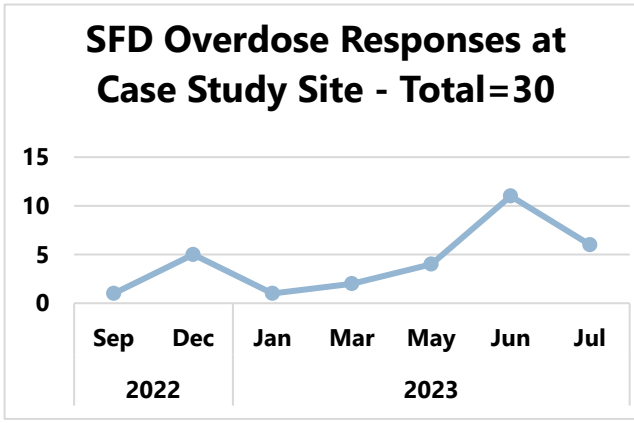
Public Health – Seattle & King County (PHSKC) Fatal Overdoses

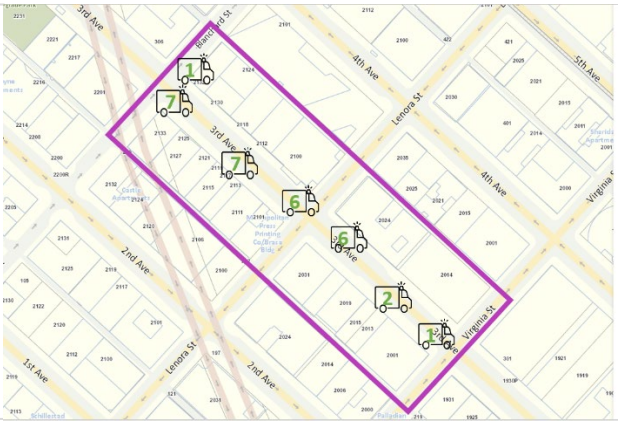
There were 732 fatal overdoses in Seattle between July 2022 and July 2023; 33 fatal overdoses occurred in Belltown (ZIP code 98121); 33 percent of overdoses in Belltown (11 overdoses) occurred at the case study site.

Fatal overdose involving fentanyl only	1
Fatal overdose involving cocaine only	1
Fatal overdose involving methamphetamine only	2
Fatal overdose involving combination of multiple substances (fentanyl, cocaine, methamphetamine, methadone)	7
Total Number of Fatal Overdoses	**11**

SFD Overdose Response

Between July 2022 and July 2023, the Seattle Fire Department responded to 1,741 overdose calls for service around the city. SFD responded to 30 calls for overdoses in the case study location.



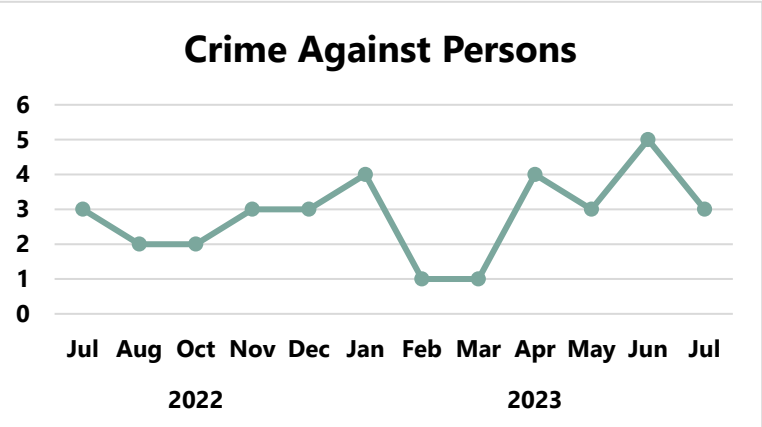


*There might be some overlaps between the fatal overdose data and overdose response data. We did not assess whether the overdoses SFD responded to at the study site led to a fatal outcome.

SPD Crime Against Persons

The crime data analysis focuses on crime against persons from July 2022 to July 2023 in the case study site. The fluctuation in crime over the 13 months analyzed can be due to multiple influencing factors including changes in the surrounding area and motivation to report crime. Between January 2023 and July 2023, four staff that worked for organizations within the study site were victims of these crimes.

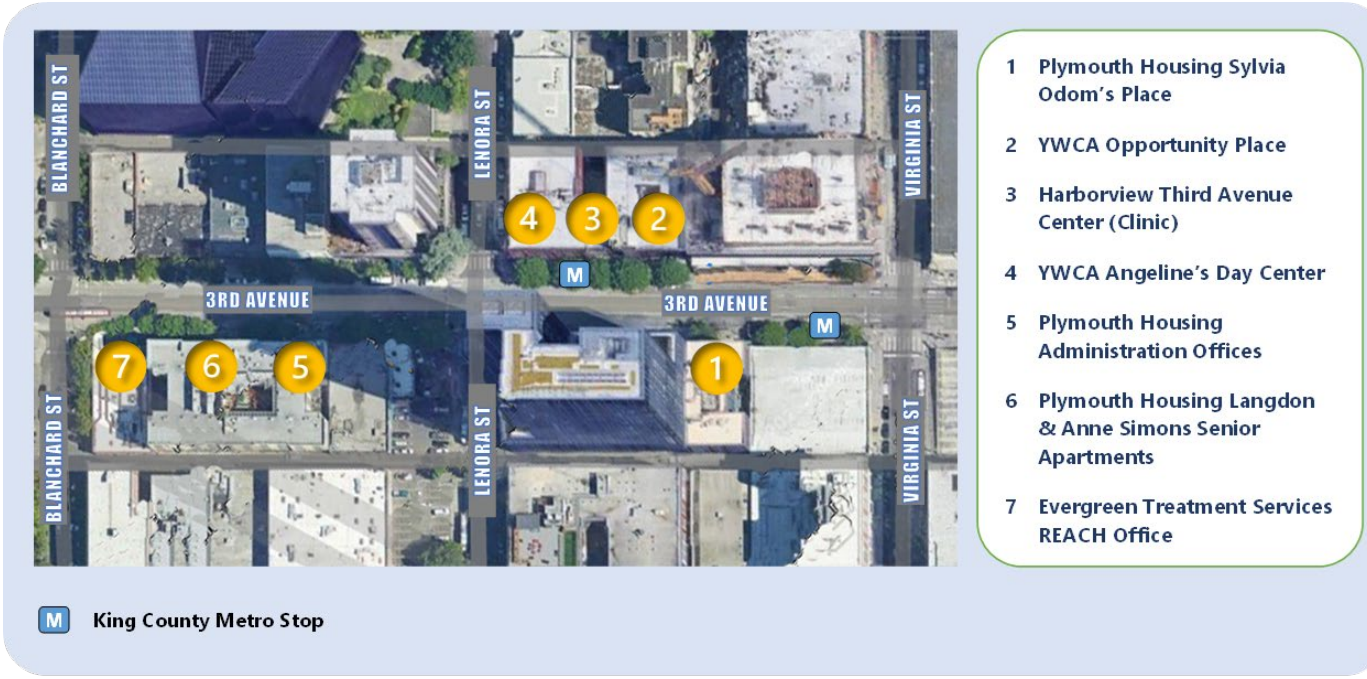
	July 2022 - Dec 2022	Jan 2023 - July 2023	Total
Assault	9	15	24
Harassment	4	1	5
Menacing Threat	0	2	2
Others (Hate Crime, etc.)	0	3	3
Total Crime Against Persons	**13**	**21**	**34**



*The crime against persons analysis was based on distinct count of Reporting Event Number and does not represent the total number of victims.

Sources: Office of City Auditor analysis of PHSKC fatal overdose data, SFD overdose response data, and SPD crime data

Strategic Prevention Framework Step 2: Understanding Case Study Area's Capacity with an Asset Map



Number	Name	Address	Description & Website
1	Plymouth Housing Sylvia Odom's Place	2017 Third Avenue	Sylvia Odom's Place opened in February 2016. This building houses formerly homeless adults who have participated in Plymouth's innovative Housing Options Program. These residents move from one of Plymouth's 24/7 supportive properties to more independent (yet still supportive) living at Sylvia Odom's Place—simultaneously opening up fully supportive homes for people who are moving right out of homelessness. • 65 studio apartments • Community meeting room • Ground floor retail space is currently used for offices • Building is staffed (not 24/7) • Staff are trained in overdose response, including administration of naloxone; naloxone is available for residents. Website: https://plymouthhousing.org/our-housing/tour-a-plymouth-building/
2	YWCA Opportunity Place	2024 Third Avenue	YWCA Opportunity Place includes a WorkSource Center, a Homeless Employment Program, and permanent affordable housing units. Angeline's Day Center for Women, a day shelter for women experiencing homelessness is located on site. Located on the second floor, the WorkSource center offers computer access, classes and training, and case management designed to help homeless individuals improve their chances for

Number	Name	Address	Description & Website
			employment. This WorkSource site offers a variety of employment, educational and economic empowerment services including: • A job bank with computers, phones, and fax as well as updated job listings • Career development assistance including resume, cover letter and interview assistance • Technology workshops and "open lab" for application assistance • Career counseling, job clubs, resume clinics, mock interviews, and applications help • Job fairs, hiring events, employer panels, and industry forums • Basic education, ESL, and GED classes as well as the High School 21+ program • Individualized and intensive employment services based on program eligibility The Homeless Employment Program provides people experiencing homelessness or people who are at risk of homelessness with a full range of individualized employment and support services needed to achieve self-sufficiency and stable housing. The top five floors include 145 studio and 1-bedroom apartments. The modern, comfortable units include fully equipped kitchens, private bathrooms and windows, most with exterior views. Opportunity Place https://www.ywcaworks.org/locations/opportunity-place Work Source https://www.ywcaworks.org/programs/worksource-affiliate-downtown-seattle
3	Harborview Third Avenue Center (Clinic)	2028 Third Avenue	UW Harborview Third Avenue Center provides acute and primary healthcare for adult patients residing in downtown Seattle, placing an emphasis on engaging homeless and at-risk patients in primary care. Their mental healthcare professionals provide a range of services including psychiatric consultations, medication management and recommendations for continued psychiatric care. Social workers are available to help patients access additional community services and resources. Health education is available for many conditions, either in the clinic or through the Harborview Patient and Family Resource Center. UW Medicine's specialty services and hospitalization are also available to patients if needed. The clinic also provides an on-site nurse at the YWCA Angeline's Day Center. Website: https://www.uwmedicine.org/locations/third-avenue-center

Number	Name	Address	Description & Website
4	YWCA Angeline's Day Center	2030 Third Avenue	Drop-in services for more than 200 women each day include: • Breakfast and lunch service • Access to bathrooms, showers, and laundry • Personal storage lockers • Group activities and workshops • Health care access – including an on-site nurse from UW Harborview • Referrals to community services There is also an overnight shelter for 55 women. Case management and overnight shelter are provided to women enrolled in Angeline's Enhanced Night program, which helps participants transition into permanent housing. Rapid rehousing for single adults is another program to help participants cover costs associated with permanent housing. Website: https://www.ywcaworks.org/programs/angelines-day-center
5	Plymouth Housing Administration Offices	2113 Third Avenue	Plymouth Housing is one of the largest providers of low-income housing in downtown Seattle with over 1,200 residents and 17 retail tenants in 14 buildings. Plymouth primarily serves individuals who may have failed in housing in the past, or who cannot access decent, affordable housing due to poverty, disabilities, or a previous criminal record.
6	Plymouth Housing Langdon & Anne Simons Senior Apartments	2119 Third Avenue	Simons Senior Apartments feature: • 95 studio apartments designed for seniors and military service veterans (55+) • Five units are fully handicap accessible; eleven are partially handicap accessible • Two outdoor common areas and two indoor terrace areas and gardens • On-site nursing office staffed by NeighborCare Health • 24/7 on site staff • Staff are trained in overdose response, including administration of naloxone; naloxone is available for residents Website: https://plymouthhousing.org/our-housing/tour-a-plymouth-building/
7	Evergreen Treatment Services REACH Office	2133 Third Avenue	REACH provides integrated care management and connects people experiencing homelessness with needs including medical care, shelter, mental health, and substance use treatment. REACH also participates in the Let Everyone Advance with Dignity/Law Enforcement Assisted Diversion program for people who commit law violations related to behavioral health issues or extreme poverty. Website: https://www.etsreach.org/
Site-Wide	Downtown Seattle		The MID provides cleaning, safety, and hospitality services to this site 362 days per year. Organizations and businesses at this site can

Number	Name	Address	Description & Website
	Association – Metropolitan Improvement District (MID)		request any MID service through the dispatch line at 206-441-3303 or by completing an online form. Website: https://downtownseattle.org/programs-services/metropolitan-improvement-district/

Preliminary Draft – Example Only

In February 2024, we worked with the Mayor's Office, SPD, Plymouth Housing, and the YWCA to apply for a five-year, $1.8 million grant from SAMHSA to extend and strengthen the capacity of local community prevention providers to implement evidence-based prevention programs to help reduce the onset and progression of substance misuse and its related problems. The goals of our proposed approach are to reduce fatal overdoses and improve community safety in the two-block area on Third Avenue from Virginia to Blanchard. The grant application includes 22 specific evidence-based strategies for reducing crime and overdoses at this site. The City will be notified regarding the funding decision in August 2024.

Draft Year 1 Objectives for Reducing Overdoses and Crime on Third Avenue from Virginia to Blanchard. **These are subject to change based on further community input and are contingent upon federal funding.**

Tier 1: All – Universal/Site-Wide Supports
Evidence-Based Strategies to Reduce Crime

Strategy	**Year 1 Objectives***
Increase Guardianship	Identify all private security staff on the site and create at least one mechanism for information-sharing.
Change the Physical Environment	Complete 25 percent of the site-wide recommendations (e.g., trimming street trees) in the Seattle Police Department's Crime Prevention Through Environmental Design report.
Change/Enforce Rules and Policies	Begin the Positive Behavior Supports initiative by identifying/crowd-sourcing the top three site-wide values.
Build Capacity for Community Problem-Solving	Formalize coalition for Third Avenue from Virginia to Blanchard and hold at least four coalition meetings following the Strategic Prevention Framework.
Overdose Prevention Strategies	
Strategy	**Year 1 Objectives***
Enhanced Delivery of Evidence-Based Treatment	Conduct a site-wide inventory of existing evidence-based treatment programs, capacity, and participation rates.
Recovery Supports	Conduct a site-wide needs assessment of recovery supports through interviews, focus groups, and surveys with people who live or receive services at the site; distribute results to the coalition.
Integrated Harm Reduction	Conduct at least one site-wide training on administering naloxone combined with rescue breathing for overdoses that involve opioids/fentanyl and xylazine.
Data Monitoring and Primary Prevention	Finalize City participation in Northwest High Intensity Drug Trafficking Areas ODMAP System and begin producing monthly reports for the coalition on overdose events and crimes against persons at the site.

Tier 2: Some – Targeted Supports
Evidence-Based Strategies to Reduce Crime

Strategy	Year 1 Objectives*
Increase Guardianship	Activate one vacant storefront with a social service or commercial business.
Change the Physical Environment	Complete 50 percent of the recommendations in the Seattle Police Department Crime Prevention Through Environmental Design report that are specific to the east side of Third Avenue from Virginia to Lenora.
Change/Enforce Rules and Policies	Identify an evidence-based program focused on competency and implementation of universal positive practices (e.g., Tools of Choice), and pilot with at least 20 members of the coalition and/or agency staff.
Build Capacity for Community Problem-Solving	Create an inventory of the commercial businesses at the site and conduct interviews with 10 percent of the businesses to identify issues, share information, and encourage participation in the coalition.
Overdose Prevention Strategies	
Strategy	**Year 1 Objectives***
Enhanced Delivery of Evidence-Based Treatment	Pilot the evidence-based intervention called patient-centered goal setting with 5 percent of permanent supportive housing residents at the site.
Recovery Supports	Work with Seattle Department of Transportation's circulator van to provide at least twice-daily service between the Third Avenue from Virginia to Blanchard and the Recovery Café.
Integrated Harm Reduction	Survey or interview at least 5 percent of permanent supportive housing residents at the site to identify harm reduction tools that they would be likely to use (e.g., Never Use Alone hotline).
Data Monitoring and Primary Prevention	For the permanent supportive housing partner organizations (i.e., Plymouth and YWCA) for all overdose events that occur during the year in their facilities, collect non-personally identifiable information about the specific circumstances, including location of the overdose (e.g., hallway, alley, etc.), whether the person was a resident or guest, drugs used and their form (e.g., pill, powder, etc.) staff involvement, etc.

Tier 3: Few – Intensive Supports
Evidence-Based Strategies to Reduce Crime

Strategy	Year 1 Objectives*
Increase Guardianship	Work with King County Metro Transit police/security to improve the impact of patrol checks at the northbound bus stop at Third and Lenora, particularly during peak use periods such as commute times and other times of day when vulnerable members of the community, elderly, youth must access transit.
Change the Physical Environment	Work with King County Metro to improve pedestrian lighting at the northbound bus stop at Third and Lenora.
Build Capacity for Community Problem-Solving	Develop a strategy to engage and support (e.g., caseworker assistance, stipends, etc.) at least two people with lived experience of homelessness and/or substance use disorder in the coalition.

Overdose Prevention Strategies	
Strategy	**Year 1 Objectives***
Enhanced Delivery of Evidence-Based Treatment	Extend participation in Plymouth Housing's site-based Contingency Management for methamphetamine use disorder to the two Plymouth buildings on Third Avenue from Virginia to Blanchard; at least 30 percent of participants will complete the 12-week program.
Recovery Supports	Create a recovery supports plan for at least 60 percent of permanent supportive housing residents who are participating in the University of Washington's Sublocade pilot for opioid use disorder for the first four months of injections.
Integrated Harm Reduction	For all overdoses that occur in a permanent supportive housing building, provide support to staff and tenants related to trauma resulting from overdose within two business days of the overdose.

APPENDIX H

Seattle Office of City Auditor Mission, Background, and Quality Assurance

Our Mission:
To help the City of Seattle achieve honest, efficient management and full accountability throughout City government. We serve the public interest by providing the City Council, Mayor and City department heads with accurate information, unbiased analysis, and objective recommendations on how best to use public resources in support of the well-being of Seattle residents.

Background:
Seattle voters established our office by a 1991 amendment to the City Charter. The office is an independent department within the legislative branch of City government. The City Auditor reports to the City Council and has a four-year term to ensure their independence in deciding what work the office should perform and reporting the results of this work. The Office of City Auditor conducts performance audits and non-audit projects covering City of Seattle programs, departments, grants, and contracts. The City Auditor's goal is to ensure that the City of Seattle is run as effectively, efficiently, and equitably as possible in compliance with applicable laws and regulations.

How We Ensure Quality:
The office's work is performed in accordance with the Government Auditing Standards issued by the Comptroller General of the United States. These standards provide guidelines for audit planning, fieldwork, quality control systems, staff training, and reporting of results. In addition, the standards require that external auditors periodically review our office's policies, procedures, and activities to ensure that we adhere to these professional standards.

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