From: "Davies, Susan M. (OLP)" (b)(6)

To: "Nam, Julius (OLP)" (b)(6)

Subject: RE: Safe injection sites

Date: Tue, 14 Sep 2021 16:46:09 -0000

Importance: Normal

Thanks and sorry, as I meant to turn to this earlier but have been unexpectedly overtaken by events here. I will look to it as soon as I can – smd

From: Nam, Julius (OLP) (b)(6)

Sent: Monday, September 13, 2021 7:48 PM

To: Davies, Susan M. (OLP) (b)(6) **Subject:** RE: Safe injection sites

Hi Susan:

I'm attaching a revised version of the SIS memo (with comments) that provides additional materials that Sara

requested and (b)(5) . I've retitled the document (b)(5)

I wanted to check in with you before sending this draft to Sara.

Thank you.

Julius

From: Davies, Susan M. (OLP)(b)(6)

Sent: Wednesday, September 8, 2021 5:23 PM

To: Nam, Julius (OLP) (b)(6)
Subject: FW: Safe injection sites

FYI: I think (b)(5)

I will handle that message. Thanks!

From: Solow, Sara (ODAG)(b)(6)

Sent: Wednesday, September 8, 2021 4:54 PM

To: Nam, Julius (OLP)(b)(6)

Cc: Thiemann, Robyn $\overline{(ODAG)}(b)(6)$; Davies, Susan M. $\overline{(OLP)}(b)(6)$

Subject: RE: Safe injection sites

Dear all,

Here is some updated thinking:





Sara

Sara A. Solow Senior Counsel Office of the Deputy Attorney General U.S. Department of Justice

Cell: (b)(6)Other: (b)(6)

From: Nam, Julius (OLP)(b)(6)

Sent: Wednesday, September 8, 2021 2:26 PM

To: Solow, Sara (ODAG) (b) (6)

Cc: Thiemann, Robyn (ODAG)(b)(6); Davies, Susan M. (OLP)(b)(6)

Subject: RE: Safe injection sites

Hi Sara,

I'm attaching (b)(5)

Julius

From: Solow, Sara (ODAG) (b)(6)

Sent: Wednesday, September 8, 2021 2:12 PM

To: Nam, Julius (OLP) (b)(6); Davies, Susan M. (OLP) (b)(6)

Cc: Thiemann, Robyn (ODAG)(b)(6)

Subject: Safe injection sites

Dear Julius - and Susan,

Can you please resend any memos or write-ups that OLP did(b)(5) on safe injection sites?

(b)(5)

Looping Robyn for her process thoughts on this as well.

Sara

Sara A. Solow Senior Counsel Office of the Deputy Attorney General U.S. Department of Justice

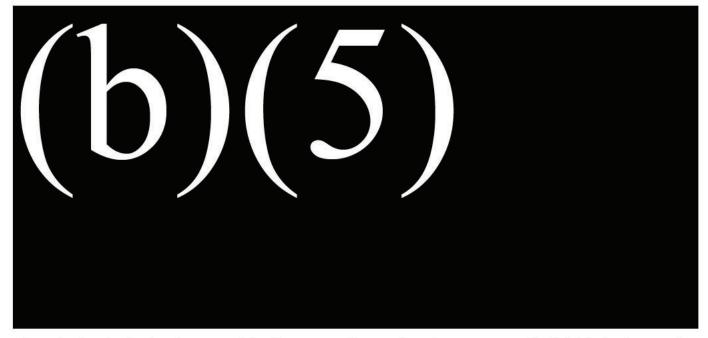


From: (b)(6) Sara Solow (ODAG) To: "Wyatt, Arthur (CRM)" (b)(6) Cc: "Matz, Harry (CRM)" (b)(6) "Hodge, Jennifer (CRM)" , "Henthorne, Betsy (OASG)" (b)(6) "Watkins, Lena (CRM)"(b)(6) Subject: Re: Supervised Consumption Sites (NDDS views) Date: Sun, 3 Apr 2022 19:36:29 -0400 Importance: Normal I am so sorry we didn't connect. Are you free tomorrow between 10-12 or 1-2? Would still like to run this question by you. If anything in there works, can you shoot around a Teams invite? Sent from my iPhone On Mar 29, 2022, at 6:03 PM, Wyatt, Arthur (CRM) (b) (6) wrote: Yes, of course, Sara. I'm free any time after 10:30 am. On Mar 29, 2022, at 5:58 PM, Solow, Sara (ODAG) (b) (6) wrote: Hi all -Thank you again for speaking about SCS a week or two ago. We think you are working on (b)(5) We wanted to ask one additional follow up question - Art, do you have a minute to connect tomorrow? Sara Sara A. Solow Senior Counsel Office of the Deputy Attorney General U.S. Department of Justice Cell: (b)(6) Other: (b)(6) From: Matz, Harry (CRM) (b)(6) Sent: Sunday, March 13, 2022 11:04 PM To: Solow, Sara (ODAG) (b) (6) ; Hodge, Jennifer (CRM) (b)(6) Cc: Wyatt, Arthur (CRM)(b)(6) ; Henthorne, Betsy (OASG)(b)(6) Watkins, Lena (CRM)(b)(6) Subject: RE: Supervised Consumption Sites (NDDS views)

I could make the 3:15 Tuesday time. Lena and I have a meeting that is supposed to end at exactly then. If it doesn't, at least one of us will jump off it and into this one.

From: Solow, Sara (ODAG)(b)(6) **Sent:** Sunday, March 13, 2022 9:11 PM **To:** Hodge, Jennifer (CRM) (b)(6) ; Henthorne, Betsy (OASG)(b)(6)Cc: Wyatt, Arthur (CRM) (b)(6) ; Matz, Harry (CRM) (b)(6)Watkins, Lena (CRM) (b)(6) **Subject:** Re: Supervised Consumption Sites (NDDS views) Yes, will resend it shortly, sounds good! Sent from my iPhone On Mar 13, 2022, at 5:09 PM, Hodge, Jennifer (CRM) (b) (6) wrote: Thanks, all. I might be just a few minutes late (coming from another meeting). On Mar 13, 2022, at 4:16 PM, Wyatt, Arthur (CRM)(b)(6) wrote: I'm available Tuesday at 3:15pm. On Mar 13, 2022, at 4:06 PM, Henthorne, Betsy (OASG) (b)(6) wrote: Thanks so much, Art and others. Would be great to discuss on Tuesday. I think Sara is planning update the meeting invite to Tuesday at 3:15pm, assuming that works on your end. Looking forward to it! Betsy Henthorne | Counsel Office of the Associate Attorney General office: (b)(6)mobile:(b)(6)From: Solow, Sara (ODAG)(b)(6) Sent: Friday, March 11, 2022 5:57 PM **To:** Wyatt, Arthur (CRM) (b)(6) Cc: Hodge, Jennifer (CRM) (b); Henthorne, Betsy (OASG) ; Watkins, Lena (CRM) (b)(6)(b)(6)Matz, Harry (CRM) (b)(6)**Subject:** Re: Supervised Consumption Sites (NDDS views) I'll adjust the invite to Wednesday Sent from my iPhone





I received an invitation from you this afternoon to discuss these issues next week. I think that's a good idea. As noted in my reply to your invitation, I'm free on Tuesday after 2pm, and anytime on Wednesday.

Art

From: Solow, Sara (ODAG) (b)(6)

Sent: Friday, March 11, 2022 12:00 PM

To: Wyatt, Arthur (CRM) (b)(6) ; Hodge, Jennifer (CRM) (b)(6) Cc: Henthorne, Betsy (OASG) (b)(6) ; Watkins, Lena (CRM)

(b)(6); Matz, Harry (CRM)(b)(6)

Subject: RE: Supervised Consumption Sites (NDDS views)

Got it. (b)(5)

Sara A. Solow Senior Counsel Office of the Deputy Attorney General U.S. Department of Justice

Cell: (b)(6) Other: (b)(6)

From: Wyatt, Arthur (CRM) (b)(6)

Sent: Friday, March 11, 2022 10:49 AM

To: Solow, Sara (ODAG) (b)(6); Hodge, Jennifer (CRM)(b)(6)

Cc: Henthorne, Betsy (OASG)(b)(6) ; Watkins, Lena (CRM)

; Matz, Harry (CRM) (b)(6)

Subject: RE: Supervised Consumption Sites (NDDS views)

I discussed your question with NDDS colleagues to review our thinking on your question, which was as follows.



We are certainly open to discuss any of this at a mutually convenient time.

From: Solow, Sara (ODAG)(b)(6)

Sent: Thursday, March 10, 2022 5:21 PM

To: Wyatt, Arthur (CRM) (b)(6) ; Hodge, Jennifer (CRM) (b)(6); Watkins, Lena (CRM)

Cc: Henthorne, Betsy (OASG)(b)(6)

Matz, Harry (CRM) (b)(6) (b)(6)

Subject: RE: Supervised Consumption Sites (NDDS views)

This is extremely helpful – thank you. Question for your team: (b)(5)

Thank you again; this is really thoughtful and well done.

Sara A. Solow
Senior Counsel
Office of the Deputy Attorney Con

Office of the Deputy Attorney General

U.S. Department of Justice

Cell: (b)(6)
Other: (b)(6)

From: Wyatt, Arthur (CRM) (b)(6)

Sent: Thursday, March 10, 2022 3:47 PM

To: Solow, Sara (ODAG) (b)(6) ; Hodge, Jennifer (CRM) (b)(6) Cc: Henthorne, Betsy (OASG) (b)(6) ; Watkins, Lena (CRM)

(b)(6); Matz, Harry (CRM)(b)(6)

Subject: RE: Supervised Consumption Sites (NDDS views)

Hi Sara—

Our Policy Unit prepared the attached "Supervised Consumption Sites Analysis" memorandum which may be of assistance in considering the issues associated with this proposal. I've also attached several other reference documents cited in our memorandum. Let us know if you need anything else.

Art

Arthur Wyatt

Chief, Narcotic and Dangerous Drug Section

(b)(6) (b)(6) (work) (b)(6) (cell)

From: Solow, Sara (ODAG)(b)(6)

Sent: Thursday, March 10, 2022 3:25 PM

To: Hodge, Jennifer (CRM) (b)(6)

Cc: Henthorne, Betsy (OASG)(b)(6); Watkins, Lena (CRM)

(b)(6); Matz, Harry (CRM)(b)(6); Wyatt, Arthur (CRM)

(b)(6)

Subject: RE: Supervised Consumption Sites (NDDS views)

All,

Circling back on this. Does NDDS have anything to share on this?

Sara

Sara A. Solow Senior Counsel

Office of the Deputy Attorney General

U.S. Department of Justice

Cell: (b)(6)Other: (b)(6)

From: Solow, Sara (ODAG)

Sent: Thursday, February 10, 2022 10:41 AM

To: Hodge, Jennifer (CRM)(b)(6)

Cc: Henthorne, Betsy (OASG) (b)(6) Watkins, Lena (CRM)

(b)(6) ; Matz, Harry (CRM)(b)(6) ; Wyatt, Arthur (CRM)

Subject: RE: Supervised Consumption Sites (NDDS views) Thank you for following up! (b)(5)I apologize -(b)(5)Sara A. Solow Senior Counsel Office of the Deputy Attorney General U.S. Department of Justice Cell: (b)(6) Other: (b)(6) From: Hodge, Jennifer (CRM)(b)(6) Sent: Thursday, February 10, 2022 10:29 AM **To:** Solow, Sara (ODAG)(b)(6)Cc: Henthorne, Betsy (OASG) (b) (6) ; Watkins, Lena (CRM) (b)(6); Matz, Harry (CRM) (b)(6); Wyatt, Arthur (CRM) (b)(6)Subject: RE: Supervised Consumption Sites (NDDS views) Hi Sara, I checked with the team. Art has assigned someone to this, (b)(5)please just let me know. Thanks very much. Talk soon. Jennifer From: Solow, Sara (ODAG) (b)(6) Sent: Wednesday, February 9, 2022 4:37 PM **To:** Hodge, Jennifer (CRM) (b)(6)Cc: Henthorne, Betsy (OASG)(b)(6) Watkins, Lena (CRM) (b)(6); Matz, Harry (CRM) (b)(6); Wyatt, Arthur (CRM) (b)(6)Subject: Re: Supervised Consumption Sites (NDDS views) Thank you - within the next 2 weeks or so? Sent from my iPhone On Feb 9, 2022, at 4:33 PM, Hodge, Jennifer (CRM)(b)(6) wrote: Hello, Sara,

(b)(6)

NDDS has advised that they would be glad to look into this issue and the questions you pose. By when are you hoping to have some feedback or guidance? Thank you. Jennifer From: Solow, Sara (ODAG)(b)(6)Sent: Monday, February 7, 2022 9:04 PM **To:** Hodge, Jennifer (CRM)(b)(6)Cc: Henthorne, Betsy (OASG)(b)(6); Watkins, Lena (CRM) (b)(6); Matz, Harry (CRM) (b)(6); Wyatt, Arthur (CRM) (b)(6)**Subject:** Re: Supervised Consumption Sites (NDDS views) One thing that has come up in the discussion of these sites are (b)(5)For instance, (b)(5)Thank you! Sara Sent from my iPhone On Feb 7, 2022, at 7:14 PM, Hodge, Jennifer (CRM) (b)(6) wrote: Hello, Betsy, I hope you have been doing well. As I mentioned when I first responded to this, I did not think (b)(5)

We are happy to help if we can.

Thank you. Best regards, Jennifer Jennifer A. H. Hodge **Deputy Assistant Attorney General Criminal Division** U.S. Department of Justice (b)(6)From: Henthorne, Betsy (OASG)(b)(6) Sent: Thursday, February 3, 2022 9:04 AM **To:** Hodge, Jennifer (CRM)(b)(6)Cc: Watkins, LenaM) (b)(6) ; Matz, Harry (CRM) (b)(6); Solow, Sara (ODAG)(b)(6); Wyatt, Arthur (CRM) (b)(6)**Subject:** Re: Supervised Consumption Sites (NDDS views) Thanks very much to all of you! Sent from my iPhone On Feb 3, 2022, at 7:36 AM, Hodge, Jennifer (CRM)(b)(6) wrote: Hello, Betsy, Thank you for reaching out to NDDS. You have copied the right people in Lena and Harry. (I am adding NDDS Chief Art Wyatt). NDDS will be happy to take a look at the questions, (b)(5)we will take a look at these specific questions and get back to you. Thank you. Jennifer From: Henthorne, Betsy (OASG) (b)(6)Sent: Wednesday, February 2, 2022 10:25 PM **To:** Hodge, Jennifer (CRM) (b)Cc: Watkins, Lena (CRM) (b)(6) ; Matz, Harry (CRM) (b)(6)Solow, Sara (ODAG) (b)(6) Subject: Supervised Consumption Sites (NDDS views) PREDECISIONAL/DELIBERATIVE Dear Jennifer,

You may have heard that the Department is evaluating supervised consumption sites—sometimes called safe injection sites, overdose prevention sites, or harm reduction centers—as part of an overall approach to harm reduction. To that end, we are interested in NDDS's feedback in response to any or all of the questions below.

We are grateful for NDDS's input and would appreciate receiving your responses by Monday, February 7. These issues are still under review at the Department and are the subject of ongoing litigation, so please treat this information as confidential and do not share outside DOJ.

Let us know if you have any questions.

Thank you in advance,
Sara Solow (ODAG) and Betsy Henthorne (OASG)

- 1. What research or other information best illustrates and/or explains whether supervised consumption sites are a positive public-health intervention with limited negative externalities?
- 2. Are there components of a state or local regulatory or oversight regime that could help assure public safety, health, or other goals are met in the operation of supervised consumption sites?
 - a. What level of oversight, and from where?



b. What are best practices or hallmarks of an appropriate oversight regime that would help meet public safety, health, or other goals?



From: "Colangelo, Matthew (OASG)" (b)(6)

To: "Henthorne, Betsy (OASG)" (b)(6)

Subject: RE: Supervised Consumption Sites (NDDS views)

Date: Sun, 13 Mar 2022 20:43:17 -0000

Importance: Normal

thanks

From: Henthorne, Betsy (OASG) (b)(6) Sent: Sunday, March 13, 2022 4:08 PM

To: Colangelo, Matthew (OASG) (b)(6)

Subject: RE: Supervised Consumption Sites (NDDS views)

Yup—here it is.

From: Colangelo, Matthew (OASG) (b)(6)

Sent: Sunday, March 13, 2022 9:23 AM
To: Henthorne, Betsy (OASG) (b)(6)

Subject: RE: Supervised Consumption Sites (NDDS views)

This memo says (b)(5)

- do you have CRM's 10/2021 memo? I suspect (b)(5)

From: Henthorne, Betsy (OASG)(b)(6)

Sent: Friday, March 11, 2022 10:58 AM
To: Colangelo, Matthew (OASG) (b)(6)

Subject: FW: Supervised Consumption Sites (NDDS views)

FYI – I'm not sure why we are only getting this now, but NDDS has thoughts about (b)(5) see attached and below.) I suggested to Sara that we talk with them today or early next week to dig in a little more. Given the DAG meeting on SCS has not yet landed, I'm assuming we'll have a chance to do it before then. (b)(5)

Nothing for you to do unless you want to chat about it, in which case feel free to give me a ring!

From: Wyatt, Arthur (CRM)(b)(6)

Sent: Friday, March 11, 2022 10:49 AM

To: Solow, Sara (ODAG) (b)(6); Hodge, Jennifer (CRM) (b)(6)

Cc: Henthorne, Betsy (OASG)(b)(6); Watkins, Lena (CRM)(b)(6); Matz

Harry (CRM)(b)(6)

Subject: RE: Supervised Consumption Sites (NDDS views)

From: "Colangelo, Matthew (OASG)" (b)(6)

To: "Henthorne, Betsy (OASG)" (b)(6)

Subject: RE: Supervised Consumption Sites (NDDS views)

Date: Sun, 13 Mar 2022 13:11:03 -0000

Importance: Normal

thanks for passing this along

From: Henthorne, Betsy (OASG) (b) (6)

Sent: Friday, March 11, 2022 10:58 AM

To: Colangelo, Matthew (OASG) (b) (6)

Subject: FW: Supervised Consumption Sites (NDDS views)

From: "Solow, Sara (ODAG)" (b)(6)

To: "Henthorne, Betsy (OASG)" (b)(6)

Subject: RE: Supervised Consumption Sites (NDDS views)

Date: Fri, 11 Mar 2022 17:01:27 -0000

Importance: Normal

Yes, let's do a call. I think they did a great job with their write up – and they (b)(5)so that is good. Could do Monday 4-5 pm (and I will be in town that day), or Tuesday at 9:30 a.m. (also in town).

Sara A. Solow Senior Counsel Office of the Deputy Attorney General

U.S. Department of Justice

Cell: (b)(6)Other: (b)(6)

From: Henthorne, Betsy (OASG)(b)(6)

Sent: Friday, March 11, 2022 10:53 AM

To: Solow, Sara (ODAG) (b) (6)

Subject: FW: Supervised Consumption Sites (NDDS views)

I think it's worth a call with them, don't you? So glad we're getting their perspective!! I'm available:

Today 2-3pm Mon 2-5pm

Tues 9:30-12 or 3-4

From: Wyatt, Arthur (CRM)(b)(6)

Sent: Friday, March 11, 2022 10:49 AM

To: Solow, Sara (ODAG) (b)(6)

Hodge, Jennifer (CRM) (b)(6)

Cc: Henthorne, Betsy (OASG)(b)(6) ; Watkins, Lena (CRM) (b)(6)

Harry (CRM) (b)(6)

Subject: RE: Supervised Consumption Sites (NDDS views)

Duplicative Material

; Matz,

From: "Wyatt, Arthur (CRM)" (b)(6)

To: "Solow, Sara (ODAG)" (b)(6)

Cc: "Hodge, Jennifer (CRM)" (b)(6)

(b)(6)

Harry (CRM)" (b)(6)

To: "Solow, Sara (ODAG)" (b)(6)

"Watkins, Lena (CRM)" (b)(6)

"Matz, Harry (CRM)" (b)(6)

Subject: Re: Supervised Consumption Sites (NDDS views)

Date: Thu, 10 Mar 2022 22:47:25 +0000

Importance: Normal

Will do, Sara. We'll get back to you shortly.

On Mar 10, 2022, at 5:20 PM, Solow, Sara (ODAG)(b)(6) wrote:

From: "Henthorne, Betsy (OASG)" (b)(6)

To: "Solow, Sara (ODAG)" (b)(6)

Subject: RE: Supervised Consumption Sites (NDDS views)

Date: Thu, 10 Mar 2022 21:16:28 +0000

Importance: Normal

They contemplate (b)(5)

From: Solow, Sara (ODAG)(b)(6)

Sent: Thursday, March 10, 2022 3:58 PM

To: Henthorne, Betsy (OASG)(b)(6)

Subject: RE: Supervised Consumption Sites (NDDS views)

So confused.

Sara A. Solow Senior Counsel

Office of the Deputy Attorney General

U.S. Department of Justice

Cell: (b)(6) Other: (b)(6)

From: Henthorne, Betsy (OASG)(b)(6)

Sent: Thursday, March 10, 2022 3:49 PM

To: Solow, Sara (ODAG) (b)(6)

Subject: RE: Supervised Consumption Sites (NDDS views)

Glad you asked again!!

From: Henthorne, Betsy (OASG)

Sent: Thursday, March 10, 2022 3:49 PM

To: Solow, Sara (ODAG) (b) (6)

Subject: RE: Supervised Consumption Sites (NDDS views)

Okay this is super helpful. (b)(5)

So confused.

From: Wyatt, Arthur (CRM)(b)(6)

Sent: Thursday, March 10, 2022 3:47 PM

To: Solow, Sara (ODAG) (b)(6) ; Hodge, Jennifer (CRM) (b)(6)

Cc: Henthorne, Betsy (OASG)(b)(6) Watkins, Lena (CRM) (b)(6)

Harry (CRM)(b)(6)

Subject: RE: Supervised Consumption Sites (NDDS views)

From: "Henthorne, Betsy (OASG)" (b)(6)

To: "Solow, Sara (ODAG)" (b)(6)

Subject: Fwd: Supervised Consumption Sites (NDDS views)

Date: Thu, 10 Feb 2022 15:39:14 +0000

Importance: Normal

Defer to you but I think we should (b)(5)

Sent from my iPhone

Begin forwarded message:

From: "Hodge, Jennifer (CRM)" (b)(6)

Date: February 10, 2022 at 10:28:50 AM EST

To: "Solow, Sara (ODAG)" (b)(6)

Cc: "Henthorne, Betsy (OASG)" (b) (6) , "Watkins, Lena (CRM)"

(b)(6) , "Matz, Harry (CRM)" (b)(6) , "Wyatt, Arthur (CRM)" (b)(6)

Subject: RE: Supervised Consumption Sites (NDDS views)

From: "Hodge, Jennifer (CRM)" (b)(6)

To: "Solow, Sara (ODAG)" (b)(6)

Cc: "Henthorne, Betsy (OASG)" (b)(6)

(b)(6)

, "Matz, Harry (CRM)" (b)(6)

, "Wyatt, Arthur (CRM)" (b)(6)

Subject: RE: Supervised Consumption Sites (NDDS views)

Date: Tue, 8 Feb 2022 13:45:54 +0000

Importance: Normal

Thanks, Sara. I will confer with NDDS and get back to you.

From: Solow, Sara (ODAG) (b)(6)

Sent: Monday, February 7, 2022 9:04 PM

To: Hodge, Jennifer (CRM) (b)(6)

Cc: Henthorne, Betsy (OASG) (b)(6); Watkins, Lena (CRM) (b)(6); Matz,

Harry (CRM) (b)(6); Wyatt, Arthur (CRM) (b)(6)

Subject: Re: Supervised Consumption Sites (NDDS views)

From: "Wong, Norman (USAEO)" (b)(6)

To: "Henthorne, Betsy (OASG)" (b)(6) , "Solow, Sara (ODAG)" (b)(6)

Subject: FW: Overdose Prevention Sites (EOUSA views)

Date: Tue, 8 Feb 2022 18:41:12 +0000

Importance: Normal

Attachments: Safe Consumption Sites Research.docx; CHEL-Implementation-Guidelines.docx

Hi Betsy and Sara,

We received additional input (first attachment) from the USAO in Seattle, which I thought you might be interested in seeing. The USAO also provided the Community Health Engagement Location guidelines for King County (second attachment).

Best, Norm

From: Henthorne, Betsy (OASG)(b)(6)

Sent: Wednesday, January 26, 2022 11:33 AM

To: Wong, Norman (USAEO) (b) (6)
Cc: Solow, Sara (ODAG) (b) (6)

Subject: Overdose Prevention Sites (EOUSA views)

PREDECISIONAL/DELIBERATIVE

Dear Norm,

As you know, the Department is evaluating overdose prevention sites—sometimes called safe injection sites, supervised injection sites, or harm reduction centers—as part of an overall approach to harm reduction. To that end, we are interested in EOUSA's feedback on any or all of the questions below.

We are grateful for your input and would appreciate receiving your responses by next Tuesday, February 1. These issues are still under review at the Department and (as you know) are the subject of ongoing litigation, so please treat this information as confidential and do not share outside DOJ. Note that we have sent similar requests to (b)(5)

Let us know if you have any questions.

Thank you in advance, Sara Solow (ODAG) and Betsy Henthorne (OASG)

- 1. What research or other information best illustrates and/or explains whether overdose prevention sites are a positive public-health intervention with limited negative externalities?
- 2. Are there components of a state or local regulatory or oversight regime that could help assure public safety, health, or other goals are met in the operation of overdose prevention sites?
 - a. What level of oversight, and from where?





b. What are best practices or hallmarks of an appropriate oversight regime that would help meet public safety, health, or other goals?



Community Health Engagement Locations in King County

Recommended Guidelines for Planning, Implementing, and Operating Supervised Consumption Sites

February, 2017
Prepared by the King County Community Health Engagement Locations
(CHEL) Design Team

This document was developed by the members of the King County CHEL Design Team:

Molly Carney Evergreen Treatment Services

Kelley Craig Evergreen Treatment Services, REACH Program

Jeff Duchin Public Health – Seattle & King County, Director's Office
Brad Finegood King County, Behavioral Health and Recovery Division
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Chloe Gale Evergreen Treatment Services, REACH Program

Steve Gustaveson King County, Department of Community and Health Services

Karen Hartfield Public Health – Seattle & King County, HIV/STD Program

Mari Isaacson King County, Prosecuting Attorney's Office

Scott Lindsay City of Seattle, Office of the Mayor
Dan Malone Downtown Emergency Services Center
Shilo Murphy People's Harm Reduction Alliance

Thea Oliphant-Wells Public Health – Seattle & King County, HIV/STD Program

Jeff Sakuma City of Seattle, Human Services Department Howard Schneiderman King County, Prosecuting Attorney's Office

Anneleen Severynen Public Health – Seattle & King County, Health Care for the Homeless Program

Patricia Sully Public Defender Association

Joe Tinsley Public Health – Seattle & King County, HIV/STD Program

Dennis Worsham Public Health – Seattle & King County, Prevention Division

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I. OVERVIEW

PURPOSE

In September, 2016 the King County Heroin and Prescription Opioid Addiction Task Force was convened to issue recommendations on short- and long-term strategies to prevent opioid use and overdose and to improve access to treatment and other supportive services for individuals experiencing opioid use disorder. The Taskforce has recommended a number of short and long-term strategies,¹ but this document provides information about one of the recommendations: Supervised Consumption Sites (SCS) to promote safer consumption of substances and ensure immediate treatment when overdoses occur. These sites will be called "Community Health Engagement Locations" (CHELs) in Seattle and King County, in order to recognize the multiple health and social services required to reduce harm and promote health for individuals experiencing substance use disorder, and to use non-stigmatizing language.

BACKGROUND

Heroin use is a public health crisis in King County. In 2013, heroin overtook prescription opioids as the primary cause of opioid overdose deaths. By 2014, heroin-involved deaths in King County totaled 156, their highest number since at least 1997 and a substantial increase from 49 deaths in 2009. Individuals using opioids and other drugs commonly face obstacles accessing traditional health services due to intersecting challenges, such as homelessness, complex physical and mental health conditions, extreme poverty, trauma, repeated incarceration and social isolation.

CHELs offer critical entry and triage points for health and social services while providing a safe, hygienic, and stigma-free space to use pre-obtained substances under the supervision of a health care provider trained in overdose response and safer drug consumption practices. CHELs are designed to improve the health of persons with substance use disorders by decreasing transmission risk for blood borne viruses like HIV and hepatitis C, preventing overdose deaths, and providing needed medical and behavioral health services, as well as education on safer consumption practices, needle exchange, and wound care.

Supervised consumption services reduce harm and improve outcomes. There are approximately 90 public health sites around the world that provide supervised, safe locations for consumption of drugs. Most of these sites are in European countries and Australia, and many have been operating since the late 1980's. In North America, Vancouver has a site that has been operating for over 12 years. Sites vary from community to community, but SCSs consistently have positive outcomes, not only for people who use the services, but also for the surrounding community. Multiple studies show that SCSs:

- Prevent overdose deaths and increase access to treatment;^{1,2,10}
- Reduce high-risk injection behaviors linked to negative health consequences^{6,7,8,5}
- Increase use of detoxification services and substance use disorder treatment
- Reduce drug use in public spaces 12, 13,14, 15
- Reduce improperly discarded syringes and injection related litter^{12, 13,14}
- Do not contribute to an increase in crime, violence, or drug dealing^{16, 17}
- Are cost effective^{1, 18}

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¹ The complete set of Task Force recommendations can be found at: www.kingcounty.gov/depts/community-human-services/mental-health-substance-abuse/heroin-opiates-task-force.aspx

KING COUNTY PLANNING PROCESS

The Task Force recommended that King County establish and evaluate, on a three-year pilot basis, at least two CHEL sites in the County: One CHEL in Seattle and another outside of Seattle to reflect the geographic distribution of drug use across King County. Public Health – Seattle & King County (PHSKC) and King County Department of Community and Human Services (DCHS) assumed leadership for CHEL planning and convened an *ad hoc* CHEL Design Team to develop specific design and implementation standards for CHELs, based on the general guidelines set forth by the Task Force.

The standards subsequently put forth in this document reflect the best advice of the members of the CHEL Design Team, based upon on their collective expertise, review of available research, policy analysis, and local community input. This document was created for and by decision makers, service providers and community stakeholders to guide the design, implementation, operations and evaluation of CHELs within King County, although it could also be used to inform CHEL operations in other communities.

King County also produced the fact sheet *Community Health Engagement Locations: Frequently Asked Questions* (see Appendix A) as a public education tool to explain the concept and rationale behind CHELs and to summarize the evidence on the impact of these models on public health and safety.



GOALS AND CORE VALUES

CHELs function as an essential, integrated component of a comprehensive community-based harm reduction and health care service continuum. Rather than a stand-alone service, CHELs are an open-door access point to a number of wrap-around services.

CHELs respond to public health and public safety needs, benefitting individuals who use the services, as well as people residing in the communities in which CHELs are located:

Reduce drug-related health risks and harms, including overdose deaths, transmission of HIV and other infections, and other adverse drug-associated health effects. Provide access to substance use disorder treatment and related health and social services to improve health and social stability and break the cycle of addiction and homelessness. Improve public safety and the community environment by reducing public drug use and discarded drug using equipment. Use public dollars more efficiently by reducing costly criminal justice system involvement and burden on emergency medical services.

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The following values are fundamental to the CHEL service model:

The health and wellbeing of participants is the central focus

Services and the atmosphere are always inclusive, welcoming, confidential and respectful. All participants have the right to respect and dignity and support to make responsible health choices towards positive behavior change.

Community and peer involvement

Community members and participants are viewed as essential partners and their opinions, concerns and ideas are genuinely valued and incorporated into service planning, delivery and evaluation on an ongoing basis.

Public safety

Communication channels with the local community and local law enforcement are critical in order to facilitate a rapid response to concerns and ensure that the CHEL successfully reduces outdoor drug use and eliminates injection drug litter.

Equity and social justice

Policies and practices ensure welcoming sites and unrestricted service access for all individuals in need, without disparities based on age, race, ethnicity, culture, religion, language, gender, sexual orientation, disability, developmental/cognitive capacity etc.

Effectiveness

Services are based on best available evidence and/or best practices, and, where evidence is lacking, expert opinion combined with stakeholder input. Rigorous outcome evaluation is required to ensure that services are relevant and effective.

II. IMPLEMENTATION PLANNING

The following guidelines represent best practice standards for the design and operation of CHELs in King County.

SITING GUIDELINES

The Task Force recommended establishing at least two CHELs in King County: one site in Seattle and at least one additional site outside of Seattle. During the three-year pilot period, the Task Force also recommended these be fixed, rather than mobile, sites that are preferably integrated into existing locations where people who use drugs already access services. While multiple sites do not

CORE VALUES of CHELS



need to be launched simultaneously, it is expected that King County and its community partners will seek to open more than one CHEL outside the City of Seattle.

To ensure successful access and utilization, CHELs should be located in areas that are:

I. Overview 5

- Within, or close to, high-density "hotspots" for public drug use and/or overdose
- close to (or co-located) with existing services utilized by individuals who use drugs (e.g., syringe exchange, supportive housing)
- easily accessed via public transportation

FACILITY FEATURES

While the physical design of each CHEL may vary, the size and layout of the site should be appropriate to accommodate estimated service volume and ensure confidentiality, without restricting traffic flow within the facility or creating queuing outside.

Each CHEL site should include adequate space for:

- reception and waiting areas
- several drug consumption stations
- post-consumption observation
- confidential health and social service consultation (e.g., medical exam room, case management cubicle)
- administrative functions
- sterile and used supply storage
- separate and properly-ventilated area for inhaled drugs, if permitted

The facility should have the following features and interior design elements to maximize facility cleanliness, security, drug use safety, and staff observation angles such as:

- Easily accessible, fire and safety code compliant, first floor location (ADA compliance and stairs or elevators should be avoided, if possible)
- bright lighting and an open floor plan
- easily disinfected surfaces (consumption stations, chairs, countertops)
- areas for staff and participant hand washing
- proper heating, cooling and ventilation (i.e., exhausted outside or redirected through properly designed, installed and maintained HEPA filters)
- adequate space to ensure good sight-line visibility inside and outside the facility
- secured, one-way sharps disposal boxes
- mirrors in consumption stations to assist safe injections and observation

COMMUNITY RELATIONS

In the planning phase, it is critical for CHEL operating agencies to consider how the site will constructively involve, interact with, and impact CHEL participants and community neighbors and businesses. Therefore, agencies must develop strategies and policies concerning:

- public safety and neighborhood responsiveness
- community engagement
- peer involvement
- equity and social justice

Public Safety and Neighborhood Responsiveness

Organizations operating CHELs are encouraged to take the following specific actions to ensure positive

local impact:

<u>Develop and implement policies and practices in collaboration with participants and local community stakeholders</u> that will:

- promote pro-social relationships with local neighbors, law enforcement, and public officials (develop program policy and orientation plans to promote buy-in and effectively anticipate, plan for, and address needs)
- address issues immediately, should problems arise (implement rapid interventions when prohibited participant behavior arises, but without creating adversarial dynamics that could reduce utilization)
- avoid overcrowding and outside queuing (inside waiting space, adequate hours of operation, and sufficient consumption stations)
- prevent loitering or drug-related activity (constant staff presence outside the facility and/or frequent perimeter patrols)
- eliminate discarded paraphernalia/litter (regular sidewalk sweeps to collect and safely dispose
 of trash, including used syringes, that may be found in the vicinity of the CHEL)
- facilitate safe disposal of used needles (install drop boxes outside the CHEL)

<u>Document collaboratively developed expectations and policies in a Good Neighbor Agreement or Neighbor Relations Plan</u> with key neighbors.

The agreement should include contact information for a "Neighborhood Liaison," a staff person who has been designated to be a visible and friendly ambassador for the CHEL, nurture respectful relationships among community members, attend community events, and receive and respond to neighbor complaints in a timely manner. A sample Neighbor Relations Plan is included in Appendix B.

<u>Establish protocols or MOU in collaboration with law enforcement</u> (or relevant city government) to specify:

- proximity of police presence to permit customary policing functions (i.e. intervention in nondrug related activity)
- appropriate conditions for police entering the facility (e.g., emergencies, pursuit of suspects)
- accurate messaging about the CHEL program that officers can share with community members
- site tours and training for police officers on CHEL objectives and operations
- regular mechanisms for communication between staff and law enforcement to proactively identify, understand and respond to public safety concerns without deterring participants from using the CHEL

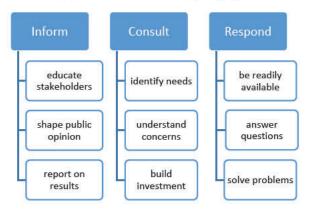
<u>Establish protocols or MOU with relevant Emergency Medical Services departments to determine protocols for:</u>

- onsite overdose response, including protocols related to calling 911
- planned transportation after an EMS response

Community Engagement

It is important for CHEL agencies to develop a thoughtful strategy for how they will engage and inform the community regarding the development and operation of the CHEL.

In general, a comprehensive approach to community engagement includes three key actions:



The Community Engagement Worksheet in Appendix C is a useful document to guide strategic community engagement planning.

Inform

Appendix C:
Community
Engagement
Worksheet

Informing means educating stakeholders and shaping public opinion about the purpose and value of CHELs. This is particularly beneficial, prior to opening a CHEL, in order to familiarize stakeholders to this new model, prevent misunderstanding about service objectives and operations, alleviate concerns, correct misinformation, and promote a commitment to transparency and community responsiveness.

Site tours or open house events are especially useful methods to inform decision makers, media, service providers, law enforcement, emergency medical responders, potential participants and community members, especially in this initial pilot phase.

Stakeholders should also receive regular and consistent feedback on the results of the project, perhaps through email list serve updates, a program website, or via quarterly reports during community meetings.

Consult

It is critical to engage community members (including civic and business stakeholders) and potential CHEL participants in planning and implementation. Consultation with these stakeholders will identify needs, highlight concerns, build public understanding, and encourage community investment in solutions and successful outcomes.

Commonly, this consultation process includes listening groups, public meetings, and surveys (in person and online). Establishing and maintaining a community advisory committee is another effective way to facilitate constructive discussions and develop collaborative working relationships. Representation could include, but not be limited to, local business associations, service providers, local officials, law enforcement, neighborhood coalitions, and participants.

Respond

CHEL operators should plan how they will respond to routine requests from government officials, media, and the public. Requests for information, interviews, and site visits are common. Rapid response protocols should be developed to identify the processes, and individuals responsible, for promptly addressing community concerns.

Peer Involvement

The term "peer" refers to those who have "lived experience" similar to that of CHEL participants. A commitment to incorporating peer knowledge into service delivery and the operational culture of the CHEL ensures that services remain responsive to those in need. Peers could be former, current or potential users of CHEL services in paid or volunteer roles. Peer involvement in CHEL planning, implementation, and evaluation is strongly encouraged. They can help explain and promote CHEL services among the target population, develop meaningful relationships with participants, and promote linkages to additional services and interventions.

CHEL operators should consider how peers may play meaningful, active and visible roles in:

- Planning, by involvement in CHEL design planning, focus groups and advocacy events.
- Operations, filling such roles as greeters, traffic/security monitors, service navigators, health educators, syringe exchangers.
- <u>Evaluation</u>, through qualitative interviews or satisfaction surveys.

A sustainable process and structure, such as a Peer Advisory Panel, can facilitate regular peer input regarding CHEL operations, service gaps, changes in local drug use behaviors, and other trends and issues. Task descriptions for peers are recommended, as well as policies on screening, interviewing, training, supervising and developing the professional skills of the agency's peer work force.

Equity and Social Justice

The Task Force's equity and social justice charge emphasizes the importance of providing support and services to the most marginalized individuals. All agencies operating CHELs should be strongly committed to incorporating the values of equity and social justice in the design and delivery of CHEL services. Agencies must consider how their policies and practices advance fairness and equal opportunity for all individuals.

Appendix D:

Equity Impact
Review Tool

To assist in this process, King County offers a useful tool called the *Equity Impact Review* to help organizations identify, evaluate and communicate the potential impact - both positive and negative – of a policy or program on equity. Use of this tool is standard practice for all agencies working with King County. See Appendix D for more about equity impact reviews and a web link to the tool.

III. CHEL OPERATIONS

SERVICE MODEL

In addition to the healthcare worker supervision of drug consumption, CHEL sites are expected to provide key health and social services and resources during all hours of operation. Where possible, CHEL sites should also aim to provide enhanced levels of these services on site, as described in the table below:

Type of Service	Essential Level Services	Enhanced Level Services
Supervised consumption	drug injection	injection <i>plus</i> area for inhalation/sublimation
Overdose prevention	 overdose treatment: naloxone and oxygen administration distribution of naloxone overdose reversal kits 	
Medical care and health care access	medical assessment and linkage to appropriate levels of medical care	on site wound careon site basic medical treatment
Syringe exchange	 on site provision of sterile equipment for drug consumption collection and disposal of used equipment (e.g., syringes, tourniquets, alcohol wipes, cottons, cookers, pipes) 	
Health promotion	 harm reduction counseling (drug use, HIV, hepatitis, sexual health) health education materials (low literacy print, video, additional languages where appropriate) male and female condoms, lubricant 	on site testing for HIV, hepatitis C and sexually transmitted infections
Behavioral health treatment	 rapid referral and/or linkage to opioid withdrawal management and medication-assisted treatment referral and/or linkage to substance use disorder treatment referral and/or linkage to mental health treatment 	 on site drug and alcohol assessment on site mental health screening/psychiatric evaluation, in person or telehealth on site buprenorphine induction and linkage to maintenance on site case management to facilitate entry into substance use and/or mental health services on site mental health/psychiatric services
Social services	referral and/or linkage to social servicestransportation assistance	 on site social services case management legal advice

	•	housing assistance
	•	employment services
	•	parenting assessment

The primary or ancillary services above could be 1) provided directly by the operating agency or 2) by partner providers, with whom the operating agency is required to establish agreements or subcontracts and describe the process for provision of services, referral or linkage.

CHEL operating agencies should closely cooperate and/or partner with the following types of service providers to ensure cross-agency planning and coordination:

- medical care, including emergency medical services and primary care
- behavioral health, including withdrawal management, substance use and mental health treatment
- social services case management
- housing assistance
- employment assistance
- legal services
- law enforcement
- child care/parenting support

SERVICE POLICIES

The delivery of CHEL services will vary based on the service model, location and culture of service provider agencies and the local drug-using community. Nonetheless, CHEL operators should develop specific policies and procedures related to the following aspects of service delivery:

Eligibility

- intent to serve all participants, non-discrimination
- protocols for:
 - o minors
 - o pregnant women
 - first-time injectors
 - o those who arrive with children/minors
 - those who may be overly intoxicated/drug impaired/physically or mentally ill
- when entry or services may be postponed or denied:
 - o verbal or physical assault, threatening behaviors
 - o behaviors prompting removal (violence, unsafe use,)
 - suspension of access (terms)

Registration

- tools and process for registration and tracking service use
- participant information required at first and repeat visits, such as:
 - o name (real or fictitious)
 - o age/date of birth
 - o gender
 - zip code and housing status
 - race/ethnicity
 - o current drugs used

drug being used today

Drug consumption

- · type of drugs allowed
- use of legal substances including marijuana and alcohol
- prohibited sharing of drugs between participants
- acceptable length of visit, entry cut-offs towards end of operating hours
- number of injections or consumption events per visit
- prohibited assisted injection
- handling, storage, disposal of drugs or possessions left behind by participants

OPERATING CAPACITY

While the size and operating hours of each CHEL will vary, each CHEL will need to maintain a service capacity that is feasible for the available space, meets service demand and is likely to make a public health impact. Factors that influence sufficient service volumes include:

- Number of consumption stations (size)
- Number of days and hours/day open (access)
- Demand during days and hours open

These decisions can be informed by analysis of 911 overdose response calls, syringe exchange utilization reports, input from participants, and reports from nearby businesses or agencies that serve a similar population.

Managing traffic flow inside and outside the facility will be a high priority. CHEL agencies should implement policies and protocols to:

- reduce wait times to prevent drop outs or outside queuing
- coordinate flow between different areas (reception, consumption, observation)
- maintain reasonable limits on the length of each visit that allow sufficient time to ensure medical safety and give personal attention yet optimize flow and staff availability
- minimize prolonged loitering inside and outside the facility.

REQUIRED POLICIES AND PROTOCOLS

The following five documents are considered essential for all agencies operating CHELs:

- Service Delivery Policies
- Clinical Protocols
- Safety and Crisis Management Protocols
- Administrative Procedures
- Community relations and peer involvement guidelines

The following chart outlines critical content areas for each of these documents, although more could be addressed.

Administrative Procedures	methods of record keeping	Incident reporting forms	administrative and clinical	documentation	 record storage 	confidentiality	HIPAA compliance	 neighbor complaint process and 	e resolution	media inquiries	:	Staffing	job descriptions with required	qualifications	• training plan	key staff responsibilities:	anisolo pue anine o		o supply management	 managing participant flow
Safety and Crisis Management Protocols	infection prevention and control	measures	 standard precautions 	 cleaning and disinfection 	 waste disposal 	 personal protective equipment 	 staff training 	 occupational exposure 	 disaster/fire/earthquake procedure 	evacuation	 crisis management, aggressive 	behavior or violence	 staff safety 	 building and perimeter security 	-					
Clinical Protocols	assessment	 supervision of consumption 	 overdose management 	 respiratory support 	 naloxone administration 	cardiac arrest	 follow-up care 	death	 assessment and treatment of 	other conditions (e.g. soft tissue	infections, wound care, acute	conditions)	 HIV, hepatitis, STI screening and 	linkage to care	 risk reduction education and 	harm reduction counseling	 required equipment and 	supplies	 documentation 	
					guidelines for youth, pregnant	women, over-intoxicated, first														

STAFFING PLAN

Each CHEL will need to determine an optimal staffing model. Staffing plans must ensure adequate coverage based on full utilization during all hours of operations, while maximizing efficiencies in shift scheduling and worker productivity.

Staffing functions include, but are not limited to:

- reception
- medical supervision and clinical intervention
- facility and staff supervision
- syringe exchange, supply maintenance and waste disposal
- supervision of post-consumption space
- participant engagement through social work/case management for health education, treatment and referral services
- security/traffic flow management

CHELs will also need to determine an appropriate staff to participant ratio that ensures adequate staff coverage in each service area of the CHEL (e.g., reception, consumption stations, observation room).

Primary staff positions in a full-scale CHEL are likely to include:

Facility manager	Supervises operations, personnel, administrative processes, and financial matters; ensures adherence to all operational, clinical, and safety/security protocols; monitors budget, supply ordering; liaises with community, law enforcement, and local government stakeholders; ensures participant satisfaction and manages response to complaints and feedback from participants and community. Liaison with King County Public Health and DCHS and CHEL evaluation team.
Registered nurse (or medical provider with higher licensure)	Conducts general medical triage, clinical assessment and treatment of overdose including naloxone and oxygen administration; provides wound care; makes referrals for health care as appropriate.
Health educators and support staff	Oversee syringe exchange, provide health education, monitor security and traffic flow; general site maintenance.
Social worker	Referrals, linkages and case management for health, substance use disorder treatment, mental health, and social services; provides harm reduction counseling to support participant-driven goals

All staff are expected to have basic training and current certification (where applicable) in CPR and first aid, blood borne pathogens, HIPAA compliance, and overdose response. Additional training in cultural competency, equity and social justice, and conflict de-escalation are highly recommended.

Volunteers

The scope of volunteer involvement depends on the culture and capacity of the operating agency. While CHEL operators should not rely on volunteers to ensure the minimum level of service, volunteers could fulfill many useful tasks such as greeting, neighborhood sweeps, data management, cleaning or supply management. Many of these roles could be also filled by peers. Volunteers should have the same training as other staff (described above), based on their duties.

Detailed policies are necessary to address volunteer roles (and/or restrictions, if appropriate) and responsibilities, including protocols for screening, training, and supervision.

BUDGET

Agencies operating CHELs should develop annual, line item budgets detailing capital costs and operating expenses. Staffing and other costs for essential services, along with all available and anticipated sources and amounts of funding, should be detailed. Total budgets will be dependent on particular site locations, renovation requirements, service models and operating hours. Capital costs are expected to be higher in the first year, with operating costs increasing relative to growth in service volume.

Common capital and operating expenses include the following (not a complete list):

Capital Costs	Staff and Services	Drug Use Supplies
 renovation security/utility installation furniture fixtures/durable goods computers/printers 	 salaries fringe peer stipends rent insurance phone 	 syringes tourniquets cottons cookers alcohol wipes water vials
Medical Supplies	internet	pipe kits
 naloxone (for on-site use and distribution) oxygen first aid supplies pulse oximeters 	 utilities printing security, alarm cleaning service community outreach 	Other Supplies • bus/taxi vouchers • hand soap/sanitizer • gloves
sharps disposal containers	 legal fees facility maintenance medical waste disposal evaluation 	 disinfectant cleaning supplies fire extinguishers, emergency preparedness kits

GOVERNING AND OPERATING STRUCTURES

The Task Force endorsed three possible governing structures for CHEL operation; each one requires a degree of endorsement or direct involvement by King County.

Option 1: King County as sole operator

Public Health – Seattle & King County, in collaboration with King County Department of Community and Human Services, operates the CHEL and provides all or most of the services.

Option 2: Public-private partnership

King County (either PHSKC or DCHS) contracts with a community-based agency that assumes full or shared responsibility for the provision and evaluation of services. This joint operation model may be more cost-effective and broaden reach and access to the target population.

Option 3: Community agency as sole operator with King County sanction and oversight

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A community agency independently operates a CHEL with expressed sanction and oversight by King County. While the community agency would assume full operational and liability for the CHEL, King County would provide oversight to ensure acceptable standards of safety, service delivery and performance measurement. King County would articulate a clear process for community organizations to request sanction from the County as well as criteria for sanction such as:

- provision of essential services and ability to link to other services
- compliance with facility and service model guidelines, as recommended in this document
- detailed written policies and procedures including administrative, clinical and safety protocols
- capacity and plan to conduct robust monitoring and evaluation or ensure necessary data collection to allow evaluation by a partner agency
- adequate staffing plan and budget
- ability to procure liability insurance

Any community organization serving in an operational role should demonstrate the following:

- experience reaching and serving people who use drugs and who have complex social and health problems
- commitment to the goals and core values of the CHEL model
- capacity to provide, supplement or link to essential services
- fruitful and collaborative relationships with other community-based agencies, health care providers and law enforcement
- a strong commitment and capacity to participate in substantial evaluation as designed and directed by King County

A current or previous agency relationship in good standing with King County is beneficial but not mandatory for community agencies considering partnership with King County in CHEL operation.

Any community-based agency considering operating a CHEL, in partnership with King County or independently, should consult with legal counsel to identify potential legal risks. The Task Force recommendations include a summary of legal considerations regarding CHEL operations, which may provide helpful background.

MEMORANDA OF UNDERSTANDING

In addition to any specific contract agreements, there should be signed Memoranda of Understanding (MOU) between King County, local city government (including local law enforcement) where a CHEL is located, and any community agency involved in CHEL operation. These MOU should clearly outline standards for acceptable use and operation of CHELs and mutual expectations on the roles and responsibilities of each relevant entity regarding issues such as:

- provision of service
- record keeping, reporting and evaluation
- communication with federal and state actors
- legal and political issues (e.g., liability, proper land use)
- fundraising
- neighborhood impact and communication
- adequate and appropriate police presence and agency actions to ensure public safety and order

III. CHEL Operations 16

IV. PERFORMANCE MEASURES

It is crucial to design and conduct rigorous monitoring and evaluation to measure CHEL service use patterns and the impact of CHEL services on participants and the community. Evaluation is especially critical during the pilot phase. Indicators should be determined prior to operation, and certain measures will be monitored on an ongoing, frequent basis, in order to quickly identify concerns and make timely adjustments in program policy or service design.

Program Monitoring

The following are examples of key output indicators that should be tracked with data collection tools as suggested below. The final monitoring plan should be established in collaboration with Public Health and DCHS.

Outputs	Tools
 # and demographics of participants # new and repeat visits # overdoses reversed on site # and type of referrals # syringes exchanged # naloxone kits distributed Facility volume, by day of week and time of day # EMS calls health issues identified and addressed 	 registration form encounter form referral tracking overdose report syringe exchange tracking naloxone distribution and refill form

Process and Outcome Evaluation

While operating agencies will be primarily responsible for routine data collection and program monitoring, more extensive process and outcome evaluation will be implemented with the assistance and/or under the direction of PHSKC, DCHS or UW. Third-party evaluators could also be utilized as partners in evaluation design and analysis, including the University of Washington School of Public Health, the Alcohol and Drug Abuse Institute (ADAI), the Harm Reduction Research and Treatment Center (HaRRT), Cardea, and Battelle.

Process evaluation strategies are expected to assess the following:

Process Measure	Sample Questions	
Reach	 Who is the CHEL reaching demographically? Are we reaching and serving all drug-using groups in the local area? How far do participants travel to use CHEL services? 	
Quality of implementation	 Are services delivered properly, according to standards or protocol? Do sufficient numbers of participants connect with other services? If no, why not? 	
Satisfaction	 How satisfied are participants with the services? How convenient are the location and hours of operation? How well are participants treated by staff? 	

IV. Performance Measures 17

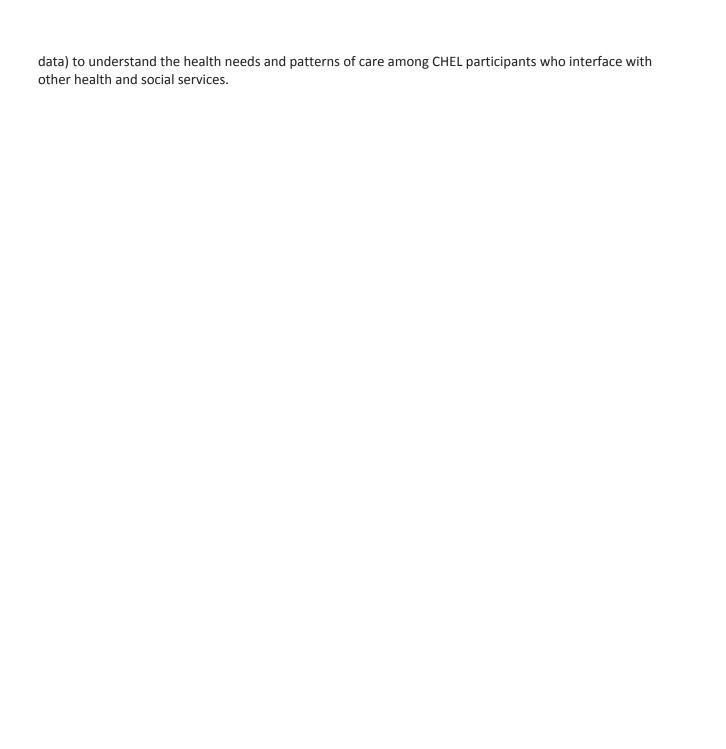
	 How satisfied are partner agencies and community members with CHEL services? Complaints received by community members and other public safety incidents Is there a process and timeline for responding to concerns?
Barriers	 Which referral services are more difficult for CHEL participants to access and why? What prevents potential participants from using CHEL services? What challenges prevented us from delivering or scaling up services?
Cost Benefit	 Are costs reasonable in relation to the degree of positive impact? Would alternative approaches yield equivalent benefits at less cost?

Outcome evaluation should be linked to the primary objectives of the CHEL. Some examples of outcome measures are outlined below:

Objectives	Recommended Measures	
Reduce drug-related health risks and harms, including overdose deaths, transmission of HIV and hepatitis C infections, and other adverse drug-associated health effects	 prevalence of drug use and injection (by type of drug), syringe and other injection equipment sharing, unsafe injection practices, transition to safer injection and other use practices non-fatal overdose, skin and soft tissue infections HIV diagnoses, HIV transmission risk among HIV-infect, hepatitis C diagnoses, hepatitis C treatment, incidence of fatal and non-fatal overdose other drug-related mortality (acute and chronic) 	
Provide access to substance use disorder treatment and related health and social services to improve health, stability and exit the cycle of addiction and homelessness.	 enrolled and maintained on buprenorphine treatment, enrolled and maintained on methadone treatment, referrals, linkages, care coordination for substance use/mental health/primary care/housing, etc. 	
Improve public safety and the community environment by reducing public drug use and discard of drug using equipment near the CHEL.	 syringes, paraphernalia and litter around CHEL, property values neighborhood perceptions visible drug use crime data 	
Use public dollars more efficiently by reducing costly criminal justice involvement and burden on emergency medical services.	 number of OD-related first responder calls, 911 calls EMS/ER use crime data cost-effectiveness - compare to cost of a 911 call, ER visit, one overdose 	

When and where possible, CHEL utilization and outcome data should be linked with other available datasets (e.g., utilization of housing services, jail admissions, emergency room visits, police department

IV. Performance Measures 18



IV. Performance Measures 19

V. APPENDICES

- A. Community Health Engagement Locations: Frequently Asked Questions
- B. Sample Neighbor Relations Plan
- C. Community Engagement Worksheet
- D. King County Equity Review Tool: Introduction

Appendix A



Community Health Engagement Locations: Frequently Asked Questions (FAQ)

1. What is a Community Health Engagement Location (CHEL site)?

A CHEL site is a public health service for people with substance use disorders that provides access to medical, behavioral health and social services, either directly on-site or through referrals. CHEL sites also provide space for hygienic consumption of drugs under the supervision of a healthcare professional trained in overdose response and safer drug consumption practices. Similar sites around the world are commonly referred to as supervised consumption sites (SCS) and other similar names. The term "CHEL" is specific to Seattle and King County.

CHEL sites are designed to improve the health of persons with substance use disorders by decreasing the risk of transmission of blood borne viruses like HIV and hepatitis C, preventing overdose deaths, providing needed medical care and social and behavioral health services, and importantly, providing an access point for treatment of drug use disorders (addiction).

Additional health services provided at CHELs include education on safer consumption practices, needle exchange, wound care and medical consultation, counseling and case management, and referral to treatment and other services.

There are approximately 90 sites around the world that, for public health reasons, provide supervised, safe locations for consumption of drugs. Most of these sites are in European countries and Australia and many have been operating since the late 1980's. Vancouver, BC, Canada, has a site that has been operating for over 12 years.

2. What are the goals of Community Health Engagement Locations (CHEL sites)?

CHEL sites are intended to achieve the following three main goals:

- Reduce drug-related health risks and harms, including: overdose deaths, transmission of viral infections such as HIV and hepatitis C, and other adverse drug-associated health effects.
- Provide access to substance use disorder treatment and related health and social services to improve health, reduce criminal justice involvement and reduce emergency medical services utilization.
- Improve public safety and the community environment by reducing public drug use and discarding of drug using equipment in the area near the CHEL site.

Published studies support the effectiveness of the services provided at supervised consumption sites (SCS) in reducing drug-related health risks and overdose mortality for individuals utilizing the SCSs. Available studies do not reveal an increase in criminal activity or negative impacts on the communities where these sites are located.

3. Who are CHEL sites meant to serve?

CHEL sites are part of a network of services to address complex health and social needs of the most vulnerable and marginalized members of our community with substance use disorders, many of whom are also experiencing homelessness.

4. What are other names for CHEL sites?

Other names used for these services include: "supervised/safer consumption site" (SCS); supervised/safer injection facility" (SIF); "supervised/safer injection service" (SIS); and "drug consumption room" (DCR). While the names vary, the underlying idea is the same: to reduce the harms associated with drug use by providing a hygienic, supervised space and ready access to treatment as well as other social and health services.

5. Why are you using the name "Community Health Engagement Location" (CHEL site)?

While a safe space to consume drugs under the supervision of a health care provider can reduce overdose deaths and transmission of infections like HIV, the King County Heroin and Prescription Opiate Task Force (Task Force) recommended a greater goal: providing more comprehensive services to help people with substance use disorder return to heath and ultimately, to productive lives. Therefore, a number of other key health services are included in the CHEL site, such as access to medical and behavioral health care, social services (such as housing assistance) and, importantly, access to treatment for substance use disorder.

When individuals who are suffering from substance use disorder are engaged in health and social services, their likelihood for positive health outcomes increases. Therefore, the Task Force recommended a more comprehensive health engagement through services like wound and abscess care, social service assistance, and access to treatment for substance use disorder as the best strategy for long term success.

This terminology— "Community Health Engagement Location"— recognizes the need to use multiple approaches to reduce harm and promote health for individuals experiencing substance use disorder. Promoting safer consumption of substances and immediate treatment of overdoses are two ways to promote health. CHEL sites will utilize several additional of several approaches to further promote the health and well-being of people with substance use disorder.

Equity and social justice considerations emphasize the importance of providing readily accessible support and services to the most marginalized individuals experiencing substance use disorders in King County. The designation "CHEL sites" is a non-stigmatizing term that recognizes that these sites provide multiple health interventions to decrease risks associated with substance use disorder and promote improved health outcomes.

6. What is the evidence that CHEL sites can achieve these goals?

The impacts of supervised consumption sites (SCSs) have been studied in Canada, Europe, and Australia. The SCS in Vancouver, BC, has been studied most extensively and the results of evaluations are available online at http://uhri.cfenet.ubc.ca/content/view/57/92/

Although the specific impacts of a CHEL site may vary from community to community, papers published in scientific journals show that SCSs have positive outcomes, not only for people who use the services, but also for the surrounding community. The findings of these studies show that SCSs:

<u>Prevent overdose deaths in the facility</u>

 Over nearly 30 years of operation, tens of millions of drug consumptions have occurred in SCSs around the world, but no overdose related deaths have occurred.

• The SCS in Vancouver, BC prevents an estimated 2-12 overdose deaths every year and has had no reported deaths in over 12 years. 1.2

Reduce overdose deaths in the community

- Over 4 years, overdose fatalities within 500 meters of a supervised injection facility in Vancouver, BC, dropped 35% compared to a 9% reduction for the rest of the city.³
- A study of German drug consumption rooms showed a close statistical relationship between the
 opening of consumption rooms and a long term reduction in the number of drug-related deaths.
 In Hamburg, the association wasn't seen until the opening of the third consumption room. In
 Frankfurt, the relationship wasn't seen until a fourth consumption room was opened.⁴

Reduce demand for emergency services related to overdoses

• A study in Sydney, Australia found that the number of ambulance call-outs for opioid-related overdoses declined significantly in the vicinity of the SCS after it opened, compared to the rest of NSW. This effect was greatest during operating hours and in the immediate SCS area, suggesting that SCSs may be most effective in reducing the impact of opioid-related overdose in their immediate vicinity.⁵

Reduce high-risk injection behaviors linked to negative health consequences

- People who consistently used Vancouver's SCS were less likely to share syringes, reuse syringes, rush injections, and inject in public spaces. They were more likely to use sterile water, clean the injection site with alcohol, and safely dispose of used syringes.^{6,7}
- Interviews of visitors to SCSs in Copenhagen, Denmark found: 75% reported reduced high-risk injection behavior, 56% no longer shared syringes, 54% cleaned injection sites more often, and 63% reported fewer outdoor injections.⁸

Increase use of detoxification services and substance use disorder treatment

- After the SCS in Vancouver opened, there was a 30% increase in use of detoxification services.⁹
- People who regularly visited the SCS were 33% more likely to start addiction treatment and those who had contact with an addiction counselor in the SCS were 54% more likely to start. 10
- A study comparing community drug use patterns before and after the opening of the SCS found no substantial increase in relapse rates and no substantial decrease in the rate of stopping drug injecting.¹¹

Reduce drug use in public spaces

- Numbers of people injecting in public in the vicinity of Vancouver's SCS were counted before
 and 12 weeks after the opening of the facility. The opening of the service was associated with a
 reduction in the number of people injecting in public spaces.¹²
- Multiple studies European have found reduced public drug use as the result of drug consumption rooms.^{13,14}

Reduce the amount of improperly discarded syringes and injection related litter

- A study measured the amount of discarded syringes and injection related litter in the vicinity of an SCS before and after it opened. There was a significant relationship between the opening of the SCS and a reduction in syringes and other drug related litter found in the area.¹²
- A survey of SCS visitors found that 71% reported less outdoor injecting as a result of the availability of the SCS.¹⁵

Multiple studies in Europe have found a reduction in syringes and injection related litter result
of drug consumption rooms. 13,14

Do not contribute to an increase in crime, violence, or drug dealing

- A study in Sydney, Australia concluded that trends in property crime and drug-related offenses
 were the same in the area around the SCS and the rest of the city.¹⁶
- Following the opening of Vancouver, BC's, SCS, there was no increase in drug trafficking or assaults/robberies. There was a decline in the number of break-ins and vehicle theft in the area.¹⁷

Are cost effective

- The Vancouver, BC, SCS saves \$5 for every \$1 spent. This is based on a conservative estimate that the Vancouver SCS prevents 35 new cases of HIV and 3 overdose deaths per year. ¹
- Another study estimated that the Vancouver, BC, SCS saves between \$14 million and \$20 million over a 10-year period.¹⁸

7. Has anyone ever died from a drug overdose in a SCS?

Over nearly 30 years of operation, tens of millions of drug consumptions have occurred in SCSs around the world, **but no overdose related deaths have occurred.**

8. Will CHEL sites increase drug use?

Similar concerns were raised in the past regarding the effect of needle exchange programs, but have not been borne out. Fear that increased availability of sterile needle exchange programs might exacerbate illicit drug use was a major factor delaying adoption and expansion of these programs.

Research consistently shows that syringe exchange programs reduce transmission of HIV, are cost effective, can increase recruitment of drug users into treatment programs and provide needed medical care, and are not associated with major negative unintended consequences. For example, studies have searched for and found no convincing evidence that needle exchange programs result in greater injection frequency, increased illicit drug use, recruitment of new users, less motivation to reduce drug use, or increased transition from non-injecting drug use to IDU.¹⁹

In addition to the substantial experience with syringe exchange programs, evaluation of existing sites where supervised drug consumption occurs has not shown an increase in drug use or major unintended consequences (see 6, above).

9. Who will work at CHEL sites?

The Task Force recommended the CHEL sites should be staffed by nurses, social workers, case managers, and peer support workers. Staff are trained in an overdose response protocol.

10. What is the history of supervised consumption sites?

The first successful sanctioned drug consumption room (DCR) was established in Berne, Switzerland in 1988, though unofficial services had been operating across Europe since the 1970's. More DCR's were established in several European countries, including Germany, The Netherlands, Spain, Luxembourg, Norway, and Denmark, throughout the 1990's and 2000's. In 2001 a medically supervised injecting center (MSIC) was opened in Sydney, Australia. In 2003, InSite, currently North America's only

supervised injection facility (SIF) opened in Vancouver, BC. As of 2010, there were approximately 90 official safe SCSs in Europe, Australia, and Canada.²⁰ The <u>first SCS in France</u> opened in Paris in October 2016 and more are set to open in other French cities.

11. What is "harm reduction"?

Harm reduction is a set of practical strategies to <u>reduce risks associated with substance use among people who are actively using substances and not ready to participate in treatment.</u> For example, harm reduction strategies reduce risks for HIV and other infectious diseases, prevent overdoses, and help engage substance users in treatment. CHEL sites and other supervised consumption sites are considered a harm reduction intervention.

12. Will CHEL sites solve the heroin epidemic in King County?

No. The heroin and opioid drug epidemic is a complex issue that requires a comprehensive, multistrategy approach to prevent initiation of illicit substance use, expand access to medication-assisted and other types of treatment, reduce health and social harms associated with substance use disorders, and reducing the illicit drug supply.

The <u>Heroin and Prescription Opiate Task Force</u> made a number of <u>recommendations</u> to address the opiate epidemic in King County. The recommendations focus on preventing people from developing opioid use disorders, identifying and treating people with opioid use disorders, expanding and enhancing treatment options for opioid use disorders, and improving the health of opioid drug users including through expanding the distribution of naloxone to prevent overdose deaths.

Another recommendation to improve the health of opioid drug users is to establish and <u>evaluate</u> two CHELs in King County on a 3-year trial basis. The results of the evaluation are to help understand the effect and consequences of the CHEL sites, including how well they are meeting their goals and whether the sites should be continued or not.

The goals of CHEL sites as stated in the Task Force recommendations are to a) reduce drug-related harms and risks, including overdose death and transmission of HIV and hepatitis C, b) provide access to treatment and other health and social services, and reduce involvement with the criminal justice system, and c) to improve public safety by reducing drug use in public spaces and the discarding of syringes in public spaces.

13. Where can I learn more about CHELs and SCSs?

- Read the full Heroin and Prescription Opiate Task Force Final Report and Recommendations here.
- Read about information on drug consumption rooms provided by the European Monitoring
 Centre for Drugs and Drug Addiction
- Read about SCSs around the world and find links to publications under the Research link.
- Read about Vancouver's supervised injection facility "InSite."

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Appendix B

Sample Neighbor Relations Plan

Molly Carney, Executive Director at Evergreen Treatment Services

Opiate treatment programs and other locations providing care for individuals experiencing opioid use disorder (for example, syringe exchange programs, community health engagement locations for persons with substance use disorders) should consider the following practices to establish and maintain good neighbor relations.

Clearly articulated hours and rules of business: For facilities where medication is being dispensed, hours of dispensing should be publicly available and followed. Any terms that participants must abide by should be readily available to the neighbors and the public.

Public Safety staff: Public Safety staff should be employed by the facility who are to be active during the dispensing hours. These staff should be specially trained in how to work with individuals experiencing opioid use disorder, mental health issues, and trauma histories. These staff should also be specially trained to work with participants varying in age, race, ethnicity, gender, sexual orientation, primary language, and cognitive ability.

Numbers: There should be sufficient Public Safety staff to lend order inside and outside of the facility to at least the organization's property line (where authority is explicit) or to nearby manageable landmarks (for example, an intersection). Inside, Public Safety will help the clinic staff maintain any Code of Conduct or admission criteria established by the business. Outside, the staff will be attending to issues of loitering, drug dealing, or behavior that interferes with the neighboring businesses (for example, shoplifting).

MOU: Businesses adjacent to the target business may be encouraged to enter into a Memorandum of Understanding (MOU) which is intended to help facilitate communication between the entities. This MOU may permit the target business to allow their Public Safety staff to patrol the business property. The MOU should be reviewed and renewed on an annual basis.

Monthly rounds to business neighbors: Public Safety staff should make rounds to business owners or their managers on at least a monthly basis. Inquiries should be made regarding what's working well, what could be improved and/or escalation information if necessary (for example, who to contact if a business manager desires to escalate a complaint upward). These staff shall summarize their monthly rounds in a written document that is to be circulated to the executives and operation managers of the target business and a review team member who is a participant that represents the intervention population. This summary shall include recommendations for how to rectify any complaints or problems. The target business shall be expected to help the Public Safety staff address or resolve complaints or problems within one week of the original complaint and shall include either a written response to the business owner/manager or a return visit by the Public Safety staff with the proposed resolution. The target business may consider implementing a monthly newsletter to neighboring businesses, which summarizes clinical outcomes (for educational purposes) and the response to neighborhood issues.



Appendix C

Community Engagement Worksheet

Project Title:	
Project Lead:	
Program Name:	
Timeline:	to

How to use this worksheet:

This worksheet will assist you in thinking about your process, purpose, primary audience, potential barriers, impacts and strategies to inform and involve your intended audience before you begin. Below are some key questions with prompts to guide and direct you before beginning and during your engagement process. You may reference the Community Engagement Continuum to determine the level and methods of engagement that best suit the type work you are doing.

What is the purpose of your engagement?

1. State briefly why you are doing the community engagement:

What do you hope to achieve? What is your main purpose for involving community members? Where does your engagement fit best on the continuum? Is there enough time to engage properly?

Stakeholders and audiences

2. Who are the key stakeholders or partners? Who is affected by, involved in, or has a specific interest in the issue?

What steps will you take to ensure impacted communities that have not historically been included in the initial decision making phase be included? Are there specific communities that will impacted/affected by decisions or processes related to engagement? How will you utilize internal staff expertise to provide technical assistance or consultation to ensure inclusive stakeholder involvement? Are stakeholder groups defined (e.g., neighborhoods, topic area, ethnic or racial, language, gender, tribal, etc.)? Do you or others in the county have appropriate partnerships or contacts in place to initiate and support the adequate county level of engagement?

What strategies will you use to ensure you have information from and research about the relevant groups and communities?

3. Have you gathered adequate background information about the affected populations you intend to reach? (i.e., language or dialect spoken, customs, historical or geographic data, relevant data reports). For example, see County). What other research will you need to better know and understand your public? How will you identify community strengths and assets?

4A. How will you make sure you are effectively reaching all of your audiences?

A. How do you plan to address language and literacy needs including translations, interpretations and reading levels? (See the <u>Plain Language Style Guide</u> and <u>King County executive order on written language translation</u>) and Guidelines for Accessible Printed Materials kcweb.metrokc.gov/dias/ocre/printguide.pdf

4B. Have you taken into account that alternative and non-traditional approaches to consider before proceeding? Does your intended audience have their own engagement practices that should be considered? Alternatively, does your audience or community use new and social media (e.g., web videos, texting), and could this be an effective way of reaching them?

Barriers and risks

5. What do you perceive as barriers and risks to doing this work?

Are there trust issues among members of the public or a community that may prevent full engagement (i.e., social, political, tribal, gender specific)? How will you address the diverse cultural differences among affected communities? Is there adequate justification for proceeding with your project concept (i.e. time, cost, level of interest)? Is there community and public support for your project? What are some unintended consequences of the project if not done effectively? Are there strategies in place to address unintended consequences?

Decision-making process and communications

6A. If there are decisions to be made, how does the engagement fit into the overall decision-making process?

Are there processes in place to involve affected communities in decisions at different levels and phases? Do you have representation from affected communities in decisions? What decisions need to be made after the engagement and how will the community be involved in that process? How will the affected community be informed of final decisions? Do you have a standard point of contact for community members?

6B. What is in place to inform community of benchmarks or progress about your project?

How will you recognize the contributions of community members? Will there be opportunities for formal project/program updates and feedback (i.e. meetings, website updates, phone calls, e-mail)? Is there budget for printing and circulating a report on the outcomes? Who will inform the community on impacts of final decisions? What steps will be taken to maintain opportunities for future collaboration or engagement?

Evaluation and monitoring of success

7. How will you evaluate the success of your project both in terms of process and outcomes?

Were you able to successfully reach the intended audience? Did people receive the necessary information they needed to make a relevant response? Did you choose the right type or level of engagement to match the purpose? Was feedback received from the community positive or negative?

Did the community feel like they received proper feedback on the results of the engagement? Did they indicate they want to be part of a similar process again? If not, why not? What would you do differently to make the process better, more inclusive, and more impactful?

Logistics and things to consider for planning community meetings:

The logistics of community engagement is critical for turnout and community interest. Paying attention to a number of logistical issues will enhance participation and improve the overall effort. Some things to consider:	
Venue	Making meetings geographically close to communities or stakeholders is critical to get a good turnout. Choosing a site that is community centered may more familiar and comfortable for attendees. Does the venue accommodate for public parking and transportation?
Host	If inviting public officials make sure you have followed appropriate channels before inviting them to participate. Clarify in advance the role for County Executive, Council members, Public Information Officer and community members prior to the engagement.
Staffing	Will you use program staff, other King County staff or partner staff to help with set up, welcoming, and meeting facilitation?
Budget	Is your budget adequate to provide resources for advertising, communication and promotion, rental space, refreshments/food, transportation, child care, translation/interpretation?
Accessibility	Is the location wheelchair accessible and code approved for people with disabilities?
Time	Do you have staff that can attended evening or weekend meetings? Can you accommodate community members to hold evening or weekend meetings?

If you have questions or need assistance contact:

Matias Valenzue	la 206.205.3331; Matias Valenzuela@kingcounty.gov
June Beleford	206.263.8762; June.Beleford@kingcounty.gov



Equity Review Impact Tool: Introduction

Through adoption of the King County *Strategic Plan 2010-2014: Working Together for One King County,* King County has transformed its work on equity and social justice from an initiative to an integrated effort that applies the countywide strategic plan's principle of "fair and just" intentionally in all the county does in order to achieve equitable opportunities for all people and communities.

The Equity and Social Justice Ordinance establishes definition and identifies specific approaches necessary to implement and achieve the "fair and just" principle. The ordinance calls for King County to "consider equity and social justice impacts in all decision-making so that decision increase fairness and opportunity for all people, particularly for people of color, low-income communities and people with limited English proficiency or, when decisions that have a negative impact on fairness and opportunity are unavoidable, steps are implemented that mitigate the negative impact."

The *Equity Impact Review* (EIR) tool is both a process and a tool to identify, evaluate, and communicate the potential impact - both positive and negative - of a policy or program on equity. Relevant definitions from the Equity and Social Justice Ordinance include:

"Equity" means all people have full and equal access to opportunities that enable them to attain their full potential.

"Community" means a group of people who share some or all of the following: geographic boundaries, sense of membership, culture, language, common norms and interests.

"Determinants of equity" means the social, economic, geographic, political and physical environment conditions in which people in our county are born, grow, live, work and age that lead to the creation of a fair and just society. Access to the determinants of equity is necessary to have equity for all people regardless of race, class, gender or language spoken. Inequities are created when barriers exist that prevent individuals and communities from accessing these conditions and reaching their full potential.

This tool, which consists of three stages, will offer a systematic way of gathering information to inform planning and decision-making about public policies and programs which impact equity in King County. The three stages are as follows:

Stage I: What is the impact of the proposal on determinants of equity?

The aim of the first stage is to determine whether the proposal will have an impact on equity or not.

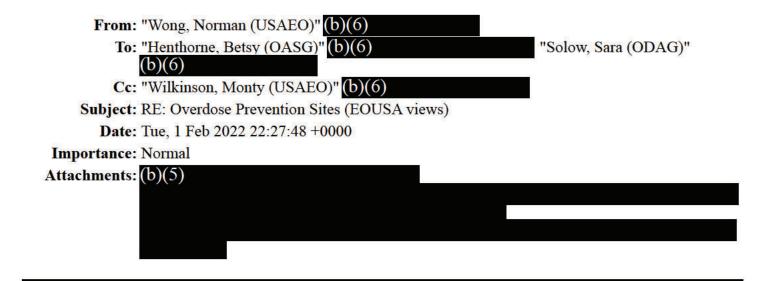
Stage II: Assessment: Who is affected?

This stage identifies who is likely to be affected by the proposal.

Stage III: Impact review: Opportunities for action

The third stage involves identifying the impacts of the proposal from an equity perspective. The goal is to develop a list of likely impacts and actions to ensure that negative impacts are mitigated and positive impacts are enhanced.

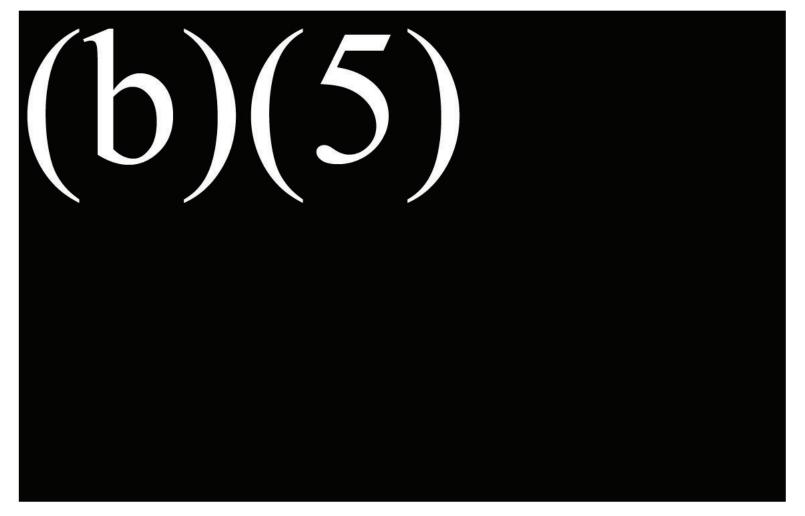
The complete King County Equity Review Impact tool with guides and worksheets can be found at: www.kingcounty.gov/elected/executive/equity-social-justice/tools-resources.aspx



Hi Betsy and Sara,

Thank you for the opportunity to provide input as the Department considers its position on overdose prevention sites. Apart from the USAOs that you identified below, we reached out to a few offices (b)(5) that we know have been dealing with the issue. Below is a compilation of thoughts from EOUSA and those offices.

1. What research or other information best illustrates and/or explains whether overdose prevention sites are a positive public-health intervention with limited negative externalities?





Additional information for your awareness:



From: Henthorne, Betsy (OASG)(b)(6)

Sent: Wednesday, January 26, 2022 11:33 AM

To: Wong, Norman (USAEO) (b)(6)
Cc: Solow, Sara (ODAG) (b)(6)

Subject: Overdose Prevention Sites (EOUSA views)

From: "Lifshitz, Mariel (OJP)" (b)(6)

To: "Henthorne, Betsy (OASG)" (b)(6)

Cc: "Solow, Sara (ODAG)" (b)(6), "Solomon, Amy (OJP)"

(b)(6) , "Cohen, Brent (OJP)" (b)(6)

Subject: RE: Overdose Prevention Sites (OJP views)

Date: Fri, 4 Feb 2022 23:23:06 +0000

Importance: Normal

Attachments: OASG ODAG Request.OJP Views on Overdose Prevention Sites 2.4.22.docx

Hello Betsy,

Attached is OJP's input in response to your questions related to overdose prevention sites. Thank you for the opportunity to provide input and for the extended deadline.

We understand the importance of this issue for the Administration, the Department, and communities and are happy to do whatever we can to support an increased understanding and collection of information on the evidence of practices that can make a dent in the mortality and morbidity of this epidemic.

Please let us know if you have any questions.

Thank you, Mariel Lifshitz

From: Henthorne, Betsy (OASG)

Sent: Wednesday, January 26, 2022 11:30 AM

To: Solomon, Amy (OJP) (b)(6)

Cc: Solow, Sara (ODAG)(b)(6)

Subject: Overdose Prevention Sites (OJP views)

PREDECISIONAL/DELIBERATIVE

Dear Amy and Brent,

You may have heard that the Department is evaluating overdose prevention sites—sometimes called safe injection sites, supervised injection sites, or harm reduction centers—as part of an overall approach to harm reduction. To that end, we are interested in OJP's feedback on any or all of the questions below.

; Cohen, Brent (OJP) (b)(6)

We are grateful for your input and would appreciate receiving your responses by next Tuesday, February 1. These issues are still under review at the Department and are the subject of ongoing litigation, so please treat this information as confidential and do not share outside DOJ.

Let us know if you have any questions.

Thank you in advance, Sara Solow (ODAG) and Betsy Henthorne (OASG)

1. What research or other information best illustrates and/or explains whether overdose prevention sites are a positive public-health intervention with limited negative externalities?

- 2. Are there components of a state or local regulatory or oversight regime that could help assure public safety, health, or other goals are met in the operation of overdose prevention sites?
 - a. What level of oversight, and from where?



b. What are best practices or hallmarks of an appropriate oversight regime that would help meet public safety, health, or other goals?



From: "Shah, Aakash (OS/IOS)" (b)(6)

To: "Henthorne, Betsy (OASG)" (b)(6)

Subject: [EXTERNAL] RE: Overdose Prevention Sites (HHS views)

Date: Fri, 4 Feb 2022 22:03:45 +0000

Importance: Normal

Great, thanks, and you, too!

From: Henthorne, Betsy (OASG)(b)(6)

Sent: Friday, February 4, 2022 5:01 PM

To: Shah, Aakash (OS/IOS)(b)(6); Pryor, Rachel (HHS/OS/IOS)(b)(6)

Cc: Solow, Sara (ODAG) (b)(6)

Subject: RE: Overdose Prevention Sites (HHS views)

Wednesday is great—thanks again.

Hope everyone has a great weekend!!!

From: Shah, Aakash (OS/IOS) (b)(6)

Sent: Friday, February 4, 2022 5:00 PM

To: Henthorne, Betsy (OASG)(b)(6)

Cc: Solow, Sara (ODAG) (b)(6)

Subject: [EXTERNAL] RE: Overdose Prevention Sites (HHS views)

Thank you, Betsy.

Appreciate you touching base. Our team just received the compiled responses.

If we could get them to you by Wednesday (2/9), that would be ideal as it will allow us to review, consolidate, and share the views from our various OpDivs.

Do let me know if that works well.

And of course, thank you for organizing the sessions this past week. Our team found them quite insightful.

Best,

Aakash

From: Henthorne, Betsy (OASG)(b)(6)

Sent: Friday, February 4, 2022 4:49 PM

To: Pryor, Rachel (HHS/OS/IOS)(b)(6)

; Shah, Aakash (OS/IOS) (b)(6)

; Pryor, Rachel (HHS/OS/IOS)(b)(6)

Cc: Solow, Sara (ODAG) (b)(6)

Subject: RE: Overdose Prevention Sites (HHS views)

Rachel and Aakash—circling back on the questions below. We are in the process of compiling feedback from DOJ components and the meetings we had this week. Do you have a sense for when you might be able to send feedback/views from HHS? To be clear, sometime next week is fine, but it would be great to have a sense of timeline. Thank you again!

From: Pryor, Rachel (HHS/OS/IOS)(b)(6)

Sent: Thursday, January 27, 2022 2:17 PM

To: Henthorne, Betsy (OASG)(b)(6) ; Shah, Aakash (OS/IOS)(b)(6)

Cc: Solow, Sara (ODAG) (b)(6)

Subject: [EXTERNAL] RE: Overdose Prevention Sites (HHS views)

Hey Betsy-

We would love to join- those are great humans! How firm is the 2/1 deadline and do you have other context on the request? We have a lot of agencies with equities and I think it would be great for us to better understand how we can be most helpful.

Thanks- Rachel

From: Henthorne, Betsy (OASG) (b)(6)

Sent: Wednesday, January 26, 2022 3:21 PM

To: Pryor, Rachel (HHS/OS/IOS)(b)(6); Shah, Aakash (OS/IOS)(b)(6)

Cc: Solow, Sara (ODAG) (b)(6)

Subject: RE: Overdose Prevention Sites (HHS views)

In addition to the feedback request below, which we have also sent to DEA and other DOJ components with interest or expertise in this area, we are setting up calls with folks who have done research around overdose prevention sites and would like to invite you or others from HHS to join.

I am working on scheduling calls, hopefully next week, with:

- <u>Peter Davidson</u> (likely Wed or Thurs after 2pm ET)
- Keith Humphreys and Jonathan Caulkins
- Brandon Marshall

Can you let me know if you or others would like to join, and if so what blocks of time you are available next week? Give me a call if you have any questions, and thanks again for your help with all of this.

From: Henthorne, Betsy (OASG)

Sent: Wednesday, January 26, 2022 3:01 PM

To: Pryor, Rachel (HHS/OS/IOS)(b)(6); Shah, Aakash (OS/IOS)(b)(6)

Cc: Solow, Sara (ODAG) (b)(6)

Subject: Overdose Prevention Sites (HHS views)

PREDECISIONAL/DELIBERATIVE

Dear Rachel and Aakash,

As you know, the Department of Justice is evaluating overdose prevention sites—sometimes called safe injection sites, supervised injection sites, or harm reduction centers—as part of an overall approach to harm reduction. To that end, we are interested in HHS's feedback on any or all of the guestions below.

We are grateful for your input and would appreciate receiving your responses by next Tuesday, February 1. These issues are still under review at the Department and are the subject of ongoing litigation, so please treat this information as confidential and do not share outside HHS.

Let us know if you have any questions.

Thank you in advance,

- 1. What research or other information best illustrates and/or explains whether overdose prevention sites are a positive public-health intervention with limited negative externalities?
- 2. Are there components of a state or local regulatory or oversight regime that could help assure public safety, health, or other goals are met in the operation of overdose prevention sites?
 - a. What level of oversight, and from where?



b. What are best practices or hallmarks of an appropriate oversight regime that would help meet public safety, health, or other goals?



From: "Shah, Aakash (OS/IOS)" (b)(6)

To: "Pryor, Rachel (HHS/OS/IOS)" (b)(6)

"Henthorne, Betsy (OASG)"

<Betsy.Henthorne@usdoj.gov>

Cc: "Solow, Sara (ODAG)" (b)(6)

Subject: [EXTERNAL] RE: Overdose Prevention Sites (HHS views)

Date: Fri, 28 Jan 2022 19:26:28 +0000

Importance: Normal

Thanks for sharing and, with the exception of 2/3 at 1PM, I should be able to join.

Best,

Aakash

From: Pryor, Rachel (HHS/OS/IOS)(b)(6)

Sent: Friday, January 28, 2022 1:25 PM

To: Henthorne, Betsy (OASG)(b)(6)

; Shah, Aakash (OS/IOS)(b)(6)

Cc: Solow, Sara (ODAG) (b)(6)

Subject: RE: Overdose Prevention Sites (HHS views)

Good here! I can shift things around...

From: Henthorne, Betsy (OASG) (b)(6)

Sent: Friday, January 28, 2022 1:07 PM

To: Pryor, Rachel (HHS/OS/IOS) (b) (6)

; Shah, Aakash (OS/IOS)(b)(6)

Cc: Solow, Sara (ODAG)(b)(6)

Subject: RE: Overdose Prevention Sites (HHS views)

Proposed times for Marshall and Cerda:

2/2 at 2pm

2/3 at 1pm

2/7 at 12pm

Would be great to get these scheduled today if possible. Thank you!

From: Henthorne, Betsy (OASG)

Sent: Thursday, January 27, 2022 5:04 PM

To: Pryor, Rachel (HHS/OS/IOS) (b)(6) ; Shah, Aakash (OS/IOS) (b)(6)

Cc: Solow, Sara (ODAG) (b)(6)

Subject: RE: Overdose Prevention Sites (HHS views)

Fantastic! Some proposed times below—let me know what works on your end and I'll send invites. In talking with each of them, I've proposed they give an overview of their relevant research and anything else they want to highlight and we have some time for questions. My suggestion would be to schedule these for 45 minutes, but let me know if you think we'd need more time.

- Peter Davidson Wed 2/2 3-3:45pm or Thurs 2/3 3:15-4pm
- Keith Humphreys and Jonathan Caulkins Mon 1/31 between 3:30-4:45pm or Wed 2/2 between 9:30-10:30am
- Brandon Marshall and Magdelana Cerda TBD (Brandon to send availability)

The 2/1 deadline can be flexible—would end of next week work? We don't have a ton more context we can give at this stage. Do you two have time to touch base tomorrow morning for 5 min? I'm free at 9:30 or 11.

From: Pryor, Rachel (HHS/OS/IOS)(b)(6)

Sent: Thursday, January 27, 2022 2:17 PM

To: Henthorne, Betsy (OASG) (b)(6); Shah, Aakash (OS/IOS) (b)(6)

Cc: Solow, Sara (ODAG)(b)(6)

Subject: [EXTERNAL] RE: Overdose Prevention Sites (HHS views)

From: "Henthorne, Betsy (OASG)" (b)(6)

To: "Pryor, Rachel (HHS/OS/IOS)" (b)(6) , "Shah, Aakash (OS/IOS)"

(b)(6)

Cc: "Solow, Sara (ODAG)" (b)(6)

Subject: RE: Overdose Prevention Sites (HHS views)

Date: Fri, 28 Jan 2022 18:35:31 +0000

Importance: Normal

Thanks! To confirm, do the Davidson and Humphreys/Caulkins times work too?

From: Pryor, Rachel (HHS/OS/IOS) (b)(6)

Sent: Friday, January 28, 2022 1:25 PM

To: Henthorne, Betsy (OASG) (b)(6); Shah, Aakash (OS/IOS) (b)(6)

Cc: Solow, Sara (ODAG)(b)(6)

Subject: [EXTERNAL] RE: Overdose Prevention Sites (HHS views)

From: "Shah, Aakash (OS/IOS)" (b)(6)

To: "Henthorne, Betsy (OASG)" (b)(6)

, "Pryor, Rachel (HHS/OS/IOS)"

(b)(6)

Cc: "Solow, Sara (ODAG)" (b)(6)

Subject: [EXTERNAL] Re: Overdose Prevention Sites (HHS views)

Date: Wed, 26 Jan 2022 20:18:37 +0000

Importance: Normal

Thank you, Betsy. Will review with Rachel, coordinate, and circle back.

Betsy, are you available for a quick call (approximately five minutes)? I believe it will help me ensure HHS directs its efforts in ways that best support you.

I am free before 4PM, after 5PM, and during several points tomorrow. My number is +(b)(6)

Best,

—Aakash

Get Outlook for iOS

From: Henthorne, Betsy (OASG) (b)(6)

Sent: Wednesday, January 26, 2022 3:12 PM

To: Pryor, Rachel (HHS/OS/IOS); Shah, Aakash (OS/IOS)

Cc: Solow, Sara (ODAG)

Subject: Overdose Prevention Sites (HHS views)

From: "David, Gregory (USAPAE)" (b)(6)

To: "Henthorne, Betsy (OASG)" (b)(6)

Cc: "Solow, Sara (ODAG)" (b)(6)

Subject: RE: Overdose Prevention Sites (EDPA views)

Date: Tue, 1 Feb 2022 22:02:01 +0000

Importance: Normal

Attachments: SAFEHOUSE_response_to_DOJ_questionnaire_FINAL_for_circulation_(2.1.22).docx

Betsy and Sara – here's the EDPA response to your January 26 email.

Thank you,

Greg

Gregory B. David Assistant United States Attorney

Chief, Civil Division

U.S. Attorney's Office, Eastern District of Pa.

615 Chestnut Street, Suite 1250

Philadelphia, PA 19106

(b)(6)

From: Henthorne, Betsy (OASG)(b)(6)

Sent: Thursday, January 27, 2022 10:23 AM

To: David, Gregory (USAPAE) (b)(6)

Cc: Solow, Sara (ODAG)(b)(6)

Subject: RE: Overdose Prevention Sites (EDPA views)

Thanks Greg!

From: David, Gregory (USAPAE) (b)(6)

Sent: Wednesday, January 26, 2022 11:34 AM

To: Henthorne, Betsy (OASG)(b)(6)

Cc: Solow, Sara (ODAG) (b)(6)

Subject: RE: Overdose Prevention Sites (EDPA views)

Thanks for asking for our input, Betsy and Sara. I'll gather our thoughts and send them to you by Feb. 1.

Greg

Gregory B. David

Assistant United States Attorney

Chief, Civil Division

U.S. Attorney's Office, Eastern District of Pa.

615 Chestnut Street, Suite 1250

Philadelphia, PA 19106

(b)(6)

From: Henthorne, Betsy (OASG)(b)(6)

Sent: Wednesday, January 26, 2022 11:31 AM

To: David, Gregory (USAPAE) (b)(6)

Cc: Solow, Sara (ODAG)(b)(6)

Subject: Overdose Prevention Sites (EDPA views)

PREDECISIONAL/DELIBERATIVE

Dear Greg,

As you know, the Department is evaluating overdose prevention sites as part of an overall approach to harm reduction. To that end, we are interested in EDPA's feedback on any or all of the questions below.

We are grateful for your input and would appreciate receiving your responses by next Tuesday, February 1. These issues are still under review at the Department and (as you well know!) are the subject of ongoing litigation, so please treat this information as confidential and do not share outside DOJ.

Let us know if you have any questions.

Thank you in advance, Sara Solow (ODAG) and Betsy Henthorne (OASG)

- 1. What research or other information best illustrates and/or explains whether overdose prevention sites are a positive public-health intervention with limited negative externalities?
- 2. Are there components of a state or local regulatory or oversight regime that could help assure public safety, health, or other goals are met in the operation of overdose prevention sites?
 - a. What level of oversight, and from where?



b. What are best practices or hallmarks of an appropriate oversight regime that would help meet public safety, health, or other goals?



From: "Henthorne, Betsy (OASG)" (b)(6)

To: "Kerest, Nikolas (USAVT)" (b)(6)

Cc: "Solow, Sara (ODAG)" (b)(6)

Subject: RE: Overdose Prevention Sites (DVT views)

Date: Tue, 01 Feb 2022 21:41:08 -0000

Importance: Normal

Thanks very much, Kolo. Appreciate your taking the time. And yes, we are engaging with HHS as well!

From: Kerest, Nikolas (USAVT) (b)(6)

Sent: Tuesday, February 1, 2022 3:57 PM

To: Henthorne, Betsy (OASG) (b)(6)
Cc: Solow, Sara (ODAG) (b)(6)

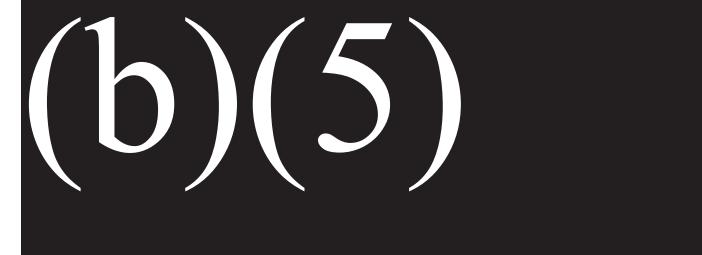
Subject: RE: Overdose Prevention Sites (DVT views)

PREDECISIONAL/DELIBERATIVE

Betsy and Sara,

Thank you for the chance to offer comments on these difficult and important questions. (b)(5)

1. What research or other information best illustrates and/or explains whether overdose prevention sites are a positive public-health intervention with limited negative externalities?



2. Are there components of a state or local regulatory or oversight regime that could help assure public safety, health, or other goals are met in the operation of overdose prevention sites?





Kolo

Nikolas P. Kerest United States Attorney District of Vermont (b)(6)

From: Henthorne, Betsy (OASG) (b)(6)

Sent: Wednesday, January 26, 2022 11:32 AM

To: Kerest, Nikolas (USAVT) (b)(6)
Cc: Solow, Sara (ODAG) (b)(6)

Subject: Overdose Prevention Sites (DVT views)

PREDECISIONAL/DELIBERATIVE

Dear Kolo,

As you know, the Department is evaluating overdose prevention sites, sometimes called safe injection sites, supervised injection sites, or harm reduction centers, as part of an overall approach to harm reduction. To that end, we are interested in DVT's feedback on any or all of the questions below.

We are grateful for your input and would appreciate receiving your responses by next Tuesday, February 1. These issues are still under review at the Department and (as you know) are the subject of ongoing litigation, so please treat this information as confidential and do not share outside DOJ.

Let us know if you have any questions.

Thank you in advance, Sara Solow (ODAG) and Betsy Henthorne (OASG)

- 1. What research or other information best illustrates and/or explains whether overdose prevention sites are a positive public-health intervention with limited negative externalities?
- 2. Are there components of a state or local regulatory or oversight regime that could help assure public safety, health, or other goals are met in the operation of overdose prevention sites?



b. What are best practices or hallmarks of an appropriate oversight regime that would help meet public safety, health, or other goals?



From: "Henthorne, Betsy (OASG)" (b)(6)

To: "Solow, Sara (ODAG)" (b)(6)

Subject: RE: Overdose Prevention Sites (DRI views) (ATTORNEY CLIENT/WORK PRODUCT AND

DELIBERATIVE PROCESS PRIVILEGED)

Date: Tue, 01 Feb 2022 18:37:30 -0000

Importance: Normal

I thought this was interesting too!

From: Solow, Sara (ODAG)(b)(6)

Sent: Tuesday, February 1, 2022 12:17 PM **To:** Henthorne, Betsy (OASG)(b)(6)

Subject: FW: Overdose Prevention Sites (DRI views) (ATTORNEY CLIENT/WORK PRODUCT AND DELIBERATIVE PROCESS

PRIVILEGED)

This is an interesting approach. (b)(5)

Sara A. Solow Senior Counsel Office of the Deputy Attorney General U.S. Department of Justice

Cell: (b)(6) Other: (b)(6)

From: Cunha, Zachary (USARI) (b)(6)

Sent: Tuesday, February 1, 2022 11:38 AM

To: Henthorne, Betsy (OASG) (b)(6) ; Solow, Sara (ODAG)(b)(6)

Cc: Bloom, Sara (USARI) (b)(6)

Subject: RE: Overdose Prevention Sites (DRI views) (ATTORNEY CLIENT/WORK PRODUCT AND DELIBERATIVE PROCESS

PRIVILEGED)

Dear Betsy and Sara,

First off, thank you again for your efforts in corralling various stakeholders on this critical issue, and for soliciting input from those of us facing it on the front lines. Below are D.R.I.'s responses to your questions; (b)(5)





I'm happy to get on a call and discuss our thinking behind this, as well as thoughts on messaging.

Best, Zach

From: Henthorne, Betsy (OASG)(b)(6)

Sent: Wednesday, January 26, 2022 11:32 AM

To: Cunha, Zachary (USARI) (b)(6)

Bloom, Sara (USARI) (b)(6)

Cc: Solow, Sara (ODAG) (b)(6)

Subject: Overdose Prevention Sites (DRI views)

PREDECISIONAL/DELIBERATIVE

Dear Zach and Sara,

As you know, the Department is evaluating overdose prevention sites—sometimes called safe injection sites, supervised injection sites, or harm reduction centers—as part of an overall approach to harm reduction. To that end, we are interested in DRI's feedback on any or all of the questions below.

We are grateful for your input and would appreciate receiving your responses by next Tuesday, February 1. These issues are still under review at the Department and (as you know) are the subject of ongoing litigation, so please treat this information as confidential and do not share outside DOJ.

Let us know if you have any questions.

Thank you in advance, Sara Solow (ODAG) and Betsy Henthorne (OASG)

1. What research or other information best illustrates and/or explains whether overdose prevention sites are a positive public-health intervention with limited negative externalities?

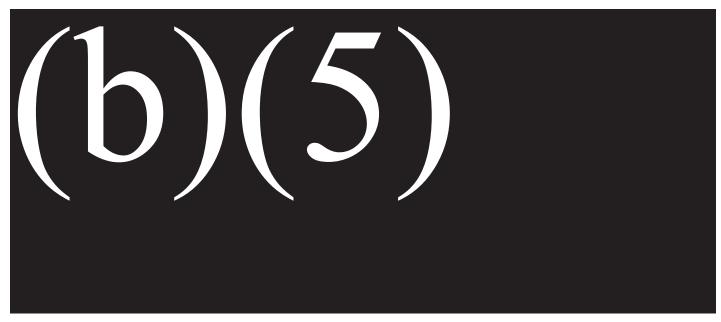
See attached memoranda

2. Are there components of a state or local regulatory or oversight regime that could help assure public safety, health, or other goals are met in the operation of overdose prevention sites?





a. What level of oversight, and from where?



b. What are best practices or hallmarks of an appropriate oversight regime that would help meet public safety, health, or other goals?



See attached memorandum.

From: Cunha, Zachary (USARI)

Sent: Wednesday, January 26, 2022 11:34 AM

To: Henthorne, Betsy (OASG)(b)(6)

; Bloom, Sara (USARI) (b)(6)

Cc: Solow, Sara (ODAG)(b)(6)

Subject: RE: Overdose Prevention Sites (DRI views)

Thank you Betsy- we appreciate the chance to weigh in, and will be back to you with some thoughts on this by next week.

Best,

Zach

From: Henthorne, Betsy (OASG)(b)(6)

Sent: Wednesday, January 26, 2022 11:32 AM

To: Cunha, Zachary (USARI) (b)(6); Bloom, Sara (USARI) (b)(6)

Cc: Solow, Sara (ODAG)(b)(6)

Subject: Overdose Prevention Sites (DRI views)

PREDECISIONAL/DELIBERATIVE

Dear Zach and Sara,

As you know, the Department is evaluating overdose prevention sites—sometimes called safe injection sites, supervised injection sites, or harm reduction centers—as part of an overall approach to harm reduction. To that end, we are interested in DRI's feedback on any or all of the guestions below.

We are grateful for your input and would appreciate receiving your responses by next Tuesday, February 1. These issues are still under review at the Department and (as you know) are the subject of ongoing litigation, so please treat this information as confidential and do not share outside DOJ.

Let us know if you have any questions.

Thank you in advance, Sara Solow (ODAG) and Betsy Henthorne (OASG)

- 1. What research or other information best illustrates and/or explains whether overdose prevention sites are a positive public-health intervention with limited negative externalities?
- 2. Are there components of a state or local regulatory or oversight regime that could help assure public safety, health, or other goals are met in the operation of overdose prevention sites?
 - a. What level of oversight, and from where?



b. What are best practices or hallmarks of an appropriate oversight regime that would help meet public safety, health, or other goals?



From: "Henthorne, Betsy (OASG)" (b)(6)

To: "Colangelo, Matthew (OASG)" (b)(6)

Subject: SCS

Date: Fri, 25 Feb 2022 21:58:08 +0000

Importance: Normal

Attachments: 2022.02.25 SCS Memo Outline.docx;

(b)(5)

Attached at long last is the SCS memo outline. (b)(6) (our intern) has been working on drafting (so I am no longer a complete bottleneck in this process) and between the two of us we will have a full draft next week. Would appreciate any reactions, questions, comments, or concerns on the outline, or totally fine if you want to reserve judgment for the actual draft.

I've also attached (b)(5)

Do you have any concerns about sending them along (b)(5)

?

Thanks!

Betsy Henthorne | Counsel

Office of the Associate Attorney General

office: (b)(6) mobile: (b)(6)

From: (b)(6), (b)(7)(C), (b)(7)(F) per DEA @dea.gov>

To: "Henthorne, Betsy (OASG) (JMD)" (b)(6)

Cc: (b)(6), (b)(7)(C), (b)(7)(F) per DEA@dea.gov>, "Solow, Sara (ODAG) (JMD)" (b)(6)

Subject: Re: Overdose Prevention Sites (DEA views)

Date: Sun, 30 Jan 2022 19:55:20 +0000

Importance: Normal

Betsy:

Thank you again for reaching out to DEA on this topic. We've previously provided write ups on DEA's regulatory authority as it relates to overdose prevention sites, but don't have anything further to add at this time.

Please feel free to give me a call if you have any questions.

Thanks!

(b)(6), (b)(7)(C) per DEA

On Jan 27, 2022, at 10:23 AM, Henthorne, Betsy (OASG) (JMD) (b)(6) wrote:

Thanks (b)(6), (b)(7)(c)!

From: (b)(6), (b)(7)(C), (b)(7)(F) per DEA@dea.gov>

Sent: Wednesday, January 26, 2022 12:52 PM

To: Henthorne, Betsy (OASG) (b)(6)

(b)(6), (b)(7)(C), (b)(7)(F) per DEA@dea.gov>

Cc: Solow, Sara (ODAG) (b)(6)

Subject: RE: Overdose Prevention Sites (DEA views)

Thank you for the email, Betsy. We will review this internally and get back to you shortly.

(b)(6), (b)(7)(C),

From: Henthorne, Betsy (OASG) (JMD)

Sent: Wednesday, January 26, 2022 11:33 AM

To: (b)(6), (b)(7)(C), (b)(7)(F) per DEA <u>@dea.gov</u>>; (b)(6), (b)(7)(C), (b)(7)(F) per DEA <u>@dea.gov</u>>

Cc: Solow, Sara (ODAG) (JMD) (b)(6)

Subject: Overdose Prevention Sites (DEA views)

PREDECISIONAL/DELIBERATIVE

Dear (b)(6), (b)(7)(C), (b)(7)(F) per DEA

As you know, DOJ is evaluating overdose prevention sites, sometimes called safe injection sites, supervised injection sites, or harm reduction centers, as part of an overall approach to harm reduction. To that end, we are interested in DEA's feedback on any or all of the questions below.

We are grateful for your input and would appreciate receiving your responses by next Tuesday, February 1. These issues are still under review at the Department and (as you know) are the subject of ongoing litigation, so please treat this information as confidential and do not share outside DEA.

Let us know if you have any questions.

Thank you in advance, Sara Solow (ODAG) and Betsy Henthorne (OASG)

- 1. What research or other information best illustrates and/or explains whether overdose prevention sites are a positive public-health intervention with limited negative externalities?
- 2. Are there components of a state or local regulatory or oversight regime that could help assure public safety, health, or other goals are met in the operation of overdose prevention sites?
 - a. What level of oversight, and from where?



b. What are best practices or hallmarks of an appropriate oversight regime that would help meet public safety, health, or other goals?



From: "Shah, Aakash (OS/IOS)" (b)(6)

To: "Henthorne, Betsy (OASG)" (b)(6) , "Solow, Sara (ODAG)"

(b)(6)

Cc: "Pryor, Rachel (HHS/OS/IOS)" (b)(6)

Subject: [EXTERNAL] RE: HHS Views **Date:** Fri, 11 Mar 2022 16:54:35 +0000

Importance: Normal

Attachments: 2022.02.08_Predecisional_and_Deliberative_HHS_Responses_to_DOJ_Inquiries.docx

Hi Betsy,

Thank you again for catching this. I have attached HHS responses to the aforementioned inquiries.

Please note that the responses are predecisional and deliberative. This version is near identical to the prior when with a few minor exceptions. The one major point of difference is (b)(5)

Please do not hesitate to reach out with any questions or concerns.

Best,

Aakash

From: Henthorne, Betsy (OASG) (b)(6)

Sent: Thursday, March 10, 2022 5:06 PM

To: Shah, Aakash (OS/IOS)(b)(6) Solow, Sara (ODAG)(b)(6)

Cc: Pryor, Rachel (HHS/OS/IOS)(b)(6)

Subject: RE: HHS Views

Thanks!

From: Shah, Aakash (OS/IOS) (b) (6)

Sent: Thursday, March 10, 2022 3:55 PM

To: Henthorne, Betsy (OASG) (b)(6) Solow, Sara (ODAG) (b)(6)

Cc: Pryor, Rachel (HHS/OS/IOS)(b)(6)

Subject: [EXTERNAL] Re: HHS Views

Hi Betsy,

Thank you for flagging and, yes, happy to send over the final version. I thought that I had but will definitely dig through the inbox and, in either case, be sure to resend.

Best,

Aakash

Get Outlook for iOS

From: Henthorne, Betsy (OASG)(b)(6)

Sent: Thursday, March 10, 2022 2:31:39 PM

To: Shah, Aakash (OS/IOS) (b)(6) Solow, Sara (ODAG) (b)(6)

Cc: Pryor, Rachel (HHS/OS/ \overline{IOS})(b)(6)

Subject: RE: HHS Views

Aakash and Rachel – just realizing the HHS memo we have was technically not a final version. Do you have an update you'd like to send or should we treat the last version as final? Many thanks.

From: Shah, Aakash (OS/IOS)(b)(6)

Sent: Wednesday, February 9, 2022 3:07 PM

To: Henthorne, Betsy (OASG)(b)(6)

; Solow, Sara (ODAG) (b)(6)

Cc: Pryor, Rachel (HHS/OS/IOS)(b)(6)

Subject: [EXTERNAL] HHS Views

Hi Betsy and Sara,

Thank you for requesting HHS views related to OPCs.

The team has requested an additional day review. That said, I am sharing a working draft here as I do not anticipate extensive changes. Please note that the responses are predecisional and deliberative, largely highlighting evidence and contextual factors for consideration.

I will be sure to share the final version later this week.

Best,

Aakash

Aakash Shah, MD, MBA, MSc White House Fellow Immediate Office of the Secretary US Department of Health and Human Services

Email: (b)(6)Mobile: (b)(6) From: "Henthorne, Betsy (OASG)" (b)(6)

To: "McGarey, Barbara (HHS/OGC)" (b)(6)

Cc: "Rucker, Ian (HHS/OGC)" (b)(6)

(b)(6)

"Pierce-Wrobel, Clare (HHS/IOS)" (b)(6)

Subject: RE: Coordination with DOJ on NIH's Harm Reduction Awards

Date: Tue, 22 Nov 2022 04:21:55 -0000

Importance: Normal

Thanks Barb! And sorry for the delay getting you connected with Brian; completely my fault.

Betsy Henthorne | Chief of Staff

Office of the Associate Attorney General

office: (b)(6) mobile: (b)(6)

From: McGarey, Barbara (HHS/OGC) (b)(6) Sent: Thursday, November 17, 2022 7:39 PM

To: Henthorne, Betsy (OASG)(b)(6)

Cc: Rucker, lan (HHS/OGC) (b)(6); Iverson, Dena (PAO) (b)(6); Pierce-Wrobel,

Clare (HHS/IOS) (b)(6)

Subject: [EXTERNAL] RE: Coordination with DOJ on NIH's Harm Reduction Awards

Hi Betsy,

Brian Netter followed up with us so we will be working with him, and thanks so much for making that connection. NIDA has alerted the Wisconsin grantee to 21 USC 863, and has put a hold on funds being spent on mailing costs for harm reduction modalities until we can determine the right path forward.

Meanwhile, the plan is (b)(5)

Please let us know if you have questions or concerns.

Best wishes,

Barb

Barbara M. McGarey
Deputy General Counsel
HHS Office of the General Counsel
She/her/hers

(b)(6)

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From: McGarey, Barbara (HHS/OGC)

Sent: Wednesday, November 16, 2022 1:46 PM

To: Henthorne, Betsy (OASG)(b)(6)

Cc: Rucker, Ian (HHS/OGC)(b)(6); Iverson, Dena (PAO)(b)(6); Pierce-Wrobel,

Clare (HHS/IOS)(b)(6)

Subject: RE: Coordination with DOJ on NIH's Harm Reduction Awards

Hi Betsy, just following up on this issue – I think we left our meeting that you would gather up the appropriate DOJ pocs for advice to NIDA on (b)(5)

and then we would try to organize a

touch base with the DOJ pocs and relevant folks on our end to discuss.

Let me know fi there is anything you need from us or if we can help.

Thanks,

Barb

Barbara M. McGarey Deputy General Counsel HHS Office of the General Counsel She/her/hers

(b)(6)

(cell)

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From: McGarey, Barbara (HHS/OGC) (b)(6)

Sent: Thursday, October 27, 2022 1:04 PM

To: Henthorne, Betsy (OASG)(b)(6)

Cc: Rucker, Ian (HHS/OGC) (b)(6) ; Iverson, Dena (PAO) (b)(6)

Subject: [EXTERNAL] RE: Coordination with DOJ on NIH's Harm Reduction Awards

Hi Betsy,

(b)(5)

Could I call you today or tomorrow to touch base?

Today I can do now until 1:30, 2-2:30, and 3 pm or after.

Tomorrow I can do anytime before noon, and then 3 pm or after.

My cell is below or let me know the best number to reach you on. Many thanks,

Barb

Barbara M. McGarey
Deputy General Counsel
HHS Office of the General Counsel
She/her/hers

(b)(6)

(b)(6) (cell)

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From: Henthorne, Betsy (OASG) (b) (6)

Sent: Tuesday, October 18, 2022 9:07 PM

To: McGarey, Barbara (HHS/OGC) (b) (6)

Cc: Pierce-Wrobel, Clare (HHS/IOS) (b) (6)

(b) (6)

(b) (6)

; Rucker, Ian (HHS/OGC) (b) (6)

; Iverson, Dena (PAO) (b) (6)

Subject: RE: Coordination with DOJ on NIH's Harm Reduction Awards

Thanks Barb, and sorry for the delay.

We propose adding to the Q&A document the following:



Betsy Henthorne | Chief of Staff

Office of the Associate Attorney General

office: (b)(6) mobile: (b)(6)

From: McGarey, Barbara (HHS/OGC) (b) (6)

Sent: Tuesday, October 18, 2022 8:43 AM

To: Henthorne, Betsy (OASG) (b) (6)

Cc: Pierce-Wrobel, Clare (HHS/IOS) (b) (6)

; Rucker, Ian (HHS/OGC) (b) (6)

; Iverson, Dena (PAO)

(b)(6)

Subject: [EXTERNAL] RE: Coordination with DOJ on NIH's Harm Reduction Awards

Good morning Betsy and Dena,

We are finalizing the materials in preparation for roll-out; just checking in to see if you have any other questions or comments.

Many thanks,

Barb

Barbara M. McGarey
Deputy General Counsel
HHS Office of the General Counsel
She/her/hers

(b)(6)

(cell)

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From: Henthorne, Betsy (OASG) (b)(6)

Sent: Sunday, October 16, 2022 9:02 PM

To: McGarey, Barbara (HHS/OGC) (b)(6)

Cc: Pierce-Wrobel, Clare (HHS/IOS) (b)(6)

(b)(6)

; Rucker, Ian (HHS/OGC) (b)(6)

; Iverson, Dena (PAO)

(b)(6)

Subject: RE: Coordination with DOJ on NIH's Harm Reduction Awards

Thanks Barb—very helpful and thanks for the meeting last week.

Betsy Henthorne | Chief of Staff

Office of the Associate Attorney General

office: (b)(6) mobile: (b)(6)

From: McGarey, Barbara (HHS/OGC) (b)(6)
Sent: Thursday, October 13, 2022 12:16 PM

To: Henthorne, Betsy (OASG) (b)(6)

Cc: Pierce-Wrobel, Clare (HHS/IOS)(b)(6); Pryor, Rachel (HHS/OS/IOS)

(b)(6) Rucker, Ian (HHS/OGC)(b)(6)

Subject: [EXTERNAL] FW: Coordination with DOJ on NIH's Harm Reduction Awards

Hi Betsy,

Attached are the draft roll-out documents, close hold. I understand NIH is aiming for (b)(5). I hope the meeting with NIDA was productive, and let me know if you have any other questions.

Best wishes,

Barb

Barbara M. McGarey
Deputy General Counsel
HHS Office of the General Counsel
She/her/hers

(b)(6) (b)(6) (cell)

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From: "Baer, Michael H. (CIV)" (b)(6)

To: "Henthorne, Betsy (OASG)" (b)(6) , "Boynton, Brian M. (CIV)"

(b)(6)

Subject: RE: [EXTERNAL] RE: Coordination with DOJ on NIH's Harm Reduction Awards

Date: Wed, 16 Nov 2022 19:43:36 +0000

Importance: Normal

Hi Betsy,

We'll have someone from CIV (probably Netter) reach out to Barb.

Best,

Michael

From: Henthorne, Betsy (OASG)(b)(6)

Sent: Wednesday, November 16, 2022 1:55 PM

To: Boynton, Brian M. (CIV)(b)(6)

Baer, Michael H. (CIV)(b)(6)

Subject: Fwd: [EXTERNAL] RE: Coordination with DOJ on NIH's Harm Reduction Awards

Brian and Michael—see below. I was supposed to pass this along to you earlier for (b)(5)

completely lost track; apologies. (b)(5)

Begin forwarded message:

From: "McGarey, Barbara (HHS/OGC)" (b)(6)

Date: November 16, 2022 at 1:46:08 PM EST

To: "Henthorne, Betsy (OASG)" (b)(6)

Cc: "Rucker, lan (HHS/OGC)" (b)(6) , "Iverson, Dena (PAO)" (b)(6) , "Pierce-

Wrobel, Clare (HHS/IOS)"(b)(6)

Subject: [EXTERNAL] RE: Coordination with DOJ on NIH's Harm Reduction Awards

Duplicative Material

From: "Henthorne, Betsy (OASG)" (b)(6)

To: "Iverson, Dena (PAO)" (b)(6)

Subject: FW: Coordination with DOJ on NIH's Harm Reduction Awards

Date: Tue, 18 Oct 2022 16:25:39 -0000

Importance: Normal

Attachments: NIDA HR Awards blog post for clearance 101222.docx;

NIDA_HR_Awards_press_release_for_clearance_101222.docx;

NIDA HR Awards QA for clearance 101222.docx;

NIDA HR Awards rollout plan for clearance 101222.docx

(b)(5)

Betsy Henthorne | Chief of Staff

Office of the Associate Attorney General

office: (b)(6) mobile: (b)(6)

From: McGarey, Barbara (HHS/OGC)(b)(6)

Sent: Thursday, October 13, 2022 12:16 PM

To: Henthorne, Betsy (OASG)(b)(6)

Cc: Pierce-Wrobel, Clare (HHS/IOS)(b)(6); Pryor, Rachel (HHS/OS/IOS)

(b)(6); Rucker, Ian (HHS/OGC)(b)(6)

Subject: [EXTERNAL] FW: Coordination with DOJ on NIH's Harm Reduction Awards

Duplicative Material

From: "McCabe, Shannon C. (ODAG)" (b) (6)

To: "Brundage, Stephen (PAO)" (b) (6)

Subject: RE: LE Task Force Meeting on the 17th

Date: Tue, 8 Nov 2022 15:02:46 +0000

Importance: Normal

Attachments: 1.3 Topline Violent Crime TPs.docx; 1.4 Additional Potential QandA.docx;

2.1_LE_Roundtable_Gun_Violence_TPs.pdf; 2.2_LE_Roundtable_-

_Issues_likely_to_be_raised_-_sas_edits.docx; 4.1_USAO_Priority_TPs_(EDPa).docx;

5.1 Community Roundtable Gun Violence TPs.pdf; Colorado QandA.docx;

Colorado Qs for LE Heads.docx; DAG Talking Points for USAO-

CO All Hands Meeting.docx

Certainly! Here you go.

From: Brundage, Stephen (PAO) (b) (6)

Sent: Tuesday, November 8, 2022 8:59 AM
To: McCabe, Shannon C. (ODAG) (b) (6)

Subject: LE Task Force Meeting on the 17th

Good morning, Shannon,

I'm putting together some talking points for the DAG's LE Task Force meeting at the DC USAO on the 17th.

Tina suggested reaching out to you for any prior sets of TPs for the DAG when she's done similar LE roundtable events at USAOs. She mentioned trips to PA and NY as possible good sources of these TPs.

Happy to take whatever you have available.

Thanks, Stephen From: "Henthorne, Betsy (OASG)" (b) (6)

To: "Cunha, Zachary (USARI)" (b) (6)

Subject: RE: RI Safe Injection Sites- NYTimes article

Date: Thu, 13 Oct 2022 04:01:49 -0000

Importance: Normal

Thanks for sending!

Betsy Henthorne | Chief of Staff

Office of the Associate Attorney General

office:(b) (6) mobile:(b) (6)

From: Cunha, Zachary (USARI) (b) (6)

Sent: Wednesday, October 12, 2022 8:33 AM

To: Henthorne, Betsy (OASG) (b) (6) ; Solow, Sara (ODAG) (b) (6)

Subject: RI Safe Injection Sites- NYTimes article

Assume you saw this- but passing along just in case.

 $\frac{https://www.nytimes.com/2022/10/12/us/politics/rhode-island-overdoses.html?smid=nytcore-ios-share \& referring Source=article Share$

PORTFOLIO AREA UPDATES

FROM: W. Anders Folk

SUBJECT: Updates on DEA and Drug Policy

DATE: February 4, 2022

Non-responsive Records

Priority Initiative: Safe Injection Sites – DOJ Policy	
ODAG POC(s): Sara Solow	Component(s): OASG (and others)
Target Completion Date: March 1, 2022	Status: On track
Next Step: Engagement meetings with	Next Step Deadline: Late-February,
DOJ components, HHS, external experts	OASG to draft proposed criteria for policy

Notes: OASG has taken the lead, working in close coordination with Sara (at ODAG), at spearheading a series of engagement meetings on safe injection sites. The goal is to incorporate the best knowledge and input from across DOJ, health community, researchers, etc., on these sites. OASG to propose a template of criteria for potential non-enforcement (i.e., local regulatory regime, licensing, inspections, public safety plan). Goal is for ODAG and then leadership sign off of the policy by early March. Meanwhile, we've had discussions with parties in Philadelphia, Rhode Island, and NYC/NY, to lay the groundwork towards achieving these objectives.

From: "Henthorne, Betsy (OASG)" (b) (6)

To: "West Rasmus, Emma (OASG)" (b) (6)

Subject: Fwd: for DAG mtg

Date: Wed, 19 Jan 2022 18:07:37 -0000

Importance: Normal

Attachments: 2022.01.17 OPS Engagement and Timeline.docx; 2022.01.11 OPS notes.docx

Oops meant to cc you. She asked for TPs so I just sent her this.

Sent from my iPhone

Begin forwarded message:

From: "Henthorne, Betsy (OASG)" (b) (6)

Date: January 19, 2022 at 1:07:06 PM EST

To: "Gupta, Vanita (OASG)" (b) (6)

Subject: Fwd: for DAG mtg

TPs here (along with most recent version of memo). Emma has them too.

Sent from my iPhone

Begin forwarded message:

From: "Henthorne, Betsy (OASG)" (b) (6)

Date: January 19, 2022 at 10:42:00 AM EST

To: "West Rasmus, Emma (OASG)" (b) (6) , "Sooknanan, Sparkle (OASG)"

(b) (6)

Subject: for DAG mtg

Putting these two docs in one email for you.

Betsy Henthorne | Counsel

Office of the Associate Attorney General

office: (b) (6) mobile: (b) (6)

From: "West Rasmus, Emma (OASG)" (b) (6)

To: "Gupta, Vanita (OASG)" (b) (6)

Cc: "Sooknanan, Sparkle (OASG)" (b) (6) , "Colangelo, Matthew (OASG)" (b) (6)

Subject: MATERIALS: DAG/ASG meeting @ 2 p.m.

Date: Wed, 19 Jan 2022 17:19:27 +0000

Importance: Normal

Attachments: 2022.01.17 OPS Engagement and Timeline.docx; 2022.01.11 OPS notes.docx; 4 -

EOIR FOIA TPs.docx

Vanita,

Here are the agenda and related materials for your DAG meeting.

Agenda

- 1. Safe Injection Sites (2 documents attached)
- 2. CJR EO
- 3. EOIR FOIA Backlog (1 document attached)
- 4. Personnel

Emma West Rasmus

Office of the Associate Attorney General

(b) (6)

Mobile: (b) (6) Desk: (b) (6)

Pronouns: she/her/hers

To: "Gupta, Vanita (OASG)" (b) (6) Cc: "Colangelo, Matthew (OASG)" (b) (6) "West Rasmus, Emma (OASG)" (b) (6) "Sooknanan, Sparkle (OASG)" (b) (6) Subject: RE: Safe Injection/Overdose Prevention Sites Update Date: Mon, 17 Jan 2022 21:49:10 -0000 **Importance:** Normal Attachments: 2022.01.17 OPS Engagement and Timeline.docx Updated memo attached. Sara is good with this plan. Sparkle, let me know if you have any questions or need background before connecting with Anita. Thanks! From: Gupta, Vanita (OASG) (b) (6) Sent: Monday, January 17, 2022 2:39 PM To: Henthorne, Betsy (OASG) (b) (6) Cc: Colangelo, Matthew (OASG) (b) (6) ; West Rasmus, Emma (OASG) (b) (6) Sooknanan, Sparkle (OASG)(b) (6) Subject: RE: Safe Injection/Overdose Prevention Sites Update Betsy – this memo is good. (b) (5) (b) (5) From: Henthorne, Betsy (OASG) (b) (6) Sent: Tuesday, January 11, 2022 5:10 PM To: Gupta, Vanita (OASG)(b) (6) Cc: Colangelo, Matthew (OASG) (b) (6) West Rasmus, Emma (OASG) Sooknanan, Sparkle (OASG)(b) (6) Subject: Safe Injection/Overdose Prevention Sites Update Vanita, Attached is an updated draft engagement plan, which incorporates feedback from Sara Solow in ODAG as well as some additional updates. Happy to discuss or answer any questions. If you agree with the proposal, we'd like to get outreach started right away, with an eye towards (5) (5)

At Matthew's suggestion, I'm also attaching some notes in case you would like to brief the DAG on this during your

meeting tomorrow.

Thanks, Betsy From: "Henthorne, Betsy (OASG)" (b) (6)

Florida23cv145 - 02240

Betsy Henthorne | Counsel

Office of the Associate Attorney General office: (b) (6) mobile: (b) (6)

From: "rthiemann@jmd.usdoj.gov" (b) (6)

To: "Solow, Sara (ODAG)" (b) (6)

Cc: "Nam, Julius (OLP)" (b) (6) , "Marsh, Kirtland (OLP)" (b) (6)

Subject: Re: WaPo article on safe injection sites Date: Mon, 17 Jan 2022 14:02:12 -0500

Importance: Normal

(b) (5)

On Jan 17, 2022, at 1:47 PM, Solow, Sara (ODAG) (b) (6) wrote:

Thank you! Yep, saw that. Pretty sympathetic article to these sites. Interested in OLP's thoughts.

Sara A. Solow
Senior Counsel
Office of the Deputy Attorney General
U.S. Department of Justice

Cell: (b) (6) Other: (b) (6)

From: Thiemann, Robyn (OLP) (b) (6)

Sent: Monday, January 17, 2022 1:46 PM

To: Solow, Sara (ODAG) (b) (6)

Cc: Nam, Julius (OLP) (b) (6) Marsh, Kirtland (OLP) (b) (6)

Subject: Re: WaPo article on safe injection sites

This time with the right email for Kirt.

On Jan 17, 2022, at 1:44 PM, Thiemann, Robyn (OLP) (b) (6) wrote:

FYSA

https://www.washingtonpost.com/health/2022/01/16/inside-first-supervised-overdose/?
utm_campaign=wp_post_most&utm_medium=email&utm_source=newsletter&wpisrc=nl_most&carta-url=https%3A%2F%2Fs2.washingtonpost.com%2Fcar-ln-

<u>tr%2F35c86f9%2F61e59c9c9d2fda14d7f75943%2F596fe2679bbc0f57fef70d89%2F9%2F72%2F61e59c9c9d2fda14d7f75943</u>

From: "Solow, Sara (ODAG)" (b) (6)

To: "Henthorne, Betsy (OASG)" (b) (6)

Subject: RE: safe injections - check in

Date: Tue, 11 Jan 2022 13:42:25 +0000

Importance: Normal

Attachments: 2022.01.10_OPS_Engagement_and_Timeline_(updated)_-sas_edits.docx

Betsy,

Thanks so much! Excellent stuff. A few suggestions in here; (b) (5)

Only question on (b)(5)

Sara

Sara A. Solow Senior Counsel Office of the Deputy Attorney General U.S. Department of Justice

Cell: (b) (6) Other: (b) (6)

From: Henthorne, Betsy (OASG)(b) (6)

Sent: Monday, January 10, 2022 5:26 PM

To: Solow, Sara (ODAG) (b) (6)

Subject: RE: safe injections - check in

Here's the engagement plan. (The first two pages also serve as an update/background memo for ASG.) Matthew has reviewed and approved. Wanted to get any feedback from you before I pass along to the ASG. Assuming you're on board with this, Matthew suggested he and the ASG can flag the general approach for the DAG either at the AM meeting or at their weekly on Wed and then we can move forward.

I review your memo for the DAG tonight and send back any comments!

From: Solow, Sara (ODAG) (b) (6)

Sent: Thursday, January 6, 2022 11:17 PM

To: Henthorne, Betsy (OASG) (b) (6)
Subject: Re: safe injections - check in

The engagement plan sounds excellent

Sent from my iPhone

On Jan 6, 2022, at 10:16 PM, Henthorne, Betsy (OASG) (b) (6)

Hey Sara! Happy to connect on this tomorrow afternoon (I'm free 4-5) or sometime early next week. I'll look at the memo as well and send back any suggestions. When do you need to finalize?

I've been working on an engagement plan to help guide our immediate next steps—basically an attempt to organize the various threads we've been working on and chart a path forward. Matthew and I are going to touch base tomorrow and then I'll send it your way.

(b) (5)

will check

with him and let you know what he says.

From: Solow, Sara (ODAG) (b) (6)

Sent: Thursday, January 6, 2022 1:34 PM
To: Henthorne, Betsy (OASG) (b) (6)

Subject: safe injections - check in

Dear Betsy,

I wanted to check in on safe injections – to refresh our collective minds about where we stand with things, and brainstorm next steps.

Relatedly, I actually have to give the DAG a brief written update on where things stand w/safe injections. She is meeting with the Director of ONDCP next Friday, and this issue is on the agenda. I have taken our last memo (from 12-8) and attempted to update it.

Can you please look at the attached and check out my edits? Can you please offer any corrections or additional edits (and pls see the few comments addressed to you), in the next day or two? And then separate from the document, I'd love to make a game plan together about what comes next. In one of my comments to you, (b) (5)

Thank you so much!

Sara

Sara A. Solow
Senior Counsel
Office of the Deputy Attorney General
U.S. Department of Justice

Cell: (b) (6)
Other: (b) (6)

From: "Henthorne, Betsy (OASG)" (b) (6)

To: "Solow, Sara (ODAG)" (b) (6)

Subject: RE: safe injections - check in Date: Tue, 11 Jan 2022 04:20:54 -0000

Importance: Normal

Attachments: Cover Memo - Safe Injection Sites - for DAG and OASG - updates 1-6-21 bh.docx

And here are some thoughts on the cover memo. I'm around tomorrow morning if it would be helpful to chat!

Duplicative Records



From: "Henthorne, Betsy (OASG)" (b) (6)

To: "Colangelo, Matthew (OASG)" (b) (6)

Subject: FW: safe injections - check in **Date:** Thu, 06 Jan 2022 18:38:00 -0000

Importance: Normal

Attachments: Cover Memo - Safe Injection Sites - for DAG and OASG - updates 1-6-21.docx

FYI below—we can discuss at 4pm. Don't worry about the attachment for now. I will revise after we talk.



From: "Henthorne, Betsy (OASG)" < (b) (6)

To: "Nam, Julius (OLP)" (b) (6) "Solow, Sara (ODAG)"

<(b) (6)

Subject: RE: [EXTERNAL] letter

Date: Tue, 28 Dec 2021 16:52:38 +0000

Importance: Normal

Thank you Julius (and nice to meet you!)—this is extremely helpful.

Betsy Henthorne | Counsel

Office of the Associate Attorney General

office: (b) (6) mobile: (b) (6)

From: Nam, Julius (OLP) <(b) (6)

Sent: Tuesday, December 28, 2021 11:44 AM

To: Solow, Sara (ODAG) <(b) (6)

Cc: Henthorne, Betsy (OASG) <(b) (6)

Subject: Re: [EXTERNAL] letter

Hi Sara,

Happy holidays to you as well. I can take a closer look and provide a more detailed feedback with citations next week,



Again, happy to provide more detailed feedback next week as needed.

Julius

Julius J. Nam (b) (6)

On Dec 27, 2021, at 21:25, Solow, Sara (ODAG) < (b) (6) wrote:

Dear Julius,

Hi there! Happy holidays. When you're online and have some bandwidth, can you check out (b) (5)

Thank you!

Sara

Sent from my iPhone

Begin forwarded message:

From: "Folk, Anders (ODAG)" (b) (6)

Date: December 27, 2021 at 6:32:15 PM EST

To: "Singh, Anita M. (ODAG)" (b) (6)

Cc: "Lin, Frank (ODAG)" (b) (6) , "Solow, Sara (ODAG)" < (b) (6)

Subject: Fwd: [EXTERNAL] letter

Hi Anita -

Passing along for situational awareness the attached letter and below email from the National Narcotics Officers Association. It is addressed to the AG (and POTUS) but touches on issues we've been looking at related to safe injection sites.

Anders

Begin forwarded message:

From: "Kueter, Dean (OLA)" (b) (6)

Date: December 27, 2021 at 2:55:50 PM PST

To: "McKay, Shirley A (OLA)" (b) (6)

Cc: "Hyun, Peter (OLA)" (b) (6) , "Folk, Anders (ODAG)" (b) (6) , "Matthews-

Johnson, Tamarra D. (OAG)"(b) (6)

, "Calce, Christina M. (OLA)"

(b) (6) , "Kassabian, Tamara (OLA)" (b) (6)

"Stamos, Theophani

K. (OLA)"(b) (6) , "Stoika, Dennis (OLA)"(b) (6)

Subject: Fwd: [EXTERNAL] letter

Hi!

I'm passing along a letter for the AG that I received from the National Narcotics Officers Association. It's regarding safe injection sites that are being proposed for the San Francisco Bay Area.

Thanks,

Dean M. Kueter, Jr.

USDOJ—State and Local Law Enforcement Coordination Section



Begin forwarded message:

From: Bob Bushman (b) (6)

Date: December 23, 2021 at 13:38:56 EST

To: "Kueter, Dean (OLA)" (b) (6)

Subject: [EXTERNAL] letter

Dean,

Will you please see that the attached letter from the NNOAC finds its way to AG Garland? It is in regard to the situation in San Francisco where the Mayor and City Supervisors are planning to open drug consumption/injection sites, which we believe violate federal laws. Given the increase in drug overdose deaths and crime in San Francisco and many other cities, the NNOAC does not believe that is not a plan that will improve or enhance public safety, nor will it reduce crime or drug-related deaths. I will also be sending the letter to Pres. Biden at the White House.

Please contact me if you have any questions.

My best wishes to you for a Merry Christmas and a safe, healthy and happy New Year, too.

Bob Bushman President, National Narcotic Officers' Associations' Coalition 455 Massachusetts Avenue NW, #112 Washington, DC 20001



From: "Folk, Anders (ODAG)" (b) (6)

To: b(6), b(7)(C), b(7)(F) per DEA@dea.gov>

Subject: FW: [EXTERNAL] letter

Date: Tue, 28 Dec 2021 14:42:01 -0000

Importance: Normal

Attachments: NNOAC_letter.Biden.Garland.12222021.pdf



Just to keep DEA looped in on/situational awarness. I received the below email string and attached letter regarding safe injection sites. I've circulated internally within ODAG and thought your folks may want to see it too.





NATIONAL NARCOTIC OFFICERS' ASSOCIATIONS' COALITION

455 Massachusetts Avenue NW, Box 112, Washington, DC 20001 www.nnoac.com

December 22, 2021

President Joe Biden The White House 1600 Pennsylvania Avenue, NW Washington, DC 20500

Merrick Garland U.S. Attorney General Department of Justice 950 Pennsylvania Avenue, NW Washington, DC 20530-0001

Dear President Biden and Attorney General Garland,

The National Narcotic Officers' Associations' Coalition (NNOAC) represents our nation's State Narcotic Officers' Associations and their thousands of members. We join our colleagues at the California Narcotic Officers Association (CNOA) in opposing the plan by San Francisco Mayor London Breed and the San Francisco Supervisors to establish drug consumption sites in San Francisco. Not only are such sites illegal, but they will also draw more drug abusers, criminals, and crime into the areas where they will be allowed to operate. Crime and drug deaths will increase at the expense of decreased public safety.

Last week, I saw several videos and news articles regarding Mayor Breed's comments about getting tougher on the crime that is plaguing her city and its residents. While I applaud those efforts, it will be difficult for crime fighting efforts to succeed if San Francisco proceeds with plans to fund and operate drug consumption sites in their city. That will be an invitation to for more drug abusers and criminals to come to San Francisco at a time when the city cannot protect its businesses and citizens from the crime it is currently experiencing.

The terms "safe consumption site" and "safe injection site" are misnomers – using or injecting illegal drugs is never safe, as evidenced by the plan to include monitors at the consumption sites to supervise drug use. If drug consumption sites will be safe, why are monitors needed? Enabling and pandering to drug users does nothing to decrease drug abuse, save lives or improve public safety.

Proponents' claims that consumption sites will reduce drug overdose deaths are simply not true. An in-depth review of statistics from other cities and countries that have experimented with consumption/injection sites reveal significant increases in drug deaths, drug abuse and crime. For example, the British Columbia Coroners Services reported that, after eighteen years of operations of such a site in Vancouver, there was about a 1,000% increase in drug overdose deaths, rising from 172 to 1723. Now the vicinity of the Vancouver injection site has

become a center of drug trafficking, drug use, and criminal activities. Only a small percentage of the drug users use the injection site regularly, while most drug users ignore the injection site, defeating the intended purpose.

Drug Addiction (EMDDA), overdose drug deaths doubled five years after the introduction of injection sites in The situation is similar in Australia and Europe. According to the European Center for Monitoring Drugs and report problems of attracting drug users, drug trafficking and criminal activity. These are not success stories. Countries have injection sites, numbering around 75, mostly in the Netherlands and Portugal, and they too, the Netherlands and they were more than double again, twenty years later. Only seven of the 49 European

disregard the role that vigorous support and enforcement of drug laws contribute to reducing drug availability, Another reason for concern is the recent announcement that over 100,000 people in America lost their lives to NNOAC members and partners believe that many of those deaths are preventable. Our Country can decrease drug poisonings and overdoses during the past year. Many thousands more succumbed to addiction or were drug abuse to avoid many of those deaths. We have done it before, but it requires bold initiative and a firm victims of drug-fueled violent crime. And those numbers are still increasing. That is inexcusable, and our resolve. Yet, while most of our nation's drug policy is aimed at drug addiction and treatment, it seems to an important factor that can prevent people from becoming addicted in the first place. Allowing consumption sites to operate will not result in reducing drug abuse, addiction, or deaths. As proven in program in violation of those laws, we see no visible effort on the part of our government to prevent them from the other places, those numbers will increase, posing even greater threats to our citizens. Even though we have doing it. Why are San Francisco and other cities free to disregard the law? Maybe the better question is, what enacted federal drug laws to protect our citizens, as San Francisco moves ahead with their consumption site laws will they choose to ignore tomorrow?

Cities like San Francisco, beleaguered by drug abuse and crime, should implement programs that will improve, enforcement officers, EMS workers, and medical personnel that respond to deal with persons that are under the injection site, which, according to reports there, has the highest COVID infection rate in all of western Canada. instances of COVID infections due to the latest variant. We should learn from the grim facts of the Vancouver Drug consumption sites will further compromise public safety at a time when many law enforcement agencies not decrease, the quality of life and safety that their citizens deserve, that businesses seek, and visitors expect. influence of dangerous drugs. Consumption sites are also a magnet for many of the behaviors that increase are stretched beyond their capacity. Drug users pose significant risks to the health and safety of the law

and other cities from putting more Americans at risk of addiction and death due to government sanctioned drug year from drug abuse. The NNOAC urges you to enforce our federal drug laws, and to prevent San Francisco All levels of government have a responsibility to do much more to prevent the deaths of so many people each abuse through their illegal drug consumption and drug injection site programs.

Sincerely,

Bot Bushma

Bob Bushman President, NNOAC From: "Henthorne, Betsy (OASG)" < (b) (6)

To: "Colangelo, Matthew (OASG)" (b) (6)

Subject: RE: Overdose Prevention Sites (OPS)

Date: Mon, 27 Dec 2021 16:46:30 -0000 **Importance:** Normal

Attachments: 2021.12.27 OPS Engagement and Timeline v2 redline.docx

In case you weren't getting enough emails this week, I'm here to help. Attached is redline showing all of today's updates.

From: Henthorne, Betsy (OASG)

Sent: Monday, December 27, 2021 11:40 AM

To: Colangelo, Matthew (OASG) (b) (6)

Subject: FW: Overdose Prevention Sites (OPS)

I updated a few things in this version—redline attached in case you've already reviewed.

From: Henthorne, Betsy (OASG)

Sent: Monday, December 27, 2021 11:37 AM

To: Gupta, Vanita (OASG) (b) (6)

Cc: Colangelo, Matthew (OASG) (b) (6)

Subject: Overdose Prevention Sites (OPS)

Vanita – attached is the proposed OPS engagement plan I mentioned on the huddle this morning, which I sent to

Matthew last week right before the holiday. (b) (5)

Happy to discuss with one or both of you whenever

convenient.

(b) (5)

Let me know if you'd like more detail or have

questions.



Betsy Henthorne | Counsel

Office of the Associate Attorney General

office: (b) (6) mobile: (b) (6)

From: "Henthorne, Betsy (OASG)" <(b) (6)

To: "Gupta, Vanita (OASG)" (b) (6)

Cc: "Colangelo, Matthew (OASG)" (b) (6)

Subject: RE: Overdose Prevention Sites (OPS)

Date: Mon, 27 Dec 2021 16:44:01 -0000

Importance: Normal

Attachments: 2021.12.27 OPS Engagement and Timeline v2.docx

Please use this version!

Duplicative Records

From: "Colangelo, Matthew (OASG)" (b) (6)

To: "Henthorne, Betsy (OASG)" < (b) (6)

Subject: RE: engagement process

Date: Thu, 23 Dec 2021 03:59:55 +0000

Importance: Normal

Thanks very much, will look fwd to discussing

From: Henthorne, Betsy (OASG) <(b) (6)

Sent: Wednesday, December 22, 2021 9:53 PM

To: Colangelo, Matthew (OASG) (b) (6)

Subject: engagement process

Matthew – attached please find a proposal for agency/stakeholder engagement on Overdose Prevention Sites (aka safe injection sites aka harm reduction centers aka...). Happy to discuss once you've had a chance to review. I have not yet run this by Sara, though this tracks with the general plan we've been discussing so I don't anticipate her having any major concerns.

Thanks! Betsy

Betsy Henthorne | Counsel

Office of the Associate Attorney General

office: (b) (6) mobile: (b) (6)

From: "Solow, Sara (ODAG)" < (b) (6)

To: "Wong, Norman (USAEO)" (b)(6),(b)(7)(C) per EOUSA

Cc: (D)(D),(D)(L)(C) per EOUSA (USAEO)" (b)(6),(b)(7)(C) per EOUSA (USAEO)" (USAE

Subject: RE: SAN FRANCISCO MAYOR DECLARES STATE OF EMERGENCY IN THE

TENDERLOIN

Date: Mon, 20 Dec 2021 14:42:41 +0000

Importance: Normal

Norm,

Thank you for flagging. I am looping Matthew and Betsy from OASG.

Regarding safe injection sites – the Dept has not filed anything to indicate changing course in *Safehouse*, but we are considering a range of options regarding how to proceed with respect to the sites being proposed in Rhode Island and those that are apparently now operating in NYC. We've asked the USAOs in D-RI and D-SDNY to help take the lead. For San Francisco, we are going to need a similar strategy.

I think it would be very helpful for us to connect with you, at EOUSA, so that we can share our current approach/thinking on this.

And I think we'll need to reach out to ND Cal soon.

Would folks like to circle up later today to connect? I have a window from 1:30-4.

Sara

Sara A. Solow
Senior Counsel
Office of the Deputy Attorney General
U.S. Department of Justice
Cell: (b) (6)

Cell: (b) (6)
Other: (b) (6)

From: Wong, Norman (USAEO) (b)(6),(b)(7)(C) per EOUSA

Sent: Sunday, December 19, 2021 9:24 AM

To: Solow, Sara (ODAG) <(b) (6)

Cc: (USAEO) (b)(6),(b)(7)(C) per EOUSA; (b)(6),(b)(7)(C) per EOUSA; (USAEO) (b)(6),(b)(7)(C) per EOUSA; (USAEO)

(b) (6)

Subject: Fwd: SAN FRANCISCO MAYOR DECLARES STATE OF EMERGENCY IN THE TENDERLOIN

Hi Sara,

Please see below from the NDCA. Are you aware of any impending changes to the Department's "no position" on safe injection sites? Thanks.

Norm

Norman Wong

Principal Deputy Director

(b)(6),(b)(7)(C) per EOUSA

From: Hinds, Stephanie (USACAN) (b)(6),(b)(7)(C) per EOUSA

Sent: Saturday, December 18, 2021 6:43:27 PM

To: Lan, Iris (ODAG) (b) (6)

Cc: Wong, Norman (USAEO) (b)(6),(b)(7)(C) per EOUSA

Subject: SAN FRANCISCO MAYOR DECLARES STATE OF EMERGENCY IN THE TENDERLOIN

Iris and Norm,

Happy Holidays. I wanted to put this on the DAG's and EOUSA's radar. As you may have heard, the Mayor of San Francisco issued a Proclamation Declaring a State of Emergency the Tenderloin District yesterday in an attempt to address the rise in overdose deaths due to fentanyl. (Copies of the declaration and the press release are attached)

The Mayor held a press conference yesterday announcing this proclamation. Below are a few things to note about the declaration:

- The declaration of emergency will free up funds for a variety of things including generators and lights on problematic corners, safe injection sites, and police overtime/resources.
- The Board of Directors must affirm the declaration by a vote of at least 8/11 within 7 days; a meeting will be scheduled for next week. thinks 6 supervisors are on board; they are working to secure 2 more votes.
- If affirmed, the declaration will be in effect for 90 days, with the option to do additional declarations of emergency thereafter.
- To the extent contracts are entered into pursuant to the emergency declaration, those contracts will still be submitted to the Board of Supervisors for formal approval on the normal 3-6 mo. cycle.

We anticipate that this will be a prelude to the opening of a safe injection site in San Francisco and again am curious whether the department is likely to provide any additional guidance on this issue. I look forward to hearing from you.

Best, Stephanie From: "Henthorne, Betsy (OASG)" < (b) (6)

To: "Gupta, Vanita (OASG)" (b) (6)

Cc: "Colangelo, Matthew (OASG)" (b) (6)

(OASG)" (b) (6)

"Rossi, Rachel (OASG)" (b) (6)

Subject: FW: Safe Injection Site Memo - updated - FOR DAG and other principals

Date: Wed, 08 Dec 2021 20:33:12 -0000

Importance: Normal

Attachments: Cover_Memo - Safe_Injection_Sites_ - for_DAG_and_OASG_ - updated_12-8-21.docx

Embedded: unnamed

Vanita – attached is an updated safe injection sites memo, in anticipation of tomorrow's meeting with the DAG. The updates cover what I sent you last night via email (also attached).

Dear Maya,

Attached is an updated briefing memo, for DAG/Vanita/John, for the safe injection sites meeting tomorrow, from ODAG and OASG (me and Betsy). Similar to what was provided last week, with all updates noted in yellow.

I am also providing for DEA.

I think I've captured all folks for the meeting tomorrow.

Thank you!

Sara

Sara A. Solow
Senior Counsel
Office of the Deputy Attorney General
U.S. Department of Justice
Cell: (b) (6)
Other: (b) (6)

From: "Suero, Maya A. (ODAG)" (b) (6)

To: "Solow, Sara (ODAG)" < (b) (6)

(b) (6)

Donna Y. (ODAG)" (b) (6)

(b) (6)

Cc: "Henthorne, Betsy (OASG)" < (b) (6)

b(6), b(7)(C), b(7)(F) per DEA @dea.gov>, "Folk, Anders (ODAG)" (b) (6)

b(6), b(7)(C), b(7)(F) per DEA @dea.gov>

Subject: RE: Safe Injection Site Memo - updated - FOR DAG and other principals

Date: Wed, 8 Dec 2021 18:25:12 +0000

Importance: Normal

Thank you very much.

Best,

Maya Suero

Special Assistant
Office of the Deputy Attorney General

Phone: (b) (6)

Duplicative Records

From: "Henthorne, Betsy (OASG)" <(b) (6)

To: "Solow, Sara (ODAG)" \triangleleft (b) (6)

Cc: "Folk, Anders (ODAG)" (b) (6)

Subject: RE: safe sites

Date: Wed, 08 Dec 2021 17:53:27 -0000

Importance: Normal

Attachments: Cover Memo - Safe Injection Sites - for DAG and OASG 12-1-21 - updated bh.docx

Thanks Sara—what time is the meeting tomorrow?

Your updates look great. A few additions and some formatting fixes in the attached.

The only thing (b) (5)

But if you think it's important,

happy to defer to you.

From: Solow, Sara (ODAG) < (b) (6)

Sent: Wednesday, December 8, 2021 11:58 AM

To: Henthorne, Betsy (OASG) <(b) (6)

Cc: Folk, Anders (ODAG) (b) (6)

Subject: safe sites

Hi! For our meeting tomorrow (just put on calendar), I am proposing updating this memo as attached. Can you pls look through and offer any line edits?

I also want to attach (b) (5)

Sara

Sara A. Solow Senior Counsel Office of the Deputy Attorney General U.S. Department of Justice

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Other: (b) (6)