# Seattle's Third Avenue Project (TAP): Accomplishments, Challenges, and Lessons Learned

Katherine Beckett and Marco Brydolf-Horwitz
University of Washington

November 16, 2023

**Acknowledgements:** This report was produced pursuant to an agreement with Purpose Dignity Action (PDA, formerly known as the Public Defender Association) to conduct independent research assessing, contextualizing, and proposing adjustments to LEAD and models it has generated that provide community-based care for people exposed to the criminal legal system. Those funds were provided to PDA by Blue Meridian Partners.

# Table of Contents

# Introduction

For more than a century, city leaders and residents have expressed deep concern about crime and disorder in Seattle's downtown core. Although Seattle enjoys comparatively low levels of violence, it has not been spared the disruption associated with outdoor drug markets. While these markets can be found in many parts of the city, the area surrounding Pike Place Market, especially along Third Avenue – often referred to as "the Blade" – has long hosted a thriving drug scene that includes many people who spend significant time outdoors. Since the downtown core serves as a busy transit corridor and is home to important tourist and retail destinations, destitution, homelessness, and open-air drug use and sales in the Blade have been highly visible and the subject of great concern. As a result, the area has gained long-standing notoriety. The 1984 documentary film *Streetwise*, for example, chronicled the lives of unsheltered teens who lived in the area. In the 1980s and 1990s, the Blade was ground zero for Seattle's war on drugs and it has been the target of periodic law enforcement crackdowns ever since – with no apparent effect.[1]

Although the existence of robust outdoor drug markets in Seattle's downtown core is not new, it is of particular concern in the aftermath of the COVID crisis.[2] Downtown Seattle has struggled to recover from the economic slowdown caused by the pandemic. Like other cities with high and rising rents, Seattle has also experienced an increase in unsheltered homelessness. At the same time, fentanyl – which has fueled a dramatic increase in overdoses – has largely replaced heroin. As Figure 1 shows, an increasingly disproportionate share of the opioid overdoses that take place in Seattle and King County occur in the downtown area. In addition, pandemic-era police slowdowns and lack of jail and court capacity led to a significant reduction in arrests and prosecutions for many offenses.[3] The confluence of these developments has fueled concern about the potential role of crime and disorder in preventing the revitalization of Seattle.[4]

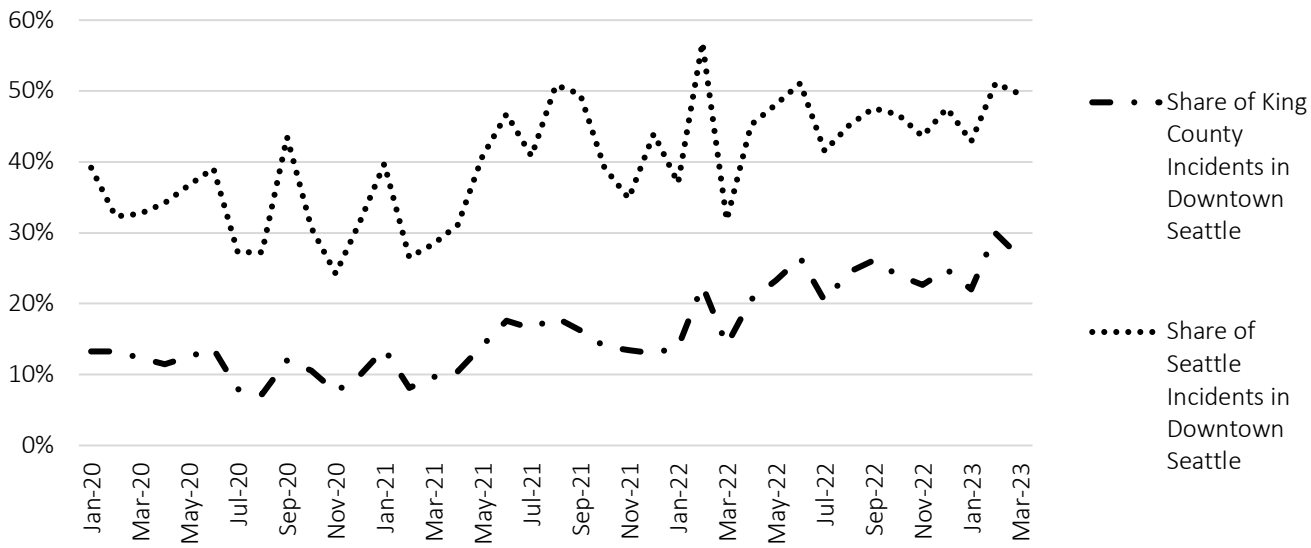
[1] Knute Berger, "Downtown Chaos May be the Only Constant in Seattle's Changing Core," *Crosscut,* February 18, 2020; Daniel Beekman, Justin Mayo, and Steve Militich, "Did Seattle's Drug Crackdown Push Crimes Elsewhere?" *Seattle Times*, September 3, 2016.

[2] Sarah Grace Taylor, "Harrell Announces Plan to Revive Downtown Seattle," *The Seattle Times*, April 17, 2023.

[3] Data from the Seattle Police Department's arrest dashboard indicate that the number of narcotics arrests fell from 863 in 2020 to 332 in 2021 and then rebounded a bit to 526 in 2022.

[4] Jon Talton, "Harrell's Next Step on Downtown Revival is an Essential Move," *Seattle Times*, April 21, 2023.

Figure 1. Proportion of King County and Seattle Opioid Overdose Occuring in Downtown Seattle, January 2020-March 2023




Source: King County EMS data repository, provided by Hannah Collins, Epidemiologist, Public Health-Seattle & King County

In this context, and in response to requests from downtown businesses and public officials, Purpose Action Dignity (PDA) and the REACH Project reached out to other partners, including the de-escalation agency We Deliver Care, and formed a large coalition to support the creation of a new public safety intervention in the second half of 2022. The result was the Third Avenue Project (TAP). With its focus on enhancing public safety, as well as perceptions of it, TAP enjoys the support and involvement of a wide range of partners, including business, service providers, and government agencies. Initial funding provided by the City of Seattle has covered the costs associated with street outreach teams, data collection and management systems, and administrative support from PDA. (PDA project management and LEAD case management from REACH were contributed from pre-existing LEAD funds).

TAP builds on ideas and practices utilized by other collective impact models that are also managed by PDA, including LEAD (Let Everyone Advance with Dignity). Now over a decade old, LEAD provides long-term care and case management to some of Seattle's most marginalized residents. Although its role as a source of long-term support for this population is fundamental, the LEAD model does not provide a crisis or "first" response to emergent crises or disorderly situations. TAP complements LEAD and other programs and initiatives in two main ways: by focusing on a specific geographic area that is of grave concern to many, and by combining street-based community safety teams with long-term provision of services and care.

This report describes and analyzes the TAP model as well as its implementation in 2022-23. Part I provides a high-level overview of the TAP model and describes its roll-out in Seattle. It also clarifies TAP's relationship to LEAD and CoLEAD, and compares it with other new alternative safety response models that have spread since the murder of George Floyd in 2020. Part II provides a more on-the-ground, detailed account of how TAP works on a daily basis. Part III identifies key TAP accomplishments. Part IV explores key lessons learned and on-going challenges with which TAP partners continue to wrestle.

The observations and conclusions presented in this report are informed by the authors' analyses of a number of data and information sources. These include observation of TAP planning and operational meetings; review of administrative documents and records provided by Purpose Dignity Action (PDA); PDA and WDC administrative data; regular and on-going "walk-alongs" with We Deliver Care (WDC) outreach staff who cover the Third Avenue area; overdose data provided by Public Health – Seattle & King County; and informational interviews with TAP leadership and key partners. This research endeavor began in the Fall of 2022 and is on-going.

Walk-alongs with WDC staff in the TAP catchment zone began in February of 2023 and provide crucial insight regarding TAP operations. First-hand observations of TAP practitioners' work along Third Avenue provide rich data of street-level dynamics and conditions in downtown Seattle, including the substantial physical and behavioral health challenges many people frequenting the area live with. Our observations of interactions between front-line workers and people on the street help illustrate how TAP functions on the ground and in the context of extraordinarily challenging circumstances. Throughout the report, descriptions of the Third Avenue area and discussions of the TAP model are informed by our participation in TAP planning meetings, review of administrative documents, interviews with stakeholders, and ethnographic observations of milieu management and care coordination in the TAP zone.

# Part I. Understanding the TAP Model

## Model Overview

The Third Avenue Project is a novel collective impact model[5] and public safety intervention managed by Purpose, Dignity, Action (PDA) that has been deployed in a specific geographic area in downtown Seattle. The model seeks to improve public safety through coordinated activities among neighborhood stakeholders and providers and is designed to enact change at the street level as well as in political and administrative spheres. The fundamental idea is that areas characterized by chronic public order issues can benefit from non-police de-escalation and "milieu management," and that the milieu management team should be able to connect individuals with deep needs to sustained care. Both milieu management and long-term care and support are important to ensure that problematic behaviors are addressed in sustainable and humane ways.

On the street, We Deliver Care (WDC) teams provide "milieu management" in a roughly two by four block catchment zone in downtown Seattle. WDC also refers people with unmet needs to long-term care, provided or coordinated by LEAD case management and other specific community-based organizations that have agreed to prioritize this population and focus impact area. In the downtown neighborhood, PDA and WDC build relationships with key stakeholders, including local businesses and property owners, and develop consensus about the challenges confronting the area. At the city level, TAP leaders regularly communicate with city officials who provided the initial 12 months of funding (later extended to 15 months) for WDC and administrative costs about what TAP teams are encountering and what resources are likely to assist in improving conditions. And in the region, TAP leaders work to align and integrate TAP within the regional homelessness response system managed by the King Country Regional Homelessness Authority (KCRHA). The goal is to improve access to housing resources for this high-impact, high-barrier population characterized by a high degree of chronic homelessness.

### *Inclusive Vision of Community Safety*

The people directly served by TAP experience multiple forms of disadvantage, including substance use disorder, homelessness, and mental and physical health challenges. TAP aims to enhance public safety for everyone who lives, works, visits, or passes through the downtown area through de-escalation techniques, milieu management and immediate problem-solving, and by making efforts to address the underlying needs of people causing public safety and order disruptions. TAP's vision of community safety thus includes the well-being of people whose presence is

[5] Collective impact models involve cross-sector collaboration and continuous learning and adaptation aimed at creating and implementing a novel response to a complex social problem.

disturbing to many others or who engage in activities that threaten public safety. At the same time, TAP leadership and project management listen to and learn from other neighborhood stakeholders, such as local businesses and the Downtown Seattle Association, in order to ensure ongoing public disturbances and safety threats are addressed.

### *TAP as a Collective Impact Initiative*

To enact this inclusive vision of community safety, TAP fosters and relies on collaboration and coordination between its partners. As of the summer of 2023, participating entities include:[6]

- We Deliver Care (WDC) community safety ambassadors are the visible front door to TAP, providing "milieu management," de-escalation, crisis response, overdose reversal, information gathering on the streets, and initial assessment and referral to case management, housing navigation, shelter, healthcare, and other supportive services.

- Purpose Dignity Action's (PDA) LEAD project management team provides project management, coordination, consensus-building, data management, and information sharing across TAP partners, and organizes system change advocacy to ensure needed resources can be accessed to support stabilization of individuals encountered in the TAP zone.

- REACH/LEAD provides street-based case management, referrals to other supportive services, and housing navigation for people referred by WDC.[7]

- CoLEAD offers rooms to eligible people referred by WDC in low-barrier, non-congregate temporary lodging facilities with intensive case management, and thereafter, housing navigation and aftercare for participants who move on into permanent housing.

- Downtown Emergency Services Center's (DESC) Behavioral Health Response Team (BHRT) offers mobile mental health teams that provide short-term (up to 90 days) pre- and post-crisis case management and housing support.

[6] The TAP model is dynamic and allows for the inclusion of new collaborators. If there are stakeholders in the area who are negatively affected by dynamics downtown, or potential partner organizations who can help serve people living and visiting the Third Avenue area, TAP works to involve them in the collective effort.

[7] REACH is a contracted organization that provides case management as part of the LEAD model.

- Downtown Seattle Association's (DSA) Metropolitan Improvement District (MID) teams provide street cleaning and hospitality services to visitors and share important information about street-level dynamics with TAP partners.

- The King County Regional Homelessness Authority (KCRHA) manages and coordinates housing resources for people experiencing homelessness in the region and makes determinations of priority zones within the city that shape the distribution of resources. It also manages access to the permanent supportive housing beds that many TAP participants seek through the Coordinated Entry process.

- Local businesses donate office and parking space and limited employment opportunities. They also communicate about street-level dynamics, provide referrals for specific individuals, and help build community support for TAP.

- Various government entities, including: City of Seattle's outreach workers (under Seattle's Unified Care Team) help facilitate shelter referrals; Seattle Fire Department (SFD) runs the HealthOne mobile healthcare service and provides emergency response, including overdose reversal; Public Health – Seattle & King County provides information, training and supplies for overdose reversals; and Seattle Police Department (SPD) shares information about illicit activity in the zone and responds to 911 calls for immediate threats to persons and serious incidents.

## Core Model Features

The TAP model includes three essential, inter-related features: 1) "milieu management" aimed at enhancing safety and perceptions of safety and order; 2) care provision and coordination for people with unmet behavioral health and housing needs who spend time in the area; and 3) program coordination, coalition building, resource development, and system change advocacy.

### *Milieu Management*

TAP's efforts unfold through face-to-face interactions between TAP partners and people living or spending significant time in the Third Avenue area. WDC is at the forefront of these efforts, patrolling the zone from 6:00 am - 9:30 pm, seven days a week. WDC staff distribute basic resources (food, water, and essential supplies), respond to potentially unsafe situations (such as arguments, threats, erratic pedestrian behavior, and overdoses), gather information about people in the area, and, where possible and appropriate, make referrals to long-term supportive services.

WDC also manages the complex spatial dynamics that accompany outdoor drug markets and drug use. As a result of having built trusting relationships with people on the streets, WDC staff are able

to request that people who are blocking entrances and sidewalks reposition themselves such that they do not impede the movement of others. In some cases, such requests are a response to reports from local businesses that are relayed to WDC from PDA project managers. In our observation, these efforts are almost always successful. The existence of trusting relationships and the strategic use of small incentive items appear to be key to this success.

Less commonly, WDC staff, who have been trained in this work, de-escalate nascent conflicts and, very occasionally, intervene in heated exchanges, including when there appears to be a risk that weapons might otherwise be used. WDC staff also help manage other unsafe or disruptive situations, such as people who are crossing or in the streets in an unsafe manner, sometimes due to intoxication, and cautioning people whose property is vulnerable to theft. Finally, WDC staff routinely check on people who are immobile to ensure that overdose has not occurred and reverse overdoses when necessary. While one team member is reversing an overdose, their WDC colleagues always call 911 to ensure paramedic response to take over at the earliest opportunity.

### *Care Coordination and Provision*

Because it views criminal behavior and drug use as more easily displaced or mitigated than resolved, TAP emphasizes its unique capacity to provide safety patrols that also serve as conduits to care, housing, and services. TAP views many of the public disturbances on Third Avenue — visible substance use, retail theft, fights, and drug sales — as circumstantial, related to a lack of housing, viable employment, substance use disorder, and/or other unmet behavioral health needs. TAP therefore aims to get to know the relevant actors, build trust, assess levels of need and personal goals, and make referrals to human and social services in order alter people's material circumstances.

Most (but not all) of these referrals are made to partner organizations, including REACH/LEAD, the City's Unified Care Team's (UCT) shelter resources, BHRT, and CoLEAD. Collectively, these organizations provide harm reduction supplies and services, long-term care coordination, case management, behavioral health supports, temporary lodging, and housing navigation. WDC staff also seek to connect people on the street with wound care and other health services.

Strong project management and coordination are crucial features of this effort, as the existence of multiple partners and organizational contexts make collaboration a complex and often challenging undertaking. PDA performs this function, serving as the backbone of this collective impact model. Toward this end, PDA facilitates weekly meetings in which WDC, REACH, CoLEAD, BHRT and other partners discuss on-the-ground dynamics, challenges, and strategies for best supporting people on Third Avenue.

Non-coercive, supportive responses to destitution, addiction, and illicit activity take time. Community safety ambassadors therefore have a daily presence in the catchment zone and respond to behaviors that are unsafe, unhealthy, unsightly, or otherwise concerning to businesses, employees, commuters, and other stakeholders in real time. These two aspects of TAP are complimentary: the daily street presence helps address many immediate public order and safety threats, and provides a reassuring presence to visitors to the area. At the same time, WDC's regular presence allows TAP practitioners to learn the area, assess levels of need, build trusting relationships, and match people with supportive resources that can be crucial steps toward lasting change.

### *Coordination, Coalition Building, and Advocacy*

TAP is also a vessel for coordination and problem-solving at the neighborhood, city, and regional levels. PDA project managers engage in on-going dialogue with local businesses and government officials. Open communication about problems business owners are experiencing and updates about TAP partners' efforts and progress help stakeholders build consensus about what seems to be working as well as ongoing or emergent challenges and strategies to address them. For instance, local businesses have identified particularly disruptive individuals, and have offered work, storage space, and employment opportunities for people in the TAP zone. TAP partners also contribute political support, particularly by engaging in conversations about TAP with city and KCRHA officials.

Because sustaining TAP will require additional funding, and because its model of care depends on accessing scarce resources that are further constrained by complex bureaucratic rules, TAP project managers and partners also advocate to direct resources toward the project and the people who frequent Third Avenue. This political advocacy and maneuvering to carve out social service and housing resources within the region's overtaxed homelessness response system is fundamental to the model: without supportive services and, most important, housing, the model will falter.

In a sense, TAP pursues public safety by building bridges. TAP leadership has built bridges with the city and neighborhood stakeholders, especially local businesses, and established open communication channels. On the ground, TAP outreach workers create bridges to long-term care for those who have fallen through the cracks of a limited safety net. In political and bureaucratic spheres, TAP project managers work to build bridges between the limited set of existing resources in the region (such as those held by the city or KCRHA) and the people who need them on Third Avenue.

## TAP as an Extension of LEAD and CoLEAD

TAP builds on and supplements other public safety models designed and managed by PDA. In many ways, TAP is an extension of the philosophy and methodology utilized in its two main predecessors, LEAD and CoLEAD.

### *LEAD: Let Everyone Advance with Dignity*

LEAD originally stood for Law Enforcement Assisted Diversion but has been renamed as Let Everyone Advance with Dignity. Launched in October 2011 in Seattle, Washington, this diversion model grew out of legal challenges to vast racial disparities in Seattle drug law enforcement outcomes. Like TAP, LEAD involves a wide range of organizational partners and is project managed and administratively housed in PDA. LEAD seeks to reduce the neighborhood and individual-level harm associated with drug and sex markets – and conventional enforcement practices – by diverting people who would otherwise be arrested on low-level drug (or other) charges into intensive case management and services guided by harm reduction principles. Over time, the pool of people who may be diverted to Seattle's LEAD has expanded to include people who are arrested (or are likely to be) for prostitution, misdemeanor theft, misdemeanor property destruction, criminal trespass, unlawful bus conduct, and obstruction of a police officer.[8] The LEAD framework has now spread to over eighty jurisdictions across the country, and in some of these jurisdictions, stakeholders have identified yet more "LEAD-eligible" offenses.[9]

LEAD began as a pre-booking framework. That is, police officers were authorized and encouraged to make "arrest referrals" by offering people who were arrested on certain charges and would otherwise be booked into jail the option of enrolling in LEAD instead. Over time, police were also authorized to make "social contact" referrals for people who had frequently been arrested in the past and whom officers believed were likely to be arrested in the future, even in the absence of a (current) arrest. In so doing, LEAD developed a pre-arrest diversion mechanism that co-existed with an arrest/pre-booking diversion option for law enforcement officers. The former was intended to reduce the perceived need to make arrests to meaningfully respond to problematic conduct.[10]

---

[8] *Law Enforcement Assisted Diversion (LEAD) Referral and Diversion Protocol,* November 2018. Qualifying drug arrests are those that involve seven or fewer grams of illicit drugs. If the person is arrested for drug delivery or drug possession with the intent to deliver, the person arrested is LEAD-eligible if they are not dealing for profit above a subsistence income.

[9] Alli Malm, Dina Perrone, and Erica Magaña, *Law Enforcement Assisted Diversion (LEAD) External Evaluation: Report to the California State Legislature* (Long Beach, CA: California State University Long Beach, School of Criminology, Criminal Justice and Emergency Management, 2020).

[10] Over time, Seattle Police Department (SPD) officers became far more likely to utilize the social contact/pre-arrest referral mechanism. See Forrest Stuart and Katherine Beckett, "Addressing Urban Disorder without Police," *Law & Policy* 43, 4: 390-414 (2021).

By the end of 2019, pre-arrest, social contact referrals constituted a striking 81 percent of the referrals made in Seattle and neighboring Burien.[11]

Since 2020, the model has also included referral from community sources without any police involvement. However, due to capacity constraints, in Seattle, the program has never been able to accept more than a small fraction of the community referrals it receives. In this context, stakeholders do not openly advertise its availability in order not to create demand that would then immediately be disappointed by lack of response. As it is, the program denies many LEAD-appropriate referrals when they are not related to specific "focus impact areas." (Upper Third Avenue was identified as such as focus impact area for 2023.)

The harm reduction philosophy is central to LEAD. Harm reduction holds that some people will always engage in behaviors such as drug use that are stigmatized and risky.[12] Harm reduction practitioners emphasize that meaningful reductions in human suffering and harm to others can be achieved in the absence of sobriety, and that engagement while someone is using illicit drugs is usually the first chapter on the road to cessation of drug use. This approach is consistent with SAMHSA's definition of recovery "as a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential" and does not emphasize sobriety.[13] From a harm reduction point of view, the active intervention of the criminal legal system causes harm and shame and generally is counterproductive.

As a harm reduction initiative, LEAD does not require abstinence. Instead, LEAD operates on the theory that substance use disorder has many complex causes and is often rooted in trauma as well as extreme poverty; healing occurs when traumatized and marginalized people form trusting relationships with people who help them clarify their own goals and priorities and support them in their efforts to pursue those goals. From this perspective, "sticks," threats, and sanctions reinforce isolation, stigma, and hardship and are therefore unhelpful. It is only by helping people to feel less alone, and more supported that meaningful, long-term change is likely to occur.

Outcome evaluations suggest that LEAD as the originally designed, officer-led pre-booking initiative – what stakeholders sometimes refer to as LEAD 1.0 – has been quite effective in reducing the harm associated with illicit drug use and criminal legal system involvement. For example, one study compared approximately 200 Seattle LEAD participants with 115 others with similar criminal

[11] Forrest Stuart and Katherine Beckett, "Addressing Urban Disorder without Police," *Law & Policy* 43, 4: 390-414 (2021).
[12] For general overviews of harm reduction, see Alan G. Marlatt, *Harm Reduction: Pragmatic Strategies for Managing High-Risk Behaviors* (New York: Guilford Press, 2002).
[13] See https://www.samhsa.gov/find-help/recovery

records who, by virtue of the time or place of arrest, did not participate in LEAD. The results reveal statistically significant reductions in average yearly criminal legal system utilization and associated costs for the LEAD group. For example, LEAD clients spent 39 fewer days in jail than similarly situated people who did not enter LEAD. Similarly, the odds that a LEAD participant was sentenced to prison in the first year after their enrollment in LEAD were 87 percent lower than for people who were not referred to LEAD. As a result, criminal legal system costs associated with LEAD clients decreased by roughly 30 percent relative to the year prior to enrollment in LEAD, whereas those costs for non-LEAD participants more than doubled.[14] Similarly, in San Francisco, felony and misdemeanor arrests were two and half and six times higher, respectively, among the non-LEAD comparison group than among LEAD participants after twelve months.[15]

Studies suggest that LEAD has a number of other positive effects as well. In particular, Seattle LEAD participants reported notable improvements in their health and well-being. For example, participants were twice as likely to have been sheltered, and were 89 percent more likely to have obtained permanent housing, after their referral to LEAD. Participants were also 33 percent more likely to receive income and/or benefits.[16] Similar benefits have also been reported in other jurisdictions.[17]

Despite these positive effects, both pre-booking and pre-arrest diversion frameworks are characterized by several challenges. First, officer-led diversion initiatives leave significant discretion and power in the hands of police. In this context, LEAD support staff take active steps to ensure that officers continue to refer significant numbers of people, and specifically people of color, to LEAD, and recommend regular comparison of the demographics of LEAD clients with that of people who could have been, but were not, referred to LEAD to identify potential discrepancies. Specifically, the LEAD National Bureau offers a fidelity index, technical support, and a toolkit that encourage and support regular comparisons of LEAD participant demographics with the

[14] Seema L. Clifasefi, Heather S. Lonczak, and Susan E. Collins, "Seattle's Law Enforcement Assisted Diversion (LEAD) Program: Within-subjects changes on housing, employment and income/benefits outcomes and associations with recidivism," *Crime & Delinquency*, 63, 429–45 (2017).
[15] Alli Malm, Dina Perrone, and Erica Magaña, *Law Enforcement Assisted Diversion (LEAD) External Evaluation: Report to the California State Legislature* (Long Beach, CA: California State University Long Beach, School of Criminology, Criminal Justice and Emergency Management, 2020).
[16] Susan E. Collins, Heather S. Lonczak, and Seema L. Clifasefi, "Seattle's Law Enforcement Assisted Diversion (LEAD): Program effects on recidivism outcomes," *Evaluation and Program Planning* 64: 49-56 (2019).
[17] See, for example, https://psychiatry.duke.edu/news/duke-researchers-find-promising-results-pre-arrest-diversion-program-people-who-use-drugs

demographic composition of other relevant groups (such as arrestees). Still, racial inequities have been documented in some locales.[18]

Second, police willingness or ability to make referrals to LEAD at all appears to be cyclical and sometimes unreliable. LEAD is intentionally situated at the point of potential police contact in order to most effectively interrupt the flow of people into punitive systems when that is counterproductive and unnecessary. Yet the extent to which officers are reluctant to make referrals or have the capacity to engage with low level public order issues varies across jurisdictions and over time, and securing police buy-in or maintaining police capacity to participate is a challenge in some contexts.

In light of the limitations associated with relying exclusively on the police to serve as gatekeepers to services, Seattle LEAD stakeholders made the decision (with the support of the Seattle Police Department) to terminate the role of police as sole gatekeepers to the program[19] and to create what appears to be a novel community referral process in 2020. This community referral process empowers non-police actors—including LEAD staff, other service providers, family members, residents, public defenders, business owners, merchant associations, and others to initiate LEAD services and case management for people who are experiencing extreme poverty and behavioral health challenges.

These community referrals are approved by the LEAD Project Management team, which pays attention to program capacity and connection to geography in an effort to ensure program impact when resources are insufficient to serve all eligible individuals and appropriate referrals in the city. Through a variety of channels, concerned community members alert LEAD staff — typically the area's LEAD Project Manager — about individuals whom they believe are contending with behavioral health challenges, at risk of arrest, and would benefit from services and support. This structure prevents law enforcement capacity issues or interest from being an unintended barrier to access to services for people having significant community impact. LEAD was renamed Let Everyone Advance with Dignity to reflect the fact that law enforcement no longer serves as the

[18] For example, a recent evaluation of LEAD in North Carolina found that, "Across jurisdictions, an average of 30% of community populations was comprised of Black individuals, yet they accounted for 44% of LEAD-eligible drug arrests. Where Black people were over-represented in drug arrests, they accounted for just 14% of program referrals and enrollments. White women were most likely to be referred and enroll in the program, representing 51% of enrollments; where Black men were least likely, representing just 7% of enrollments." See Allison R. Gilbert, Reah Siegel, Michele M. Easter, Josie Caves Sivaraman, Meret Hofer, Deniz Ariturk, Marvin S. Swartz, & Jeffrey W. Swanson, *Law Enforcement Assisted Diversion (LEAD): A multi-site evaluation of North Carolina LEAD programs* (Duke University School of Medicine, January 2023), p. 46.

[19] David Kroman, "Seattle's Arrest Alternative, LEAD, Moves Beyond Police," *Crosscut,* July 17, 2020.

sole entryway to services. Stakeholders also refer to LEAD initiatives that offer both law enforcement and community referral processes as "LEAD 2.0."

Because demand currently far exceeds LEAD capacity, stakeholders in Seattle use three criteria to prioritize case management resources: 1) evidence of high acuity behavioral health issues; 2) race equity (prioritizing those who have traditionally been over-exposed to the criminal legal system in response to behavioral health issues and poverty); and 3) geographic considerations, favoring people who spend significant time in "focus impact areas" – neighborhoods experiencing especially pronounced public safety challenges.[20] Project managers identify priority referrals to case managers, who then commence outreach and service provision where possible.

LEAD 2.0 provides significant advantages over the original model. Still, challenges persist. Inevitably, requests for LEAD case management come in from all parts of the cities in which LEAD operates. As a result, even LEAD programs that are highly successful in achieving stabilization of individuals may have little effect on overall levels of crime and disorder, and perceptions thereof. Even when focused on specific geographic areas, individual change takes a long time. To the extent that people remain unsheltered and constantly present in the area, it may be unclear whether the model is "working." LEAD would need to work at a scale that vastly exceeds current resources to have a felt impact in an entire jurisdiction. Moreover, supporting people to become administratively "housing-ready" is an especially protracted and time-consuming process when LEAD participants are living unsheltered. Together with the novel events of 2020, these challenges informed the design and implementation of CoLEAD in Seattle.

### *CoLEAD*

CoLEAD (and JustCARE, the collaborative, umbrella encampment resolution framework of which CoLEAD comprises a significant part) enables people living in unauthorized encampments to move into non-congregate, supportive interim housing, where they receive intensive case management guided by harm reduction principles. The goal is to help participants secure permanent housing and meet other self-identified goals.

To begin, CoLEAD conducts outreach in encampments that generate significant concern to better understand residents' situations and needs. CoLEAD staff also work closely with people who live and work in affected neighborhoods and address their concerns. Most encampment residents are then offered, and accept, the opportunity to move into safe, private, and supportive lodging and to work closely with case managers, many of whom have relevant lived experience that helps them build trust with participants. Once safely inside, people receive on-site medical services and

[20] Interview with Tara Moss, Co-Executive Director of Programs, Public Defender Association, April 28, 2022.

intensive case management. Dedicated staff and dedicated safety teams use de-escalation and other harm reduction techniques to ensure that program participants and staff are safe and to avoid reliance on 911.

The findings from a developmental evaluation of JustCARE's first six months of operations are encouraging. In interviews, JustCARE participants reported significant improvements in their emotional well-being after securing lodging that offers safety and privacy and establishing positive relationships with case managers. The availability of mobile medical providers and intensive case management means that many are also able to address long-standing health challenges.[21]

A follow-up outcomes evaluation found that participants receive many services during their time in JustCARE/CoLEAD. For example, 89.6 percent of participants obtained the needed administrative records to become administratively "housing ready" and 89.1 percent of participants had health care insurance upon exit from the program (up from 40.9 percent upon entry). Over time, CoLEAD was able to place an increasingly large majority of its participants in more permanent forms of housing. While just one in five (20.2 percent) of the first wave of participants left the program for permanent housing, nearly three in four (70.8 percent) of those exiting during the second wave moved into permanent housing.

The dramatic increase in the share of participants who secured permanent housing at the time of exit appears to reflect three main developments. These include: 1) the shift to longer-term funding from the King County Regional Homelessness Authority (KCRHA) and City of Seattle, which made forward planning and coordination possible; 2) the increased supply of affordable, low-barrier permanent housing resources in King County; and 3) effective coordination by PDA and the KCRHA that ensures that JustCARE/CoLEAD participants are able to access available resources. More generally, these findings suggest that transitional lodging initiatives based on harm reduction principles can serve as a useful bridge to permanent housing for highly vulnerable people with complex behavioral health needs *when low barrier permanent housing units are available and this population is prioritized*.[22]

CoLEAD and the JustCARE encampment resolution model were designed at a time when the spread of encampments was generating significant concern among Seattle's housed residents. The

[21] Katherine Beckett, Marco-Brydolf-Horwitz, Devin Collins, Allison Goldberg, Emily Knaphus-Soran, and Aliyah Turner, *JustCARE: The Development and Impact of a Multi-Faceted Collective Impact Model* (Seattle, WA: The Public Defender Association, 2021).
[22] Katherine Beckett, Allison Goldberg, and Marco-Brydolf-Horwitz, *JustCARE: An Analysis of Housing and Other Outcomes* (Seattle, WA: The Public Defender Association, 2023).

provision of interim lodging made it easier for case managers to work with participants to meet the administrative requirements associated with acquiring permanent supportive housing. And its focus on specific encampments and high placement rate meant that stakeholders in the neighborhoods where CoLEAD operated benefitted from its operations. The political support and advocacy this generated were crucial to the survival of the model after federal monies for pandemic-related interventions were expended.

CoLEAD continues to serve as an important bridge between the streets and permanent supportive housing. Still, challenges persist. The first is that often, neither CoLEAD nor permanent supportive housing are viable options for people with highest acuity mental illness or recent violent behavior. Second, like LEAD, CoLEAD relies on the availability of permanent supportive housing beds and other housing subsidies to permanently house many of its participants. And third, recent developments in the heart of Seattle's downtown were not a great fit for the JustCARE intake framework, which was focused on encampment resolution. That is, the majority of people who spent time and slept in the TAP catchment zone did not live in encampments per se, but rather slept in a dispersed manner in alleyways and doorways, almost always without tents or other structures. Moreover, as fentanyl spread, concern about people openly smoking fentanyl in the downtown core, separate and apart from housing situation, intensified. The JustCARE entry model for CoLEAD (with its focus on encampments) meant that it was not in a position to address the particular issues that increasingly present themselves in the TAP catchment area.

TAP is designed to complement the work of LEAD and CoLEAD and to address the specific needs of the area surround Third Avenue. It does so by focusing on people who live and spend time in Seattle's contested downtown area and outside of encampments, and by developing a regular presence on the streets aimed at enhancing public safety and perceptions of it in that area. In so doing, it has also generated important information about the people who remain outside of both the shelter system and encampments.

## TAP as An *Alternative* Alternative Response Model

In the wake of the murder of George Floyd by Minneapolis police officers in 2020, many jurisdictions have experimented with alternative response models designed to reduce police interactions with vulnerable people. Many of these initiatives are based on the CAHOOTS (Crisis Assistance Helping Out on the Streets) model that was pioneered in Eugene, Oregon. While CAHOOTS is not new, a seemingly endless list of cities, including Oakland, Rochester, Portland, San Francisco, Denver, Dallas, Ann Arbor, New York, Toronto, and others have recently announced the development of a new initiative based on CAHOOTS.[23]

[23] Katherine Beckett, Forrest Stuart, and Monica C. Bell, "From Crisis to Care." *Inquest*, September 2, 2021.

CAHOOTS was originally developed in 1968 as a volunteer-run mobile crisis unit aimed at reducing police interactions with vulnerable people. Initially dubbed "the bummer squad," CAHOOTS outreach staff responded to certain calls alongside the police but evolved in the 1980s to become a civilian mobile crisis unit dispatched through the 911 system.[24]

Although CAHOOTS is housed in, and partially funded by, the police departments in Eugene and Springfield, Oregon, it is commonly described as an alternative to police. In one sense, this is accurate. Many CAHOOTS-inspired initiatives are aimed at reducing police involvement in non-emergency and non-criminal situations involving mental health issues. The Rapid Integrated Group Health Care Team (RIGHT CARE) in Dallas, for example, seeks to "shift the focus of mental health crisis response to paramedics and health systems in order to create a health-based response to mental health crises." Similarly, San Francisco's Street Crisis Response Teams (SCRT) provide rapid, trauma-informed response to calls for service to people experiencing crisis in public spaces in order to reduce law enforcement encounters. CAHOOTS itself reports mainly dealing with calls involving mental health, suicide threats, welfare checks, and family disputes. Roughly three-fourths of the calls they respond to involve people who are unsheltered.[25]

At the same time, CAHOOTS initiatives are often housed in, and funded by, police departments. For example, CAHOOTS itself and Olympia's Crisis Response Units are funded by and/or housed within their city police departments. Other initiatives are jointly housed in municipal police and fire departments. (While some CAHOOTS-type initiatives are administratively housed in non-profit organizations, this appears to be less common.) To the extent that these initiatives are housed in, and funded by, police departments, it is unclear whether they can be said to shift resources and control away from the police. Moreover, initiatives that are partly or fully housed in police departments are sometimes touted as a way to save police departments money. To achieve this effect, such programs pay civilian first responders significantly less than police officers. This, in turn, makes staffing challenging and creates significant turn-over.

CAHOOTS' focus on the intersection of mental health, substance use, and poverty makes good sense. People experiencing homelessness, mental health disabilities, and/or unmanaged substance use disorders are the subject of many 911 calls and often cycle in and out of jail. In San Francisco, the police receive roughly 100,000 911 calls about homelessness each year.[26]

---

[24] Rowan Moore Geretey, "An Alternative to the Police that Police Can Get Behind," *The Atlantic*, December 28, 2020.
[25] Crosscut, "An Oregon City's Decades-old Alternative to the Police," *This Changes Everything* podcast, Season 2, Episode 4 (January 28, 2021).
[26] Chris Herring, "Complaint-Oriented Policing: Regulating Homelessness in Public Space," *American Sociological Review* 84, 5:769-800 (2019).

Portlanders call the police about people perceived as homeless once every 15 minutes.[27] And a growing number of studies document the myriad harms caused by police to vulnerable populations.

At the same time, the CAHOOTS model has a number of limitations. First, most CAHOOTS-inspired models are limited to calls for service that do not involve any allegation of crime or danger. Specifically, most programs focus on calls that are coded as "mental health crises" and "mental health disturbances" that do not involve weapons; some also prioritize other non-criminal issues such as public intoxication and syringe disposal.

This separation of crisis and crime, and treatment of the latter as largely off-limits for civilian first responders, has two important implications. First, if situations involving any crime – including minor offenses such as trespass, drug possession, theft, and illegal camping – are out-of-bounds, the capacity of the initiative to facilitate decriminalization or decarceration, and to address racial inequities in the criminal legal system, is dramatically reduced. Moreover, research on implicit bias suggests that reliance on 911 callers and dispatchers to identify situations that involve crises but *not* crime or weapons raises the very real possibility that calls involving white people in crisis are more likely to be deemed eligible for an alternative response than those involving people of color.

Second, approaches based on CAHOOTS do not invite widespread reconsideration of our collective reliance on 911 to address issues and behaviors that are currently defined as crimes. Any real transformation of policing is impossible without a broader cultural shift among *civilians*. This kind of cultural transformation begins by encouraging residents to re-assess their reliance on the emergency response system for what are chronic conditions, and to work together developing non-punitive, community-based responses to non-emergency situations.

Finally, as people directly involved with CAHOOTS point out, the program does not entail on-going support for the people they assist or any significant reallocation of resources.[28] As a result, outreach responders who work for CAHOOTS-type programs often end up interacting with the same people over and over again. As one CAHOOTS case manager put it,

> *all these other cities are really looking to CAHOOTS right now as this band-aid, right, because they want to have that thing that looks good and says look, police aren't responding to these situations. But we're still going to end up being part of that*

[27] Katie Shepherd, "Portlanders Call 911 to Report "Unwanted" People More than Any Other Reason. We Listened In," *Willamette Weekly*, February 6, 2019.
[28] Crosscut, "An Oregon City's Decades-old Alternative to the Police," *This Changes Everything* podcast, Season 2, Episode 4 (January 28, 2021).

*same machine of oppression… if there aren't other resources to get folks connected to.*[29]

Some alternative response initiatives are hiring staff who provide follow up support to people who are the subject of repeated 911 calls. Still, the modal encounter generated by most alternative response models is short-term by design.

Although it has captured the imagination of policymakers, funders, and advocates, the CAHOOTs model is not the only non-police option for responding to situations that involve untreated mental health issues, substance use, and extreme poverty. The TAP model, which pairs community patrol with long-term care coordination and support provided by LEAD and other providers, represents one such option, one that is highly compatible with CAHOOTs type interventions.

[29] Ibid.

# Part II. How TAP Works

While the TAP model is compatible with alternative crisis response models such as CAHOOTs, it is distinguished by a number of features. First, although TAP leaders are in communication with law enforcement, it operates entirely independently from it and serves, in some ways, as an alternative to policing in the TAP zone. In addition, the presence of WDC safety teams on the streets fifteen hours a day, seven days a week likely reduces reliance on calls for service and other alert mechanisms. Below, we provide a more detailed description of how TAP works on a daily basis.

## Overview

As discussed previously, the TAP model integrates three main features under a single programmatic umbrella: 1) non-coercive community safety patrols; 2) long-term care delivered and/or coordinated by community-based service providers, and 3) coalition building and advocacy. TAP's multi-pronged approach aligns with its theory of public safety challenges, which it understands to originate in marginalization, trauma, and deprivation. Without denying the need for police responses in some circumstances, TAP actualizes the understanding that most crimes, especially those that are common on Third Avenue, such as retail theft and public drug use and sales, are best addressed by building relationships, getting to know people and their circumstances, and identifying pathways to change people's material circumstances in ways that align with their goals. Good will and trusting relationships are also crucial for "milieu management" – the daily street presence and response to disruptive and unsafe activities. In these respects, the TAP model is rooted in the same philosophy and theory of change as LEAD and CoLEAD.[30]

In addition to providing "milieu management" in the catchment area, TAP seeks to enact long-term change by meeting the unmet needs of people on Third Avenue by their addressing personal challenges and barriers to change, and, ideally, by cultivating meaningful activities and positive relationships that do not involve unhealthy substance use and homelessness. TAP stakeholders see this as important in order to not veer into dispersal or containment as a faux "solution" to individual circumstances. The care coordination across multiple agencies that this approach involves can be complex. Through team meetings and frequent communication, TAP members

[30] This diverges from a traditional criminal justice approach, which broadly understands illicit and concerning behavior as due to bad choices or poor socialization – a vision of crime in which police arrest wrong-doers to keep the public safe and, by so doing, deter those who might otherwise commit crimes. It also differs from the carrot and stick approach of drug courts or the coercion of involuntary treatment. While no systematic findings exist on the efficacy of forced treatment, some experts caution its use (see Susan Collins, "HaRRT Center Qualitative Review of the Literature on Involuntary Treatment," 2022).

share information and address pressing problems with individuals, workflow, communication, and barriers to successful care coordination.

Crucially, the ability to connect people to resources and services depends on their availability. PDA therefore updates business groups, the city, and KCRHA about TAP's efforts and challenges accessing resources for people in the TAP zone, particularly temporary lodging, housing, and behavioral health supports. TAP thus engages in both the on-the-ground work to connect people to resources and coalition building and advocacy to push for systemic changes in the region's housing and behavioral health resources.

## Street Work

Throughout each day, WDC community safety patrols respond to public safety and order threats as they unfold. At the same time, WDC and other TAP outreach workers get to know people in the area during patrols, gather information, and build relationships. Through these relationships, WDC staff conduct initial assessments and work with TAP partners to match people with appropriate resources, then facilitate referrals to services and supports provided primarily, though not exclusively, by TAP partners.

### *Getting to Know the Area*

When TAP first formed, PDA project managers were in communication with local businesses to identify concerns and the sites and timing of behaviors they viewed as disruptive or threatening safety. These conversations helped provide baseline knowledge for when and where WDC street patrols would operate. WDC continued to refine TAP's understanding of street-level dynamics, walking up and down blocks and alleys at different times of the day. WDC staff began to identify places where people congregated on the street, where and how people generated income, and key drug market dynamics. In line with reports from the Seattle Police Department and local businesses, WDC observed consistent drug dealing, illicit sale of goods, and public substance use in the area and began identifying where these activities took place and by whom. Street ambassadors also gained a feel for evolving dynamics, including the effect of police or street cleaning teams, where people would go when dispersed, and how a particularly toxic batch of "blues" (pressed fentanyl pills) might trigger an increase in overdoses. As a result of this learning, WDC established its 6:00 am – 9:30 pm schedule and a regular patrol route: up and down Third, Fourth and Second Avenues, across the streets (with an emphasis on Pine, Pike, Union, and University), and through the alleys between the avenues.

### *Enacting Milieu Management: Safety Patrols and First Response*

In addition to assessing the catchment area, TAP establishes a daily presence within it. Community safety ambassadors walk the area in uniform: workers wear reflective vests and clothing, such as

red hoodies, bearing the WDC logo. Ambassadors are also highly social. They constantly hail, greet, and check-in with people on the street. During the morning shift, WDC staff wake people up who are sleeping on the street, in alcoves, alleys, or in front of businesses, check-in with them, and provide food and water. Throughout the day, street patrols continue to perform wellness checks, greet people on the street, and respectfully attempt to disperse those who block the sidewalk or entrances to businesses. A few examples from our field notes provide a sense of how this work unfolds:

> *Just outside the smoke shop on 3rd Avenue, we encountered 8 to 10 people on the sidewalk in front of the storefront. The group was paying attention to each other and the items that were in their hands: some foil, drinks, and other things I couldn't see. A WDC staff member walked up to them and asked "Hey, how y'all doing?" He continued, "Are you going into the shop?" One in the group said, "Oh, no, no." The WDC ambassador asked, "Would you mind moving out from the entrance?" And people almost immediately started moving. A few said, "Of course," as they moved north away from the smoke shop doors. One member of the group, a white man in Boston Celtics hat who had sores on his face, said, in a kind tone, "We know you're just doing your job, it's all good."*

WDC efforts to relocate people are typically, but not always, successful. Unsuccessful efforts appear to more frequently involve individuals who exhibit signs of mental illness:

> *Under scaffolding near the Money Tree, we saw an older Black woman sitting on the ground by herself. Her clothes were dirty and ripped and she only had socks on with a pair of shoes next to her. She was talking to herself. A WDC ambassador went up to try to interact with her but she didn't respond to him and eventually he moved on. He told me that was the first time he had seen her but she wouldn't respond and certainly wouldn't move from the storefront.*

Staff are also on alert for potentially volatile or dangerous incidents, such as escalating arguments and violence. At times, WDC ambassadors intervene in other unsafe situations, such as when people who are heavily inebriated or in a mental health crisis are in the street, which is a major transit corridor. Here, our field notes capture one example:

> *As four WDC staff and I walked toward the Ross Dress for Less, one WDC ambassador said he heard the sound of a taser. WDC staff scanned and assessed the area. I saw quick bodily movements in a small crowd of people on the street. WDC identified two women, both young, who were agitated and appeared to be*

*intoxicated and upset at a nearby man, whom they had apparently used a taser on. WDC staff moved toward them, and put their bodies between the women and the man. Two ambassadors walked with the man south about 20 yards, creating physical distance between the quarreling parties, and I observed them down the street talking to him. Meanwhile, another situation was developing and a young man, who had been standing near the initial three people, pulled out a machete-like blade, about 18 inches long. Another WDC staff member engaged him for a minute, but then walked north with a colleague (which, he later said was intended to give the man some space). After a minute or two, the same staffer returned to the man who was brandishing the blade and calmly told him that having the knife out was making people feel uncomfortable. The WDC ambassador asked politely if the man would put it away, saying "Hey, I don't want you to get arrested, man." (Later, the staff member told me that the young man said that he didn't care if he got arrested because he didn't care if he lived or died). After a few moments, the man agreed to put the knife away and walk with two WDC staff members north, ostensibly to connect him with REACH. When they reached the McDonald's, the man was calmer and wanted to get something to eat. WDC staff waiting with him for his food, at which point the tension appeared to have dissipated.*

WDC staff also respond to health crises, including overdoses, either by checking in on people lying down, crumpled over, or otherwise unresponsive or when other people on the street hail them. Here is one example, again summarized in our field notes:

*[One of the supervisors] got a call on the walkie talkie from another team asking for backup/support. Wasn't clear what the situation was and the walkie talkie was pretty crackly. We moved quickly and found a man who had apparently fallen and hit his head, which was bleeding. The man noted that before WDC arrived, many people had walked right by him and not offered help; he was clearly upset by this and the WDC staff empathized profusely. The original team had called 911 and the EMTs arrived, so we moved on.*

Together, these kinds of micro-level interventions aimed at keeping people safe and sidewalks open comprise what TAP calls "milieu management."

### *Building Trust and Relationships*

TAP's approach to public safety also entails gaining the respect and trust of people who frequent the area. One way WDC does this is by providing tangible resources. WDC pack and carry clear plastic baggies with snacks ("snack packs") as well as small water bottles to hand out to people

on the street. Each team member also carries a backpack with a radio, naloxone, and basic clothing and hygiene supplies (when available). Distributing water and snack packs (and to a lesser extent cigarettes) provides a moment to say hello and begin a conversation. Respectful and dignified interactions are another vital trust-building ingredient. WDC staff engage in positive conversation, often joking, smiling, and sharing well-wishes:

> *We turned into the alley that cuts diagonal to Westlake Place. In the alley, we encountered a tall skinny, ginger-haired man walking and swaying slowly. As we walked past him, he smirked and did a small dance, a two-step. The two WDC staffers I was with mirrored him and danced in turn. We all laughed joyously, and the man responded in kind, demonstrating the dance again and the three of them started two-stepping together and laughing before parting ways. The man called down the alley after we were about 30 feet away and showed off a different move – a kind of hop step – to more laughter and vocal enthusiasm. One of the ambassadors called out, "We'll see you. We love you fam. Take care."*

Some of the exchanges we witnessed were more visibly heartfelt:

> *We approached a middle-aged Black woman and WDC staff hailed her by her first name. She looked so tired. They told her that they were keeping her in mind for housing and would look for her when they had something. One staff member said, "Hang in there, take care of yourself, we care about you" and her eyes welled with emotion. She thanked them profusely and we walked on.*

These interactions allow people on the Blade to get to know WDC staff as caring, consistent, and nonthreatening. WDC staff speak knowingly of individuals' behavioral and emotional patterns, which helps them assess risk and interpret ambiguous situations. Over time, conversations tend to yield personal information (such as names, dates of birth, health troubles, bits of life history, past service involvement, goals, on-going barriers) that is pertinent when TAP partners seek to match people with appropriate supportive services or solve immediate problems, such as attempting to connect people with family.

While repeated, friendly interactions, resource distribution, and non-judgmental exchanges are clearly pragmatic, we observed genuine acts of care and affection. Some WDC staff purchased shoes, at their own expense, for people whose footwear was in tatters or who walked around in socks. We witnessed fist bumps, handshakes, hugs, and other exchanges with a group of people who are often met with physical revulsion. WDC also reverse overdoses, break up fights, and prevents theft by protecting backpacks and other belongings when people are highly inebriated.

At other times, they provide an ear for people who are yelling or crying. We also witnessed numerous expressions of goodwill such as people calling out across the street and greeting WDC, hellos and friendly conversations with MID and other security and service providers, and amicable honks from King County Metro bus drivers. An example from our field notes exhibits respectful, trusting exchanges and their connection to good will:

> *Shortly after we started patrol, an older Black man came up to the three WDC ambassadors and me with a smile and initiated friendly interactions with the WDC staff, touching each on the shoulder and thanking them. He spoke in what I would describe as an eccentric way, with a lilt and pace out of step with normative speech. He said he was a skilled fighter and proceeded to demonstrate his martial moves, in close physical proximity to staff, who were all paying attention, making eye contact, and responsive. No one flinched or stepped back as the man displayed his moves. Everyone had a laugh while we were waiting for the light in front of the Walgreens. The man went on ahead. A half block south, we passed him again, talking with another man who was standing with his back to the street and held foil, used for smoking fentanyl, in his hand. As we went by, I overheard the move-displaying man say, "Hey, you should talk to WDC, they might be able to help you. They're the good guys."*

Through these kind of regular warm and sometimes playful interactions, WDC staff are helping to re-create the prevailing atmosphere, infusing it with moments of care and joy even as the sense of abandonment and despair persist.

### *Care Coordination and Referral*

Repeated, consistent, and caring encounters have numerous benefits on Third Avenue. Building rapport and goodwill are key to establishing trusting relationships, which in turn provide the foundation for care coordination and referrals to supportive services and resources. TAP field workers gently nudge people along a path to change, often beginning with a search for places they can stay inside, whether in shelter, temporary lodging, or permanent housing. TAP workers also provide direct connection (not simply referrals) to long-term case management from partner organizations to help those in need organize their thoughts, goals, paperwork, and make connections to other resources, such as medical care, mental health counseling, supports for addiction, employment, family and other elements of a more stable life. For people who are housed and selling drugs, TAP seeks to introduce other employment opportunities and provide support and connections for those that express interest.

TAP partners seek to match people to the right resources and prioritize those who have pressing needs and are causing repeated disruptions downtown. After talking with people on the street and learning about needs, capacities, and preferences, WDC compiles lists of people who might be a good fit for the various resources available. With the help of Julota, the data management platform on which TAP relies, WDC sends names and information to partner organizations, including CoLEAD, REACH/LEAD, and BHRT for further assessment.

If eligible and a good fit, TAP partners coordinate to meet the person on the street and facilitate a referral through a face-to-face introduction and exchange, called a "warm hand-off." Finding specific people on the streets to facilitate a warm hand-off is inherently challenging. As workflows have developed, partner organizations have set regular walk-along or office hour times with WDC. If a TAP partner has difficulty finding or engaging with someone who has already been referred, they can ask WDC to search for and make contact with that person in the catchment zone. Making these inter-organizational connections can be labor and time-intensive. Delays are common, as each organization has its own work schedule, organizational and budget constraints, and other constraints. WDC serves as the backbone of these complex and labor-intensive efforts to get to know the people on Third Avenue and connect them with appropriate housing and service providers.

Many of the people TAP serves have high needs and significant barriers to accessing required documents, resources, healthcare, and services. REACH/LEAD staff, in particular, are highly skilled at solving administrative and bureaucratic challenges faced by this population. WDC also works with businesses to set up employment opportunities that will serve as alternatives to illicit economic activity. As part of this, WDC helps people with job readiness, providing clothing and mock interviews. All of these efforts are aided by ongoing project management by PDA, which helps establish and smooth workflows, address communication challenges, and strategize around difficult cases.

### *Consensus Building, Resource Allocation, and System Change*

TAP seeks to enact an expansive vision of and approach to community safety in the downtown core. This includes working with businesses, city officials, and local stakeholders, taking their concerns seriously, and communicating about problems and progress. On-going dialogue allows local businesses to share their experiences and perceptions of safety and order, and to offer constructive feedback. PDA project management has sought to foster open and honest communication, such that business owners and other neighborhood stakeholders can freely raise concerns, frustrations, and ongoing issues. When applicable, TAP partners attempt to respond to this feedback on the street, by, for example, steering WDC's attention to particular hotspots.

To facilitate this, TAP has worked with the DSA to systematize how businesses can make referrals for particular individuals or troubling dynamics. In turn, PDA project managers share updates about the efforts of WDC and TAP partners to meet the needs of people exhibiting problematic behaviors in the Third Avenue zone, as well as the structural limitations they run against. The downtown business community has also provided important support for these efforts: office space for WDC, help with designing and disseminating flyers and informational materials, job opportunities and support for people in the TAP zone, and collaboration on workflow management, including development of a referral portal.

If community safety patrols and outreach workers could simply connect every person to the necessary supports, TAP might simply be composed of teams in the field. Yet, in Seattle and other U.S. cities, there are far too few case workers, counselors, detox and treatment beds, and appropriate housing units to meet the level of need. Without housing, TAP cannot effectively enact its vision. TAP partners, coordinated by PDA leadership, therefore work to access available resources in the region, some of which were initially made inaccessible by administrative rules. The working relationships TAP has built with downtown stakeholders have been vital in this effort. Building consensus with all stakeholders helps create a collective voice when advocating for continued funding for the project as well as for allocating resources to people in the TAP zone. The Downtown Seattle Association, in particular, has become an important ally in advocating for expanded housing resources.

This advocacy has been highly effective. When TAP began, people WDC staff contacted on the street were not considered a priority for housing within the region's system for distributing housing resources to people exiting homelessness. The KCRHA holds exclusive access to the vast majority of such subsidized housing in the region and largely determines who is prioritized for units. TAP has therefore built relationships with KCRHA officials to integrate TAP participants into the KCRHA's pilot initiative to address homelessness in downtown, Partnership for Zero.[31] This relationship-building opened up housing resources for people in the TAP zone who had previously fallen through the cracks. In October 2023, KCRHA continued TAP's designation as a housing priority indefinitely.

Given the region's resource scarcity and complex administrative rules governing how those resources are distributed, institutional and political knowledge and relationships are important assets in this element of the TAP model. At the same time, TAP leadership understands that priority classifications do not increase the pool of available housing in the region.

[31] The Partnership for Zero initiative officially ended in September 2023.

Seattle and King County face a massive mismatch between the scale of homelessness and the number of available units. In 2022, the KCRHA estimated that over 13,000 people were experiencing homelessness on any given night, over half of whom were living unsheltered. That year, the region's Housing Inventory Count tallied just over 9,600 units of permanent housing. Those beds, however, are mostly full, with some turnover, and even the total housing stock does not match the level of need.[32] Under such conditions of scarcity, accessing housing is a zero-sum activity: each unit directed toward TAP is taken away from another unsheltered person in another area. As a result, TAP and its partners continue to push for officials to increase funding for subsidized housing and behavioral health supports, without which TAP will not be able to enact its vision of public safety and Seattle and King County will not make significant inroads into regional homelessness. TAP's hope is to demonstrate the efficacy of such resources when concentrated on a high-profile but limited geography that is viewed as an intractably disorderly and unsafe. The TAP theory of change holds that credibility and good will generated by this impactful effort will catalyze increased investment and confidence in the overarching methodology and model.

[32] King County Regional Homelessness Authority Data Overview: https://kcrha.org/data-overview/

# Part III. TAP Accomplishments

TAP has accomplished much since its creation in late 2022. Below, we summarize core PDA and WDC achievements as of October 2023.

## PDA Project Management

As the backbone organization of this collective impact model, PDA has provided strong project management, facilitated communication and consensus-building, initiated and refined the data management and sharing platform, and worked to expand resources for the TAP zone. Key accomplishments include:

- **Rapidly building a data management and sharing platform** | PDA received funds to pay for and help construct a data management and information share platform. Julota is customizable and allows for multiple agencies and entities to collectively interact with and provide care for the same individuals. Julota works with each partner's own data system to selectively integrate data, depending on privacy and sharing agreements and protocols. PDA orchestrates and oversees this complex process. WDC uses the platform to enter personal information about the people with whom they interact. By doing so, they constructed the By-Name List. Data about individuals is then shared between TAP partners, allowing different providers to assess and screen people for appropriate placements, and continue to coordinate care once those referrals are made. PDA manages the platform and continues to refine it with feedback from TAP partners.

- **Cultivating business buy-in and collaboration** | PDA has successfully built collaborative relationships with the downtown business community. As discussed above, TAP aims to create a coordinated, community public safety response. Securing buy-in from downtown businesses is therefore a crucial part of the effort. Businesses provide knowledge about on-going street-level dynamics and have provided practical support such as office and parking space and job opportunities for (former) drug dealers. The DSA has also been an important collaborator, using its relationships with the city and KCRHA to advocate for resources for the people who live in the area.

- **Expanding temporary lodging and housing resources for TAP** | PDA and its TAP allies have worked effectively to open up needed resources for people along Third Avenue. Given the high number of people living unsheltered who engaged in disruptive or illicit activity, expanding access to shelter and housing resources is vital to TAP's success. The TAP coalition successfully worked with regional officials to

ensure people in TAP's catchment zone would have access to housing resources controlled by the KCRHA. In addition, PDA worked with the city to increase the number of beds in CoLEAD lodging set aside for the TAP zone. Shelter and housing resources are vital to TAP's success and an ability to expand access to limited resources must be considered part of the model.

- Integrating diverse capacities and skill sets | The TAP model requires the integration of street-level safety patrols, assessment and referrals, care coordination, systems navigation, project and data management, consensus-building, community organizing, and political maneuvering. Given this complexity and variety, PDA has discovered the value of integrating people with diverse and complementary skillsets. On-the-ground "milieu management" requires exceptional situational awareness, de-escalation skills, and the capacity to build positive, caring relationships with highly marginalized people. Evaluation and referrals rely on clinical insight to match people with appropriate resources. Effective care coordination, case management, and housing navigation depend on intimate knowledge of complex bureaucratic and administrative systems as well as the ability to access those systems on behalf of people with significant barriers. Talented project managers help bring teams together, respond to inevitable tensions and roadblocks, create workflows, and establish ongoing, collaborative relationships with businesses and local officials. Finally, leaders with institutional knowledge and political savvy have been crucial in communicating with powerful stakeholders about TAP's work and have successfully accessed resources that were held behind administrative rules.

- Building coalitions to bolster a multi-pronged push to address structural problems | TAP's successes are not only due to hands-on practitioners or careful project management, but depend on the complementary insight and advocacy of TAP leadership and community partners in naming and seeking to intervene in structural barriers. The DSA, partners in city government, and KCRHA have all helped unlock resources and opened up conversations about the pressing need for more and diverse housing options and behavioral health treatment.

## WDC Community Ambassadors

WDC has moved quickly and effectively to put together teams that are highly trained in de-escalation, overdose referral, relationship-building and much more. Key WDC accomplishments include the following:

- Fact finding through creation of a By-Name List (BNL) | By-Name Lists are common features in the homelessness services field. Workers collect information on people experiencing homelessness, including on the streets, aiming to create a census of total people and certain aspects of their needs. WDC workers logged information during safety patrols and PDA compiled the data, producing new and important information about the people who live in the Third Avenue zone. As of October 5, 2023, WDC had entered 933 non-anonymized names and 47 unverified John/Jane Doe entries in Julota. *Over 90 percent of these people were experiencing homelessness*. Notably, TAP's BNL identified different people than those who were included in other counts in downtown Seattle. The KCRHA had previously attempted a similar count, but its implementation primarily focused on established encampments and thus missed people who frequented downtown but lacked a fixed tent site. In partnership with the KCRHA, TAP integrated data on the people frequenting the TAP zone. TAP's data provides the most comprehensive assessment of the area, which highlights both the large number of people frequenting the zone and the significant need for housing.

- Overdose reversals | WDC teams have undoubtedly saved many lives. Between January and October 2023, staff attempted to reverse 75 overdoses. All but one of these interventions were successful.

- Family reunification | WDC staff have responded creatively to people's situations and needs. This includes getting to know people well enough to learn about their family situations and desires. Between January and August, WDC coordinated 13 family reunifications, which included purchasing five bus or plane tickets for people to re-connect with family out of the region. In some instances, WDC staff have physically reunited loved ones who have not seen each other for years.

- Job readiness and placement | WDC endeavors to connect with people who are selling drugs in the TAP zone and begin conversations about long-term plans and alternative avenues for making money. The process begins first with non-judgmental conversations, goal identification, and support with job readiness and placement. Certainly not all people selling drugs are interested in engaging WDC staff, yet community safety workers have made inroads with some dealers. Between January and October, WDC helped nine people secure legal jobs and conducted 11 mock interviews to help people prepare for work.

- Temporary lodging and housing placement | Despite having access to limited temporary lodging and housing resources, TAP practitioners have also helped some people move off of Third Avenue and into more stable residence. Although many people in the TAP zone are not a viable match for CoLEAD, and are therefore not referred to Co-LEAD, 27 of the 32 people whose referrals were approved before October 5, 2023 have moved into temporary lodging. Unfortunately, some of the people who have been referred to CoLEAD are not a good fit for it. When PDA screens people who have been referred to CoLEAD from TAP, it finds that many referred people have extensive and complex criminal histories. Evidence of recent violent behavior is a red flag, as PDA must ensure that staff and other CoLEAD residents remain safe.

  Still, a nontrivial number of people have moved into CoLEAD facilities after being referred by WDC. Anecdotally, WDC staff report that people look cleaner and healthier once they have moved inside. Between nomination and move-in, TAP partners help people secure the necessary documents and completing paperwork, which can take weeks, if not months. It should be noted that people who enter temporary lodging (or housing) do not immediately leave the Blade, as the TAP zone is both familiar to and an important socializing space for many. Still, consistent with Housing First principles and research, having housing off the streets and intensive case management provides an important foundation for people to begin to work toward long-term change.

- Proactive problem solving |WDC staff are, quite literally, on the ground. As a result, they can and do observe unmet needs that might otherwise go unnoticed. For example, the team's observations about the pervasiveness and implications of untreated wounds triggered conversations about the possibility of arranging for mobile wound care in the area. Similarly, their observations about the limited mobility of the people who regularly use fentanyl motivated efforts to attempt to arrange for a mobile methadone clinic that might offer services in the area. These conversations are on-going, but would not have occurred without WDC boots on the ground.

- Possible impact on safety and perceptions of it| Establishing a causal connection between WDC patrols and safety outcomes is methodologically complex and not currently feasible. However, our observations suggest that their presence is experienced as supportive and helpful by many people who spend time in the TAP zone. For example, we not infrequently see tourists, employees, and even bus drivers thank WDC staff for the work they are doing. Their presence on Third Avenue (along

with presence of MID and others) seems to provide some assurance to visitors and at least some business-owners. Similarly, we have both witnessed and heard detailed accounts of WDC interventions that prevent fights from escalating and lead to weapons being stowed away. We have also witnessed numerous instances in which WDC staff moved quickly to prevent pedestrian injuries or fatalities on this busy transit corridor. It therefore seems entirely possible that WDC patrols and interventions are improving both safety and perceptions of it.

- Overdose reversals | While overdoses have increased in downtown Seattle, the rate of fatal overdoses has not. King County Emergency Medical Services responded to fewer than 50 overdoses downtown in January 2020, a figure that rose to nearly 200 in January 2023. This growth has outpaced increases in other parts of Seattle/King County, such that the proportion of regional overdose incidents occurring downtown is rising. During this time, the share of Seattle/King County overdose deaths that occurred downtown did not increase.[33] This suggests that naloxone is available and people, including WDC staff, are responding quickly enough to prevent the loss of life in the downtown area. Although it is not possible to isolate TAP's contribution to this pattern, the data suggest that overdoses that occur in the downtown area are less likely to result in death than others. In March 2023, for example, 49.6 percent of all Seattle overdoses took place downtown but only 30.3 percent of all Seattle overdose deaths occurred downtown. It seems likely that the presence of people, including WDC staff, who are trained to use naloxone and keep an eye out for people who use drugs in public helps to explain this pattern.

[33] King County EMS data repository, provided by Hannah Collins, Epidemiologist, Public Health – Seattle & King County.

# Part IV. Lessons Learned and On-Going Challenges

## Lessons Learned

No template existed to guide the creation and implementation of TAP when it was launched in 2022. Moreover, key elements of the initiative – including reliance on civilian safety teams who would coordinate with care providers – appear to be entirely novel.[34] In this context, TAP leadership and stakeholders have experimented and learned numerous lessons that will guide TAP moving forward. These lessons are enumerated below. We conclude with a discussion of on-going challenges with which TAP continues to wrestle.

### *Lesson 1: Coordination of milieu management and care provision is complex and takes time*

TAP seeks to improve public safety through two primary methods: milieu management and long-term care coordination, in which housing is almost always a central aim. These efforts are related, but operate on different time frames. Milieu management is a short-term response to daily conditions that are unhealthy (e.g. overdoses, untreated wounds), disruptive (e.g. outbursts, blocking sidewalk or storefronts), or unsafe (e.g. people walking into street unaware, fights, escalated incidents). By contrast, long-term care coordination is an attempt to enact lasting changes in material circumstances and well-being. This form of change is often protracted and nonlinear. Perhaps most important, long-term change depends on the availability of resources and supports. Put simply, a dearth of housing and behavioral health supports limits a wider scale response to Third Avenue.

This reality has important implications for how WDC staff can and should communicate with people on the streets about the possibility of connecting them with housing and services. Resource scarcity entails long wait times for needed supports, such as substance abuse treatment and housing. If realistic information about the time line is not clearly communicated with people who are looking, sometimes desperately, to get off the streets and into housing, detox, or treatment, the (unanticipated) delay can impact the goodwill and trust field workers cultivate and on which they depend.

For this reason, TAP stakeholders have come to appreciate the importance of fully appraising people who seek services of the time that such endeavors require. Staff from partner organizations, particularly REACH, have learned from experience how to have conversations with people living unsheltered about the scarcity of housing resources and the sometimes years-long

[34] Around the same time, Urban Alchemy began a street presence in some San Francisco neighborhoods, but this project does not feature systematic referral to long term individual case management, resource navigation, and care providers.

process of moving into a unit. Enhanced sharing between partner organizations about outreach and referral work, particularly from those who have experience in the field and navigating the homelessness services system, can help to address this dynamic.

### *Lesson 2: Housing is a necessary but not sufficient element of a public safety model*

More than nine of ten people TAP identified as having a public safety or public order impact in the Third Avenue zone lack housing. Without permanent residence, their presence in the area and the substance use or illicit income generating strategies many engage in are likely to continue. Housing, then, is essential ingredient to the public safety effort.

At the same time, simply providing a unit for someone who has been living outside with unmet behavioral health needs may not in itself produce the behavioral changes stakeholders downtown desire, especially in the short-run. For example, WDC staff report that some people they referred to, and were accepted by, CoLEAD continue to frequent Third Avenue and use drugs in public, albeit looking better slept, more put together and acting in (some) ways that reflect increased stability. While temporary lodging is not permanent housing, the lesson is nonetheless clear: although stable residence provides a crucial foundation upon which people can stabilize and build toward lasting change, housing may not provide an immediate panacea. For many in the Third Avenue area, additional supports are needed to enable people to stabilize, address underlying unmet needs, establish more control over their substance use, and shift away from behaviors that impact the safety and order of the downtown core once they are housed. In short, housing is a necessary component of the Third Avenue public safety effort but must be paired with long-term case management and care coordination, such as the harm-reduction, person-centered services REACH/LEAD provides.

### *Lesson 3: Resource scarcity and fragmentation can impact care coordination, but strong project management helps*

TAP brings together already existing social service providers, connecting their services with community safety patrols, and coordinating the collective effort. This strategy eliminates the cost and time of standing up new programs while taking advantage of the skill and institutional knowledge of established social service providers. TAP's funding reflects this approach: new resources were directed toward WDC so that it could expand its team downtown and toward the data management and sharing platform that enables coordination and communication between providers.

CoLEAD, REACH, and BHRT received no new funding, and rely instead on within-organization resources to conduct their work with TAP. That is, the latter organizations were asked to prioritize and coordinate with the TAP project but did not receive additional staff resources to support that

effort. In addition, the involvement of many differently situated organizations leads to communication challenges and underscores the need to develop and refine workflows across different organizations and programs. As a result of these twin dynamics, coordinating across organizations and programs has often been challenging and time-consuming.

The population served also introduces logistical obstacles. Given that TAP seeks to coordinate care for people experiencing unsheltered homelessness with significant substance use and mental health barriers, referrals often require face-to-face encounters on the street. Having the right TAP providers on site at the right time can be a challenge, especially if staff are juggling other responsibilities unrelated to Third Avenue. Missed connections and miscommunication can lead to frustration. Skillful project management is therefore crucial to ensure communication and coordination wrinkles are identified and ironed out. More broadly, regular and on-going dialogue between partner organizations has helped TAP adapt and refine its workflow to better meet the needs of people on the street.

## On-Going Challenges

TAP is a bold undertaking. The problems it seeks to tackle without reliance on the criminal legal system are complex and deeply entrenched. Coordinating services across multiple budget-constrained organizations and providing street-based safety patrols and outreach in the context of a thriving open-air drug market are extraordinarily heavy lifts. Below, we describe some of the most vexing challenges with which TAP stakeholders and providers are currently wrestling.

### *Challenge 1: Crucial gaps in crisis response and service provision exist*

TAP has encountered key gaps in service provision for people with the highest needs and who have the potential to cause significant public safety order and disruptions. In particular, TAP partners have had trouble finding case management, shelter, and housing options for two subsets of people: those whose mental health needs exceed the level of care available, and those whose recent histories of violence make placement in shelter and housing difficult.

WDC has attempted to connect with a number of people who are struggling with unsheltered homelessness and substance use and whose mental illness is so severe that they have difficulty reaching the point of a referral or engaging regularly with case management. Moreover, when people are experiencing a mental health crisis, WDC has no one to call to offer help other than police, which they are understandably hesitant to do. Although BHRT specializes in working with people with behavioral health issues, the program is designed as a short term pre- and post-crisis intervention, providing up to 90 days of case management and housing navigation once someone

is no longer is crisis.[35] BHRT continues to refine its definition of what qualifies as a crisis, but the program generally does not work with people who are actively experiencing delusions or suicidal or homicidal ideations. Short of calling 911 or initiating the process for civil commitment (which is plagued by backlogs), WDC has found there are inadequate and insufficient options for behavioral health crisis response and treatment.

Two examples illustrate this dilemma:

> *On Pike, between 3rd and 4th, we heard a very loud yelling voice and observed a heavyset, middle-aged man who was yelling angrily and fixated on opening a particular door that appear to be unopenable. He alternated between banging on the door and turning around and yelling at people, including WDC staff. One ambassador attempted to establish some kind of rapport with him, but the man insisted that he didn't want any help from him. The WDC team observed him banging on and kicking the door from a distance for a while. We then walked south, and around the block, a different younger man, who was also yelling very loudly. He began pounding on the windows and doors of the business as he was walking past. As he got to the corner of 4th and Union, he began very loudly banging on and kicking the doors of a bank. We watched from across the street. I asked a WDC staff member if this circumstance would lead him to call the police, but he said it did not meet that threshold. And, he said, there is no one else to call.*
>
> ****
>
> *Just a little south of the Ross Dress for Less we came across a young woman who was slumped over and looked like she might be overdosing. WDC staff did a check to see if she was okay. She was nonresponsive at first and it seemed like maybe it was an overdose. All of a sudden, she came to and started yelling – she was not angry, but clearly distressed. She started rolling on the ground, jumping up, and then lying back down again. She appeared disoriented. She oscillated between being very animated, yelling, moving around quite a bit, erratically, then suddenly collapsing on the sidewalk, seemingly immobile. This went on for some time. WDC staff attempted to calmly engage with her with different prompts: checking in, asking her if she wanted water, asking if there was something they could do to help her. She*

[35] BHRT acknowledges that it is unlikely that 90 days of case management will be sufficient to resolve issues of those referred to them. TAP anticipates that these individuals will be connected to LEAD case management for more long-term assistance, but removing the time limitation for BHRT services might be a better strategy if it were possible.

*was only occasionally able to interact with them. (I found this difficult to watch; she's so young.) At some point, for reasons I don't fully understand, she started walking north rapidly and two WDC staff members tried to keep up. But she left her backpack behind. Another WDC ambassador and I stayed with it. The ambassador asked the man she had been using drugs with to keep an eye on it for a second, so he could catch up and tell the others about the bag. The man said yes, and immediately started rifling through it. He pulled a baggie out and started using her drugs as I watched. We caught up with the others, shouting about the backpack, and the woman started sprinting back to get it. Discussing this situation later, we talked about the fact that it would be really great if there was someone to call for someone in crisis like that. But there just doesn't seem to be. They noted that she is a great candidate for behavioral health supports, but there is no crisis response.*

In some cases, TAP has also struggled to place people in temporary lodging due to concerns over violent behavior that might put staff and other residents at risk. CoLEAD provides low-barrier, non-congregate lodging with intensive case management. The program is designed to work with people with significant barriers to housing and is therefore a good fit for some people living on Third Avenue. Yet TAP has found a nontrivial number of people ineligible for CoLEAD due to the combination of mental illness and recent history or direct observations of what CoLEAD classifies as "behavior objectively dangerous to others."[36]

Although WDC continues to engage this group of people on the street to begin referrals to REACH case managers, TAP has not been able to find suitable shelter or lodging in many of these cases. Intensive Permanent Supportive Housing may provide appropriate support for people whose mental illness manifests in repeated violent acts. Yet even some PSH providers have raised concerns over violence.[37] While rare, a number of notable incidents, including the murder of a supportive housing staff member by a resident, illustrate the risk and grave consequences of

[36] The people CoLEAD serves typically have extensive criminal histories, which can include combinations of drug, property, and violent offenses, weapons possession, domestic violence history, and histories of assaults on strangers (including felony DV offenses and felony assault). When reviewing criminal history, PDA staff are looking for concerning histories of protracted harassment, invasion of private space of fellow residents or community members, stalking (non DV), use of weapons to terrorize, scenarios where helping professionals, store employees, or other front-facing staff are hassled for no apparent reason, and setting fires that threaten life and property. For example, PDA staff looked through incident reports of a burglary charge, in which the person being screened had repeatedly stolen quarters from an apartment's laundry room. When confronted by the building manager, who had armed himself ahead of the confrontation, the person charged with a knife and continued to struggle with the building manager after being shot. PDA determined such circumstances presented an excessive risk to staff and other residents.

[37] Mike Davis, Amy Radil, and Noel Gasca, "Residents and Staffers Voice Safety Concerns about Some Homeless Housing Facilities," September 29, 2023.

violent outbursts.[38] PDA has been in recent dialogue with the King County Regional Homelessness Authority about the need for a new solution for this small but challenging and impactful population.

WDC staff have expressed repeated frustration regarding this service gap. Some feel that it leaves them "holding the bag" — stepping in and doing what they can to connect with and soothe people who are clearly suffering and that, from their perspective, ought to be supported by other trained professionals. Before WDC came to Third Avenue, people with high acuity mental illness and those who engage in repeated dangerous acts had few points of institutional contact outside of emergency services and police. In an ideal world, WDC would serve as the first contact of a caring, supportive response to people with the highest needs who also cause disruptions and pose safety risks downtown. Yet the dearth of appropriate programs to support high needs populations leaves some individuals on the street with no pathway toward lasting change.

### *Challenge 2: The resilience of illicit drug markets*

Outdoor drug markets are notoriously difficult to disrupt. In the height of the drug war, there was a concerted effort to do so in downtown Seattle and elsewhere by arresting large numbers of drug dealers. Research shows that these kinds of efforts were not successful, as new dealers typically replaced those removed by law enforcement. Moreover, mass arrests often disrupt informal turf arrangements which can fuel competition and violence.[39] And recent research confirms that law enforcement efforts to disrupt supply networks worsens public health outcomes.[40]

In this context, it is not clear that TAP can or should make a concerted effort to relocate or otherwise alter drug distribution patterns in the TAP zone. WDC staff have connected with numerous individuals who sell drugs in the area. As of early October, they have conducted eleven mock interviews with these individuals and helped none of them secure legal employment. While this work is impressive, and may help the people working with WDC make a change in their lives, it is unlikely that these efforts will significantly impact the availability of illicit drugs in the TAP catchment zone. This is especially true for the Blade, as the existence of a transit corridor seems

[38] Sarah Jean Green, "Man Accused in Belltown Fatal Stabbing Believed He Was Going to Be Evicted, Police and Prosecutors Say," *The Seattle Times*, November 25, 2020; David Gutman, "Prosecutors: Argument Led to Fatal Stabbing at Belltown Supportive Housing," *The Seattle Times*, September 30, 2023.
[39] Dan Werb, Greg Rowell, Gordon Gyatt, Thomas Kerr, Julio Montaner, and Evan Wood, "Effect of Drug Law Enforcement on Drug Market Violence: A Systematic Review," *International Journal of Drug Policy* 22, 2: 87-94 (2011).
[40] Ray Bradley Steven J. Korzeniewski, George Mohler, Jennifer J. Carroll, Brandon del Pozo, Grant Victor, Philip Huynh, and Bethany J. Hedden, "Spatiotemporal Analysis Exploring the Effect of Law Enforcement Drug Market Disruptions on Overdose, Indianapolis, Indiana, 2020–2021," *American Journal of Public Health* 113, 750-8 (2023).

to help sustain this and other nearby outdoor drug markets. However, the City of Seattle plans to re-orient the corridor to increase residential use of existing space, to increase the use of abandoned spaces, and to adopt other environmental strategies that may help to turn this corner by changing the nature of the space itself. It is conceivable that TAP operations combined with these spatial strategies may reduce the visibility and impact of drug market activity in the area.

### *Challenge 3: Complications stemming from changes in the drug supply chain*

The drug supply chain has undergone a remarkable transformation over the past decade. In particular, fentanyl and other synthetic drugs have largely or entirely replaced heroin in many parts of the country.[41] While many long-time opioid users would prefer heroin if it were available, most people who are dependent on illicit opiates now knowingly consume fentanyl instead.[42] Fentanyl is also increasingly present in other illicit drugs, some of which are (fraudulently) marketed as prescription painkillers such as Percocet or Oxycodone or as newer medications such as ketamine, though most fentanyl use in the TAP catchment zone is knowing and intentional.

Synthetic drugs like fentanyl offer many advantages for the organized criminal groups who distribute large quantities of it and other illicit drugs. But fentanyl poses a grave risk of overdose. Combining fentanyl with other inexpensive synthetic drugs enables distributors to produce fentanyl products with lower concentrations of fentanyl. With heroin in short supply, the addition of adulterants can also offer advantages to opioid users. Xylazine, for example, prolongs the sedative effects of fentanyl, delaying the onset of withdrawal and reducing the need to hustle up the next dose. Methamphetamine provides a long-lasting rush of energy that mitigates withdrawal symptoms and helps consumers make the money necessary to buy more opioids.[43]

These changes in the drug supply have important implications for TAP and for WDC staff in particular. The short-acting nature of fentanyl means that many users cycle through the high and the search for the next dose very quickly. Whereas case managers report being able to engage with heroin users who were not faced with the imminent prospect of withdrawal, fentanyl users face that predicament very quickly after using. When the fentanyl that is available in the TAP zone is more potent, engaging with people who are using is often not possible. And when the fentanyl that is available in the area is combined with methamphetamine, users become more agitated and restless, which also makes conversation and engagement challenging. Finally, the fact that both

---

[41] V.M. McMahan, J. Arenander, T. Matheson, A.M. Lambert, S. Brennan, T.C. Green, A. Y. Walley & P.O. Coffin, "There's No Heroin Around Anymore. It's All Fentanyl," *JMIR formative research*, *6*(9) (2022).
[42] Fernando Montero et al. “Potency-Enhancing Synthetics in the Drug Overdose Epidemic: Xylazine ("Tranq"), Fentanyl, Methamphetamine, and the Displacement of Heroin in Philadelphia and Tijuana.” *Journal of illicit economies and development* vol. 4,2 (2022): 204-222.
[43] Ibid.

fentanyl and meth are now most commonly smoked (rather than injected) by users in the TAP catchment area means that WDC employees are in the vicinity of secondhand smoke on a daily basis. This concern places important constraints on the kinds of interactions WDC staff can have with people who use drugs openly.

### *Challenge 4: The scope of the problem: structural causes, magnitude, acuity, and resource scarcity*

The number of people living unsheltered and spending time in the TAP zone far exceeds expectations. Before TAP produced its By-Name List (BNL), no one in the city knew how many people were having an impact in the downtown area. Although the KCRHA had its own BNL, TAP quickly learned there was little overlap between their growing list and the one compiled by the KCRHA. As of October 2023, TAP had identified 933 unique names and 44 anonymous/unknown entries. Even if all the John/Jane Doe names were duplicates, TAP has counted close to one thousand discrete individuals who spend time in the catchment zone and have significant service needs. Importantly, fewer than one percent of people in the area reported having a primary residence or address. Over 90 percent reported they were experiencing homelessness – a conservative figure, as the housing status of 8.6 percent of people contacted by WDC and entered into Julota is unknown.

While WDC safety teams have been able to connect with people on the street, build trust, manage potentially dangerous situations on the street, and make referrals to long-term care, the scale and level of need clearly presents a significant obstacle for TAP going forward. The toll that synthetic drugs are taking on people also represents a notable challenge, as this excerpt from our field notes suggests:

> *I had a bunch of conversations throughout the afternoon with the WDC team about the physical toll that drugs are clearly taking on people's bodies. It is stunning. The degree of stupor, the fact that people's pants are falling off - and that they have no idea that this is happening- the sores on people's faces and wounds on other parts of their body, the fact that people cannot stand up and can barely walk, the lost limbs …. It is overwhelming.*

Moreover, housing is a necessary foundation to begin addressing substance use and mental health issues — the root of many behaviors impacting public safety. Yet as previously noted, Seattle and King County face a substantial mismatch between the scale of homelessness and available subsidized and/or supportive units. Initially, when constructing the BNL, TAP learned that WDC street teams were interacting with people who, for the most part, were not included in KCRHA's downtown housing initiative, Partnership for Zero. KCRHA holds exclusive access to housing for

people exiting the street and prioritized designated Partnership for Zero zones for housing. In its model of resource distribution, KCRHA identified encampments within priority zones to facilitate where available units would flow. When it did so, KCRHA officials focused on established encampments. Yet most of the people frequenting the Third Avenue area do not reside in set encampments. As a result, people in the TAP zone were not included in initial outreach and were not classified as priorities for KCRHA's housing resources, despite the significant impact on public safety such individuals posed.

In the summer of 2023, PDA leadership successfully navigated this administrative obstacle by working with KCRHA to merge TAP's BNL with KCRHA's downtown initiative and reclassify the TAP zone as a priority, unlocking housing resources. Despite the importance of this victory, such administrative maneuvers do not increase the number of available units in the region for people exiting the street, which remain severely limited compared to the level of need. Moreover, KCRHA recently announced the termination of Partnership for Zero because its *non-TAP* aspects were both costly (and without ongoing dedicated funding), and felt to be not especially effective.[44] This development may have important consequences for TAP, but PDA and other partners are optimistic that KCRHA will maintain a downtown focus by relying even more heavily on TAP for street presence and outreach, and may continue to prioritize individuals encountered in the TAP zone for permanent housing available through the regional Coordinated Entry process.

The TAP model is weakened without robust access to housing and behavioral health resources. When functioning as designed, and with access to housing and needed services, TAP can create a virtuous cycle in which effective milieu management is paired with an ability to place people in temporary lodging or housing and on a path toward long-term change. Successful referrals help reduce the impact of certain individuals on the streets, while also demonstrating TAP's efficacy to businesses and downtown stakeholders and to people on the street, which expands the circle of people who might willingly engage with supportive services. Encouraged by TAP's efforts, more businesses may advocate for TAP to continue with the city and join a chorus of community voices calling for increased housing resources to be directed to the downtown core. Additional resources allow TAP partners to move more people into housing, and the cycle continues.

On the other hand, without housing or more robust behavioral health supports, TAP risks entering a vicious cycle. If there are no housing units available to people in the TAP zone, WDC is left doing milieu management without connections to long-term care and housing. Similarly, without teams specifically trained in responding to people in active mental health crisis, WDC may be unable to

[44] Erica C. Barnett, "Partnership for Zero, the Homelessness Authority's Marquee Plan to End Homelessness Downtown, Will End After Housing 230 People," *Publicola*, September 19, 2023.

quell the disruptions such crises can entail. Over time, this may tarnish WDC's reputation in the area and risks transforming safety patrols into compassionate versions of private security. Without housing and behavioral health resources, TAP will be unable to deliver on its goals of improving public safety in the area and will likely lose the trust of businesses and city stakeholders. Funding may dry up, limiting street-level teams. With no collective advocacy, TAP may also be unable to carve out resources from the region's scarce supply. In such a scenario, the failure to successfully help people causing an impact in the zone could become a black mark on non-coercive, supportive public safety initiatives, diminishing political support for future interventions.

## Moving Forward: Enhancing TAP's Impact

As described above, the success of TAP will depend in part on the increased availability of housing and services for people who live unsheltered in the area. Addressing this is a long-term challenge, one in which PDA leadership continues to engage. It is very likely that that the vocal support of business leaders, key stakeholders in forming the KCRHA, is providing critical leverage in the push to prioritize a traditionally de-prioritized population for permanent housing based on the intense neighborhood impact of their profound human needs. In the meantime, the fact that WDC staff are so close to the ground has enabled TAP leadership and stakeholders to identify other possible interventions that may also improve TAP's efficacy and impact.

### *Interventions to Meet Immediate Needs*

- Mobile wound care | WDC teams have observed many people who have significant wounds but who are unable, even with support, to access medical care from brick-and- mortar clinics or hospitals. One WDC staffer recalled a distressing, emblematic example: he'd come across a man sobbing on the ground, calling out in pain. WDC had interacted with him before and had previously observed open wounds on his legs. In the preceding days, the weather turned cold, and the man had rolled his jeans down for warmth. His pants stuck to the open sores. When he tried to get up to buy more drugs – he was going into withdrawal – he couldn't bear the pain, since the material, now fused to his skin, pulled on his wounds, leaving him in the position WDC found him: on the sidewalk crying out. In withdrawal, he did not want to go to the hospital and WDC was unable to find another solution. In addition, WDC staff have been dismayed to observe multiple people whose untreated injuries appear to have led to amputations.

  TAP leaders have attempted to problem-solve with King County Public Health and Seattle Fire Department's mobile response, Health One, but immediate and widespread action is limited by mobile healthcare capacity in the region. It is

important to note that fixed site wound care – available in a public health facility just ten blocks away from the TAP zone –might as well be on the moon (to borrow a provider's phrase), as many TAP participants are unable or unwilling to go that distance to receive care. This observation has important ramifications for the design of other interventions that Seattle and King County are planning, including a post-overdose response facility and Crisis Care Centers – which assume that a fixed site will meaningfully increase access to care for this population. TAP's experience seems to demonstrate that mobile resources would be much more effective and accessible.

- Need for varied and novel addiction interventions | Similar to wound care, community ambassadors have learned that many people who frequent Third Avenue are using substances (primarily opioids) with such frequency that they are unable to access outpatient treatment. Even low-barrier drop-in health engagement hubs that turn away no one[45] but are fixed in place may not be accessible for people whose mobility is sharply impaired as a result of frequent fentanyl use and associated wounds and injuries. There is a clear need for varied forms of addiction treatment, including mobile treatment interventions offer existing and novel medications, perhaps experimenting with slow-release forms of buprenorphine.[46]

- Increase use of indoor engagement spaces | The streets can be chaotic. While WDC has demonstrated skill in engaging people in the midst of commotion and active substance use, we observed a number of situations in which people on the street appeared to ask for help, but whose requests were lost in the rush of Third Avenue. WDC has access to office space where staff are able to engage in more in-depth and private conversations away from interruptions and distractions. Further training about when and how to take advantage of opportunities for deeper listening and calmer connection might empower WDC to steer people into indoor engagement spaces.

- Maximize in-time opportunities for service referrals | Some people on Third Avenue approach WDC staff and express a desire to connect with case management (e.g. REACH/LEAD) or begin detox and treatment. These moments present an opportunity to facilitate a warm hand-off with a provider (some of which, like REACH/LEAD and a public health clinic are within walking distance). While emergent street-level dynamics may prevent immediate care coordination, TAP might benefit from creating

[45] Nina Shapiro, "What Most of Us Think About Opioid Treatment is Wrong, Researcher Says," *The Seattle Times*, May 16, 2023.
[46] Nina Shapiro, "Fentanyl Addiction Is Tough to Kick. Has WA Found 'the Secret Sauce' in Health 'Hub' Model?" *The Seattle Times*, July 23, 2023.

workflows for how to recognize and harness motivation when people on the street express a desire to access services. In addition, forming relationships with detox and inpatient treatment providers may allow for frontline workers to quickly check on bed openings (though the effectiveness of detox and inpatient treatment may be reduced if there's no housing on the back end). In short, TAP might benefit from additional training and workflows to facilitate on-demand warm hand-offs to local providers.

- Mobile crisis response | As discussed in the previous sections, TAP has identified a need for a more robust and immediate response when people are in active mental health crisis. The region has a number of small teams and programs that provide such a service, including hotlines, Crisis Intervention Team-trained SPD officers, Emergency Medical Services, DESC's Mobile Crisis Team, and Designated Crisis Responders (DCRs). The latter is the only entity empowered to involuntarily commit people whose mental health acuity is so severe that they pose a threat to themselves or others. Yet backlogs and wait times persist and were only exacerbated by the pandemic. In late 2021, over 10 days, on average, lapsed between an initial referral and DCR response in the community.[47] While an evaluation of existing responses and specific recommendations for the best format for mobile crisis response is beyond the scope of this report, TAP's efforts have exposed a clear need for robust and timely mental health responses to people in active crisis.

### *Long-Term Policy Interventions to Enhance TAP's Impact*

- Housing for people with high acuity mental illness and/or and histories of dangerous behavior | As discussed above, there is virtually no housing available for people with high acuity mental illness and/or recent histories of violence. A non-trivial portion of WDC referrals to CoLEAD are denied because PDA screening processes turn up evidence that these circumstances exist and render placement in CoLEAD unsafe. TAP stakeholders may wish to partner with other advocacy organizations to advocate for additional state and local resources to meet this important need.

- Safer Supply Initiatives | The unprecedented nature of the fentanyl crisis arguably requires novel interventions that make the drug supply safer. TAP stakeholders may want to consider advocating for pilot programs that provide pharmaceutical grade heroin or fentanyl to long-term opioid users for whom other treatments have not worked. Heroin-assisted treatment, which has been used in Europe and Canada,

[47] Esmy Jimenez, "They're a 'Last Resort' in a Mental Health Crisis, and They're Facing Overwhelming Demand." *The Seattle Times*, August 11, 2022.

reduces drug deaths and crime, and enables many long-term opioid users to live healthier, more productive lives.[48] Similarly, safe supply initiatives that supply pharmaceutical grade fentanyl to long-term users have been found to reduce both overdoses and drug use over time.[49] At the same time, emerging evidence of widespread polysubstance use presents an ongoing challenge for addiction response.[50]

In addition, TAP stakeholders may want to work with local officials and other stakeholders to develop ways to incentivize low-level dealers to test their products and reward those who distribute safer drugs with de facto decriminalization. This is a bold and novel idea, but is not completely without precedent. Informal arrangements have long existed between syringe exchange services and law enforcement.[51] These arrangements save lives and allow syringe exchange services to play an important role in connecting people who use drugs health services and treatment programs. Similar initiatives with lower-level dealers who are willing to test their products might also yield positive results.

[48] Peter Blanken et al., "Heroin-assisted treatment in the Netherlands: History, Findings, and International Context," *European Neuropsychopharmocology* (2010) 20 (Supplement 2): S105-S158.
[49] London InterCommunity Health Centre, *Safer Opioid Supply Programs: A Comparison of SOS Outcomes from 2022 and 2023*, September 2023.
[50] Hoffman, Jan, and Hilary Swift,"'A Monster': Super Meth and Other Drugs Push Crisis Beyond Opioids." *The New York Times*, November 13, 2023.
[51] Carol Y. Franco et al., "We're actually more of a likely ally than an unlikely ally: Relationships between syringe services programs and law enforcement," *Harm Reduction Journal* 18, Article number 81 (August 2021).