

Appendix A

Departmental Overdose Prevention Policies – Guiding Principles

SHARED FRAMEWORK – OVERDOSE PREVENTION POLICY

Building from the Department of Public Health’s longstanding policy of harm reduction as an effective strategy for overdose prevention and lessons learned during the COVID response, DPH, HSA, DEM, and HSH are committed to a collective and collaborative approach to overdose prevention. All City Departments who interact with persons who use drugs have an equal responsibility to respond to the rise in overdoses in a universal way that will have the most impact.

Shared Principles:

The Department of Public Health, Department of Homelessness and Supportive Housing, Human Services Agency and Department of Emergency Management Commit to the Following Guiding Principles When Developing Department Overdose Prevention Policies per Ordinance [084-21](#):

- Service providers are responsible to the wider community for delivering interventions which aim to reduce the economic, social and physical consequences of drug- and alcohol-related harm and harms associated with other behaviors or practices that put individuals at risk.
- Each program within a system of comprehensive services can be strengthened by working collaboratively with other programs in the system and across the city
- Clients are responsive to culturally competent, non-judgmental services, delivered in a manner that demonstrates respect for individual dignity, personal strength, and self-determination.
- Because those engaged in unsafe health practices are often difficult to reach through traditional service venues, the service continuum must seek creative opportunities and develop new strategies to engage, motivate, and intervene with potential clients.
- Ongoing training, support, and access to naloxone for civil service and contracted staff will help create a space free of judgement for our clients increase opportunities to prevent overdose death.
- Comprehensive care and treatment should include strategies that reduce harm for those clients who are unable or unwilling to modify their unsafe behavior.
- Relapse or periods of return to unsafe health practices should not be equated with or conceptualized as “failure of treatment”.
- People change in incremental ways and must be offered a range of treatment outcomes in a continuum of care from reducing unsafe practices to abstaining from dangerous behavior.
- Acknowledge that in order for programs to be successful, there must be an opportunity for input and feedback from community/consumers.

Department Overdose Prevention Policy Components:

Ordinance [084-21](#) - Administrative Code - Departmental Overdose Prevention Policies.

DPH, HSH, HSA and DEM commit to the following components for inclusion in departmental Overdose Prevention Policies. Due to the variety of functions and services provided by each individual department, certain policy components may not be applicable to all divisions/sections within each department.

- (a) Addressment of how the program/department will incorporate overdose prevention and harm reduction strategies;

- (b) Description of where the department will post the following materials to ensure that they are available and accessible to all clients:
 - (1) Up-to-date information about the location and schedule of syringe access and disposal services; and
 - (2) Up-to-date referral information about naloxone access and the schedule of overdose prevention and naloxone distribution services;
- (c) An onsite overdose response policy that describes the steps the department will take in the event that an individual overdoses on property managed by the department or in the presence of department personnel;
- (d) Assurance that department staff who work with people who use drugs receive training in overdose prevention strategies;
- (e) Description of the process by which the department will ensure that grantees that manage property on behalf of the department and/or provide direct services to people who use drugs implement overdose prevention policies that contain the information required in subsections (a)-(d) of this Section 15.17 as applied to the grantee.

Appendix B

Department of Public Health Overdose Prevention Policy – 2022 Update

Department of Public Health – Policy Implementation Report



San Francisco Department of Public Health

Grant Colfax, MD
Director of Health

City and County of San Francisco
London N. Breed
Mayor

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

POLICY & PROCEDURE DETAIL

Policy & Procedure Title: DPH Overdose Prevention Policy	
Category: Client/Patient Services	
Effective Date: 12/10/2021	Last Reissue/Revision Date: 11/21/2022
DPH Division/Branch: Office of Overdose Prevention, Population Behavioral Health	
Policy Contact:	
Jeff Hom, Director of Population Behavioral Health	
Eileen Loughran, Overdose Prevention and Community Health Initiatives Manager Office of Overdose Prevention Population Behavioral Health	
Contact Phone Number(s): Click here to enter text.	
Distribution: DPH-wide	If not DPH-wide, other distribution: Click here to enter text.

PURPOSE OF POLICY

The purpose of this policy is to support the Department of Public Health’s (DPH) compliance with local legislation, Ordinance [084-21](#) (Attachment A). The legislation requires DPH to annually submit to the Board of Supervisors a departmental policy describing how the department and its grantees that provide direct services to clients who use drugs will promote strategies to reduce drug overdoses (“Overdose Prevention Policy”).

The mission of the Department of Public Health (DPH) is to protect and promote the health of all San Franciscans through the work of its two divisions - the San Francisco Health Network and the Population Health Division. Clients served by both divisions of DPH includes people who use drugs who may be at risk for overdose. Whenever a client is suspected of overdosing, City emergency services are called. However, there are many interventions that may help prevent and assist during a potential opioid overdose¹ that staff can do while waiting for emergency services to arrive.

¹ Commonly Used Terms, Opioid Basics, Centers for Disease Control and Prevention: <https://www.cdc.gov/opioids/basics/terms.html>

Opioid: Natural, synthetic, or semi-synthetic chemicals that interact with opioid receptors on nerve cells in the body and brain, and reduce the intensity of pain signals and feelings of pain. This class of drugs includes the illegal drug heroin, synthetic opioids such as fentanyl, and pain medications available legally by prescription, such as oxycodone, hydrocodone, codeine, morphine, and many others. Prescription opioids are generally safe when taken for a short time and as directed by a doctor, but because they produce euphoria in addition to pain relief, they can be misused and have addiction potential.

Overdose: Injury to the body (poisoning) that happens when a drug is taken in excessive amounts. An overdose can be fatal or nonfatal.

This policy outlines DPH’s overdose prevention policy which includes resource posting, staff overdose prevention training, and sets procedures to follow in the event of an overdose.

POLICY APPLICATION

This Overdose Prevention Policy applies to all DPH branches and sections that may engage with and/or provide direct services to clients who use drugs. In addition, policy components B - D, defined below, apply to both DPH branches and sections as well as its grantees that manage property and/or provide direct services to clients who use drugs.

DPH OVERDOSE PREVENTION POLICY & PROCEDURES

DPH branches, sections, and grantees that engage with and/or provide direct services to clients who use drugs will adopt the following policy and adapt outlined procedures to follow in the event of an overdose.

A. Drug Treatment and Harm Reduction Programs and Services

Clients served by branches and sections across DPH include people who use drugs who may be at risk for overdose. The Department of Public Health (DPH) has a long history of providing direct treatment services and supporting harm reduction as an effective strategy for overdose prevention. In 2000, the San Francisco Health Commission unanimously passed a resolution adopting a Harm Reduction Policy for Substance Abuse, STD and HIV treatment and prevention services, and/or programs that serve people who use drugs in their programs.

San Francisco has been a national leader in promoting the health and recovery of people who use drugs (PWUD) and/or with substance use disorders (SUD) and has a strong track record of innovation. In 2022, DPH released San Francisco’s Overdose Prevention Plan. San Francisco’s four-part, comprehensive plan is evidence-based, equity-oriented, and will save lives. Led by the San Francisco Department of Public Health, this plan aims to reduce fentanyl and other drug-related deaths, increase access to treatment for opioid use disorder (including addiction to fentanyl) and stimulant use disorder, increase social support for and reduce the stigma experienced by people at risk of overdose, and improve the community conditions in which drug use occurs. The plan builds upon decades of commitment and success by advocates, people who use drugs, and community organizations, whose partnership with the City is vital in this work.

DPH will continue to support effective strategies to prevent overdose death.

B. Resource Posting

DPH branches, sections, and grantees will post and make accessible the following harm reduction resource schedules:

- i. a syringe access and disposal schedule, and
- ii. a naloxone distribution schedule

DPH branches, sections and grantees will update these schedules as needed. Schedules are available in English, Chinese, Spanish and Vietnamese. The most up to date schedules are available to print and

save at the Overdose Prevention Resources SF.Gov webpage: (<https://sf.gov/information/overdose-prevention-resources>).

Depending on the setting, the schedules may be posted or shared in several locations. Some examples include:

- Exam and counseling rooms,
- Lobbies and/or waiting areas,
- Employee shared spaces (e.g., break rooms, conference rooms),
- Restrooms,
- Employee workspaces,
- Laboratories/research spaces, and
- Schedules may be shared directly by outreach or field staff

DPH branches, sections, and grantees will each determine the appropriate locations for schedule posting and/or sharing.

C. Overdose Prevention Training

The online overdose recognition and response training is a requirement for DPH staff who interacts with people who use drugs. DPH branches, sections, and grantees with staff who directly engage with people who use drugs will ensure that all relevant staff are aware of the online overdose recognition and response training and take the training once per year. Additionally, DPH branches, sections, and grantees will ensure that new staff who directly engage with people who use drugs take the online overdose recognition and response training as part of their orientation.

- **DPH Employees** - the online overdose recognition and response training is found in each employee's Employee Portal.
- **DPH Contractors and/or Grantees** - the online overdose recognition and response training is available through the SFDPH Center for Learning and Innovation, Overdose Prevention Training Series (<https://learnsfdph.org/programs/sfdph-overdose-prevention/>).

Additional overdose prevention trainings are currently provided through/are provided by DPH's Office of Overdose Prevention, Community Health Equity & Promotion Branch (CHEP), and through the DOPE project. While not required in DPH's policy, DPH branches, sections, and grantees are encouraged to supplement the required online training with supplemental training opportunities offered through the Harm Reduction Training Institute (HRTI).

D. Overdose Reversal and Response

DPH branches, sections and grantees with staff who regularly engage with people who use drugs will maintain an onsite overdose response policy that describes the steps that will be taken in the event an individual overdoses on property managed by the department or in the presence of department staff.

The following list describes steps that staff can take to respond to an overdose at a site managed by DPH or where DPH staff are present. These steps may be adapted for specific settings (e.g., hospital settings, outpatient clinic settings, workplaces, research settings, etc.).

- 1) Staff should continuously monitor clients moving throughout the site. Staff should continuously monitor bathroom usage to ensure safety.
- 2) If a client is unresponsive and/or unconscious, try to wake them by calling their name, if known, or yelling for them to respond. If they do not respond, try waking them with a pain stimulus by pinching their ear, rubbing their sternum, or tapping their foot with yours. Check breathing; **if they are not breathing and are unresponsive immediately alert another staff member and engage EMS by calling 911.**
 - a. Communicate to dispatch: “person is unresponsive and not breathing, possible overdose, please have naloxone/Narcan.”
- 3) Staff will get the NALOXONE stored in the [stored in the secure, room temperature location noted in the program’s overdose prevention plan]. Staff will administer one dose of nasal naloxone to the client.
 - a. Any staff member who has received training in overdose recognition, response and naloxone administration can attend to the client (Attachment B).
- 4) If the client has a pulse, perform rescue breathing. For individuals without a pulse, perform CPR (rescue breathing + chest compressions). If available, an Ambu Bag (artificial breathing) or breathing shield can be used instead.
- 5) If there is no response to the naloxone from the client after 2-3 minutes, administer a second dose of naloxone and continue with rescue breathing while awaiting EMS.
- 6) EMS will assess the client and either transport to the hospital or patron will refuse transport. If client stays at venue, continue to observe for re-sedation as long as possible.

Each onsite overdose response policy will include steps to for a debrief session following an overdose episode. The session should be facilitated by site leadership and provide an opportunity for staff to discuss the steps that were taken, address any concerns, and identify areas of improvement for future response.

E. Identification of Overdose Prevention Champion (DPH branches and sections only)

DPH branches and sections with staff who engage with people who use drugs and/or with grantees who manage property or provide direct services to people who use drugs will identify an Overdose Prevention Champion. The responsibilities of each Overdose Prevention Champion may include:

- Provide support to individual branch, section, and/or grantees to comply with DPH's Overdose Prevention Policy (this includes updating posted supply schedules)
- Remind branch staff and contracted providers about overdose prevention training requirement.
- Monitor branch/section naloxone and fentanyl test strip supplies (track expiration dates, ensure adequate site supply, etc.).
- Attend DPH Overdose Prevention Champion meetings and participate in information sharing.
- For DPH branches and sections with grantees who manage property or provide direct services to people who use drugs, the Overdose Prevention Champion will develop a process to monitor and evaluate grantees for compliance with established overdose prevention policies (sections B-D above).

ATTACHMENTS

- A. Administrative Code - Departmental Overdose Prevention Policies
- B. Legal References - California Civil Code Section 1714.22

ATTACHMENT A - ADMINISTRATIVE CODE - DEPARTMENTAL OVERDOSE PREVENTION POLICIES

[FILE NO. 210304](#)

[ORDINANCE NO. 084-21](#)

ENACTMENT DATE: 06/25/2021

[Administrative Code - Departmental Overdose Prevention Policies]

Ordinance amending the Administrative Code to require the Department of Public Health, Department of Homelessness and Supportive Housing, Human Services Agency, and Department of Emergency Management to develop and submit to the Board of Supervisors departmental overdose prevention policies.

Be it ordained by the People of the City and County of San Francisco:

Section 1. Findings.

(a) According to data from the Office of the Medical Examiner, the number of people who have died from drug overdoses in San Francisco has been rising at a staggering rate. In 2017, 222 people in San Francisco died from a drug overdose. In 2020, 697 people in San Francisco died from a drug overdose. This represents more than a tripling of the death rate in only three years, such that deaths from drug overdoses now average nearly two a day, and nearly 60 a month.

(b) Fentanyl, which is estimated to be 50 to 100 times more potent than morphine, entered the San Francisco market around 2015, causing eleven deaths that year. In 2016, the number of fentanyl overdose deaths in San Francisco doubled, reaching a total of 22. In 2020, 502 people were reported to have died in San Francisco as a result of overdose from use of fentanyl. Thus, in five years, fentanyl overdose deaths in San Francisco increased by 4500%.

(c) This is a public health crisis of major proportions that is out of control. The number of people who died from a drug overdose in San Francisco in 2020 was more than three times the number of people who died in San Francisco from COVID-19 that same year.

(d) Based on data showing the addresses of fatal drug overdoses in San Francisco over the first eight months of 2020, 111 people died on sidewalks or alleys, or in parks or cars; 296 people were found dead in homes or hotels, many in supportive housing in the Tenderloin; and 60 people were pronounced dead at hospitals.

(e) Consuming drugs alone while sheltering-in-place during the COVID-19 pandemic almost certainly amplified the overdose death risk of strong drugs; more than half of the 561 deaths from accidental overdoses during the period January - October 2020 occurred indoors.

(f) A 2019 study published in Drug and Alcohol Dependence surveyed overdose mortality among residents of single room occupancy (SRO) buildings in San Francisco during the period 2010 – 2017, and

found that overdose mortality was substantially higher among SRO residents as compared to non-SRO residents, and that SRO residents were also more likely to die from overdosing at home than elsewhere.

(g) A 2019 study published in the Journal of Urban Health examined the acceptability, feasibility, and implementation of the Tenant Overdose Response Organizers (TORO) program facilitated in ten SROs in Canada. That study concluded that the overdose response interventions used by the TORO program, including peer-led overdose prevention and response trainings, wall-mounted naloxone for emergency response, and peer-led support groups, are effective tools in addressing overdose risk in SROs. The study also concluded that tenants who had participated in the program and were taught about opioid overdoses were better able to respond to overdoses and contribute to wider community responses. This study helped inform the DOPE (Drug Overdose Prevention and Education) Project's SRO initiative in San Francisco.

Section 2. Chapter 15 of the Administrative Code is hereby amended by adding Section 15.17, to read as follows:

SEC. 15.17. DEPARTMENTAL OVERDOSE PREVENTION POLICIES.

By no later than December 31, 2021, and every year thereafter, the Department of Public Health, the Department of Homelessness and Supportive Housing, the Healthy Streets Operation Center through the Department of Emergency Management, and the Human Services Agency shall each submit to the Board of Supervisors a departmental policy describing how the department and its grantees that provide direct services to clients who use drugs will promote strategies to reduce drug overdoses ("Overdose Prevention Policy"), along with a resolution to accept transmission of the policy. Each departmental Overdose Prevention Policy shall, to the extent applicable to the department's activities:

- (a) Address how departmental programs will provide drug treatment and harm reduction programs and services;*
- (b) Describe where the department will post the following materials to ensure that they are available and accessible to all clients:
 - (1) Up-to-date information about the location and schedule of syringe access and disposal services; and*
 - (2) Up-to-date referral information about naloxone access and the schedule of overdose prevention and naloxone distribution services;**
- (c) Include an onsite overdose response policy that describes the steps the department will take in the event that an individual overdoses on property managed by the department or in the presence of department personnel;*
- (d) Ensure that department staff who work with people who use drugs receive training in overdose prevention strategies; and*
- (e) Describe the process by which the department will ensure that grantees that manage property on behalf of the department and/or provide direct services to people who use drugs implement overdose prevention policies that contain the information required in subsections (a)-(d) of this Section 15.17 as applied to the grantee.*

Section 3. Effective Date.

This ordinance shall become effective 30 days after enactment. Enactment occurs when the Mayor signs the ordinance, the Mayor returns the ordinance unsigned or does not sign the ordinance within ten days of receiving it, or the Board of Supervisors overrides the Mayor's veto of the ordinance.

ATTACHMENT B - LEGAL REFERENCES - CALIFORNIA CIVIL CODE SECTION 1714.22

Legal/Liability:

Under California Law, staff who have received opioid overdose prevention and treatment training (meaning any training operated by a local health jurisdiction or that is registered by a local health jurisdiction to train individuals to prevent, recognize, and respond to an opiate overdose) are legally allowed to administer naloxone to a person who may be experiencing an opioid overdose. A person who is trained in overdose prevention strategies and administers naloxone shall not be held liable for civil action or be subject to criminal prosecution for possession or administration.

A prescriber may issue a standing order authorizing the administration of naloxone by any trained layperson to someone who may be experiencing an opioid overdose. If the program does not have an authorized prescriber (anyone who has prescribing privileges in the state of California), then they may work with a program that provides training and naloxone distribution to come provide training to staff.

Pursuant to Section 1714.22 of the California Civil Code:

For purposes of this section, the following definitions shall apply:

“Opioid antagonist” means naloxone hydrochloride that is approved by the federal Food and Drug Administration for the treatment of an opioid overdose.

“Opioid overdose prevention and treatment training program” means any program operated by a local health jurisdiction or that is registered by a local health jurisdiction to train individuals to prevent, recognize, and respond to an opiate overdose, and that provides, at a minimum, training in all of the following:

- (A) The causes of an opiate overdose.
- (B) Mouth to mouth resuscitation.
- (C) How to contact appropriate emergency medical services.
- (D) How to administer an opioid antagonist.

(2) A licensed health care provider who is authorized by law to prescribe an opioid antagonist may issue standing orders for the administration of an opioid antagonist to a person at risk of an opioid-related overdose by a family member, friend, or other person in a position to assist a person experiencing or reasonably suspected of experiencing an opioid overdose.

(d) (1) A person who is prescribed or possesses an opioid antagonist pursuant to a standing order shall receive the training provided by an opioid overdose prevention and treatment training program.

(f) Notwithstanding any other law, a person who possesses or distributes an opioid antagonist pursuant to a prescription or standing order shall not be subject to professional review, be liable in a civil action, or be subject to criminal prosecution for this possession or distribution. Notwithstanding any other law, a

person not otherwise licensed to administer an opioid antagonist, but trained as required under paragraph (1) of subdivision (d), who acts with reasonable care in administering an opioid antagonist, in good faith and not for compensation, to a person who is experiencing or is suspected of experiencing an overdose shall not be subject to professional review, be liable in a civil action, or be subject to criminal prosecution for this administration.



City and County of San Francisco
London N. Breed
Mayor

Overdose Prevention Policy Supplemental Report

December 2022

Introduction

Drug use and overdose continue to be a public health crisis in San Francisco, which has among the highest overdose death rates in California. In 2021, 625 people died from drug overdoses involving opioids (including the potent synthetic opioid fentanyl), cocaine and methamphetamine. These deaths occur across the city, in every neighborhood and community, yet also disproportionately affect Black/African Americans whose death rate is five-times higher than the citywide rate.

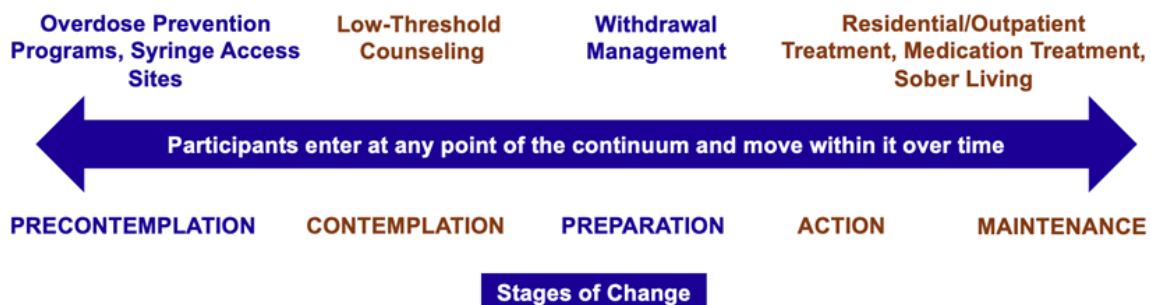
The Department of Public Health has long recognized the importance of taking evidence-based, harm reduction approaches to substance use and overdose prevention, and fully supports this legislation. This supplemental report describes the Department’s implementation of the legislation and policy in 2022. It includes updates about the Department’s efforts to increase access to harm reduction resources as well as the successful launch of an online overdose recognition and response training that over 2,500 city employees and community partners have taken to date.

With its newly established Office of Overdose Prevention, the Department of Public Health will continue in 2023 to advance and expand overdose prevention programming across the city to reduce stigma, increase access to our continuum of services, and save lives in San Francisco. The Overdose Prevention legislation has provided an opportunity to strengthen our collaboration with the Department of Emergency Management (DEM), the Human Services Agency (HSA), and the Department of Homelessness and Supportive Housing (HSH). Collectively, we recognize that overdose response is a shared responsibility. DPH will continue to provide technical assistance to our City partners to support their success in addressing the legislative requirements.

Implementation Progress in 2022

Increasing Access to the Continuum of Substance Use Services

DPH continued to support and oversee the expansion of the continuum of services available to people who use drugs and who are at risk of an overdose. This continuum reflects the City’s commitment to providing a rich array of evidence-based services to individuals wherever they are in their use of substances and stage of change:



In 2022, the continuum was strengthened through several measures, including but not limited to:

- Opening new behavioral health residential care and treatment beds across the city
- Expanding hours at the Behavioral Health Access Center (BHAC), the Office-based Buprenorphine Induction Clinic (OBIC) and BAART Market Street Clinic
- Ensuring medications for addiction treatment (MAT) and links to contingency management are offered to patients at Zuckerberg San Francisco General Hospital
- Delivery of buprenorphine by the Behavioral Health Services Pharmacy to high-risk housing locations and areas without retail pharmacy access
- Increasing distribution of naloxone and harm reduction supplies citywide

Overdose Recognition and Response Training

Throughout 2022, a team of DPH subject matter experts, representing Behavioral Health Services, Population Health and the San Francisco Health Network, and DPH’s Center for Learning and Innovation created an online overdose recognition and response training. The training became available to all city employees and to contracted providers on August 26th, 2022. This online training provides a foundational understanding of how the body reacts to an overdose and how the naloxone nasal spray works to reverse a drug overdose to save someone’s life. The training equips individuals to be able to recognize and respond to an opioid overdose using naloxone.

The training is available to city employees through the My Learning catalogue of the SF Employee Portal and available to contracted providers through DPH’s Center for Learning and Innovation’s Learning Resource Center (LearnSFDPH). LearnSFDPH is a collaborative learning space hosted by DPH for community partners.

Between August 26th and November 14th:

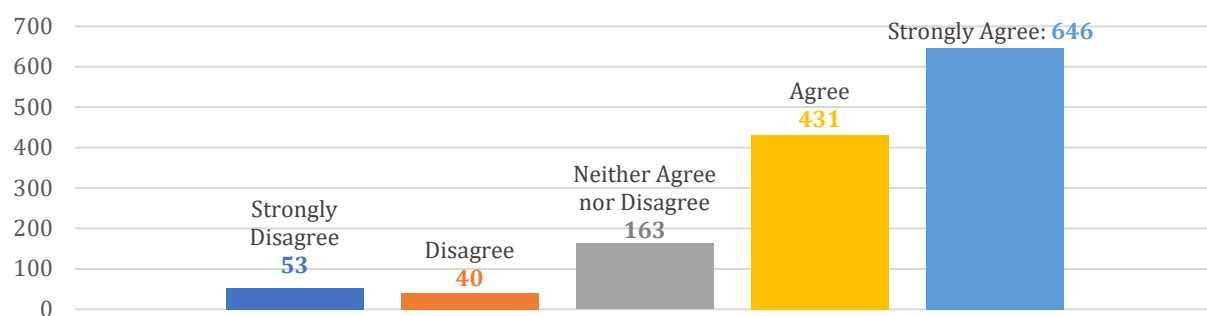
1,337 DPH employees completed the Overdose Recognition and Response Training.

687 staff from community organizations and other non-government agencies completed the Overdose Recognition and Response Training.

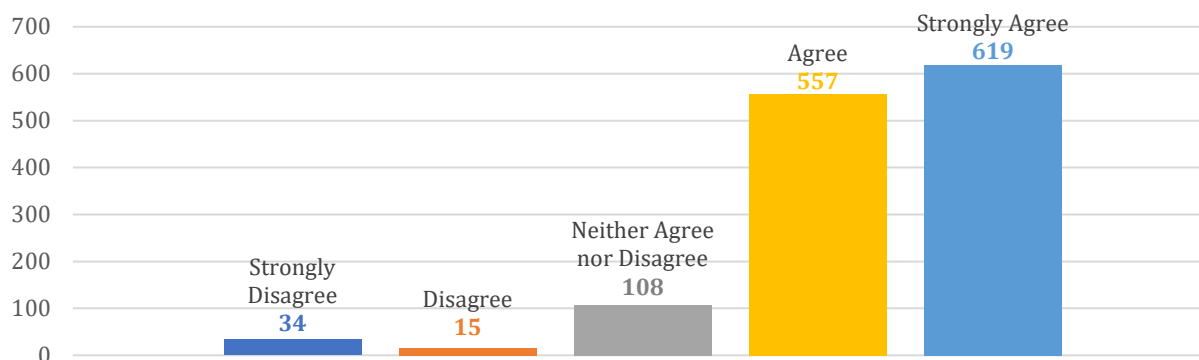
** CBOs and other NGOs may partner/contract with Multiple City Agencies*

The evaluation data below are representative of the 1,337 DPH employees who have completed the Overdose Recognition and Response training to date.

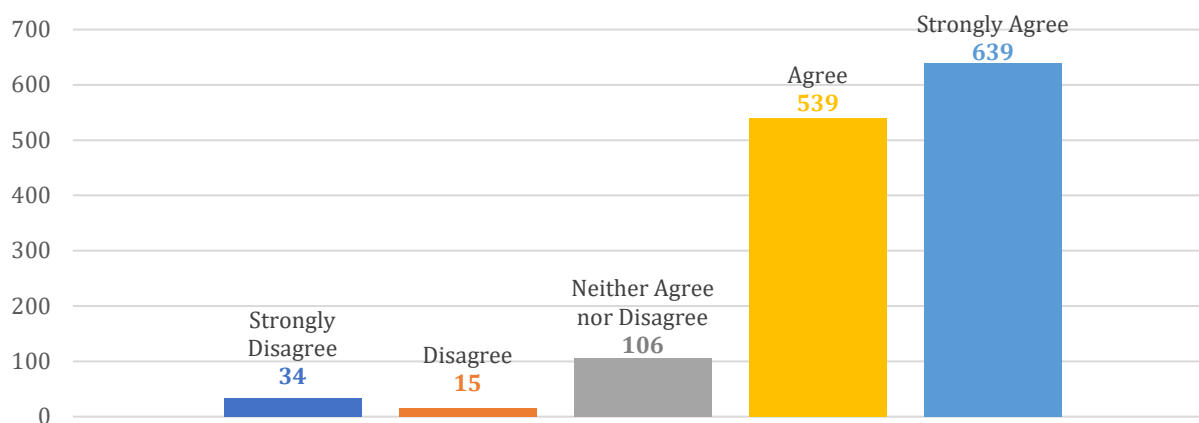
(1) The training I received is applicable to my job (DPH):



(2) As a result of this training, I am more confident recognizing a suspected overdose (DPH):



(3) As a result of this training, I am more confident in knowing how to respond to an overdose (DPH):



In addition to DPH, HSH, HSA and DEM; staff from the following City departments have requested, sought out and voluntarily taken the training:

- ADM Real Estate Division
- Alternative Family Services
- SF Animal Care & Control
- Citywide Adult Probation
- Citywide Case Management
- Community Based Organization
- Controller's Office
- Department of Technology
- Family and Children's Services
- Mayor's Office on Disability
- Municipal Transportation Agency
- Port of San Francisco
- San Francisco Public Library
- San Francisco Sheriff Department

2023 Opportunities

Future training modules: DPH is currently developing two additional online modules to supplement the Overdose Recognition and Response Training. These two additional modules will be focused on (1) reducing stigma against people who use drugs, and (2) the principles of harm reduction. These additional training modules will be available in 2023 to all city employees and contracted partners. Additionally, in 2023, we will launch a “How to use Fentanyl Test strips” training video which will provide an overview of how to accurately prepare and read test strips.

Training Opportunities for other City Departments: For 2023, DPH will work to share the online training opportunities to other City Departments. Additionally, the Office of Overdose Prevention will provide technical assistance to Departments that would like to offer the training to their staff and need additional support.

Harm Reduction Resources & Material Posting

Resources shared across DPH and with City Partner Agencies (HSH, HSA & DEM)

During 2022, DPH developed a series of overdose prevention resources to be shared across DPH, with our city partner agencies, and broadly with the public. These resources are described below:

- **Expanded the overdose prevention resources webpage** (<https://sf.gov/information/overdose-prevention-resources>): The webpage includes links to the harm reduction and syringe access programs schedule. In 2022, the schedules were accessed **619** times through the overdose prevention resources webpage.
- **Translated the harm reduction and syringe access schedule to threshold languages:** the schedules are now available in English, Spanish, Chinese and Vietnamese.
- **Developed a palm card:** the palm card outlines the steps to respond to an overdose, and is available in English & Spanish.
- **Shared a Naloxone Flyer:** the flyer offers nasal naloxone and can be posted in a variety of settings.
- **Created an Overdose Prevention Resource Webpage Flyer:** one of DPH's Overdose Prevention Champions created and shared a flyer with the SFGov overdose prevention resources webpage address as tear-away pages.

The Overdose Prevention Champions are required to participate in biannual "Champion" meetings convened by the Office of Policy & Planning and the Office of Overdose Prevention. The goal of the meetings is to provide guidance on addressing the legislation requirements and to share strategies for implementation. During this reporting period, the Champions have developed multiple strategies for sharing resources and information with their sections/branch. Some examples include:

- Posting Overdose Prevention web-link in program newsletters
- Adding Overdose Prevention Resources weblink to program websites
- Having syringe schedules in reception area, patient rooms, and in common areas
- Developing resource flyers with pull tabs so participants can take the web address to access at another time
- Providing all staff including clinicians with copies of the syringe schedule to share with patients or program participants

The Overdose Prevention Champions have embraced their role to share resources about overdose prevention beyond the requirements of the legislation.

- Sharing onsite overdose prevention policies
- Developing an onsite naloxone policy for 25 Van Ness, a building that houses multiple DPH programs that work with people who use drugs.
- Coordinating Overdose Prevention Champion meetings beyond the biannual requirement
- Sharing naloxone supplies when DPH was experiencing delays from the State Naloxone Distribution Project.

Onsite Overdose Response Policies

Many programs across DPH have established onsite overdose response policies due to the health and medical services these programs provide. In 2022, Overdose Prevention Champions of the sites with existing policies shared their onsite overdose response policies with other Champions for implementation.

DPH Sites with overdose prevention policies have naloxone, and in the event of an overdose, trained staff administer naloxone and other interventions as indicated by the established emergency response policy.

DPH Grantees' Overdose Prevention Policies

Programs across DPH contract with community organizations that provide important services to San Franciscans. For example, all contracted BHS programs are required to comply with a Harm Reduction Policy which requires programs have an on-site overdose response policy, provide up-to-date referral information about syringe access and disposal services and schedules, post up-to-date referral information about naloxone access and the DOPE Project schedule in common areas to be viewed by clients, and requires program staff to participate in at least one overdose prevention training each year. Another example, the Community Health Equity and Promotion (CHEP) branch contracts with organizations who provide services to people who use drugs, and these organizations have established overdose prevention policies. It is a contractual requirement to have established overdose prevention policies and provide overdose prevention trainings to staff. CHEP program liaisons follow-up with contracted organizations to ensure compliance with contract requirements.

DPH worked in 2022 to update the contract compliance documents with the newly released online Overdose Recognition and Response training.

Looking Forward & 2023 Opportunities

The Department of Public Health remains committed to reducing the morbidity and mortality from substance use in San Francisco and the work described here is aligned with the Department's comprehensive overdose prevention plan, "[Overdose Deaths are Preventable: San Francisco's Overdose Prevention Plan](#)".

In 2023, the Department will continue to support our city partners in implementing this legislation, offer additional harm reduction trainings, and advance innovative overdose prevention programs across the city. Lives can be saved by respecting the autonomy and health needs of people who use drugs and making available to them the full continuum of substance use services that San Francisco offers.

Appendix C

Department of Homelessness & Supportive Housing Overdose Prevention Policy – 2022 Update

Department of Homelessness & Supportive Housing – Policy Implementation Report



Department of Homelessness and Supportive Housing Overdose Prevention Policy

I. PURPOSE OF POLICY

The mission of the Department of Homelessness and Supportive Housing (HSH) is to make homelessness rare, brief, and one-time through the provision of high-quality services. HSH's work centers on the core components of the Homelessness Response System: Street Outreach, Coordinated Entry, Problem Solving, Prevention, Temporary Shelter, Housing, and the Housing Ladder.

Since the Department's creation in 2016, HSH has supported the integration of harm reduction across the core components of the Homelessness Response System as an effective strategy for overdose prevention. HSH will continue to apply available data and public health guidance to determine the most effective strategies for overdose prevention and will update this policy accordingly.

Ordinance No. 084-21, passed by the Board of Supervisors in June 2021, requires HSH to annually submit to the Board of Supervisors a departmental policy describing how the Department and its grantees that manage property on behalf of the Department and/or provide direct services to clients who use drugs will promote strategies to reduce drug overdoses ("Overdose Prevention Policy"). The HSH Overdose Prevention Policy includes the minimum requirements as stated in Sec. 15.17 of the Administrative Code (Department Overdose Prevention Policies).

II. GUIDING PRINCIPLES FOR OVERDOSE PREVENTION

The primary way that HSH promotes harm reduction and overdose prevention throughout the Homelessness Response System is to include, rather than exclude, substance users from services. For many years, housing was treated as an award for compliance with social standards, including sobriety. This approach left substance users out on the streets and did not provide access to the resources often needed to reduce drug use and overdose through housing or other services. Consistent with the State of California's Housing First Principles found in the California Welfare and Institutions Code Section 8255, housing providers must accept enrollees into their programs regardless of their sobriety or use of substances, completion of treatment, participation in services, or other behaviors presumed to indicate a lack of "housing readiness."

All HSH-funded programs across the Homelessness Response System are committed to serving and being accessible to people using substances. The Department provides dedicated support services through outreach, shelter, and housing to mitigate harmful behaviors stemming from substance use and to help stabilize people within HSH's programs.



Additionally, to help the most vulnerable people experiencing homelessness access long-term stabilizations and exits from homelessness, HSH has included a substance use disorder as one of the vulnerabilities assessed through Coordinated Entry to determine housing prioritization status.

In 2021, HSH, the Department of Public Health (DPH), the Human Services Agency (HSA), and the Department of Emergency Management (DEM) committed to a collective and collaborative approach to address the overdose crisis and developed a set of guiding principles to support the development and implementation of departmental Overdose Prevention Policies, as required by Administrative Code Section 15.17. These guiding principles include:

- City staff and contracted service providers are responsible to the wider community for delivering interventions which aim to reduce the economic, social, and physical consequences of drug- and alcohol-related harm and harms associated with other behaviors or practices that put individuals at risk.
- Each program within a system of comprehensive services can be strengthened by working collaboratively with other programs in the system and across the city.
- Clients are responsive to culturally competent, non-judgmental services delivered in a manner that demonstrates respect for individual dignity, personal strength, and self-determination.
- Because those engaged in unsafe health practices are often difficult to reach through traditional service venues, the service continuum must seek creative opportunities and develop new strategies to engage, motivate, and intervene with potential clients.
- Ongoing training, support, and access to naloxone for civil service and contracted staff will help create a space free of judgement for clients to increase opportunities to prevent overdose death.
- Comprehensive care and treatment should include strategies that reduce harm for those clients who are unable or unwilling to modify their unsafe behavior.
- Relapse or periods of return to unsafe health practices should not be equated with or conceptualized as “failure of treatment”.
- People change in incremental ways and must be offered a range of treatment outcomes in a continuum of care from reducing unsafe practices to abstaining from dangerous behavior.
- The departments acknowledge that there must be an opportunity for input and feedback from community and consumers for programs to be successful.

III. HSH OVERDOSE PREVENTION POLICY

The HSH Overdose Prevention Policy outlines minimum requirements for the Department and its grantees that manage property on behalf of the Department and/or provide direct services to clients who use drugs will promote strategies to reduce drug overdoses. In some instances, the requirements of specific HSH-contracted services already exceed these minimums.

a. Drug Treatment and Harm Reduction Programs and Services

Harm Reduction - As a harm reduction organization, HSH does not exclude people from accessing services or housing based on substance use or diagnosis of a substance use disorder. HSH and the



Department's service providers focus on behaviors that promote safety of the client and community rather than sobriety compliance. HSH promotes a harm reduction philosophy and ensures that clients are supported to access harm reduction services and programs by:

- Requiring all contracted service providers covered by this Policy to adopt a harm reduction model:
 - Service procurements will include a reference to the State of California's Housing First Principles and to the Department's Overdose Prevention Policy.
 - Designated contracts require grantees to embrace a harm reduction approach and comply with applicable state and local policies.
- Reviewing program protocols regularly to identify opportunities to continue and expand harm reduction services and referrals in HSH-managed or HSH-funded programs and properties.
- Actively encouraging HSH provider partners, as appropriate, to provide harm reduction services, resources, and referrals in their programs and locations.

The adoption of this policy and associated harm reduction practices does not preclude HSH from funding sober living program models within the Homelessness Response System.

Drug Treatment - HSH requires its contracted providers covered by this Policy to make available at their client service sites informational materials from DPH and its partners about accessing substance use treatment. HSH also includes making referrals to substance use treatment programs and related services as a standard part of all provider contracts that include case management, social work, navigation, and assessment services.

b. Posting Information about Naloxone, Syringes, and Overdose Prevention Services

HSH requires that all sites managed by the Department or managed by contracted providers on behalf of the Department post up-to-date information in at least one location visible or otherwise easily accessible to clients.

The resources listed below are available on a [public website](#) managed by DPH and updated monthly:

- Up-to-date information about the location and schedule of syringe access and disposal services.
- Up-to-date referral information about naloxone access and the schedule of overdose prevention and naloxone distribution services.

c. Onsite Overdose Response Policy

HSH requires that all sites managed by the Department and all sites managed by contracted providers on behalf of the Department have a documented Onsite Overdose Response policy and protocols that provide specific guidance on what to do if an individual overdoses on the property or in the presence of staff.

The Department also requires staff and contracted providers to submit a Critical Incident Report (CIR) to HSH when there is an onsite overdose and/or overdose reversal.



d. Training

Staff in designated Department and provider agency roles which involve interacting directly with clients and/or who regularly work in a residential setting (including shelter, crisis interventions, and housing) are required to complete an annual training on harm reduction and overdose prevention. HSH and provider staff can either take the virtual Harm Reduction and Overdose Prevention training offered by DPH, or another training that includes the same key information. To fulfil this policy's requirement, training must include:

- The philosophy and guiding principles of overdose prevention and harm reduction.
- How to respond to and reverse overdoses.
- How to effectively debrief and support staff and guests with the trauma that can accompany the experience of an overdose.

e. Implementation by Provider Partners

Contractual Requirements - Beginning on the effective date of the HSH Overdose Prevention Policy, on a rolling basis upon initial execution or upon amendment, designated HSH contract and grant agreements will include language requiring compliance with the following elements of the HSH Overdose Prevention Policy:

- Adoption of program enrollment/eligibility criteria that are reflective of the State of California's Housing First policy, which incorporates adoption of a harm reduction approach. This requirement will be effective immediately upon contract execution.
- Provision of referrals to substance use treatment programs and related services by all providers whose HSH contracts include case management, social work, navigation, and assessment services. This requirement will be effective within 30 days of the start of contracted services.
- Posting of information about naloxone, syringes, and overdose prevention services in an area easily accessible to clients. This requirement will be effective within 30 days of contract execution.
- Timely CIR reporting to HSH following an overdose incident. This requirement will be effective immediately upon contract execution.
- Delivery of mandatory annual overdose prevention training and training in the Onsite Overdose Response policy for all staff who interact directly with clients and/or who work in a residential setting (including shelter, crisis interventions, and housing).
- Requirement to have a harm reduction policy and overdose prevention response plan, including protocols for responding to an onsite overdose. This requirement will be effective within 90 days following contract execution.

Compliance Monitoring - HSH will ensure that contracted providers that manage property on behalf of the Department or provide direct services to clients implement policies and protocols in line with this policy through the Department's contractual agreements and regular program monitoring process.





2022 Supplemental Report: HSH Overdose Prevention Policy

OVERVIEW

Ordinance No. 084-21, passed by the Board of Supervisors in June 2021, requires the Department of Homelessness and Supportive Housing (HSH) to annually submit a departmental policy to the Board of Supervisors describing how the Department and its grantees that provide direct services to clients who use drugs will promote strategies to reduce drug overdoses. This cover letter supplements HSH's 2022 update, providing information about our implementation of the policy over the last year.

HSH's mission is to make homelessness rare, brief, and one-time through the provision of high-quality services. The Department's work centers on the core components of the Homelessness Response System: Street Outreach, Coordinated Entry, Problem Solving, Prevention, Temporary Shelter, Housing, and the Housing Ladder. Since the Department's creation in 2016, HSH has supported the integration of harm reduction across the core components of the Homelessness Response System as an effective strategy for overdose prevention. More information about HSH's programmatic work is available in the [Department's 2021 submission](#).

2022 IMPLEMENTATION UPDATES

Throughout 2022, HSH worked to implement the HSH Overdose Prevention Policy across the Department and the Homelessness Response System.

Implementation at HSH

Some of the implementation work directly involved HSH staff. The policy required the Department to train designated staff, post relevant information at all sites HSH manages, and develop a protocol for responding to onsite overdoses.

- Training** – All HSH staff who directly interact with clients are now required to take an annual harm reduction and overdose prevention training. This group includes HSH staff who provide supportive services at Permanent Supportive Housing and HSH staff who do outreach.
 - As of November 15, 2022, 36 of the 62 staff required to take this training had done so.
 - Per our Overdose Response Policy, staff are required to take a training by December 15, 2022 (90 days after the DPH online training becoming available). We anticipate that remaining staff will complete their training before the deadline.
- Information** – HSH is required to post information about syringe access and disposal, as well as up-to-date referral information about naloxone access and the schedule of naloxone distribution, at sites the Department manages. This requirement has been fulfilled at all 32 active sites the Department owns or leases.

3. **Protocol** – The Department developed a protocol for responding to overdoses when one occurs in the presence of Department staff or on Department-managed property. The protocol was socialized with our supportive housing staff, outreach staff, facilities and security teams. Before the end of 2022, we will distribute this protocol to all HSH staff.

Implementation with HSH Providers

The bulk of the Department’s implementation work in 2022 involved bringing our grantee organizations into compliance with the HSH Overdose Prevention Policy. HSH has incorporated requirements to comply with the Overdose Prevention Policy into our contract and grant agreements with nonprofits on a rolling basis as new agreements begin and existing agreements are amended.

As of November 15, 2022, there are **31 organizations** that are now required to comply with these requirements. HSH will continue to add these requirements into the agreements for our **other 42 existing service providers** and any new providers on a rolling basis.

1. **Overdose Prevention Policies** – Thirty of the 31 organizations required to do so have submitted an Overdose Prevention Policy. These policies include all the required elements laid out in HSH’s policy (ex. posting syringe and naloxone information, developing a protocol for onsite overdose responses). Through annual program monitoring, the Department will track compliance with these requirements.
 - a. HSH is working with the remaining provider to support their completion of a policy.
 - b. Six of the 42 providers that are not yet contractually obligated to submit a policy chose to submit a policy early, bringing the total number of providers with submitted policies to 36.
 - c. To help providers produce these policies and prepare for compliance, HSH hosted four provider sessions focused on overdose prevention policies and weekly office hours in September 2022. Additionally, the Department created a guide (including a template policy) for providers to use while developing their policies.
2. **Training** - As of fall 2022, there were 1,549 provider staff at HSH-funded nonprofits that were required to take an overdose prevention training. Providers had 90 days following the availability of the DPH online training to complete training. Since the training became available on September 15, 2022, the deadline is December 15, 2022.
 - a. Of those staff, over half – 820 - had taken a training by November 15, 2022. The Department will continue to track completion through the deadline.
 - b. HSH distributed information about the DPH training and the requirement to take it through various channels to our providers, including email memos and announcements at several different provider calls.
 - c. HSH anticipates approving an agreement with The DOPE Project before the end of 2022 to provide technical assistance and training for our providers related to overdose prevention. This agreement will supplement the DPH online training by providing additional trainings. In addition, DOPE will help providers with some of the more difficult aspects of implementing their Overdose Prevention Plans, including sourcing naloxone and developing overdose



response protocols.

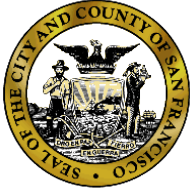
3. **Critical Incident Reports** – In 2022, HSH rolled out a new system to better track and collect Critical Incident Reports (CIRs). This system was adopted in site-based Permanent Supportive Housing (PSH) in June 2022 and in shelters in October 2022. This report tracks data between the rollout and November 15, 2022.
 - a. **Shelters:** 21 CIRs involving overdoses (including 8 reversals).
 - b. **PSH:** 16 CIRs involving overdoses (including 5 reversals).



Appendix D

Department of Emergency Management Overdose Prevention Policy – 2022 Update

Department of Emergency Management – Policy Implementation Report



Department of Emergency Management
1011 Turk Street, San Francisco, CA 94102

Phone: (415) 558-3800 Fax: (415) 558-3843



London N. Breed
Mayor

Mary Ellen Carroll
Executive Director

Overdose Prevention Policy

I. Purpose of Policy

As a City department that serves people who use drugs through our leadership of the Healthy Streets Operation Center (HSOC), Department of Emergency Management (DEM) has a responsibility to respond to the overdose crisis in San Francisco.

Our response must account for the fact that the overdose crisis has disproportionately impacted minority groups – for example, Black and African American people had an overdose rate 6.32 times higher than other racial groups in 2019. It is imperative that we develop comprehensive policies for our system of care that will equitably provide interventions.

HSOC, through DEM, has committed to a collective and collaborative approach to overdose prevention with the Department of Public Health (DPH), the Department of Homelessness and Supportive Housing (HSH), and the Human Services Administration (HSA). The shared commitment is that all City departments who interact with persons who use drugs have an equal responsibility to respond to the rise in overdoses in a universal way that will have the most impact.

II. Policy Application

DEM, in partnership with HSOC partner departments, is responsible for ensuring HSOC has structures in place to support staff who respond to overdoses. HSOC's Overdose Prevention Policy empowers City and community partners to prevent and effectively respond to drug overdoses through the following approaches:

- Through DEM, HSOC fosters collaborative partnerships with other City departments, including HSH, HSA, DPH, and SFFD, to advance the Overdose Prevention Policy and to share lessons learned and best practices.
- DEM's HSOC staff and staff from HSOC partner departments (referred to as "HSOC team members") will be held responsible for delivering harm reduction and overdose interventions.
- Overdose prevention training will meet the needs of people HSOC works with:
 - All HSH, SFFD, and DPH HSOC team members will be trained on: the philosophy behind harm reduction and how to reverse an overdose, both of which are essential to empower all appropriate HSOC team members to deliver life-saving interventions. To be effective, drug treatment, harm reduction and overdose prevention services must be culturally competent, creative, and non-judgmental.

Overdose Prevention Policy

- It is important to offer a range of treatment options to clients, including harm reduction for those who are not yet ready for abstinence from drugs and alcohol but must find ways to lessen the harm of their behavior.
- DEM will continue to work with our HSOC partners HSH and DPH to seek input from community stakeholders, including drug users, people with lived experience, and HSH and DPH contracted provider partners, for needed direction and to develop effective policies and protocols.

III. Policy:

To reduce drug overdose and comply with the requirements laid out in Sec. 15.17 of the Administrative Code (Departmental Overdose Prevention Policies), DEM will implement the policies outlined below.

- A. During HSOC operations, HSOC team members will provide referrals to drug treatment programs, harm reduction services, and harm reduction programs.
- B. DEM, through HSOC, will coordinate with HSOC team members to post and/or share information about naloxone, syringes, and Overdose Prevention Services in areas where HSOC Operates.
- C. Overdose prevention training will be required for all City and provider staff who interact directly with clients. These same trainings will also be provided for all HSOC staff including Public Works, MTA Parking Control Officers, and San Francisco Police Department members who participate in operations or activities.
- D. HSOC team members will follow an onsite overdose reversal and response protocol. Naloxone must be easily accessible at all HSOC-managed operations or activities.

IV. Procedures:

A. Drug Treatment and Harm Reduction Programs and Services

- a. Drug Treatment - DEM will work with DPH to deepen and explore further partnerships through HSOC to provide access to drug treatment through work in encampments and with partner agencies.
- b. Harm Reduction – DEM will provide and refer clients to harm reduction services and programs by:
 - 1. Reviewing HSOC protocols regularly to identify opportunities to continue and expand harm reduction services and referrals in HSOC-managed or coordinated operations or activities.
 - 2. Actively encouraging DEM agency partners, and requiring as appropriate, to provide harm reduction services and referrals during operations and in their programs and locations.

B. Posting Information about Naloxone, Syringes, and Overdose Prevention Services

Overdose Prevention Policy

DEM will require that all staff assigned to HSOC by partner departments that interact with/make referrals for people who use drugs to be trained in up-to-date information and have easily accessible materials for clients regarding:

1. The location and schedule of syringe access and disposal services.
2. Referral information about naloxone access.
3. The schedule of overdose prevention and naloxone distribution services.

C. Training

Overdose prevention training will be required for all City and provider staff who interact directly with clients and provided for all HSOC staff. Training must include:

1. The philosophy and principles of overdose prevention and harm reduction.
2. How to respond to and reverse overdoses.
3. How to debrief and support other staff and guests as they deal with the trauma accompanying this experience.

Training must be conducted, at minimum, annually and should be given upon hire of new employees.

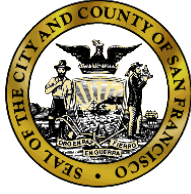
City Employees - the online overdose recognition and response training is found in each employee's Employee Portal.

Contractors and/or Grantees - the online overdose recognition and response training is available through the SFDPH Center for Learning and Innovation, Overdose Prevention Training Series (<https://learnsfdph.org/programs/sfdph-overdose-prevention/>).

D. Onsite Overdose Reversal and Response Protocol

HSOC staff will take steps outlined below if an individual overdoses on HSOC-managed operation or activity or in the presence HSOC personnel, or in the presence or provider staff.

1. Follow medical protocols as outlined in the overdose trainings.
2. Report overdose to HSOC dispatch and director. Document use of naloxone, if applicable, and indicate if the overdose was reversed.
 - a) Additional documentation requirements may be added if necessary, to assess and report on Drug Overdose Prevention.



Department of Emergency Management
1011 Turk Street, San Francisco, CA 94102

Phone: (415) 558-3800 Fax: (415) 558-3843



London N. Breed
Mayor

Mary Ellen Carroll
Executive Director

Annual Progress Report on Overdose Prevention Policy Implementation

Introduction

As a City department that serves people who use drugs through our leadership of the Healthy Streets Operation Center (HSOC), Department of Emergency Management (DEM) has a responsibility to respond to the overdose crisis in San Francisco. Two of HSOC's primary methods of helping achieve this is to train our staff to recognize and respond to overdoses, and to ensure ready access to Narcan, the powerful opioid overdose reversal medication.

In accordance with Ordinance 084-21, requiring HSOC to annually submit to the Board of Supervisors a departmental policy describing how the department and its grantees that provide direct services to clients who use drugs will promote strategies to reduce drug overdoses ("Overdose Prevention Policy"), DEM is submitting its Overdose Prevention Policy, adopted in 2021 and updated in 2022, and this report on the progress of implementing that policy.

Incorporation of Overdose Prevention and Harm Reduction Strategies

DEM adopted the Overdose Prevention Policy in 2021, which aims to reduce overdose deaths during HSOC activities and actions through several key strategies:

- All participating agencies and contracted staff working with HSOC that are responsible for client interaction are required to take the DPH-created training on Opioid Overdose Recognition and Prevention;
- Narcan is available to all staff who work in the field with clients so they can carry it with them while working at each site;
- HSOC engagement staff from HSH and DPH and SFFD will refer clients in need of substance abuse treatment to contracted community-based and City treatment providers.

Posting Materials on Harm Reduction Supplies and Overdose Prevention and Naloxone Distribution Services to Ensure Accessibility to All Clients

Participating HSOC departments with client facing facilities such as HSH and DPH are required to post the Citywide Naloxone/Narcan and Harm Reduction Supply Access 2022 Schedule in the lobby areas of all of their service centers. This information is posted in English, Spanish, Russian, Chinese, Tagalog, and Vietnamese. This informational schedule lists sites throughout the city that offer Narcan, syringe access and disposal services, and other resources for people who use drugs, as well as their hours of operation and details on resources and services that are offered.

Overdose Prevention Policy

Overdose Prevention Policy

HSOC has an overdose response policy in place that includes information on how to recognize and respond to an overdose, what Naloxone is and how it works, how to document and follow up to an overdose, including submitting a critical incident report for all overdoses, as well as other related information such as how to request additional Narcan when needed.

Staff Training in Overdose Prevention Strategies

Since the launch of the DPH online training, all DEM HSOC employees that have client engagement have taken the training and are required to take it as part of orientation and annually thereafter.

- So far, 100% of DEM HSOC staff that engage with clients have taken the training since it was first made available in late August.
- Staff are also able to request Narcan kits and carry with them if they work in the field

HSOC Partners

HSOC consists of staff from the Department of Homelessness and Supportive Housing and Department of Public Health both in city staff and contractors that are also covered by this piece of legislation and are required to be trained and report overdose events through their home departments. San Francisco Fire Department and the San Francisco Police Department are also partners in HSOC and their staff are required to be trained in overdose recognition and reversal but are not covered by this legislation.

Overdose Events since Implementation

Since the overdose prevention policies have been adopted, there have been two overdose events during HSOC operations. The SFFD Paramedic Captain responded appropriately by quickly engaging in rescue breathing and administering Narcan while outreach worker called 911. Paramedics responded and the client was taken by ambulance both times.

Appendix E

Human Services Agency Overdose Prevention Policy – 2022 Update

Human Services Agency – Policy Implementation Report



Overdose Prevention Policy

San Francisco Human Services Agency | FY22-23

I. Purpose of Policy

Ordinance 084-21, passed by the Board of Supervisors in June 2021, requires SFHSA to annually submit to the Board of Supervisors a departmental policy describing how the department and its grantees that provide direct services to clients who use drugs will promote strategies to reduce drug overdoses (“Overdose Prevention Policy”).

As a City department which serves over 200,000 San Franciscans annually with a robust network of social service programming, the San Francisco Human Services Agency (SFHSA) has a responsibility to help address San Francisco’s drug overdose epidemic. The purpose of SFHSA’s Overdose Prevention Policy is to empower our staff and community partners with information and resources to prevent and effectively respond to drug overdoses when we interact with members of the public who use drugs.

II. Principles of Policy

In 2021, the San Francisco Human Services Agency, the San Francisco Department of Public Health (DPH), the Department of Homelessness and Supportive Housing (HSH) and the Department of Emergency Management (DEM) all committed to a collective and collaborative approach to address San Francisco’s overdose crisis. Together, we developed a set of guiding principles to support the development and implementation of each of our departmental Overdose Prevention Policies as required by Administrative Code Section 15.17. Advancing a citywide approach to the drug overdose epidemic in San Francisco, SFHSA’s policy is guided by the following Citywide principles:

- ✓ City staff and contracted service providers are responsible to the wider community for delivering interventions which aim to reduce the economic, social and physical consequences of drug- and alcohol-related harm and harms associated with other behaviors or practices that put individuals at risk.
- ✓ Each program within a system of comprehensive services can be strengthened by working collaboratively with other programs in the system and across the City
- ✓ Clients are responsive to culturally competent, non-judgmental services, delivered in a manner that demonstrates respect for individual dignity, personal strength, and self-determination.
- ✓ Because those engaged in unsafe health practices are often difficult to reach through traditional service venues, the service continuum must seek creative opportunities and develop new strategies to engage, motivate, and intervene with potential clients.
- ✓ Ongoing training, support, and access to naloxone for civil service and contracted staff will help create a space free of judgement for our clients increase opportunities to prevent overdose death.

- ✓ Comprehensive care and treatment should include strategies that reduce harm for those clients who are unable or unwilling to modify their unsafe behavior.
- ✓ Relapse or periods of return to unsafe health practices should not be equated with or conceptualized as “failure of treatment”.
- ✓ People change in incremental ways and must be offered a range of treatment outcomes in a continuum of care from reducing unsafe practices to abstaining from dangerous behavior.
- ✓ In order for programs to be successful, there must be an opportunity for input and feedback from community/consumers.

III. Overdose Prevention Policies

A. Drug Treatment and Harm Reduction Programs and Services

SFHSA currently refers CAAP and CalWORKs clients in need of substance abuse treatment to both contracted community-based and City treatment providers. In the coming year, we will work with DPH to explore further partnerships for SFHSA and our CBO partners to refer other people in need of support to drug treatment and harm reduction programs and services, as appropriate. We will also actively encourage SFHSA community partners, as appropriate, to provide harm reduction resources and referrals in their programs and locations.

B. Training

Prior to this year, our efforts focused on training and treatment support at our 1235 Mission Street Service Center, which serves a very vulnerable population of extremely indigent single adults. SFHSA case managers, psychologists, and physicians stationed at 1235 Mission Street have all been trained on how to detect a drug overdose, and six on-site physicians have learned how to administer Naloxone, if needed. We also trained all of our security guards at 1235 Mission Street Service Center on how to recognize an overdose and to consult an onsite physician if there is an overdose. Finally, through a contract with RAMS, onsite CBO staff provide drug and alcohol counseling as part of their counseling program.

For the rest of our staff, DPH has developed a virtual overdose recognition and response training, which became available to all City staff through the Controller’s E-Learning Platform in August of 2022.

Implementation by SFHSA Staff:

Since the on-line overdose prevention training module became available, we have been strongly encouraging all of SFHSA’s 2,400 staff members to participate. In addition, we have a designated cadre of SFHSA staff working at each of our public-facing service centers who have taken the training so that we are prepared in the event of an overdose incident at any of our service centers.

The overdose recognition and response training includes:

- The philosophy and guiding principles of overdose prevention and harm reduction;
- How to detect an overdose;
- How to respond to and reverse overdoses; and

- How to effectively debrief and support staff and guests with the trauma that can accompany the experience of an overdose.

In addition, Naloxone is easily accessible at all SFHSA public-facing service centers and is available to our staff who work in the field so they can have it on them in case they encounter an individual overdosing while working off-site.

Implementation by Contracted Community-Based Partners:

DPH also made its training module available to all City contracted providers through the DPH E-Learning Platform (<https://learnsfdph.org/user-login/>). SFHSA is strongly encouraging all contracted community partners to participate in the training. SFHSA will solicit feedback on the quality of the training and the best approaches for encouraging others to attend.

C. Posting Information about Naloxone, Syringes, and Overdose Prevention Services

DPH has created a [public website](#) of overdose prevention resources. Each month the overdose prevention resource webpage is updated so that City staff, providers, and the public may have convenient access to the updated schedules.

The resources on the website include:

- Up-to-date information about the location and schedule of syringe access and disposal services;
- Up-to-date referral information about naloxone access and the schedule of overdose prevention and naloxone distribution services.

SFHSA links to this information on www.SFHSA.org and posts the information publicly at SFHSA's service centers.

D. Onsite Overdose Response Policy

All SFHSA service centers have a documented on-site overdose response policy and protocols that provide specific guidance on what to do if an individual overdoses on the property.

SFHSA requires staff to submit a Critical Incident Report in the event of an onsite overdose so that we may track and understand the frequency of such events.



SAN FRANCISCO HUMAN SERVICES AGENCY

Annual Progress Report on Overdose Prevention Policy Implementation

San Francisco Human Services Agency | FY22-23

Introduction

As a City Department which serves over 200,000 San Franciscans annually with connections to critically needed social services and benefits, the San Francisco Human Services Agency (SFHSA) recognizes its role in helping address the drug overdose epidemic in our community. Two of SFHSA's primary methods of helping achieve this is to train our staff to recognize and respond to overdoses, and to ensure ready access to Narcan, the powerful opioid overdose reversal medication.

In accordance with Ordinance 084-21, requiring SFHSA to annually submit to the Board of Supervisors a departmental policy describing how the department and its grantees that provide direct services to clients who use drugs will promote strategies to reduce drug overdoses ("Overdose Prevention Policy"), SFHSA is submitting its Overdose Prevention Policy, adopted in 2021, and this report on the progress of implementing that policy.

Incorporation of Overdose Prevention and Harm Reduction Strategies

SFHSA adopted an agency-wide Overdose Prevention Policy in 2021, which aims to reduce overdose deaths at HSA facilities through several key strategies:

- All SFHSA and contracted staff are strongly encouraged to take the DPH-created training on Opioid Overdose Recognition and Prevention;
- At each of our public-facing service centers there will be:
 - an SFHSA employee on site at all times who is trained in overdose recognition and response,
 - Narcan applicators available and easily accessible in case of an emergency, and,
 - a policy in place that addresses how to respond and follow up to an overdose on site;
- Narcan is available to all staff who work in the field with clients so they can carry it with them while working off site;
- SFHSA staff will refer clients in need of substance abuse treatment to contracted community-based and City treatment providers.

Posting Materials on Harm Reduction Supplies and Overdose Prevention and Naloxone Distribution Services to Ensure Accessibility to All Clients

SFHSA has posted the Citywide Naloxone/Narcan and Harm Reduction Supply Access 2022 Schedule in the lobby areas of all of its service centers. This information is posted in English, Spanish, Russian, Chinese, Tagalog, and Vietnamese. This informational schedule lists sites throughout the city that offer Narcan, syringe access and disposal services, and other resources for people who use drugs, as well as their hours of operation and details on resources and services that are offered.

Onsite Overdose Response Policy

Each of our service centers has an overdose response policy in place that includes information on how to recognize and respond to an overdose, what Naloxone is and how it works, how to document and follow up to an overdose, including submitting a critical incident report for all on-site overdoses, as well as other related information such as how to request additional Narcan when needed.

Staff Training in Overdose Prevention Strategies

An ongoing agency-wide communication effort is underway since the launch of the DPH training to inform staff about the overdose crisis in San Francisco and to strongly encourage all staff to take the training, but especially for those who directly with clients. Communication activities include: all-staff newsletters, reminders at management team meetings, development of talking points for managers and supervisors to encourage their staff to take the training, and a page dedicated to overdose prevention on SFHSA's internal intranet.

- So far, more than 100 SFHSA staff have taken the training since it was first made available in late August.
- Staff are also able to request Narcan kits from our medical staff, to carry with them if they work in the field and are therefore frequently around clients who may use drugs off site from one of our service centers.
- All security guards at 1235 Mission Street, our primary and largest service center, which serves our highly vulnerable single adult client population, have been trained in opioid overdose recognition and response;

Grantee training in overdose Prevention Strategies

More than 250 staff at 11 of our CBO contractors have taken the training to date. Note that because many CBOs have contracts with more than one City department, these counts of CBO staff who have taken the training are counted by more than one agency. We are continuing to work on a communication strategy to all our CBO contractors about the life-saving importance of being trained to recognize and respond to an overdose. We will strongly encourage them to have staff take the training, especially those who work directly with members of the public.

Overdose Events since Implementation

Since the overdose prevention policies have been adopted, there has been one overdose event at one of our service centers. The security guard on duty responded appropriately by quickly calling 911. Paramedics responded and the client was taken by ambulance.