



City and County of San Francisco
London N. Breed
Mayor

December 14, 2021

Angela Calvillo, Clerk of the Board
Board of Supervisors
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco, CA 94102

Dear Ms. Calvillo:

Attached please find a proposed resolution for the Board of Supervisors approval, which requests that the Board of Supervisors receive Departmental Overdose Prevention Policies for the Department of Public Health (DPH), the Department of Homelessness and Supportive Housing (HSH), the Healthy Streets Operation Center through the Department of Emergency Management (DEM), and the Human Services Agency (HSA).

Administrative Code, Section 15.17, requires each department listed above to annually submit, beginning in 2021, 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").

To develop each Departmental Overdose Prevention Policy, DPH, HSA, DEM, and HSH have committed to a collective and collaborative approach to overdose prevention. The commitment shares 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.

Additionally, in developing Departmental Overdose Prevention Policies, DPH, HSH, HSA, and DEM committed to the following guiding principles:

- 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 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.
- Acknowledge that in order for programs to be successful, there must be an opportunity for input and feedback from community/consumers.

The following is a list of accompanying documents:

Appendix A:

- Departmental Overdose Prevention Policies - Guiding Principles

Appendix B:

- Department of Public Health Overdose Prevention Policy
- Department of Public Health Report

Appendix C:

- Department of Homelessness & Supportive Housing Overdose Prevention Policy
- Department of Homelessness & Supportive Housing Report

Appendix D:

- Department of Emergency Management Overdose Prevention Policy

Appendix E:

- Human Services Agency Overdose Prevention Policy

Should you have any questions, the following people may be contacted regarding this matter:

- Eileen Loughran, Eileen.Loughran@sfdph.org, Health Program Coordinator, Community Health Equity and Promotion (DPH)
- Dylan Schneider, Dylan.Schneider@sfgov.org, Manager of Policy and Legislative Affairs (HSH)
- Sam Dodge, Sam.Dodge@sfgov.org, Director of the Healthy Streets Operation Center (HSOC) (DEM)
- Susie Smith, Susie.Smith@sfgov.org, Deputy Director, Policy and Planning (HSA)

Sincerely,



Grant Colfax, MD
Director of Health



Mary Ellen Carroll
Executive Director, DEM



Shireen McSpadden
Executive Director, HSH



Trent Rhorer
Executive Director, SFHSA

Appendix A:

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.

Background:

Drug overdose death in San Francisco continues to increase; in 2017, 222 people in San Francisco died from a drug overdose and in 2020, 697 people in San Francisco died from a drug overdose. A significant contributor to this phenomenon is the increasing presence of the synthetic opioid fentanyl in the drug supply, which is estimated to be 50 to 100 times more potent than morphine. The COVID-19 pandemic has provided additional challenges to our overdose response and has contributed to the rise in overdose deaths during this time. Many users of substances have trauma and stress that is exacerbated by COVID-19, which can lead to increased use. COVID-19 safety interventions have also included limiting time with other people, which has led to more people using alone - a significant contributor to overdose death. San Francisco Department of Public Health (DPH) data show worsening disparities in overdose rates. Males, persons age 50-59 years, and Black/African Americans have the highest rates of opioid overdose death. Specifically, in 2019, the overdose death rate for Black/African Americans was 6.32 times higher compared to other race/ethnicity groups.

Definitions:

Overdose Prevention

Overdose prevention can be defined as measures or strategies that prevent overdose death. Effective strategies to prevent overdose deaths include increasing the provision and use of naloxone to reverse overdose; expanding the use of low-barrier medication assisted treatment to prevent overdose; and establishing harm reduction policies in high-risk settings.

Access to Naloxone: Naloxone is an opioid antagonist that can reverse an opioid overdose and save a life. It can be carried and administered by laypeople, including people who use drugs. Low-barrier access to naloxone is an effective harm reduction method to prevent overdose death.

Access to low-barrier medications for addiction treatment (MAT), specifically buprenorphine: Treatment of opioid use disorder with MAT reduces individuals’ risk of overdose death.

Supportive Policies in High-Risk Settings: Implementing harm reduction policies in high-risk settings expands the provision of resources and supplies to people who use drugs in a stigma-free environment and prevents overdose deaths.

Harm Reduction

Harm reduction is a public health philosophy, which promotes methods of reducing the physical, social, emotional, and economic harms associated with drug and alcohol use and other harmful behaviors on individuals and their community. Harm reduction methods and treatment goals are free of judgment or blame and directly involve the client in setting their own goals.

Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use, and creates a pathway into treatment and abstinence. It includes a spectrum of strategies such as: safer use, managed use, abstinence, problem-solving counseling, treatment referral, and it starts with meeting people who use drugs “where they’re at”. Treatment is offered in increments that lead to achievable health goals. Harm reduction strategies are effective at mitigating the risk of overdose and death.

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:

- 1. Department of Public Health Overdose Prevention Policy**
- 2. Department of Public Health Supplemental Report - 2021**



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: Click here to enter a date.
DPH Division/Branch: Population Health, Community Health Equity and Promotion Branch	
Policy Contact: Eileen Loughran, Health Program Coordinator; Community Health Equity & Promotion (CHEP), Population Health Division	
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.

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.

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.

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. DPH will continue to support effective strategies to prevent overdose death such as increasing the provision and use of naloxone to reverse overdose; expanding the use of low-barrier medication assisted treatment (MAT) to prevent overdose; and establishing harm reduction policies in high-risk settings.

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 monthly. The updated 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 in several locations. DPH branches, sections, and grantees will each determine appropriate locations for schedule posting. 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

C. Overdose Prevention Training

DPH branches, sections, and grantees with staff who directly engage with people who use drugs will provide overdose prevention training to all relevant staff once per year as part of regularly scheduled staff trainings and will ensure that new staff who directly engage with people who use drugs are trained in overdose prevention strategies and response protocol as part of their orientation.

Overdose prevention trainings are currently provided through/are provided by DPH's Community Health Equity and Promotion (CHEP) branch, through the DOPE project, and the Harm Reduction Training Institute (HRTI). DPH is also currently in the process of developing an e-learning module and will notify DPH branches and sections with more information in 2022.

Once the e-learning module is live, DPH will strongly encourage all DPH staff to complete the module.

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:

- Tracking and managing overdose prevention training for branch/section staff
- Coordination of branch/section naloxone and other harm reduction supplies. This includes updating posted supply schedules, monitoring naloxone expiration and replacing when naloxone supply expires, as well as tracking the number of reversals.
- 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 2021 -

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 (SFHN) and the Population Health Division (PHD). Clients served by both divisions of DPH include people who use drugs who may be at risk for overdose. The Department of Public Health (DPH) has a long history of supporting harm reduction¹ as an effective strategy for overdose prevention.² 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. 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. DPH supports effective strategies to prevent overdose death such as increasing the provision and use of naloxone to reverse overdose; expanding the use of low-barrier medication assisted treatment (MAT) to prevent overdose; and establishing harm reduction policies in high-risk settings. Additionally, DPH alongside HSH, HSA, and DEM have committed to a collective and collaborative approach to address the overdose crisis.

DPH Overdose Prevention Policy Overview

Ordinance 084-21, passed by the Board of Supervisors in June 2021, 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 purpose of the following report is to provide supplemental information to support DPH's Overdose Prevention Policy (Appendix B). This report summarizes some of the current work done across DPH to reduce drug overdoses as well as highlight ongoing efforts. The report provides examples of work within three areas of DPH – Behavioral Health Services (BHS), the San Francisco Health Network (SFHN), and the Population Health Division (PHD).

¹ **Harm reduction** is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use and creates a pathway into treatment and abstinence. It includes a spectrum of strategies such as: safer use, managed use, abstinence, problem-solving counseling, treatment referral, and it starts with meeting people who use drugs "where they're at". Treatment is offered in increments that lead to achievable health goals. Harm reduction strategies are effective at mitigating the risk of overdose and death.

² **Overdose prevention** can be defined as measures or strategies that prevent overdose death. Effective strategies to prevent overdose deaths include increasing the provision and use of naloxone to reverse overdose; expanding the use of low-barrier medication assisted treatment to prevent overdose; and establishing harm reduction policies in high-risk settings.

Drug Treatment & Harm Reduction Programs & Services

Behavioral Health Services (BHS) is the largest provider of mental health and substance use prevention, early intervention, and treatment services in the City and County of San Francisco. BHS is comprised of a network of more than 80 community-based contracted partners and civil service clinics providing direct services to clients with mental health and substance use disorder (SUD). Staff across BHS who work with people who use drugs provide crisis resolution, treatment assessment, level of care determinations, bridge services, and access to medication assisted treatment (MAT). The Behavioral Health Access Center (BHAC) Treatment Access Program (TAP) is an entry point into San Francisco's behavioral health services, including SUD treatment services.

In addition to BHS, DPH's SF Health Network (SFHN) comprises the direct health services that DPH provides to thousands of insured and uninsured residents of San Francisco, including those most socially and medically vulnerable. The SFHN provides continuous care for people wherever they are – in clinics, hospitals, at home, in jail or transitional housing. Below are examples of work done across the SFHN to provide or refer clients to drug treatment and harm reduction programs and services:

- **Public Health Nurses** who provide case management and home visiting services refer clients and relatives of clients to treatment programs.
- Patients entering **jail** are screened for substance use disorder (SUD), and those who have an SUD for which there is evidence-based medication assisted treatment (MAT) are offered ongoing MAT during their time in jail and at discharge. Patients entering jail are also offered harm reduction education and overdose prevention.
- **Street medicine, shelter health and open access clinic-urgent care** teams provide evidence-based outpatient SUD treatment with low-barrier medications for addiction treatment (MAT), counseling, peer specialist care, and other addiction medicine and addiction psychiatry services. Referrals to services are enhanced by co-location of medical services and harm reduction services.
- At the **Medical Respite/Sobering Center**, enrolled clients complete a psychosocial assessment, including a screening for SUD, and are referred for treatment according to level of interest.
- **Primary care** providers across the SFHN routinely refer patients to drug treatment and harm reduction programs. Primary Care offers treatment for substance use disorder at all primary care clinics, including both medications and Primary Care Behavioral Health support. Primary Care sites that interact with higher numbers of people who use drugs are also piloting distribution of safe consumption supplies to reduce complications related to drug use.
- **Laguna Honda Hospital (LHH)** provides on-site specialty substance treatment as well as non-specialty screening, brief intervention, referral to treatment for residents who have substance use disorders but are not yet engaged or willing to engage in substance use treatment. LHH also provides MAT for treating substance use disorders.
- **Zuckerberg San Francisco General Hospital (ZSFG)** has numerous programs on campus that provide drug treatment and harm reduction services, including direct treatment and referrals. A few examples of programs include the Opiate Treatment Outpatient Program (OTOP), which in addition to serving patients also provides education to clinics and areas around the hospital about how to refer patients for care; and the Richard Fine People's Clinic session called CUSP (Care for people who Use Substances and/or have Pain), which provides patients with buprenorphine-naloxone assistance and safe use kits and naloxone. Additionally, the Addiction Medicine Fellowship at UCSF trains addiction medicine specialists, and these fellows help staff some services across the SFHN.

The Population Health Division (PHD) addresses public health concerns, including consumer safety, health promotion and prevention, and the monitoring of threats to the public's health. PHD implements

traditional and innovative public health interventions. Staff across PHD engage in core public health functions such as outreach and community engagement, health inspections, communicable disease surveillance, research, and public health preparedness and planning. Below are examples of work across PHD to provide or refer clients to drug treatment and harm reduction programs and services:

- The **Community Health Equity and Promotion (CHEP)** branch has multiple programs that work directly with people who use drugs, including direct community work, outreach and engagement, providing direct services at clinics and HIV/HCV testing sites, and collaborating with many coalitions and community-based organizations on community issues. CHEP programs share referral information, syringe access information, and harm reduction supply schedules to groups and coalitions they work with. Many of CHEPs funded providers provide information on overdose prevention, syringe access and disposal services, and other harm reduction services.
- At **SF City Clinic**, short-term crisis counseling and referrals to mental health and substance use treatment is available to patients, as well as naloxone and harm reduction kits for patients who report opioid or methamphetamine use. TB Clinic staff work to connect patients to drug treatment and housing in coordination with existing case managers and caregivers.
- DPH's clinical research program obtains drug use history for study participants during screening and are provided referrals to treatment and other harm reduction services.
- DPH's **Public Health Emergency Preparedness and Response (PHEPR)** branch, while not directly providing patient care or working directly with the public, coordinates with BHS and SF Shelter Health to ensure harm reduction strategies are incorporated into medical shelters during a disaster. PHEPR helps service providers prepare so that the departments' delivery of key services is uninterrupted.
- The **Center for Public Health Research (CPHR)**, offers all study participants harm reduction supplies, including naloxone and fentanyl test strips. Additionally, information about treatment programs and referrals are available.

Material Posting & Accessibility Across DPH

Sites across BHS post and make the syringe access and disposal services schedule and the naloxone schedule accessible to clients. At 1380 Howard Street, BHS pharmacy staff include the syringe access and disposal services schedule and naloxone access schedule in syringe kits distributed to clients. Schedules are also posted in the pharmacy waiting rooms and the restroom. Additionally, the syringe access schedule is regularly updated and posted in the public area at the Behavioral Health Access Center (BHAC).

The syringe access and disposal services schedule along with the naloxone schedule are also made available at some sites across the SFHN. Schedules are provided to individuals leaving jail, outreach staff and shelter health staff carry the schedules to be handed out, and schedules are posted in the public spaces of some clinics. At ZSFG, the syringe access and harm reduction schedules are also provided to patients when they are given a safe consumption kit, or a box of Narcan (along with instructional materials on use of Narcan).

Across PHD, the syringe access and disposal services schedule and naloxone schedule are available at various locations. Outreach teams and HIV and Hepatitis C programs have the schedules available; schedules are provided to clinicians at SF City Clinic; and the schedules are also posted in the TB Clinic's shared lobby and public spaces. Within the Center on Substance Use and Health, the citywide naloxone and harm reduction supply schedule is available in research counseling rooms and posted on the main bulletin board.

2022 Opportunities

DPH has identified opportunities to expand the availability and accessibility of the syringe access and disposal schedule and naloxone schedule across the Department. In an effort to improve material accessibility and availability, DPH has created a webpage of overdose prevention resources (<https://sf.gov/information/overdose-prevention-resources>). Each month the overdose prevention resource webpage will be updated so that providers and staff across DPH, as well as the public, may have convenient access to the updated schedules to download, post, and share.

Onsite Overdose Response Policies

Many programs across DPH have established onsite overdose response policies due to the health and medical services these programs provide. For example, BHS has a protocol for emergencies, including overdoses, that occur at the Community Behavioral Health Services (CBHS) Pharmacy and Behavioral Health Access Center (BHAC). Across PHD, CHEP outreach teams, research teams, and the AITC maintain overdose response policies. And across the SFHN, medical teams in jails, in clinics, and in hospitals are trained to respond to emergencies involving non-responsive patients; these policies are often called code-blue policies. 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.

2022 Opportunities

DPH's Overdose Prevention Policy establishes that 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 policy provides a list of steps that staff can take to respond to an overdose at a site managed by DPH or where DPH staff are present. The steps provided in the policy may be adapted depending on the site. DPH is working to implement onsite overdose response policies for the few sites across the Department without existing onsite emergency response policies.

Overdose Prevention Training

Across DPH, many staff have received overdose prevention and/or harm reduction trainings. Within BHS, overdose prevention trainings are made available upon onboarding to pharmacists at the Community Behavioral Health Services (CBHS) Pharmacy and staff at the Behavioral Health Access Center (BHAC).

Across PHD, staff who engage with people who use drugs are trained on harm reduction and how to administer naloxone. Trainings are offered on an annual basis and upon onboarding. The CHEP branch within PHD conducts yearly overdose response trainings and provides "office hours" to answer questions and provide any additional training to staff members that are interested.

Overdose prevention trainings have been offered to many staff across the SFHN. For example, nurses within our Maternal, Child and Adolescent section are trained annually and upon onboarding; newly onboarded HIV testing team members within Jail Health Services receive trainings as a part of their orientation; and all Jail Health nursing staff are trained in overdose management. By the end of 2021, Primary Care staff will have completed overdose prevention training and are in the process of initiating on-site naloxone distribution. Finally, in addition to being trained in overdose prevention, many shelter health staff help facilitate DOPE trainings to CBO partners regularly.

2022 Opportunities

Overdose prevention trainings have been offered to many staff across DPH, and we are continuing to expand training opportunities to all DPH staff. Recently, SFHN Primary Care developed a pilot curriculum to train Primary Care staff around overdose prevention, stigma against people who use drugs, and principles of harm reduction. DPH is in the process of implementing this curriculum as e-learning modules for all DPH staff and expects this to be live in summer of 2022.

Overdose Prevention Policies & DPH Grantees

Divisions across DPH contract with community organizations that provide important services to San Franciscans. 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 with the Harm Reduction Training Institute.

Within PHD, 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.

The SFHN contracts with many community providers, some of which may provide services to people who use drugs. For example, CBOs contracted with our Whole Person Integrated Care (WPIC) section have overdose prevention policies in place and have received overdose prevention training.

2022 Opportunities

DPH is assessing whether all contracted organizations who provide services to people who use drugs have established overdose prevention policies will continue to work with contracted providers to develop overdose prevention policies.

Appendix C:

- 1. Department of Homelessness & Supportive Housing Overdose Prevention Policy**
- 2. Department of Homelessness & Supportive Housing Supplemental Report - FY21-22**



Overdose Prevention Policy

Department of Homelessness and Supportive Housing | FY21-22

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 six core components of the Homelessness Response System: Street Outreach, Coordinated Entry, Problem Solving, Temporary Shelter, Housing, and the Housing Ladder.

Since the Department's creation in 2016, HSH has supported the integration of harm reduction across all six 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

This document will be adopted as the HSH Overdose Prevention Policy and will take effect no later than January 15, 2022. Different components of the policy will have different implementation timelines, as specified in the document. This policy outlines minimum requirements, and in some instances the requirements of specific HSH-contracted services already exceed these minimums.

Training requirements will be implemented as follows:

- Designated HSH staff will be trained within 90 days following the availability of the virtual city training developed by DPH. The target date for availability of this training is July 2022.
- Designated provider staff will be trained within 90 days following the availability of the virtual provider training developed by DPH. The target date for availability of this training is fall 2022.

Contractual requirements associated with the Department’s Overdose Prevention Policy will be implemented on a rolling basis by incorporating requirements into agreements with service providers as



they are executed or amended, beginning with the effective date of this policy. Section III.e of this document contains a more detailed timeline for implementation by HSH-contracted providers.

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 will promote a harm reduction philosophy and ensure that clients are supported to access harm reduction services and programs by:

- Requiring all contracted service providers to adopt a harm reduction model. HSH service procurements will include a reference to the State of California's Housing First Principles and to the Department's Overdose Prevention Policy. Similarly, the requirement to embrace a harm reduction approach and comply with applicable state and local policies will be integrated into designated HSH contracts on a rolling basis as they are executed or amended, beginning with the effective date of this policy.
- 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 will require its contracted providers to make available at their client service sites informational materials from DPH and its partners about accessing substance use treatment. HSH will also include 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. These expectations will be incorporated into contracts with designated service providers on a rolling basis as they are executed or amended, beginning with the effective date of this policy.

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

HSH will require 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 will require 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.

The Department will also require staff and contracted providers to submit a Critical Incident Report (CIR) to HSH when there is an onsite overdose. As resources permit, HSH is committed to developing a more systematic and automated way of collecting and analyzing data gathered from CIRs.

d. Training

DPH is developing a virtual Harm Reduction/Overdose Prevention Training, with the goal of making it available for City staff through the Controller's E-Learning Platform by July 2022. DPH is developing a similar virtual training for contracted provider staff that is intended to be available through the DPH online learning platform by fall 2022.

Within 90 days of the virtual trainings becoming available, designated Department and provider staff who interact directly with clients or who work in a residential (shelter, SIP, or PSH) setting will be required to complete this training. These training requirements will be incorporated into the mandatory annual training requirements for designated HSH staff.

Training should 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.

Additionally, all designated HSH and provider staff will be trained on the HSH Overdose Prevention Policy.



e. Implementation by Provider Partners

Contractual Requirements - Beginning on the effective date of this 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 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 (shelter, SIP, PSH). This requirement will be effective within 90 days following the availability of virtual provider training developed by DPH.
- 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.





Supplemental Report: Overdose Prevention Policy Department of Homelessness and Supportive Housing | FY21-22

I. Introduction

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 six core components of the Homelessness Response System: Street Outreach, Coordinated Entry, Problem Solving, Temporary Shelter, Housing, and the Housing Ladder.

Since the Department's creation in 2016, HSH has supported the integration of harm reduction across all six core components of the Homelessness Response System as an effective strategy for overdose prevention.

Ordinance No. 084-21, passed by the Board of Supervisors in June 2021, requires 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 ("Overdose Prevention Policy").

This report provides additional information to supplement HSH's Overdose Prevention Policy (Appendix C). The report provides an overview of the current practices implemented across the six core components of HSH's Homelessness Response System to reduce drug overdoses, as well as the ongoing efforts to improve these practices.

II. Overdose Prevention in the Homelessness Response System

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 them with access to the resources, such as housing or other services, that are often needed to reduce drug use and overdoses.

Street Outreach - The San Francisco Homeless Outreach Team (SFHOT) connects the most vulnerable individuals living outside with available and appropriate resources within the Homelessness Response System. Through outreach, engagement, and case management, HOT works to engage and stabilize these clients. HOT works in small teams seven days a week. Teams have expertise in the complex issues that are barriers to stability for this population. For individuals who are not ready to accept the services HSH has to offer, HOT continues to outreach and build motivation to ensure services are available when they are needed.

SFHOT works collaboratively with the Department of Public Health's (DPH) Street Medicine team to address medical and behavioral health needs, using an individualized approach that includes wrap-around services and promotes harm reduction and stability-based recovery. SFHOT actively partners with DPH Street Medicine and other DPH staff to provide appropriate referrals to drug treatment and harm reduction resources when clinically indicated.

Additional overdose prevention and harm reduction efforts that are actively applied through HSH's Street Outreach include:

- SFHOT staff always carry naloxone and maintain back-up stock in SFHOT vehicles.
- All SFHOT staff are required to participate in an Overdose Prevention training at least once annually.
 - SFHOT receives training on Harm Reduction every May and Overdose Prevention every September. New staff have access to both trainings.
- SFHOT staff are trained in how to respond to and report incidents of overdose and overdose reversal.

Coordinated Entry and Problem Solving - Coordinated Entry (CE) is a consistent, community-wide process to match people experiencing homelessness to available community resources that are the best fit for their situation. This CE process covers San Francisco's entire geographic area. CE consists of physical access points, a standardized method to assess and prioritize persons needing assistance, and a streamlined process to rapidly connect people to a housing solution. All people experiencing homelessness in San Francisco that engage with CE complete a standardized assessment that considers the household's situation and, if applicable, prioritizes the household for housing placement based on vulnerability, barriers to housing, and chronicity of homelessness.

HSH's Coordinated Entry Assessment includes substance use disorder as one of the vulnerabilities used to determine housing need and eligibility for adults, families, and youth. We know that people who use substances are often some of the most vulnerable given the impact of substance use on physical and mental health. Through the stabilization that housing offers, these guests can both begin their permanent exit out of homelessness and have the support services needed to address substance use or abuse.

The most intensive housing interventions are provided to those people in highest need. Permanent housing programs—including Permanent Supportive Housing (PSH) and Rapid Rehousing (RRH)—fill vacancies from a community pool of Housing Referral Status households generated from the standard assessment process. The Coordinated Entry System of Record is the Online Navigation and Entry System (ONE), San Francisco's federally required Homeless Management and Information System (HMIS). The assessment is entered directly into ONE, and referrals to transitional and permanent housing are made through ONE. This coordinated process drastically reduces the burden on people experiencing homelessness, streamlining access to all resources in the Homelessness Response System.

Coordinated Entry Access Points are located throughout the City and operated by non-profit service providers. Access Points are the front door of the Homelessness Response System and engage



households experiencing homelessness in Problem Solving services as well as housing assessment, prioritization, and referrals. Coordinated Entry Access Points serve adults, Transitional Age Youth, and families.

HSH and the San Francisco Local Homeless Coordinating Board (LHCB) have adopted Coordinated Entry Written Standards, which are public written policies for the Coordinated Entry process and Access Points in San Francisco. These standards include a commitment to Harm Reduction:

“It is imperative that services be delivered in a respectful, appropriate manner. Best practices, such as strengths-based interviewing, trauma-informed care, and harm reduction, should be incorporated into all programs.”

In addition to population-specific Access Points, HSH has partnered with DPH and Access Point service providers to offer mobile Access Point services at DPH residential treatment facilities. These mobile services support a two-way referral process between HSH and DPH programs for people experiencing homelessness. We look forward to continuing to deepen and expand these partnerships.

Overdose prevention and harm reduction efforts that are being actively applied at HSH’s Coordinated Entry Access Points include:

- HSH regularly shares information and resources with Access Point providers, including:
 - Harm reduction and drug treatment resources for clients.
 - Harm reduction workshops hosted by HSH or other organizations to support provider staff.
 - Technical assistance on harm reduction for grantee partners.
- Access Point service providers apply a harm reduction framework that includes making naloxone available at Access Points to staff and visitors.
- Most Access Point service providers have an Overdose Response Policy in place that provides guidance for staff on how to respond to and report overdoses or overdose reversals.

Temporary Shelter - HSH provides temporary places for people to stay while accessing other services to support an exit from homelessness. Shelters serve three primary populations: families, adults, and Transitional Age Youth (TAY). HSH offers a variety of programs within the Department’s temporary shelter portfolio that include non-congregate shelter, congregate shelter, Navigation Centers, transitional housing, Safe Sleep, and Safe Parking. HSH-funded shelter programs do not exclude people using substances. Instead, programs seek to support and stabilize these guests through active harm reduction and overdose prevention practices.

Shelter service providers are deeply committed to implementing harm reduction practices and overdose prevention training. Providers have historically concentrated these efforts in shelter programs serving adults and youth. The 2022 implementation process of the HSH Overdose Prevention Policy will include expansion of current harm reduction and overdose prevention practices to the family shelter system.

Overdose prevention and harm reduction efforts that are being actively applied at adult and TAY Temporary Shelters include:



- Adult and TAY shelter providers have Harm Reduction and Overdose Prevention Policies in place for their program(s)/facility(s) that are reviewed by HSH through regular site visits and annual program monitoring.
- All adult and TAY shelter programs are required to provide the following harm reduction resources:
 - Access to naloxone (nasal and injectable).
 - Sharp containers and harm reduction kits.
- Overdose prevention and response training is available for all shelter providers through a partnership through a DPH-contracted provider partner such as the DOPE Project and others.
- Adult and TAY shelters are required to have and visibly post onsite Overdose Response Instructions.

Housing and Housing Ladder - Housing provides permanent solutions to homelessness through subsidies and supportive services. HSH offers various types of housing for adults, families, and TAY. Program types include Permanent Supportive Housing, Rapid Rehousing, flexible housing subsidies and Housing Ladder.

HSH requires all housing providers to follow a Housing First, harm reduction approach. As part of this approach, all providers are required to have a harm reduction policy in place that includes the provision of appropriate staff trainings. HSH-funded housing providers are at the forefront of harm reduction within a Housing First model. Substance use is not a permissible reason to exclude someone from HSH-funded housing, nor is it a permissible cause for eviction. HSH leverages the support services provided to tenants through housing providers to reduce the harms associated with substance use and prevent future episodes of homelessness.

Overdose prevention and harm reduction efforts that are being actively applied at HSH-funded supportive housing include:

- Through a DPH-funded project, HSH is partnering with DPH and the DOPE Project to expand overdose prevention in Permanent Supportive Housing and SROs. DOPE is currently piloting various strategies at PSH sites, including naloxone dispensers, extensive training, “brave buttons” that provide the option for clients who are using substances to request a check-in, and resident engagement in overdose prevention response.
 - This partnership will support additional training resources for housing providers.
- Up-to-date harm reduction and drug treatment information is posted and shared with tenants regularly.
 - Support Services staff also provide one-on-one case management for tenants actively using substances and in need of support for treatment resources.
- Housing providers have clear policies in place for how staff should respond to an emergency, including what to do in response to an overdose.
- HSH regularly shares information and resources with housing providers, including:
 - Harm reduction and drug treatment resources for clients.



- Harm reduction workshops hosted by HSH or other organizations to support provider staff.
- Provide technical assistance on harm reduction for grantee partners, including housing provider discussion on harm reduction and overdose prevention strategies.

III. Policy Implementation and Next Steps

In 2022, HSH will work with the Department's divisions and provider partners to implement the HSH Overdose Prevention Policy across the Department and the Homelessness Response System. The implementation process will ensure City and provider staff are in compliance with the minimum requirements of the policy.

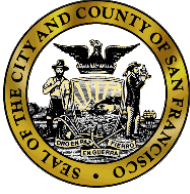
2022 implementation priorities include:

- Integrating HSH's Overdose Prevention Policy requirements into designated service provider contracts upon initial contract execution or during the contract amendment process on a rolling basis.
- Socializing the HSH FY21-22 Overdose Prevention Policy with provider, client, and community stakeholders.
- Developing protocols for each core component of the Homelessness Response System to reflect unique needs or requirements of program or populations served.
- Identifying fiscal or other resources needed to support the implementation of minimum requirements and program-specific protocols.
 - Resources will be subject to budgetary appropriations.
- Submitting an updated HSH FY22-23 Overdose Prevention Policy to the Board of Supervisors by December 31, 2022.



Appendix D:

- 1. Healthy Streets Operation Center through the Department of Emergency Management Overdose Prevention Policy**



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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 will foster 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:
 - 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,

Overdose Prevention Policy

drug treatment, harm reduction and overdose prevention services must be culturally competent, creative, and non-judgmental.

- 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.

Overdose Prevention Policy

- 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

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.

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.

Appendix E:

1. Human Services Agency Overdose Prevention Policy



Overdose Prevention Policy

San Francisco Human Services Agency | FY21-22

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

Our efforts thus far have 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 1325 Mission Street Service Center on how 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 is developing a virtual Harm Reduction/Overdose Prevention Training Program which is expected to be available for all City staff through the Controller’s E-Learning Platform by July of 2022.

Implementation by SFHSA Staff:

Once the on-line overdose prevention training module is available, we will strongly encourage all of SFHSA’s 2,400 staff members to participate. In addition, overdose prevention training will be required for a designated cadre of SFHSA staff working at our public-facing service centers (as we currently do at 1235 Mission Street) so that we will be prepared in the event of an overdose incident at any one of our service centers. Within 90 days of the virtual trainings becoming available, designated Department staff will be required to complete the training.

Training will include:

- 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 will be easily accessible at all SFHSA public-facing service centers.

Implementation by Contracted Community-Based Partners:

DPH’s goal is to make its training modules available to all City contracted providers through the DPH E-Learning Platform (<https://learnsfdph.org/user-login/>) by the Fall of 2022. Thereafter, SFHSA will strongly encourage all contracted community partners to participate in the training on an annual basis. SFHSA will solicit feedback on the quality of the training and the best approaches for encouraging others to attend.

Training will include:

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

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 will be 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 will link to this information on www.SFHSA.org and will post the information publicly at SFHSA’s service centers.

D. Onsite Overdose Response Policy

All SFHSA Service Centers will have a documented Onsite Overdose Response policy and protocols that provide specific guidance on what to do if an individual overdoses on the property.

SFHSA will require staff to submit a Critical Incident Report in the event of an onsite overdose