DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING

Updated: November 2023

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: homelessness prevention, Coordinated Entry, outreach, shelter and crisis interventions, housing problem solving, and housing.

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, like 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 about harm reduction services, including available information about syringe access and disposal and naloxone access.

Available printable resources are located on a public website managed by DPH and updated regularly.

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 in 2022, 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.