



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

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### 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.

