



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.

