Drug User Health Initiative Strategic Plan: Updated for 2016



San Francisco Department of Public Health
Community Health Equity & Promotion (CHEP) Branch
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In 2014, the Substance Use Work Group of what was then known as the San Francisco HIV Prevention Planning Council (HPPC) met in collaboration with the San Francisco Department of Public Health (SFDPH) for a 6-month period to assess current trends in HIV prevention, treatment, and substance use in the context of a harm-reduction model. In October 2014, the HPPC endorsed a series of recommendations from this Work Group, covering topics such as alignment of principles and philosophy of harm reduction across all SFDPH programs, access to evidence-based treatment and prevention programs grounded in the tenets of harm reduction for all people who use drugs, and decriminalization of drug use.



From this beginning grew the SFDPH's Drug User Health Initiative, an effort to respond to the recommendations of the Substance Use Work Group and generally improve the health of people who use drugs in San Francisco. Yet a proper initiative requires thought and careful planning, and to that end key SFDPH staff attended a full-day retreat in Fort Mason on October 28, 2015, to begin a process of strategic planning for this initiative. Importantly, this retreat opened with a discussion and ultimate decision of this group that while the scope of this initiative explicitly includes people who use alcohol, it does not include tobacco use, directly addressing the housing needs of people who use drugs, or improving access to residential treatment on demand. This is not to say these issues are not critical to the health of people who use drugs in our city, but rather that they fall outside the reasonable scope of what can be achieved through the Drug User Health Initiative.

The SFDPH strategic planning retreat was supplemented by a complete inventory of efforts to improve drug user health to date (conducted by an external consultant), a series of focus groups with people who use drugs, and follow up meetings with SFDPH staff and community stakeholders. The combination of these events has fed into the creation of the original strategic plan. After a half-day retreat on the one-year anniversary of the original 2015 retreat, input from key stakeholders in the Drug User Health Initiative has led to this 2016 update to the Strategic Plan.

Mission Statement

To support people who use drugs in caring for themselves and their communities through strengthening and aligning services and systems promoting drug user health in San Francisco.

Vision Statement

The system of care and prevention supports health equity for drug users and ensures that all people who use drugs are treated with dignity and respect throughout San Francisco.

Values

The SFDPH Drug User Health Initiative is based on the belief that all people who use drugs deserve:

- respect
- safe and healthy living environments
- access to the tools to support their own health
- access to equitable health care
- information about drug safety and harm reduction strategies
- knowledge about their own HIV/HCV/STD status
- respectful interactions with all public systems

Within this initiative, we are committed to:

- maintaining a focus on the health of drug users, in the context of the ever-changing San Francisco landscape
- systematically bringing people who use drugs and alcohol to the table whenever possible
- working within our communities to figure out how to best support those most in need
- using our position to reduce stigma about drug use and people who use drugs
- employing principles of harm reduction
- providing access to drug and alcohol treatment on demand
- promoting effective, evidence-based, non-punitive services
- continuing to work with a wide variety of City departments and community stakeholders to improve the health of drug users
- addressing drug user health disparities
- collecting and using data related to drug use and service utilization, with a focus on outcomes that will help us understand where we are making progress, and where we need to improve

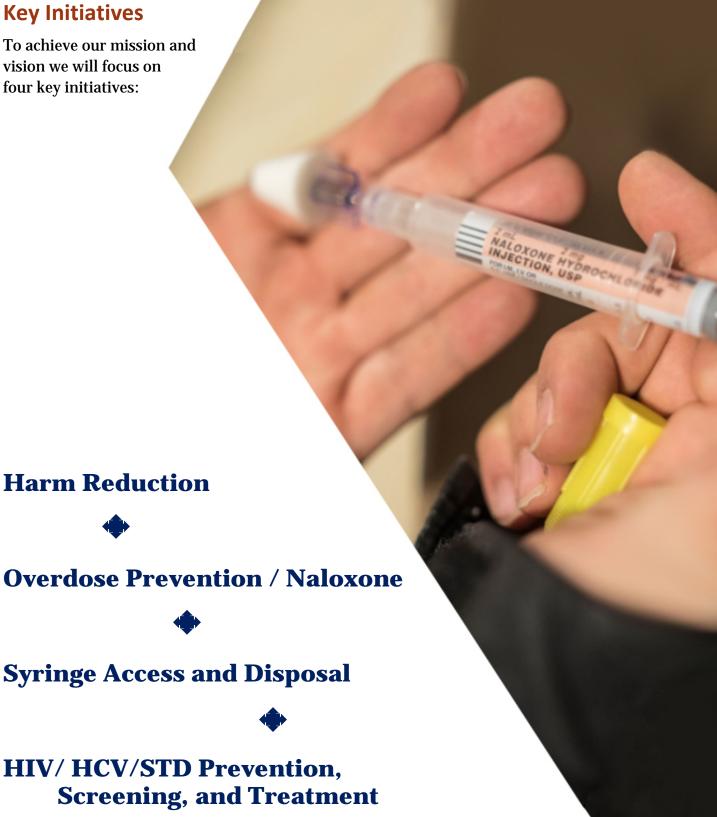
Core Strategies

Our approach to improving the health of people who use drugs or alcohol in San Francisco involves employing five core strategies:

- 1. Use **COLLECTIVE IMPACT PRINCIPLES** to improve the health of people who use drugs and alcohol, involving partners external to SFDPH as well as people who use drugs and alcohol whenever possible.
- 2. Raise awareness about and **REDUCE HEALTH DISPARITIES** for people who use alcohol or drugs, with special attention to racial/ethnic and socioeconomic disparities.
- 3. Work to **ALIGN SERVICES AND SYSTEMS** within the City and County of San Francisco to consistently support the health of people who use drugs and alcohol.
- 4. BUILD CAPACITY WHERE NEEDED, so that all people who use drugs and alcohol will be treated with dignity and respect throughout San Francisco. This includes offering training for providers as well as education for consumers and social marketing about the rights, humanity, needs, and opportunities for people who use alcohol and drugs.
- 5. Commit to the PRODUCTIVE COLLECTION AND USE OF DATA related to drug use and service utilization, with a focus on outcomes that will help us understand where we are making progress, and where more improvement is needed.

Key Initiatives

To achieve our mission and vision we will focus on four key initiatives:



Successes of the Initiative to Date

In the original version of this Strategic Plan, a series of intermediate objectives was developed to help guide the work of the Drug User Health Initiative in 2016. Pages 6 – 8 of this version of the Plan include only the objectives that still warrant action moving forward. However, a number of past objectives were completed – highlighting the important work already taking place to improve the health of people who use drugs in San Francisco.

The successes of the Drug User Health Initiative to date include:

- Prioritizing the people and agencies that most needed to be trained in tenets of harm reduction, and completing a series of trainings
- Including explicit contract language requiring SFDPH-supported substance use treatment programs to practice harm reduction in concrete ways, including providing harm reduction training for staff, requiring display of syringe access program and DOPE Project materials and schedules, and having on-site agency-specific overdose response policies and procedures
- ✓ Increasing funding for overdose prevention services within Jail Health Services
- ☑ Funding a position at the Harm Reduction Coalition to focus on technical assistance and capacity-building to better integrate overdose prevention into methadone programs
- ☑ Increasing pharmacy access to naloxone through maximizing ACA/billing opportunities
- Continuing to develop the SFDPH rapid-response team to respond to safe disposal requests, in conjunction with community-based clean-up teams and regularly-scheduled sweeps
- ☑ Implementing HIV/HCV screening at HealthRIGHT 360 as part of intake for their San Francisco-based residential substance use treatment sites
- ☑ Implementing HCV screening at Mission Wellness pharmacy in San Francisco
- ☑ Beginning sustainable HCV screening in other community-based HIV testing programs
- Promoting HCV awareness and testing through a social marketing campaign
- ☑ Developing an RFP for HCV linkage programs and supporting HCV linkage program implementation at three funded sites
- ☑ Launching the HCV Elimination Initiative, now known as End Hep C SF, including improving measures to understand and track the burden of HCV in San Francisco
- ☑ Expanding HCV treatment access into most SFHN primary care clinics and several methadone programs
- ☑ Improving access and engagement of people who use drugs in treatment for HIV/HCV

Strategic Priorities

There are a number of intermediate objectives that the SFDPH plans to undertake within each of these key initiatives, to help us move closer to our vision over the next four years. These are summarized below. Across all areas, **expanding client and community engagement and input** is a key priority. This includes ensuring community input into program design and service delivery, as well as increased use of peer-based models throughout the service system.

Harm Reduction

- **Strengthen service system capacity.** Strengthen capacity of SFDPH system of care to incorporate harm reduction practices, including supporting provider skill development, improving addiction medication access, and providing technical assistance and training for substance use and other programs serving people who use drugs.
- **Continue existing and develop new partnerships.** Continue to collaborate with SFPD around incorporating a harm reduction approach into law enforcement activities. Strengthen partnerships with SFUSD and SFDPH primary care ensure they have access to harm reduction information and training and can integrate harm reduction into their work.
- Consider the role of harm reduction with respect to tobacco, alcohol, and cannabis. Expand conversations about substance use to include tobacco, alcohol, and cannabis, and ensure that harm reduction plays a role in SFDPH planning efforts to address these substances.

Overdose Prevention / Naloxone

- Continue and scale up current best practices to continue to reduce opioid deaths. Priorities include continuing to educate communities and services providers on OD prevention, recognition and response, and use of naloxone; ensuring broad adoption of overdose response policies at service locations and other places where people use drugs; maintaining partnership with SFPD; increasing buprenorphine access; and promoting co-prescription of naloxone.
- **Review data and explore strategies related to stimulant overdose.** Gather and review data on cocaine and meth use and overdose, and develop intervention models.

Syringe Access and Disposal

- Continue and expand community-driven approaches to syringe access and disposal. Increase disposal options, continue to promote the value of services both for drug users and the larger community, and collaborate with community members, community-based organizations, and city partners (e.g., SFPD, District Attorney's Office) to develop policy and structural approaches.
- Expand access to safer injection supplies through integration. Work with primary care, mental health services, and HIV testing services to incorporate syringe access and disposal into services.

HIV/HCV Prevention, Screening, and Treatment

- Implement EndHepCSF strategic plan priorities. These include providing data and expertise to develop an estimate of HCV prevalence in San Francisco, increasing community-based HCV screening rates, improving HCV treatment access at SFHN sites, and other activities. The EndHepCSF strategic plan can be found here: https://endhepcsf.org/, under Downloads.
- **Explore how to best leverage the Drug Medi-Cal waiver.** Explore options leverage this revenue stream to improve the overall health of people who use drugs, including through increased HIV/HBV/HCV/STD testing and treatment, and naloxone provision.
- Review data and assess gaps in access for substance users affected by HIV and/or HCV. Continually review data on treatment access for these populations, as well as PrEP access and uptake for at-risk substance users. Identify gaps and barriers, and develop plans to address them.
- Promote integration of substance use interventions within other services. Ensure that substance use is appropriately address in the context of HIV/HCV/STD services through brief interventions and/or linkage to more intensive services.

Collective Impact

As with all its work within population health, SFDPH is committed to a collective impact approach to improving the health of people who use alcohol and drugs in San Francisco. By working together, we work stronger and smarter to create positive change.

Although the current focus is on building the Drug User Health Initiative within SFDPH (including both population health and the SFHN), DPH contractors, and a few select partners, below is the list of existing or potential partners in the Drug User Health Initiative, with whom relationships will be created or further developed with each of these partners within the next one to five years:

- SFPD
- SFFD (paramedics)
- Sheriff's Department
- **≫** 3-1-1
- Department of Recreation & Parks
- UCSF
- The San Francisco Drug User's Union
- Community benefits districts
- San Francisco District Attorney's Office
- Mayor's Office of Housing (MOH) and Housing Opportunity, Partnerships, and Engagement (HOPE)
- Department of Homeless and Supportive Housing
- Department of Public Works
- Human Services Agency (Housing & Homeless Services)
- SF CARES (Compassion, Advocacy, Resilience, and Education Services)
- Office of Civic Engagement & Immigrant Affairs (OCEIA)
- > The San Francisco Community Clinics Consortium (SFCCC)
- Schools (SFUSD) and colleges (including City College and USF)
- Tenderloin Health Improvement Partnership (TLHIP)
- Community-based organizations that serve people who use alcohol and drugs, including the Syringe Access Collaborative (SAC), soup kitchens, faith-based organizations, and more

In addition to professional partners and community-based organizations funded by SFDPH, we recognize the importance of regular engagement with providers who are not funded by SFDPH to provide services to people who use alcohol and drugs. This involves a commitment to inviting these providers to planning meetings, trainings, or other similar efforts.

Last but certainly not least, **SFDPH is committed to the systematization of communication with people who use alcohol and drugs**. While the best strategies to do this are still under



investigation, we pledge to create multiple ongoing opportunities for regular engagement with those in the best position to provide insight about strategies to improve their health.



This strategic plan was updated for the

San Francisco Department of Public Health

with thanks to the consumers who gave their time
and ideas during focus groups, and to the staff of

SFDPH and community organizations that work
every day to improve the health and lives of
people who use alcohol and drugs.

