

SAN FRANCISCO MENTAL HEALTH BOARD



Mayor Edwin Lee

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Richard Slota, MA
Marylyn Tesconi
Njon Weinroth
Benny Wong, LCSW

ADOPTED MINUTES

Mental Health Board Meeting
Wednesday, November 15, 2017
City Hall, 2nd Floor, Room 278
One Carlton B. Goodlett Place
2nd Floor, Room 278
6:30 PM – 8:30 PM

BOARD MEMBERS PRESENT: Ulash Thakore-Dunlap, MFT, Co-Chair, Gene Porfido, Secretary; Terry Bohrer, RN, MSW, CLNC; Judy Zalazar Drummond, MA; Judith Klain, MPH; Carletta Jackson-Lane, JD; Toni Parks; Angela Pon, Richard Slota, MA; Marylyn Tesconi; Njon Weinroth; and Benny Wong, LCSW.

BOARD MEMBERS ON LEAVE: Harriette Stevens, EdD; Co-Chair; Idell Wilson, Vice Chair; Susan Page; and Gregory Ledbetter.

BOARD MEMBERS ABSENT. None.

OTHERS PRESENT: Helynna Brooke (Executive Director); Loy M. Proffitt (Administrative Manager); Valerie Rose, Dr.PH, MPH, Director, Safer Inside; Lydia Branston, Director St. Anthony's Dining Room, member Safe Injection Taskforce, Jennifer Huan, Safe Injection Task Force; Eileen Loughran, DPH, Community Health Equity and Promotion; Diana Rodriguez, Mission Neighborhood Centers, Magali Chavez, Mission Neighborhood Centers, Fontana Ma, UCSF, Lisha Deng, UCSF, Helen Hou, UCSF, Susie Chang, UCSF, Katherine Misoga, UCSF,

Danielle Fajaril, UCSF; Stephanie Gulahi, UCSF; Nicole Andrews, UCSF, and [one](#) member of the public.

Ms. Thakore-Dunlap called the meeting to order at 6:35 PM.

Roll Call

Ms. Brooke called the roll.

Agenda Changes

[None](#)

ITEM 1.0 REPORT FROM BEHAVIORAL HEALTH SERVICES DIRECTOR

The full director's report can be viewed at the end of the minutes or on the internet.

1.1 Discussion regarding Behavioral Health Services Department Report, a report on the activities and operations of Behavioral Health Services (BHS), including budget, planning, policy, and programs and services.

Mr. Ghana Bassiri, Director of Behavioral Health Services, was unable to attend the meeting, since he was attending the annual state-wide conference of directors.

1.2 Public Comment

[No public comments.](#)

ITEM 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS

For discussion.

The passage of Proposition 63 (now known as the [Mental Health Services Act](#) or MHSA) in November 2004, provides increased annual funding to support county mental health programs. The Act addresses a broad continuum of prevention, early intervention and service needs and the necessary infrastructure, technology and training elements that will effectively support this system. This Act imposes a 1% income tax on personal income in excess of \$1 million. One of the requirements of the Act is that the county must provide annual updates as well as hearings for changes in the way the county implements the funding.

2.1 Mental Health Services Act Updates

Ms. Brooke mentioned the recent MHSA Community Program Planning 2017 Report, about a series of stakeholder meetings in different communities.

Ms. Carletta Jackson Lane shared that there is a desperate need for wellness services in Visitacion Valley as well as trauma informed care. It is a very diverse community including African Americans, Pacific Islanders and other Asian communities.

Ms. Parks shared that overall there is a shortage of psychiatrists in the system.

2.2 Public Comment

Member of the Public: Asked about services for perinatal depression.

Ms. Thakore-Dunlap suggested that she email staff to seek a response to the question.

ITEM 3.0 ACTION ITEMS

For discussion and action.

3.1 Public comment

[No public comments.](#)

3.2 Proposed Resolution: Be it resolved that the minutes for the Mental Health Board meeting of October 18, 2017 be approved as submitted.

Unanimously approved.

3.3 Proposed Resolution: Be it resolved that the Mental Health Board commends Concern for its Exceptional Work with People Living on the Streets.

Ms. Klain suggested that the word citizens be changed to people. With that change, the board unanimously approved the resolution.

ITEM 4.0 OVERVIEW OF SAFE INJECTION SITES, VALERIE ROSE, AND LYDIA BRANSTON

4.1 Discussion: Overview of Safe Injection Sites, Valerie Rose, and Lydia Branston, Jennifer Huan

Safe Injection Sites presentation is at the end of the minutes.

Ms. Thakore Dunlap introduced Valerie Rose, DrPH, MPH, community engagement director for Safer Inside, a project of Tenderloin Health Improvement Project (TL HIP) led by Saint Francis Memorial Hospital and Foundation and Lydia Branston, member of the Safe Injection Taskforce and Safer Inside and St. Anthony's Dining Room Manager. Dr. Rose introduced another member of the team, Jennifer Huan and Eileen Loughran, with the Department of Public Health Community Health Equity and Promotion Division.

The Safe Injection Task Force, convened by President London Breed, has been a three-year project looking at the intersectionality of drug substance use, homelessness, and mental health. It is a particularly big problem in the Tenderloin. Opioids such as Oxycontin are over prescribed and if the prescriptions run out a person may try heroin or Fentanyl. There is a small town in West Virginia with 400 people and a supply of 9 million Oxycontin pills. The numbers are rising everywhere. The proposed solution is Safe Injection Sites. Vancouver, Canada has been doing this for ten years, and it has saved both lives and money with 30% electing to go into treatment and 25% no longer injecting drugs. It is a complementary strategy to other recovery programs. Safe injection sites could improve the health of the Tenderloin community and individual drug user health.

There are over 100 safe injection sites throughout the world. It is evidence based and cost effective.

People coming into the space would need to bring their own drugs. There would be street ambassadors outside to protect the safety of the site and surrounding area. A private space could be provided as well as a separate space for chilling out. It could potentially serve 400 injections a day in the Tenderloin. The benefits are: less syringe sharing and thus less transmission of blood-borne infections, an increase in proper syringe disposal, and an increase in the use of syringe access services.

There are currently 22,500 people who use injection drugs in San Francisco. In a survey done last year of 200 people who use injection drugs in San Francisco, 84% reported injecting outside, 43% did not have stable housing, 68% with housing instability reported sharing syringes and 90% indicated they would use safe injection services.

The Injection Task Force released its report October 24, 2017 and presented its plan to the Health Commission to be voted on in December 2017. After that, it will go to the Board of Supervisors. The 17 recommendations are based on supporting Safe Injection Sites in locations where drug users already are, with peer input into the design and development. Part of the plan is to have a representative community based planning process and a pilot or demonstration project with evaluation metrics. Here is a link to the report:

<https://www.sfdph.org/dph/files/SIStaskforce/SIS-Task-Force-Final-Report-2017.pdf>

Some of the barriers are legal issues for non-profits and concerns donors might have. There are also laws prohibiting drug use in buildings. State legislation, AB 186 is in the process and will hopefully go to the Governor in January 2018 that would cover owners, operators, clients and staff to provide safe injection sites in their programs.

Ms. Parks asked if there will also be needle exchange. She also asked how they can get non-profits to communicate more to each other about these issues.

Ms. Branston responded that ideally there would be needle exchange and medication. She said that at St. Anthony's they had the philosophy that abstinence was the best practice but they were open to hearing other views by starting with what the agencies have in common. They all have concern for the people they serve and want to support them.

Ms. Drummond said that in her teaching experience, students in schools see a lot of people using drugs on the streets.

Ms. Huan shared that mothers are very supportive and concerned about the safety of people. She has personally picked up 60,000 needles from sites where people are homeless. She tries to build relationships with people on the street.

Ms. Jackson-Lane asked if safe injection sites exist anywhere in the US yet.

Ms. Rose said there are no sites in the US at this time. Two sites were approved in Seattle, but neighborhoods fought it, and they were not built.

Ms. Tesconi asked who would staff the sites and would they be 24/7?

Ms. Branston said that 24/7 would be ideal, but they will likely start the first injection site within a needle exchange program which is not a 24/7 operation. There would be peers on site and trained staff to deal with crisis emergencies and connection to clinics.

Mr. Weinroth said that in social media people are questioning the safety, but he shared that it would be safer for both neighborhoods and people who use drugs.

Ms. Bohrer believes there will be legal issues to overcome and that state legislation is essential.

Mr. Branston believes the members of the Board of Supervisors will support it.

Mr. Slota wondered if people had to travel too far would they be less likely to use the sites.

Ms. Huan shared that outreach surveys indicate that 90% of clients will travel 20 minutes to get to a safe injection site.

Mr. Wong asked about police involvement.

Ms. Branston said that the police do not want to be dealing with needles, so they would prefer safe injection sites.

Ms. Klain asked what barriers are there to the sites.

Ms. Branston said the barriers are getting authorization from the Mayor and Board of Supervisors, Non-profits and City contracts that could have a problem with property laws that could allow the government to seize property if there is any drug activity, and educating donors to non-profits with sites in their programs. They could use letters of support.

Ms. Drummond said that it seems to be condoning drug use and there are so few rehabilitation beds in San Francisco.

Ms. Branston said that it is not condoning but accepting that drug use is happening and that this is one of many ways of treating it.

4.2 Public Comment

[No public comments.](#)

Item 5.0 Reports

For discussion

5.1 Report from the Executive Director of the Mental Health Board. Discussion regarding upcoming events, conferences, or activities that may be of interest to board members; Mental Health Board budget issues and update on staff work on board projects.

Ms. Brooke mentioned the following items:

- December 1, 2017, Department of Children Youth and Family trauma training series
- December 2, 2017, Board Retreat 9:30 AM – 4 PM in Room 515
- December 5, 2017, the California External Quality Review Organization (EQRO) meeting 9:00 AM – 10:20 AM in Room 515
- December 7, 2017, Southeast Mission program review
- December 13, 2017, Transitional Age Youth (TAY) program review
- December 15, 2017, the 10 Annual Peers and Family Conference 10 AM – 2:30 PM at 188 Embarcadero St.
- December 19, 2017, Central City program review.

5.2 Report from Chair of the Board and the Executive Committee. Discussion regarding Chair's meetings with Behavioral Health Services staff, meetings with members of the Board of Supervisors and community meetings about mental health or substance use.

Ms. Thakore-Dunlap highlighted the following meetings. The Wellness Van Committee meets next Monday, November 27th at 5:00 PM. The Executive Committee meets the following day, Tuesday, November 28th at 10:00 AM. Other than the Board Retreat on December 2nd, there will be no additional full board or committee meetings in December.

5.3 Committee Reports

- Mobile Wellness Van Committee: Richard Slota, Co-Chair
- Youth Committee: Judy Drummond, Co-Chair
- Senior Committee: Terry Bohrer, Chair

Mr. Slota shared that the Wellness Van Committee had a representative from the police department, Sgt. Kelly Kruger and Carlos Manfredi, PsyD. from the Mobile Crisis Team to share their experience.

Ms. Drummond shared that a reporter from the SF Examiner attended the November 9, 2017 meeting and she will be doing a story about Susan Page. Several members of the committee will be visiting a Transitional Youth Program on December 13, 2017 and plan to visit Lyric and Huckleberry programs in the new year.

Ms. Bohrer: The board was able to obtain an extension for submitting the Data Notebook to January 30th. She and Benny Wong have been working on it and have met with BHS staff Charles Rivera. The board will vote on the report in January.

5.4 People or Issues Highlighted by MHB: Suggestions of people and/or programs that the board believes should be acknowledged or highlighted by the Mental Health Board.

Mr. Porfido suggested Dr. Deborah Borne.

Mr. Weinroth suggested the Safe Injection Site Project.

Ms. Jackson-Lane suggested Dr. Mary Ann Jones.

5.5 Report by members of the Board on their activities on behalf of the Board.

This item was tabled.

5.6 New business - Suggestions for future agenda items to be referred to the Executive Committee.

This item was tabled

5.7 Public comment.

No public comments.

6.0 Public Comment

No public comments.

Adjournment

The meeting was adjourned at 8:34 PM.



Mayor Edwin M. Lee

Behavioral Health Services Monthly Director's Report November 2017

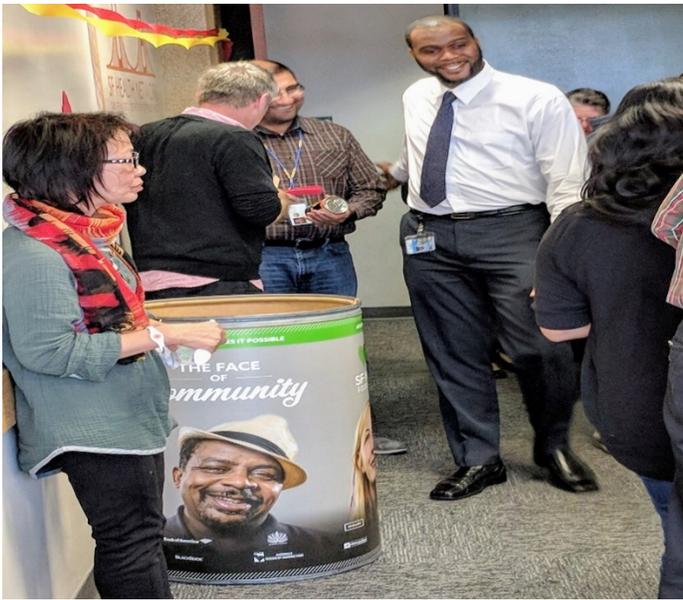
1. 2107 COMBINED CHARITY CAMPAIGN CHILI COOK-OFF AND PLANT EXCHANGE EVENTS



Because We Care

On November 2nd, the Behavioral Health Services (BHS) staff held their Annual Chili & Cornbread Cook Off to promote the Annual Combined Charities Campaign. The 5th floor conference room (at 1380 Howard Street building) was festively decorated and filled to capacity with spirited and hungry "tasters". Canned goods were collected for the Holiday Food Bank along with offering raffle prizes for the donors and volunteers. Now more than ever we come together to help our communities in this tremendous time of need. SFDPH is proud of the work staff does on a daily basis and our caring people who provide array of services. BHS donors have pledged thousands of dollars during the 2017 Campaign. Our volunteers worked tirelessly to make this a very special event and raise awareness about the charity campaign. Our sincere and heartfelt thanks to all of the volunteers, participants and donors.





2. MENTAL HEALTH SERVICES ACT (MHSA)

Each Mind Matters

Recently, the San Francisco Department of Public Health, Mental Health Services Act (MHSA) program, distributed brochures for youth & older adult LGBTQ communities; Know the Signs materials in Spanish; and Directing Change promotion cards to school-based and community-based programs. These materials were developed from a statewide partnership between San Francisco’s MHSA program and the California Mental Health Services Authority. The goal of the partnership is to promote Stigma Reduction and Suicide Prevention under a campaign titled Each Mind Matters (EMM).

EMM is California’s Mental Health Movement that has millions of people and thousands of organizations working tirelessly to bring positive impacts on individuals’ mental wellness through a unified vision of improved mental health and equality (eachmindmatters.org) and resources that resonate with ethnic, cultural and linguistic communities and age groups. Headliner EMM statewide campaign center around suicide prevention, materials and resources designed for Spanish-speaking communities and short-film contests for young people.

Know the Signs is a suicide prevention social marketing campaign that is built upon three key messages – Know the Signs, Find the Words and Reach Out. The campaign educates Californians on how to recognize the warning signs of suicide, find the words to have a direct conversation with someone who is in crisis and know where to find professional help and resources. (suicideispreventable.org)

To support California’s Spanish-speaking community, the Each Mind Matters campaign information has been translated into Spanish and featured on Sana Mente (sanamente.org) – a website of mental health information and resources presented in Spanish with links to helpful resources and materials (e.g. brochures, fotonovelas).

Directing Change (directingchange.org) is an annual program and film contest that invites young people ages 14 to 25 to create 30-second and 60-second films about suicide prevention for their peers. This program gives youth and young adults the chance to produce films that support the awareness, education and advocacy of suicide prevention and mental health; and these films are used for social change on contestants’ school campuses and their communities. The capstones for this program are red carpet award ceremonies, where the young filmmakers are recognized for their creativity and artistry.

For more information and resources, please contact: MHSA@sfdph.org.

3. SEXUAL ORIENTATION & GENDER IDENTITY (SOGI) INITIATIVE

Research suggests that lesbian, gay, bisexual, and transgender (LGBT) individuals face disproportionately high rates of poverty, suicide, homelessness, isolation, food insecurity, substance abuse, minority stress, and violence, and low rates of health insurance. These problems are more prevalent for youth and seniors, communities of color, bisexual, transgender, and undocumented communities.

The significant disparities in health and welfare have been prolonged compared to the broader community in part due to historical systemic exclusion of data collection among LGBT communities. To date, the SFDPH-San Francisco Health Network (SFHN) has not routinely or systematically collected data on the sexual orientation and gender identity of the patients we serve, and thus a gap exists in being able to identify and meet the needs of our LGBT population, to identify health disparities that exist, to improve the

programs and services in which they are underrepresented or underserved, and to track improvement in health care access, service utilization, and health outcomes over time.

Furthermore, in response to the health disparity trends noted above, and in an effort to reduce these known disparities, the state of California issued **Assembly Bill 959** and the City and County of San Francisco issued **City Ordinance 159-16**. These regulations ask that City departments and contractors that provide health care and social services seek to **collect and analyze data concerning the sexual orientation and gender identity of the clients they serve**. The intent of these regulations are to respect, embrace, and understand the full diversity of our residents while also collecting accurate data to effectively implement and deliver critical state services and programs. In accordance with our mission to provide high quality health care that enables all San Franciscans to live vibrant and healthy lives, SFHN is committed to using data to identify the needs of those for whom they care and to evaluate whether we are effectively & equitably meeting those needs.

Beginning in March 2017, several workgroups were convened across the San Francisco Department of Public Health including in Behavioral Health, Zuckerberg San Francisco General, Laguna Honda Hospital, Primary Care, IT, and one Steering workgroup and one Training workgroup. These workgroups have diverse representation including providers, consumer advocates, peer staff, and administrative staff.

The goals of the workgroups are to:

- 1) Inform a series of updates to our electronic technology (IT) and data storage systems to better record and report SOGI data;
- 2) Revise health care administrative and clinical forms to better and more accurately document SOGI information;
- 3) Train and instruct staff, contractors, and grantees;
- 4) Develop communication strategies to inform staff and clients about SOGI data collection; and
- 5) Outline plans to monitor and provide aggregate reports to regulatory bodies.

Over the coming months, the workgroups will turn proposed workflows into practical standard processes or tasks to be tested in various SFDPH settings in an effort to identify best practices and recommendations for implementation, and ultimately to provide the care needed to turn the curve on current health disparity trends.

This effort is currently part of the BHS True North Equity metric.

4. QUALITY MANAGEMENT

BHS Releases New Clinical Documentation Manual

Quality Management's Clinical Documentation Improvement Program (CDIP) partnered with DPH Compliance and BHS Systems-of-Care to publish the 2017 Edition of the Outpatient (Non-Hospital) Specialty Mental Health Services Documentation Manual. CDIP facilitated workgroups to generate content and developed a new section on services provided in residential settings. CDIP used the new Network Branding guidelines to design a series of cover pages for a "suite" of documentation manuals that will ultimately include Inpatient services (Hospital), and Crisis Stabilization (Psychiatric Emergency Services). CDIP created a communications plan that includes workshops to introduce the manual and also a feedback survey for providers to identify errors or areas needing clarification.

5. ADULT & OLDER-ADULT (AOA) SYSTEMS OF CARE UPDATE

Transition from Intensive Case Management/Full Service Partnership to Outpatient Services Programs

Clients' transition from intensive case management (ICM) to standard appointment-based outpatient (OP) services has been a challenge for many years. A review of Avatar clinical episode data revealed that low number of clients leaving ICMs have open new episodes at OP clinics within six months. Only a small number of clients discharged from ICMs stay at OP clinics for a year or more. There is widespread consensus that this is an important area for quality of care continuity.

From April 2017 through June 2017, six meetings were convened of Intensive Case Management (ICM) and Outpatient (OP) providers, consumer advocates and peer employees, and BHS administrative staff, facilitated by a consulting group. The goals of the convening sessions were to:

- 1) Build relationships between providers of ICM and OP programs
- 2) Clarify the problem to address (clients *getting lost* between ICM and OP services)
- 3) Identify barriers and potential solutions to supporting clients in the referral and linkage to OP

The result of the convening sessions was a set of potential solutions to test & implement to improve client transitions from ICM to OP clinic. These solutions centered on three key work areas:

1. Identifying client readiness for referral to OP care, as part of enhancing a "culture of recovery" in the System of Care
2. Clarifying the process for referral from ICM and ensuring linkage at the OP clinic
3. Establishing program flexibility and adaptations at OP clinics to better support the client during transition

Beginning in November 2017, stakeholders will reconvene, forming three workgroups to address these work areas. Each workgroup will consist of representatives from the ICM programs, OP clinics, and peer support organizations, as well as BHS administrators from the System of Care, Quality Management (QM) and MHSA, and with facilitation support from the consulting group, Learning for Action (LFA).

In an effort to identify best practices & recommendations for implementation and to improve client recovery outcomes, over the coming months, the workgroups will turn proposed solutions into practical processes or tasks to be tested in ICM and OP settings.

This effort is so central to our strategic vision that it has become a BHS True North Quality of Care metric.

6. FORENSIC/JUSTICE INVOLVED BEHAVIORAL HEALTH SERVICES

Spotlight on Assisted Outpatient Treatment:

Assisted Outpatient Treatment (AOT), also known as "Laura's Law," was passed by the California Legislature in 2002 as AB1421 and is a partnership between the Department of Public Health and ZSFG Division of

Citywide Case Management. This law allows us to pursue court ordered outpatient treatment for individuals with a serious mental illness who meet strict legal criteria. San Francisco's implementation of this program began in November 2015 and has reached its second full year of implementation. Since November 2015, a total of 403 calls including 198 referrals have been made to the program. The AOT Care Team has made contact with 93 referred individuals (70 individuals have accepted voluntary services, 16 court petitions have been filed). Individuals in contact with AOT showed overall reductions in PES contacts, psychiatric hospitalization, and incarceration. As part of our second year of the program, we wanted to share two success stories from the last year:

An individual was referred to AOT in 2016 after having a history of psychiatric hospitalizations and incarcerations due to their mental health symptoms. They had been found running naked in the streets and wearing urine soaked clothing while homeless and refusing all support and services. After being court ordered to participate in treatment through the AOT Program, this client responded to extensive outreach and support. Subsequently, they engaged in treatment and have been staying in a stabilization unit. The client has worked with their treatment team to be awarded Social Security benefits and will soon be moving to their own housing. This individual is now in the process of being referred to a long term treatment provider.

An individual who was referred to AOT while psychiatrically hospitalized was subsequently successfully engaged in treatment and has been working with ZSFG Division of Citywide Case Management for case management services. The client has been engaging in residential treatment and is now connected to long term intensive case management services. This client was recently recommended for an MHSA award (the ceremony was earlier this week). The case manager who attended with the client reported that the client was excited to see their name on the screen and was proud to take pictures with the certificate and medal. This is a great example of the recovery oriented work that MHSA supports AOT to do, as well as the excellent clinical services at Citywide Case Management, and we are excited that this particular individual was honored at the event.

This program has been a strong addition to the Systems of Care and working with individuals who have historically continued to deteriorate in the community. This new intervention has allowed us to intervene on the cycle of hospitalization and incarceration to support those with serious mental illness on their journey to recovery and wellness. AOT has exhibited the importance of a strong clinical, peer, and legal team, as well the importance of close collaboration on complex cases.

Spotlight on Law Enforcement Assisted Diversion

The San Francisco LEAD Program launched late last month! San Francisco was chosen as a recipient of a Board of State and Community Corrections (BSCC) grant to implement Law Enforcement Assisted Diversion (LEAD). Based on the Seattle LEAD program, LEAD SF is an innovative pre-booking diversion program that will refer repeat, low-level drug offenders or individuals engaged in sex work at high risk of recidivism, at the earliest contact with law enforcement, to community-based health and social services as an alternative to jail and prosecution. Referrals for this program will come from law enforcement, including the San Francisco Police Department, BART Police Department, and San Francisco Sheriff's Department, and treatment services will be offered through Glide Foundation and Felton Institute. This program is focusing on the Mission and Tenderloin Districts with a goal of improving the health and housing status of participants, reducing the recidivism rate for low-level drug and alcohol offenses, and strengthening the collaboration with city and community based partners. This program is voluntary and strongly based in principles of harm reduction. Clients may continue to receive services through the program for as long as they wish.

Robin Candler has come onboard as the Program Manager for LEAD. She is coming directly from working with the Jail Reentry team as a case manager in the Veterans Justice Court. Robin has almost 18 years of experience working with forensic based programs in San Francisco and has managed separate programs specifically aimed at supporting individuals living on the streets, individuals living with HIV, and for those on parole supervision.

Nicole Brooks is the Behavioral Health Clinician conducting initial screenings and assessments for LEAD. She has also worked with the Jail Reentry team in the past, working with clients in Behavioral Health Court as well as with those struggling with chronic substance use disorders. Her experience includes outpatient substance use disorder treatment with homeless adults as well as outpatient therapy in an agency focused on serving LGBTQIA community. Nicole has also completed training in the treatment of traumatic stress, including work with people who have survived complex trauma.

Please join us in welcoming Nicole and Robin to the SFDPH Team and congratulations on program launch!

7. PUBLIC HEALTH EMERGENCY DECLARED FOR OPIOID EPIDEMIC (SFDPH Director's Report 11/7/2017)

On October 26th, President Trump formally announced that he is directing the Health and Human Services Agency (HHS) to declare the opioid crisis a public health emergency. This falls short of President Trump's statements in August as well as the recommendation of his commission on the opioid epidemic to declare the opioid epidemic a national emergency, which would have triggered the rapid allocation of federal funding to address the issue. The public health emergency does not release any new funding on its own, but does allow some existing grant funding to be used for an array of efforts, and would ease certain restrictions and laws to address the crisis. It is not clear how much impact the public health declaration will have in the short-term, but potential changes may include:

- Allowing patients to use telemedicine to get medication-assisted treatment, in which medications like buprenorphine and methadone are prescribed to treat addiction. Current law generally requires in-person visits for doctors to prescribe controlled substances.
- Providing more flexibility for federal and state governments in temporarily hiring substance use disorder specialists and allowing Medicaid to pay for residential treatment in facilities with more than 16 beds.
- Allowing spending from the Public Health Emergency Fund, a special fund that gives HHS maximum flexibility in a health crisis, though the fund currently has a balance of only \$57,000.
- Allowing for the shifting of resources within HIV/AIDS programs to help people eligible for those programs receive substance use disorder treatments.
- Allowing the government to negotiate lower prices on naloxone, a drug that quickly counteracts the effects of opioid overdose. Democrat senators wrote a letter on Wednesday to the President advocating for this action.
- Launching a prevention campaign to educate the public about the dangers of opioids.
- President Trump's commission on the opioid epidemic is expected to put forth a comprehensive plan.

Past issues of the CBHS Monthly Director's Report are available at:

<http://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/CBHSdirRpts.asp>

To receive this Monthly Report via e-mail, please e-mail vita.ogans@sfdph.org

Supervised Consumption Services

March 2017



Overview

Supervised consumption services (SCS) – also called safer injection facilities (SIFs), drug consumption rooms (DCRs) or safer drug use services (SDUS) – are legally sanctioned facilities designed to reduce the health and public order issues often associated with public injection. These facilities provide a space for people to consume pre-obtained drugs in controlled settings, under the supervision of trained staff, and with access to sterile injecting equipment. Participants can also receive health care, counseling, and referrals to health and social services, including drug treatment.

There are approximately 100 SCS currently operating in over 65 cities around the world in ten countries (Switzerland, Germany, the Netherlands, Norway, Luxembourg, Spain, Denmark, France, Australia, and Canada) – but none in the U.S.ⁱ There are plans for the opening of SCS in Scotland, Ireland, major cities across Canada, and most recently in Seattle, WA.ⁱⁱ

SCS can play a vital role as part of a larger public health approach to drug policy. SCS are intended to complement – not replace – existing prevention, harm reduction and treatment interventions.

SCS Improve Safety and Health

Numerous evidence-based, peer-reviewed studiesⁱⁱⁱ have proven the positive impacts of supervised injection services, including:

- Increasing use of substance use disorder treatment, especially among people who distrust the treatment system and are unlikely to seek treatment on their own;
- Reducing public disorder, reducing public injecting, and increasing public safety;
- Attracting and retaining a population of people who inject drugs and are at a high risk for

infectious disease and overdose;

- Reducing HIV and hepatitis C risk behavior (i.e. syringe sharing, unsafe sex);
- Reducing the prevalence and harms of bacterial infections;
- Successfully managing hundreds of overdoses and reducing drug-related overdose death rates;
- Saving costs due to a reduction in disease, overdose deaths, and need for emergency medical services;
- Providing safer injection education, subsequently increasing safer injecting practices;
- Increasing the delivery of medical and social services.

In areas surrounding existing SCS, there has been no evidence of increased community drug use, initiation of injection drug use, or drug-related crime. A 2014 systematic review concluded: *“All studies converged to find that SIFs were efficacious in attracting the most marginalized people who inject drugs, promoting safer injection conditions, enhancing access to primary health care, and reducing the overdose frequency. SIFs were not found to increase drug injecting, drug trafficking or crime in the surrounding environments. SIFs were found to be associated with reduced levels of public drug injections and dropped syringes.”*^{iv}

Vancouver’s InSite

Vancouver, Canada’s supervised injection facility, *InSite*, has been the most extensively studied SIF in the world, with over 60 peer-reviewed articles published examining its effects on a range of variables, from retention to treatment referrals to cost-effectiveness.^v These reports are in agreement with reviews of Australian and European SIFs, which show that these facilities have been successful in attracting at-risk populations, are associated with less risky

injection behavior, fewer overdose deaths, increased client enrollment in drug treatment services, and reduced nuisances associated with public injection.^{vi} For example, one study found a 30 percent increase in the use of detoxification services among *InSite* clients.^{vii}

InSite has proved to be cost-effective in terms of overdose and blood borne disease prevention as well.^{viii} One cost-benefit analysis of *InSite* estimated that the facility prevents 35 cases of HIV each year, providing a societal benefit of more than \$6 million per year.^{ix}

“InSite saves lives. Its benefits have been proven. There has been no discernable negative impact on the public safety and health objectives of Canada during its eight years of operation.”

- Supreme Court of Canada, 2011.^x

A survey of more than 1,000 people utilizing *InSite* found that 75 percent reported changing their injecting practices as a result of using the facility. Among these individuals, 80 percent indicated that the SIF had resulted in less rushed injecting, 71 percent indicated that the SIF had led to less outdoor injecting, and 56 percent reported less unsafe syringe disposal.^{xi} *InSite* has produced a “large number of health and community benefits...and no indications of community or health-related harms.”^{xii}

Recommendations

SCS are a vital part of a comprehensive public health approach to reducing the harms of drug misuse. Local, state and national governments should explore the implementation of legal SCS (at least at the pilot level) staffed with trained professionals to reduce overdose deaths, increase access to health services and further expand access to safer injection equipment to prevent the transmission of HIV and Hepatitis C.

DPA supports the efforts of local communities in the U.S. to pursue SCS programs. In 2012, New Mexico adopted a proposal to study the feasibility of a safer injection facility in the state – becoming the first state in the nation to consider this potentially life-saving intervention.^{xiii} In January 2017, Seattle and the surrounding King County announced a plan to establish several SCS in the area as a pilot test to address overdose and drug use in the community.^{xiv} Legislation has now been introduced in California, Maryland, New York, Vermont, and Massachusetts to allow SCS. Local efforts continue in cities such as

Seattle, Ithaca, Boston, Baltimore, and San Francisco, where community stakeholders and people who inject drugs are similarly in favor of SCS as a step to reduce the harms of drug misuse.

Though SCS cannot prevent all risky drug use and related harms, evidence demonstrates that they can be remarkably effective and cost-effective at improving the lives of people who inject drugs as well as the public safety and health of their communities.

ⁱ Eberhard Schatz and Marie Nougier, "Drug Consumption Rooms: Evidence and Practice," (International Drug Policy Consortium, 2012) <http://idpc.net/publications/2012/06/idpc-briefing-paper-drug-consumption-rooms-evidence-and-practice>; European Monitoring Centre for Drugs and Drug Addiction, "Drug consumption rooms: an overview of provision and evidence," (2015) <http://www.emcdda.europa.eu/topics/pods/drug-consumption-rooms>. Greece closed its only SIF in 2014 but is expected to reopen it in the near future.

ⁱⁱ K. Stone and G. Sander, "The Global State of Harm Reduction 2016" (Harm Reduction International, 2016) <https://www.hri.global/contents/1739>; Heroin and Prescription Opiate Addiction Task Force: Final Report and Recommendations (September 15, 2016) http://www.kingcounty.gov/~media/depts/community-human-services/behavioral-health/documents/heroin/Final-Heroin-Opiate-Addiction-Task_Force-Report.ashx?la=en.

ⁱⁱⁱ C. Potier et al., "Supervised injection services: What has been demonstrated? A systematic literature review," *Drug Alcohol Depend* 145C(2014): 48-68; S. Semaan et al., "Potential role of safer injection facilities in reducing HIV and hepatitis C infections and overdose mortality in the United States," *Drug Alcohol Depend* 118, no. 2-3 (2011): 100-10.

^{iv} Potier et al., "Supervised injection services: What has been demonstrated? A systematic literature review," 48.

^v T Kerr et al., "Findings from the Evaluation of Vancouver's Pilot Medically Supervised Safer Injection Facility—Insite," (Vancouver, BC: Urban Health Research Initiative, BC Centre for Excellence in HIV/AIDS, 2009) http://uhri.cfenet.ubc.ca/images/Documents/insite_report-eng.pdf.

^{vi} See KPMG, *Further evaluation of the Medically Supervised Injecting Centre 2007-2011*, http://www.health.nsw.gov.au/resources/mhdao/pdf/msic_kpmg.pdf; European Monitoring Centre for Drugs and Drug Addiction, "Drug consumption rooms: an overview of provision and evidence."

^{vii} E Wood et al., "Rate of detoxification service use and its impact among a cohort of supervised injection facility users," *Addiction* 102(2007): 918.

^{viii} M. A. Andresen and N. Boyd, "A cost-benefit and cost-effectiveness analysis of Vancouver's supervised injection facility," *Int J Drug Policy* 21, no. 1 (2010): 70-76; AM Bayoumi and GS Zaric, "The cost-effectiveness of Vancouver's supervised injection facility," *Can Med Ass J* 179, no. 11 (2008): 1143-51; SD Pinkerton, "Is Vancouver Canada's supervised injection facility cost-saving?," *Addiction* 105(2010): 1429-36.

^{ix} Andresen and Boyd, "A cost-benefit and cost-effectiveness analysis of Vancouver's supervised injection facility."

^x Brandon DL Marshall et al., "Reduction in overdose mortality after the opening of North America's first medically supervised safer injecting facility: a retrospective population-based study," *The Lancet* 377, no. 9775 (2011): 1429-37.

^{xi} S Petrar et al., "Injection drug users' perceptions regarding use of a medically supervised safer injecting facility," *Addict Behav* 32(2007): 1088-93. Steven Petrar et al., "Injection Drug Users' Perceptions Regarding Use of a Medically Supervised Safer Injecting Facility," *Journal of Addictive Behaviors* 32, no.5 (2007):1088-1093.

^{xii} E Wood et al., "Summary of findings from the evaluation of a pilot medically supervised injecting facility," *Can Med Assoc J* 175, no. 11 (2006): 1399-404.

^{xiii} 50th Legislature, State of New Mexico, Senate Memorial 45 (2012) <http://www.nmlegis.gov/Sessions/12%20Regular/memorials/senate/SM045.pdf>

^{xiv} Heroin and Prescription Opiate Addiction Task Force: Final Report and Recommendations (September 15, 2016) http://www.kingcounty.gov/~media/depts/community-human-services/behavioral-health/documents/heroin/Final-Heroin-Opiate-Addiction-Task_Force-Report.ashx?la=en

Public Drug Use & Safer Drug Consumption Services

San Francisco Data Brief – May 2017

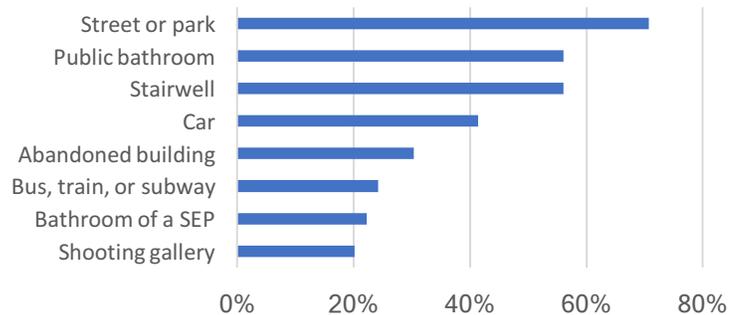
Public drug use is a longstanding issue in San Francisco, and has important implications for health and safety. People who use drugs in public spaces are at greater risk of overdose, disease transmission, emergency room admission, and arrest. **Advocates have called on the city to create supervised drug consumption services, a public health tool widely used in other countries, to protect health and safety and remove drug use from the streets.** A recent national survey of harm reduction participants produced the following results from San Francisco.

86% of harm reduction participants reported public drug use in the past 3 months.

40% said they almost always use drugs in public spaces.

90% said they would use a safer consumption service if available

Commonly Reported Locations of Public Drug Use



DRUG USE IN SAN FRANCISCO

- Of those sampled, 87% reported recent injection drug use and 85% reported recent smoking of illegal drugs.
- People who most frequently use drugs in public places were predominantly male (72%) and White (52%), followed by Black (33%) and Latinx (10%) individuals.
- People under age 40 who use drugs were more than twice as likely as their older counterparts to use in public places (Odds Ratio=2.46, Confidence Interval= 1.06-5.72).
- People who used drugs in public settings were more likely than others to use report using heroin (OR=2.53, CI=1.10-5.80) and methamphetamine (OR=2.64, CI=1.11-6.27).
- Street homeless individuals represented 46% of the sample, and overwhelmingly reported usually using drugs in a public place (99%), making them 66 times more likely to use in public compared to stably housed individuals (CI=8%-535%). 64% of people who reported unstable/temporary housing injected in public spaces, as did 56% of those with stable housing.

“The shame and judgement that comes along with being a user is so intense and so dangerous because it pushes people to use alone and therefore not practice harm reduction.”

“I see people out on the street doing their dope sitting on the street where people urinate and defecate. It’s gross. Having a place ... that’s clean, where people help each other out, it makes a huge difference.”

-- San Francisco syringe exchange participants

- 30% of those sampled said they usually or almost always used drugs alone, placing them at greater risk of fatal overdose when no one is present to provide help.

RISKS ASSOCIATED WITH PUBLIC DRUG USE

- **Overdose:** Compared to people who use drugs in private locations, people who use in public spaces were nearly three-and-a-half times more likely to have overdosed in the past year (OR=3.42, CI=1.26-9.25), and two-and-a-half times more likely to have witnessed an overdose (OR=2.6, CI=1.17-5.76).
- **Sharing drug use equipment:** People who injected in public spaces commonly reported receptive re-use of syringes (22%), cookers (50%), cotton filters (41%), and mixing water (50%). Among people who smoke drugs in public spaces, 90% reported sharing pipes.
- **Emergency Room (ER) Utilization:** People who use drugs in public spaces were 2.2 times more likely to report having been admitted to an emergency room in the past year (CI=1.08-4.47). A recent UCSF study found an average outpatient ER cost of \$1,305 for Medicaid patients.¹
- **Arrest:** People who use drugs in public spaces were more than 12 times more likely to have been arrested for drug possession, use, or sale in the past year (OR=12.30, CI=1.63-92.79).

Benefits of safer drug consumption services identified by people who use drugs in San Francisco *(unprompted responses)*

- ✓ Avoid Arrest (60%)
- ✓ Reduce Fatal Overdose (57%)
- ✓ Avoid Using in Public View or Around Children (45%)
- ✓ Safer Disposal of Equipment (39%)
- ✓ Reduce Bacterial Infections (38%)
- ✓ Reduce HIV & Viral Hepatitis Transmission (38%)
- ✓ Less Rushing (30%)
- ✓ Connect to Services (29%)
- ✓ Access to Sterile Equipment (24%)
- ✓ Learn About Safer Drug Use Techniques (20%)

About the Study

The **National Public Drug Use Survey** is a cross-sectional observational study of individuals enrolled in syringe exchange programs in the United States. A convenience sample of 742 individuals across 10 syringe exchange programs in 8 US cities were included in the study. Eligibility criteria included (a) over 18 years of age and (b) self-reported drug use in the past 3 months. Surveys were administered between November 2016 and March 2017. The study was adapted from the IDUHA Citywide Study (www.iduha.org/research) and was approved by the Columbia University Institutional Review Board. Statistics were calculated in SPSS v.24

Data presented in this briefing paper were obtained from the San Francisco sample (N=198).

For more information about the study, please contact resources@saferdrugusespaces.org

¹ Caldwell, N., Srebotnjak, T., Wang, T., & Hsia, R. (2013). "How Much Will I Get Charged for This?" Patient Charges for Top Ten Diagnoses in the Emergency Department. *PLoS ONE*, 8(2), e55491.

How You Can Help

Support City and State wide efforts to approve opening Safe Injection Services in San Francisco

- Support recommendations of Board of Supervisor's President London Breed's Taskforce on Safe Injection Facilities, led by the Department of Public Health
- Advocate for Safe Injection Services to the Mayor's Office
- Contact your local Senator and express your support for CA State legislature that would permit Safe Injection Services - AB 186
- Talk to your colleagues, friends and family about Safe Injection Services as an effective public health intervention

We want to hear from you

For more information on Safer Inside, please contact:

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Safer Inside

Safer Inside is a community led effort to address public injecting and improperly discarded drug paraphernalia in the Tenderloin by providing Safe Injection Services to people who use drugs.

We believe Safe Injection Services allow people in active addiction to use in a safe and clean space, be treated with dignity and respect and access support services and treatment options that can open pathways to health, while reducing the community traumas associated with public injecting.

Safer Inside is supported by the following organizations and advisors:

Participants

Dataway, Inc.
De Marillac Academy
Drug Policy Alliance
Episcopal Community Services
Glide
Gubbio Project
Healthright 360
Hospitality House
Urban Survivors Union
People Who Use Drugs
St. Anthony Foundation
Saint Francis Foundation
Saint Francis Memorial Hospital
San Francisco AIDS Foundation
Tenderloin Neighborhood
Development Corporation

Advisors

Homeless Youth Alliance
RTI, San Francisco
SF Department of Public Health
SF Department of Public Works
SF Francisco District Attorney's Office
SF Drug Users Union
SF Office of Economic and Workforce
Development
SF Planning Department
SF Police Department
University of California, San Francisco



Benefits to the Community

- Reduce environmental trauma associated with witnessing public injecting
- Reduce improperly discarded drug paraphernalia
- Result in cleaner, safer sidewalks

Benefits to Injection Drug Users

- Allow access to safe, clean, supportive services and equipment
- Improve access to detox and drug treatments
- Reduce the number of fatal overdoses
- Reduce HIV/HCV transmissions



Empirical Evidence on Safe Injection Services

- Do NOT lead to initiation of injection drug use
- Do NOT increase drug related crime
- Do NOT increase number of syringes on the street
- Do NOT negatively impact the local community

Two Potential Safe Injection Service Options

Option 1: Centralized

A new or renovated space led by a coalition of local organizations to include safe injection:

- Security outside, reception/waiting area inside
- Health education materials
- 10 to 12 booths for users
- Separate spaces for privacy
- Staffed by clinicians, peers, volunteers

Option 2: Decentralized

Two or three local organizations extend their existing harm reduction services to include safe injection:

- Security outside, reception/waiting area inside
- Health education materials
- 3 to 5 booths for users
- Separate spaces for privacy
- Staffed by clinicians, peers, volunteers



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Safer Inside: A Community-Driven Initiative for a Healthier Tenderloin

Welcome



- Local and National Crisis
 - Opioid epidemic
- Public Health Emergency
- Potential solution to mitigate crisis

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Goal



Improve the health of the TL community and individual drug user health

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Members



Participants	Advisors
Dataway	Homeless Youth Alliance
De Marillac Academy	RTI, San Francisco
Drug Policy Alliance	San Francisco Department of Public Health
Episcopal Community Services	
Glide	San Francisco Department of Public Works
Gubbio Project	
Healthright 360	San Francisco District Attorney's Office
Hospitality House	
People Who Use Injection Drugs	San Francisco Drug Users Union
St. Anthony Foundation	San Francisco Office of Economic and Workforce Development
Saint Francis Foundation	
San Francisco AIDS Foundation	San Francisco Planning Department
Tenderloin Neighborhood Development Corporation	San Francisco Police Department
Urban Survivors Union	University of California, San Francisco

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Effects of the Crisis



- Public drug injecting
- Improperly discarded syringes
- Fatal overdoses
- Environmental trauma for residents; children, families, businesses and people who use drugs

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US Drug Overdose stats: 2015

- During 2015, drug overdoses accounted for 52,404 U.S. deaths, including 33,091 (63.1%) that involved an opioid.
- In 2015, the five states with the highest rates of death due to drug overdose were West Virginia, New Hampshire, Kentucky, Ohio, and Rhode Island.

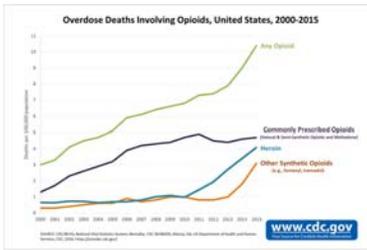


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<https://www.cdc.gov/drugoverdose/data/statedeaths.html>

Opioid deaths: 2015

- The death rate of synthetic opioids other than methadone, which includes drugs such as tramadol and fentanyl, increased by 72.2% from 2014 to 2015
- Heroin-related overdose deaths have more than quadrupled since 2010. From 2014 to 2015, heroin overdose death rates increased by 20.6%, with nearly 13,000 people dying in 2015.
- In 2015, more than 15,000 people died from overdoses involving prescription opioids, the most common were methadone, hydrocodone and oxycodone.

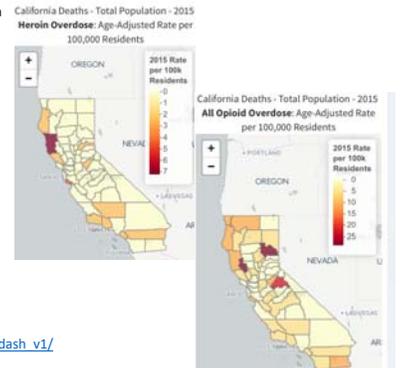


<https://www.cdc.gov/drugoverdose/data/index.html>

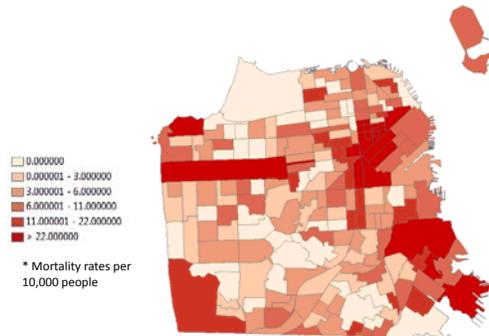
California Opioid Overdose:

- State and County level data at the **California Opioid Overdose Surveillance Dashboard** that can be tailored to look at various aspects of opioid use and overdose death in your county.
- California had **1,966 Opioid overdoses in 2015**
- California had **575 heroin overdoses in 2015**
- 4,095 Opioid overdose hospitalizations**

https://pdop.shinyapps.io/ODdash_v1/



Opioid-related overdose mortality rate* by San Francisco, 2010-2015



Proposed Solution

- Safe injection services (aka: safe drug consumption)
- A place where people who inject drugs, can do so
- Inside, bright, clean, private and safe
- Clean syringes provided
- Clinically supervised - staffed by professionals and peers
- Guidelines and code of conduct established with input from potential users
- Provides ready access to treatment options in the community

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Safe Injection Services

- Part of continuum of evidence-based harm reduction services
- Promote safer drug injection practices
- Enhance health-related behaviors among PWID
- Attract hard to reach populations
- Reduce morbidity and mortality
- Reduce public drug injection
- Improve public spaces in areas surrounding urban drug markets



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Safe Injection Services Are NOT:



- Not a place to get drugs to inject
- Not a place to share drugs or drug equipment
- Not a place to sell drugs
- Not a place to buy drugs

Two Types of Safe Injection Services



- Centralized or specialized safe injection services (Stand alone service)
- Decentralized or integrated safe injection services (Added to existing harm reduction programs)

Centralized or Specialized



A new or renovated space staffed by clinicians, administrators and peers

- Security (street ambassadors) outside
- Reception/waiting area inside
- Health education materials
- 10-12 sterile, stainless steel booths (similar to Vancouver)
- Separate space for privacy (with ability to monitor injection)
- Separate space for “chilling” out

Decentralized or Integrated Services



Local organizations **extend their existing** harm reduction services to include safe injection:

- Security outside (street ambassadors)
- Reception/waiting area inside
- Health education materials
- 3-5 booths at each organization
- Separate space for privacy (with ability to monitor injection)
- Separate space for “chilling” out
- Use of existing clinicians, peers, other staff

Benefits to People who Inject Drugs and the TL Community as a Whole



- Less HIV/HCV Transmission
- Less syringe sharing
- Less public injecting
- Less discarded syringes
- Less drug related crime

Benefits to People who Inject Drugs and the TL Community as a Whole



- More safe and hygienic place to inject
- More possibilities to access health care, detox and drug treatment
- No fatal overdoses

Cost Benefit to the Community



Cost Benefit Analysis – Based on HIV/HCV Costs

- Lifetime treatment cost of HIV = \$402,000
- Lifetime treatment cost of HCV = \$68,000
- Savings produced by averting HIV and HCV = \$1.3 million each (\$2.6 m total)
- San Francisco could save \$3.5m/year

Additional Benefits to the Community



- Less taxpayer \$\$ spent on emergency room visits
- Less taxpayer \$\$ to cover safety net hospitals for injection related infections
- Less \$\$ for police/fire department calls or interventions
- Decreased loss of business revenue

Where are we Now?



Status of SIS in San Francisco

- City SIS Taskforce

Status of SIS in California

- AB 186

Current Status of SIS in San Francisco



City SIS Taskforce - Summer 2017

17 Recommendations:

- Support creation of SIS
- Recognize legal and real estate barriers to operating safe injection services and devise necessary contingency plans
- Conduct an assessment to determine the optimal service scale, site requirements, capacity, work flow, hours of operation, and staffing mix
- Design safe injection services as a safe, clean, and welcoming space for people who inject drugs.

Current Status of SIS in San Francisco



- Pilot small-scale integrated safe injection sites that can be flexible to emerging needs

- Ensure planning and implementation of safe injection services integrates clear program goals and metrics, including defined practices for data collection, monitoring, and evaluation to facilitate ongoing quality improvement processes

- Support an integrated model that includes on-site services and linkages to other services

Current Status of SIS in San Francisco



- Incorporate a peer component in the staffing model
- Consider expanding the types of drug consumption allowed on site
- Operate multiple sites throughout San Francisco
- Locate safe injection services where drug use most often occurs
- Locate safe injection services where existing services are delivered to people who inject drugs
- Engage the public throughout the planning process to optimize the usage and benefits of safe injection services to the surrounding community

Current Status of SIS in San Francisco



- Engage law enforcement, probation, and parole agencies to determine public safety priorities and strategies
- Partner with other city agencies and community organizations to develop collaborative, comprehensive, and sustainable harm reduction strategies
- Develop a public focused central information source and education campaign on the benefits of safe injection services that also seeks to address stigma toward people who use drugs
- Commit resources to outreach and educating the public on the process to optimize the usage and benefits of safe injection services to the surrounding community
- Identify and commit resources for special populations that face health disparities, barriers to services, and/or risk for experiencing violence related to drug use

Current Status of SIS in San Francisco



- October 24: City task force report released
<https://www.sfdph.org/dph/files/SISTaskforce/SIS-Task-Force-Final-Report-2017.pdf>
- City Attorney, BOS and Director of Public Health exploring options Returns to committee; to BOS and ultimately to Mayor*
- November 9, 2017: Health Commission hears testimony about SIS from potential drug using clients
At next meeting, HC will introduce a resolution in support of SIS

CA State Legislation



- Statewide Legislation – AB 186
- Passed 2 Assembly committees
- Passed 2 Senate committees
- Pulled from Committee Sept (need 2 more “Yes” votes)
- Reactivate in January 2018
- If passes, then bill moves to Governor for review

Current State and Federal Laws

- State and federal laws prohibit
 - Possession of controlled substances (unless prescribed by licensed health professional)
- Building owners from allow manufacturing, storing, or distributing controlled substances

Title 21 US Code Controlled Substances Act, Section 844 (C)

What Can You Do?



- Get involved: talk about safe injection services
- Call or write your local and state elected officials and tell them you support SIS
- Visit:
<http://harmreduction.org/issues/sifs/>
<https://www.drugpolicy.org/resource/supervised-consumption-services>
- Sign on to a letter of support for state legislation

Summary



Safe injection services are a continuum of evidence-based harm reduction services and are shown to:

- Promote safer drug injection practices
- Enhance health-related behaviors among PWID
- Connect PWID with external health and social services
- Attract hard-to-reach populations of drug users
- Reduce morbidity and mortality
- Reduce drug use in public
- Improve public spaces in areas surrounding urban drug markets

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Summary



Safe injection services

- save money
- save lives
- good for community as a whole

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Thank You!



To schedule a presentation:

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