



Department of Homelessness and Supportive Housing Overdose Prevention Policy

I. PURPOSE OF POLICY

The mission of the Department of Homelessness and Supportive Housing (HSH) is to make homelessness rare, brief, and one-time through the provision of high-quality services. HSH's work centers on the core components of the homelessness response system: homelessness prevention, Coordinated Entry, outreach, shelter and crisis interventions, housing problem solving, and housing.

Since the Department's creation in 2016, HSH has supported the integration of harm reduction across the core components of the homelessness response system as an effective strategy for overdose prevention. HSH will continue to apply available data and public health guidance to determine the most effective strategies for overdose prevention and will update this policy accordingly.

The Board of Supervisors enacted Ordinance No. 084-21 in June 2021. The Ordinance 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 program participants at risk of overdose will promote strategies to reduce drug overdose and refer people to the City's continuum of services ("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 access to the continuum of City services and overdose prevention throughout the homelessness response system is to include, rather than exclude, substance users from services. For many years, housing was treated as an award for compliance with social standards, including sobriety. This approach left substance users out on the streets and did not provide access to the resources often needed to reduce drug use and overdose, like housing or other services.

All HSH-funded programs across the homelessness response system are committed to serving and being accessible to people at risk of overdose. The Department provides dedicated support services through outreach, shelter, and housing programs to mitigate harmful behaviors stemming from substance use. Referring program participants to other appropriate resources within the continuum of City services also helps stabilize people within HSH's programs. Additionally, to help the most vulnerable people exit homelessness and achieve long-term stabilization, HSH Coordinated Entry now



assesses Substance Use Disorder as a vulnerability 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. Together, the Departments developed a set of shared guiding principles to support the development and implementation of departmental Overdose Prevention Policies, as required by Administrative Code Section 15.17. These guiding principles and HSH's policy were updated in 2025 to incorporate the City's Recovery First Substance Treatment Services Policy, [Ordinance 076-25](#). The updated guiding principles include the following:

- Service providers are accountable for delivering interventions that reduce the harmful economic, social and physical impacts of substance use and related behaviors.
- Each program is part of continuum of City services and should work collaboratively with other programs in the system and across the city.
- Services should be culturally competent, non-judgmental, and delivered in a manner that demonstrates respect for individual dignity, personal strengths, and self-determination.
- The service continuum must include strategies to engage, motivate, and support the complex needs of people who may be at risk of overdose.
- Civil service and contracted staff should receive ongoing training on the continuum of services, overdose prevention, and naloxone access to prevent overdose deaths and connect to treatment and recovery services.
- Comprehensive care and treatment should include strategies that reduce harm for those who are unable or unwilling to modify their unsafe behavior.
- Relapse or periods of return to unsafe health practices may be part of an individual's journey to recovery and should not be equated with or conceptualized as "an individual's failure of treatment".
- People must be offered a range of treatment outcomes in a continuum of care; from reducing unsafe practices to abstaining from dangerous behavior.
- A safety-centered recovery model prioritizes strategies that protect life, promote recovery, and strengthen safety for individuals and the communities in which they live and work.
- Programs should create opportunity for input and incorporate feedback from community or program participants to improve effectiveness.

III. HSH OVERDOSE PREVENTION POLICY

The HSH Overdose Prevention Policy outlines minimum requirements for the Department and its grantees that manage property on behalf of the Department and/or provide direct services to program participants at risk of overdose to promote strategies to reduce drug overdoses and refer program participants to the continuum of City services. In some instances, the requirements of specific HSH-contracted services already exceed these minimums.

a. Substance Use Treatment and Harm Reduction Programs and Services

HSH requires its contracted providers covered by this Policy to make available at their service sites informational materials from DPH and other partners about accessing the continuum of City services, including substance use treatment. HSH also requires all providers with contracts for case management, social work, navigation, and assessment services to make referrals to substance use treatment programs



The Department's service providers encourage behaviors that promote the safety of program participants and the community. HSH ensures that program participants are supported in accessing the City's continuum of services and programs by making direct referrals to services and encouraging our program participants to engage in services by:

- Reviewing program protocols regularly to identify opportunities to continue and expand services and referrals in HSH-managed or HSH-funded programs and properties.
- Actively encouraging HSH provider partners, as appropriate, to provide services, resources, and referrals in their programs and locations that support connecting people at risk of overdose to the City's continuum of services.

HSH does not exclude people from accessing services or housing based on substance use or diagnosis of a substance use disorder. The adoption of this policy does not preclude HSH from funding sober living program models within the homelessness response system.

b. Resource Posting

HSH requires that all sites funded by the Department post up-to-date information in at least one location visible or otherwise easily accessible to program participants and staff about the City's continuum of services, including available information about naloxone access.

Available printable resources are located on two public websites managed by DPH and updated regularly.

- Overdose prevention, care and treatment in SF – <https://sf.gov/substance-use-services-and-overdose-prevention>
- Care and treatment services for addiction to drugs and alcohol - <https://www.sf.gov/information--care-and-treatment-services-addiction-drugs-and-alcohol>

c. Onsite Overdose Response Protocol

HSH requires that all sites managed by the Department and all sites managed by contracted providers on behalf of the Department have a documented "Onsite Overdose Response" protocol that provides specific guidance on what to do if an individual overdoses on the property or in the presence of staff.

The Department also requires staff and contracted providers to submit a Critical Incident Report (CIR) to HSH when there is an onsite overdose and/or overdose reversal.



d. Onsite Naloxone Access Protocol

HSH requires that all sites managed by the Department and all sites managed by contracted providers on behalf of the Department have a documented “Onsite Naloxone Access” protocol detailing the specific procedures, roles, and responsibilities that will be implemented to procure, manage, and monitor inventory to maintain a readily available onsite supply. Naloxone should be accessible 24-hours a day in a fixed location on every floor in “Emergency Naloxone Stations” *(ENS) and installed per the Americans with Disabilities Act **([ADA](#)) [compliance specifications](#). Please note differences in protocol for each type of program you offer, as necessary.

Despite due diligence from HSH and HSH-funded providers, there may be extenuating circumstances (e.g., supply issues) beyond our control that limit our ability to guarantee naloxone will be available 100% of the time. HSH and HSH providers are not expected to purchase naloxone if there are supply issues. It is important to communicate your program’s naloxone distribution as a courtesy service and connect program participants to additional naloxone resources in the community. Providers accessing naloxone through the [CA Naloxone Distribution Project](#) (NDP) are protected from civil action and/or criminal prosecution under CA State Legislature [CIV 1714.22](#). ***If your agency is not currently receiving naloxone through NDP and/or does not currently have ENS stations installed at all of your sites, please contact the San Francisco Department of Public Health’s Office of Overdose Prevention (Rob.Hoffman@sfdph.org) for support.***

**The “Emergency Naloxone Station” (ENS) model is an evidence-based strategy for reducing fatal overdoses by targeting distribution of naloxone to individuals who are most likely to witness or experience an opioid overdose. ENS are wall-mounted containers stocked with naloxone, located in a common area on each floor, providing 24-hour access that is simple to monitor and manage.*

***ADA Specifications: Can’t extend over 4” into the circulation path unless it is lower than 27” above a finished floor (AFF). Over 80” AFF needs to be cane-detectable. 48” Max AFF (unless obstructed by table/counter) for side and forward reach ranges for people in wheelchairs.*

e. Training

Staff in designated Department and provider agency roles which involve interacting directly with clients and/or who regularly work in a residential setting (including shelter, crisis interventions, and housing), are required to complete an annual training on overdose recognition and response. HSH and provider staff can either take the virtual overdose recognition and response training offered by DPH, or another training that includes the same key information.

To fulfil this policy’s requirement, such training must include:

- The philosophy and guiding principles of overdose prevention and the continuum of city services
- 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

Staff and grantees who have taken the online overdose recognition and response training at least once



before can fulfill the annual training requirement by taking an [online refresher course on opioid overdose recognition and response](#). The refresher course is available through SF Learning (employee portal) and LearnSFDPH.org.

f. Implementation by Provider Partners

Beginning on the effective date of the HSH Overdose Prevention Policy in 2022, and 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:

- Provision of referrals to the City's continuum of services, including 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.
- Adoption of program enrollment/eligibility criteria that are reflective of the requirements included in your Grant Agreement / Contract with HSH, and the requirements of other funders in the project as appropriate.
- Posting of information provided by DPH about naloxone, syringes, and overdose prevention services in an area easily accessible to program participants. This requirement will be effective within 30 days of contract execution.
- Timely CIR reporting to HSH following an overdose incident. This requirement will be effective immediately upon contract execution.
- Delivery of mandatory annual overdose prevention training and training in the Onsite Overdose Response policy for all staff who interact directly with program participants and/or who work in a residential setting (including shelter, crisis interventions, and housing).
- Requirement to have an overdose prevention 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.

HSH will ensure that contracted providers that manage property on behalf of the Department or provide direct services to program participants implement policies and protocols in line with this policy through the Department's contractual agreements and regular program monitoring process.

