



# COUNTY OF SAN DIEGO

## AGENDA ITEM

### BOARD OF SUPERVISORS

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First District

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Third District

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Fourth District

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**DATE:** November 16, 2021

**DRAFT**

**XX**

**TO:** Board of Supervisors

### SUBJECT

**UPDATE ON HARMFUL SUBSTANCE USE IN SAN DIEGO COUNTY (DISTRICTS: ALL)**

### OVERVIEW

To address the unprecedented crisis in substance use harms, including alarming trends in accidental drug overdose deaths, the San Diego County Board of Supervisors (Board) has taken a number of actions to advance existing efforts and aggressively address this issue and the associated stigma which is frequently associated with people who struggle to overcome substance use. Recent actions include, but are not limited to:

- Implementing the Drug Medi-Cal Organized Delivery System (DMC-ODS) in 2018 which provided an unprecedented opportunity to accelerate the integration of substance use disorder (SUD) specialty care with mainstream healthcare;
- Finding prior Board direction opposing harm reduction programs including the “Resolution to Oppose Needle Exchange Programs” to be no longer in effect;
- Directing creation of an Action Plan to realize a Syringe Services Program to meet the needs of San Diego County and;
- Directing the creation of a comprehensive County Substance Use Harm Reduction Strategy (Harm Reduction Strategy).

Today’s update includes a report on the Harm Reduction Strategy presented June 8, 2021 (04), the Drug Medi-Cal Organized Delivery System, and other related bodies of work from the County’s Health and Human Services Agency (HHSA) including efforts to provide housing resources for those with chronic substance use conditions.

All updates and actions align with County’s strategic approach to strengthen service delivery and the *Live Well San Diego* vision by transforming treatment for addiction, while continuing to educate the larger community on effective care for people who misuse substances.

### RECOMMENDATION(S)

#### CHIEF ADMINISTRATIVE OFFICER

1. Receive an Update on Harmful Substance Use in San Diego County.

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2. In accordance with Section 401, Article XXIII of the County Administrative Code, authorize the Director, Department of Purchasing and Contracting, to issue a competitive solicitation for naloxone distribution, and upon successful negotiations and determination of a fair and reasonable price, award contracts for an Initial Term of up to one year, with four option years, and up to an additional six months, if needed; subject to negotiations and the availability of funding, and to amend the contracts to reflect changes in program, funding or service requirements, subject to the availability of funds and the approval of the Agency Director, Health and Human Services Agency.
3. In accordance with Section 401, Article XXIII of the County Administrative Code, authorize the Director, Department of Purchasing and Contracting, to issue a competitive solicitation for services at the Palm Avenue Wellness and Recovery Center, which will provide transitional housing, recuperative care, and other healthcare service coordination and engagement services, and upon successful negotiations and determination of a fair and reasonable price, award contracts for an Initial Term of up to one year, with four option years, and up to an additional six months, if needed; subject to successful negotiations with the City of San Diego and the availability of funding, and to amend the contracts to reflect changes in program, funding or service requirements, subject to the availability of funds and the approval of the Agency Director, Health and Human Services Agency.
4. In accordance with Board Policy B-29, authorize the Clerk of the Board, upon successful negotiation, to execute a revenue agreement, upon receipt, for Fiscal Year 2022-23 with the City of San Diego to operate services at the Palm Avenue Wellness and Recovery Center, amendments thereto, including amendments extending the agreement terms past Fiscal Year 2022-23, and future years' Agreements and amendments, subject to the availability of funding, provided terms, conditions, program services and funding are not materially impacted or altered. In addition, waive Board Policy B-29 requirement of full cost recovery of revenue agreements.
5. Direct the Chief Administrative Officer to sunset time-certain reporting for the Drug Medi-Cal Organized Delivery System and Medication Assisted Treatment to coincide with significant developments.

**EQUITY IMPACT STATEMENT**

Poverty, drug use, and involvement with the justice system are deeply intertwined and the resulting community and individual traumas are disproportionately felt by low-income populations, as well as communities of Black, Indigenous, and People of Color (BIPOC) throughout San Diego County. The County's response to harmful substance use within the region, inclusive of the Substance Use Harm Reduction Strategy and DMC-ODS implementation, is designed to combat these patterns at a systemic level and to address the most pressing issues at the intersection of behavioral and public health to improve outcomes for people who use drugs (PWUD) and the broader San Diego community.

Today's actions advance equity and racial justice through a client-centered, data-driven, population health approach that delivers behavioral health services through a system of care which

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recognizes the lived experience of people who use drugs and affirms the dignity of all individuals, families, and communities.

**FISCAL IMPACT**

Funds for the Palm Avenue Wellness and Recovery Center are included in the County of San Diego's Fiscal Year 2021-23 Operational Plan. If approved, this will result in estimated cost and revenue of \$2.6 million in Fiscal Year 2022-23 for contracted services, plus an estimated additional \$1.3 million to operate the Palm Avenue facility, for a total estimated annual cost of \$3.9 million, with projected costs to be shared equally between the County and City, resulting in costs of approximately \$1.95 million each. The funding source is American Rescue Plan Act (ARPA) funding and Realignment. A waiver of Board Policy B-29 is requested because the City of San Diego funding does not offset all costs. The public benefits of providing these services outweigh the required contribution for uncovered costs. There will be no change in net General Fund cost and no additional staff years. It is anticipated that in future fiscal years upon the implementation of CalAIM, there will be opportunities to drawdown Medi-Cal funding for Community Supports, also known as In Lieu of Services (ILOS), for services provided at the Palm Avenue Wellness and Recovery Center, which will offset and reduce overall County and City of San Diego costs.

[Placeholder for fiscal impact statement for naloxone distribution procurement]

**BUSINESS IMPACT STATEMENT**

N/A

**ADVISORY BOARD STATEMENT**

At their meeting on November 4, 2021, the Behavioral Health Advisory Board voted to \_\_\_\_\_.

**BACKGROUND**

The harms from substance use in recent years are alarming. There is an unprecedented crisis in San Diego County with over 950 lives lost to accidental drug overdose in 2020, representing a 52% increase over 2019. Sadly, our county is currently on a trajectory to exceed that in 2021 with over 830 deaths in 2021 through the end of August.

While substance use issues are often associated with marginalized populations, the reality is they are widespread and can affect anyone. Nationally, 8% of the adult population are estimated to have a substance use disorder. Locally, in addition to the lives lost to accidental drug overdose, 2,435 individuals died due to alcohol related complications from 2010 to 2020 – with a notable 39% increase in deaths from 2019 to 2020. According to a 2015 public health study, nearly 9% of adults in San Diego County are estimated to have substance use disorder and over 8% of adolescents between 12 and 17 are estimated to need help with alcohol or drug use – both are higher than the 7% prevalence of type 2 Diabetes in San Diego County, one of the most common chronic illnesses affecting our communities. Much like diabetes, hypertension, or any other chronic physical illness, substance use conditions also require continuous care.

Though *unlike* physical illnesses, there exists an unfortunate stigma for people battling substance use which can impede an individual's path to get well. Suggestions that people "work harder" or

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“simply abstain” oversimplify the complexities of treating addiction disorder. At a population level, we need a multi-faceted approach that acknowledges different pathways to recovery and journeys toward wellness. As with other social prejudices, such as racism, addiction stigma is institutionalized. Policies and funding streams, over time, have driven the design of our current system of addiction treatment to be segregated from, and unequal to, mainstream healthcare.

To better respond, we need to transform how we care for addiction while continuing to educate the larger community that the shift to continuous care for people who misuse substances is the only effective solution.

**Significant Actions**

In 2018, the San Diego County Board of Supervisors (Board) approved implementation of the Drug Medi-Cal Organized Delivery System (DMC-ODS) which provided an unprecedented opportunity to accelerate the integration of substance use disorder (SUD) specialty care with mainstream healthcare by infusing the County with resources to align with evidence-based practices and standardized level of care assessment, using criteria developed by the American Society of Addiction Medicine (ASAM) to dramatically improve access to services and outcomes for individuals receiving SUD treatment who are low-income or insured by Medi-Cal.

Building upon DMC-ODS implementation, your Board has taken a number of recent actions to advance existing efforts and aggressively address harmful substance use beginning in January 2021 including:

- In an action brought forward by Chair Nathan Fletcher on January 26, 2021 (13), your Board voted to overturn a Resolution to Oppose Needle Exchange Programs;
- Your Board also directed the County’s Chief Administrative Officer to create an Action Plan to realize a Syringe Services Program to meet the needs of San Diego County and;
- Directed the creation of a comprehensive County Substance Use Harm Reduction Strategy (Harm Reduction Strategy).

Today’s update includes a report on the Harm Reduction Strategy presented June 8, 2021 (04), the Drug Medi-Cal Organized Delivery System, and other related bodies of work from the County’s Health and Human Services Agency (HHSA).

*Update on Harm Reduction Strategy Programs and Activities*

The Harm Reduction Strategy was developed by the Population Health Steering Committee co-chaired by HHSA’s Public Health Officer and Public Health Services (PHS) Director, Dr. Wilma Wooten and Behavioral Health Services (BHS) Director, Dr. Luke Bergmann, with notable components below:

- Envisions a world where harms related to substance use are seen as concerns of overall health and well-being, where stigma does not impede access to services, and where we realize a community free of substance use-related harms.
- Strives to respect all people who use drugs, as well as their families and communities, regardless of gender, race, age, sexual orientation, ethnicity, culture, spirituality, health, or socioeconomic status.

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- Is driven by a multidisciplinary evidence base and builds upon over a decade of foundational work of local regional stakeholders to mitigate the harms to residents, families and communities related to the misuse of prescribed and illicit opioids and other prescribed medications.
- Includes four major focus areas: **Cross-sectoral Convening, Housing, Workforce, and Healthcare Integration and Access**. Each contains a roadmap of activities rooted in immediate-, intermediate-, and long-term tactics.

To realize the goals presented in the Harm Reduction Strategy, HHSA continues to enhance the array of engagement strategies by transforming our care ecosystem toward **low-barrier access modes of care** and ensuring the process to get health care and social services is easy. Settings that employ harm reduction strategies adopt a supportive, inclusive, stigma-free, “meeting people where they’re at” posture and facilitate easy entry into general health care, social services, and/or treatment. The harm reduction programs and activities listed in today’s update all adopt this low-barrier care model.

#### **Local Naloxone Distribution Effort**

Naloxone, commonly known by brand name Narcan, is an emergency medication which reduces and reverses the effects of opioid overdoses. In practice, naloxone is a life-saving medication that can be administered by bystanders to an individual in the midst of an opioid overdose, allowing the overdosing individual’s normal breathing to be restored. As reported on June 8, 2021 (04), the **standing order for naloxone distribution** was signed on May 21, 2021, by Dr. Wilma Wooten, the County’s Public Health Officer, which authorized trained County staff, contracted staff, health organizations, community-based organizations, and other trained community members to distribute naloxone per the standing order. This standing order removed barriers and allowed the County to enhance the speed and volume of naloxone distribution into the community.

To date, BHS has ordered and received 3,888 (7,776 doses) kits of free naloxone from the Department of Health Care Services (DHCS) to distribute throughout the community. BHS developed a naloxone distribution plan outlining the County’s phased approach to community distribution of naloxone in collaboration with community partners. The distribution plan includes County and non-County sites over the 2021-22 fiscal year and is informed by population health data and guided by operational efficiencies. To this effect, BHS initiated a pilot project in July 2021 to launch community naloxone distribution at the Southeast Mental Health Clinic where staff distributed [XX] naloxone kits (i.e., [XX] doses) to clients who received doses for the first time.

The next phases of community distribution occurred in the Public Health Services (PHS) Sexually Transmitted Disease (STD) Clinic, Tuberculosis (TB) Clinic, BHS North Central, and BHS East Mental Health Centers. These sites began distributing naloxone to clients in October 2021. The County Probation Community Transition Center (CTC) and Public Health Center will begin distributing naloxone mid-November 2021. Moving forward, additional sites both within the County and among external County partners, to include County-contracted and non-contracted provided (e.g., community-based organizations) will be included in the distribution plan to achieve the greatest success of community naloxone saturation. Plans for expanding and sustaining broad community distribution include exploring opportunities to partner with experienced community-based organizations to distribute naloxone for the long term.

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**Syringe Services Programs (SSPs)**

Based in the community, SSPs are an evidence-based component of low-barrier care that provides clean syringes to people who inject drugs (PWID) and collect used syringes in return. This helps ensure hazardous needles are not discarded into parks, on streets, or elsewhere in the community, and supports a reduction of sharing of needles among PWID which contributes to reductions in transmission and acquisition of the Hepatitis C virus (HCV), the human immunodeficiency virus (HIV), and other diseases. Additional services may be offered at SSPs, such as linkages to substance use disorder treatment, mental health services, primary and specialty medical care, social services, HCV and HIV testing, naloxone training and distribution, overdose prevention assistance, and education. SSPs may utilize a workforce consisting of medical, behavioral health, public health, and addiction specialist personnel, as well as peer support specialists and volunteers.

In support of SSP deployment, HHSA has awarded a contract to conduct a community readiness assessment to the San Diego State University Research Foundation, Institute for Public Health (IPH). The goals of this contract include:

- Conducting interviews and focus groups with persons who inject drugs to assess geographic locations in San Diego County that would benefit from SSPs.
- Conducting interviews with key stakeholders and staff to determine desirability and opposition to SSPs, assess receptiveness to harm reduction in general, and assess perceptions of public opinion regarding SSPs.
- Working with HHSA staff to use epidemiologic and other data to identify geographic areas of San Diego County that would benefit from SSPs.
- Assessing local receptiveness and response via public opinion research in geographic areas identified as potentially benefitting from SSPs.
- Conducting reviews of best practices among other counties in California that operate SSPs.

IPH has extensive prior experience in evaluating community-based health projects, including conducting the 2019 Environmental Assessment of Persons Who Inject Drugs in San Diego County, also funded by HHSA. Joining IPH in the Community Readiness Assessment will be Family Health Centers of San Diego, which has operated an SSP in the City of San Diego since 2002 and has extensive experience in assessing community receptiveness, level of knowledge, and opposition. This contract began October 6, 2021, and the work of the readiness assessment is expected to be completed by March 21, 2022.

Also in support of SSP deployment, HHSA has established a Syringe Service Planning and Deployment committee. This committee will work closely with IPH and Family Health Centers of San Diego, and its goals include:

- Identifying and developing County infrastructure to support comprehensive, adequately resourced and compassionate response to injection drug use in San Diego County, including staff, services and supplies
- Developing and deploying staff training regarding harm reduction principles and practices, including syringe service programs
- Developing processes for identifying and responding to community concerns
- Developing an evaluation plan.

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The committee, which meets weekly, has established a work plan and a timeline, with the goal of being able to pilot syringe services approximately spring/summer 2022.

**Outreach, Engagement, and Housing for Individuals Experiencing Chronic Homelessness and Substance Use**

As stated in the Harm Reduction Strategy, housing, substance use, and homelessness often overlap, with homelessness exacerbating the harmful effects of drug use, and vice versa. Being on the street and pushed to the margins increases the likelihood of risky behaviors and decreases the effectiveness of interventions aimed at reducing the harmful impact of substance use.

To address the needs of individuals and families experiencing homelessness and increased reports of street drug use, including injection drug use, within the City of San Diego (City), the City and County partnered on an aggressive new strategy to connect these individuals to services and housing. Utilizing a phased approach, and with support from the Leadership Council jointly led by the Mayor Todd Gloria and the Chair Nathan Fletcher, resources were immediately deployed to provide outreach and engagement to individuals experiencing homelessness who are suffering from serious mental health and substance use disorders to connect them to shelter, housing-navigation, behavioral-health services, and medical care.

On June 28, 2021, the City and County redeployed contracted resources to conduct a month-long intensive street outreach within targeted areas of Downtown San Diego. Staff engaged individuals experiencing homelessness and those who may be at increased risk due to substance use and mental health conditions, and connected them to immediate shelter, housing navigation, behavioral health services, and medical care.

Building on these initial efforts, the County will deploy a new **Community Harm Reduction Team (C-HRT)** by the end of 2021 to mobilize low barrier harm reduction services, providing outreach and engagement to individuals experiencing homelessness and severe substance use conditions. C-HRTs are multi-disciplinary teams which include substance use counselors, peer support, mental health clinicians, and nurse practitioners to provide psychiatric consultation that offer low-barrier harm reduction services, just-in-time specialty services, connections to behavioral health, and bridge housing to support wellness, stability, and permanent supportive housing. Two additional teams are planned in Central Region along with future expansion of C-HRTs countywide based on prevalence as shelter beds and Safe Haven housing capacity is identified.

Occurring simultaneously with C-HRT efforts, is the expansion of short-term and bridge housing through the **addition of shelter beds and Safe Haven housing capacity**. Safe Havens provide transitional housing designed around key harm reduction principles, including lowest barrier accessibility, variable lengths of stay, and navigation to permanent housing. C-HRTs will provide in-reach and ongoing care coordination to clients residing in shelter beds and Safe Havens by coordinating services with Safe Haven staff and other programs provided by Behavioral Health Services in the region. A new Safe Haven housing program will initially operationalize in conjunction with the first C-HRT team within the Central Region, with funding from the City and

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County. The program will serve up to 25 individuals. Additional Safe Havens and shelter bed capacity are being planned in Central Region along with future expansion countywide.

Investments are also planned to build capacity to support the transition of individuals from short-term and bridge housing into **permanent supportive housing**, providing long-term housing resources for individuals who are experiencing homelessness and suffering from chronic substance use. Traditionally, individuals with substance use conditions have been excluded from long-term housing options, which are essential to stability and wellness. Initial efforts will focus on Central Region utilizing dedicated subsidies from the San Diego Housing Commission.

To further complement to array of available housing services, Behavioral Health Services, through a partnership with the City of San Diego (City), will leverage American Rescue Plan Act (ARPA) funding along with dedicated funding from the City, to expand transitional housing, recuperative care, and other healthcare service coordination and engagement at the new **Palm Avenue Wellness and Recovery Center** to improve health outcomes and decrease utilization of high-cost services for adults who are not yet connected to care. Services at will be available to adults with substance use disorders (SUD) and/or co-occurring conditions who are experiencing homelessness, have additional complex social needs, and meet one of the following criteria:

- Recent interaction with law enforcement or be transitioning from incarceration back into the community,
- Recent inpatient mental health admission,
- At high risk for overdose and/or suicide,
- Recent utilization of crisis services, emergency rooms, or inpatient services as a sole source of care,
- Have experienced two or more sobering services episodes in the past 12 months, or
- Have two or more additional complex social needs that are negatively impacting health.

**Environmental Prevention Initiatives**

BHS provides primary prevention by utilizing environmental prevention strategies to actively engage and empower community members to become involved in reducing substance-use related harms including engaging youth, key stakeholders, and public health and public safety sectors to prevent youth use and reduce harms related to substance use that can be detrimental over the lifespan. This is accomplished through the implementation of four countywide prevention initiatives including the Prescription Drug Abuse Task Force (PDATF) and Methamphetamine Strike Force (MSF). During an executive meeting for PDATF and MSF held in August 2021, a proposal was made to combine these two bodies by developing a shared governance with equal representation for the efforts of both groups and once accomplished, be renamed to reflect this important and ongoing collaboration and continue to work jointly on the most pressing community concerns.

Additionally, leveraging grant support from the Centers for Disease Control and Prevention through the Opioid Overdose Data to Action grant (OD2A), BHS, PHS, and Medical Care Services continue strong collaboration to accomplish the goals set forth within the grant workplans. This work supports overall efforts to reduce the harms of opioid use in San Diego County. Surveillance products being developed as part of this multi-departmental collaboration will inform prevention and linkages to care.

### **Drug Medi-Cal Organized Delivery System Implementation Update**

On March 27, 2018 (02), your Board approved the implementation of the Section 1115 Medicaid Demonstration Waiver Drug Medi-Cal Organized Delivery System (DMC-ODS) pilot program, beginning July 1, 2018. DMC-ODS implementation dramatically transformed the entire substance use disorder (SUD) system to better serve individuals struggling with harms from substance use by offering comprehensive, evidence-based care to support each person's journey to recovery. Most notably, DMC-ODS implementation:

- Provided an unprecedented opportunity to accelerate the integration of SUD specialty care with the mainstream healthcare system to improve access to services and drive better outcomes; and
- Enabled more local control and accountability, provided greater administrative oversight, created utilization controls to improve care and efficiency, and implemented evidence-based practices in SUD treatment.

As reported in the last DMC-ODS update on October 27, 2020 (20), the COVID-19 pandemic precipitated a behavioral health crisis as local data indicated that there was a substantial uptick in deaths related to substance use, with a significant proportion of these deaths involving the use of fentanyl. Had it not been for the substantial investments made by your Board in DMC-ODS, outcomes may have been far worse.

[Placeholder for DMC-ODS updates for this third year of implementation]

### **HHSA and Sheriff's Department Medication Assisted Treatment Implementation Update**

Promoting cross-sector alignment and increasing access to healthcare services such as medication assisted treatment (MAT) are critical components of the County's harm reduction strategy. People who have been recently incarcerated are at increased risk for overdose and therefore the implementation of screening, induction, care management, and continuity for MAT services in County detention facilities has been an urgent priority. Notably, MAT directly improves health-related outcomes, by reducing overdose risk and improving survival, promotes public safety by reducing the risk of crime for people on MAT, and increases the patient's ability to be gainfully employed.

HHSA and the Sheriff's Department continue to work collaboratively and have initiated a Memorandum of Understanding as partners with a shared goal to enhance access to health services and reduce harms to people who use substances. This includes ensuring continuity of care for MAT and establishing a robust continuous quality improvement program for ongoing evaluation. HHSA's and Sheriff's clinical, medical, and administrative teams have jointly toured detention facilities with MAT programs to gather best practices and learn from established local programs. Teams are working collaboratively towards a phased implementation of MAT at all Sheriff's detention settings. Access to the medication assisted treatment, methadone, is already available to pregnant women at Las Colinas Detention Facility by way of an arrangement with a local opioid treatment provider.

Additionally, the Sheriff's Department has continued buprenorphine for several incarcerated patients upon receipt of health information from community care providers. Positions have been identified to provide a comprehensive medication assisted treatment and hiring and training is

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underway. By early December, electronic health record changes will be in place to optimize medication assisted treatment quality of care and regulatory compliance. Building on existing MAT services available at Las Colinas Detention and Reentry Facility (LCDRF), it is anticipated significant program growth will occur by the end of this year and ability to manage MAT induction to begin as soon as additional prescribers are identified and hired. Comprehensive MAT services including assessment, induction, care management and care coordination will be expanded to the San Diego Central Jail, the Vista Detention Facility, and the George Bailey Detention Facility once the model is designed with lessons learned from the LCDRF expansion and the appropriate numbers of staff are hired and trained.

In addition to this update, today's action also seeks approval to shift away from topic-specific reporting on a pre-set cadence – specifically DMC-ODS and Medication Assisted Treatment provided through Opioid Treatment Programs reporting – to providing updates as key developments are identified. This will help ensure updates are provided to the Board in a timely and comprehensive manner.

**LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN**

Today's actions support the County of San Diego's 2021-2026 strategic initiatives of Building Better Health and Living Safely, as well as the County's *Live Well San Diego* vision, by transforming care to support people who misuse substances through strategic partnerships and implementation of proven harm reduction strategies.

Respectfully submitted,

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HELEN N. ROBBINS-MEYER  
Chief Administrative Officer

**ATTACHMENT(S)**

N/A

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**AGENDA ITEM INFORMATION SHEET**

**REQUIRES FOUR VOTES:** ☐ Yes ☒ No

**WRITTEN DISCLOSURE PER COUNTY CHARTER SECTION 1000.1 REQUIRED**

☐ Yes ☒ No

**PREVIOUS RELEVANT BOARD ACTIONS:**

June 8, 2021 (04) Receive Update on Comprehensive County Substance Use Harm Reduction Strategy; January 26, 2021 (13) Framework for the Future: Saving Lives and improving Health Outcomes Through Comprehensive Harm Reduction Approach; October 27, 2020 (06) Receive Update on Advancing the Behavioral Health Continuum of Care and Annual Update on Drug Medi-Cal Organized Delivery System; March 10, 2020 (03) Adopting Best Practices to Promote Recovery and Protect Public Health; July 23, 2019 (05) Receive Prescription Drug Abuse Plan Update; March 27, 2018 (02) Request Board Authority to Implement Drug Medi-Cal Organized Delivery System; December 9, 1997 (29) Needle Exchange Program.

**BOARD POLICIES APPLICABLE:**

Board Policy B-29, Fees, Grants, Revenue Contracts – Department Responsibility for Cost Recovery

**BOARD POLICY STATEMENTS:**

Board Policy B-29, Fees, Grants, Revenue Contracts - Department Responsibility for Cost Recovery: Waiver of Board Policy B-29 is requested because the City of San Diego revenues do not fully offset all costs. Cost to be waived is associated with a revenue agreement to be negotiated and executed with the City of San Diego for the Palm Avenue Wellness and Recovery Center for Fiscal Years 2021-23, and any future extensions, subject to the availability of funding. The public benefit for providing these services far outweighs these costs; without the revenues, these important harm reduction services could not be provided.

**MANDATORY COMPLIANCE:**

N/A

**ORACLE AWARD NUMBER(S) AND CONTRACT AND/OR REQUISITION NUMBER(S):**

565521

**ORIGINATING DEPARTMENT:** Health and Human Services Agency

**OTHER CONCURRENCE(S):** Public Safety Group  
Department of Purchasing and Contracting

**CONTACT PERSON(S):**

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