



# BOARD ITEM | REPORT BACK ON COMPREHENSIVE COUNTY SUBSTANCE USE HARM REDUCTION STRATEGY

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# REPORT BACK ON COMPREHENSIVE COUNTY SUBSTANCE USE HARM REDUCTION STRATEGY



## ***DRAFT VISION***

Envisioning a community where the impacts related to substance use are seen as a crisis that influences overall health, well-being, and the quality of life of the individual, families, and community, where stigma does not impede access to services, and where we realize a community free of substance use-related harms.

## ***DRAFT MISSION***

To protect San Diegans from the individual, family, and community impact of drug use by enacting a harm reduction approach towards substance use which prioritizes human dignity, saving lives, providing appropriate levels of care for people who use drugs (PWUD), and best-practices in addressing substance use, and addiction.

## ***DRAFT GUIDING PRINCIPLES***

- Human Rights and Dignity: Substance Use and Harm Reduction approaches in San Diego respect all human beings, meeting them “where they’re at” without judgment and aim to reduce the stigma of people who use drugs (PWUD).
- Diversity and Social Inclusivity: The County of San Diego strives to respect all PWUD, as well as their families and communities, regardless of gender, race, age, sexual orientation, ethnicity, culture, spirituality, health or socioeconomic status.
- Health and Well-Being Promotion: The County of San Diego aligns with the Live Well San Diego vision of healthy, safe, and thriving communities. Harm reduction efforts are oriented toward improving the health, safety, and capacity to thrive for all PWUD.
- Partnerships and Collaborations: Harm reduction approaches are informed by and carried out through partnerships and collaborations across all sectors in the community. Partnerships are built upon the foundation of shared goals and trust in the interest of serving our community.
- Participation (“Nothing about us without us”): The County of San Diego recognizes the right of PWUD to be involved in the efforts to reduce the debilitating impact of drug use in their communities.
- Accountability and Improvement: The County of San Diego is committed to continuous improvement in the quality of its harm reduction efforts and intends to use data, community feedback, and input to continually assess current and future individual and community needs.

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## ***DRAFT STRATEGIC APPROACH & PRIORITIES***

Leveraging the expertise of individuals with lived experiences, behavioral health professionals, public health professionals, primary care providers, first responders, clinical experts, housing experts, and other subject matter experts and stakeholders, the Harm Reduction Strategy will inform collaborative efforts, evidence-based programming, and data-informed approaches to realize a physical health and behavioral health landscape which addresses the unique needs of specific populations in San Diego County. The strategy will guide decision-making for population health interventions initiated, designed, and implemented by the County of San Diego.

- Prioritize parity, healthcare integration, and a harm reduction in all policies and programs approach across all key areas of work.
- Use an approach that employs equity in the governance of mental health, substance use, and physical health services.
- Utilize a data-driven approach and best practices of harm reduction.
- Work with existing initiatives - such as Getting to Zero, Hep C Elimination Initiative in San Diego County, TB Elimination Initiative, and others - as touchpoints to further the goals of eliminating disease and reducing impact to the focus population.

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## ***DRAFT TACTICAL FOCUS AREAS***

The foundation of a successful substance use and harm reduction ecosystem in San Diego County will be worked on and operationalized within four tactical areas.

- I. Cross-Sectoral Convening: The mission of greater health equity and improved health outcomes for the PWUD population in San Diego County requires integrated, cross-sector approaches. Convening and collaboration between County of San Diego business units, as well as health networks, community-based organizations, physical health entities, family and community voices, and other stakeholders is necessary to address the multifactorial challenges facing the PWUD population.
- II. 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. Housing, therefore, must be a key pillar of a comprehensive harm reduction strategy.
- III. Workforce: To carry out the mission and realize the vision of the Harm Reduction Strategy, a workforce that is trained and skilled in the philosophy, approaches, and interventions of harm reduction will be a necessity. Developing and supporting a workforce that employs harm reduction principles across levels and types of service will be prioritized in our strategy.
- IV. Healthcare Integration and Access: The health and well-being of individuals do not exist in silos. Integration of care and access to the right services for PWUD is paramount. The effects of substance use impact the mental health and physical health of an individual, and the physical health and mental health of an individual impact the course and outcomes of their substance use. Integration across mental health, substance use disorder, physical health, and community-based services is a key component of addressing the well-being of PWUD and managing care of individuals in a lower-acuity, chronic care context rather than expensive episodic, acute care contexts. For the chronic condition of substance use disorder, harm reduction services and principles help add the necessary bridge for many clients for whom recovery is non-linear. When substance use disorder treatment providers work in conjunction with harm reduction services and with harm reduction principles, service continuity can be optimized. Treating the whole person and ensuring access to best practices in harm reduction guide this focus area.

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## ***DRAFT IMMEDIATE, INTERMEDIATE, & LONG-TERM TACTICS***

<b>(1) Cross-Sectoral Convening</b>	<b>(2) Housing</b>	<b>(3) Workforce</b>	<b>(4) Healthcare Integration and Access</b>
<b>Immediate-Term Tactics</b>			
<ul style="list-style-type: none"> <li>• Include public health leadership from government and community in governance of key regional meetings</li> <li>• Deploy Public Health Services and Behavioral Health Services epidemiologists to provide technical assistance to key regional convenings to support development of a harm reduction approach, (i.e., development of data reports and dashboards)</li> </ul>	<ul style="list-style-type: none"> <li>• Collaborate with housing technical expert(s) for review and comparison of needs and/or investments, including recommendations for leveraging national best practices and funding strategies that integrate harm reduction principles in housing settings</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure that harm reduction is a core component of peer service delivery</li> </ul>	<ul style="list-style-type: none"> <li>• Issue Local Standing Order and implement broad local Naloxone distribution sprint to address COVID-19-related patterns of substance use</li> <li>• Optimize Drug Medi-Cal Organized Delivery System provider network naloxone distribution</li> <li>• Implement Syringe Service Action Plan</li> <li>• Pursue care management coordination with primary care for mental health (mild/moderate) and physical health</li> <li>• Conduct academic detailing to address barriers and expand access to Buprenorphine</li> <li>• Collaborate with FQHCs and other partners to identify opportunities to further infuse a harm reduction approach into service delivery</li> <li>• Pursue fentanyl-specific testing</li> </ul>

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<b>Intermediate-Term Tactics</b>			
<ul style="list-style-type: none"> <li>Implement joint annual harm reduction strategy-setting between key regional convenings</li> <li>Leverage new data reports and dashboards to inform upstream prevention efforts as part of cross-sectoral convenings.</li> </ul>	<ul style="list-style-type: none"> <li>Implement strategies identified via the above review to integrate harm reduction principles in housing settings, including strategies to address people with substance use disorder who are not considered disabled</li> <li>Develop revised metrics and associated targets related to housing that incorporates a harm reduction approach</li> </ul>	<ul style="list-style-type: none"> <li>Enhance County and contracted workforce training to include harm reduction principles and strategies</li> </ul>	<ul style="list-style-type: none"> <li>Identify solutions to address parity in the provision/siting of substance use disorder versus mental health services</li> <li>Identify policy opportunities to integrate FQHC and substance use disorder care delivery, including enhanced integration/coordination around Drug Medi-Cal Organized Delivery System (DMC-ODS), and collaboration around CalAIM</li> <li>Engage health plans, including Medi-Cal plans, to incorporate harm reduction opportunities in policy and practice</li> <li>Promote buprenorphine access across all sectors; establish centralized quantitative metric for services</li> </ul>

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## *DRAFT IMMEDIATE, INTERMEDIATE, & LONG-TERM TACTICS*

(1) Cross-Sectoral Convening	(2) Housing	(3) Workforce	(4) Healthcare Integration and Access
<b>Long-Term Tactics</b>			
<ul style="list-style-type: none"> <li>Develop an integrated, unified, cross-sectoral regional governance structure for harm reduction</li> </ul>	<ul style="list-style-type: none"> <li>Pursue policy solutions to establish parity in funding for substance use housing resources</li> </ul>	<ul style="list-style-type: none"> <li>Develop a harm reduction training program for workforce working within the continuum of care for PWUD, including Drug Medi-Cal Organized Delivery System providers</li> <li>Expand peer specialist workforce trained in employing harm reduction strategies within the County's system of care</li> </ul>	<ul style="list-style-type: none"> <li>Pursue policy solutions to integrate mental health (mild/moderate) with substance use disorder programs</li> </ul>