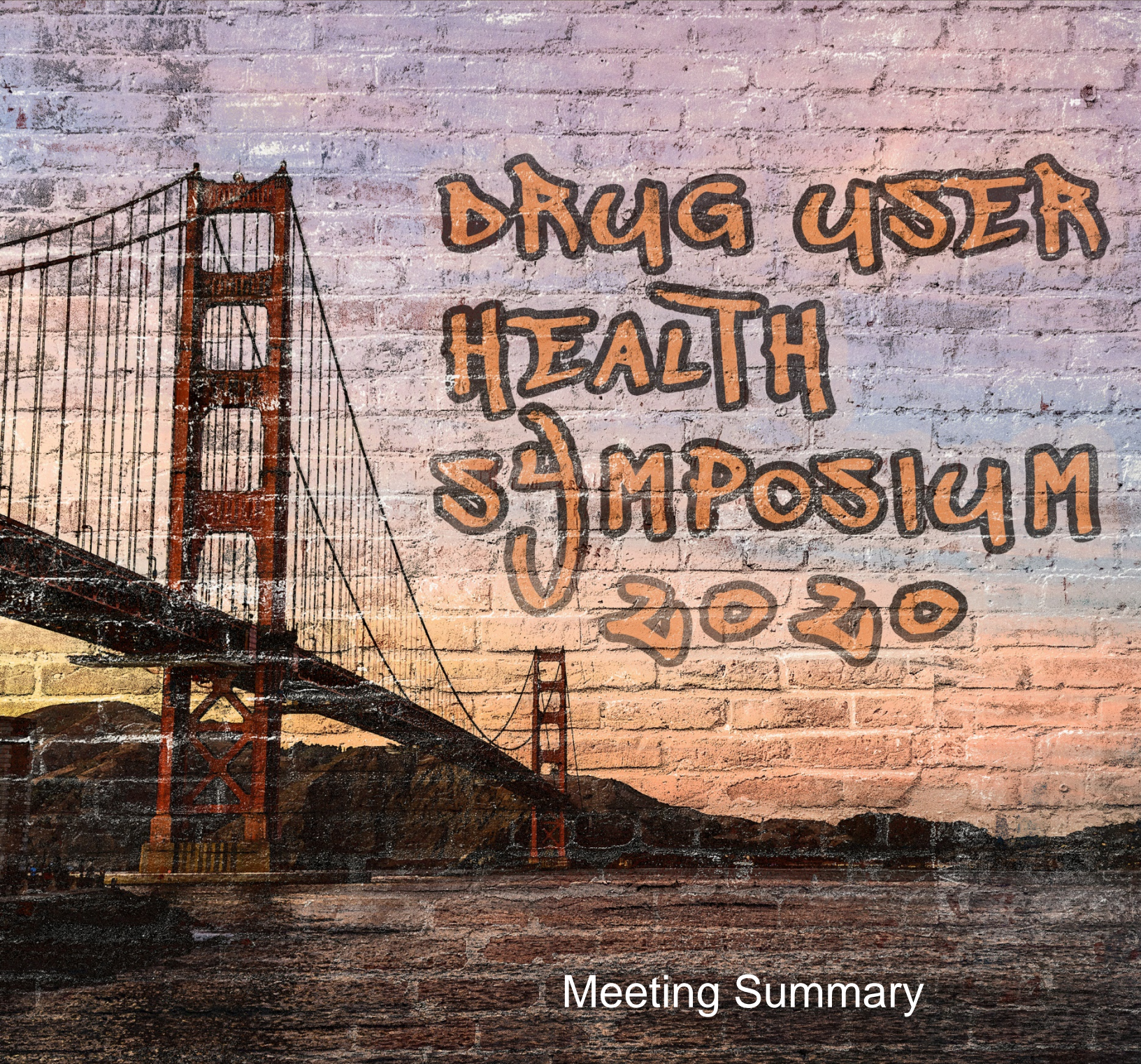


October 27-28, 2020

Virtual



DRUG USER
HEALTH
SYMPOSIUM
2020

Meeting Summary



EXECUTIVE SUMMARY

In 2019, the National Association of County & City Health Officials (NACCHO) developed the CDC-supported *Overdose Prevention and Response Mentorship Program*, a one-on-one mentorship program matching experienced local health departments with those interested in receiving guidance, tools, and resources to improve their response to the opioid epidemic. The San Francisco Department of Public Health (SFDPH) Population Health Division was selected as a mentor jurisdiction for this program, and paired with three mentee jurisdictions: Jefferson County Public Health (Colorado), Kane County Public Health (Illinois), and Perry County (Missouri). Mentorship TA Plans were developed to specifically address unique mentee needs, with individual strategy areas, mentee objectives, and goals.

In early 2020, the surging coronavirus pandemic made these existing in-person plans untenable. In response, SFDPH proposed creating a virtual symposium and expanding the invitation list to public health departments nationwide. The proposal was accepted by NACCHO, and a planning team was created, led by the SFDPH mentorship team in partnership with the National Harm Reduction Center and Facente Consulting. The symposium was offered without cost to participants, and invitations were sent via email by both SFDPH and NACCHO.

The symposium was held virtually using the Zoom platform on Tuesday, October 27 and Wednesday, October 28, 2020. It was divided into four 2-hour sessions (see Appendix for full agenda). A total of 189 participants attended at least one session. 75 agencies were represented, including 36 local health departments, 6 state or federal agencies, 26 harm reduction organizations, and 5 corporate, hospital, or “other” organizations. Two of the three original mentee organizations, Jefferson County Public Health and Kane County Public Health, sent representatives.

A total of 39 participants completed the Symposium evaluation form. Because participants could opt into any or all of the sessions, each session was analyzed separately. When asked if the session met or exceeded their expectations on a scale of 1 to 5, with 1 being “strongly disagree” and 5 being “strongly agree”, participants reported high satisfaction with each of the sessions, with averages of 4.43, 4.29, 4.36, and 4.50 respectively.

MEETING OVERVIEW

In response to a complex and evolving overdose epidemic requiring an interdisciplinary, comprehensive, and cohesive public health response, the National Association of County and City Health Officials (NACCHO), with support from CDC, developed the *Overdose Prevention and Response Mentorship Program* to provide local health departments the opportunity to receive peer-to-peer assistance and intensive technical support to improve their capacity to respond to the drug overdose epidemic. The San Francisco Department of Public Health Population Health Division, Center for Learning and Innovation was selected as a mentor jurisdiction for this program, and matched with three mentee health departments: Kane County Health Department (IL), Jefferson County Public Health (CO), and Perry County (MO). Mentorship Technical Assistance (TA) Plans were developed to specifically address unique mentee needs, with individual strategy areas, mentee objectives, and goals. Target project completion dates were established for early 2021.

By March 2020, it became clear that the COVID-19 pandemic would prohibit the in-person mentorship and execution of existing TA plans of the jurisdictions. In response, SFDPH proposed creating a virtual symposium focused on protecting the health of people who use drugs, expanding the invitation list to public health departments nationwide. The proposal was accepted, and a planning team was created, led by the SFDPH mentorship team in partnership with the National Harm Reduction Center and Facente Consulting.

The planning team was acutely aware of the challenges created by presenting the symposium virtually, including “Zoom fatigue.” As a result, they developed a symposium agenda designed to create an interactive environment in which participants could gather ideas, discuss challenges, and identify specific tools to prevent fatal overdose and otherwise improve the health of people who use drugs in their jurisdictions. Session activities would include individual speakers, panel discussions, and interactive activities that would allow participants to learn more about four key areas related to drug user health: Setting up a Linkage to Care Model that Works; Strengthening Relationships with Unconventional Partners; Elevating Equity in Harm Reduction; and Harm Reduction Work in the Era of COVID-19.

The symposium was held virtually using the Zoom webinar platform on Tuesday, October 27 and Wednesday, October 28, 2020. It was divided into four 2-hour sessions (see Appendix for full agenda). A total of 189 participants attended at least one session. 75 agencies were represented, including 36 local health departments, 6 state or federal agencies, 26 harm reduction organizations, and 5 corporate, hospital, or “other” organizations. Two of the three original mentee organizations, Jefferson County Public Health and Kane County Public Health, sent representatives.

LEARNING OBJECTIVES

There were four stated learning objectives for the Symposium:

1. Describe how San Francisco organizations integrate and collaborate with one another and people with lived experience to improve linkage to care rates, and how this integration and collaboration has affected their work experience.

2. Identify at least two strategies for engaging the community of people who use drugs in harm reduction efforts, with an emphasis on the leadership of people of color and trans and gender non-conforming people.
3. List at least 3 strategies for building and nurturing beneficial relationships with unconventional partners, including law enforcement, first responders, and “NIMBY” neighbors, to improve overdose response.
4. Replicate at least two ways that harm reduction and other essential service workers can practice self-care during pandemics or other emergency activations.

AGENDA

Session 1: The morning session on Day 1 of the Symposium was titled *Setting up a Linkage to Care Model that Works*. This two-hour webinar began with a welcome from Eileen Loughran, SFDPH Community Health Equity and Promotion Branch (CHEP), followed by a **video welcome from Dr. Grant Colfax, Director of Health for the San Francisco Department of Public Health**. It then featured a keynote address from Laura Guzman of the National Harm

Reduction Coalition, who shared a first-person account of the rich history of the San Francisco community-based harm reduction model. Attendees were then treated to a [visit with the GLIDE harm reduction program](#), including their mobile van. This was the first of four virtual site visits



**Pioneers of Harm Reduction
(The Harm Reduction Coalition, Oakland, circa 1990)**

with community-based harm reduction organizations in San Francisco, filmed by the organizations themselves, that provided intimate visits with both providers and clients of the organizations—a unique perspective rarely found in a virtual meeting. The session culminated in a panel discussion where members discussed the key feature of San Francisco’s model for linkage to hepatitis C care for people who use drugs: the collaboration between SFDPH, community-based organizations, people who use drugs, and clinicians—all with their own perspectives and their own important thing that they bring to the table, working together to make impactful services a reality.

A lot of people already experienced social distancing, long before COVID, thanks to society. So, we’re here to bust that up and to do the opposite, with empathy and compassion.

—Felanie Castro, GLIDE

Session 2: Day 1's afternoon session was titled *Strengthening Relationships with Unconventional Partners*, and it featured discussion about building relationships with partners who might otherwise be overlooked. Some of these may typically be seen as adversaries, while others are community partners in fields not often thought of as part of "public health." Three panel discussions were presented: Eileen Loughran and Thomas Knoble of SFDPH talked about the difficult task and great benefits of negotiating relationships with law enforcement; Kristin Marshall of the DOPE Project and Phillip Coffin of the SFDPH Center on Substance Use and Health discussed the benefit of a strong relationship with the Medical Examiner and how it can create a rapid response to overdose clusters; and three community partners, Del Seymour of Code Tenderloin, John Brett of the Gubbio Project, and Lydia Brantsen of St. Anthony's, shared the many ways their organizations add strength and resilience to harm reduction and overdose work in San Francisco. The afternoon's virtual site visit took attendees to the [Harm Reduction Therapy Center](#), a groundbreaking provider of low-threshold mental health services.



It's a way of honoring people and working with them and just holding space for people. Just...be nice to people. Being nice to people goes a long way.

—Maurice Byrd, LMFT

Session 3: Day 2's events opened with Session 3: *Elevating Equity in Harm Reduction*. It began with a panel discussion featuring Rachel Cabugao of SFDPH, Roy Tidwell of Code Tenderloin/Care Ambassadors, and Felanie Castro of GLIDE Harm Reduction, discussing how their people of color-centered partnership has been wildly successful at reaching people thought of as "hard to reach". This was followed by the session's virtual site visit, to learn about [Homeless Youth Alliance](#) (HYA)'s lifesaving work with homeless youth in San Francisco.

"They gave me hope until I was in a place where I could actually have hope."

—Audra, HYA client

After the moving HYA video, participants were invited into a set of breakout rooms, where they engaged with their peers in small groups on the topics "Current Inequities in Harm Reduction," and "Bringing Equity to Harm Reduction. The morning session ended with a keynote from trans activist and advocate Janetta Johnson, who spoke of the intersection between the BIPOC and TGNC communities, and how harm reduction programs must address the intersections of who people are and what they bring.



Session 4: The symposium ended with the session *Harm Reduction Work in the Era of COVID-*

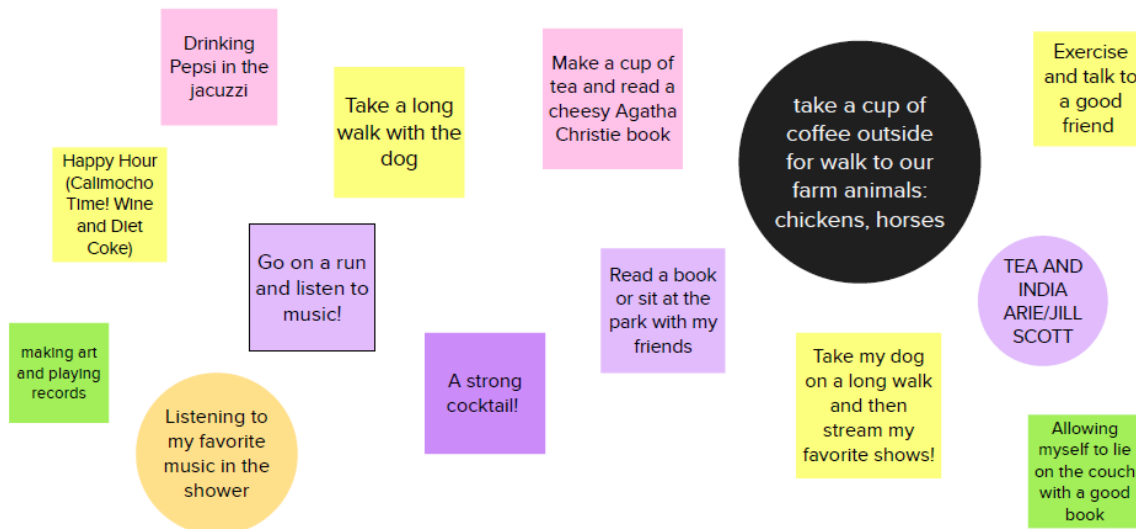


19. The session began with a moment of silence in memory of those lost to overdose. Miss Ian Callaghan, the Executive Director of the San Francisco Drug Users' Union kicked off the presentations with a discussion of harm reduction workers as essential workers that was both funny and moving. She was followed by Dr. Kimberly Sue, Medical Director of the National Harm Reduction Coalition, who discussed policy changes for harm reduction programs that have been necessitated by the COVID-19 pandemic.

“I do not want to die for my job, and I don't want me saying that to mean I don't care about the work I'm doing. I hope that moving ahead in harm reduction means that we can say things like that or hold better boundaries for our own physical and mental health.”
—Miss Ian, SFDUU

The session included an interactive MURAL board activity—a virtual version of an activity where participants move around the room and respond to prompts by adding post-its. Participants shared their self-care methods with one another, and were able to leave their impressions of others' comments. The final MURAL boards are presented below.

What are your favorite ways to unwind after a long day?



What are your go-to ways to feel better after a very stressful or upsetting day?



What are your most unexpected / weirdest self-care habits?



What are your favorite ways to take a break during a long day?



The virtual site visit for this session took participants to the [San Francisco Drug Users' Union](#), whose unique model employs almost exclusively “people who are using drugs, who have used drugs in the past, or who have been incarcerated because of the war on drugs.” It was an inspirational and fascinating look at their work.

I've worked here a little over a year. The last time I had a job was 10 years before this one. This is a very, very important place. I realized that before I started working here. I realized that when I was just coming here...I feel like I have a reason to go out and see the sun.”

—Ramona, SFDUU

The symposium ended somewhat unusually, as the closing comments were given before the final training. In her comments, Laura Thomas, Director of Harm Reduction Policy for the San Francisco AIDS Foundation, offered a stirring call to look unflinchingly at how public health, while “a force for good...has a lot to answer for in terms about how it has been used to uphold the status quo and to uphold in particular white supremacy & economic inequities.” In closing, she reminded us that we need to “Figure out how to say yes.”

The last presentation of the symposium, “Self-care for Service Workers,” was an interactive training of the ways service workers can take care of their physical and mental health. Presented by Tanagra Melgarejo of the National Harm Reduction Coalition, it provided valuable information for all of us on the frontlines of harm reduction and health care during this pandemic.

“I continue to be in awe and amazement of the very profound and simple gesture of truly seeing and accepting people and allowing them to participate and facilitate what change looks like in their own lives.”

—Mary Howe, Founder, Homeless Youth Alliance

EVALUATION FINDINGS

Participants were invited to complete an electronic evaluation at the end of the Symposium, and email invitations were sent an additional two times. In total, 39 evaluations were collected. Because participants could opt into as many or as few of the four sessions as they chose, each session was analyzed individually.

Session 1: Setting up a Linkage to Care Model that Works

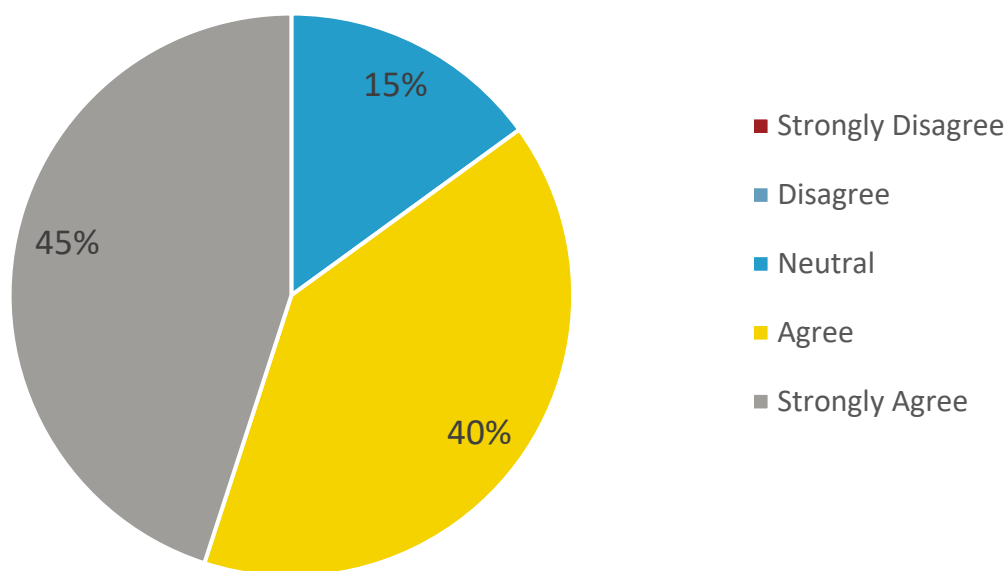
Expectations and Satisfaction

Participants were asked whether the session “**met or exceeded expectations**” on a scale of 1 to 5, with 1 being “Strongly disagree” and 5 being “Strongly agree”. Overall, participants reported very high levels of agreement (average 4.43, range 3-5). In addition, participants agreed that the session “**provided new information to inform linkage to care in their jurisdictions**” (average 3.76, range 2-5). They also enjoyed the virtual site visit to GLIDE Harm Reduction, with over 90% feeling it “**provided valuable insight**” into the organization’s work (average 4.52, range 3-5).

Objective

Attendees believed that the session achieved its stated objective. When asked whether they agreed with the statement “After attending this session, I can describe how SF organizations integrate and collaborate with one another and people with lived experience to improve linkage to care rates and how this integration and collaboration has affected their work experience,” 85% of respondents answered “Agree” or “Strongly Agree” (average 4.3, range 3-5).

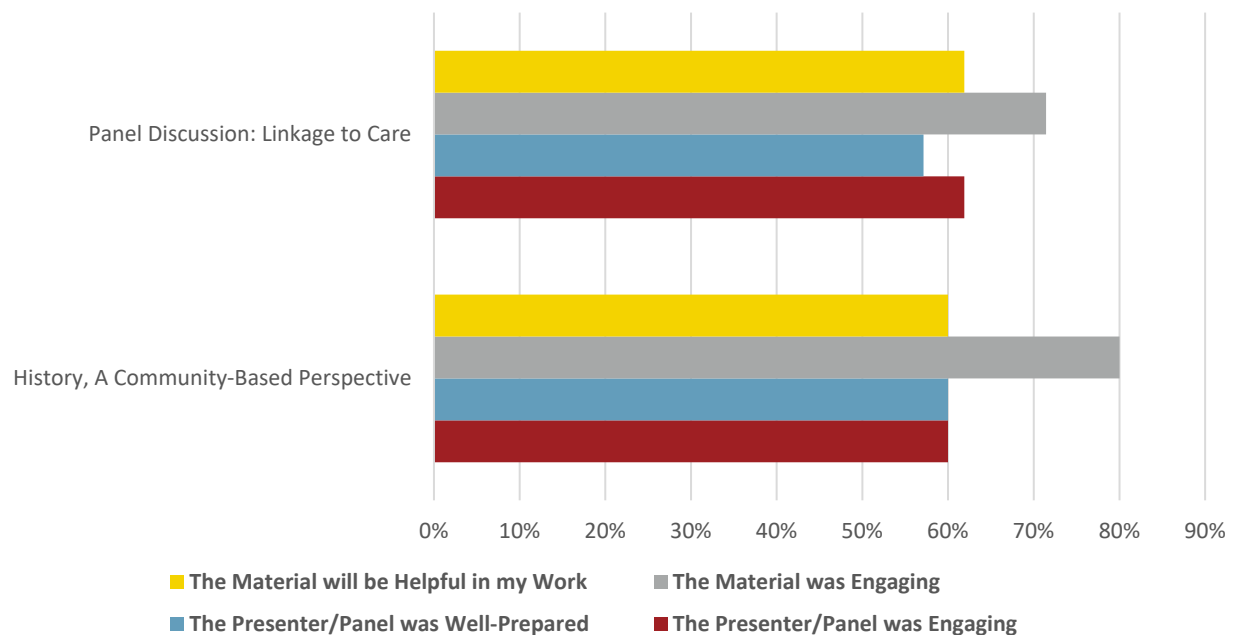
I Understand how SF Organizations Collaborate to Improve Linkage to Care



Presentation-Specific Ratings

Finally, participants were asked to provide feedback on each section of the session. They were asked whether the presenter or panel was engaging, whether the presenter or panel was well prepared, whether the material was engaging, and if the material would be helpful in their work. Results are demonstrated in the graph below:

Please provide feedback on each section of the session:



Other Comments

Participants were asked to provide information about what was most and least helpful about the session, and for any other suggestions they might have; each of these qualitative responses are captured in the lists below:

Most helpful:

- The different voices represented! And the beautiful connections y'all have in SF!!
- Honestly, it's hard to pick one thing. It was just very helpful to hear how others are linking folks to care.
- I really felt all the information was beneficial.
- The stories of the people, I plan to look into the YouTube videos on the Ambassador Motel.
- The panel.
- **The community panel was truly amazing. I also loved the Hep C update by Katie Burk, showing the trajectory and scaling up of Hep C testing and treatment.**
- Glide's video.
- Some of it was over my head. But it was well explained, and helpful.

Least helpful:

- Audio wasn't great.
- **It would have only been better if it would have been in person rather than online, but understandably was the best decision to do this as an online event, and I am thankful to have been able to participate in this event.**

Other suggestions:

- It was very well put together.
- Would like the recording with slides

Session 2: Strengthening Relationships with Unconventional Partners

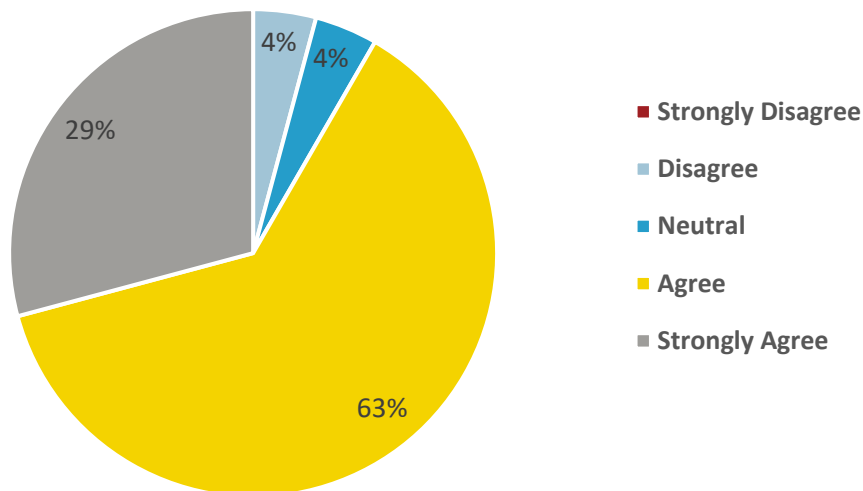
Expectations and Satisfaction

Participants were asked whether the session **“met or exceeded expectations”** on a scale of 1 to 5, with 1 being “Strongly disagree” and 5 being “Strongly agree”. While agreement with this statement was slightly lower than that in Session 1, participants still reported very high levels of agreement (average 4.29, range 1-5). In addition, participants agreed that the session **“provided new information to inform relationship building to care in their jurisdictions”** (average 4.09, range 2-5). They also enjoyed the virtual site visit to the Harm Reduction Therapy Center, with over 90% feeling it **“provided valuable insight”** into the organization’s work (average 4.52, range 3-5).

Objective

Attendees believed that the session achieved its stated objective. When asked whether they agreed with the statement, “After attending this session, I can describe at least 3 strategies for building and nurturing relationships with unconventional partners,” more than 75% of respondents answered “Agree” or “Strongly Agree” (average 4.09, range 2-5).

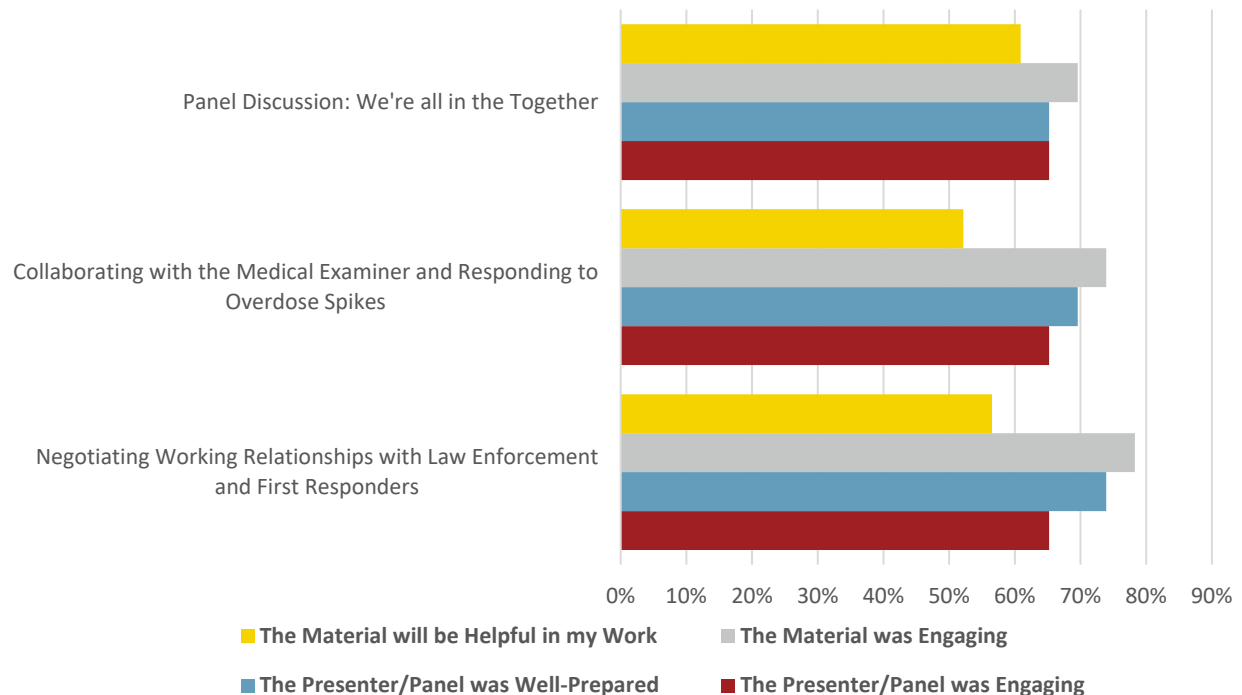
I can describe at least 3 strategies for building and nurturing relationships with unconventional partners



Presentation-Specific Ratings

Finally, participants were asked to provide feedback on each section of the session. They were asked whether the presenter or panel was engaging, whether the presenter or panel was well prepared, whether the material was engaging, and if the material would be helpful in their work. Results are demonstrated in the graph below:

Please provide feedback on each section of the session:



Other Comments

Participants were asked to provide information about what was most and least helpful about the session, and for any other suggestions they might have; each of these qualitative responses are captured in the lists below:

Most helpful:

- Watching the interaction of harm reduction building relationships with law enforcement at meetings, educating new cadets, etc.
- Cross section of perspectives created a dynamic learning opportunity.
- Hearing from participants.
- Learning about Coffee with Cops.
- I thought it was all helpful. I am new to this form of harm reduction servicing.
- Hearing Eileen Loughran say to just keep showing up!
- The Virtual Site Visit.
- The virtual site visit to the Harm Reduction Therapy Center.
- The casual relationship building, like coffee with a cop.

- **The specific information regarding strategies for working with local police, and the local coroner's office was especially interesting.**
- Great session, fascinating.
- The panel at the end.
- The community panel was amazing. Love the reflections and teachings from each panelist.
- The video visit.
- It was all helpful. I found the session helpful in reflecting on my work in ways I hadn't considered.

Least helpful:

- Work with coroner.
- **I would have liked drug users themselves to be more a focus of partnership.**

Session 3: Elevating Equity in Harm Reduction

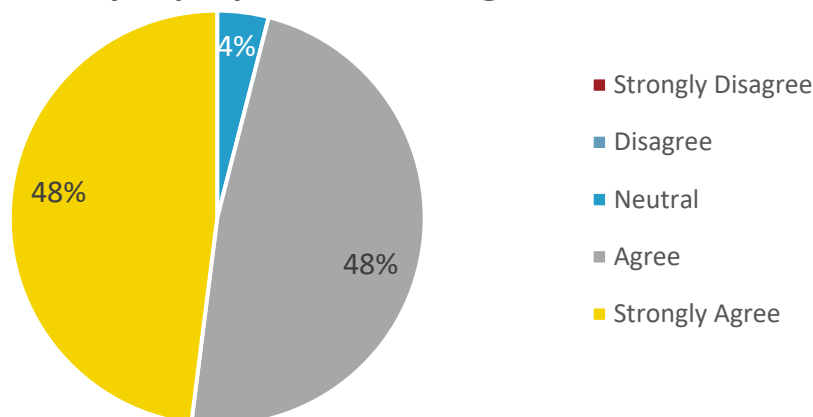
Expectations and Satisfaction

Participants were asked whether the session “**met or exceeded expectations**” on a scale of 1 to 5, with 1 being “Strongly disagree” and 5 being “Strongly agree”. A full 96% of respondents replied “Agree” or “Strongly Agree” (average 4.36, range 3-5). In addition, participants agreed that the session “**provided new information to inform elevating equity in their jurisdictions**” (average 4.09, range 2-5), and that the breakout sessions provided “**valuable information about how their colleagues elevate equity in harm reduction**” (average 4.26, range 3-5). They also enjoyed the Virtual Site Visit to Homeless Youth Alliance, with 96% feeling it “**provided valuable insight**” into the organization’s work (average 4.56, range 3-5).

Objective

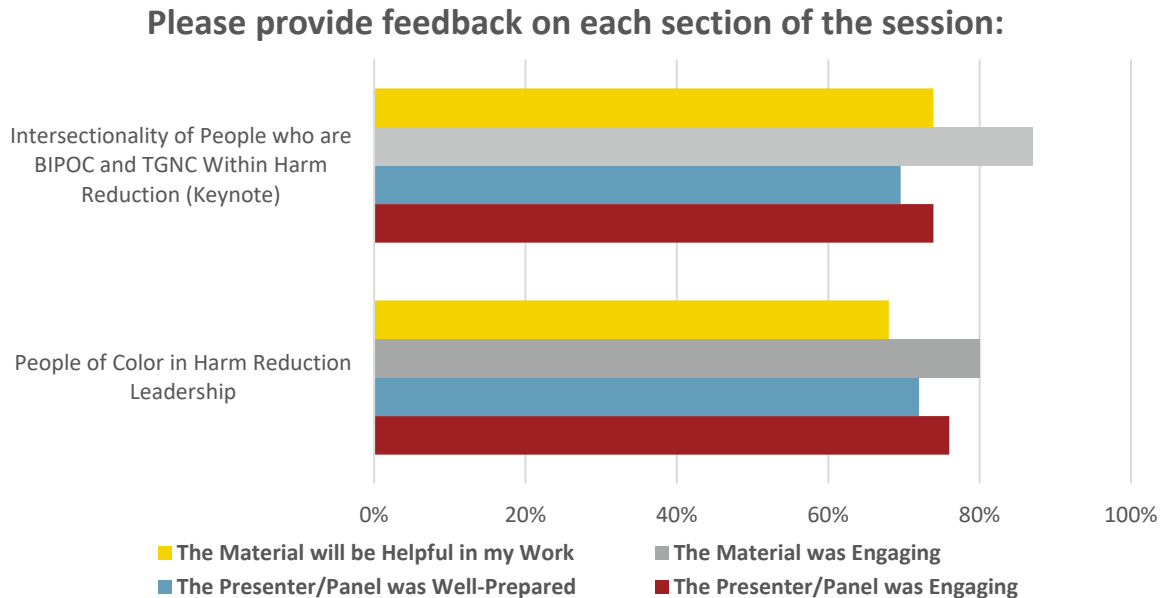
Attendees believed that the session achieved its stated objective. When asked whether they agreed with the statement, “After attending this session, I can identify at least two strategies for engaging the community of people who use drugs in harm reduction efforts,” 96% of respondents answered “Agree” or “Strongly Agree” (average 4.44 range 3-5).

I can identify at least two strategies for engaging the community of people who use drugs in harm reduction efforts



Presentation-Specific Ratings

Finally, participants were asked to provide feedback on each section of the session. They were asked whether the presenter or panel was engaging, whether the presenter or panel was well prepared, whether the material was engaging, and if the material would be helpful in their work. Results are demonstrated in the graph below:



Other Comments

Participants were asked to provide information about what was most and least helpful about the session, and for any other suggestions they might have; each of these qualitative responses are captured in the lists below:

Most helpful:

- Loved hearing what others are doing and especially loved connecting in the breakout rooms!
- **Such a rich dialogue about centering harm reduction in equity. And a real representation of what equity should look like.**
- Hearing from panelists.
- The panel.
- All the information gained was helpful.
- The Virtual Site Visit to Homeless Youth Alliance.
- Dialogue with colleagues from across the country.
- I loved the presentation by Rachel and team working in Bayview Housing sites.
- The virtual visit to homeless youth was the best! Just so inspiring!
- I think the breakout sessions were great and helpful. However, the virtual tour and hearing about the strategies being taken to reach more people in need was the most helpful.

Least helpful:

- Audio issues.

- **Breakout session—not enough time.**
- I don't think any part of it was "unhelpful". I would have enjoyed staying with our original group during the breakout sessions. This is only because it was hard to cram in everything the second time around. I live in a rural area and the cultural differences when discussing inequity is very different from those in metropolitan locations. I felt very rushed to give a back story the second time, and found it difficult to make it to the meat of the solution discussion.

Other suggestions:

- Longer breakout sessions.
- **Would love to have heard about building equity for PWUD within organizations as staff, not just as clients.**
- A recording should be made available.
- No suggestions other than maybe keeping people in the same group for breakout sessions-- or adding two groups together and giving a little more time.

Session 4: Harm Reduction Work in the Era of COVID-19

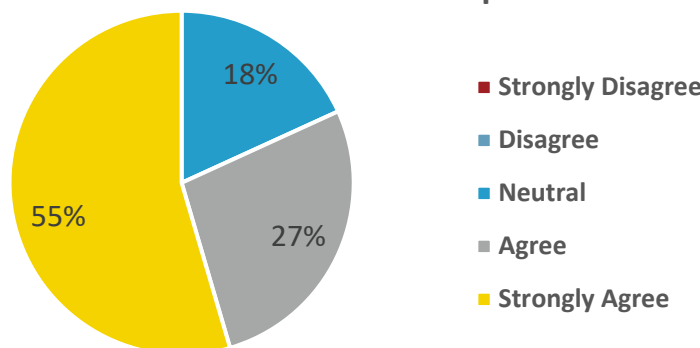
Expectations and Satisfaction

Participants were asked whether the session “**met or exceeded expectations**” on a scale of 1 to 5, with 1 being “Strongly disagree” and 5 being “Strongly agree”. Participants reported a very high level of agreement (average 4.50, range 3-5). In addition, participants agreed that they “**gained new information to inform harm reduction efforts in their jurisdictions**” (average 4.05, range 2-5), and that the MURAL board activity provided “**valuable information about how their colleagues practice self-care**” (average 3.95, range 2-5). They especially enjoyed the Virtual Site Visit to the San Francisco Drug Users’ Union, with 95% feeling it “**provided valuable insight**” into the organization’s work (average 4.65, range 3-5).

Objective

Attendees believed that the session achieved its stated objective. When asked whether they agreed with the statement, “After attending this session, I can replicate at least two ways that harm reduction and other essential service workers can practice self-care during pandemics or other emergency activations,” over 80% of respondents answered “Agree” or “Strongly Agree” (average 4.36 range 3-5).

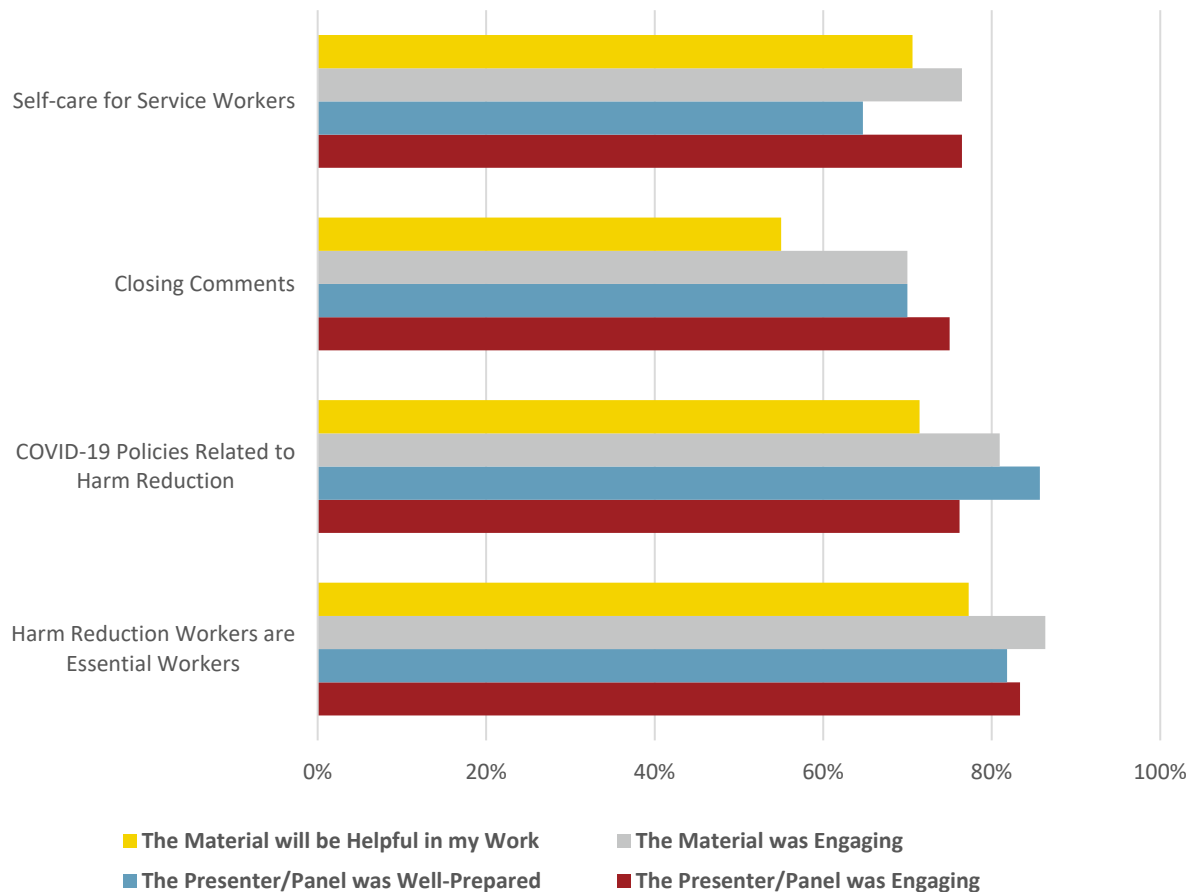
I can replicate at least two ways that harm reduction and other essential service workers can practice self-care



Presentation-Specific Ratings

Finally, participants were asked to provide feedback on each section of the session. They were asked whether the presenter or panel was engaging, whether the presenter or panel was well prepared, whether the material was engaging, and if the material would be helpful in their work. Results are demonstrated in the graph below:

Please provide feedback on each section of the session:



Other Comments

Participants were asked to provide information about what was most and least helpful about the session, and for any other suggestions they might have; each of these qualitative responses are captured in the lists below:

Most helpful:

- Hearing what others are doing.
- **Acknowledgement and validation that those of us in this work exist in extenuating circumstances. And that we are essential, often frontline workers.**
- The self-care for service workers training.
- There was a lot of good information.

- The specific policy changes that have been implemented due to COVID.
- The Virtual Site Visit to San Francisco Drug Users' Union and sharing in the self care
- Virtual Site Visit.
- Miss Ian.
- The self-care activity was helpful! Helps you re-evaluate how to care for yourself in times like COVID.
- The virtual visit! I think those were my favorite part of the symposium.
- MISS IAN!!!! I loved her so so much! The work she is doing might be the most inspiring thing I have ever seen. She is not just a harm reductionist-- she embodies the heart of a true humanitarian. Dr. Sue was also amazing and it was very interesting to hear her take on the pandemic. She is a true hero for keeping harm reduction high on her priority list while public health resources are being engulfed by COVID-19. The virtual visit to homeless youth was the best! Just so inspiring!

Least helpful:

- How colleagues practice self-care.
- The self-care session was not as interesting as I had hoped for.
- **It would have been nice to hear from street-level providers about actual adjustments made under COVID in order to protect staff and clients.**

Other suggestions:

- I liked the posit note activity but I think it would be more helpful if we got to see it all at the end. I didn't pay enough attention to what others were doing, but that might have been on me.
- To incorporate the self-care activity responses into the presentation or discussion afterward.
- **I think it would've been nice to be able to interact on some level in real time with the people from the videos. Even if it was through chat or a brief cameo appearance :)**
- Have Miss Ian provide a tutorial on how to get the best Zoom makeup EVER.

CAPACITY-BUILDING NEEDS

The last two questions of the evaluation asked: “**Are there any topics from this symposium you would like to learn more about?**” and “**Are there any topics from this symposium you would like technical assistance with?**” Educational requests included:

- It would be really helpful/interesting to connect with others from around the country who work in similar areas to discuss barriers they face and how they work through/around them.
- What appears to be an effective , human centered continuum of care
- More detailed info about building partnerships with govt organizations and accessing data from these orgs.
- Educating broadly on harm reduction principles and practices.

- I'd like to learn more about bringing services to people, instead of having them come to us. A mobile outreach program.

Technical Assistance requests included:

- In the future, if my area begins to show support for taking more progressive approaches to Harm Reduction, I would love to reach out for TA on program development.

KEY TAKEAWAYS

On November 6, 2020, the planning team met virtually to debrief about the Symposium using a +/Δ strategy. Key takeaways are noted below:

Positive Aspects of the Drug User Health Symposium (+)

- The panel with Del, Brett, and Lydia (unconventional partners) was really excellent. With little prep, they knocked it out of the park.
- This was an opportunity for many people not usually featured within the harm reduction community to have a voice, and talk about their great work.
- People enjoyed the swag.
- Overall, the production was smooth and professional.
- It was great that Grant Colfax, the SFDPH Director, made a welcome video!
- Working with Facente Consulting made it feel easy to put this together, even during a pandemic! At least most days. :)

Areas of change to consider for future Symposiums (Δ)

- The links sent to the panelists made it a bit confusing to figure out who was who, etc. and it should have been handled differently. Lessons learned about how to use Zoom webinar panelist links. Thomas Knoble had problems getting back in once he was dropped from the webinar, so something wasn't working right.
- Something went wrong with the Eventbrite invite on Day 1 so it was a bumpy start, but overall it seemed to work OK. In the future, we didn't have to worry about being so restrictive with the zoom links, because when you're using a the Zoom webinar feature, zoombombers aren't really a concern.

NEXT STEPS

In conclusion, next steps for the SFDPH Drug User Health Symposium Planning Team include:

- Sending thank you notes (with Drug User Health Symposium face coverings) to all of the presenters and facilitators, who helped make this symposium great!
- Sending links to the session recordings to NACCHO, so they can share widely
- Helping the community orgs to further promote the virtual site visit videos, which were so powerful and such a great testament to the work they are able to do, even during COVID-19.

APPENDIX

AGENDA – DAY 1 (ALL TIMES PT)

Morning Session: Setting up a Linkage to Care Model that Works

9:00-9:10	<i>Welcome</i>	Eileen Loughran, SFPDPH Community Health Equity and Promotion Branch (CHEP)
9:10-9:25	<i>History: A Community-Based Perspective</i>	Laura Guzman, National Harm Reduction Coalition The history of San Francisco’s community-based model of harm reduction.
9:25-9:30	<i>Virtual Site Visit 1</i>	Location: TBD A brief video visit to one of the community partners providing harm reduction services. Learn what works for them and their clients.
9:30-10:30	<i>Panel Discussion: Linkage to Care</i>	Shelley Facente, Moderator Katie Burk, SFPDPH CHEP Brenda Cantero, San Francisco AIDS Foundation Richard Sullivan, End Hep C Community Navigators Leah Warner, SFPDPH Street Medicine Panel members discuss their approaches to improving linkage to care rates, and their experiences of integration and collaboration with other organizations. Attendees are invited to ask questions of each member.
10:30-11:00	<i>Open Discussion: Collaboration in practice in support of linkage to care</i>	Shelley Facente, Moderator Katie Burk, SFPDPH CHEP Brenda Cantero, San Francisco AIDS Foundation Richard Sullivan, End Hep C Community Navigators Leah Warner, SFPDPH Street Medicine Interact directly with the presenters to learn what works for them, what doesn’t work, and how they collaborate with one another to support linkage to care.



Afternoon Session: Strengthening Relationships with Unconventional Partners

12:00-12:15	<p>Speakers: <i>Negotiating working relationships with law enforcement and first responders</i></p>	<p>Eileen Loughran, SFDPH Thomas Knoble, SFDPH</p> <p>Good working relationships with law enforcement and first responders don't just happen. Learn how San Francisco has negotiated and nurtured these relationships for success.</p>
12:15-12:30	<p><i>Audience Q and A</i></p>	<p>Shelley Facente: Moderator</p> <p>The audience is invited to ask questions of the speakers.</p>
12:30-12:45	<p>Speakers: <i>Collaborating with the Medical Examiner and responding to overdose spikes</i></p>	<p>Kristen Marshall, DOPE Project Phillip Coffin, Center on Substance Use and Health</p> <p>Strong relationships with the SF Medical Examiner allow timely data collection about overdose. Learn how these relationships were built and steps taken if there is a cluster of overdoses, including messaging to the community about the drug supply and prevention strategies.</p>
12:45-1:00	<p><i>Audience Q and A</i></p>	<p>Shelley Facente: Moderator</p> <p>The audience is invited to ask questions of the speakers.</p>
1:00-1:05	<p><i>Virtual Site Visit 2</i></p>	<p>Location: TBD</p> <p>A brief video visit to one of the community partners providing harm reduction services. Learn what works for them and their clients.</p>
1:05-2:00	<p>Panel Discussion: We're all in this together</p>	<p>Shelley Facente: Moderator Del Seymour, Code Tenderloin John Brett, The Gubbio Project Lydia Brantsen, St. Anthony's</p> <p>Sometimes, potential partners are right under your nose--but cultivating these partnerships isn't easy. Learn ways to cultivate relationships with community members that add strength and resilience to your harm reduction and overdose response work.</p>



AGENDA – DAY 2 (ALL TIMES PT)

Morning Session: Elevating Equity in Harm Reduction

9:00-10:00	Workshop/Session: <i>People of Color in Harm Reduction Leadership</i>	Rachel Cabugao, SFDPH Roy Tidwell, Code Tenderloin/Care Ambassadors Felanie Castro, GLIDE Hear about why this three-way partnership has been so successful at reaching people typically dismissed by others as “hard to reach,” and why the involvement of people of color in <i>all</i> levels of harm reduction work is necessary.
10:00-10:05	Virtual Site Visit 3	Location: Homeless Youth Alliance Virtually visit the Homeless Youth Alliance, and learn what works for them and their young, resilient clients.
10:05-10:25	Breakout Session 1: <i>Current Inequities in Harm Reduction</i>	Facilitated discussion Interact with your fellow participants to discuss a topic related to inequity in harm reduction work.
10:25-10:45	Breakout Session 2: <i>Bringing Equity to Harm Reduction</i>	Facilitated discussion Interact with your fellow participants to discuss a topic related to improving equity in harm reduction work.
10:45-11:00	Keynote: <i>Intersectionality of People who are BIPOC and TGNC Within Harm Reduction</i>	Janetta Johnson, TGI Justice Project Learn about the intersecting identities of BIPOC and TGNC folks, and ways people from these communities have been centered within San Francisco’s harm reduction efforts, with an emphasis on strategies that can be replicated in other jurisdictions.



Afternoon Session: Harm Reduction Work in the Era of COVID-19

12:00-12:10	<p>Speaker:</p> <p>Harm Reduction Workers are Essential Workers</p>	<p>Miss Ian Callaghan, SF Drug Users' Union</p> <p>Learn about the impact of COVID-19 on SF's harm reduction activities at the SF Drug Users' Union, particularly with respect to the need for service environments that are trauma-informed and encourage real self-care.</p>
12:10-12:30	<p>Speaker:</p> <p>COVID-19 Policies Related to Harm Reduction</p>	<p>Kimberly Sue, MD, National Harm Reduction Coalition</p> <p>Learn about policies that jurisdictions need to know related to harm reduction services during the COVID-19 pandemic.</p>
12:30-1:00	<p>Interactive Activity:</p> <p>Sharing Self-care Strategies</p>	<p>Shelley Facente: Moderator</p> <p>Using interactive MURAL boards, participants will share their ideas for self-care in these unsettling times. Share your own ideas, and learn what your colleagues do to care for themselves.</p> <p><i>Be kinder to yourself. And then let your kindness flood the world. –Pema Chodron.</i></p>
1:00-1:05	<p>Virtual Site Visit 4</p>	<p>Location: SF Drug Users' Union</p> <p>Virtually visit the SF Drug Users' Union and learn about their innovative harm reduction activities.</p>
1:05-1:15	<p>Closing Comments</p>	<p>Laura Thomas: San Francisco AIDS Foundation</p>
1:15-2:00	<p>Training:</p> <p>Self-care for Service Workers</p>	<p>Tanagra M. Melgarejo, National Harm Reduction Coalition</p> <p>Join us for an interactive training of ways service workers can take care of their physical and mental health.</p>

