Treatment on Demand (Prop T)

2021-2022 Report

February 9, 2023

San Francisco Department of Public Health
Behavioral Health Services

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I. Executive Summary

This report provides an overview of the San Francisco Department of Public Health's (SFDPH's) treatment and engagement services to meet demand for publicly funded SUD treatment in accordance with the 2008 Treatment on Demand Act (Prop T). In addition to providing treatment, we also aim for our services to prevent overdose death—a significant issue for San Francisco—and to address the needs of people who use substances but are not ready to enter treatment. A major challenge in the treatment of addiction is that many people with a substance use disorder do not express an interest in or "demand" for treatment, so rather, our approach is to offer a continuum of services, aiming to engage people in care, motivate behavior change, and support recovery and community integration.

Funded primarily by Drug Medi-Cal and City General Funds, SFDPH's Behavioral Health Service (BHS) contracts with a network of agencies to offer residential treatment and residential step-down living, outpatient treatment, including specialized opioid treatment services, and case management. Additional substance use disorder treatment and linkage to care is provided across SFDPH's San Francisco Health Network, including in primary care, whole-person integrated care (street medicine), and in the hospital. SFDPH also offers life-saving, risk reduction services and engagement for people not ready to reduce or stop their substance use.

In FY 2021-22, SFDPH enrolled 4,534 individuals in substance use disorder (SUD) treatment under Medi-Cal and provided linkage, primary-care, hospital-based, risk reduction, and low-threshold services for many more. Sixty-four percent of clients admitted into SUD treatment were experiencing homelessness and 46% of these clients received a mental health service at the same time. Opioids, methamphetamine, and alcohol use disorders were the most common primary diagnoses of clients entering Medi-Cal SUD treatment. During 2021, the overdose death rate decreased while SUD treatment admissions for fentanyl increased.

SFDPH expanded programs and services across the continuum of care in FY2021-22. Highlights include:

- Released an Overdose Prevention Plan which aims to, by 2025, reduce overdoses in San Francisco by 15%; reduce racial disparities in overdose deaths by 30%; and increase the number of people receiving medications for addiction treatment by 30%.
- Under Mental Health San Francisco (MHSF), opened a drug sobering center; opened over 160 new residential care and treatment beds in 2022; undertook planning the implementation of a new service center; launched centralized care coordination; responded to street crises with special teams designed as an alternative to law enforcement; and expanded case management and navigation services.
- Expanded access to opioid and alcohol treatment services, as well as contingency management for stimulant use disorders.

- Increased naloxone distribution for the reversal of opioid overdose.
- Expanded hours of operations at the Behavioral Health Access Center, Office-Based Induction Center, the Behavioral Health Pharmacy, and BAART methadone clinic.
- Completed several performance improvement projects that resulted in a reduction in wait times and improvements in patient flow from hospital and justice settings to treatment.

SFDPH assesses treatment demand and success meeting that demand using several measures. in San Francisco. Each measure has strengths and limitations, and we continually work to both assess and improve our measures and to better address unmet need. In FY2021-22:

- During FY2021-22, the average occupancy rate in our general residential treatment services was 91% and the average occupancy rate in residential step-down was 94%.
- We observed declining enrollment in specialty SUD treatment in 2021, but at the same time saw an increase in city-wide prescribing of the effective medication, buprenorphine. This reflects both individuals seeking and receiving treatment in other SFDPH and non-SFDPH settings and increased access to buprenorphine medication for opioid use disorder in these settings.
- 81% percent of our admissions to general residential treatment entered through our withdrawal management service in less than one day. The overall median time for admission into residential treatment was 4 days. The median time for admission to opioid treatment programs was less than one day. All these measures improved compared to the prior year.
- In calendar year 2021, the average duration of retention in our Drug Medi-Cal services was 143 days. Retention in treatment is the single best predictor of positive outcomes.
- 69% of clients enrolled in outpatient treatment maintained abstinence or showed a reduction of alcohol and other drug use.

In 2023, SFPDH will continue to implement the initiatives described in its recently released overdose prevention plan; use data to improve surveillance, evaluate programs, and lead systems change; continue to implement and strengthen MHSF initiatives; strengthen our inventory of treatment beds; implement CalAIM, California's Medi-Cal reform, to generate further growth and improvement in behavioral healthcare available under Medi-Cal; and enhance SUD leadership capacity and programmatic oversight and support. SFDPH is also actively discussing additional data sources that may help us to better estimate unmet need for SUD treatment in San Francisco.

II. Introduction

This report is being submitted in compliance with the 2008 Treatment on Demand Act (TOD), Proposition T, which requires the San Francisco Department of Public Health (SFDPH) to report to the Board of Supervisors each year on its plans to meet demand for substance use disorder (SUD) treatment. The intent of this act is to ensure that the City has adequate SUD treatment capacity to meet the community demand for publicly funded SUD treatment.

The TOD Act amended Chapter 19 of the San Francisco City & County Administrative Code to include Section 19A.30 as follows:

1. *The Department of Public Health shall maintain an adequate level of free and low-cost medical substance abuse services and residential treatment slots commensurate with the demand for these services.*
2. *Demand shall be measured by the total number of filled medical substance abuse slots[1] plus, the total number of individuals seeking such slots as well as the total number of filled residential treatment slots[2] plus, the number of individuals seeking such slots.*
3. *The City and County shall be flexible in providing various treatment modalities for both residential substance abuse treatment services and medical substance abuse treatment services.*
4. *The Department of Public Health shall report to the Board of Supervisors by February 1st of each year with an assessment of the demand for substance abuse treatment and present a plan to meet this demand. This plan should also be reflected in the City budget.*
5. *The City and County shall not reduce funding, staffing or the number of substance abuse treatment slots available for as long as slots are filled or there is any number of individuals seeking such slots.*

Proposition T was enacted prior to the federal Mental Health and Addiction Equity Act of 2008, and Affordable Care Act (ACA) of 2010. Following the ACA, California's landscape for SUD funding and services changed substantially. In 2016, California expanded Drug Medi-Cal (DMC) benefits under its Federal 1115 Medicaid waiver, to bring parity and improved SUD services to California's public sector programs. This waiver permitted California counties to develop a Drug Medi-Cal Organized Delivery System (DMC-ODS), which restructured county SUD services as a managed care plan rather than fee for service. This process increased reimbursement and fiscal stability and introduced the requirement of a formal assessment of medical necessity to match clients to services. Under the DMC-ODS system of care, SFDPH has expanded the range and

[1] In Prop T, medical substance abuse slots mean outpatient Opioid Treatment Program (OTP) capacity and does not include capacity for all medication assisted treatments (MAT) for opioid or alcohol dependence, including the use of buprenorphine, naloxone, and naltrexone, whether offered within or outside of a federally licensed OTP.
[2] Residential treatment slots mean Residential Treatment bed capacity.

types of services provided, including services not available when TOD was chartered.[3] Since then, San Francisco has also continued to expand funding for low-threshold SUD treatment to increase access to on-demand care.

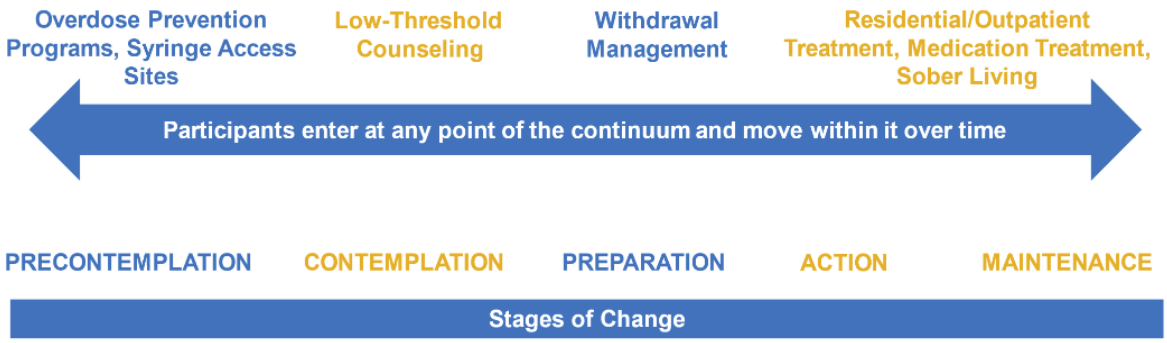
This report provides an overview of SFDPH's FY2021-22 funding, treatment capacity and services for SUD provided through DMC-ODS, other state and federal grants, and expanded low-threshold services. Low-threshold services are not reimbursable under DMC-ODS but increasingly form critical parts of SFDPH's continuum of care for people who use drugs or have substance use disorders, particularly among people experiencing homelessness. Many of these low-threshold services have been developed in coordination with Mental Health San Francisco and funded through Proposition C (Our City Our Home).

Finally, this report describes SFDPH's response to the health consequences of substance use, including San Francisco's high rate of drug overdose. These consequences disparately impact people experiencing homelessness, especially individuals from underserved racial and ethnic communities.

III. Overview of SFDPH SUD Treatment and Care Services

The goal of SFDPH SUD services is to provide treatment and care services to help people improve their health, increase their access to healthcare, and recover from substance use disorders. The department achieves these goals by offering a continuum of evidenced-based care that saves lives.

Figure 1. SFDPH Continuum of SUD Services

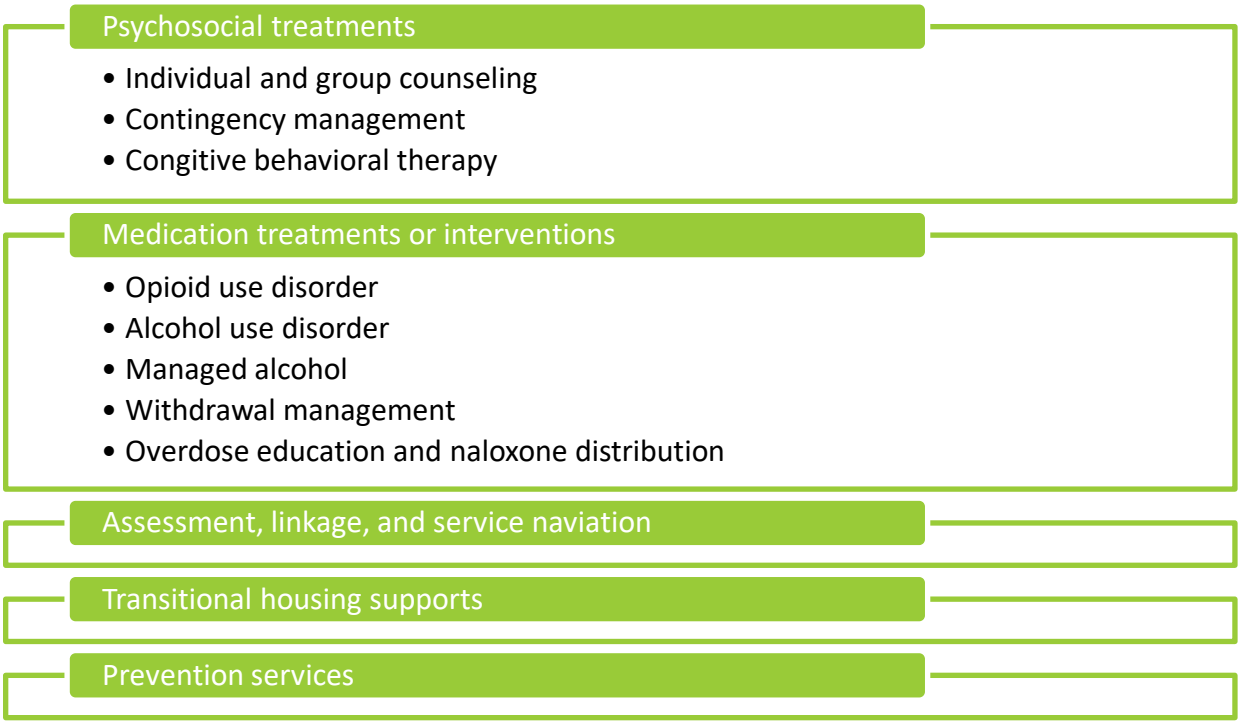


SUD services include a range of treatment and care services, including psychosocial treatments (e.g., counseling or therapy and contingency management); medication treatments or interventions; assessment, linkage, and service navigation; transitional housing support; and prevention services. In San Francisco, treatment for substance use disorders is provided in so-called 'specialty care' settings, which include residential and outpatient settings. Various living settings offer treatment, including step-down, transitional, and recovery housing. SUD treatment is also delivered in primary care, hospital, and correctional settings, and in

[3] See Figure 1 below describing services provided under Drug Medi-Cal's Organized Delivery System of care.

partnership with programs providing street-based services. Participants may enter the SUD service continuum at any point on their journey towards recovery and health.

Figure 2. Continuum of SUD Treatment Services in San Francisco



Nationally, less than 10% of people with an active substance use disorder actually receive treatment, mainly because they do not perceive their need for treatment, despite experiencing impairment and serious consequences from their addiction. For this reason, SFDPH works aggressively to offer other life-saving and risk reduction services to people not ready to reduce or stop their substance use, in addition to treating people who are ready to receive treatment.

Specialty Care Demographics and Providers

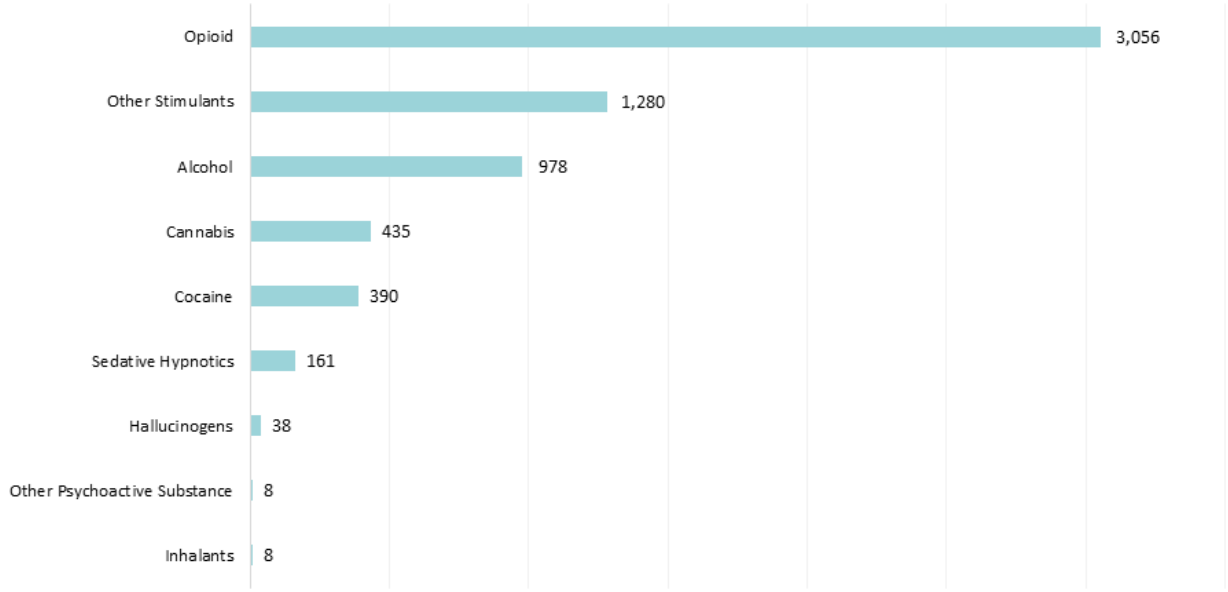
In FY 2021-22, SFDPH enrolled 4,534 individuals in specialty care SUD treatment and provided prevention, linkage, primary-care, hospital-based, and low-threshold services for many more.[4] Overall, 64% of clients admitted into specialty care SUD treatment experienced homelessness and 46% of these clients received a mental health service at the same time. 42% were white, 26% African- American and 20% Latino/a.[5] The number of African-American and Latino/a clients in SUD treatment were disproportionate to their relative population in San Francisco.[6]

Opioids, methamphetamine, and alcohol use disorders were the primary diagnoses of clients entering specialty SUD treatment. Opioids, methamphetamine, and cocaine were the most

[4] Source: Avatar substance use treatment admissions in FY 2021-22.
[5] Source: BHS Avatar data reported to EQRO, FY 2021-22.
[6] Census 2020: Relative San Francisco Population Size, 5% African American, 15% Latino/a, 44% White, 34% Asian.

common substances used among people who died of SUD-related drug overdose and toxicity. During 2021, the overdose death rate decreased but SUD treatment admissions for fentanyl increased significantly.[7]

Figure 3. Primary substances treated for clients receiving services in FY21-22*[8]



*Primary substances for clients receiving services in FY21-22; each episode has an associated primary substance so clients with more than one treatment episode may be represented with more than one primary substance.

In FY2021-22, SFDPH's Behavioral Health Service (BHS), contracted and funded a network of 36 community-based agencies to provide specialty SUD treatment services and programs. These SUD programs serve the City's uninsured and publicly enrolled Drug Medi-Cal Organized Delivery System clients. Services include residential, residential step-down, intensive outpatient, outpatient, case management and opioid treatment services. Additional substance use disorder treatment and linkage to care is provided by SFDPH's primary care department, hospital, and street-based medicine services. The department also funds a broad range of low-threshold SUD outreach, prevention and emergency services through federal block grants and city general funds.

Drug Medi-Cal Treatment and Services and Low-Threshold Programs

The following are general descriptions of treatment and services provided through:

[7] *Substance Use Trends in San Francisco through 2021*, Center on Substance Use and Health accessed via https://www.csuhsf.org/substance-use-trends-san-francisco

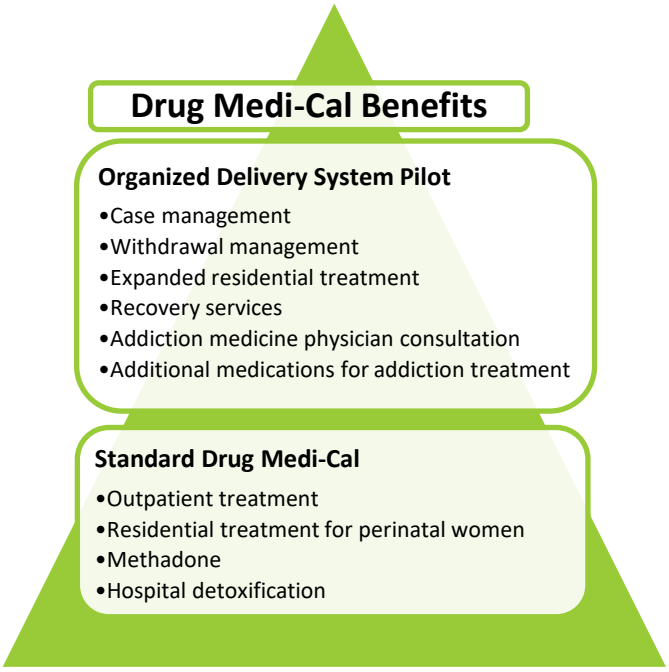
[8] Source: SFDPH presentation for California Department of Health Care Services, External Quality Review Organization, August 2022.

- SFDPH's Drug Medi-Cal organized delivery system of care
- Low-threshold treatment services for substance use disorders.

Drug Medi-Cal Organized Delivery Services

Drug Medi-Cal is a primary funding source for San Francisco's public sector, specialty SUD treatment services. For Drug Medi-Cal to pay for covered services, eligible Medi-Cal members must receive substance use disorder (SUD) services at a Drug Medi-Cal certified program (see Figure 4). In July 2017, San Francisco enrolled in California's expanded Drug Medi-Cal Organized Delivery System pilot (DMC-ODS). This pilot increased reimbursement for SUD services and required SFDPH to provide an extended continuum of certified programs compliant with national standards outlined in the American Society of Addiction Medicine (ASAM) Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions. The new DMC-ODS treatment services include case management, withdrawal management, residential treatment, recovery services, addiction medicine physician consultation, and medications for addiction treatment. The goal of this expanded continuum is to provide clients with appropriate medically necessary SUD services to support recovery.

Figure 4. Drug Medi-Cal Standard Program and Organized Delivery System Program



California's new population health reform to Medi-Cal, called California's Advancing and Innovating Medi-Cal (CalAIM) will generate further growth and improvement in behavioral healthcare available under Medi-Cal. CalAIM will reduce the documentation burden on clinicians; drive further integration between mental health and SUD programming; expand contingency management and peer services; and improve data sharing across San Francisco's safety net programs.

Opioid Treatment Program Services

Opioid Treatment Programs (OTP) are a subset of Drug Medi-Cal funded services. OTPs are federally regulated clinics that provide daily or several times weekly medications for the treatment of severe opioid use disorders including methadone, buprenorphine, naltrexone, and individual and group counseling to patients and their loved ones. Buprenorphine and naltrexone are also available through other non-OTP DMC-ODS services (e.g., outpatient treatment), as well as outside the specialty care system (e.g., in hospitals and federally qualified health centers). San Francisco also offers medication for opioid use disorders through its Office-based Buprenorphine Induction Clinic (OBIC) located in the same building as the SFDPH BHS-operated pharmacy at 1380 Howard Street in the South of Market neighborhood.

Expanded Low-Threshold Services for Addiction Treatment and Overdose Prevention

In 2021-22, San Francisco broadened access to multiple low-threshold services. This included expanded access to medications for addiction treatment (such as buprenorphine for opioid use disorders, naltrexone for alcohol use disorders, contingency management therapy for methamphetamine use disorder) and increased distribution of naloxone for the reversal of opioid overdose. Additional details on low-threshold program expansion are below.

Expanded buprenorphine access

SFDPH's Whole Person Integrated Care (WPIC) and Street Medicine programs provide low-threshold access to buprenorphine at the new Maria X Martinez Health Resource Center, shelters and navigation centers, syringe access sites, parks, among other sites. In 2021-2022, WPIC prescribed buprenorphine to 700 unduplicated patients. WPIC staff and our partners worked closely with the BHS pharmacy to ensure patients have easy access to buprenorphine availability and pick-up.

Expanded opioid treatment access and services

In FY2021-2022, the department began offering extended hours at the Office-Based Induction Center (OBIC) and BAART Market Street Opioid Treatment Program to increase access to services. SFDPH also expanded linkage to treatment and case management services under the HOUDINI LINK program at Zuckerberg San Francisco General Hospital (ZSFGH) , which serves individuals newly starting medications for opioid use disorder while hospitalized.

Naloxone distribution growth

Building upon the longstanding success of community naloxone distribution programs, in 2021, BHS pharmacy expanded distribution of naloxone to strengthen its overdose prevention service. In FY21-22, more than 21,000 naloxone kits were distributed by SFDPH and its community partners.

Expanded hours to access care

The Behavioral Health Access Center (BHAC), located at 1380 Howard Street, extended its hours to weekday evenings (5 p.m. to 7 p.m.) in June 2022, as part of the expansion of behavioral

health access programs under MHSF. Further expansion of BHAC hours—to 9 a.m. to 5 p.m. on weekends—is planned for early 2023.

Growth in alcohol treatment

In FY2021-22, the department launched a 10-bed managed alcohol program for people with severe alcohol use disorders. This supportive housing program provides medical supervision and social support alongside measured doses of alcohol to stabilize drinking patterns for individuals at high risk for relapse, hospitalization, and other negative consequences of alcohol use.

Contingency management

In 2019, San Francisco's methamphetamine task force recommended low-threshold contingency management (CM) for the treatment of methamphetamine use disorders. CM is a behavioral therapy in which positive behavioral changes, such as a reduction in the use of methamphetamine, are 'reinforced' or rewarded, using incentives. Contingency management for stimulant use disorder has been provided for years through OBIC, the Stimulant Treatment Outpatient Program (STOP) at Citywide Clinic, and at the San Francisco AIDS Foundation since 2019 (via the PROP and PROP for All programs, which serve men who have sex with men and transgender women). Beginning in August 2022, the number of contingency management sites run by the San Francisco AIDS Foundation were expanded, and SFDPH also added this service to the Bayview Navigation Center.

The State Department of Health Care Services (DHCS) will also launch a Drug Medi-Cal Contingency Management pilot program for stimulant use disorder in early 2023. Three local programs have signed up to be a part of the pilot and aim to serve 280 clients in its first year.

BHS also offers contingency management for opioid use disorder through several programs, including the Bridge Clinic, and the HOUDINI and JUNO programs.

IV. SUD Funding and Treatment Capacity

In FY2021-22, the city budgeted $75,116,342 for SUD treatment and services in specialty care (see Table 1). This included $26,784,583 funded through Medi-Cal and $26,082,382 funded through General Funds. Additional low-threshold SUD services are funded outside this system of care.[9] Medi-Cal and General Funds largely fund contracted community-based organizations (CBOs) to provide SUD treatment and/or prevention programs. SFDPH also received $10,224,371 through federal subsidies and the Substance Abuse Prevention and Treatment Block Grant (SABG) program. In FY 2021-22, the department received funding under Proposition C ($4,817,174) to open and operate the SoMa RISE drug sobering center and provide other services for people experiencing homelessness. Funding for Substance Use

[9] See sections III and VI describing SFDHP Low-threshold treatment programs and services.

Services also includes an annual 3% increase for cost of living and cost of doing business.

Table 1. Total SUD Specialty Care Funding by Funding Source* (Fiscal Year 2020-2022)

Funding Source	Fiscal Year 20-21	Fiscal Year 21-22
County General Fund	$26,477,240	$26,082,382
Federal & State Drug Medi-Cal	$26,308,238	$26,784,583
Substance Abuse Block Grant	$8,943,364	$10,224,371
Proposition C	$0	$4,369,425
Grants/Work Orders/Other	$9,642,947	$7,655,581
Total	**$71,371,789**	**$75,116,342**

*Does not include primary care or all whole-person integrated care services.

Since 2018 SFDPH has realized Drug Medi-Cal revenues for residential treatment; and since 2019, for outpatient treatment and case management. See Table 2 for additional details.

Table 2. Total SUD Funding by Specialty Service Type (Fiscal Year 2020-2022)

Service	Fiscal Year 20-21	Fiscal Year 21-22
Residential Treatment & Residential Step-Down	$22,589,760	$21,865,056
Withdrawal Management	$7,037,480	$10,884,407
Outpatient	$9,690,967	$9,791,645
Opioid Treatment Programs	$20,635,517	$23,283,856
Additional Outpatient Treatment, Engagement, and Prevention	$11,070,238	$9,432,012
HIV Health Services	$43,603	$0
HIV Prevention Services	$304,224	$307,115
Total	**$71,371,789**	**$75,564,091**

Table 3 outlines the FY 2021-22 annual contracted specialty SUD service capacity and includes the number of unduplicated clients (UDC) subsequently enrolled (served) within each type of treatment. The majority of these contracted SUD services are funded through Drug Medi-Cal or federal block grant dollars. The lack of DMC-ODS reimbursement for non-clinical supportive services, and the board and care component of residential step-down and other transitional

housing services, poses a challenge to maintaining and expanding these needed services.[10]

Table 3. Treatment Capacity and Services for Fiscal Year 2021-2022

Fiscal Year 2021-22		
Service Type	**Capacity (at single point in time)**	**Actual # Served (unduplicated w/in category)**
Withdrawal Management	58	1,090
Residential Treatment & Step-Down Housing	392	804
Other Residential Treatment	50	296
Outpatient	1,240	896
Opioid Treatment Program (Methadone Maintenance)	4,030	2,753
San Francisco Health Network Primary Care	__	>800
Whole Person Integrated Care	__	688
SUD Prevention, Linkage, and Outreach	__	474

Not included in Table 3 are contracted programs funded through General Funds, Medi-Cal Specialty Mental Health, or Mental Health San Francisco (MHSF), which serve individuals with both substance use disorders and mental health needs. As of October 2022, these services include 18 dual diagnosis residential treatment beds, 129 Mental Health Rehabilitation and 165 Psychiatric Skilled Nursing Facility locked subacute beds, and 724 Board and Care. Of these, MHSF added 31 Locked Subacute Beds,[11] 99 Board and Care Beds and 28 low-threshold respite beds at Hummingbird Valencia.

[10] See next Section IV below. Additional Residential Step-down beds are needed based upon utilization data.
[11] In FY2020-21, Locked Subacute (31 beds) were contracted out of county under MHSF.

Table 4: Additional Residential Service Modalities for People with SUD and Mental Health Needs

FY 2021-22	
Additional Service Modalities for People with SUD Not Included in TOD	**Contracted Capacity (beds)**
Mental Health Residential (Locked Subacute)	160
Dual Diagnosis MH	18
Crisis Residential	44
Hummingbird[12]	58
Psychiatric SNF	165
MH Rehab/Board & Care	724
Total Additional SUD Service Capacity	**1,169**

V. Assessing Demand, Access, Utilization and Outcomes

SFDPH uses several measures to assess demand for treatment—and our success in meeting that demand—in San Francisco. Each measure has strengths and limitations, and we continually work to both assess and improve our measures and to better address unmet need. Below, we describe both the measures currently used in this report, and measures of unmet need under consideration for future use. We also review performance improvement activities.

Current Measures of Demand

For FY2021-22, our measures of demand, and how well we are meeting demand, include:

- Enrollment in SUD treatment among SFHN beneficiaries with SUD
- Occupancy rates in SUD residential treatment
- SUD treatment admissions within and outside of specialty care settings
- Wait times for admission to treatment
- Measures of retention, rates of abstinence or reduction in substance use and client satisfaction

We discuss each of these in greater detail below.

[12] Hummingbird Valencia opened Spring 2021. Located at 2601 Mission Street, it is the second of two behavioral respite programs operated by PRC/Baker Places. It operates as a behavioral health respite center for adults experiencing homelessness who have behavioral health and substance use disorders. The facility serves adult residents of San Francisco, particularly in the Mission District, who are frequent users of crisis and inpatient services and typically the hardest to engage in treatment.

Enrollment in SUD Treatment Among SFHN Beneficiaries with SUD

The California Department of Health Care Services uses a measure called the population-specific enrollment rate to assess the availability and accessibility of DMC-ODS services in each county.[13] Within the San Francisco Health Network (SFHN) in 2021,[14] we examined SUD treatment enrollment rates among 11,691 patients with a SUD diagnosis, including those diagnosed in its primary and specialty care clinics or Zuckerberg San Francisco General Hospital. Of those diagnosed with SUD, 4,534 (39%) received SUD treatment through BHS-SUD services (See Table 5), substantially higher than the national average of 10%. Additional patients received SUD treatment in primary care or through its Whole Person Integrated Care (WPIC) programs.

Table 5. San Francisco Health Network clients diagnosed with substance use disorder who received SUD behavioral health treatment services in 2019 and 2021

SFHN Patients Who Received SUD Treatment[15]	**2019**	**2020**	**2021**
Number of Patients with Substance Use Disorder Diagnosis	15,752	11,570	11,691
Number of Patients who Received Substance Use Disorder Treatment	5,811 (37%)	4,896 (42%)	4,534 (39%)

Occupancy Rates in Residential Treatment

We track demand for residential services by monitoring service utilization and enrollment numbers. During FY2021-22, the average occupancy rate in our general residential treatment services was 91% and the average occupancy rate in residential step-down was 94%. Enrollment in our specialty forensic and perinatal services was lower, but these services also reached full capacity in late 2022.

[13] San Francisco's CY2021 population specific SUD enrollment rate for Medi-Cal beneficiaries, also called its penetration rate, was 1.57%. This was nearly double the average penetration rate for all county plans (0.85%) and large county plans (0.93%). San Francisco's Medi-Cal eligible population is 216,072. (Source: DHCS Medi-Cal Approved Annual Claims reported for calendar year 2021 [not fiscal year])

[14] The San Francisco Health Network consists of SFDPH system of clinics and hospitals serving 86,090 patients (as of 2/1/20) enrolled through Medi-Cal, Healthy San Francisco, Healthy Workers, and the Healthy Kids programs.

[15] SUD rates from Epic and Avatar client data matched by name and date of birth.

Table 6: Occupancy Rates: SUD Residential Treatment Programs

Residential Treatment (capacity*)	Average Occupancy Rate, FY 21-22
General Residential (174) (Acceptance Place, Ferguson House, Friendship House, HR360, Latino Commission)	91%
Forensic Residential (40) (Salvation Army)	63%
Perinatal/Women's (35) (Women's Hope, Epiphany, Casa Aviva)	66%
Residential Step Down (193) (Jelani, Casa Olin, HR360)	94%

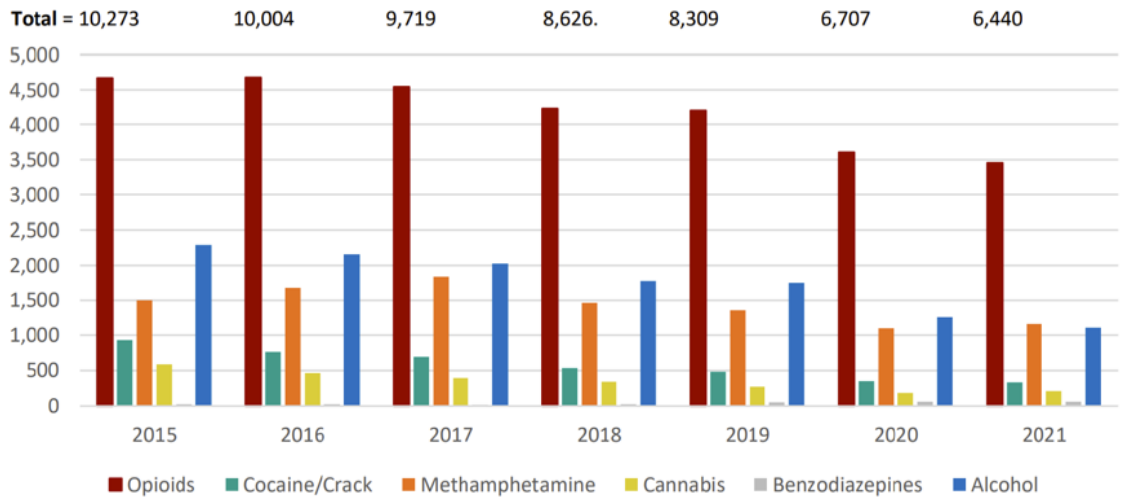
*as of 10/1/2022 on www.findtreatment-sf.org

The current availability of SUD residential treatment beds can be viewed at www.findtreatment-sf.org.

SUD treatment admissions within and outside of specialty care settings

Despite the high relative service enrollment among SFHN patients with SUD diagnoses, our data indicate overall declining enrollment in specialty SUD treatment in 2021 (Figure 5).

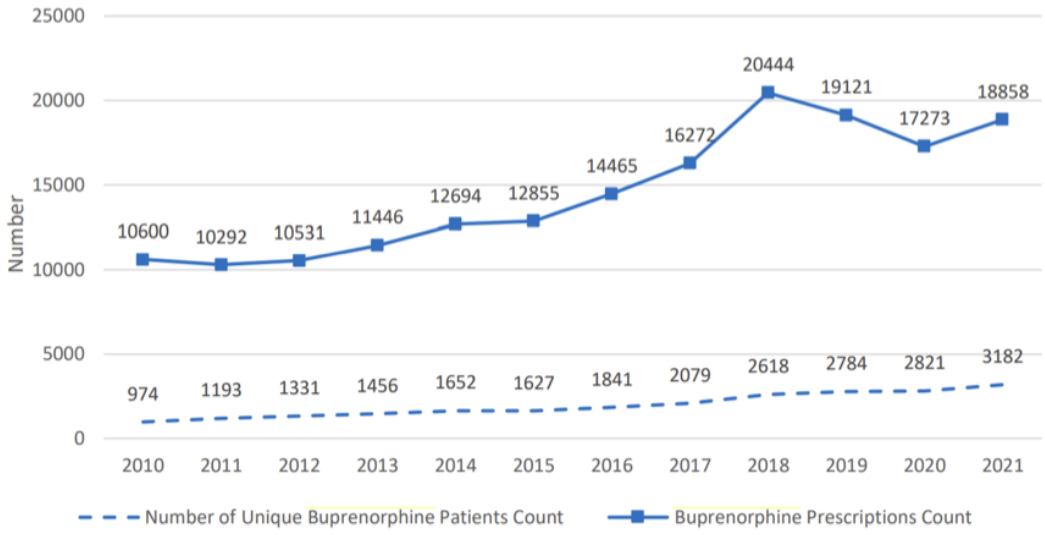
Figure 5. Number of Admissions to Programs Specialty Substance Use Disorder Treatment Settings by Primary Substances in CCSF, 2015-2021[16]



[16] Admissions data includes publicly funded and methadone maintenance treatment, excluding the Veterans Administration. Each admission does not necessarily represent a unique individual because individuals may have been admitted to treatment more than once in a given period. Source: *Substance Use Trends in San Francisco through 2021.* Accessed at https://www.csuhsf.org/_files/ugd/91710f_af336537b8a04ca8a686f24444f9ee54.pdf.

At the same time, there has been an increase in city-wide prescribing of the effective medication, buprenorphine (Figure 6).

Figure 6: Annual Number of Buprenorphine Prescriptions and Number of Unique Patients Receiving Buprenorphine Prescriptions in CCSF, 2010-2021[17]



We believe declining enrollment in specialty SUD treatment partly reflects individuals seeking and receiving treatment in other SFDPH and non-SFDPH settings (e.g., through primary care, Whole Person Integrated Care, and low-threshold treatment programs). It also reflects increased access to buprenorphine medication for opioid use disorder in these settings.

Wait times for admission to treatment

The Department uses wait times to assess whether we are able to provide timely access to treatment.[18] In FY2021-22 the median time from treatment request to admission into withdrawal management was less than one day. Following withdrawal management, clients were referred to residential treatment. Eighty-one (81%) percent of clients admitted to general residential treatment were transferred directly from withdrawal management with no additional wait. For individuals not entering residential treatment through withdrawal management, the median time to admission was 4 days following their assessment. This is lower than 5 to 7 days wait reported for FY2020-21. Lastly, the median time for admission to

[17] Data includes all buprenorphine prescriptions issued outside of substance use disorder treatment programs. Source: *Substance Use Trends in San Francisco through 2021.* Accessed at https://www.csuhsf.org/_files/ugd/91710f_af336537b8a04ca8a686f24444f9ee54.pdf.

[18] BHS measures SUD residential timeliness and accessibility in several ways, including time from first request to assessment, time from assessment to admission, and CalOMS client reported wait for residential services.

our opioid treatment programs was less than one day.[19]

Table 7: Timeliness of Care

Service Modality	Capacity*	Median Time to Admission
Withdrawal Management**	58 beds	<1 day
90-day Residential Treatment	249 beds	4 days
Opioid Treatment	4,030	<1 day

*as of 10/21/2022 from www.findtreatment-sf.org

**81% of clients access general residential treatment through residential withdrawal management in <1 day.

Measures of retention, reduction in substance use and client satisfaction

In assessing our ability to provide effective treatment, we consider whether those who access care remain in care, whether their substance use decreases, and client satisfaction with the services they receive.

Retention and reduction in substance use

In calendar year 2021, the average duration of retention in DMC-ODS services was 143 days. [20] Retention in treatment is the single best predictor of positive outcomes. Our rate of client retention in treatment is longer than statewide averages, and significantly higher than national averages. In our FY2021-2022 survey of clients enrolled in outpatient treatment, 69% maintained abstinence or show a reduction of alcohol and other drug use.[21]

Client satisfaction

In SFDPH's *Fall 2021 SUD Treatment Perception Survey* of clients participating in SFDPH funded services, 90% of 958 survey participants[22] indicated that they were satisfied with their treatment services provided.[23]

Measures of Unmet Need Under Consideration for Future Use

SFDPH is actively pursuing additional data sources that may help us to better estimate unmet need for SUD treatment in San Francisco.

[19] Source: FY2021-2022 Avatar LoC to Admission data

[20] Source: Behavioral Health Concepts-EQRO CY2021

[21] Source: CalOMS Objective B2 for period 7/1/21-6/30/22.

[22] 90% of 958 survey participants rated satisfaction with SUD services at 3.5 or above on a 5-point scale.

[23] *Fall 2021 Consumer Perception Survey Report* (both System-level and individual program reports) can be found on our public BHS website:
https://www.sfdph.org/dph/files/CBHSdocs/QM2021/Fall_2021_Substance_Use_Programs.pdf

Population size estimate of people who use drugs (UC San Francisco analysis)

Under a contract with SFDPH, UC San Francisco is undertaking an analysis to estimate how many people inject or smoke illicit drugs in the city by matching different data sets. This measure would not capture how many of these individuals are seeking or receiving treatment but would provide a population estimate of people who may be eligible (and need) treatment. An estimate should be available this year.

Health Interview Survey Data

Two existing interview surveys may also help inform our understanding of unmet need: the California Health Interview Survey and the National Survey on Drug Use and Health.

The California Health Interview Survey (CHIS) is a state-funded telephone survey conducted by researchers at UC Los Angeles, which asks participants:

1. Whether they have sought help for a mental health or substance use issue, and
2. Whether they have received help for that issue.

The difference between the first and second question represents an estimate of the unmet need gap.

The National Survey on Drug Use and Health (NSDUH) is a nationwide, population-level survey administered by the Substance Abuse and Mental Health Services Administration (SAMHSA). The NSDUH asks participants whether they have received treatment for SUD or a mental health diagnosis. The survey is performed annually.

However, although the CHIS and the NSDUH research teams willingly share local data, SFDPH does not have currently analytic staff to analyze these data.

Opportunities for Improvement

The department performs continuous quality surveillance and identifies ongoing opportunities for quality improvement. Selected two-year performance improvement projects (PIPs) are identified and reported annually to DHCS as part of the state's EQRO (Evaluation Quality Review Organization) oversight. FY2021-22 PIP initiatives included:

1. Improved Flow of Hospitalized Clients

In FY2021-2022, the SFDPH SUD team concluded a two-year PIP that aimed to increase referrals from Zuckerberg San Francisco General Hospital (ZSFGH) to SFDPH contracted SUD services, including SUD residential treatment. In this effort, BHS worked with hospital staff from ZSFGH's Psychiatric Emergency Services (PES), Psychiatric Inpatient Service and the Addiction Care Team

to standardize screening, assessment and referral of patients identified with SUD.[24]

- Of 2,625 ZSFGH patients admitted and screened for possible SUD, 782 were diagnosed with SUD, 251 successfully entered residential treatment; and the remaining were triaged to mental health, medical respite and other specialty services.[25]
- Among clients referred by the Addiction Care Team in FY2020-21, 74 patients were successfully discharged from the hospital to SUD Residential Treatment, compared to 22 patients in 2019, an increase of 237%.[26] These enhanced triage interventions will be sustained by the Behavioral Health Access Center and Office of Coordinated Care.

2. Reduced Time from Initial Assessment to Admission to Residential Treatment

In FY 2021-22, the SFDPH SUD team concluded a one-year PIP aimed at reducing the number of days between the SFDPH Level of Care (LoC) assessment and SUD residential treatment admission. The staff from three residential programs participated in quality improvement processes to improve their assessment and intake services. By fiscal year end, the department's median residential admission time was reduced to 4 days.[27]

3. Improved Treatment Access for Spanish Speaking Clients

The department identified greater need for SUD access to residential services for Spanish speaking clients through placement data and posted bed availability on it findtreatment-sf.org website.[28] In June 2022, SFDPH launched SoMa RISE Drug Sobering Center and the Minna Project Transitional Residential Dual Diagnosis programs with sustainable Spanish-language staffing and capacity.

4. Improved Flow for In-Custody and Justice-Involved Clients

In response to public comment at the March 2021 Treatment on Demand hearing, the department worked with Jail Health, the Adult Probation Department (APD) and Pre-trial Diversion Program to streamline referral for justice-involved clients needing SUD (and mental health) services. Together with APD, in June 2022, the department launched the Minna Project, a 75-bed transitional residence for dually diagnosed individuals with justice-involvement. The department also launched SoMa RISE drug sobering center, to provide an alternative to

[24] This ZSFGH screening, diagnosis, and referral to treatment is a form of SBIRT (Screening, Brief Intervention and Referral to Treatment), which is a NIDA sponsored best practice that significantly improves care and reduces the cost and harm of substance use.
[25] From May 2020-December 2021.
[26] ACT data is for calendar year 2019 & 2020. Source SFDPH BHS Final FY 2020-21 DMC-ODS Quality Improvement Workplan Evaluation Report.
[27] FY2021-2022 Data: Avatar LoC Time to SUD residential treatment admission. For annual change, admissions within the 10-day benchmark increased from 83% (FY2020-21) to 88% (FY2021-22).
[28] SFDPH contracts for outpatient SUD services are provided through Horizons Unlimited, Mission Council on Alcohol Abuse and the Latino Commission. Both programs provide outpatient treatment for native Spanish speakers.

incarceration for clients experiencing a drug-related crisis.

Beyond PIPs, additional programmatic improvements and growth since the last report are discussed below.

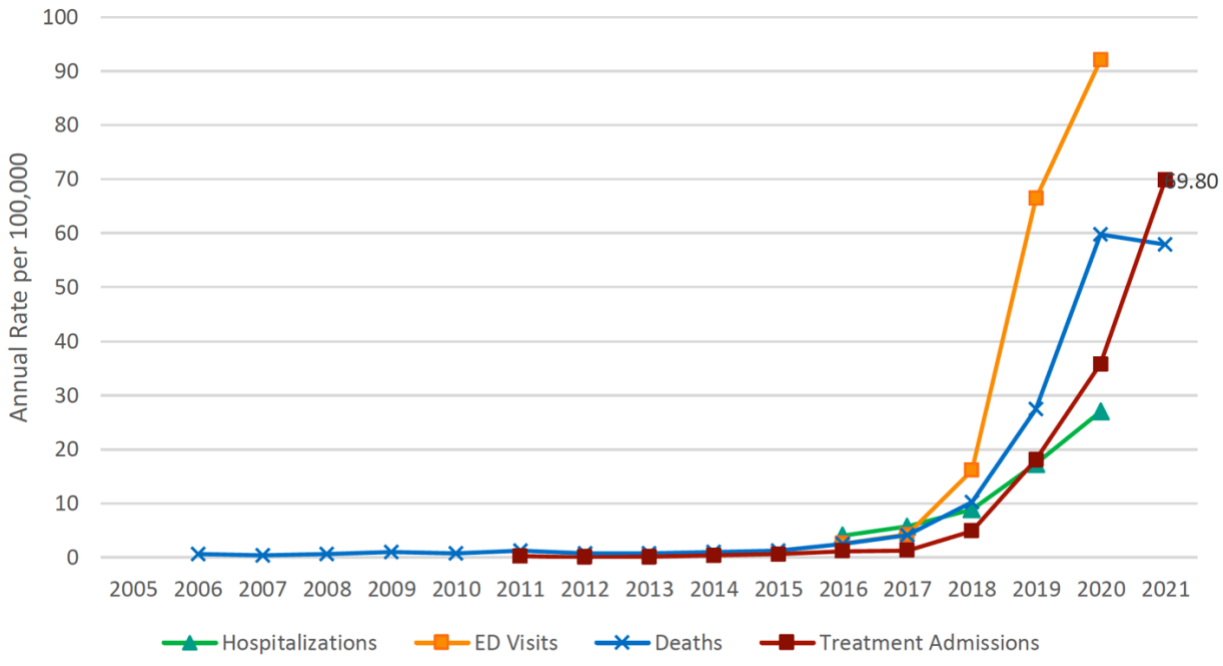
VI. Programmatic Growth and Opportunities

This year, SFDPH substance use programming grew substantially, including implementation of much of Mental Health San Francisco, the introduction of an Overdose Prevention Plan, and more. In the coming year, we hope to continue to grow and shape our services to address unmet need for SUD services in San Francisco.

Growth and Opportunities in Engagement and Overdose Prevention

Although locally, overdose deaths have declined since a peak in 2020, in general, substance-use related emergency department visits, hospitalizations and overdose deaths have steadily increased over the last decade, similar to national trends. Beginning in 2017, in particular, overdose deaths involving fentanyl, either alone or in combination with other drugs like heroin and methamphetamine, increased exponentially in San Francisco (See Figure 5). In 2021, males aged 40-59 years, and Black/African Americans had the highest rates of overdose mortality, almost entirely due to fentanyl.[29]

Figure 5. Fentanyl-Related Hospitalizations, Emergency Department (ED) Visits, and Deaths, (2006-2021)



[29] Source: *Substance Use Trends in San Francisco through 2021.* Accessed at https://www.csuhsf.org/_files/ugd/91710f_af336537b8a04ca8a686f24444f9ee54.pdf.

In response to the steep rise in drug overdose deaths, SFDPH added and expanded services to address the overdose epidemic. Prop C funding, intended to address the housing and health needs of people experiencing homelessness, has enabled SFDPH to increase access to naloxone and other overdose prevention services; increase access to medication treatment services; and establish assertive outreach and offer linkage to care for clients who have experienced non-fatal overdose, through the specialized Street Overdose Response Teams (SORT). These teams respond immediately to reported overdoses, including to individuals who are discharged from San Francisco emergency departments following non-fatal overdose.

In the summer of 2022, SFDPH also launched the SoMa RISE drug sobering center, where individuals experiencing intoxication or drug-related crisis from methamphetamines and opioids can receive supportive care, connection to treatment, as well as food, showers, and other services. This center, now open 24/7, provides a safe and welcoming space and opportunities to engage and link people to ongoing care. SFDPH also previously opened Hummingbird Valencia, a mental health respite program which accepts clients with mental health and substance use disorders.

In September 2022, SFDPH released "Overdose Deaths are Preventable: San Francisco's Overdose Prevention Plan" which introduced new and enhanced strategies to lower disparities and morbidity associated with drug use in San Francisco and includes measurable goals to reduce overdose deaths and increase treatment among people at high risk. The plan set ambitious goals to:

- Reduce overdoses in San Francisco by 15% by 2025
- Reduce racial disparities in overdose deaths by 30% by 2025
- Increase the number of people receiving medications for addiction treatment by 30% by 2025

To meet these goals, the four strategies outlined in the report include:

1. Expanding availability and accessibility of the continuum of substance use services
2. Strengthening community engagement and support for at high-risk individuals
3. Increasing coordination among City departments
4. Tracking overdose trends and related drug use data to inform ongoing public health responses.

SFDPH has subsequently formed an Office of Overdose Prevention.

Engagement and Overdose Prevention Opportunities for 2023

In 2023, SFPDH will continue to implement the breadth of initiatives described in its recently released overdose prevention plan and use data to improve surveillance, evaluate its programs and lead systems change. In successfully doing so, SFDPH anticipates making needed progress towards its goals of reducing overdose deaths, reducing overdose disparities and increasing

receipt of treatment. We recognize that ongoing progress depends in part on maintaining existing successful programs: under Prop C, approximately a total of $15M are currently used to fund substance use-related services both within the specialty care SUD treatment system and more broadly, across SFDPH programs and services, including increased access to SUD medication treatment ($4.9M); contingency management ($900,000); the Street Overdose Response Team ($5.9M); low threshold therapy at a new drop-in space ($1M); residential step-down facilities ($1.2M); and safe consumption supplies ($500,000). These programs have been and remain important pieces of the continuum of substance use services in San Francisco but, due to significant revenue reductions in Prop C, decision makers will be considering options in Spring 2023 that could reduce spending on Prop C-funded programs to align with reduced revenues.

To expand our ability to engage individuals in care to improve their health and recovery, and to reduce overdose deaths, SFDPH's goal is to open several neighborhood-based wellness hubs that will include overdose prevention services; linkages to on-site health care, including medication treatment for addiction and wound care; and connection to social services including benefits and housing resources. SFDPH also envisioned wellness hubs to have a safe consumption component, however, we first need to ensure we can operate a safe consumption component consistent with state and federal law. SFDPH continues to work towards being prepared for when the City can move forward with wellness hubs with comprehensive overdose prevention and recognizes that additional funding is also needed to support wellness hubs.

We also recognize that additional investments are needed to improve engagement in care among individuals experiencing SUD, especially among individuals experiencing homelessness and using drugs publicly. The recently announced reorganization of the Street Crisis Response Teams will enable SFDPH to strengthen follow up, engagement, and linkage to behavioral health care, including substance use treatment.

Service Growth under Mental Health San Francisco

Enacted in 2019, Mental Health San Francisco (MHSF) is improving behavioral health services for people living in San Francisco with serious mental health issues and/or substance use disorders who are experiencing homelessness and are uninsured, enrolled in Medi-Cal, or enrolled in Healthy San Francisco. The legislation directed the department to expand behavioral health services to include new Street Crisis Response Teams, a Mental Health Service Center, an Office of Coordinated Care, and the addition of 400 new mental health beds and facilities. Each has had an impact on available avenues into SUD treatment.

New Beds and Facilities (NB&F)

SFDPH opened over 160 new residential care and treatment beds in 2022, making significant progress toward the goal of 400 new beds for clients with mental health or substance use

needs. Since 2020, BHS has added over 250 new beds to its residential care system. Information on the expansion of NB&F is available here: sf.gov/residential-care-and-treatment.

The Minna Project, also known as Dual Diagnosis Transitional Care for Justice-Involved Clients, opened in June 2022 in a refurbished hotel at 509 Minna Street. The Minna Project is a joint collaboration between SFDPH and the Adult Probation Department. Clients may enroll in up to 1-2 years of transitional residential housing while receiving onsite outpatient mental health care treatment and supportive counseling to ease the transition to independent living. As of February 2023, the Minna Project had enrolled 63 clients, with referrals from the justice system, San Francisco Health Network, and residential treatment facilities.

SoMa RISE, a drug sobering center, opened in June 2022 at 1076 Howard Street in the South of Market neighborhood. Open 24/7, SoMa RISE provides a safe space for people who are intoxicated by drugs to come off the streets, rest and stabilize, and get connected to care and services. The facility works closely with the Street Crisis Response Team, who drop off clients with appropriate needs. Since September 2022, SoMa RISE has served approximately 900 clients per month.

NB&F Priorities for 2023

In the upcoming year, SFDPH is focused on pursuing all available opportunities to purchase and open as many additional facilities as possible. These include adding 70 residential step-down beds; acquiring a building to be the permanent location of 20 Managed Alcohol Program (MAP) beds, expanded from the 10 beds in operation since the program opened in 2020; and develop a new dual diagnosis transitional residence for women. The department has also contracted for a new bed optimization study to analyze the number and types of beds needed to assure zero wait times through the system. The results of this study, expected in Spring 2023, will inform future investments in the BHS residential system of care.

Mental Health Service Center

Mental Health SF legislations directed the department to develop a Mental Health Service Center (MHSC). The MHSC is to serve as behavioral health access center to provide assessment, access to urgent care services, a pharmacy and drug sobering. The options for developing this center were evaluated by the Controller's office. BHS proposes creating a MHSC that functions as a single-site ambulatory care clinic with engagement and assessment services to provide care for patients while they bridge to sustained treatment options.

The MHSC will co-locate existing BHAC, BHS Pharmacy, and the Office-Based Buprenorphine Induction Clinic (OBIC) programs and add new space for the Office of Coordinated Care to provide direct care services. The program will work closely with SoMa RISE drug sobering center and the Crisis Stabilization Unit, expected to open in 2024. These programs will be connected by transportation and OCC case management services.

In preparation for opening the MHSC, the hours and services of existing BHAC, BHS Pharmacy, and the Office- Based Buprenorphine Induction Clinic (OBIC) programs currently housed at 1380

Howard Street have already expanded. The Office of Coordinated Care services are also expanding.

MHSC Priorities for 2023

Over the course of 2023, the MHSC project team will refine the vision for how these programs will be delivered at the MHSC. SFDPH is also searching for potential buildings for the MHSC that would allow the relocation of BHAC, BHS Pharmacy, and OBIC from their current site at 1380 Howard Street. However, this goal is subject to real estate availability and financing constraints.

Street Crisis Response Team

The Street Crisis Response Team (SCRT) is intended to provide a community health approach to clinical interventions and care coordination for people who experience behavioral health crises in San Francisco. Over its first two years of operation (from November 2020 to November 2022), SCRT handled over 14,000 crisis calls and engaged with nearly 7,000 people in crisis. In April 2021, the SCRT–Office of Coordinated Care team (SCRT-OCC) launched to conduct follow-ups with individuals seen by SCRT. Since May 2022, SCRT-OCC has followed up with over 80% of clients engaged by SCRT each month. Since July 2022, the SCRT call response rate has increased to nearly 80% of all behavioral health crisis calls, demonstrating the program's success as an alternative to law enforcement. Outcomes and metrics for SCRT are available at sf.gov/street-crisis-response-team.

SCRT Priorities for 2023

To effectively assist people in crisis and better coordinate street response, the City will consolidate SCRT and the Street Wellness Response Team into an expanded Street Crisis Response Team that will respond to a comprehensive array of behavioral health crisis calls and wellness checks. The Fire Department will be the operations lead for the City's consolidated SCRT. SFDPH plans to deploy neighborhood-based teams of clinicians and peer health workers as part of SCRT and the Office of Coordinated Care to perform intensive street-based care. These neighborhood-based teams will work closely with the reconfigured SCRT to ensure rapid and reliable follow-up, referrals, and consultation. The teams will support connection to withdrawal management (detox), sobering centers, and substance use treatment; connection to acute and non-acute mental health care; coordination with HSH, for shelter, housing, and coordinated entry assessments; and linkage to ongoing behavioral health care and intensive case management when indicated. The neighborhood-based teams will also work closely with City departments involved in street conditions work, including HSH, SFFD, SFPD, and the Department of Emergency Management.

Office of Coordinated Care

The Office of Coordinated Care (OCC) provides coordinated access to mental health and substance use services across the City's behavioral health system. The OCC facilitates transitions for patients between systems of care and across levels of care, as well as centralizes

the coordination of care. The OCC established and expanded operations in 2022. Key milestones included:

- Launching care coordination and field-based linkage services for priority populations.
- Upgrading technology systems to enable effective data tracking and communications between providers.
- Major upgrades to the OCC's Behavioral Health Access Line (BHAL) call center platform in November 2021 have improved tracking of calls and decreased hold times from two minutes to 21 seconds on average. Building off these technical improvements, in September 2022, the BHAL team began the process of streamlining the customer experience to allow the linkage of clients directly to treatment options during an initial call, rather than as a call back.
- The OCC's Behavioral Health Access Center (BHAC), located at 1380 Howard Street, extended its hours to weekday evenings (5 p.m. to 7 p.m.) in June 2022.

Additionally, SFDPH is expanding case management services in the existing outpatient treatment system, including:

- Expanding high-support intensive case management (ICM) programs and linkage programs. ICM programs provide comprehensive mental health and substance use disorder treatment with the highest level of wraparound services for patients with complex behavioral health needs. It is a key MHSF goal to reduce the time individuals wait to access ICM services. To help achieve this goal, funds were added in 2022 to ten existing ICM contracts to increase capacity and support staff retention.
- New case management services based at outpatient clinics: Mobile Outreach Teams at SFDPH mental health clinics and navigators at nonprofit substance use disorder clinics. SFDPH has contracted with ten substance use disorder clinics run by nonprofit providers to hire patient navigators, who coordinate health care delivery with other services for clients at the clinic and help improve retention in treatment programs.

<u>OCC and Case Management Expansion Priorities for 2023</u>

Among other goals, the OCC intends to begin reporting metrics and outcomes for OCC clients and to secure staff in 2023 to expand Medi-Cal eligibility and enrollment services for OCC clients. The Behavioral Health Access Center (BHAC) will complete the expansion of its hours under MHSF to weekday evenings and weekends by early 2023.

SFDPH will also release a request for proposals in January 2023 to contract new intensive case management (ICM) programs to meet the diverse geographical and cultural needs of the MHSF priority population.

Additional Priorities and Opportunities for the Next Year

The department has identified additional goals and opportunities for the coming year beyond those noted above for MHSF. Within our system of behavioral health care, upcoming priorities

include building up leadership capacity, strengthening access to care, and expanding programmatic oversight. We also are working to implement CARE Court by October 1, 2023.

Strengthening Access to and Oversight of Care

To oversee our full portfolio of SUD services, SFDPH intends to reshape the leadership structure to have both medical and administrative lead roles, allowing greater capacity for programmatic oversight, supervision of clinical services. Additionally, within the OCC's Behavioral Health Access Line, the department seeks to add more clinical resources to co direct, co-implement, and follow through on care. We seek to strengthen our programmatic oversight to monitor contracts and provide provider and programming support.

In addition to adding new beds and facilities under MHSF, it is the department's priority to maintain and strengthen its existing inventory of treatment slots. To those ends:

- We are working to maintain staffing to re-open 10 beds at Epiphany House, a SUD program for pregnant women and women with children.
- We are sustaining the availability of beds at the Ashbury House, which offers treatment for mothers with children. The City worked to stabilize its funding after eligibility under CalWORKs changed, limiting enrollment.

Community Assistance, Recovery and Empowerment (CARE) Court Implementation
CARE Court is a new state-legislated program to connect specific individuals with schizophrenia and other psychotic disorders to clinically appropriate, community-based services. Certain people with co-occurring substance use disorders may be eligible. All counties are required to open a CARE Court under State law. San Francisco has agreed to be part of the first cohort of counties to implement CARE Court. With adequate funding, hiring support, and prioritization, we expect to be able to implement CARE Court by the legislated start date of October 1, 2023.

With one-time State funding of $4.3 million for initial planning and start-up, we are hiring investigative and assessment personnel and building program infrastructure to meet program requirements including engagement of the referred individual; creating a voluntary treatment plan, or if needed, a court-ordered treatment plan; and meeting the strict timelines set forth by CARE Court. Ongoing funding will be needed to expand treatment services for referred individuals and meet the continuing costs of conducting engagement and assessments. Our capacity to enroll those who are approved through the petition and investigation process will be dependent on availability of these resources.

While not a barrier to implementation, we must also consider the potential displacement of individuals who otherwise would have accessed treatment slots that will instead be filled by CARE Court clients. Currently, there is a wait list for intensive case management services. The State has acknowledged these challenges but has not provided further guidance. We expect to make a fuller proposal this spring.